

Meeting Minutes | Health Care Policy Committee

Wednesday, October 21, 2015 | 10 a.m.
200 Arbor Lake Dr., Columbia, SC 29223 | Second Floor Conference Room

Approved November 18, 2015

Board Members Present: Mr. Art Bjontegard, Mr. Frank Fusco, Mr. Steve Heisler, Mr. Joe “Rocky” Pearce, Chairman, and Mr. Audie Penn.

Others Present for All or a Portion of the Meeting: Kim Brown, Peggy Boykin, Sarah Corbett, Georgia Gillens, Denise Hunter, Ariail Kirk, Megan Lightle, Heather Muller, Justice Perkins, Jacalin Shealy, Laura Smoak, Rob Tester, Travis Turner, Stephen Van Camp, Justin Werner, and Heather Young from the South Carolina Public Employee Benefit Authority (PEBA); Wayne Pruitt from the State Retirees Association of South Carolina; Carlton Washington from the South Carolina State Employees Association; Rex Gale, Brooks Goodman, Jessica Johnston, Sarah Martin, Matt Shaffer, Mary Mazzola Spivey, and Dr. Shawn Stinson from Blue Cross Blue Shield of South Carolina; Eric St. Pierre from Gabriel, Roeder, Smith & Company; Robin Scott and Traci Young from Express Scripts, Inc.; and Thompson Kinney from Milliken Law Firm.

I. Call to Order

Chairman Rocky Pearce called the PEBA Health Care Policy Committee (Committee) meeting to order at 10:00 a.m., and stated that the public meeting notice was posted in compliance with the Freedom of Information Act.

II. Adoption of Proposed Agenda

Mr. Steve Heisler made a motion, which was seconded by Mr. Frank Fusco, and approved unanimously, to adopt the proposed Committee meeting agenda.

III. Approval of Meeting Minutes- September 16, 2015

Mr. Heisler made a motion, which was seconded by Mr. Audie Penn, and approved unanimously, to approve the September 16, 2015, Committee meeting minutes.

IV. Nomination for Committee Vice-Chairman

Mr. Fusco made a motion, which was seconded by Mr. Penn, and passed unanimously, to nominate Mr. Heisler to serve as the Committee’s Vice-Chairman.

V. Executive Session Pursuant to S.C. Code of Laws § 30-4-70a)(1) and § 30-4-70(a)(2) for the specific purpose of receiving legal advice regarding the scope of wellness programs and discussing employment of an individual with wellness expertise.

At 10:05 a.m., Mr. Heisler made a motion, which was seconded by Mr. Penn, and approved unanimously, to recede into executive session for the specific purpose of receiving legal advice regarding the scope of wellness programs and discussing employment of an individual with wellness expertise.

The Committee reconvened in open session at 10:50 a.m. It was noted that no action was taken while in executive session.

VI. Disease Management

Dr. Shawn Stinson, Chief Medical Officer for Blue Cross Blue Shield of South Carolina (BCBSSC), introduced Ms. Jessica Johnston, Director of Population Health, to present a report on disease management. Ms. Johnston stated that the State Health Plan (SHP) total care management savings for 2014 was \$189,237,691.

Ms. Johnston reviewed enrollment by condition, and stated that SHP members were similar to the benchmark on most conditions, but have a slightly higher prevalence of diabetes and hypertension than the benchmark. Ms. Johnston added that the top high risk conditions include migraine and cardiovascular; top low risk conditions include hypertension and hyperlipidemia; and top conditions overall include hypertension, hyperlipidemia; and diabetes. Ms. Johnston reported that of the 453,833 SHP members enrolled in 2014, there are 143,369 (32 percent) of members who are automatically enrolled in disease management. Ms. Johnston added that 10 percent of the disease management population is high risk and 90 percent is low risk. In 2014, enrollment in the migraine program increased by 26 percent, and medical emergency room cost attributable to migraines increased by 31.3 percent.

Ms. Johnston reported that the disease management overall savings based on a 2012-2013 blended expected allowed amount as compared to 2014 actual allowed per member/per month totaled \$21.4 million. Cost savings included \$9.2 million from the chronic obstructive pulmonary disease (COPD) program; \$7.5 million from the asthma program; and total hospital admissions and emergency room visits declining in 2014 over the two prior consecutive years. Ms. Johnston also noted that cost per admission and emergency room visits increased by 1.6 percent and 2.2 percent respectively.

VII. Digital Wellness Platform

Ms. Sarah Martin, Assistant Vice-president, BCBSSC, reviewed a new messaging feature that will be available to SHP members effective December 1, 2015. Ms. Martin explained that this new feature will be a two-way secure, Health Insurance Portability and Accountability Act (HIPPA) compliant, messaging service that will allow BCBSSC to send notifications directly to the end user which includes members, spouses, and dependents. Ms. Martin advised that messages will be co-branded with PEBA to allow PEBA communications staff to send messages through the BCBSSC system as well.

Ms. Martin stated that BCBSSC has partnered with Rally Health to help engage members to make small day-to-day changes to live healthier lives. Ms. Martin explained that Rally can be accessed through any mobile device or tablet, and benchmarks engagement against other consumer tools

such as Facebook, Twitter, and LinkedIn. Ms. Martin stated that Rally has six compartments including coaching integration, and rewards, which creates a sustained engagement loop. Ms. Martin reviewed a sample RALLY health survey that includes 52 questions based on branching logic. Ms. Martin explained once a member completes the health survey, they will receive a “RALLY age” which quantifies how well a member is adhering to healthy activities, and provides targeted intervention in four different categories. Ms. Martin advised that RALLY is currently integrated with mobile devices, and includes mission reminders; health coaching; virtual challenges; and rewards for a healthy lifestyle.

Chairman Pearce thanked Ms. Johnston and Ms. Martin for their presentations.

VIII. Hospital Quality Information Initiative Follow-up

Mr. Rob Tester, PEBA’s Health Care Policy Director, stated that since there is not a single credible source of quality information nationwide, and the demographics of the membership within the State Health Plan vary, PEBA’s recommendation is to establish a web page as a single point of contact containing all of the Hospital Quality Information sources for participants in the SHP. Mr. Tester added that utilizing all of the recommended sources provides a credible cross-reference of information for a variety of conditions, and provides members with a foundation of quality data to make the best informed decision for their specific needs. Mr. Tester advised that PEBA staff has suggested establishing an ongoing Hospital Quality Information working group to continue to examine and update PEBA’s approach to Hospital Quality Information. The working group will include Committee member Mr. Fusco, Dr. Stinson, Mr. Eric St. Pierre (consultant with Gabriel, Roeder, Smith & Company), Mr. Tester, and any other appropriate representatives to be determined by the group.

Following further discussion, Mr. Art Bjontegard made a motion, which was seconded by Mr. Heisler, and approved unanimously, to accept the staff recommendation as listed above to also include Mr. Penn. The motion passed unanimously.

IX. Employer Group Reports

Ms. Laura Smoak, PEBA’s Analytics and Health Initiatives Director, stated that PEBA staff along with the Office of Revenue and Fiscal Affairs (RFA) has developed an annual report for PEBA’s participating employers. Ms. Smoak advised that the report will be distributed annually to provide employer groups a better understanding of the health status of their employees and eligible dependents. The report will represent the two most recent calendar years to allow employers the opportunity to see changes in their population’s health status. Ms. Smoak stated that the employer group report will include information on:

- Adult and dependent child demographics (total member counts, age and gender);
- Member health risk status (low, medium, or high);
- Chronic condition prevalence rates; and
- Participation rates in covered preventive screening.

Ms. Smoak reported that the employer group's data is benchmarked against data from similar employer group types (agency, school district, higher education, or local subdivision) in both aggregate, and as a matched random sample based on age and gender. Ms. Smoak stated that the report will show the results of testing the difference between the employer group and the benchmark for statistical significance, which will determine if the result is based on random chance. Ms. Smoak explained that data points determined to be statistically significant with a positive outcome will be denoted with a green plus sign, while a negative outcome will be marked with a red negative sign.

Ms. Smoak advised that a cover letter addressed to the employer group's executive staff will provide an explanation of the report and how to interpret the results. Ms. Smoak added that included in the mailing will be a PEBA Perks flyer to help employers promote health initiatives, specifically if their rates are lower than that of their peers. Also included in the mailing will be a flyer promoting PEBA's Health Hub, an on-line resource for employers to access ready-made toolkits designed to promote health and wellness topics at the workplace. Ms. Smoak conclude her presentation by stating that the employer can choose what health topic is pertinent to their employees based on their chronic disease prevalence rates.

X. Old Business/Director's Report

Ms. Peggy Boykin, PEBA's Executive Director, stated that she did not have any additional information to report.

XI. Adjournment

There being no further business, and upon motion by Mr. Fusco, which was seconded by Mr. Heisler and approved unanimously, the Committee meeting adjourned at 12:18 p.m.