Meeting Agenda | Finance, Administration, Audit and Compliance Committee | Health Care Policy Committee | Retirement Policy Committee | Board of Directors

Wednesday, March 6, 2019 | 202 Arbor Lake Dr., Columbia, SC 29223 | First Floor Conference Room

I. Finance, Administration, Audit and Compliance (FAAC) Committee- 8:30 a.m.
   A. Call to Order
   B. Approval of Meeting Minutes- December 5, 2018
   C. Internal Audit Reports
      i. Retirement Plan Compliance- GARS
      ii. Internal Audit Plan Status Report 2018/2019
      iii. Internal Audit Plan 2019/2020
   D. Old Business/Director’s Report
   E. Adjournment

II. Health Care Policy Committee Meeting- 10:30 a.m.
   A. Call to Order
   B. Approval of Meeting Minutes- December 5, 2018
   C. Review of Results from Pharmacy Initiatives
   D. Update on Weight Management
   E. Yes2Health! Wellness Initiatives at PEBA
   F. Old Business/Director’s Report
   G. Adjournment

LUNCH
III. Retirement Policy Committee Meeting- 1:00 p.m.
   A. Call to Order
   B. Approval of Meeting Minutes- December 5, 2018
   C. Defined Contribution Quarterly Reports
      i. Deferred Compensation Program Investment Performance Report
      ii. State ORP Investment Performance Report
   D. Deferred Compensation Program Plan Summary
   E. Old Business/Director’s Report
   F. Adjournment

IV. PEBA Board Meeting- 3:00 p.m.
   A. Call to Order
   B. Approval of Meeting Minutes- December 5, 2018
   C. Ethics Training- SC State Ethics Commission
   D. Committee Reports
      i. Finance, Administration, Audit and Compliance Committee
         a) Internal Audit Plan 2019/2020
      ii. Health Care Policy Committee
      iii. Retirement Policy Committee
   E. Old Business
      i. Director’s Report
      ii. Roundtable Discussion
   F. Adjournment
Meeting Date: March 6, 2019

1. Subject: Review of Results from Pharmacy initiatives

2. Summary: The State Health Plan, in collaboration with its pharmacy benefits contractor Express Scripts (ESI), has rolled out a number of programs in the past two years to address rising prescription drug expense. ESI Clinical Executive Karen Russell and Account Executive Gia Elsevier will present on results observed to date from these efforts.

3. What is the Committee asked to do? Receive as information

4. Supporting Documents:

   (a) List those attached:
       1. Express Scripts Review of Results from 2017 and 2018 SC PEBA Pharmacy Initiatives
Express Scripts
Review of Results from 2017 and 2018 SC PEBA Pharmacy Initiatives
Initiatives by SC PEBA Commercial Plan

1) Adopted **National Preferred Formulary 1/1/2017**

2) Added new **PA and Step Rules** on 10/1/17

3) Added **Smart 90 Voluntary Maintenance Network** for 1/1/18

4) Added a **Specialty Accredited Narrow Network** for 1/1/18 made up of locally owned Specialty Accredited Pharmacies and Accredo

5) Adopted **Specialty Safeguard Programs** as they rolled out

6) Added **Advanced Opioid Management Program** on 3/1/18 (initially limited new short acting opioid claims to 5 day supply but changed to 7 day supply effective 7/1/18 based upon State Law)
We will move market share to the product that delivers best clinical outcomes at the best price. This approach will generate $1 BILLION IN SAVINGS for our clients.

Steve Miller, MD – Express Scripts

$36,456,184 in ingredient cost savings tied to formulary exclusions for plan year 2017 and 2018

“74 in 2017 and 196 in 2018
TOTAL EXCLUSIONS

4.2% MEMBER IMPACT

15.9% MEMBERS PURSUED A CLINICAL EXCEPTION (71.4% approval rate)
Value of Rebates

• SC PEBA Commercial earned $170.0M in manufacturer rebates in 2018

• Rebates reduced Plan Cost PMPM from $131.26 to $96.51 (-26.5%)

• Rebates increased 14.4% between 2017 and 2018 and 16.6% between 2017 and 2016 when the National Preferred Formulary was initiated

<table>
<thead>
<tr>
<th>Program</th>
<th>Current 2018</th>
<th>Previous 2017</th>
<th>Previous 2016 (pre-NPF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>$170,026,885</td>
<td>$148,648,413</td>
<td>$99,121,635</td>
</tr>
</tbody>
</table>

* Rebates are estimated based on paid and expected to be paid amounts. Actual rebate payments may differ from estimates.
Clinical Savings and Impact: Commercial

- SC PEBA Commercial saved $164,252,884 by helping patients make clinically appropriate decisions via Clinical Programs.

- Savings from these programs decreased Plan Cost PMPM by 20.4%.

- New Advanced Utilization Management (AUM) PA and Step rules were implemented on 10/1/17 and saved the plan $38,645,010 between 10/1/17-12/31/18 (vs predicted savings estimate of $14,955,868).

### Plan Cost Savings

<table>
<thead>
<tr>
<th>Program</th>
<th>Current 2018</th>
<th>Previous 2017</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>AUM</td>
<td>$89,686,485</td>
<td>$79,467,342</td>
<td>12.9%</td>
</tr>
<tr>
<td>CDUR</td>
<td>$56,333,521</td>
<td>$52,315,376</td>
<td>7.7%</td>
</tr>
<tr>
<td>RDUR</td>
<td>$1,885,465</td>
<td>$1,544,775</td>
<td>22.1%</td>
</tr>
<tr>
<td>Interchange</td>
<td>$148,677</td>
<td>$232,379</td>
<td>-36.0%</td>
</tr>
<tr>
<td>NPF (ingred savings)</td>
<td>$16,198,735</td>
<td>$11,915,335</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

**Plan Cost PMPM**

- Pre Clinical Programs: $164.83
- Post Clinical Programs: $131.26

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AUM - Advanced Utilization Management
CDUR - Concurrent Drug Utilization Review (health and safety edits)
RDUR - Retrospective Drug Utilization Review
Interchange - Consists of two primary programs
  - The first targets Multi-Source Brand drugs with DAW 1 or 2 alerting patients or prescribers of a Generic equivalent.
  - The second program targets non-preferred Single-Source Brand drugs alerting prescribers of a therapeutically equivalent lower cost Generic alternative or Preferred Brand.
NPF - National Preferred Formulary
Program fees are not included in these savings numbers.
On January 1, 2018, the new Smart 90 network replaced the existing Retail Maintenance network. This network change offers additional cost savings for the plan and offers member cost savings at network pharmacies.

Only Pharmacies that are part of the Smart90 network are able to dispense a 90 day supply for a lower copay. All pharmacies are still able to receive a 90 day supply at any pharmacy for three 30 day copayments.

Members who were getting a 90 day supply at a non-Smart90 pharmacy in 2017 were notified of this opportunity to save by a letter.

Smart 90 utilization has increased 3.9% since implementation.

Retail Plan Cost/Adjusted Rx decreased 5.9% due to this change.
Goals of Specialty Pharmacy Credentialing

Specialty therapies treat chronic, rare and complex disease states, and frequently require special handling and patient monitoring.

Our Goals:

- Raise the standard of care within our network
- Focus on quality of care delivered by providers who dispense Specialty therapies

Existing Providers

- Identify
  - Thresholds
  - Solicit
- Review
  - Documentation
  - On-site
- Action
  - New Specialty Network Created
Locally Owned Specialty pharmacies must:

- Have or seek to obtain Specialty Accreditation
- Clinical care management policies addressing specialty patient needs:
  - Proactive monitoring and individualized counseling
  - Ongoing medication administration education and support
  - Coordination with health plan and physicians
  - Coordination of in-home nursing services
- Support for patients in need of financial assistance
- Adequate access to specialty medications
- Additional operating, service and clinical criteria
SC PEBA Commercial Specialty Credentialed Network

- There are 12 locally owned credentialed pharmacies and Accredo + Freedom Pharmacy in the custom network

- When comparing performance in 2018 vs 2017:
  - 99.2% of specialty spend and 97% of specialty patients are handled through the new credentialed network
  - Specialty Adherence has improved from 81% to 82.2%
  - Credentialed Specialty network allowed SC PEBA to participate in the Safeguard Rx Specialty Programs offered by ESI at no charge
  - 2018 had 275 more Specialty patients than in 2017 and the expectation is continued growth due to the specialty drug pipeline so improved quality of care is important for future management
Complex classes require holistic management
## SafeGuardRx® Client Value Summary

**SC PEBA Commercial**

**Performance Period:** 01/01/2018 - 12/31/2018

**$104.3M in overall client value achieved through:**

<table>
<thead>
<tr>
<th>Program</th>
<th>Full Year 2017 SafeGuardRx Financial Guarantees¹</th>
<th>Drug Cost Avoidance²</th>
<th>Medical Cost Avoidance³</th>
<th>Therapy Management Cost Avoidance⁴</th>
<th>Preferred Network Savings</th>
<th>Total Accrued Rebate Value</th>
<th>Total Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis Cure Value</td>
<td>$126,345</td>
<td>$737,615</td>
<td>$47,652</td>
<td>$48,224</td>
<td>N/A</td>
<td>$1,464,750</td>
<td>$2,424,585</td>
</tr>
<tr>
<td>Cholesterol Care Value</td>
<td>$41,251</td>
<td>$1,541,561</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$907,538</td>
<td>$2,490,350</td>
</tr>
<tr>
<td>Oncology Care Value</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
<td>$2,010,695</td>
<td>N/A</td>
<td>$1,220,021</td>
<td>$3,230,715</td>
</tr>
<tr>
<td>Inflammatory Condition Care Value</td>
<td>$0</td>
<td>$2,745,442</td>
<td>$1,129,058</td>
<td>$5,735,170</td>
<td>N/A</td>
<td>$18,566,380</td>
<td>$28,176,050</td>
</tr>
<tr>
<td>Market Events Protection Program</td>
<td>N/A</td>
<td>$1,997,297</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>$505,849</td>
<td>$2,503,146</td>
</tr>
<tr>
<td>Diabetes Care Value- Not enrolled</td>
<td>$0</td>
<td>$0</td>
<td>N/A</td>
<td>N/A</td>
<td>$0</td>
<td>$65,506,226</td>
<td>$65,506,226</td>
</tr>
</tbody>
</table>

1. Due to Point of Sale discounts value may differ than credit/payment reported
2. Savings driven by utilization management or NPF or SafeGuardRx specific rules
3. Savings driven by optimal adherence
4. Savings driven by intervention from specialist pharmacist outreach to patient/physician
Decreasing the amount of opioids dispensed – Advanced Opioid Management Successes (program started 3/1/18)

- **53%** reduction in the average day supply per claim for first time short acting opioids
- **93%** of short acting opioid patients prescribed an opioid for the first time exceeding a 7-day supply and were successfully reduced to a 7-day supply or less
- **72%** of patients prescribed a long-acting opioid as initial therapy were redirected to safer, short-acting
- **7%** claims paid for >7 day supply with PA override short acting opioids

**Avg Days Supply per Claim**

<table>
<thead>
<tr>
<th>Days Supply on 1st Subsequent Fill</th>
<th>Rejected Days Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days Supply on 1st Subsequent Fill</td>
<td>17.17</td>
</tr>
<tr>
<td>Rejected Days Supply</td>
<td>8.12</td>
</tr>
</tbody>
</table>

**Important restrictions**
- Don't mix your medicines.
- Make sure your doctor knows about all your other medicines, including over-the-counter medicines.
- Pain medicine can interact with other medicines. Talk to your doctor to see if this medicine is right for you.

40,697 member education letters mailed
11,080 drug disposal bags mailed
2,074 Opioid Alerts Sent to Physicians
# Commercial Opioid Metrics

<table>
<thead>
<tr>
<th>Opioids</th>
<th>01/18 - 12/18</th>
<th>01/17 - 12/17</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>65,192</td>
<td>75,012</td>
<td>-13.1%</td>
</tr>
<tr>
<td>% Members</td>
<td>16.0%</td>
<td>18.6%</td>
<td>-2.6%</td>
</tr>
<tr>
<td>% Patients</td>
<td>18.7%</td>
<td>21.9%</td>
<td>-3.2%</td>
</tr>
<tr>
<td>New Patients</td>
<td>54,911</td>
<td>62,963</td>
<td>-12.8%</td>
</tr>
<tr>
<td>Total Rx Count</td>
<td>168,446</td>
<td>200,863</td>
<td>-16.1%</td>
</tr>
<tr>
<td>% Rxs</td>
<td>3.2%</td>
<td>3.7%</td>
<td>-0.5%</td>
</tr>
<tr>
<td>Rx per Patient</td>
<td>2.58</td>
<td>2.68</td>
<td>-3.5%</td>
</tr>
<tr>
<td>Total Plan Cost</td>
<td>$4,855,161</td>
<td>$6,077,444</td>
<td>-20.1%</td>
</tr>
<tr>
<td>% of Total Plan Cost</td>
<td>0.8%</td>
<td>1.0%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>% Patients with long acting and short acting opioid use</td>
<td>1.9%</td>
<td>2.2%</td>
<td>-0.3%</td>
</tr>
<tr>
<td>Average days per patient SA:LA ratio (for patients taking both)</td>
<td>221:220</td>
<td>218:203</td>
<td>N/A</td>
</tr>
<tr>
<td>Prescribers per Patient</td>
<td>1.39</td>
<td>1.43</td>
<td>-3.0%</td>
</tr>
<tr>
<td>Pharmacies per Patient</td>
<td>1.19</td>
<td>1.19</td>
<td>0.3%</td>
</tr>
<tr>
<td>Patients filling 3 drug combination**</td>
<td>184</td>
<td>248</td>
<td>-25.8%</td>
</tr>
</tbody>
</table>

All Opioid patients are being displayed in the table

**(Benzodiazepines, Opioids and Skeletal Muscle Relaxants)**
We are helping to create a sustainable future, but our work is not done

- Specialty spend continues to grow and will reach 55% of spend by 2021
- Diabetes trend will continue to climb due to projected increasing insulin costs
- In 2018, plans enrolled in Advanced Opioid ManagementSM had a major impact on patients and prescribers, but this remains a National epidemic with a need for continued effort
- Members in high-deductible plans with costly chronic diseases need more help with out-of-pocket costs
- Rebates remain an uncertainty in the future
- ESI is working with the President and Congress on the value delivered using PBM management tools and solutions to help ensure employer protections and best practices for members
Meeting Date: March 6, 2019

1. Subject: Update on Weight Management

2. Summary: The prevalence of obesity continues to be a concern and a cost driver for health plans nationwide. Key staff from Plan medical contractor BlueCrossBlueShield of South Carolina—Dr. Tripp Jennings, Clinical Innovation Officer, and Carmen Wilson, Account Executive—will update on strategies to address this ongoing issue.

3. What is the Committee asked to do? Receive as information

4. Supporting Documents:

   (a) List those attached:
       1. Weight Management Update
The Health Consequences of Smoking—50 Years of Progress

A Report of the Surgeon General

Executive Summary

Change in obesity much like that of smoking

• 1964 Surgeon General’s Report

• Tax increases

• Smoking bans

• Legislative and environmental change

Prior to 1964

"You like them. FRESH? So do I!"

You don't have to tell the woman who has switched to Camel the benefits of a fresh cigarette.

She makes all about it — that's the reason she stays switched.

She has learned that the fine, fragrant, sun-cured choice tobaccos in Camel have perfectly preserved delicate mildness all their own.

She knows by a grateful throat's testimony just what a relief this smooth, cool, slow-burning fresh cigarette means to sensitive membrane.

Camels are fresh in the Camel Humidor Pack because they are made fresh, fresh with natural moisture and natural flavors — they are never parched or toasted.

If you don't know what the Reynolds method of scientifically applying heat so as to avoid parching or toasting means to the smoker — switch to Camels for just one day, then leave them — if you can.

R. J. REYNOLDS TOBACCO COMPANY, Winston-Salem, N. C.

"Are you Camelian?"

If you are a Camelian write for samples. If you are not, just write to the above address to see how you like Camels. We must have your opinion of Camels, and you may have it. We must have a show of public opinion before we can prove that a cigarette is a good cigarette. The question is settled. The public has spoken. Camels is the cigarette for you.
Large Scale Policy Change

Every worker deserves to breathe smokefree air. Bar and restaurant workers are more likely to be exposed to secondhand smoke in their jobsite compared to other segments of the U.S.

The Surgeon General concluded:
- There is no risk-free level of secondhand smoke.
- Separating smokers from nonsmokers, cleaning the air, and ventilating buildings cannot eliminate exposure of nonsmokers to secondhand smoke.
- Heating, air conditioning, and ventilation systems alone cannot eliminate exposure to secondhand smoke.
- 100% smokefree workplace policies are the only effective way to eliminate secondhand smoke exposure in the workplace.

Smoke-free Policies:
- Improve Air Quality
- Improve Health
- Receive Public Support
- Reduce Secondhand Smoke Exposure
- Reduce Smoking
- Result in High Levels of Compliance

National Institute for Occupational Safety and Health (NIOSH)

NIOSH recommends establishing smokefree areas that protect from secondhand smoke and electronic cigarette emissions including:

- All indoor areas without exceptions
- All areas immediately outside building entrances and air intakes
- All work vehicles
Still Work to Do – Even after 55 Years

Cigarette smoking is down, but about 34 MILLION American adults still smoke

Cigarette smoking remains high among certain groups

- Men
- Adults 25-64 years old
- Lower education
- Below poverty level
- Midwest and South
- Uninsured or Medicaid
- Disabled
- Serious psychological distress
- American Indians, Alaska Natives, Multiracial
- Lesbians, gays, and bisexuals

Strategies essential to continue reducing cigarette smoking overall

- Implement smoke-free laws
- Run mass media campaigns
- Raise tobacco prices
- Make quit help easy to access

https://www.cdc.gov/tobacco/infographics/adult/index.htm#down
Change in Smoking Status

Out of Bounds: Less Nicotine, More Calories

Obesity* and smoking** rates among U.S. adults (in percent)

- Obesity of all grades in U.S. adults aged 20 years and older, body mass index (BMI) ≥ 30.0
- Cigarette smoking among adults aged 18 and over, age-adjusted

Sources: CDC, NCHS

https://infographic.statista.com/normal/chartoftheday_11896_america_is_smoking_less_but_getting_fatter_n.jpg
Large Scale Change is Also Needed to Impact Obesity Trends
Adult Obesity Statistics

Obesity is common, serious, and costly

• The prevalence of obesity was 39.8% and affected about 93.3 million of US adults in 2015~2016.

• Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer that are some of the leading causes of preventable, premature death.

• The estimated annual medical cost of obesity in the United States was $147 billion in 2008 US dollars; the medical cost for people who have obesity was $1,429 higher than those of normal weight.

https://www.cdc.gov/obesity/data/adult.html
Childhood Obesity Statistics

Childhood obesity is a serious problem in the United States putting children and adolescents at risk for poor health. Obesity prevalence among children and adolescents is still too high.

• For children and adolescents aged 2-19 years\(^1\):
  – The prevalence of obesity was 18.5% and affected about 13.7 million children and adolescents.
  – Obesity prevalence was 13.9% among 2- to 5-year-olds, 18.4% among 6- to 11-year-olds, and 20.6% among 12- to 19-year-olds. Childhood obesity is also more common among certain populations.
  – Hispanics (25.8%) and non-Hispanic blacks (22.0%) had higher obesity prevalence than non-Hispanic whites (14.1%).
  – Non-Hispanic Asians (11.0%) had lower obesity prevalence than non-Hispanic blacks and Hispanics.

https://www.cdc.gov/obesity/data/adult.html
Strategies to Prevent Obesity

Statement from the CDC

There is no single or simple solution to the obesity epidemic. It’s a complex problem and there has to be a multifaceted approach. Policy makers, state and local organizations, business and community leaders, school, childcare and healthcare professionals, and individuals must work together to create an environment that supports a healthy lifestyle.
Five Conditions of Collective Impact

Long Term, Large Scale Change

01. A Common Agenda
02. Shared Measurement System
03. Mutually Reinforcing Activities
04. Continuous Communication
05. Backbone Support Organization

https://clearimpact.com/achieving-collective-impact/
Large Scale Efforts in South Carolina

- **South Carolina**
  **SC SB 191 (2013, enacted)** – Establishes a voluntary program in the state’s department of agriculture to link local farms to school districts and other institutions to provide students and adults with fresh and minimally processed farm foods for meals and snacks. Encourages the integration of nutritional and agricultural education into school curriculum through hands-on learning opportunities, such as farm visits, cooking demonstrations, and school gardens. Recognizes that the program will strengthen local economies; create jobs; open a substantial new market for farmers; and provide beginning farmers with a consistent and secure customer base. Allows the department to seek grants and private funding for the program and requires the department to create a program website.

- **SC HB 3710 (2013, enacted)** – Among other measures to address obesity in this appropriations bill, requires school districts to report to the state health department information regarding their progress towards meeting provisions of the Student Health and Fitness Act of 2005 including efforts to promote healthy eating patterns; assessment of school district health education programs; snacks in vending machines; and health curriculum. Gives the health department authority to collect, compile and assess state and school districts’ progress in meeting these goals, with the overarching goal of facilitating an environment that decreases body mass index in the state.
Policy and Environmental Change

- **US States That Restrict Sugar Drinks in Child Care Centers and Family Child Care Homes (a):** 3.9%
- **Middle and High Schools That Offer Sugar Drinks as Competitive Foods (b):** 64.7%
- **Middle and High Schools That Offer Less Healthy Foods as Competitive Foods (b):** 54.1%

Sources: 
(a) [http://cfm.mc.duke.edu/child_care](http://cfm.mc.duke.edu/child_care)
(b) 2008 School Health Profiles: because National estimates are not available for this data source, the percentages shown are the medians of state estimates.
Building a Culture of Health in South Carolina

- 10% Environmental Factors
- 20% Medical
- 30% Health Behaviors
- 40% Social and Economic Factors
State Health Improvement Goals

- Resilient Children
- Chronic Health Conditions
- Behavioral Health
- Factors that Affect Health
- Health Care Transformation
Current State

Weight Management

Health Coaching Program Design – One Size Does Not Fit All
- Telephonic and online
- Program updates – shift to outcomes based

Blue 365
- Discounts for wearable devices
- Discounted gym membership

Live Life Blue Distinction for Employers
- Awards for promotion of healthy lifestyles/behaviors

Onduo Pilot Program

Naturally Slim
- At no cost to SHP members
- Classes offered quarterly
Disease Management

**Holistic Health Coaching**

- Asthma (pediatric and adult)
- Back pain
- Coming Attractions maternity management
- Coronary artery disease (CAD)
- Congestive heart failure (CHF)
- Chronic obstructive pulmonary disease (COPD)
- Diabetes (adults and children)
- High cholesterol
- Hypertension (high blood pressure)
- Metabolic Health
- Migraine
- Stress Management
- Tobacco Cessation through Quit for Life®
- Weight management

Program focuses on lifestyle and behavior change to impact the whole person and improve overall health.
Health Coaching Program

Example of Program Overlap

“I am so glad we have a program available to us and that I can call with any questions. I think I am doing a good job, but it is nice to know that I can call when I need to.”

— Health coaching participant
Outcomes Based Disease Management

Prototype
New Tools in Our Toolkit - Diabetes Prevention Program

State and National Initiative

CDC evidence-based program proven to prevent or delay Type 2 diabetes. It is a partnership of public and private organizations and includes:

- Trained lifestyle coaches;
- CDC-approved curriculum;
- Group support;
- 16 weekly group meetings; and
- Six monthly follow-up meetings to maintain healthy lifestyle changes.

More information about the Program is available online at

www.cdc.gov/diabetes/prevention
Mindful Eating

Measurably slowing the production of disease for PEBA.
Naturally Slim

New Benefit in 2018

<table>
<thead>
<tr>
<th>Naturally Slim 2018-2019 class dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class start date</td>
</tr>
<tr>
<td>09/24/2018</td>
</tr>
<tr>
<td>11/05/2018</td>
</tr>
<tr>
<td>02/04/2019</td>
</tr>
<tr>
<td>05/06/2019</td>
</tr>
<tr>
<td>07/08/2019</td>
</tr>
<tr>
<td>09/23/2019</td>
</tr>
</tbody>
</table>

09/24/18 Class - 19,844 members accepted
11/05/18 Class – 4,815 members accepted
02/04/19 Class – 9,333 members accepted

33,992 Members Accepted To Date
Weight Management Project Plan

• Hired a strategic consultant to create a project plan

• In final stages of negotiating terms of an agreement with outside company that specializes in clinical strategic initiatives

• Hired a research graduate assistant

• Held internal kick-off meetings

• Scheduled meetings with SC Academy of Nutrition and Dietetics to discuss potential treatment options

• Working collaboratively with plan actuaries to complete review of bariatric surgical treatment modeling.

• Developing coverage grid for obesity management services
Project Plan

Services to Review

REGISTERED DIETITIAN NUTRITIONIST SERVICES

• IBT vs. MNT
• Review of literature surrounding current treatment option and their effectiveness
• Review of costs
• Steps in process once treatment options are determined
  • Coding
  • Number of visits
  • PA process vs. referral

PRESCRIPTION MEDICATION TREATMENT OPTION

• Review of literature surrounding current drugs on the market and their uses/effectiveness
• Review of costs/effectiveness/complication rates
• Steps in process once treatment options are determined

SURGICAL INTERVENTION

• Review of literature surrounding current surgical interventions and their uses/effectiveness
• Review of costs/effectiveness/complication rates
• Steps in process once treatment options are determined
Coverage Review

Environmental scan to determine what others are covering and the outcomes of those treatment options.
Once evaluation is complete:

- Outcomes will be given to PEBA operations team for review and decision on coverage
- If needed, implementation strategy will be developed
  - Workforce analysis
  - Provider and member education
  - Credentialing process updates
Thank you

Questions?
Meeting Date: March 6, 2019

1. Subject: Yes2Health! Wellness Initiatives at PEBA

2. Summary: Bobby George, Training and Development Director at PEBA, will present on health promotion offerings in place for our own employees.

3. What is the Committee asked to do? Receive as information

4. Supporting Documents:
   (a) List those attached:
       1. Yes2Health! Wellness Initiatives at PEBA
Yes2Health!
Wellness initiatives at PEBA

Health Care Policy Committee
March 6, 2019
Be the change
Lead by example

- PEBA administers the State Health Plan.
- PEBA is also a participating employer.
- Decision to lead the wellness charge by becoming an example of a healthy workplace.
  - “Walk the walk.”
PEBA’s early efforts

- Hosted worksite screenings.
- Held flu shot clinics.
- Occasional fitness class and wellness workshop offerings.
- Began weekly limited offering of fresh fruits and vegetables in 2017.
Wellness committee

• Formed in 2017.
  • Comprised of staff volunteers.
  • Currently, 18 members serve on committee.

• Plans, promotes and implements wellness activities for the agency.
Yes2Health!

• Held agency-wide contest to name PEBA’s wellness program in 2017.
  • Create sense of ownership among staff.

• Wellness committee chose name from staff submissions.
Initiatives
• PEBA gym.
  • Created 2018.
  • Hand weights and stretch bands.
  • Aerobics classes (both instructor led and self-directed).

• Yoga classes.
  • Instructor led six week series.
  • Ongoing self-directed group.

• Squat challenge – December 2018.
• Stair challenge – November 2018.
Fitness continued

• Swing dance and line dancing lessons.
• Biggest Loser contest – January to March 2019.
• Running group.
  • Get to the Green 5K - Saturday, March 16, 2019.
• Walking group.
  • Midlands Heart Walk 5K - Saturday, April 6, 2019.
• Ongoing group and individual walkers on PEBA campus.
• Healthy hours (lunch and learns):
  • Women’s health – October 24, 2018.
  • Men’s health – December 5, 2018.
    • Six week series on developing healthy nutrition habits.

• Upcoming 2019 healthy hours:
  • Financial health.
  • Oral health.
  • Sleep hygiene.
  • Stress management.
Screenings

• Annual worksite screenings.
• A1C and PSA December 19, 2018:
  • Diabetes screening.
  • Prostate cancer screening.
  • Blood pressure.
  • BMI/body fat.
• Comprehensive blood panel screening – March 20, 2019.
• Mobile mammography.
Other initiatives

• Tobacco-free workplace.
• Weekly onsite farmer’s market.
• Water challenge – August 2018.
• Naturally Slim.
  • In addition to program, began a forum where PEBA participants can share successes and challenges.
• Wellness wall.
  • Updated monthly with a calendar of events, employee testimonials, recipes and exercise ideas.
Fostering a wellness culture
Changing the culture

• Not immediate or easy to accomplish.
• Achieved one employee at a time.
• Engagement:
  • Concerted effort to get employees to attend an event.
  • Once involved, employees become ambassadors for the wellness program.
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