



MyIEBP Trusted Advisor “For All Things Healthcare”

2018-2019 Managing the Healthcare Risk

July 31, 2018

10:00 AM

August 7, 2018

10:00 AM

Improving the IEBP Membership Experience
Invest in the Tenured Political Subdivision Employees with TML MultiState IEBP,
Your Trusted Advisor for All Things Healthcare

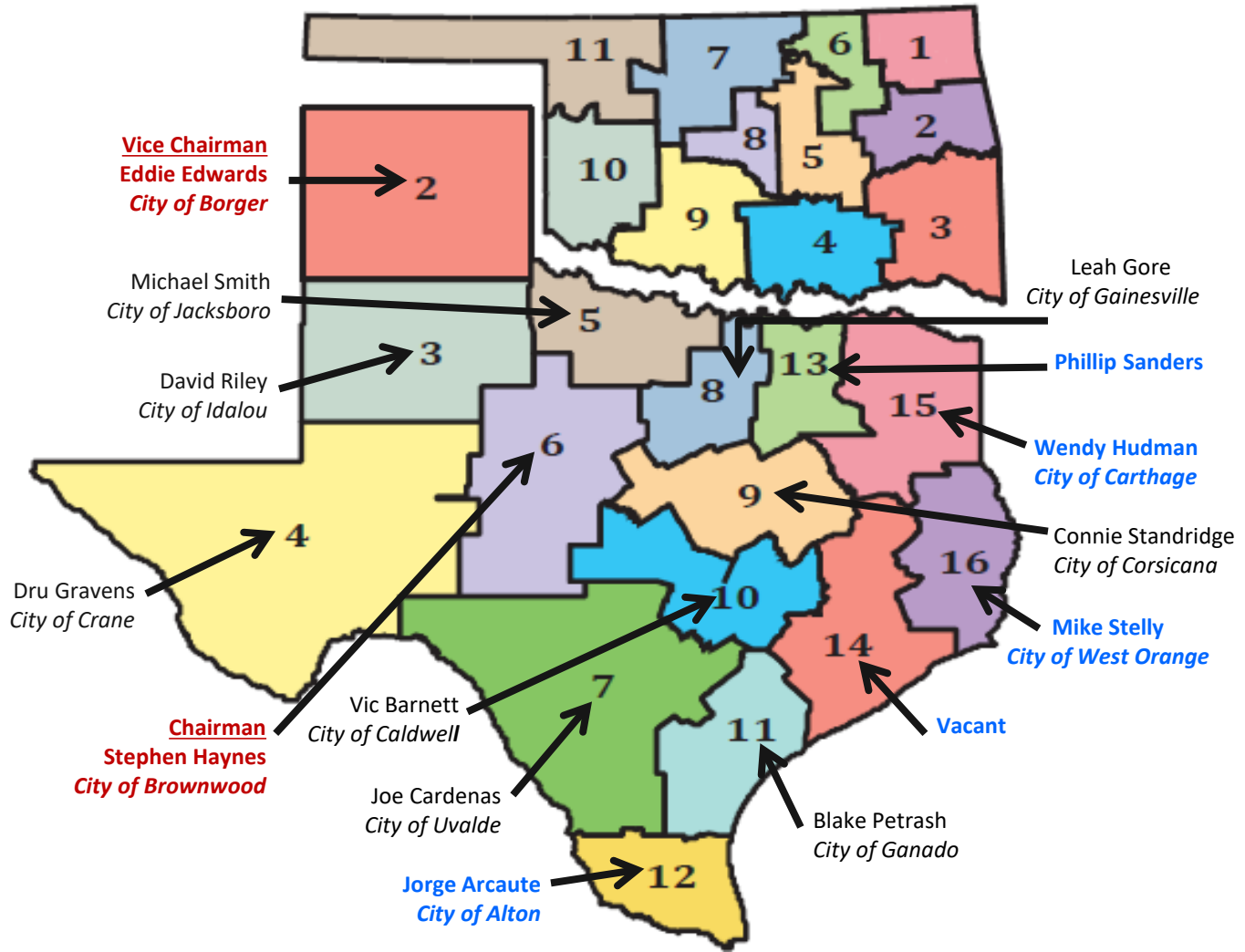




Board of Trustees: 2017-2018 Plan Year

MISSION STATEMENT

To provide excellent service offering competitive health benefits and administrative services to eligible municipalities and other governmental entities in Texas and other states by utilizing innovative, viable, affordable alternatives while maintaining financial integrity



TRUSTEES AT LARGE

Appointed by Chair

- Gayle Sims
- Dr. Lew White
- Mike Slye
- Glen Metcalf
- Jay Stokes
- Larry Fields

Ex-officio Trustees

- Bennett Sandlin
- Terry Henley
- Andres Garza

TRUSTEE SUPPORT

- ▶ **Direct** the organization in the best interests of the members
- ▶ **Protect** the interests of the organization's membership
- ▶ **Respect** the membership by listening, communicating and understanding their interest
- ▶ **Reflect** on the organization's performance
- ▶ **Select** talented people to lead the organization
- ▶ **Inspect** the performance of the organization

Public Employee Benefits Alliance

www.BuyPEBA.org

Manage the Chronic Disease States with some of the *highlighted* PEBA Effective Employee Benefit Solutions



TML MultiState
Intergovernmental Employee Benefits Pool

- Pre Sixty-five Pool
- Active Pool

UnitedHealthcare®

- Network Access
- Post Sixty-five Benefits



UMR

- UMR/UnitedHealthcare Network Access
- HITECH Sophistication

A&G Healthcare®
Total Cost Containment Solutions

- Procurement Negotiation
- Contract Details
- AWP comparison over date range to actual cost
- Therapeutic Alternative
- Utilization Summary

Teladoc+

- Medical Consult
- Behavioral Health
- Dermatology Services

hy healthiestyou

OPTUM™

- Optum Complex: Centers of Excellence
- OptumInsight: Data Analytics and Pricing Transparency
- Optum Collaborative Care: Claim Integrity Audit

Marathon health
For Life.

KERSH HEALTH
+REDICARE

NuPhysicia.
Medicine At Work™

CIRCLE WELLNESS
a member of Circle Health Partners, Inc.

Clear Health
STRATEGIES

LEGACY ER
& URGENT CARE

CareATC

DEER OAKS
a behavioral health organization

LifeSecure®

- Long Term Care

TASC

OPTUMRx®

- Wells Fargo Prescription Pricing Review

RxResults™

CVS CAREMARK

The Standard™
Positively Different.

Milliman
SSDC
Services Corporation
Innovative Solutions

WORLD MED
ASSIST

AMERICAN FIDELITY
a different opinion

hms
Employer Solutions

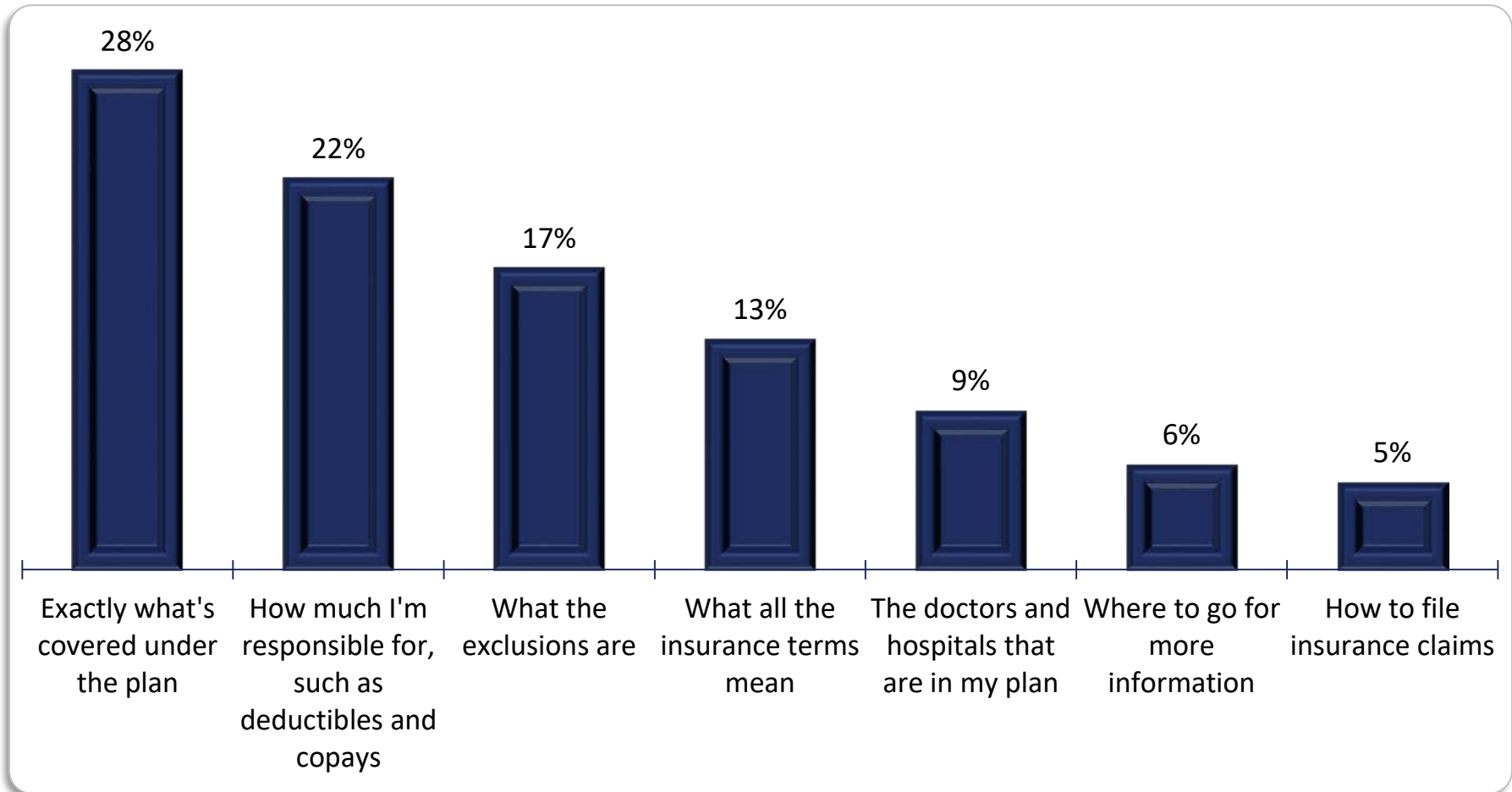
SPÖHN
Expertise for Navigating Business Challenges

MyIEBP Connect Membership Educational Series



- **July 31, 2018:** Self-Funded Employers "What makes-up the Cost of the Healthcare Risk" Underwriting, Stop Loss, Attachment Factor, Medical, Rx, Trends in Utilization Part I
- **August 7, 2018:** Self-Funded Employers "Managing the Healthcare Risk" Admin Cost, Stop Loss, Utilization, Commission Fees, Network Access, OON, Part II (TTC and Self-Funded Article)
- **September 6, 2018:** Actively at Work Requirements for Benefit Eligibility

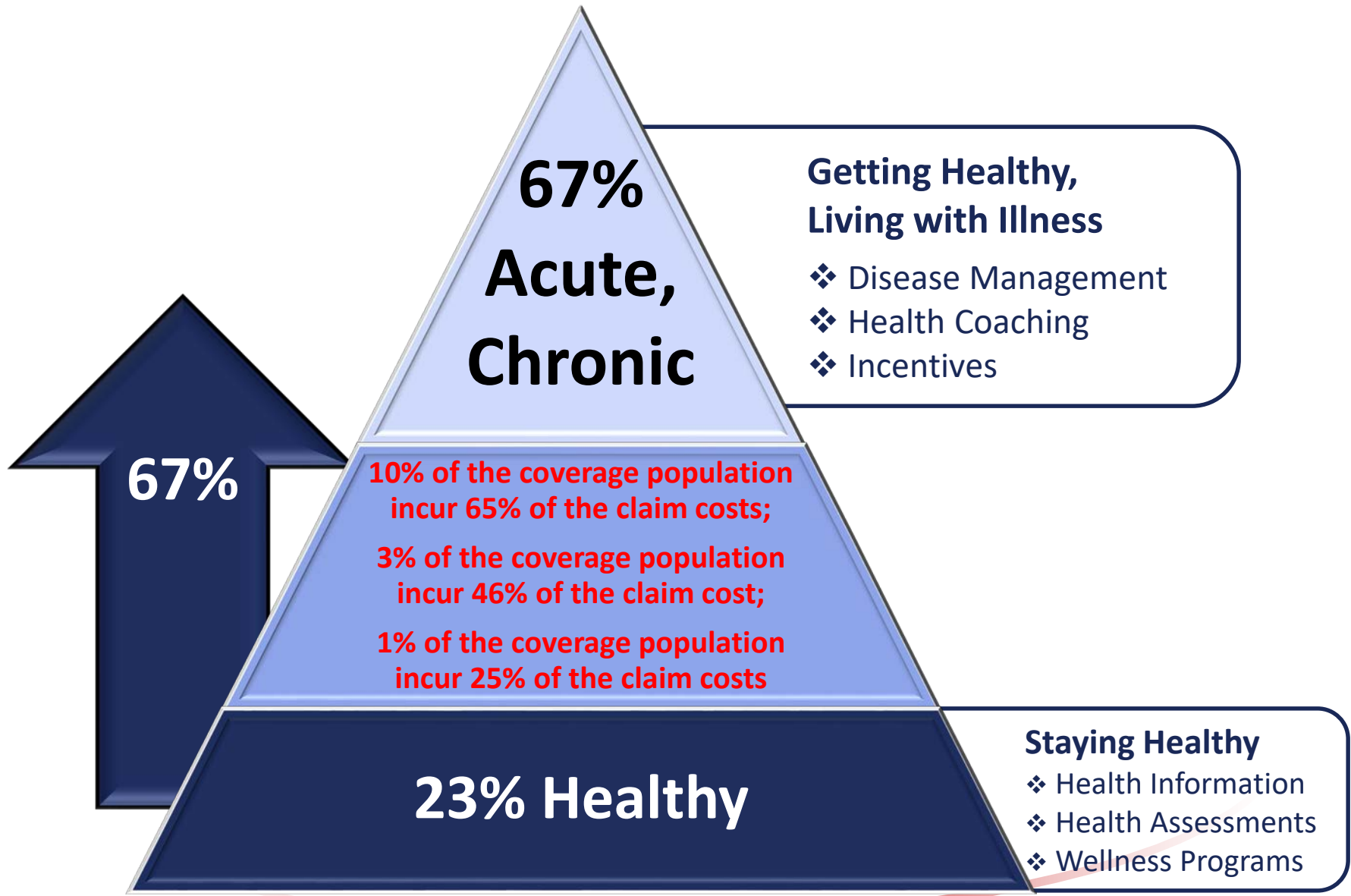
The biggest mystery about their benefits, according to employees, 2017



Source: Aflac, September 2017.

Stages of Health Status

67% of claim costs are spent on chronic disease states.



Improving the IEBP Membership Experience



- Benefit Plan Education
 - PreTax Benefit Utilization to Minimize Out of Pocket Expense
 - Section 125
 - Health Reimbursement Accounts
 - Retiree Reimbursement Accounts
 - Health Savings Accounts supporting Qualified Health Deductible Plans
 - Defined Contribution vs. Defined Benefit
 - Informatics Expansion
 - Predictive Risk
 - Risk Analysis
 - Employee Lifestyle Engagement
 - HEDIS Disease State Management
 - 21 Disease States
 - Current and Predictive Risk / Interface with Covered Individual, Provider and Payor
 - Calendar Year Biometric Screenings and Well Being Assessment
 - On-Site
 - Community Based Providers

Political Subdivisions and IEBP

Making Texas Healthier



- Local Site Health and Wellness Biometric Services "IEBP and Political Subdivisions Making Texas & Oklahoma Healthier"
- Employer Incentive for increased participation
- BiolQ and Hooper Holmes/Provant
- **US District Court**
 - As of December 27, 2017 the U.S. District Court for the District of Columbia vacated December 20 Equal Employment Opportunity Commission (EEOC) rules for employer-sponsored wellness programs.
 - A federal court recently ruled that effective January 1, 2019, employer-sponsored wellness programs must be truly voluntary - meaning employers may no longer offer employees incentives (or threaten penalties) for participation involving medical exams or inquiries. The case, AARP v. EEOC, could change workplace wellness as we know it.
 - The EEOC final rules, [issued](#) in May 2016, permit employers to offer a financial incentive of up to 30% of the cost of employee-only coverage to workers who participate in workplace wellness programs. The rules are intended to offer employers guidance on how to design their wellness programs to comply with the Americans with Disability Act (ADA) and the Genetic Information Nondiscrimination Act (GINA), which generally prohibit employers from collecting and using information about the health of workers and their families.

Political Subdivisions and IEBP

Making Texas Healthier



- **US District Court**

- HIPAA, as amended by the Affordable Care Act, allows health plans and insurers to offer incentives of up to 30% of the cost of coverage in exchange for an employee's participation in a health-contingent wellness program. Given possible prejudice to AARP members if the original rules stay in place, "and that the balance of the equities weighs in favor of vacatur in 2019, it would constitute manifest injustice to keep the Rules in place beyond 2018," the court said.
- Court ordered the EEOC to report its updated schedule for rulemaking by March 30 and to issue new proposed rules by August 31, 2018.

Calendar Year MOOP Management



	2019		2018*		2017	
	Self-Only	Family	Self-Only	Family	Self-Only	Family
Limitation on deductions with coverage under a qualified high deductible health plan (HDHP)	\$3,500	\$7,000	\$3,450	\$6,850 tax reform law update April 2018 IRS deleted pre-tax credit and dollars moved back to \$6,900	\$3,400	\$6,750
Annual deductible for coverage that is not less than	\$1,350	\$2,700	\$1,350	\$2,700	\$1,300	\$2,600
Qualified High Deductible/H.S.A. Health Plan MOOP amount/Annual out of pocket expenses (deductibles, copayments, and other amounts, but not premiums) for coverage	\$6,750	\$13,500	Do not exceed \$6,650	Do not exceed \$13,300	Do not exceed \$6,550	Do not exceed \$13,100
The PPO MOOP amount	\$7,900	\$15,800	\$7,350	\$14,700	\$7,150	\$14,300

*** Plan Year 2018-2019 IEBP will use the Calendar Year 2018 Federal Government Maximum Out of Pocket Regulations.**

Managing the Healthcare Risk

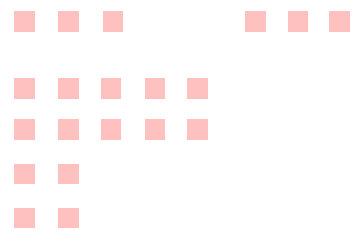


- Census
- Administrative Expenses
- Managed Care Efficiency Report
- Claim History
- Manual Rates
- Adjusted Manual Rate
- Claim in excess of \$10,000
- Top 25 Providers
- Tier 1 Provider Utilization
- Top 25 Prescription Utilization
- Brand when more cost effective alternative

Managing the Healthcare Risk

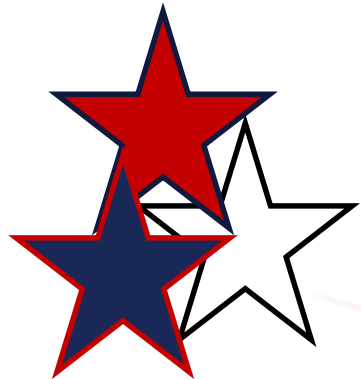


- HEDIS Disease States
 - Current and Predictive Risk
- Gaps in Care Analysis
- Loss Ratio
- Cost Projection
- Benefit Plan Funding
- Corridor Benefit Plan Funding
- Reserves
- Predictive Risk
- Stop Loss Interface
- Health and Wellness Participation
 - Biometric Analysis
 - Body Mass Index



Year In Review

Annual Health Plan Analysis



Healthcare Redesign in Texas



- Stakeholder Alliance
 - TML Support
 - Monthly article in TTC
 - Weekly article in Exchange
 - Facebook and Twitter access for positive information
 - State Capital Involvement in Innovative Healthcare for Texans



Your Time is Appreciated

Have a Great Day!

