



# 2016 TML Annual Conference

October 6, 2016 | 2:00 PM - 3:15 PM

*Political Subdivision Value Based Collaborative Teaming Synergy  
Managing Performance Based Clinical Outcomes  
24/7/365 Ease of Access for Active, Dependent and Retiree Benefits  
Chapter 172 Political Subdivision and Private Sector Collaboration*

## Managing the Multi-Facet Solution to Healthcare Costs

### 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

Managing the Integrity of the Healthcare Dollar

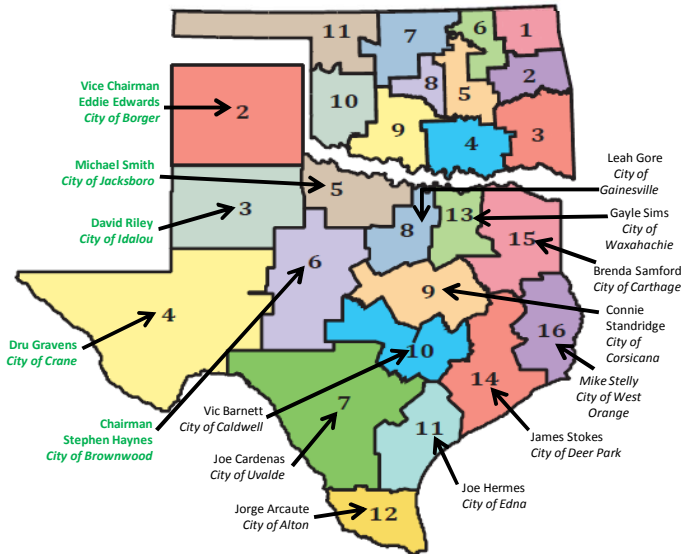
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24 / 7 / 365 Healthcare Access

## Board of Trustees: 2016-2017 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



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- ▶ 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

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# Public Employee Benefits Alliance

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

[www.BuyPEBA.org](http://www.BuyPEBA.org)



**TML MultiState**  
Intergovernmental Employee Benefits Pool

- Pre Sixty-five Pool
- Active Pool



**UnitedHealthcare**

- Network Access
- Post Sixty-five Benefits



**AG Healthcare**  
Total Cost Containment Solutions

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



**UMR**

- UMR/UnitedHealthcare Network Access
- HITECH Sophistication



**hy healthiestyou**



**hms**  
Employer Solutions



**LifeSecure**

- Long Term Care



**OPTUM™**

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



**The Standard™**  
Positively different.



**SP5HN**  
Expertise for Navigating Business Challenges



**DEER OAKS**  
a behavioral health organization



**WELLS FARGO INSURANCE**

- Reinsurance Expertise
- Regulatory Benefits Compliance
- Prescription Pricing Review



**SSDC**  
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**Marathon health**  
For life.



**CIRCLE WELLNESS**  
a member of Circle Health Partners, Inc.



**AMERICAN FIDELITY**  
a different opinion



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**OPTUMRx®**  
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**WORLD MED ASSIST**



**TASC**

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## Dilemmas of Managing the Healthcare Dollar

- ▶ Stabilizing the Integrity of the Healthcare Dollar Opportunities
  - Benefit Plan Design
    - Patient Protection Affordable Care Act
      - ▶ Benefit Expansion
      - ▶ No Cost Share Mandated Benefits
      - ▶ Regulatory Compliance on Cost Shift for Health & Wellness Programs
      - ▶ Regulatory Reporting
    - Consumer Centered Benefit Plans/Employer Defined Contribution
      - ▶ Health Reimbursement Arrangements
      - ▶ Health Savings Accounts
      - ▶ Retiree Reimbursement Arrangements
      - ▶ Section 125
        - + \$500-\$2,500 Carry Over
        - + Extended Plan Year: Two Month 15 day
    - H.S.A Qualified Health Plans
      - ▶ High Deductibles

## Maximum Out of Pocket Accumulation

- ▶ Accountable Care Act (ACA) imposes out of pocket maximum limitations on all non-grandfathered group health plans
- ▶ HHS PPO

Year	Self Out of Pocket	Family Out of Pocket
2014	\$6,350	\$12,700
2015	\$6,600	\$13,200
2016	\$6,850	\$13,700
2017	\$7,150	\$14,300

## H.S.A Qualified Health Plan/High Deductible H.S.A. IRS Contribution Guidelines

	2014		2015		2016		2017	
	Single	Family	Single	Family	Single	Family	Single	Family
Minimum Deductible	\$1,250	\$2,500	\$1,300	\$2,600	\$1,300	\$2,600	\$1,300	\$2,600
Maximum Out of Pocket	\$6,350	\$12,700	\$6,450	\$12,900	\$6,550	\$13,100	\$6,550	\$13,100
<b>Contribution Maximum</b>	\$3,300	\$6,550	\$3,350	\$6,650	\$3,350	\$6,750	\$3,400	\$6,750
Catch Up (55+)	\$1,000		\$1,000		\$1,000		\$1,000	

	2010		2011		2012		2013	
	Single	Family	Single	Family	Single	Family	Single	Family
Minimum Deductible	\$1,200	\$2,400	\$1,200	\$2,400	\$1,200	\$2,400	\$1,250	\$2,500
Maximum Out of Pocket	\$5,950	\$11,900	\$5,950	\$11,900	\$6,050	\$12,100	\$6,250	\$12,500
<b>Contribution Maximum</b>	\$3,050	\$6,150	\$3,050	\$6,150	\$3,100	\$6,250	\$3,250	\$6,450
Catch Up (55+)	\$1,000		\$1,000		\$1,000		\$1,000	

## Dilemmas of Managing the Healthcare Dollar

- ▶ Stabilizing the Integrity of the Healthcare Dollar Opportunities
  - Health/Wellness Managing the Chronic Disease State and Living Healthy Lifestyles
    - Data Analysis of Health Care services and costs
    - HEDIS Categories of Care (Healthcare Effectiveness Data Information Set)
    - Body Mass Index (BMI)
    - Biometric Screenings
    - Population Health
    - Medication Therapy Management Program
    - Prochaska Measurement of Behavior Change
    - Gaps in Care
    - Healthy Lifestyle Engagement
  - HITECH
    - MyIEBP Mobile Application
    - MyPersonal Health Record
    - MyBenefits on Demand
    - MyIEBP Health Calendar
    - MyIEBP Claim Look-Up and MyOOP Out of Pocket Expenses
    - MyIEBP OptumRx
    - MyIEBP Network Pricing Transparency
    - MyIEBP Telehealth/Healthiest You
    - MyPersonal Health Record
    - MyIEBP Online Privacy Practices
    - MyHealthX Tracker (Health Fitness Tracker Interface): January 1, 2017
      - ▶ Health Assessment
      - ▶ Thirteen Health and Wellness Quality of Life Programs

## Dilemmas of Managing the Healthcare Dollar

- ▶ Stabilizing the Integrity of the Healthcare Dollar Opportunities
  - Provider Ease of Access
    - Telehealth
    - On-Site Clinics
    - Provider Network Management
      - ▶ ACO (Accountable Care Organizations)—Shared Risk Pricing
        - + Inpatient
        - + Outpatient
        - + Inpatient/Outpatient
      - ▶ PPO (Preferred Provider Organizations)
      - ▶ Tier 1 (Performance Based Outcome Providers)
    - Out of Network Payment Options
      - ▶ Secondary Network
      - ▶ Reference Based Pricing
      - ▶ No Benefit Percentage except for immediate/emergent services
  - Medication Therapy Management Plan
  - Continuum of Care: Active-Pre/Post Sixty-five Retiree
  - Membership Service

# How Political Subdivisions will have a Voice in the Healthcare Revolution

Benefit Plan Design  
Consumer Centered Plans  
High Deductible Plans

## Consumer Centered Pool Plan (CCPP) Options

Employer Defined Contribution  
2016-2017 IEBP CCPP x 7 Plans Membership Recommending 2017-2018 6 Plans

Plan	Copay	Individual Deductible (2 x Family)	Individual Out of Pocket (2 x Family)
P85-20-25 <i>HRA Eligible</i>	Eliminate	\$30.00	\$2,500.00 35 enrolled
P75-0-30 <i>HRA Eligible</i>		\$0.00	\$3,000.00 253 enrolled
P85-50-20 <i>HRA Eligible</i>		\$500.00	\$2,000.00 134 enrolled
P85-50-30 <i>HRA Eligible</i>		\$500.00	\$3,000.00 381 enrolled
P85-75-30 <i>HRA Eligible</i>	2017 Elimination Request	\$750.00	\$3,000.00 322 enrolled
P85-100-30 <i>HRA Eligible</i>		\$1,000.00	\$3,000.00 1159 enrolled
H85-150-40 <i>HSA Eligible (IRS: High Deductible Health Plan)</i>		\$1,500.00	\$4,000.00 284 enrolled
H85-250-30 <i>HSA Eligible (IRS: High Deductible Health Plan)</i>		\$2,500.00	\$3,000.00 464 enrolled

## Maximum Out of Pocket Accumulation

Plan Out of Pocket Accumulation Variables
Plan Deductible
Plan Out of Pocket
Plan Maximum Out of Pocket = Deductible Plus Out of Pocket
Plan Maximum Out of Pocket = Deductible Accumulates to Plan Maximum Out of Pocket
Plan MOOP Accumulation
Federal Government MOOP Accumulation
Most Cost Effective Network Eligible Copays Medical, Prescription and Biotech
All Out of Pocket Copays Medical and Prescription Accumulate to MOOP
All Out of Pocket Copays Medical and Prescription plus Penalty Fees
Plan Penalties/Notification Penalties <b>DO NOT ACCUMULATE TO OOP</b>

## Benefit Plan Designs

- ▶ Section 125/Flex
  - Grace Period of two months and fifteen days
  - Carry Over Option of up to \$500 to \$2,500 for unreimbursed medical only
    - Post deductible access for unreimbursed health services
    - Limit carry over dollars to: preventive, wellness, and vision
- ▶ Health Savings Accounts
- ▶ Health Reimbursement Arrangements
- ▶ Retiree Reimbursement Arrangements (Pre/Post Sixty-Five Retirees)

# How Political Subdivisions will have a Voice in the Healthcare Revolution

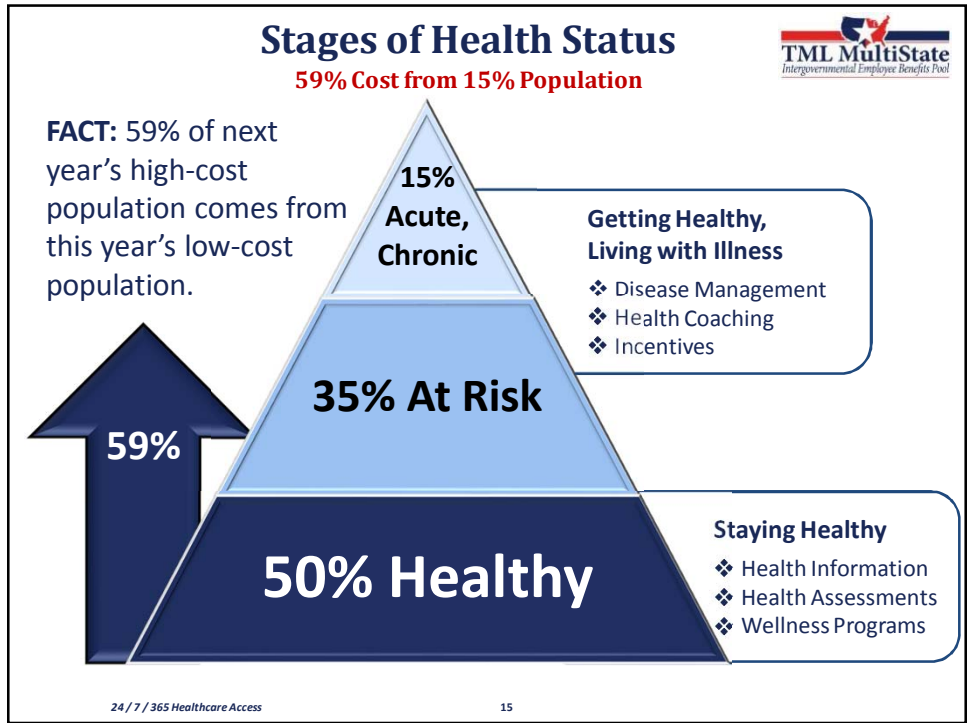
## Health/Wellness Managing the Chronic Disease State

### Fastest-growing Medical Conditions by Growth Rate and their Contribution to Excess Spending Growth, 1996-2013

Medical Condition	Spending (billions)		Average Growth Rate	Excess Growth (billions)	Share of Excess Growth
	1996	2013			
Gallbladder, pancreatic, or liver disease	\$10	\$52	10%	\$32	7%
Hyperlipidemia	\$5	\$27	10%	\$16	3%
Upper gastrointestinal tract conditions	\$10	\$48	10%	\$28	6%
Lupus or connective tissue disorders	\$9	\$44	10%	\$25	5%
Kidney disease	\$12	\$54	9%	\$30	6%
Diabetes	\$14	\$62	9%	\$32	7%
Skin disorders	\$11	\$43	8%	\$20	4%
Osteoarthritis	\$27	\$91	7%	\$36	8%
Back problems	\$15	\$49	7%	\$19	4%
Pulmonary conditions	\$35	\$95	6%	\$23	5%
Total Personal Health Care Spending	\$918	\$2,441	6%	\$472	100%

Notes: Excess growth in dollars is the difference between spending in 2013 and what it would have been if spending since 1996 had grown at same rate as the gross domestic product (4.3%). Medical conditions with less than \$20 billion in spending in 2013 are excluded. All dollar amounts are in nominal dollars. All numbers are rounded. Growth rates are average annual compounded rates.

Source: Roehrig, *Health Affairs*, May 18, 2016



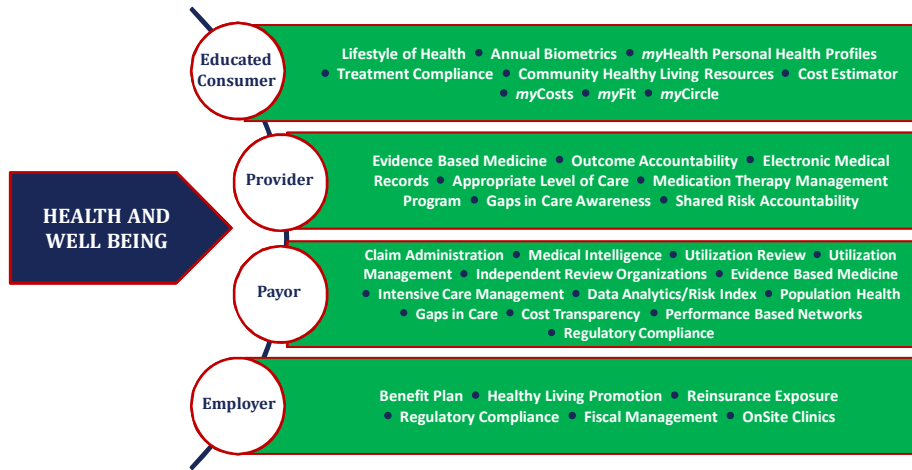
### IEBP's Evolving Health and Wellness Programs/Political Subdivisions Invest in their Employees

Healthy Initiatives Program with Biometric Screenings	<b>2008</b>
Health Power Assessment Compliance Incentive Pay	<b>2008</b>
Prochaska Interface for Measurement of Behavioral Change	<b>2010</b>
Gaps in Care	<b>2010</b>
Gaps in Care Letter to Member	<b>2011</b>
Personal Health Profile	<b>2012</b>
Gaps in Care Letter to Provider	<b>2015</b>
Cost Transparency Services	<b>2015</b>

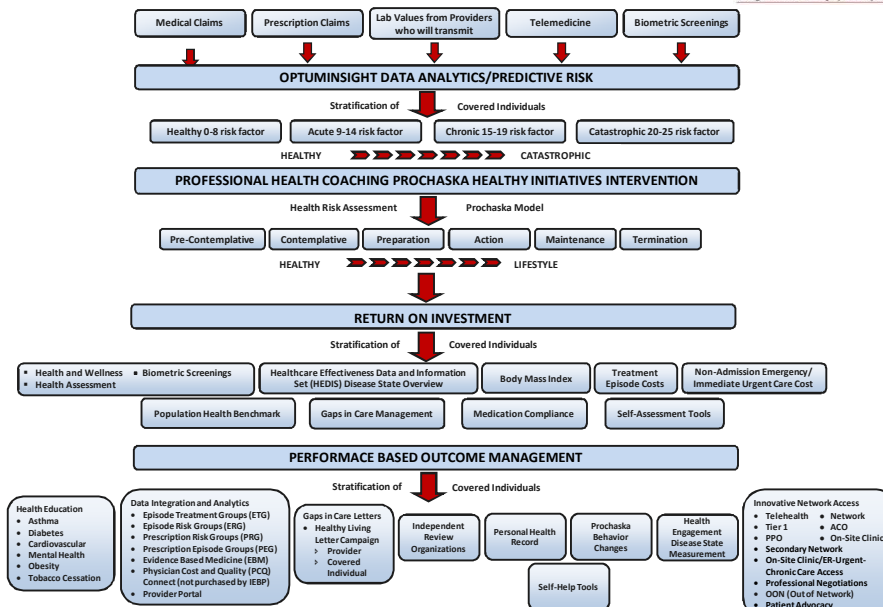
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# Stakeholders of Health & Wellness Lifestyles



# Integrated MemberCentric Medical Home Model



## Evolving Health and Wellness Programs/Political Subdivisions Invest in their Employees

- ▶ Diagnose Early, Intervene, Reduce High Risk
- ▶ Access your Personal Health Record and Health Power Assessment by logging in at [www.iebp.org](http://www.iebp.org).

Age & Gender Biometric Screenings	Female 18-29	Female 30-35	Female 36-39	Female 40-49	Female 50	Female 51-73	Female 74+	Male 18-39	Male 40-50	Male 51-70	Male 71+
Health Power Assessment Questionnaire	X	X	X	X	X	X	X	X	X	X	X
Preventive Office Visit - CPT 99385-99397	X	X	X	X	X	X	X	X	X	X	X
Lipid Panel - CPT 80061	X	X	X	X	X	X	X	X	X	X	X
Comprehensive Metabolic Blood Panel - CPT 80053	X	X	X	X	X	X	X	X	X	X	X
Thyroid Stimulating Hormone (TSH) - CPT 84443			X	X	X	X	X				
Prostate Cancer Screening (PSA) - CPT 84152-84154										X	
Fecal Occult (including colonoscopy and sigmoidoscopy as a qualifier) - CPT 82270				X	X	X	X		X	X	X
Mammogram (* one (1) per Calendar Year for females ages 40-49; ** 1 every two (2) Calendar Years for females ages 50-73) - CPT 77055-77057				X*	X**	X**					
PAP (every three (3) Calendar Years for females ages 30-50) - CPT 88141; 88155; 88142-88154; 88164-88167; 88174-88175		X	X	X	X						



## A Wellness Plan that Works!

### Healthy Initiatives HealthPlan

- Access your Health Power Assessment by signing in at [www.IEBP.org](http://www.IEBP.org) and selecting Healthy Initiatives and then Health Assessment.
- If you are 18 years of age or older, upon completion of your calendar year biometric screenings (Blood Pressure, Body Mass Index, Cholesterol, Fasting Glucose, Triglycerides) **Health Assessment**, you will receive a \$150.00 Healthy Initiatives incentive check, a Healthy Initiatives confirmation letter, and a personal health profile.

### Healthy Initiatives HealthPlan • Calendar Years 2016 & 2017

## Personal Health Record

NAME \_\_\_\_\_  Male  Female Date of Birth \_\_\_\_\_

Access your Personal Health Record and Health Power Assessment by logging in at [www.iebp.org](http://www.iebp.org)

- When did you have your blood work done? \_\_\_\_\_ mm/dl/yy Normal Heart Rate: 60-80 beats/min
- What is your height? \_\_\_\_\_ feet \_\_\_\_\_ inches
- What is your weight? \_\_\_\_\_ pounds Normal Body Mass Index (BMI): 19-24%  
\_\_\_\_\_ inches
- What is your waist measurement? \_\_\_\_\_ inches
- What is your blood glucose? \_\_\_\_\_ Less than 100 mg/dL Normal  
100-125 mg/dL Impaired/Pre-diabetes  
126 mg/dL or higher Diabetes
- What is your blood pressure? \_\_\_\_\_ Less than 120/80 Optimal  
120-139 Pre-hypertension  
140 or higher High Blood Pressure
- What is your total cholesterol? \_\_\_\_\_ Less than 200 mg/dL Optimal  
200-239 mg/dL Borderline High  
240 mg/dL or higher High Cholesterol
- What is your LDL (bad) cholesterol? \_\_\_\_\_ Less than 115 mg/dL Optimal  
115-159 mg/dL Borderline High  
160 mg/dL or higher High
- What is your HDL (good) cholesterol? \_\_\_\_\_ Less than 40 mg/dL for men and 50 mg/dL for women increases the risk of heart disease.
- What is your triglyceride level? \_\_\_\_\_ Less than 150 mg/dL Normal  
150-199 mg/dL Borderline High  
200 mg/dL or higher High
- Fecal Occult Blood Test Results\* \_\_\_\_\_ Negative or Positive:  
\*If your Fecal Occult Blood Test is done at your Provider's office, please have your Provider complete and sign above (optional).

AGE & GENDER BIOMETRIC SCREENINGS	Female 18-29	Female 30-35	Female 36-39	Female 40-49	Female 50	Female 51-73	Female 74+	Male 18-39	Male 40-50	Male 51-70	Male 71+
Health Power Assessment Questionnaire	X	X	X	X	X	X	X	X	X	X	X
Preventive Office Visit   CPT 99385-99397	X	X	X	X	X	X	X	X	X	X	X
Lipid Panel   CPT 80061	X	X	X	X	X	X	X	X	X	X	X
Comprehensive Metabolic Blood Panel   CPT 80053	X	X	X	X	X	X	X	X	X	X	X
TSH   CPT 84443			X	X	X	X	X				
PSA   CPT 84152-84154										X	
Fecal Occult (including colonoscopy and sigmoidoscopy as a qualifier)   CPT 82270				X	X	X	X		X	X	X
Mammogram (*one every year for females ages 40-49; **one every two (2) calendar years for females ages 50-73)   CPT 77055-77057				X*	X**	X**					
PAP (every three (3) calendar years for females ages 30-50)   CPT 88141; 88155; 88142-88154; 88164-88167; 88174-88175		X	X	X	X						



## Biometric Screenings and Health Assessment Participation Engagement

### ▶ Member Lives

IEBP Member	Employee Lives	Dependent Lives	Retiree Lives	Retiree Dependent Lives	City
Deer Park	269	275	29	0	Deer Park

### ▶ Healthy Initiatives Participation

- Calendar Year 2015      73 Participants
- Jan.2016 - June2016    219 Participants  
\$32,850/\$150.00 Health and  
Wellness incentive pay

## A Wellness Plan that Works!

### ▶ Immunization Support

The following Network eligible immunizations and administrative fees are reimbursable at 100% of the allowable. Non-Network eligible billings will be subject to Usual and Reasonable charges and are subject to the Non-Network deductible and benefit percentage. Allergy injections and expenses related to routine newborn care are not considered as part of this benefit. To be considered under this benefit, the provider's bill must designate a routine diagnosis code. This list is a guideline.

#### Immunizations/Inoculations

- DT (Diphtheria and Tetanus Toxoids)
- DtaP Diphtheria, Tetanus Toxoids and Pertussis
- Hepatitis A & Hepatitis B
- HIB (Hemophilus Influenza B)
- HPV (Genital Human Papillomavirus)
- Influenza
- MMR (Measles, Mumps, Rubella)
- MMR booster
- Oral Polio
- Pediarix (Diphtheria and Tetanus Toxoids and Acellular Pertussis Absorbed, Hepatitis B (Recombinant) and Inactivated Poliovirus Vaccine Combined)
- Pneumococcal (Pneumonia)
- Poliomyelitis Vaccine
- Rotovirus
- Td (Tetanus) booster
- Varicella Vaccine (Chicken Pox)
- Zosatavax (Shingles Vaccine)
- Any other immunization required by federal or state law or regulation

## Maturing Population Health

### ► Colon-Rectal Exam Benefit

- The following will be processed for Network reimbursement at 100% of Network allowable. Non-Network provider eligible billings will be subject to Usual and Reasonable charges and are subject to the Non-Network deductible and benefit percentage. To be considered as an eligible preventive/routine care benefit, the provider's bill must designate or outline a routine diagnosis code.
- This benefit will include routine and diagnostic colon-rectal examinations.
  - Colon-Rectal examination - coverage for medically-recognized screening examination for the detection of colorectal cancer. This includes colonoscopy (performed every ten (10) years); or flexible sigmoidoscopy (examination of the large intestine) performed every five (5) years.
- Biopsy/polyp removal during preventive colonoscopy plans will be included in the 100% of Network allowable cost.
- This benefit excludes coverage for virtual colonoscopies.



## Biometric Summary Reports

Calendar Year: 2015		BMI		Cholesterol		Glucose/Blood Sugar		HDL		HgbA1c		LDL		Triglycerides	
Screening Result	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	
Pool Normal	305	5.99%	2,340	24.06%	2,537	23.33%	1,982	20.40%	219	5.69%	1,444	14.88%	2,274	23.40%	
Pool Outside of Normal Limits	1,442	28.30%	1,152	11.85%	1,424	13.09%	1,509	15.53%	1,049	27.26%	2,042	21.05%	1,213	12.48%	
MiniPool Normal	374	7.34%	2,001	20.58%	2,313	21.27%	1,845	18.99%	140	3.64%	1,268	13.07%	2,077	21.37%	
MiniPool Outside of Normal Limits	1,544	30.30%	1,041	10.71%	1,054	9.69%	1,194	12.29%	695	18.06%	1,773	18.27%	965	9.93%	
Pre65 Normal	1	0.02%	9	0.08%	8	0.07%	5	0.05%			5	0.05%	6	0.06%	
Pre65 Outside of Normal Limits	5	0.10%	2	0.03%	5	0.05%	6	0.06%	3	0.08%	6	0.06%	5	0.05%	
<b>Grand Total</b>	<b>3,671</b>		<b>6,545</b>		<b>7,341</b>		<b>6,541</b>		<b>2,106</b>		<b>6,538</b>		<b>6,540</b>		

Calendar Year: 2015		BMI		Cholesterol		Glucose/Blood Sugar		HDL		HgbA1c		LDL		Triglycerides	
Screening Result	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	
Pool Normal	312	0	2,316	1	2,508	1	2,070	1	219	0	1,454	0	2,288	1	
Pool Outside of Normal Limits	1,507	1	1,203	0	1,525	0	1,445	0	1,060	1	2,058	1	1,224	0	
MiniPool Normal	395	0	2,116	1	2,398	1	2,012	1	133	0	1,321	0	2,183	1	
MiniPool Outside of Normal Limits	1,712	1	1,112	0	1,165	0	1,210	0	681	1	1,901	1	1,044	0	
Pre65 Normal	1	0	6	1	8	1	3	0			2	0	6	1	
Pre65 Outside of Normal Limits	4	1	2	0	2	0	5	1	1	1	6	1	2	0	
<b>Grand Total</b>	<b>3,931</b>		<b>6,755</b>		<b>7,606</b>		<b>6,745</b>		<b>2,094</b>		<b>6,742</b>		<b>6,747</b>		

Calendar Year: 2015		BMI		Cholesterol		Glucose/Blood Sugar		HDL		HgbA1c		LDL		Triglycerides	
Screening Result	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	# of Mbrs	% Mbrs Tested	
Pool Normal	305	0	2,298	1	2,419	1	2,008	1	206	0	1,456	0	2,265	65%	
Pool Outside of Normal Limits	1,448	1	1,171	0	1,540	0	1,455	0	1,055	1	2,003	1	1,197	35%	
MiniPool Normal	378	0	2,091	1	2,328	1	1,923	1	134	0	1,323	0	2,133	67%	
MiniPool Outside of Normal Limits	1,658	1	1,077	0	1,178	0	1,239	0	685	1	1,840	1	1,034	33%	
Pre65 Normal			4	1	8	1	4	1			6	1	6	100%	
Pre65 Outside of Normal Limits	4	1	2	0			2	0	1	1	6	1			
<b>Grand Total</b>	<b>3,793</b>		<b>6,643</b>		<b>7,473</b>		<b>6,631</b>		<b>2,081</b>		<b>6,628</b>		<b>6,635</b>		



## Healthcare Effectiveness Data Information Set (HEDIS) Reporting

### Target Health HEDIS Reports

Plan Year: 2015-16											
Oct 2014- Nov 2015	Asthma Mbr Count	Asthma % Total Mbrs	Breast Cancer Mbr Count	Breast Cancer % Total Mbrs	CV Mbr Count	CV % Total Mbrs	Colorectal Cancer Mbr Count	Colorectal Cancer % Total Mbrs	COPD Mbr Count	COPD % Total Mbrs	
Pool	1,268	5.1%	94	0.4%	5,715	22.9%	44	0.2%	368	1.5%	
MiniPool	902	5.7%	56	0.4%	2,929	18.6%	22	0.1%	191	1.2%	
Pre65E	2	4.0%	1	2.0%	25	50.0%	1	2.0%	3	6.0%	
Pre65I	0	0.0%	0	0.0%	1	20.0%	0	0.0%	0	0.0%	

Oct 2014- Nov 2015	Depression Mbr Count	Depression % Total Mbrs	Diabetes Mbr Count	Diabetes % Total Mbrs	Female Organ Cancer Member Count	Female Organ Cancer % Total Mbrs	Mbrs in Elig Period
Pool	1,482	5.9%	2,179	8.7%	37	0.1%	24,958
MiniPool	884	5.6%	1,062	6.8%	22	0.1%	15,710
Pre65E	6	12.0%	5	10.0%	0	0.0%	50
Pre65I	1	20.0%	0	0.0%	0	0.0%	5

Plan Year: 2015-16											
Jan 2015- Feb 2016	Asthma Mbr Count	Asthma % Total Mbrs	Breast Cancer Mbr Count	Breast Cancer % Total Mbrs	CV Mbr Count	CV % Total Mbrs	Colorectal Cancer Mbr Count	Colorectal Cancer % Total Mbrs	COPD Mbr Count	COPD % Total Mbrs	
Pool	1,275	0	92	0	5,773	0	44	0	371	0	
MiniPool	873	0	55	0	2,959	0	24	0	179	0	
Pre65E	2	0	1	0	24	1	1	0	3	0	
Pre65I	0	0	0	0	0	0	0	0	0	0	

Jan 2015- Feb 2016	Depression Mbr Count	Depression % Total Mbrs	Diabetes Mbr Count	Diabetes % Total Mbrs	Female Organ Cancer Member Count	Female Organ Cancer % Total Mbrs	Mbrs in Elig Period
Pool	1,448	0	2,197	0	41	0	25,297
MiniPool	882	0	1,081	0	23	0	15,884
Pre65E	4	0	4	0	0	0	45
Pre65I	0	0	0	0	0	0	0



## Body Mass Index Drill Down

Number of Members and % of Total Members tested broken down by Body Mass Index (BMI) and Group Name.

The Lab Result status filter keeps Current and the Subscriber status filter keeps Active, COC, and Retired.

Body Mass Index (BMI)

- Below 18.5: Underweight
- 18.5 - 24.9: Normal
- 25.0 - 29.9: Overweight
- 30.0 - 39.9: Obese
- 40.0 - above: Morbid Obesity

Group	Mar 2015 - Apr 2016		PY Oct 2014 - Sept 2015		PY Oct 2013 - Sept 2014		PY Oct 2012 - Sept 2013		
	# of Mbrs	% of Total Mbrs Tested	# of Mbrs	% of Total Mbrs Tested	# of Mbrs	% of Total Mbrs Tested	# of Mbrs	% of Total Mbrs Tested	
Pool	Underweight	21	1.20%	18	1.0%	16	0.93%	12	1.0%
	Normal	305	17.40%	308	17.3%	285	16.59%	233	18.5%
	Overweight	519	29.60%	556	31.2%	595	34.63%	403	32.1%
	Obese	716	40.90%	714	40.0%	658	38.30%	474	37.7%
	Morbid Obesity	191	10.90%	187	10.5%	164	9.55%	135	10.7%
<b>Total</b>	<b>1,752</b>	<b>100.00%</b>	<b>1,783</b>	<b>100.0%</b>	<b>1,718</b>	<b>100.00%</b>	<b>1,257</b>	<b>100.0%</b>	
Mini-Pool	Underweight	19	0.90%	25	1.3%	20	1.07%	15	1.0%
	Normal	378	18.60%	372	20.0%	304	16.33%	300	20.1%
	Overweight	644	31.60%	587	31.5%	737	39.58%	502	33.7%
	Obese	821	40.30%	715	38.4%	652	35.02%	539	36.2%
	Morbid Obesity	174	8.50%	166	8.9%	149	8.00%	134	9.0%
<b>Total</b>	<b>2,036</b>	<b>100%</b>	<b>1,864</b>	<b>100.0%</b>	<b>1,862</b>	<b>100.00%</b>	<b>1,490</b>	<b>100.0%</b>	
Pre 65	Underweight			1	11.1%	0	0.0%	1	10.0%
	Normal			2	22.2%	1	14.29%	2	20.0%
	Overweight			2	22.2%	1	14.29%	2	20.0%
	Obese			4	44.4%	5	71.43%	5	50.0%
	Morbid Obesity			9	100.0%	0	0.0%	0	0.0%
<b>Total</b>	<b>4</b>	<b>100%</b>	<b>9</b>	<b>100.0%</b>	<b>7</b>	<b>100.00%</b>	<b>10</b>	<b>100.0%</b>	



## Treatment Episode Assessment

Diag CD2	Diag Desc2	# of Claims	Allowed	Allowed per Claim	Billed per Claims	Plan Paid per Claim
R42	Dizziness and Giddiness	406	164,201	404	1,041	347
R21	Rash and other Nonspecific Skin Eruption	221	26,363	119	469	109
N390	Urinary Tract Infection Site not Specified	602	373,234	620	1,924	551
J200	Acute Bronchitis due to Mycoplasma Pneumoniae	2	163	81	161	73
J040	Acute Laryngitis	47	8,524	181	505	173
J029	Acute Pharyngitis Unspecified	1,424	118,096	83	338	73
J020	Streptococcal Pharyngitis	270	24,445	91	280	74
J0190	Acute Sinusitis Unspecified	590	44,242	75	288	64
9953	Allergy Unspecified not Elsewhere Classified	746	113,730	152	360	119
9195	Oth MX & Unspec Sites Insect Bite Nonvenomous Inf	65	6,592	101	180	84
8420	Wrist Sprain and Strain	10	5,182	518	550	337
7890	Abdominal Pain	5	1,718	344	661	325
78791	Diarrhea	3,667	1,393,941	380	964	308
78650	Chest Pain Unspecified	4,335	1,973,095	455	1,081	375
7862	Cough	10,372	1,237,227	119	275	92
7245	Unspecified Backache	2,820	684,870	243	632	196
692	Contact Dermatitis and other Eczema	4	284	71	86	51
5259	Unspecified Disorder Teeth & Supporting Structures	97	27,732	286	683	227
4770	Allergic Rhinitis due to Pollen	5,177	479,096	93	200	74
4659	Acute Iris of Unspecified Site	10,561	1,105,627	105	235	82
461	Acute Sinusitis	7	768	110	172	98
460	Acute Nasopharyngitis	1,260	96,421	77	202	63
4019	Unspecified Essential Hypertension	27,218	19,099,884	702	1,738	602
38870	Unspecified Otagia	1,321	143,389	109	256	79
3829	Unspecified Otitis Media	3,602	566,504	157	363	122
37991	Pain in or around Eye	319	51,412	161	358	121
3720	Acute Conjunctivitis	2	85	42	78	21
2749	Gout, Unspecified	977	287,832	295	802	267
0380	Streptococcal Septicemia	7	46,553	6,650	10,637	6,646
	Total Dollars Allowed		28,081,210			



## Treatment Episodes

Description	Estimated Treatment Grouper (ETG) Description	# of Mbrs	# of Mbrs in CM/DM	# of Active Mbrs in Prochaska	# of Termed Mbrs	Paid - IP Facility	Paid - OP Facility	Paid - Professional	Paid - Pharmacy	Total Paid
Cardiology	Hypertension	314	83	38	47	\$1,215	\$94,443	\$29,540	\$55,360	\$180,558
	Isch hrt dis	36	12	2	4	\$9,043	\$39,574	\$21,885	\$3,997	\$74,499
	Rx only-HTN/heart disease	26	2	1	3	\$0	\$0	\$0	\$1,886	\$1,886
	CHF	10	5		2	\$26,116	\$1,845	\$135	\$662	\$28,759
	Atherosclerosis	7	2		0	\$0	\$45,460	\$6,001	\$1	\$51,462
Endocrinology	Hyperlipidemia, other	261	59	22	30	\$0	\$504	\$8,038	\$24,764	\$33,306
	Diabetes	102	39	16	16	\$0	\$24,742	\$55,709	\$170,813	\$251,264
	Obesity	94	22	15	11	\$0	\$8,025	\$17,484	\$1,199	\$26,708
	Rx only-diabetes mellitus	10	1	1	2	\$0	\$0	\$0	\$589	\$589
	Hyper-funct thyroid gland	7	2	1	0	\$0	\$684	\$836	\$255	\$1,775
	Mal neo thyroid gland	3			0	\$0	\$7,912	\$5,875	\$3,154	\$16,941
	Cystic fibrosis	1			0	\$2,068	\$389	\$0	\$10,166	\$12,624
	Mal neo pancreatic gland	1			1	\$21,361	\$185,344	\$26,094	\$3,602	\$236,401
Nephrology	Chronic renal failure	15	8	4	0	\$0	\$20,606	\$9,392	\$1,668	\$31,666



## Treatment Episodes

Description	Estimated Treatment Group (ETG) Description	# of Mbrs	# of Mbrs in CM/DM	# of Active Mbrs in Prochaska	# of Termed Mbrs	Paid - IP Facility	Paid - OP Facility	Paid - Professional	Paid - Pharmacy	Total Paid
Orthopedics & rheumatology	Jt degen -back	133	26	10	16	\$73,003	\$130,458	\$209,671	\$26,423	\$439,555
	Jt degen -neck	77	11	7	15	\$42,795	\$50,652	\$91,494	\$16,502	\$201,443
	Jt degen -knee L/leg	48	15	9	5	\$0	\$48,819	\$27,543	\$8,828	\$85,189
	Adult rheumatoid arthritis	16	6	3	4	\$0	\$6,252	\$4,453	\$184,146	\$194,851
	Jt degen -shoulder	13	5	1	0	\$0	\$19,370	\$20,462	\$3,402	\$43,233
	Osteoporosis	9	2	2	3	\$0	\$454	\$59	\$1,666	\$2,180
	Jt degen -foot/ankle	7	1		2	\$0	\$0	\$1,502	\$4	\$1,506
	Jt degen -pelv girdle	5	0		1	\$0	\$5,236	\$8,043	\$63	\$13,342
	Jt degen -unspecified	2	1		0	\$0	\$0	\$0	\$0	\$0
	Juvenile rheumatoid arthritis	2			0	\$0	\$1,543	\$263	\$35,302	\$37,107
	Mal neo ortho exc head/neck	2			0	\$256,209	\$237,229	\$68,664	\$464	\$562,566
	Lupus	1	0	1	0	\$0	\$0	\$651	\$16	\$667
	Mal neo bone metastases	1			0	\$0	\$0	\$0	\$0	\$0
	Neurology	Migraine headache	45	15	2	8	\$44,118	\$151,030	\$25,571	\$23,638
Oth infl non-crnl rv		19	4	2	2	\$0	\$12,795	\$7,353	\$10,012	\$30,160
Cerebral vascular disease		15	7	1	1	\$2,952	\$4,687	\$25,429	\$728	\$33,796
Epilepsy		9	2		2	\$0	\$16,871	\$611	\$2,503	\$19,984
Multiple sclerosis		2	1		1	\$0	\$3	\$0	\$78,491	\$78,493
Mal neo CNS		1			0	\$1,237	\$0	\$2,317	\$0	\$3,553



## Treatment Episodes

Description	Estimated Treatment Group (ETG) Description	# of Mbrs	# of Mbrs in CM/DM	# of Active Mbrs in Prochaska	# of Termed Mbrs	Paid - IP Facility	Paid - OP Facility	Paid - Professional	Paid - Pharmacy	Total Paid
Pulmonology	Asthma	185	26	11	25	\$7,270	\$34,960	\$19,075	\$58,948	\$120,253
	Rx only-asthma	52	5	2	5	\$0	\$0	\$0	\$9,494	\$9,494
	COPD	13	4	1	1	\$157	\$8,405	\$14,759	\$12,744	\$36,065
	Mal neo pulmonary	2			1	\$1,669	\$49,976	\$40,416	\$265	\$92,325
Hepatology	Cirrhosis	3	0	1	0	\$0	\$2,706	\$3,837	\$83,583	\$90,125
	Infectious hepatitis	2	0	1	0	\$0	\$0	\$89	\$0	\$89
	Mal neo liver metastases	1			0	\$0	\$0	\$2,076	\$0	\$2,076
Psychiatry	Mood disorder, depressed	133	43	14	30	\$1,985	\$12,140	\$18,630	\$72,887	\$105,642
	Rx only-depression	25	0		7	\$0	\$0	\$0	\$1,708	\$1,708
	Psych & schizo disorder	2	0		1	\$0	\$0	\$50	\$35,799	\$35,849
Gastro-enterology	Inflam bowel disease	12	1		1	\$18,659	\$130,147	\$58,934	\$14,821	\$222,560
	Irritable bowel syndrome	8	0	1	2	\$0	\$0	\$79	\$360	\$438
	Mal neo lg intest	2			0	\$0	\$3,640	\$2,107	\$71	\$5,818
	Mal neo sm intest & abdom	2			1	\$24,917	\$12,655	\$9,710	\$320	\$47,602
	Mal neo stom & esoph	1			1	\$0	\$1,345	\$1,614	\$0	\$2,959
	Rx only-infl bowel disease	1			0	\$0	\$0	\$0	\$1,943	\$1,943



## Treatment Episodes

Description	Estimated Treatment Group (ETG) Description	# of Mbrs	# of Mbrs in CM/DM	# of Active Mbrs in Prochaska	# of Termed Mbrs	Paid - IP Facility	Paid - OP Facility	Paid - Professional	Paid - Pharmacy	Total Paid
Dermatology	Mal neo skin, major	30			4	\$0	\$15,239	\$15,988	\$3,961	\$35,188
Gynecology	Mal neo breast	13			4	\$10,224	\$29,841	\$18,067	\$1,179	\$59,311
	Mal neo cervix	1			0	\$0	\$0	\$480	\$0	\$480
	Mal neo uterus	1			0	\$0	\$14,246	\$1,430	\$0	\$15,675
Hematology	Leukemia	4			1	\$0	\$612	\$1,559	\$100	\$2,270
	Lymphoma	2			0	\$0	\$0	\$231	\$24	\$255
Urology	Mal neo GU exc prostate	4			0	\$0	\$64,232	\$25,684	\$957	\$90,873
	Mal neo prostate	4			0	\$1,046	\$3,175	\$8,177	\$156	\$12,553

## Non-Admission Emergent and Urgent Care Costs

### ▶ Non-Admission Emergent Cost

Charges Received	Paid Amount
\$ 179,046.99	\$ 36,257.00

### ▶ Urgent Care Dollars

Charges Received	Paid Amount
\$ 8,955.47	\$ 2,045.83



## Population Health (Comparison to Treatment Benchmarks)

### Pool

Plan Year: 2015-16  
Mar 2015 – Apr 2016

Report Case Description	Report Rule Description	Eligible Mbrs	Eligible & Compliant	Elig Non-Compliant	Compliance Rate	# of Elig & Compliant Mbrs in Coaching
Asthma	Pediatric patient(s) with presumed uncontrolled or partly controlled asthma using an inhaled corticosteroid or acceptable alternative.	92.00%	82	4	95.3%	
	Adult(s) with presumed uncontrolled or partly controlled asthma using an inhaled corticosteroid or acceptable alternative.	87.60%	316	26	92.4%	58
Breast CA Scrn (NS)	Patient(s) 52-74 years of age that had a screening mammogram in last 27 reported months.	71.69%	1,330	620	68.2%	284
CAD	Patient(s) currently taking an ACE-inhibitor or angiotensin II receptor antagonist.	57.38%	300	117	71.9%	71
	Patient(s) currently taking a statin.	71.78%	346	105	76.7%	93
	Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%).	72.82%	149	32	82.3%	38
CAD (NS)	Patient(s) prescribed lipid-lowering therapy during the measurement year.	87.01%	375	59	86.4%	99
Cervical CA Scrn (NS)	Women that had appropriate screening for cervical cancer.	65.99%	2,119	1,258	62.7%	295
Colorectal CA Scrn (NS)	Patient(s) 50-75 years of age that had appropriate screening for colorectal cancer.	35.55%	1,971	3,019	39.5%	436
COPD (NS)	Patient(s) that had appropriate spirometry testing to confirm COPD diagnosis.	40.81%	15	60	20.0%	5
Depression	Patient(s) 18 years of age or older taking a medication for depression treatment that had an annual provider visit.	96.77%	403	12	97.1%	68
	Patient(s) hospitalized for depression that had a mental health evaluation within 7 days after discharge.	46.63%	2	3	40.0%	
Depression Med Mgmt (NS)	Patient(s) with a major depression who start an antidepressant medication that remained on treatment for at least 6 months (continuation phase treatment).	31.61%	83	96	46.4%	16



## Population Health (Comparison to Treatment Benchmarks)

### Pool

Plan Year: 2015-16  
Mar 2015 – Apr 2016

Report Case Description	Report Rule Description	Eligible Mbrs	Eligible & Compliant	Elig Non-Compliant	Compliance Rate	# of Elig & Compliant Mbrs in Coaching
Diabetes	Patient(s) with a diagnosis of diabetic nephropathy, proteinuria, or chronic renal failure currently taking an ACE-inhibitor or angiotensin II receptor antagonist.	78.15%	108	21	83.7%	33
	Adult(s) that had a serum creatinine in last 12 reported months.	81.20%	1,486	226	86.8%	336
Diabetes Care (NS)	Patient(s) 18-75 years of age that had an HbA1c test in last 12 reported months.	78.28%	1,422	323	81.5%	325
	Patient(s) 18-75 years of age with a LDL cholesterol in last 12 months.	88.09%	1,505	161	90.3%	340
	Patient(s) 18-75 years of age that had an annual screening test for diabetic retinopathy.	32.81%	313	1,432	17.9%	70
	Patient(s) 18-75 years of age that had annual screening for nephropathy or evidence of nephropathy.	75.42%	1,377	368	78.9%	312
HTN	Patient(s) that had an annual physician visit.	82.12%	4,405	829	84.2%	744
Hyperlipidemia	Patient(s) with a LDL cholesterol test in last 12 reported months.	89.84%	2,936	242	92.4%	606
HTN	Patient(s) that had a serum creatinine in last 12 months.	73.76%	4,045	1,186	77.3%	743



## Gap in Care Management

Report Rule Description	Eligible Mbrs	Eligible and Compliant	Eligible but Non-Compliant	Compliance Rate	# of Eligible and Compliant Mbrs in Coaching
Patient(s) 52 - 74 years of age that had a screening mammogram in last 27 reported months.	39	29	10	74.4%	10
Patient(s) currently taking an ACE-inhibitor or angiotensin receptor blocker (ARB).	11	7	4	63.6%	6
Patient(s) currently taking a statin.	12	9	3	75.0%	7
Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%).	3	2	1	66.7%	1
Women that had appropriate screening for cervical cancer.	105	79	26	75.2%	18
Patient(s) 50-75 years of age that had appropriate screening for colorectal cancer.	107	75	32	70.1%	25
Patient(s) compliant with prescribed selective serotonin reuptake inhibitor (minimum compliance 80%).	6	3	3	50.0%	3
Patient(s) compliant with prescribed bupropion (minimum compliance 80%).	2	1	1	50.0%	
Patient(s) compliant with prescribed serotonin norepinephrine reuptake inhibitor (minimum compliance 80%).	6	4	2	66.7%	1
Patient(s) with a major depression who start an antidepressant medication that remained on treatment for at least 6 months (continuation phase treatment).	3	1	2	33.3%	1
Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%).	11	5	6	45.5%	
Patient(s) compliant with prescribed statin-containing medication (minimum compliance 80%).	17	9	8	52.9%	4
Patient(s) with DM and cardiovascular disease that are currently taking a statin.	6	4	2	66.7%	4
Patient(s) 18 - 75 years of age that had an annual screening test for diabetic retinopathy.	34	6	28	17.6%	4
Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%).	27	16	11	59.3%	4
Patient(s) compliant with prescribed diuretic-containing medication (minimum compliance 80%).	34	24	10	70.6%	7
Patient(s) compliant with prescribed calcium channel blocker-containing medication (minimum compliance 80%).	21	14	7	66.7%	4
Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%).	29	21	8	72.4%	12
Patient(s) compliant with prescribed central alpha-adrenergic agonist-containing medication (minimum compliance 80%).	4	3	1	75.0%	1
Patient(s) compliant with prescribed direct vasodilator-containing medication (minimum compliance 80%).	3	2	1	66.7%	1
Patient(s) currently taking an ACE-inhibitor or acceptable alternative.	5	3	2	60.0%	
Patient(s) compliant with prescribed statin-containing medications (minimum compliance 80%).	46	27	19	58.7%	11
Patient(s) compliant with prescribed fibric acid (minimum compliance 80%).	7	5	2	71.4%	1



## Medication Compliance

### Medication Compliance - Rates below Optum Benchmarks

Rpt Case Rule ID	Rpt Case Desc Long	Rpt Rule Desc	9.0 Optum Compliance Rate	Compliance Rate
100404-9000005	Asthma	Patient(s) compliant with prescribed leukotriene modifier (minimum compliance 80%).	54.02%	43.33%
100404-9000014	Asthma	Patient(s) compliant with prescribed inhaled glucocorticoids (minimum compliance 80%).	29.73%	19.23%
100103-9000003	Atrial Fibrillation	Patient(s) compliant with prescribed beta-blocker-containing medication (minimum compliance 80%).	72.94%	50.00%
100103-9000004	Atrial Fibrillation	Patient(s) compliant with prescribed digoxin (minimum compliance 80%).	77.77%	50.00%
103800-9000001	Breast Cancer - Part 1	Patient(s) compliant with prescribed anti-estrogen for chemotherapeutic use (minimum compliance 80%).	73.90%	50.00%
102600-9000004	Coronary Artery Disease	Patient(s) compliant with prescribed ACE-inhibitor-containing medication (minimum compliance 80%).	72.82%	69.23%
102600-9000005	Coronary Artery Disease	Patient(s) compliant with prescribed statin-containing medication (minimum compliance 80%).	68.16%	66.67%
102600-9000018	Coronary Artery Disease	Patient(s) compliant with prescribed angiotensin receptor blocker (ARB)-containing medication (minimum compliance 80%).	73.36%	66.67%
103601-9000005	Depression	Patient(s) compliant with prescribed serotonin norepinephrine reuptake inhibitor (minimum compliance 80%).	71.95%	66.67%



## Medication Compliance

### Medication Compliance - Rates below Optum Benchmarks

Rpt Case Rule ID	Rpt Case Desc Long	Rpt Rule Desc	9.0 Optum Compliance Rate	Compliance Rate
103601-9000022	Depression	Patient(s) compliant with prescribed vilazodone (minimum compliance 80%).	63.08%	50.00%
205800-9000001	Diabetes (Biguanide-Containing Medication)-Part D Medication Adherence (National Standard)	Patient(s) compliant with prescribed biguanide-containing medication (minimum compliance 80% or higher).	48.72%	45.76%
206100-9000001	Diabetes (Dipeptidyl-peptidase (DPP)-4-Containing Medication)-Part D Medication Adherence	Patient(s) compliant with prescribed dipeptidyl peptidase (DPP)-4 inhibitor-containing medication (minimum compliance 80% or higher).	53.56%	50.00%
100311-9000033	Diabetes Mellitus	Patient(s) compliant with prescribed statin-containing medication (minimum compliance 80%).	62.50%	61.11%
100311-9000052	Diabetes Mellitus	Patient(s) compliant with prescribed SGLT2 inhibitors (minimum compliance 80%).	67.64%	50.00%
105100-9000004	Inflammatory Bowel Disease	Patient(s) compliant with prescribed oral mesalamine (minimum compliance 80%).	55.96%	50.00%
107000-9000001	Medication Management for People With Asthma (National Standard)	Patient(s) between the ages of 5 and 64 years of age compliant with prescribed asthma controller medication (minimum compliance 50%).	65.66%	52.00%
107000-9000004	Medication Management for People With Asthma (National Standard)	Patient(s) between the ages of 19 and 50 years of age compliant with prescribed asthma controller medication (minimum compliance 50%).	64.04%	62.50%



## Medication Compliance

### Medication Compliance - Rates below Optum Benchmarks

Rpt Case Rule ID	Rpt Case Desc Long	Rpt Rule Desc	9.0 Optum Compliance Rate	Compliance Rate
107000-9000005	Medication Management for People With Asthma (National Standard)	Patient(s) between the ages of 51 and 64 years of age compliant with prescribed asthma controller medication (minimum compliance 50%).	75.75%	33.33%
107000-9000006	Medication Management for People With Asthma (National Standard)	Patient(s) between the ages of 5 and 64 years of age compliant with prescribed asthma controller medication (minimum compliance 75%).	40.18%	20.00%
107000-9000009	Medication Management for People With Asthma (National Standard)	Patient(s) between the ages of 19 and 50 years of age compliant with prescribed asthma controller medication (minimum compliance 75%).	38.05%	25.00%
104000-9000003	Migraine Headache	Patient(s) compliant with prescribed calcium channel blocker-containing medication (minimum compliance 80%).	66.30%	50.00%
104000-9000004	Migraine Headache	Patient(s) compliant with prescribed tricyclic antidepressant (minimum compliance 80%).	63.52%	50.00%
104900-9000003	Obesity and Overweight	Patient(s) compliant with prescribed phentermine-containing medication (minimum compliance 80%).	42.33%	28.57%
205600-9000001	Renin Angiotensin System (RAS) Antagonists-Part D Medication Adherence (National Standard)	Patient(s) compliant with prescribed RAS antagonist medication (minimum compliance 80% or higher).	61.98%	61.01%



## Health Education

Plan Year: 2015-16													
Modules	Phase I	Phase II	Phase III	Phase IV	Phase V	Phase VI	Phase VII	Phase VIII	Phase IX	Phase X	Phase XI	Phase XII	Phase XIII
<b>Oct-Nov</b>													
Asthma	2	2	2	1	1	2	1						
COPD	0	0	0	0	0	0	0						
Diabetes	34	32	22	17	9	10	10	9	4	5	2	2	1
Hyperlipidemia	24	23	18	11	8	7	6	4	2	0	0	0	0
Hypertension	19	19	14	12	6	4							
Risk of Alcohol Use	0	0	0	0	2	2							
Tobacco Cessation	20	15	19	7	4	5	1	4	1				
Weigh Well	105	76	45	20	11	12	8	12	10	10	8	6	5
<b>Dec-Feb</b>													
Asthma	0	0	0	0	0	0	0						
COPD	0	0	0	0	0	0	0						
Diabetes	7	5	4	4	2	0	0	0	0	1	0	0	0
Hyperlipidemia	1	2	4	2	0	0							
Hypertension	1	1	1	1	0	1							
Risk of Alcohol Use	0	0	0	0	0	0							
Tobacco Cessation	44	30	36	11	14	9	3	0	0				
Weigh Well	15	13	18	4	6	5	4	5	3	4	2	1	2
<b>Mar-Apr</b>													
Asthma	2	2	2	2	1	2	1						
COPD	0	0	0	0	0	0	0						
Diabetes	48	43	30	23	15	11	12	11	5	6	3	2	2
Hyperlipidemia	36	33	23	14	9	7	7						
Hypertension	23	23	15	12	6	4							
Risk of Alcohol Use	0	0	0	0	2	2							
Tobacco Cessation	74	56	63	22	15	15	6	0	0				
Weigh Well	144	117	80	31	22	19	14	18	15	15	14	11	8

## Gaps in Care Letters

Plan Year: 2015-16	Nov-15	Oct-15	May-16	Jun-16	Aug-16	Sept-16		
	Diabetes (mbrs and providers)	Depression	Heart Disease	Preventive Health	ADHD – custodial parent & provider	Asthma (adults)	COPD	Schizophrenia or Bipolar
<b>Pool</b>	809	56						
<b>Mini-Pool</b>	412	40						
<b>Pre 65</b>	1							
<b>ASOs</b>								
Big Spring	13	2						
Brownsville	156	13						
Burleson	17	1						
Carrollton	65	1						
Colorado River MWD	1							
Cuero Community Hosp	25							
Del Rio	46	2						
Duncanville		3						
Fredericksburg	14							
Huntsville	26	1						
Midland	75	11						
Port Lavaca	5	3						
SFDR CISD	145	8						
<b>Totals</b>	<b>1,810</b>	<b>141</b>						

## Independent Review Summary/ External Clinical Review

Plan Year: 2015-16	Avg TAT	Total Cases	Certified	% Total Cases Certified	Non-Certified	% Total Cases Non-Certified	Peer-to-Peer	% Total Cases Peer-to-Peer	Total Retro Reviews	% Retro Reviews	Total Pre-Service	% Pre-Service
<b>Oct-Nov</b>												
<b>MRIOA</b>		215										
Medical		193	107	55%	76	39%	75	39%	33	17%	109	56%
Mental Health		15	5	33%	3	20%	6	40%	0	0%	8	53%
Substance Abuse		7	4	57%	1	14%	2	29%	0	0%	6	86%
38 specialties requested			Top 5 Specialties: Oncology-54, Internal Medicine-24, Phys Med & Reh-12, Orthopedics-10, Gastroenterology-6									
<b>MCMC</b>		135										
Medical		130	46	35%	80	62%	37	28%	28	22%	63	48%
Mental Health		4	1	25%	4	100%	2	50%	0	0%	1	25%
Substance Abuse		1	0	0%	1	100%	0	0%	0	0%	0	0%
12 specialties requested			Top 5 Specialties: Oncology-31, Internal Medicine-19, Phys Med & Reh-12, Orthopedics-11, Urology-6									
<b>MCN</b>		127										
Medical		122	60	49%	54	44%	37	30%	33	27%	25	20%
Mental Health		4	0	0%	4	100%	1	25%	0	0%	0	0%
Substance Abuse		1	0	0%	1	100%	1	100%	0	0%	0	0%
11 specialties requested			Top 5 Specialties: Oncology-21, Internal Medicine-17, Phys Med & Rehab-8, Neurology-8, Cardiology-8									
<b>AllMed</b>		188										
Medical		186	90	48%	86	46%	58	31%	40	22%	99	53%
Mental Health		2	0	0%	2	100%	1	50%	0	0%	0	0%
Substance Abuse		0	0	0%	0	0%	0	0%	0	0%	0	0%
8 specialties requested			Top 5 Specialties: Oncology-45, Internal Medicine 42, Neonatology-9, Phys Med & Rehab-8, Pulmonology-8									
<b>Eviti Oncology</b>												
48 Oncology Reviews		222	197	89%	24	11%	24	11%	0	0.00%	34	15%



## Eviti Review

**Summary Report: Reporting Period:  
January 1, 2011 - January 04, 2016**

Total treatment plans with a decision	1,339	100%
Treatment plans issued an Eviti Code	1,178	88%
Treatment plans not issued an Eviti code	162	12%
Peer-to-peers required	288	22%
Peer-to-peers completed	248	86%



## Intensive Care Management Active Report

Plan Year: 2015-16				
CM	Case Type	Transplant COE Utilization	Comments	
<b>Oct-Nov</b>				
134	Oncology: 96		Baylor All Saints, Ft. Worth: 2	MSTH, SA: 5
	ESRD: 11		Baylor UMC, Dallas: 8	TBD: 7
	NICU: 3	# of COE's Utilized: 12	CHI St. Luke's Baylor: 1	TCH: 1
	Transplant: 12		Children's MC Dal: 1	UHS, SA: 2
	Misc: 11		HMH, Houston: 2	UT MDA, Houston: 3
			MDMC, Dallas: 2	UT South Western Clements, Dallas: 2
<b>Oct-Feb</b>				
131	Oncology 103		Baylor All Saints Ft Worth 1	UHS SA 1
	ESRD 10	# of COE's utilized 8	Baylor UMC Dallas 2	UT South Western Clements Dallas 1
	NICU 2		Childrens MC Dallas 1	US SW Dallas 1
	Transplant 12		MSTH SA 2	TBD 2
	Misc 4		TCH 1	UHS SA 1
<b>Oct-Apr</b>				
112	Oncology 87		Baylor All Saints, Ft. Worth: 1	MSTH, SA: 5
	ESRD 9	# of COE's utilized 12	Baylor UMC, Dallas: 7	TBD: 7
	NICU 0		CHI St. Luke's Baylor: 1	TCH: 1
	Transplant 12		Children's MC Dal: 1	UHS, SA: 2
	Misc 3		HMH, Houston: 3	UT MDA, Houston: 2
			MDMC, Dallas: 1	UT South Western Clements, Dallas: 1

## Prochaska Behavior Change Summary Reports

### Pool

Plan Year: 2015-16 Mar 2015 – Apr 2016	POOL												Grand Total Active Mbrs	
	Pre-Contemplative		Contemplative		Preparation		Action		Maintenance		Termination			
Condition Description	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs	# of Mbrs	% Total Mbrs
Hypertension, Hyperlipidemia, Coronary Artery Disease (CAD)	14	1.86%	117	15.56%	255	33.91%	357	47.47%	8	1.06%	3	0.40%	752	100.00%
Diabetes	3	0.75%	51	12.81%	162	40.70%	176	44.22%	3	0.75%	3	0.75%	398	100.00%
Obesity			8	10.53%	33	43.42%	35	46.05%					76	100.00%
Asthma					9	64.29%	5	35.71%					14	100.00%
Unknown			7	15.56%	16	35.56%	20	44.44%	1	2.22%	1	2.22%	45	100.00%
Depression			6	23.08%	10	38.46%	10	38.46%					26	100.00%
Osteoarthritis			1	10.00%	3	30.00%	6	60.00%					10	100.00%
Graves Disease					2	28.57%	5	71.43%					7	100.00%
Chronic Fatigue Syndrome			1	33.33%			2	66.67%					3	100.00%
Chronic Obstructive Pulmonary Disease (COPD)							1	100.00%					1	100.00%
Crohns Disease			1	100.00%									1	100.00%
Chronic Renal Failure							1	100.00%					1	100.00%
Misc Cancers														
Rheumatoid Arthritis			1	16.67%	3	50.00%	2	33.33%					6	100.00%
Skin Cancer							1	100.00%					1	100.00%
Breast Cancer			2	100.00%									2	100.00%
Guillain-Barre Syndrome							1	100.00%					1	100.00%
Multiple Sclerosis					1	50.00%	1	50.00%					2	100.00%
Osteoporosis							1	100.00%					1	100.00%
Prostate Cancer			1	100.00%									1	100.00%
Systemic Lupus Erythematosus			1	50.00%	1	50.00%							2	100.00%

# Health Engagement Disease State Measurement

## Percent of Covered Individual Engagement in Health

Plan Year: 2015-16	Oct 14-Nov 15		Jan 15-Feb 16		Mar 15-Apr 16		Jun 15-Jul 16		Aug 15-Sept 16		Trend	Desired Direction
	Pool	Mini	Pool	Mini	Pool	Mini	Pool	Mini	Pool	Mini		
Colorectal Screening	39.2%	46.6%	39.5%	48.7%	39.5%	48.6%					Same	↑
Cervical Screening	63.2%	71.8%	62.7%	70.5%	62.7%	70.3%					Same	↑
Breast Screening	68.3%	72.2%	68.5%	73.1%	68.2%	73.1%					Same	↑
Hyperlipidemia- Lipid profile within 12 mos.	90.0%	96.1%	91.7%	97.1%	92.4%	97.2%					↑	↑
Diabetes- A1C within 12 mos.	75.4%	79.8%	85.3%	83.9%	81.5%	84.5%					↓	↑
Diabetes- Lipid profile within 12 mos.	86.6%	93.4%	89.0%	94.7%	90.3%	94.7%					↑	↑
Diabetes- annual screening for nephropathy	79.6%	79.4%	78.9%	79.5%	78.9%	79.7%					↑	↑
Diabetes- screening for retinopathy	21.9%	22.8%	19.5%	19.4%	17.9%	18.4%					↓	↑
IVD-Without lipid profile within 12 mos.	D/C	D/C	D/C	D/C	86.4%	90.8%					New	
CAD-With an LDL cholesterol test in last 24 months	74.7%	73.1%	76.1%	74.1%	76.7%	74.5%					↑	↑
COPD-Without Spirometry Testing	22.0%	29.4%	20.0%	20.7%	20.0%	20.7%					Same	↑
Asthma-Adults-With inhaled corticosteroids	90.1%	87.7%	92.0%	87.4%	92.4%	91.3%					↑	↑
Asthma-Peds-With inhaled corticosteroids	94.2%	97.5%	95.4%	100.0%	95.3%	100.0%					Same	↑
Depression- major depression & stayed on meds for 6 mos.	46.6%	35.6%	47.9%	37.1%	46.4%	34.3%					↓	↑
Positive Fecal Occult Results	10/183 = 0.054%		14/174 = 0.08%		8/97 = 8.2%							



# How Political Subdivisions will have a Voice in the Healthcare Revolution

**HITECH**  
**Health Information Technology**  
**MyIEBP Mobile Apps**  
**RFID Chips**  
**Electronic Medical Records**

## MyIEBP Health Applications Ease of Access 24/7/365 Days a Year

- ▶ MyIEBP Mobile Application
- ▶ MyProfessional Health Coach Network Care Path Repricing
- ▶ MyCost Estimator
- ▶ MyHealthiest You
- ▶ MyOptumRx
- ▶ MyPersonal Health Record
- ▶ MyHealthX Claim Look-Up and MyOOP Out of Pocket Expenses
- ▶ MyHealthX Tracker (Health Fitness Tracker Interface) January 1, 2017
  - Health Assessment
  - Thirteen Health and Wellness Quality of Life Programs
- ▶ MyBenefits on Demand
- ▶ MyIEBP Health Calendar
- ▶ MyIEBP Online Privacy Practices
- ▶ Data Transformation into Action

## MyIEBP Mobile App





## IEBP Professional Health Care Path Transparency Calls

Plan Year: 2015-16

Reg	Oct-Nov			Dec-Feb			Mar-Apr		
	Requesting Transparency	Avg \$ Facility Variance	N/A	Requesting Transparency	Avg \$ Facility Variance	N/A	Requesting Transparency	Avg \$ Facility Variance	N/A
2	3	\$937.00	1	1	\$0.00	1	2	0	2
3	4	\$1,140.00	2	0	\$0.00	0	1	2,542	0
4	2	\$625.00	1	1	\$166.00	0	5	1,348	0
5	5	\$972.00	3	0	\$0.00	0	4	3,270	2
6	2	\$6,118.00		1	\$414.00	0	3	4,217	0
7	2	\$3,716.00		0	\$0.00	0	2	3,716	0
8	6	\$9,961.00		5	\$2,342.00	0	13	8,239	1
9				1	\$2,482.00	0	1	2,482	0
10	20	\$3,513.00	2	3	\$3,321.00	1	12	3,077	1
11	1	\$2,491.00	1	1	\$0.00	0	2	0	1
12	5	-\$1,056.00	1	2	\$0.00	2	6	1,056	2
13	51	\$3,457.00	6	1	\$1,704.00	0	43	2,421	4
14	14	\$2,569.00	1	2	\$2,348.00	0	12	2,692	0
15				1	\$8,510.00	0	3	2,791	0
16	2	\$2,327.00		1	\$0.00	0	3	1,630	0



## Cost Estimator

**myHealthcare Cost Estimator (myHCE)**  
Your window to cost transparency and quality care

myHealthcare Cost Estimator (myHCE) is an online tool that gives you easy access to the information you need to make informed health care decisions.

It combines information from your health plan with health care costs in your area. It also shows estimates based on the doctors and medical facilities you choose.

You can get a personalized estimate based on a location and medical provider. Our quality and cost efficiency measurements make sure that you get the best service at a reasonable price.

myHCE can help you through every step of your treatment. It allows you to find treatment options and learn about recommended care. You can even create and save a care path to track the appointments, tests and follow-up care related to your health needs.

**INSTRUCTION/ON-SCREEN ACCESSING TIPS:**  
You can begin using myHCE right away by visiting [myHCE.com](#) and logging into your member site. Also, look for the shopping cart icon on your personal home page.

**Simple and easy to use**

myHCE is user friendly. It's based on four key elements we call the **Four Ps**:

- PROCEDURE:** Look up treatments and services specific to your needs with the easy-to-use search engine
- PRICE:** Compare estimated prices of your treatment options to make a decision that fits your budget
- PROVIDER:** View quality and efficiency measurements for participating providers
- PLACE:** Locate providers in the area you choose and view maps and print directions

myHCE is also convenient. You can get your cost estimates from home or any other location with online access.

**How to use myHealthcare Cost Estimator (myHCE):**

- 1. Confirm your preferred location:** Personalize your estimate and provider options by confirming the ZIP code where you are seeking treatment.
- 2. Estimate your next visit or procedure:** Enter your procedure name and select the appropriate visit type.
- 3. Search for a service:** Find the treatment or service that applies to you by entering a search term and reviewing a list of options.
- 4. Learn more about the service or treatment:** Find out about the in-network average costs, risks, benefits and other details related to the service. Then click "Continue".



## Cost Estimator

**5. Research and compare doctors**  
Look for a doctor based on quality and cost information in your preferred location. You can compare multiple doctors to find one that suits you.

**6. Select a doctor**  
Personalize your estimate even more by choosing the doctor that meets your needs.

**7. View your final cost estimate**  
You will now have an estimate based on your location, provider and remaining out-of-pocket cost.

**Can estimates vary from actual costs?**  
myHCE is designed to account for the most common treatment provided for any given care path. Your health care provider may prescribe a different treatment plan based on your unique needs.

**Take control of your personal health care costs**  
myHCE helps take the guesswork out of some very important health care decisions. It can also assist you in taking control of your personal health and wealth.

**Take the time to talk with your health care provider about the care you plan to receive, so you understand as much as possible about the procedure, the associated services and the individuals who will be providing your care. This will help you understand and plan for, or minimize, any additional costs beyond the estimate.**

**The costs provided in this tool are estimates only and are not a guarantee of payment or benefits.** It is possible your actual cost will be higher or lower than the estimate.

The most common reasons for this are listed in a section called "Why costs may vary" within the final estimate page of the tool. The section also includes some examples you may find helpful. Please note that this list does not contain all possible reasons why your actual cost may be higher or lower than the estimate.

Feel at home making your cost estimates with myHCE! For more information, please call the customer service number on the back of your UMR ID card.

## MyTelehealth Healthiest You - Reduce Out of Pocket Cost with 24/7/365 Ease of Access



**Improve Ease of Access to Healthcare!**

**Cultural/Linguistic Sensitivity**



## MyOptumRx OPTUMRX<sup>®</sup> Mobile App

The convenient app makes the online pharmacy experience as **simple as possible.**

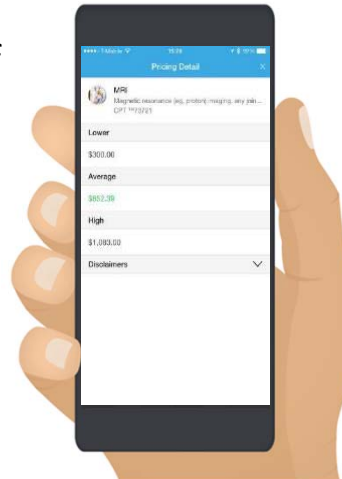
From their mobile phone, consumers can:

- Refill and renew home delivery prescriptions
- Transfer a prescription to home delivery
- Find drug prices and lower cost options
- View claims history
- Review home delivery order status
- Locate a pharmacy



## MyNetwork Pricing Transparency Optum Care Path with Professional Health Coaches

Find the average cost of specific procedures in your area.



# MyPersonal Health Record

Personal Health Record: [REDACTED]

Download Report

## Main Menu

Patient: [REDACTED]

### General Information

- Medical and Health Plan Information
- Emergency Contacts

### Health Information

- Medication / Supplements / Over the Counter Records
- Medical Treatment History
- Immunization Records

Add Emergency Contact

## Emergency Contacts

Action	Contact	Name	Phone	Address	Email
Edit Delete	Primary Provider(MD, DO, NP, PA)	Dr. Gillcrease	512-878-3333	123 Test St Kyle, TX, 78640	
Edit Delete	Hospital	Seton Hays	512-123-4567	123 Hospital Dr Kyle, TX, 78640	



# MyClaim Look-Up

## Claims Lookup

By Date:

Select Member: All

Begin Date: 01/20/2016

End Date: 01/25/2016

SEARCH

By Claim Number:

Claim Numbers

One claim number per line

SEARCH

### Claims Search

Showing 2 Claims for All Users

Export Results

CLAIM NUMBER	PROVIDER	DATE OF SERVICE	MEMBER	MEMBER
160000000101	ANGELELLI, CRISTIANA, L, MD	1/22/2016	john doe	11111111
160000000201	BAYLOR SCOTT WHITE ROUND ROCK	1/22/2016	john doe	11111111

RETURN TO CLAIM SEARCH

### Claim #160000000101

Member	State of Service	Total Charges	Discount	Plan Paid	You Owe
john doe	01/22/2016	\$209.00	- \$106.71	- \$71.60	= \$30.69
111111111111	Patient #:				
78470001 / TML MultiState ERP	Group:				
Processed	Service Provider:				
	ANGELELLI, CRISTIANA, L, MD				

### Claim Details

Remark Code	Provider Charges		Plan Charges		Member Responsibility		Applies to Deductible
	Charge	Discount	Plan Paid	Ineligible Plan Benefits	Co-Pay	You Owe	
092141	\$209.00	\$106.71	\$71.60	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$209.00	\$106.71	\$71.60	\$0.00	\$0.00	\$30.69	\$0.00

### Remark Code Descriptions

092141 - OFFICE/OUTPATIENT VISIT EST

### Disclaimer

THIS IS NOT A BILL.

[Click & questions about my claim](#)



## MyHealthX Tracker

### My Personal Health Suite

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24 / 7 / 365 Healthcare Access

## Alere

The first time you log into the wellness site, you will be greeted by the home screen for first time users. Although you are free to explore the site and go wherever you wish, the best place to start is right in the middle of the page: The big blue “Get Started” button. This button will make it easy for you to take the assessment and get started toward setting and achieving some life changing goals

58

24 / 7 / 365 Healthcare Access

## Alerte

After clicking the “Get Started” button, you will be given the change to take the Health Assessment. The full version, is for those who want to get the most information possible from the Health Assessment. At the completion of the full assessment you will receive a comprehensive report covering all the areas in the assessment, as well as recommendations for which Healthy Living Programs are recommended for you. The full assessment takes about 20-30 minutes to complete.

Immediate Mode

Progress Trackers Challenges Wellness Assessment

HEALTH HISTORY (1) Section 2 of 16 11% Complete

In general, considering your age would you say your health is:

Excellent  Very Good  Good  Fair  Poor

In general, how would you rate your overall mental health now?

Excellent  Very Good  Good  Fair  Poor

CONTINUE > Previous Save & Close

English Need help? Contact Support

## MyHealthX Tracker

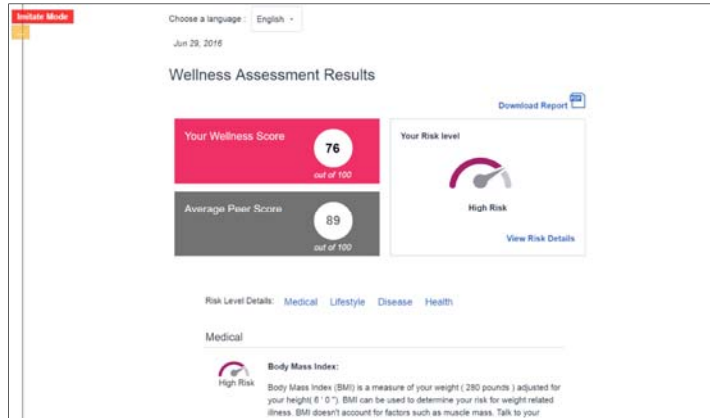
### ▸ Sections of Health and Productivity Assessment

- Demographics
- Health Problem Overview
  - Arthritis
  - Cancer
  - Diabetes
  - Headaches
  - Lung Disease
  - Digestive Disorder
  - Sleep Disorder
  - Asthma
  - Heart Disease
  - Anxiety
  - Joint Pain
  - Mental Health
  - Obese/Weight
  - Chronic Pain
  - Blood Pressure
  - Physical Activity
  - Nutrition
  - Chemical Dependency
  - Stress
  - Productivity
- Biometric Outcome

## Alerte

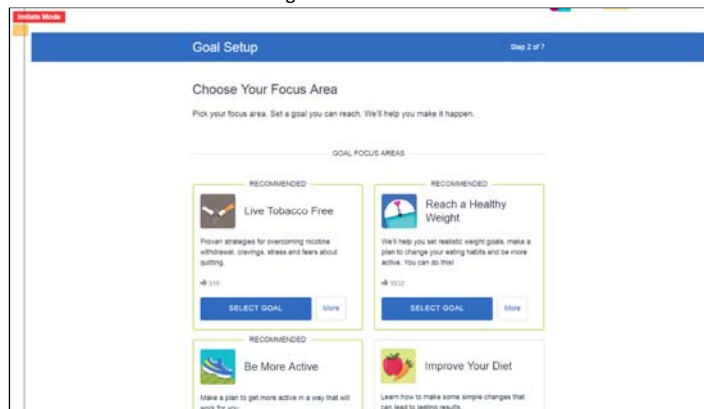
After taking the full Health Risk Assessment, you will receive a wellness score and a full report detailing your level of risk in all areas covered by the assessment. This report will be a valuable tool for you as you set goals and make lifestyle changes to improve your overall health.

As you can see on this screen, there is also a button you can select to download and print the report for future reference.



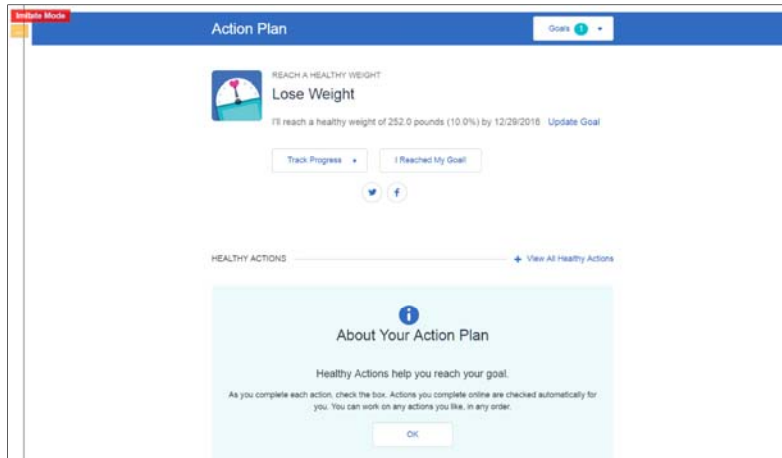
## Alerte

Your next step after taking either the full or abbreviated Health Risk Assessment will be to select a focus area and begin setting some goals. There are 13 different focus areas within the wellness program, but the system will recommend 2 or 3 for you to choose from based on the results of your Health Risk Assessment. As you can see here, the system recommends that this user select from "Live Tobacco Free", "Reach a Healthy Weight", and "Be More Active". And again, these recommendations are based on the information collected during the assessment.



## Alere

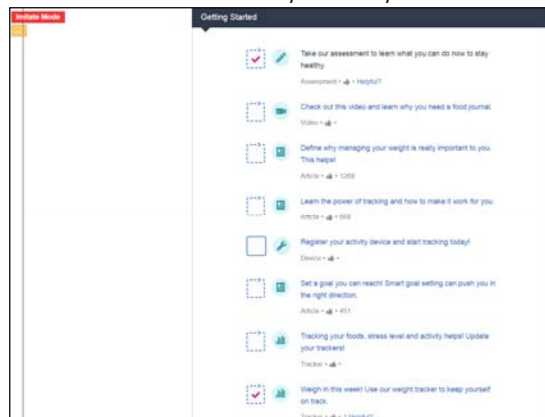
So here you can see that the user has chosen to set goals in the “Reach a Healthy Weight” action area. The program suggested a weight loss goal, which the member chose to accept. The user could have set a different goal (either more or less aggressive), but the program is set up to recommend a safe but achievable goal.



## Alere

Each week in the program, the member is given a list of things to do in order to reach the goal. Some items involve reading content from the website or watching videos, while others happen outside of the wellness application (like walking or other activities). Some items are logged automatically by the system, while others must be manually logged.

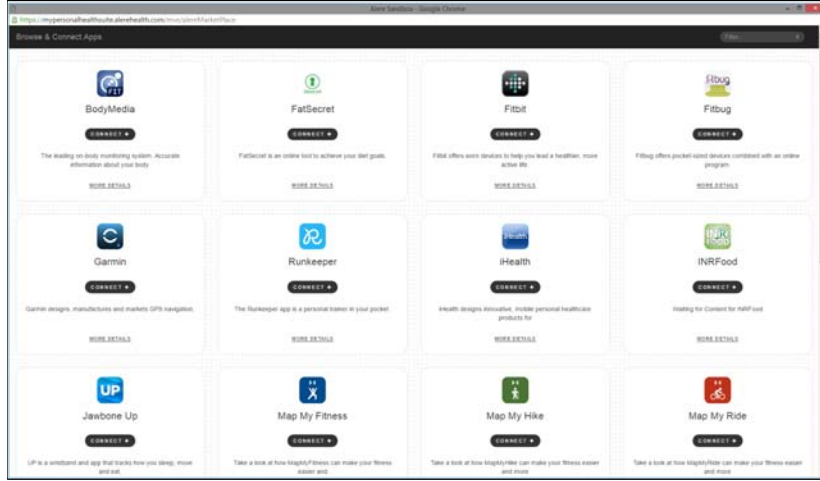
One of the neat features of our online wellness is the ability it has to sync with a wide variety of wearable fitness devices.





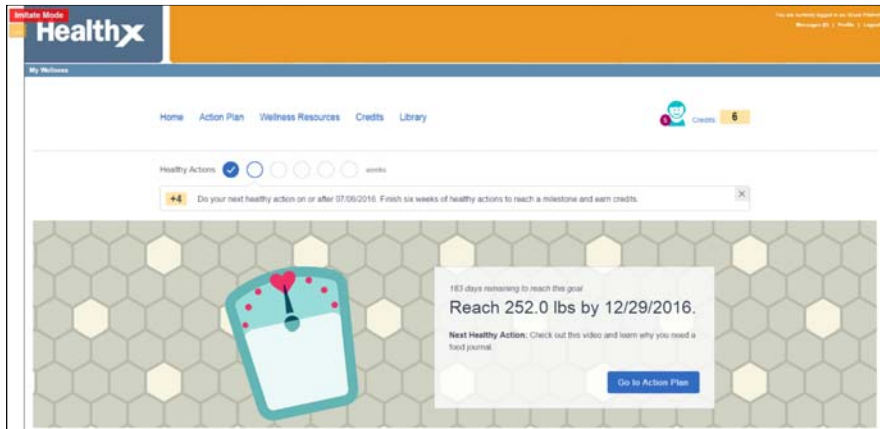
## Alere

Here is a partial list of the fitness devices and apps that can be synced with the program. Again, this is just a partial list, but as you can see, the list is impressive. If you are already using a fitness app or wearing a fitness tracker, chances are good it can be integrated with our wellness program.



## Alere

Once you've set a goal and joined a Healthy Action program, your home page will change on the wellness site. Now, every time you log in, you will see a screen that makes it easy to see where you are within the six week program, and the blue button can be used to take you right into your current weekly action plan.



## MyBenefits onDemand

### MYBENEFITS ONDEMAND

• BACK TO CATEGORIES

SELECT A DOCUMENT OR GUIDE ▼

Medical Vision Consumer Driven Benefits Guides Summary of Benefit Changes

Dental Retiree

#### CONSUMER DRIVEN BENEFITS

▼ DOCUMENTS

- HRA Limited Post Deductible Pool Plan
- HRA Pool Plan Document
- Section 125 Plan Book Carryover
- Section 125 Plan Book GracePeriod
- Section 125 Plan Book PremiumOnly
- Section 125 Plan Book Standard



## How Political Subdivisions will have a Voice in the Healthcare Revolution

Ease of Provider Access  
Telehealth  
Accountable Care Organizations  
Preferred Provider Organizations  
Tiered 1 Preferred Provider Organizations  
Out of Network Management: Secondary Network, Professional  
Negotiations, Reference Based Pricing, No Out of Network Benefit  
except for Emergent/Immediate Care

## Network Innovation Realignment

### Cost Effective/Ease of Access Solutions/Management of Employee Out of Pocket Expenses

- ▶ Telehealth
- ▶ On-Site Clinics/On-Site Mammogram Bus
- ▶ Choice Network PPO: 60.24%
- ▶ Options Network (IEBP wrap) PPO
- ▶ Tier 1/Premium Network/Value Based Physicians: 1.5%
- ▶ Secondary Networks
- ▶ Professional Negotiations
- ▶ Patient Care Advocacy
- ▶ OON Reference Based Out of Network Repricing 110% 83.38% 125% 81.37% 150% 78.13% 175% 75.01%; Zero OON
- ▶ Accountable Care Organizations (ACO Shared Risk)/ACA Affordable Care Act or 2 plans with employer defined contribution
- ▶ ACO Outpatient Emergent/Urgent/Chronic Care
- ▶ *EPO (Exclusive Provider Organization/Narrow PPO Network)*
- ▶ *HMO (Capitated Risk)*
- ▶ POS (Point of Service) Mandatory Referral/Gatekeeper Model
  - Catalyst Health Partners (formerly Village Health Partners) Dr. Cameron Crow
- ▶ Provider Transparency
- ▶ Managing Employee Out of Pocket Expenses: ConsumerCentric Pretax Benefits: Section 125, HRA, RRA, H.S.A
- ▶ Healthy Initiatives/Calendar Year Biometric Screenings Cost Share for Non-Compliance



## HI Average Cost

Procedure	AVERAGE CHARGE										
	Female 18-29	Female 30-35	Female 36-39	Female 40-49	Female age 50	Female 51-73	Female 74+	Male 18-39	Male 40-50	Male 51-70	Male 71+
Preventive Office Visit	209.4	209.4	209.4	209.4	209.4	209.4	209.4	209.4	209.4	209.4	209.4
Lipid Panel	90.26	90.26	90.26	90.26	90.26	90.26	90.26	90.26	90.26	90.26	90.26
Comprehensive Metabolic Blood Panel	51.87	51.87	51.87	51.87	51.87	51.87	51.87	51.87	51.87	51.87	51.87
TSH			92.82	92.82	92.82	92.82	92.82				
Fecal Occult (including colonoscopy and sigmoidoscopy as a qualifier)				24.36	24.36	24.36	24.36		24.36	24.36	24.36
Mammogram (1 per CY for females age 40 thru 49 and 1 every 2 CY for females age 50 thru 73)				552.46	552.46	552.46					
PSA										111.44	
PAP (1 every 3 CY for females age 30 thru 50)		170.39	170.39	170.39	170.39						
<b>TOTAL</b>	<b>351.53</b>	<b>521.92</b>	<b>614.74</b>	<b>1191.56</b>	<b>1191.56</b>	<b>1021.17</b>	<b>468.71</b>	<b>351.53</b>	<b>375.89</b>	<b>487.33</b>	<b>375.89</b>

Procedure	AVERAGE ALLOWED										
	Female 18-29	Female 30-35	Female 36-39	Female 40-49	Female age 50	Female 51-73	Female 74+	Male 18-39	Male 40-50	Male 51-70	Male 71+
Preventive Office Visit	141.31	141.31	141.31	141.31	141.31	141.31	141.31	141.31	141.31	141.31	141.31
Lipid Panel	11.86	11.86	11.86	11.86	11.86	11.86	11.86	11.86	11.86	11.86	11.86
Comprehensive Metabolic Blood Panel	9.44	9.44	9.44	9.44	9.44	9.44	9.44	9.44	9.44	9.44	9.44
TSH			13.9	13.9	13.9	13.9					
Fecal Occult (including colonoscopy and sigmoidoscopy as a qualifier)				5.41	5.41	5.41	5.41		5.41	5.41	5.41
Mammogram (1 per CY for females age 40 thru 49 and 1 every 2 CY for females age 50 thru 73)				245.48	245.48	245.48					
PSA										21.74	
PAP (1 every 3 CY for females age 30 thru 50)		43.77	43.77	43.77	43.77						
<b>TOTAL</b>	<b>162.61</b>	<b>206.38</b>	<b>220.28</b>	<b>471.17</b>	<b>471.17</b>	<b>427.4</b>	<b>181.92</b>	<b>162.61</b>	<b>168.02</b>	<b>189.76</b>	<b>168.02</b>



## Preventive Office Visit CPT Descriptions

**99385** - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 18-39 years

**99386** - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 40-64 years

**99387** - Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; 65 years and older

**99395** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 18-39 years

**99396** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 40-64 years

**99397** - Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, established patient; 65 years and older



## UnitedHealthcare Accountable Care Organizations

- ▶ Dallas
  - Baylor Scott & White
  - Texas Health Resource (THR)
    - Twenty-four Hospitals in Dallas Fort Worth Area
  - USME
    - Medical Equipment
  - Catalyst
    - Dallas Point of Service Primary Care
  - UT Southwestern Medical Center (UTSW)
- ▶ Houston
  - Kelsey Seybold
  - Herman Memorial
- ▶ Austin
  - Seton
  - WellMed
    - Healthcare Delivery System specializing in senior healthcare



## Emergent and Urgent Care Avoidance

- ▶ Engagement: 40-45% of enrollees
  - First year utilization: 110% of enrollees (new thing factor)
  - Subsequent utilization: 78% of enrollees (pretty consistent Y/Y)
  - So for 573, makes:
    - First year visits: 630
    - Subsequent years: 447
    - Break Even: 1,632 a year estimated a \$60.00 charge for each visit

## Network Innovation Realignment

- ▶ Coordination of Healthcare Model: ER/Urgent/Chronic Care
  - Acadian Ambulance (No Balance Bill)
  - Direct Admission Relationships (No Referral Payments)
  - MD/Physician Assistant/Nurse Practitioner
  - Site Locations: Services per Site/Hours per Site/Bilingual Services
  - Interoperability Interface for Gaps in Care Coordination
  - RFID Chip
  - Biometric Screenings
  - PBM Interface
  - Radiology Services: CT, Ultrasound/X-Ray
  - Lab: Comprehensive, Cardiac Stat Lab, Cultural-Quest or LabCorp
  - Healthy Initiatives/Calendar Year Biometric Screenings Cost Share for Non-Compliance

## Evolving Health and Wellness Programs/Political Subdivisions Invest in their Employees

- ▶ 80% of total costs are chronic disease states
- ▶ Chronic Care Management
  - Diabetes
  - Hypertension
  - Obesity
  - Asthma
  - Arthritis
  - Allergies
  - Sinusitis
  - Cardiovascular/High Cholesterol
  - Obesity (BMI >27)
- ▶ Improving member chronic condition self-management improves health and reduces costs
- ▶ Gaps in Care Interface between IEBP and Medicine at Work
- ▶ Return on Investment Measurement (ROI) Quarterly Analysis

## Evolving Health and Wellness Programs/Political Subdivisions Invest in their Employees

- ▶ Patient Protection Affordable Care Act
  - Non-Discrimination Act of 2008 of Genetic Information
    - Medicine at Work Intake
      - ▶ Compliance with GINA
      - ▶ Physician Directed Program
    - Confidential and Protected Health Information Compliant
      - ▶ Protected Health Information must be maintained in the Wellness Program for employees, retirees and dependents.
      - ▶ Age 18 to attained age 26 maintain PHI and parental access requires authorization of dependent.
  - Telehealth
    - Texas Medical Board questions prescription orders for medication without a face to face with the patient
    - Due to live video and licensed professional next to patient full compliance with state medical rules

## Federal Government Update

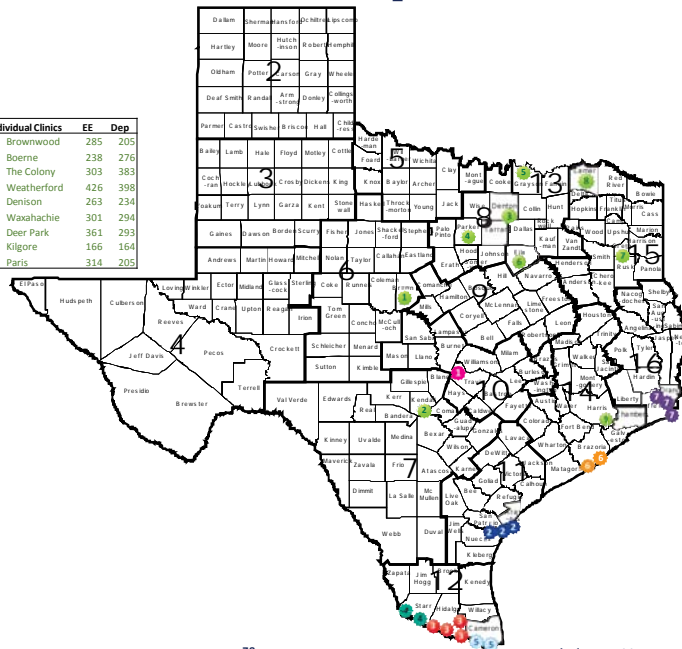
► Article: July 30, 2016 Modern Healthcare

- Early last month, (June 2016) U.S. Reps. Diane Black (R-Tenn.) and Earl Blumenauer (D-Ore.)—both of whom sit on the House Ways and Means Committee’s Health Subcommittee—introduced a bill that would change how the federal tax code treats high-deductible health plans that are paired with tax-exempt health savings accounts.
- The bill would allow first-dollar coverage of exams, prescription drugs and other services for people who have chronic conditions and are enrolled in a high-deductible health plan. U.S. Treasury Department regulations provide a safe harbor that allows certain types of preventive care to be covered for free or at a reduced cost before the deductible is met. But that exemption does not apply to “any service or benefit intended to treat an existing illness, injury or condition.”



## On-Site Clinic Map

Shared Clinics			Individual Clinics		
	EE	Dep		EE	Dep
1 JEPB, JRP & TML	408	484	1 Brownwood	285	205
2 Aransas Pass	9	57	2 Boerne	238	276
2 Portland	130	152	3 The Colony	303	383
2 Rockport	161	78	4 Weatherford	426	398
3 Alamo	131	67	5 Denison	263	234
3 San Juan	216	64	6 Waxahachie	301	294
3 Lwr Rio Grande Valley DC	153	74	7 Deer Park	361	293
3 Mercedes	112	15	8 Kilgore	166	164
4 Rio Grande City	142	35	9 Paris	314	205
4 Roma	129	0			
5 San Benito	182	63			
5 South Padre Island	164	119			
6 Freeport	117	56			
6 Lake Jackson	213	151			
7 Groves	104	96			
7 Nederland	127	142			
7 Port Neches	125	115			



## On-Site Information

Region	GroupName	Legacy	EE Lives	Dep Lives	Total Lives	PRICING GRID, PMPM			
<b>SHARED CLINICS</b>									
						Program Type and Covered Lives			
10	TML IRP		239	333		3-day EE	3-day EE+Dep	5-day EE	5-day EE+Dep
10	TML MultiState IEBP		135	118					
	<b>Total</b>		<b>374</b>	<b>451</b>	<b>825</b>	<b>\$19.68</b>	<b>N/A - To large</b>	<b>\$28.80</b>	<b>\$17.34</b>
11	Aransas Pass		99	57					
11	Portland		130	152					
11	Rockport		161	78					
	<b>Total</b>		<b>390</b>	<b>287</b>	<b>677</b>	<b>\$19.05</b>	<b>N/A - To large</b>	<b>\$28.17</b>	<b>\$19.72</b>
12	Alamo City		131	67					
12	San Juan		216	64					
12	Lower Rio Grande Valley DC		153	74					
12	Mercedes		112	15					
	<b>Total</b>		<b>612</b>	<b>220</b>	<b>832</b>	<b>N/A - To large</b>	<b>N/A - To large</b>	<b>\$21.41</b>	<b>\$17.25</b>
12	Rio Grande City		142	35					
12	Roma		129	0					
	<b>Total</b>		<b>271</b>	<b>35</b>	<b>306</b>	<b>\$24.00</b>	<b>\$22.95</b>	<b>N/A - To small</b>	<b>\$33.08</b>
12	San Benito		182	63					
12	South Padre Island		164	119					
	<b>Total</b>		<b>346</b>	<b>182</b>	<b>528</b>	<b>\$20.85</b>	<b>N/A - To large</b>	<b>\$30.25</b>	<b>\$23.42</b>
14	Freeport		117	56					
14	Lake Jackson		213	151					
	<b>Total</b>		<b>330</b>	<b>207</b>	<b>537</b>	<b>\$21.60</b>	<b>\$15.00</b>	<b>\$31.25</b>	<b>\$23.15</b>
16	Groves		104	96					
16	Nederland		127	142					
16	Port Neches		125	115					
	<b>Total</b>		<b>356</b>	<b>353</b>	<b>709</b>	<b>\$20.43</b>	<b>N/A - To large</b>	<b>\$29.74</b>	<b>\$19.10</b>



## On-Site Information

Region	GroupName	Legacy	EE Lives	Dep Lives	Total Lives	PRICING GRID, PMPM			
<b>INDIVIDUAL CLINICS</b>									
						Program Type and Covered Lives			
6	Brownwood		285	205	490	\$24.29	\$17.10		\$24.61
7	Boerne		238	276	514	\$28.20	\$16.00		\$23.85
8	The Colony		303	383	686	\$23.14	N/A - too large		\$19.54
8	Weatherford		426	398	824	\$17.86	N/A - too large	\$26.86	\$17.35
13	Denison		263	234	497	\$25.93	\$17.10		\$24.36
13	Waxahachie		301	294	595	\$23.27	\$15.00		\$21.85
15	Kilgore		166	164	330		\$21.60		\$31.25
15	Paris		314	205	519	\$22.53	\$16.00		\$23.70
14	Deer Park		361	293	654	\$24.00	\$15.00	\$32.00	\$24.00

(1) Medicine at Work recommends Quadrivalent, Intradermal Flu Vaccine for employees and will match or better the lowest price in the Marketplace.

**SUPPLEMENTAL**

- **PRICING VALID FOR 45 DAYS FROM QUOTE DATE**
- Above rates are invoiced and payable on 15th of the month of service.
- Supplemental services (vaccines, flu shots, lab tests) invoiced supplemental
- 2,500 Lives in one Medicine at Work clinic additional 20% discount





## Sample Cost for Community Based ACO Clinics

### Group I

Medicine at Work			PRICING GRID - PMPM				
EE Lives	Dep Lives	Total Lives	5-day EE 2 Sites	5-day EE+Dep 2 Sites	5-day EE 3 sites	5-day EE+Dep 3 Sites	5-day EE+Dep 4 sites
1767	1,536	3,303	16.50	\$11.00	\$22.75	\$13.25	\$15.50

Legacy		
Product	Blended Rate	Rate
General Illness, Minor burns, Pregnancy tests, Quick flu tests, EKGs, HIV screenings, Urgent Care, Allergies and Minor Allergic Reactions, Arthritis, Asthma, Bronchitis and Pneumonia, Cold and Cough, Dehydration, Ear Infections and Ear Wax Removal, Eye Infections, Pink Eye and Styes, Fever, Hemorrhoids, Migraines and Headaches, Nausea, Vomiting and Diarrhea, Rashes and Poison Ivy, Sexually Transmitted Diseases, Sinus Infections, Skin Conditions, Sore Throat and Strep Throat, Upset Stomach. Emergent Care, Chronic Care: <b>Advanced Clinical Solutions:</b> Diabetes Program, Active Spine Care, Employee Assistance Program; <b>Core Services:</b> Diagnostic Imaging, Lab, Wellness/Biometric Testings, <b>Health Assessment/Lifescore, Lifestyle Coaching (Q-Quest), Activity Management (KAM)</b> patented accelerometer technology devices sent directly to participants home, <b>Right Weigh</b> (Weight Management) Registered Dietitians 12 week session, <b>Participation - Based Programs, Result Based Programs, Hybrid Programs</b>	City of I provided the # of participants that have elected EE+SP, EE+family, EE only, and EE+children. It is just an average calculation that can be used to estimate costs. The billing will be done per line item at the \$61 per EE+SP and \$43 per EE rate.	
<b>RediCare Legacy Non-Emergent</b> (incl 24/7 access @ 6 locs*), ee+sp, ee+sp+fam	\$50.89	<b>\$61.00 PEPM</b>
<b>RediCare Legacy Non-Emergent</b> (incl 24/7 access @ 6 locs*), ee only, ee+children	\$50.89	<b>\$43.00 PEPM</b>
<b>Biometric Screening</b> (biometric testing events test participant's total cholesterol, HDL, LDL, triglycerides glucose, height, weight and blood pressure.)		\$20.00 Per Participant
<b>KAM Activity Management</b> (an accelerometer to utilize a normalized activity metric. This metric, called the KAM point, takes into account the frequency, intensity, and time of an individual's daily activity.)		\$51.13 Per Device
<b>Program Options</b>		
<b>Physician Forms</b>		\$6.59 Per Form
<b>Right Weigh</b> (12-week program that helps people change the way they think, eat, and move to reduce their weight and improve their health.)		\$477.80 Per Participant
<b>Tobacco Cessation – QuitLogix</b>		\$202.90 Per Participant
<b>Q-Quest Lifestyle Coaching</b> (Coaches work one-on-one with at-risk participants on a monthly basis to educate, motivate, and promote lifestyle and behavior change.)		\$2.75 PEPM
<b>*Legacy Emergent additional \$15-20 PEPM</b>		



## Sample Cost for Community Based ACO Clinics

### Group I

Marathon						
EE Lives	Dependent Lives	Total Lives	Service Fees	One time implementation fee	Total First Year Cost	PEPM
1,767	1,536	3303	\$869,291	\$122,810		<b>\$46.78</b>
Staffing: 2 Nurse Practitioners and 2 Medical Assistants with collaborating Physician						

**Primary Care:** Episodic care, management of chronic conditions, routine annual exams and screenings, travel medicine, lab draws, immunizations, allergies, CLIA-waived labs. **Chronic Care:** Diabetes, COPD, Asthma, CHF, CAD, HTN, Depression, Low Back Pain, **Health Assessment, Occupational Health Services:** Work-related injuries - first treatment, routine pre-employment physicals (excluding exams required for specific roles or job functions).

- Work-Related Injury Treatment
- Occupational Health
- Prescription Drug Dispensing (net)

**Communication and Promotions:** Pre-launch multimedia communication campaign: site posters, events, digital communication and mailings to home, Quarterly communication campaign and customizable, templated material to promote services and Health Promotion Catalog including educational sessions, group programs, health center promotional activities, health fair support, health and fitness challenges.



## Sample Cost for Community Based ACO Clinics

### Group NB

Service fees	Year 1	Year 2	Year 3	Total
One-time Implementation fee	\$348,434	\$365,856	\$384,149	\$1,098,439
Total	\$93,685			
Staffing	\$442,119			
Nurse Practitioner	0.75			
Medical Assistant	0.75			
Eligible Participants	1310 Total			
	525 EE			
<b>Projected Savings &amp; ROI</b>	70.18 PEPM	58.07 PEPM	60.98	
<b>Redirected Care:</b>				
<b>Primary Care:</b> Episodic care, management of chronic conditions, routine annual exams and screenings, travel medicine, lab draws, immunizations, allergies, CLIA-waived labs. <b>Chronic Care:</b> (Diabetes, COPD, Asthma, CHF, CAD, HTN, Depression, Low Back Pain), <b>Health Assessment, Occupational Health Services:</b> Work-related injuries - first treatment, routine pre-employment physicals (excluding exams required for specific roles or job functions).	\$140,102	\$157,801	\$177,120	\$475,023
▪ Work-Related Injury Treatment	6,135	6,504	6,894	19,533
▪ Occupational Health	5,551	5,884	6,237	17,672
▪ Prescription Drug Dispensing (net)	-	-	-	-
	151,789	170,189	190,251	512,228
<b>Communication and Promotions:</b> Pre-launch multimedia communication campaign: site posters, events, digital communication and mailings to home, Quarterly communication campaign and customizable, templated material to promote services and Health Promotion Catalog including educational sessions, group programs, health center promotional activities, health fair support, health and fitness challenges.				



## Legacy/RediCare/Kersh Community Based Clinics 1.1.17

Addison	Commerce	Flower Mound	Keene	Oak Point	Sanger
Aledo	Cooper	Forney	Keller	Ovilla	Sansom Park
Allen	Coppell	Fort Worth	Kennedale	Palmer	Savannah
Alvarado	Corinth	Frisco	Kilgore	Paloma Creek	Seagoville
Anna	Corral City	Garland	Krum	Pantego	Shady Shores
Argyle	Crandall	Glenn Heights	Lake Dallas	Parker	Southlake
Arlington	Crowley	Godley	Lake Worth	Pilot Point	Springtown
Aubrey	Dalworthington Gardens	Graham	Lancaster	Plano	Sunnyvale
Azle	Decatur	Grand Prairie	Lantana	Ponder	Terrell
Balch Springs	Denton	Grapevine	Lavon	Princeton	The Colony
Bedford	DeSoto	Greenville	Lewisville	Prosper	Trophy Club
Benbrook	Double Oak	Haltom City	Little Elm	Providence Village	Tyler
Blue Mound	Duncanville	Haslet	Lucas	Red Oak	Venus
Boyd	Eagle Mountain	Heath	Mabank	Reno	Watauga
Bridgeport	Edgecliff	Hickory Creek	Mansfield	Rhome	Waxahachie
Burleson	Ennis	Highland Park	Marshall	Richardson	Weatherford
Carrollton	Eules	Highland Village	McKinney	Richland Hills	Westlake
Cedar Hill	Everman	Hurst	Melissa	Roanoke	Westworth Village
Celina	Fairview	Hutchins	Mesquite	Rockwall	White Settlement
Cleburne	Farmers Branch	Irving	Midlothian	Rowlett	Willow Park
Cockrell Hill	Farmersville	Joshua	Murphy	Royse City	Wilmer
Colleyville	Fate	Justin	Nevada	Sachse	Wylie
Combine	Ferris	Kaufman	North Richland Hills	Saginaw	



## Phases of Community Based Urgent/Immediate/Chronic Care Clinics

- ▶ Redicare Tiered Program
  - Phase 1: 1/1/17
  - Phase 2: 1/1/18 (Est)
- ▶ Legacy ER and Urgent Care - IEBP Geo Access Report/Drive Time Analysis/15 miles and another 10 miles
- ▶ **Phase 1**
  - McKinney
  - Allen
  - Frisco
  - Colony
  - Flower Mound
  - Lewisville
  - Carrollton
  - Farmers Branch
  - Grapevine
  - Keller
  - North Richland Hills
  - Irving
  - Richardson
  - Plano
  - Farmers Branch
  - Euless
  - Addition 35 being vetted will be submitted to Erin
    - Marketing
      - ▶ Site Tours
    - Physician Presence: Clinical Excellence similar to Dr. Crow
    - PEBA RFP September Board Meeting
    - Health Assessment
    - RFID chip

## Phases of Community Based Urgent/Immediate/Chronic Care Clinics

- ▶ Phase 2
  - Garland
  - Mesquite
  - Rockwall
  - Wylie
  - Arlington
  - Grand Prairie
  - Fort Worth
  - Dallas
  - Denton
  - Other (all DFW)
- ▶ RediCare Only (does not require phased approach)
  - All DFW
  - Midland
  - Odessa
  - Houston
  - Other/Graham--Brian

## Reference Based Pricing - Savings by Claim Type

Claim Type	Claim Lines	Charges	Percent of Medicare					
			100%		110%		125%	
			Savings	Savings %	Savings	Savings %	Savings	Savings %
Ambulance	468	\$663,105.12	\$471,765.43	71.15%	\$453,036.04	68.33%	\$426,106.53	64.26%
Anesthesia	699	\$1,031,913.65	\$947,692.74	91.84%	\$939,271.36	91.03%	\$926,652.11	89.80%
Ambulatory Surgical Center	258	\$1,419,774.50	\$1,330,881.20	93.74%	\$1,323,799.85	93.25%	\$1,313,410.27	92.53%
Clinical Lab	11,201	\$1,232,789.63	\$1,003,365.89	81.39%	\$981,489.58	79.62%	\$949,159.57	77.00%
Durable Medical Equipment	622	\$224,550.53	\$100,991.98	44.98%	\$94,196.99	41.95%	\$85,530.97	38.09%
Drug Charges	675	\$193,020.00	\$165,041.03	85.51%	\$162,283.36	84.08%	\$158,276.88	82.01%
End Stage Renal Disease	126	\$247,081.70	\$209,441.49	84.77%	\$205,697.34	83.26%	\$200,081.47	80.98%
Home Health	113	\$19,934.16	\$3,438.61	17.25%	\$2,850.69	14.31%	\$1,984.75	9.96%
Hospice	1	\$4,214.45	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%
Inpatient Psych Facility	15	\$59,557.69	\$24,704.93	41.49%	\$22,195.92	37.27%	\$18,460.88	31.00%
Inpatient Services	521	\$4,563,680.07	\$3,776,421.72	82.75%	\$3,697,695.73	81.03%	\$3,579,606.94	78.44%
Outpatient Services	3,358	\$3,674,908.36	\$3,279,003.95	89.23%	\$3,243,944.95	88.28%	\$3,191,393.98	86.85%
Physician	11,361	\$6,338,482.75	\$5,319,575.77	83.93%	\$5,232,017.15	82.55%	\$5,105,276.88	80.55%
Skilled Nursing	30	\$25,178.81	\$14,963.71	59.43%	\$13,942.19	55.38%	\$12,676.55	50.35%
Undetermined	61	\$16,166.40	\$0.00	0.00%	\$0.00	0.00%	\$0.00	0.00%

Claim Type	Claim Lines	Charges	Percent of Medicare			
			150%		175%	
			Savings	Savings %	Savings	Savings %
Ambulance	468	\$663,105.12	\$382,587.07	57.70%	\$341,441.51	51.50%
Anesthesia	699	\$1,031,913.65	\$905,656.81	87.77%	\$884,661.89	85.74%
Ambulatory Surgical Center	258	\$1,419,774.50	\$1,297,479.31	91.39%	\$1,282,276.95	90.32%
Clinical Lab	11,201	\$1,232,789.63	\$896,083.98	72.69%	\$845,385.07	68.58%
Durable Medical Equipment	622	\$224,550.53	\$75,976.69	33.84%	\$67,546.59	30.09%
Drug Charges	675	\$193,020.00	\$152,064.58	78.79%	\$146,260.07	75.78%
End Stage Renal Disease	126	\$247,081.70	\$190,721.64	77.19%	\$181,364.48	73.41%
Home Health	113	\$19,934.16	\$904.22	4.54%	\$486.65	2.45%
Hospice	1	\$4,214.45	\$0.00	0.00%	\$0.00	0.00%
Inpatient Psych Facility	15	\$59,557.69	\$12,235.82	20.55%	\$6,818.09	11.45%
Inpatient Services	521	\$4,563,680.07	\$3,382,792.53	74.13%	\$3,187,148.29	69.84%
Outpatient Services	3,358	\$3,674,908.36	\$3,103,875.49	84.47%	\$3,016,580.75	82.09%
Physician	11,361	\$6,338,482.75	\$4,904,834.44	77.39%	\$4,718,868.86	74.45%
Skilled Nursing	30	\$25,178.81	\$10,635.19	42.24%	\$8,593.78	34.14%
Undetermined	61	\$16,166.40	\$0.00	0.00%	\$0.00	0.00%



## How Political Subdivisions will have a Voice in the Healthcare Revolution

Medication Therapy Management  
Over the Counter

Generic, Brand, Formulary, Non-Formulary  
Biosimilar and Biotech

## MTMP No Cost Share Tiers

Women's Preventive Health Services			
Benefit	Retail Rx Medical Plan	Prescription Plan	Plan Ineligible
Oral Contraceptives Generic <i>(no cost share)</i>		X	
IUD Device <i>(no cost share)</i>	X	X	
Implant Device <i>(no cost share)</i>	X	X	
Permanent Implantable Contraceptive Coil <i>(subject to the appropriate deductible and benefit percentages)</i>	X		
Insertion and/or Removal of Contraceptive Devices <i>(no cost share)</i>	X		
Urine Pregnancy Test, Urinalysis, Sonogram to Detect Placement of Device <i>(no cost share)</i>	X		
Injectable Contraceptives <i>(no cost share)</i>	X	X	
Injectable Administration Fee <i>(no cost share)</i>	X		
Diaphragm (cervical), Hormone Vaginal Ring, Hormone Patch, Cervical Cap, Spermicides, Sponges <i>(no cost share)</i>		X	
Diaphragm (cervical) Instruction and Fitting Fee <i>(no cost share)</i>	X		
Emergency Contraceptives		X	
Over-The-Counter (OTC) Contraceptives not otherwise listed as covered			X
Contraceptive Management <i>(no cost share)</i>	X		
Female Condoms <i>(no cost share)</i>		X	
Female Surgical Sterilization	X		
Medications for risk reduction of breast cancer in women who are at increased risk for breast cancer and at low risk for adverse medication effects: Tamoxifen or Raloxifene		X	
<p>Women found to be at increased risk using a screening tool designed to identify a family history that may be associated with an increased risk of having a potentially harmful gene mutation must receive coverage w/o cost-sharing for genetic counseling, and, if indicated, testing for harmful BRCA mutations. This is true regardless of whether the woman has previously been diagnosed with cancer, as long as she is not currently symptomatic of receiving active treatment for breast, ovarian, tubal, or peritoneal. Jan 1, 2016 genetic counseling for BRCA testing is covered 100% as a preventive benefit.</p> <p>Mandate to provide a list of the lactation counseling providers available within the network under the plan or coverage. Grandfathered plans cannot apply cost-share expenses for OON lactation services. Services for lactation support services w/o cost-sharing must extend for the duration of breastfeeding.</p>			



## MTMP No Cost Share Tiers

Covered Individual Out of Pocket (OOP)			
Prescribed <b>(Doctor Ordered)</b> Over the Counter Alternates and Prescription Networks	Retail: (up to 34 day supply max unless noted otherwise)	Mail/Maintenance: (up to 90 day dispensement)	SpecialtyRx/Biotech/Biosimilar: (up to 34 day dispensement)
<ul style="list-style-type: none"> <li>▷ Smoking Cessation (Nicorette Gum), Quantity Limit - 3 months per plan year</li> <li>▷ Aspirin, Folic Acid, Fluoride Chemoprevention Supplements, Iron Deficiency Supplements, and Vitamin D supplementation to prevent falls in community-dwelling adults age 65 years and older who are at an increased risk for falls; per prescription</li> </ul>	\$0.00	N/A	N/A
Network Retail: 34 day <u>Non-Cost Share most Generic</u> Dispensement	\$5.00 (up to 34 day supply)	N/A	N/A
Network Retail: 90 day <u>Non-Cost Share most Generic</u> Dispensement	\$14.00 (35 up to 90 day supply)	\$30.00	
OptumRx Network Non-Cost Share Best Brand/Formulary List	\$43.00	\$100.00	
OptumRx Network Non-Cost Share Non-Best Brand/Non-Formulary List	\$65.00	\$155.00	
OptumRx Network Cost Share	\$120.00	\$300.00	
OptumRx Specialty/Biotech Prescriptions	N/A	N/A	\$100.00 (up to 34 day supply)
OptumRx Biosimilar Generic Prescriptions	N/A	N/A	\$75.00 (up to 34 day supply)
Prescription Refill Control Standards	75%	70%	

\$	\$\$	\$\$\$	\$\$\$\$	\$\$\$\$\$
Tier 1 Lowest Cost	Tier 2 Mid-range Cost	Tier 3 Higher Cost	Tier 4	Tier 5
Lower cost, commonly used generic drugs. Some low cost brands may be included.	Many common brand-name drugs, called preferred brands.	Mostly higher cost brand drugs, also known as non-preferred brands.	Cost Share Drugs "Me Too" medications	SpecialtyRx/ Biotech medications
Use Tier 1 drugs for the lowest out-of-pocket costs.	Use Tier 2 drugs, instead of Tier 3, to help reduce your out-of-pocket costs.	Many Tier 3 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.	Many Tier 4 drugs have lower cost options in Tier 1 or 2. Ask your doctor if they could work for you.	



## Over the Counter Expansion

### ▶ Nasal Steroids

- Impacts utilization on: Beconase AQ<sup>®</sup>, Dymista<sup>®</sup>, Flonase<sup>®</sup> (brand), Nasacort AQ<sup>®</sup>, Nasonex<sup>®</sup>, Omnaris<sup>®</sup>, Rhinocort AQ<sup>®</sup>, Veramyst<sup>®</sup>, QNASL<sup>®</sup>, triamcinolone, Zetonna<sup>®</sup>
- Alternative Drugs: Generic: fluticasone (for Flonase<sup>®</sup>) and flunisolide

### ▶ Stomach Ulcer/Reflux Drugs/Gastrointestinal/Stomach: Proton Pump Inhibitors

- Impacts utilization on: Aciphex<sup>®</sup>, Dexilant<sup>®</sup>, Duexis<sup>®</sup>, esomeprazole, lansoprazole, Nexium<sup>®</sup> (prescription strength), omeprazole/sodium bicarbonate, Prevacid<sup>®</sup> (prescription strength), Prilosec<sup>®</sup> (prescription strength), Protonix<sup>®</sup>, rabeprazole, Vimovo<sup>®</sup>, Zegerid<sup>®</sup> capsules (prescription strength – including generic omeprazole/bicarbonate)
- Alternative Drugs: Generic: omeprazole, pantoprazole, ibuprofen, and famotidine separately (for Duexis<sup>®</sup>); Over-the Counter (OTC) versions of Nexium<sup>®</sup> 24 HR (esomeprazole), Prilosec<sup>®</sup> (omeprazole), Prevacid<sup>®</sup> (lansoprazole), and Zegerid<sup>®</sup> (omeprazole/sodium bicarbonate) are available at member's out of pocket cost.

### ▶ Respiratory/Allergy/Asthma: Antihistamines

- Impacts utilization on: Clarinex<sup>®</sup>, Xyzal<sup>®</sup>
- Alternative Drugs: Over-the-Counter (OTC) versions of Allegra<sup>®</sup> (fexofenadine), Claritin<sup>®</sup> (loratadine), and Zyrtec<sup>®</sup> (cetirizine) are available at member's out of pocket cost.

## Medication Therapy Management Program

### ▶ Medication Therapy Management Alliance Partners

- Pharmacy Benefit Manager
  - Timely Production of Updated Medi Span Fee Schedule
    - ▶ Benchmark Price Analysis
  - Minimum Maximum Allowable Cost Guarantee: Average Wholesale Prices (AWP) based on mail order package size (typically use smallest package size)
    - ▶ Generic
    - ▶ Brand
    - ▶ Biotech
  - E-scribing add on costs
- Evidence-Based Medication Review
  - Step Therapy
  - Prior Authorizations
  - Quantity Limits
  - Drug Exclusions
  - Therapeutic Medication Alternatives
  - Rebate Audit: Generic, Brand, Biotech/SpecialtyRx, Retail and Mail: 34-day and 90-day supplies
  - Administrative Fees: Prior Authorizations & Dispensing Fees

## Medication Therapy Management Program

- ▶ Medication Therapy Management Alliance Partners
  - Ineligible Prescriptions Discount Access
  - Exclude Launch Program 6 months
  - Dollar Threshold PBM Review
  - Formulary Evaluation
  - Over the Counter Alternates and Prescription Networks
  - Exclude New Launch Program
    - Maximum 6 months of delay to ensure efficacy of medications
    - Drug Recalls have increased over the last 6 months



## Medication Therapy Management Plan Benefit and Language Modifications

### Drugs Covered under this Benefit

1. Legend Drugs;
2. Insulin or oral diabetic prescription;
3. Disposable insulin needles/syringes and physician prescribed needles/syringes/supplies;
4. Disposable blood/urine/glucose/acetone testing agents (e.g. Acetest Tablets, Clinitest Tablets, Glucometer (one per calendar year), Lancets, Diastix Strips, Tes-Tape and Chemstrips);
5. Diabetic supplies will be purchased with order for oral diabetic prescription. The plan will allow needles, syringes, lancets and testing strips at no charge if ordered within 30 days of a prescription at the same pharmacy;
6. Tretinoin all dosage forms (e.g. Retin-A, Differin, Tazorac);
7. Compound medication of which at least one ingredient is a legend drug to maximum \$200.00 per prescription payment;
8. Any other drug which under the applicable State Law may only be dispensed upon the written prescription of a physician or other lawful prescriber;
9. Contraceptives: Oral, Brand Extended cycle (mail order only), Generic Extended cycle (Network at 90 days copay), Transdermal patches, Contraceptive devices, Levonorgestrel (Norplant), Prescription Strength Only;
10. Depo Provera;
11. Central Nervous System Stimulants (e.g. Adderall, Adderall XR, Focalin, Focalin XR, Ritalin, Dexedrine, etc.) will be covered for individuals through age 16 (Individuals 17 years and older will require prior authorization through RxResults, [subject to cost share](#));
12. Prescribed smoking deterrent medications containing nicotine or any other smoking cessation aids, all dosage forms;

### Drugs Not Covered under this Benefit

1. Dietary supplements, vitamins or formulas, vitamins individually or in combination;
2. Growth hormones after age 15;
3. Immunization agents, biological sera blood or blood plasma;
4. Male pattern baldness medications; hair growth stimulants;
5. Therapeutic devices or appliances, including support garments and other non-medicinal substances, regardless of intended use;
6. Charges for the administration or injection of any drug;
7. Drugs labeled "Caution - limited by Federal Law to investigational use" or experimental drugs even though a charge is made to the individual;
8. Medications which are to be taken by or administered to an individual, in whole or in part, while he or she is a patient in a licensed hospital, rest home, sanitarium, extended care facility, convalescent hospital, nursing home or similar premises which operates on its premises or allows to be operated on its premises, a facility for dispensing pharmaceuticals;
9. Fertility medications;
10. Any prescription refilled in excess of the number specified by the physician or any refill dispensed after one year from the physician's original order;
11. Prescription which an eligible individual is entitled to receive without charges from any Workers' Compensation Laws or which is prescribed for an injury or illness which is excluded from any medical coverage which is provided in conjunction with this prescription benefit;
12. Anti-obesity medications;
13. Prescribed prenatal vitamins are not covered under the prescription card. Claims for prescribed prenatal vitamins with a pregnancy diagnosis may be submitted to IEBP for payment consideration;
14. Cholesterol/Triglyceride-Lowering Agents: Lovaza<sup>®</sup>, Niaspan<sup>®</sup>, ~~and~~ niacin ER, [omega-3 acid cap 1 gm and Vascepa<sup>®</sup>](#);



## Medication Therapy Management Plan

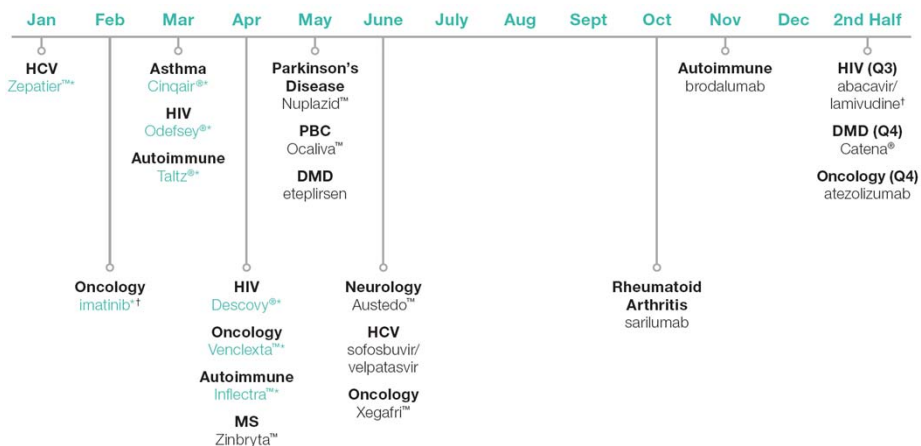
### Benefit and Language Modifications

Drugs Covered under this Benefit	Drugs Not Covered under this Benefit
<p>13. Growth hormones through age 15;</p> <p>14. Extended Release anti-depressive agents: Wellbutrin XL, Effexor XR;</p> <p>15. Extended Release migraine prophylactic agents: Depakote ER.</p>	<p>15. Non-legend drugs other than those listed above;</p> <p>16. Lifestyle convenience prescriptions (i.e., erectile dysfunction prescriptions and topical and buccal testosterone products);</p> <p>17. Nutritional Supplements (i.e. Deplin<sup>®</sup>, Metanx<sup>™</sup>);</p> <p>18. SGLT-2 Antidiabetics (e.g., <a href="#">Invokana<sup>®</sup></a>, <a href="#">Invokamet<sup>®</sup></a>, <a href="#">Farxiga<sup>®</sup></a>, etc.), and <a href="#">Jardiance<sup>®</sup></a>;</p> <p>19. <a href="#">Topical non-narcotic pain medications (e.g. Sinelee<sup>®</sup>, Flector<sup>®</sup>, Solaraze<sup>®</sup>, etc.);</a></p> <p>20. <a href="#">Certain extended release metformin: Glumetza<sup>®</sup>, metformin ER 1000mg and Fortamet<sup>®</sup>;</a></p> <p>21. <a href="#">Certain analgesic/anti-inflammatory/pain agents: Abstral<sup>®</sup>, Embeda<sup>®</sup>, Kadian<sup>®</sup>, Nucynta<sup>®</sup> ER/IR, and Zohydro<sup>®</sup> ER;</a></p> <p>22. <a href="#">Certain antifungals: Jublia<sup>®</sup>, Kerydin<sup>®</sup>, Extina<sup>®</sup> Aer 2%, Cresemba<sup>®</sup> (all forms), and Onmel<sup>®</sup>;</a></p> <p>23. <a href="#">Certain topical steroids: Enstilar<sup>®</sup>;</a></p> <p>24. <a href="#">Non-injectable (including pellets) testosterone;</a></p> <p>25. <a href="#">Non-FDA approved medication.</a></p>

## Specialty Drugs

### 50% of Drug Cost 2018

#### 2016 Significant Specialty Drug Approvals and Pipeline Highlights



Source: CVS Health, Insights Executive Briefing, Specialty Pipeline: Blockbusters on the Horizon, Issue 5, 2016



## Prescription Care Management



- ▶ Prescription Care Management (PCM) works with your employees to help reduce their pharmacy drug spend. PCM does this by helping switch from higher cost drugs to lower cost drugs. The recurring use of lower cost drugs results in a substantial savings to your company and your employees.
- ▶ There are multiple advantages to partnering with PCM:
  - Cost Savings. PCM creates savings and gives your company the ‘good news’ that is often elusive in our current health benefit climate.
  - PCM will help you gain a ‘Savings Edge’ that your PBM does not provide. Create the most efficient pharmacy program available by adding Prescription Care Management to improve your current PBM program.
  - PCM offers potential savings averaging 10% of the group’s total drug spend.
  - Minimal effort by your benefits department. PCM does all the work.
- ▶ At PCM, the customer service experience is our top priority. Our friendly, knowledgeable pharmacy service team provides accurate information about prescription savings alternatives. We assist employees by being good listeners and providing more than is expected. Our representatives identify and anticipate your employee’s needs, alleviating doubts and offering cost effective prescription options.
- ▶ By selecting PCM’s prescription savings program, you can rest assured that our professional pharmacy team is proactively monitoring your pharmacy plan – saving you money and providing the highest quality of care.



## Prescription Drug Costs around the Globe

Written by Kelly Gooch | July 19, 2016

The International Federation of Health Plans has [released](#) its 2015 Comparative Price Report, detailing its annual survey of medical prices per unit.

Designed to showcase the variation in healthcare prices around the world, the report examines the price of medical procedures, tests, scans and treatments in seven countries. The survey also shows prices for seven specialty prescription drugs.

**Xarelto** (prescribed to prevent or treat blood clots) (30 capsules, 20mg, 30 day supply)

\$48 - South Africa  
\$101 - Spain  
\$102 - Switzerland  
\$126 - United Kingdom  
\$292 - United States

**Humira** (prescribed to treat rheumatoid arthritis) (one prefilled syringe carton, two syringes, 28 day supply)

\$552 - South Africa  
\$822 - Switzerland  
\$1,253 - Spain  
\$1,362 - United Kingdom  
\$2,669 - United States

**Harvoni** (prescribed to treat hepatitis C) (28 tablets, 4-week supply)

\$16,861 - Switzerland  
\$18,165 - Spain  
\$22,554 - United Kingdom  
\$32,114 - United States



## Prescription Drug Costs around the Globe

**Truvada** (prescribed to treat HIV/AIDS) (30 tablets, 30 day supply)

\$559 - Spain  
 \$689 - United Kingdom  
 \$906 - Switzerland  
 \$1,301 - United States

**Tecfidera** (prescribed to treat relapsing multiple sclerosis) (60 capsules, 240 mg, 30 day supply)

\$663 - United Kingdom  
 \$1,399 - Spain  
 \$1,855 - Switzerland  
 \$5,089 - United States

**Avastin** (prescribed to treat certain types of cancer) (400 mg vial)

\$470 - United Kingdom  
 \$956 - South Africa  
 \$1,534 - Spain  
 \$1,752 - Switzerland  
 \$3,930 - United States

**OxyContin** (prescribed to treat severe ongoing pain) (60 tablets, 20 mg, 30+ day supply)

\$36 - Spain  
 \$84 - South Africa  
 \$95 - Switzerland  
 \$265 - United States  
 \$590 - United Kingdom



## Prescription Drug Costs around the Globe

The report also examined the price of medical procedures, tests, scans and treatments. Here are average prices for a few of these, as stated in the report.

**Angiogram**

\$191 - Switzerland  
 \$240 - Spain  
 \$270 - Australia  
 \$1,089 - New Zealand  
 \$1,164 - United States  
 \$2,149 - United Kingdom

**MRI**

\$130 - Spain  
 \$215 - Australia  
 \$455 - South Africa  
 \$503 - Switzerland  
 \$788 - United Kingdom  
 \$811 - New Zealand  
 \$1,119 - United States

**Colonoscopy**

\$372 - Australia  
 \$589 - Spain  
 \$604 - Switzerland  
 \$632 - South Africa  
 \$1,301 - United States  
 \$1,421 - New Zealand  
 \$3,059 - United Kingdom

Prices examined in the study included those from Australia, New Zealand, South Africa, Spain, Switzerland, United Kingdom and United States. The data for the report was gathered from participating iHP member organizations in each country. Prices for the United States came from more than 370 million medical claims and more than 170 million pharmacy claims that reflect prices negotiated and paid to healthcare providers.



# How Political Subdivisions will have a Voice in the Healthcare Revolution

## Pre/Post Sixty-five Retiree Benefit Options

## Significant Action Steps

- ▶ Pre/Post Retiree Cost Projections for Employer Plan Access
- ▶ Loss Ratio Review of Pre/Post Retirees
- ▶ Obtain On/Off Exchange Network Footprint
- ▶ Develop definition of Retiree who may have access to employer benefit offerings
  - Employer Plan Actual Cost
  - Employer Plan Blended utilization and Manual Costs
  - Offering of IEBP Metal Plans
  - Offering of On/Off Connector Multi-Carrier Benefit Option
- ▶ Develop Retiree Migration Wheel
- ▶ Employer to obtain information about the On/Off Exchange Footprint
- ▶ Review of Employer's Retiree Benefit Documents
  - Policy and Procedures
  - Ordinance or Resolution

## Retiree Benefit Regulatory Update

### ▶ Texas Legal Update

- Chapter 175 of the Local Government Code-applies to a person who retires from municipal employment with a population of 25,000 or more
  - The level of coverage provided under this chapter at any given time is the same level of coverage provided to current employees of the municipality at that time
  - The person may elect to continue coverage at a reduced level, if offered by the municipality
- Rate may be at the same rate available to active employees or a reasonable or actual utilization rate established for retirees that may be greater than the rate offered to active employee
  - Manual Rate with Retirees and Actives
  - Manual Rates Active only
  - Manual Rates for Retirees only
  - Utilization Review/Loss Ratio for Actives and Retirees
  - Utilization Review/Loss Ratio for Actives only
  - Utilization Review/Loss Ratio for Retirees only

## Retiree Benefit Regulatory Update

### ▶ Texas Legal Update

- Article 111.53 of the Texas Constitution prohibits employees from receiving extra compensation after the work has been performed. As interpreted by the Attorney General in JC 383, the provision prohibits retirees from getting benefits that were not a part of the retirement package when they retired (two exceptions)
  - If the political subdivision does not pay any portion of the new program
  - If the political subdivision increases retiree benefits, the employer's retirement policy or applicable federal or state law may address the possibility of additional payments
- 1625.10/EEOC Costs and benefits under employee benefit plans
  - Possible discrimination against the older employee by making compensation in the form of employee and denying that compensation altogether to an older employee unwilling or unable to meet the less favorable terms. Such discrimination is not authorized by Section 4(f)(2).
  - Awaiting final written regulations on EEOC costs and benefits
- Employer should review
  - Ordinance/Resolution
  - Policy and Procedure regarding Pre/Post Sixty-five Retiree Benefits

## Governmental Accounting Standards Board (GASB 45)

- ▶ GASB has determined that post-employment benefits, Other Post-Employment Benefits (OPEB) are an accruing cost, similar to pensions, that should be reflected in the governmental unit's financial statements for years beginning after June 15, 2006.
- ▶ GASB Exposure Draft on Pension Plans/TMRS Amend Statement 67, 68, and 73 (**defined benefit pension not in the scope of GASB 67 & 68**)
  - Includes pay elements that are included in benefits, contributions and pension plans/68 employer contribution estimated future amount on balance sheet
- ▶ GASB 75
  - GASB 75 starts in 2017
  - OPEB (retiree healthcare liabilities will go on your balance sheet in 2017)

## CY2017 Important Timelines

Function	IEBP Pre Sixty-five Retiree Benefits	UnitedHealthcare Pre Sixty-five MultiCarrier Connector Model Retiree Benefits Enrollment 10 minute timeframe: Privacy, Application, Health Status Tobacco usage, every page toll free Number reference; Enrollment: Open enrollment or qualifying event	UnitedHealthcare Post Sixty-five Retiree Benefits
Employer Retiree Election Decision	October 24, 2016	June 30, 2016	October 24, 2016
Announcement Letter	November 1, 2016	October 1, 2016	
Retiree Enrollment Begins	October 31, 2016	November 1, 2016	October 15, 2016
IEBP Retiree Enrollee Webcast (Pool Members)	September 27, 2016	September 27, 2016	September 27, 2016
Retiree Enrollment Date Deadline	November 30, 2016	November 30, 2016	November 30, 2016
Welcome Kit to Retirees	N/A	7-10 days after retiree enrollment is complete	7-10 days after retiree enrollment is complete
ID Cards	Prior to December 23, 2016	December 1, 2016	7-10 days after retiree enrollment is complete

# 2017 Pre Sixty-five Retiree Options

## Please check 2017 Pre Sixty-five Retiree Option:

- UnitedHealthcare Pre Sixty-five (65) MultiCarrier Connector Model Employer Benefit Plan Options (If Employer not enrolled now, 90-day setup requirement and no open enrollment offered until CY January 2018.)**

Employers may offer their pre sixty-five retirees the employer's affordable (less than 9.5%, for 2017 9.66% of Box 1 of the employees W-2 form) minimum essential coverage employer plan or the UnitedHealthcare's Off Exchange Pre Sixty-five MultiCarrier Connector Model benefit plans.

- IEBP Pre Sixty-five (65) Employer Benefit Plan Option**  
Employers may choose to have the pre sixty-five retirees access the active employee benefits at the active employee cost.

- IEBP Pre Sixty-five (65) Employer Benefit Plan Option**  
Employers may choose to have the pre sixty-five retirees access the active employee benefit plan at 195% of the active employee rate.

- IEBP Pre Sixty-five Retiree Pool Medal Medical and Prescription Options**  
The Pool member employer may offer their retirees a choice of one of the four plan options. Once a pre sixty-five retiree transfers to a Pool metal plan they cannot transition back to the employer plan. Pool membership not currently accessing the pre sixty-five Pool will require individual underwriting and may not receive the below rates.

- Supplemental Dental and Vision Options**

- Decline all 2017 Pre Sixty-five Retiree Options**



### Pre Sixty-five Retiree Options

Greeting

Personal Profile:  
**Pre 65 Retiree**

Needs Assessment:  
Post 65 Retiree

Retiree Plan Decision

Retiree Eligibility File Submission

Educational Mailing to Retirees

Open Enrollment/  
Special Enrollment Meetings

**Employer Plan**

- Retirees w/in manuals
- Retirees 195% of Active Rate

**Pre 65 IEBP Pool**

**Platinum:**  
Retiree: \$1,298.90  
Composite: \$1,548.44

**Gold:**  
Retiree: \$1,253.62  
Composite: \$1,494.04

**Silver:**  
Retiree: \$1,212.24  
Composite: \$1,444.36

**Bronze:**  
Retiree: \$1,165.28  
Composite: \$1,388.02

**Dental II: Mandatory/Voluntary**

EE	\$19.48	\$26.28
Comp	\$34.26	\$46.38
Spouse	\$27.28	\$36.66
Child(ren)	\$23.42	\$31.64
Family	\$40.10	\$54.16

**UnitedHealthcare On/Off Exchange Pre 65 Connector Model**  
*(If Retiree plan is NOT formed, no access to On Exchange subsidies will be available)*

- May 2017: Special Enrollment
- Jan: Open Enrollment

**On Exchange (Multi Carrier Plan Available)**

**Off Exchange (Multi Carrier Plan Available)**

**IEBP Risk**

- URL
- Phone #
- Correspondence
- Account

**IEBP Non-Risk**

- URL
- Phone #
- Correspondence
- Account

**PEBA <200**

- URL
- Phone #
- Correspondence
- Account

**Enrollee Questions**

- If you qualify for an exchange subsidy support because your household income is between 100-400% of Federal Poverty Level the following household income questions will be required.
- Household Income: UnitedHealthcare systems will ping healthcare.gov for verification of household income: Who/What is defined as "household"? Tax filers + tax dependents = household. For the Model, your household generally includes the tax filers plus their tax dependents. If you claim someone as a tax dependent, include them on your application, even if they're not applying for insurance. There are exceptions. Sometimes the model includes people you live with who aren't in your tax household. The Model counts income for each of these people and considers them part of your household depending on things like their age and relationship to you, the type and amount of income they have, and more.
- Understanding Elements to Qualify for Federal Tax Credit, individuals to include on the Application: Yourself | Your spouse | Your Children living with you – even if they make enough money to file a tax return themselves. | Anyone you include on your tax return as a dependent even if they don't live with you | Your unmarried partner; only if one or both of these apply: they are your dependent for tax purposes; or they are the parent of your child.
- What is included as income? When you fill out a model application, you'll need to estimate what your household's income will be in the next year—the year you'll be covered. If you're not sure, make your best estimate: Wages and salaries (W-2) | Tips | Net income from self-employment or business | Unemployment compensation | Social Security payments, including disability payments | Retirement of pension income, including IRA or 401(k) withdrawals | Investment income (dividends/interest) | Rental income | Other taxable income (prizes, awards, gambling winnings)
- NOT included** as income: Child Support | Gifts | Supplemental Security Income (SSI) | Veterans' disability payments | Workers' compensation | Proceeds from loans (like student loans, home equity or bank loans)

Income Range (% of FPL)	Income Range (\$)	Subsidy Percentage (% of market)	Subsidy (Dollar Premium Cap/yr)	Subsidy (Monthly Premium Amount)	Total Gross Income, Mo	Estimated Number of Adult Uninsured
100 to 110	\$11,460 - \$12,282	2%	\$280 - \$288	\$23 - \$24	\$298 - \$312	11.2 million
110 to 120	\$12,282 - \$13,104	4%	\$344 - \$352	\$28 - \$29	\$372 - \$386	10.4 million
120 to 130	\$13,104 - \$13,926	6.3%	\$408 - \$416	\$34 - \$35	\$432 - \$446	9.6 million
130 to 140	\$13,926 - \$14,748	8.6%	\$472 - \$480	\$39 - \$40	\$506 - \$520	8.8 million
140 to 150	\$14,748 - \$15,570	10.9%	\$536 - \$544	\$45 - \$46	\$580 - \$594	8.0 million
150 to 160	\$15,570 - \$16,392	13.2%	\$600 - \$608	\$50 - \$51	\$654 - \$668	7.2 million
160 to 170	\$16,392 - \$17,214	15.5%	\$664 - \$672	\$56 - \$57	\$728 - \$742	6.4 million
170 to 180	\$17,214 - \$18,036	17.8%	\$728 - \$736	\$61 - \$62	\$802 - \$816	5.6 million
180 to 190	\$18,036 - \$18,858	20.1%	\$792 - \$800	\$67 - \$68	\$876 - \$890	4.8 million
190 to 200	\$18,858 - \$19,680	22.4%	\$856 - \$864	\$72 - \$73	\$950 - \$964	4.0 million
200 to 210	\$19,680 - \$20,502	24.7%	\$920 - \$928	\$77 - \$78	\$1,024 - \$1,038	3.2 million
210 to 220	\$20,502 - \$21,324	27.0%	\$984 - \$992	\$83 - \$84	\$1,098 - \$1,112	2.4 million
220 to 230	\$21,324 - \$22,146	29.3%	\$1,048 - \$1,056	\$88 - \$89	\$1,172 - \$1,186	1.6 million
230 to 240	\$22,146 - \$22,968	31.6%	\$1,112 - \$1,120	\$93 - \$94	\$1,246 - \$1,260	0.8 million
240 to 250	\$22,968 - \$23,790	33.9%	\$1,176 - \$1,184	\$99 - \$100	\$1,320 - \$1,334	0.4 million

<table border="1"> <tr><td colspan="2">Dental III:</td></tr> <tr><td>Mandatory</td><td>\$67.90</td></tr> <tr><td>EE</td><td></td></tr> <tr><td>Comp</td><td>\$106.52</td></tr> <tr><td>Spouse</td><td>\$71.48</td></tr> <tr><td>Child(ren)</td><td>\$78.62</td></tr> <tr><td>Family</td><td>\$140.48</td></tr> </table>	Dental III:		Mandatory	\$67.90	EE		Comp	\$106.52	Spouse	\$71.48	Child(ren)	\$78.62	Family	\$140.48	<table border="1"> <tr><td colspan="2">PEBA &gt;200</td></tr> <tr><td>• URL</td><td>• Phone #</td></tr> <tr><td>• Correspondence</td><td>• Account</td></tr> </table>	PEBA >200		• URL	• Phone #	• Correspondence	• Account	<p>Enrollee Questions</p> <ul style="list-style-type: none"> <li>Do you prefer less premium or broader based of coverage?</li> <li>How often do you use the benefit plan?</li> <li>Which best describes you? One physician coordinating care   More flexibility   Network Status via zip code provider name, specialty   "Helps Me" Functionality</li> <li>Do you have ongoing prescriptions? Medication   Dose</li> </ul> <p>The Rx coverage depends on the plan the individual selects. Every carrier has levels of plans to review with the participants. Some carriers are stronger in Rx than others. The tool has a look up function to identify how the drug is covered by a carrier. There are options with the top rated plans in each. The advisor will guide the retiree through this dialogue.</p>					
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109 24 / 7 / 365 Healthcare Access

## Pre Sixty-five Retiree Options

- ▶ Plan coverage until the end of 65<sup>th</sup> birthday month
- ▶ Employer Plan
  - Retirees w/in manuals
  - Retirees 195% of Active Rate
- ▶ Pre 65 IEBP Pool
  - Platinum: Retiree- \$1,298.90; Composite- \$1,548.44
  - Gold: Retiree- \$1,253.62; Composite- \$1,494.04
  - Silver: Retiree- \$1,212.24; Composite- \$1,444.36
  - Bronze: Retiree- \$1,165.28; Composite- \$1,388.02

## Pre Sixty-five Retiree Options

### ▶ Pre 65 IEBP Pool

■ Dental II:		Mandatory	Voluntary
	EE	\$19.48	\$26.28
	Comp	\$34.26	\$46.28
	Spouse	\$27.28	\$36.86
	Child(ren)	\$23.42	\$31.64
	Family	\$40.10	\$54.16

■ Dental III:		Mandatory
	EE	\$67.90
	Comp	\$106.52
	Spouse	\$71.48
	Child(ren)	\$78.62
	Family	\$140.48



## Pre Sixty-five Retiree Options

### ▶ Pre 65 IEBP Pool

■ Dental IV:		Mandatory	Voluntary
	EE	\$45.58	\$70.58
	Comp	\$75.26	\$116.54
	Spouse	\$61.60	\$95.36
	Child(ren)	\$52.46	\$81.22
	Family	\$91.18	\$141.20

■ Vision A:		Mandatory	Voluntary
	EE	\$7.68	\$10.66
	Family	\$15.32	\$21.28

■ Vision B:		Mandatory	Voluntary
	EE	\$9.46	\$15.12
	Family	\$18.90	\$30.20





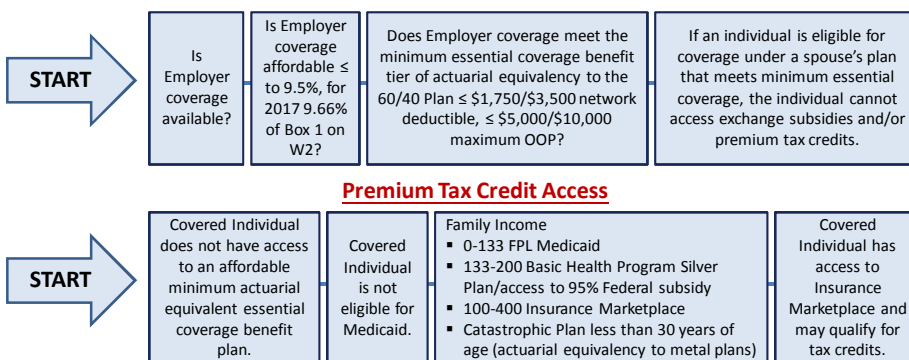
## On-Exchange Limitations

Insurance Market Place Carrier Terms: United, Humana, Aetna and Scott & White

- ▶ The following average rate increases have been proposed by the carriers that plan to offer coverage in the Texas Exchange in 2017:
  - Allegian ----- 27.48%
  - AmBetter (Celtic) ----- 15.51%
  - Blue Cross Blue Shield of Texas ----- 58.4%
  - CHRISTUS Health ----- 17% to 30%
  - Cigna (possibly exiting the exchange) ----- 23.5%
  - Community First ----- 7.5% to 8.7%
  - Community Health Choice ----- 6.91%
  - FirstCare (SHA) ----- 29.13%
  - Humana ----- 45.35%
  - IdealCare (Sendero) ----- 19.68%
  - Insurance Company of Scott & White ----- 19.62%
  - Molina ----- 9.6%
  - Oscar ----- 11.7% to 22.3%
  - Prominence Health First ----- 31.85%



**How to get Coverage under the Insurance Marketplace <https://myconnectorplans.com/IEBP> Annual Open Enrollment vs. 90 day Notice**



**Subsidy Breakdown for Uninsured Adults (19-64) by Income Level**

Gross Income Range/Yr (% of FPL)	Gross Income Range/Yr (\$)	Subscriber Percentage Premium Cap/Yr (% of Income)	Subscriber Dollar Premium Cap/Yr Amount	Subscriber Monthly Premium Amount	Total Gross Income/Mo	Estimated Number of Adult Uninsured
100 to 133	\$11,490 - \$15,282	2%	\$230 - \$306	\$19 - \$25	\$958 - \$1,274	3.3 million*
133 to 150	\$15,397 - \$17,235	3 - 4%	\$462 - \$689	\$38 - \$57	\$1,283 - \$1,436	2.4 million*
150 to 200	\$17,350 - \$22,980	4 - 6.3%	\$694 - \$919	\$58 - \$77	\$1,446 - \$1,915	3.3 million
200 to 250	\$23,095 - \$28,725	6.3 - 8.05%	\$1,455 - \$2,312	\$121 - \$193	\$1,925 - \$2,394	2.6 million
250 to 300	\$28,840 - \$34,470	8.05 - 9.5%	\$2,322 - \$3,275	\$193 - \$273	\$2,403 - \$2,873	6.1 million
300 to 400	\$34,585 - \$45,960	9.5%	\$3,286 - \$4,366	\$274 - \$364	\$2,882 - \$3,830	1.7 million

Sources: Marwood Analysis; 2012 U.S. Census Data; 2013 Urban Institute; 2013 Kaiser Family Foundation | \* Adjusted to account for state Medicaid expansions

\*\* Advance Premium Tax Credit: reconciliation over underpayment on tax returns

\*\* Exemptions include incarcerated individuals, Native Americans who access care through Indian healthcare, illegal immigrants, and people with religious objections to insurance coverage.

In 2012 employees paid \$951 on average towards cost of single coverage in an employer plan and \$4,316 of a family of four.

## UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

### ▶ On-Exchange

#### ▪ Household Income

- **Who/what is defined as “household”?**
- Tax filers + tax dependents = household
- For the Model, your household generally includes the tax filers plus their tax dependents. If you claim someone as a tax dependent, include them on your application, even if they’re not applying for insurance.
- There are exceptions. Sometimes the model includes people you live with who aren’t in your tax household
- The Model counts income for each of these people and considers them part of your household depending on things like their age and relationship to you, the type and amount of income they have, and more.

## UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

### ▶ On-Exchange

#### ▪ Household Income

- **Understanding Elements to Qualify for Federal Tax Credit, Individuals to include on the Application**
  - ▶ Yourself
  - ▶ Your spouse
  - ▶ Your Children living with you – even if they make enough money to file a tax return themselves
  - ▶ Anyone you include on your tax return
    - † as a dependent even if they don’t live with you
  - ▶ Your unmarried partner
  - ▶ only if one or both of these apply:
    - † They are your dependent for tax purposes
    - † They are the parent of your child

## UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

### ▶ On-Exchange

#### ▪ Household Income

##### • Understanding Elements to Qualify for Federal Tax Credit

###### ▶ **What is included as income?**

+ When you fill out a model application, you'll need to estimate what your household's income will be **in the next year**—the year you'll be covered. If you're not sure, make your best estimate:

###### + COUNTED AS INCOME

- Wages and salaries (W-2)
- Tips
- Net income from self-employment or business
- Unemployment compensation
- Social Security payments, including disability payments
- Retirement of pension income, including IRA or 401(k) withdrawals
- Investment income (dividends/interest)
- Rental income
- Other taxable income (prizes, awards, gambling winnings)

## UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

### ▶ On-Exchange

#### ▪ Household Income

##### • Understanding Elements to Qualify for Federal Tax Credit

###### ▶ **What is not included as income?**

+ When you fill out a model application, you'll need to estimate what your household's income will be **in the next year**—the year you'll be covered. If you're not sure, make your best estimate:

###### + NOT INCLUDED AS INCOME

- Child Support
- Gifts
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Proceeds from loans (like student loans, home equity or bank loans)

## TML MultiState IEBP On/Off Exchange Footprint

State	Reg	County	# of Retirees	Bronze Plan Options				Silver Plan Options			
				# of plans	Age 60 Premiums			# of plans	Age 60 Premiums		
					Lowest	2nd Lowest	Avg		Lowest	2nd Lowest	Avg
TX	15	Anderson	368	13	\$458	\$458	\$567	7	\$601	\$601	\$643
TX	4	Andrews	104	13	\$458	\$458	\$567	7	\$601	\$601	\$643
TX	16	Angelina									
TX	11	Aransas	291	17	\$436	\$436	\$530	9	\$573	\$573	\$620
TX	5	Archer	183	13	\$570	\$570	\$694	7	\$750	\$750	\$801

State	Reg	County	# of Retirees	Gold Plan Options				Platinum Plan Options			
				# of plans	Age 60 Premiums			# of plans	Age 60 Premiums		
					Lowest	2nd Lowest	Avg		Lowest	2nd Lowest	Avg
TX	15	Anderson	368	6	\$737	\$737	\$790	0			
TX	4	Andrews	104	6	\$737	\$737	\$790	0			
TX	16	Angelina									
TX	11	Aransas	291	8	\$701	\$701	\$755	1	\$949		\$949
TX	5	Archer	183	6	\$918	\$918	\$984	0			



## Pre Sixty-five Retiree Options

### ► Off-Exchange (Multi Carrier Plan Available)

#### ▪ Enrollee Questions under Personalize Plans

- Do you prefer less premium or broader based of coverage?
- How often do you use the benefit plan?
- Which best describes you? One physician coordinating care | More flexibility | Network Status via zip code provider name, specialty | "Help Me" Functionality
- Do you have ongoing prescriptions? Medication | Dose
- The Rx coverage depends on the plan the individual selects. Every carrier has levels of plans to review with the participants. Some carriers are stronger in Rx than others. The tool has a look up function to identify how the drug is covered by a carrier. There are options with the top rated plans in each. The advisor will guide the retiree through this dialogue.



## Pre Sixty-five Retiree Options

- ▶ UnitedHealthcare On/Off Exchange Pre 65 Connector Model
  - Dental Option w/Vision
    - UnitedHealthOne: Dental and Vision Supplemental Benefit Option for Post Sixty-five Supplemental Benefits.
      - ▶ **Vision is only an option under the Dental Plan.**
      - ▶ The waiting period is extensive, and retirees were educated to obtain services under the IEBP Benefit Plan prior to the close of December so the transition would not be as difficult.
    - The value added benefit options will be available as an individual choice per retiree.
    - Preventive services have no waiting period and include routine dental exams, routine X-rays, cleaning, fluoride treatment for children, sealants, and space maintainers.
    - Basic services have a six-month waiting period and include dental exams, X-rays, routine extractions, treatment for children to ease dental pain, and simple fillings.
    - Major services have a 12-month waiting period and include treatment for diseases of the pulp (including root canals), bone and other tissues supporting the teeth, crowns, inlays, onlays, veneers, bridges, dentures (payable once every 5 years), and oral surgery for impactions

## UnitedHealthcare Pre Sixty-five Retiree Benefit Option Overview

- ▶ On/Off Exchange Qualifying Event Enrollment Period/Enrollment Period within 60 days of qualifying event
  - Voluntary or Involuntary Termination of Employment
  - Loss of Minimum Essential Coverage
    - Age 26
    - Divorce
  - Loss of Access to Medical Plan
    - Affordable Rates
    - Change in Eligibility Requirements
  - Birth/Adoption of a Child
  - Placement in Foster Care
  - Court Ordered Coverage
  - Marriage or Divorce
  - Permanent Move from another state
- ▶ Multi-Carrier Plan Availability
- ▶ System pings to [healthcare.gov](https://www.healthcare.gov) for verification
- ▶ Disabled Retirees with Part B

## Retiree Reimbursement Experience

How retirees get reimbursed

Retiree incurs an expense that is eligible for reimbursement from the RRA.



Retiree submits a claim for reimbursement. Claim includes supporting documentation detailing the expense.



Claim is processed (approved) and reimbursement is issued.



Retiree receives reimbursement via paper check in the mail or direct deposit. Direct deposit is the fastest way for reimbursements to be received.



Retirees can submit their requests for reimbursement online or via traditional paper form, or by requesting Recurring Premium Reimbursement.\*

\*Depending on RRA plan design, Auto-Premium Reimbursement may be available.

## 2017 Post Sixty-five Retiree Options

**Please check one Post Sixty-five Retiree Option:**

- Renew all current 2016 UnitedHealthcare Post Sixty-five Retiree Options for 2017**
- Elect 2017 UnitedHealthcare Post Sixty-five Retiree Options**
  - HMO Advantage**
  - Supplemental Plan** } Employers may choose both
    - Medicare Supplemental F**
    - Medicare Supplemental K** } One choice per Employer
  - Prescription Part D Plan**
    - Prescription Full Gap Coverage PDP Option 1**
    - Prescription Generic in the Gap Coverage PDP Option 2** } One choice per Employer
- Supplemental Dental/Vision Option**
- Supplemental Vision Option**
- Decline all 2017 Post Sixty-five Retiree Options**

Your time in this matter is appreciated. Your employer election decision is to be received by IEBP before close of business October 24, 2016.

## UnitedHealthcare (UHC) Post Sixty-five (65) Employer Benefit Plan Options

### UHC Post Sixty-five Retiree Plan Options to PEBA

PEBA	2015	2015 % Renewal	2016	2016 % Renewal	2017	2017 % Renewal
HMO Austin, full Rx**	\$368.98	9.50%	\$391.12	6.00%	\$406.76	4.00%
HMO Houston, full Rx**	\$331.45	9.50%	\$351.33	6.00%	\$365.38	4.00%
HMO Other, full Rx**	\$279.17	9.50%	\$295.82	5.96%	\$307.76	4.00%
HMO Austin, tier 1 Rx**	\$263.83	9.50%	\$279.66	6.00%	\$290.85	4.00%
HMO Houston, tier 1 Rx**	\$219.42	9.50%	\$232.58	6.00%	\$241.88	4.00%
HMO Other, tier 1 Rx**	N/A	N/A				
Supp Plan F	\$217.00	8.00%	\$225.68	4.00%	\$234.71	4.00%
Supp Plan K	\$123.99	8.00%	\$128.95	4.00%	\$134.11	4.00%
Rx Plan 1 full Rx	\$194.66	5.00%	\$206.34	6.00%	\$225.85	8.00%
Rx Plan 2, tier 1 Rx	\$73.61	5.00%	\$78.02	5.99%	\$84.26	8.00%
<b>TAC</b>						
Senior Supp Plan F + Admin Fee	\$227.00	8.00%	\$235.68	3.82%	\$244.71	3.83%
Rx Plan 1 full Rx	\$194.66	5.00%	\$206.34	6.00%	\$222.85	8.00%

PEBA	2011	2012 Renewal	2012 Rate Relief	2012 Final	2013	2014
HMO Austin, full Rx**	\$320.61	\$341.45	\$333.43	\$320.92	\$336.97	\$336.97
HMO Houston, full Rx**	\$288.32	\$307.06	\$299.85	\$288.28	\$302.69	\$302.69
HMO Other, full Rx**	\$245.49	\$261.45	\$255.31	\$242.80	\$254.94	\$254.94
HMO Austin, tier 1 Rx**	\$220.64	\$234.98	\$229.47	\$229.47	\$240.94	\$240.94
HMO Houston, tier 1 Rx**	\$183.50	\$195.43	\$190.84	\$190.84	\$200.38	\$200.38
HMO Other, tier 1 Rx**	\$143.30	\$145.30	\$141.89	\$141.89	N/A	N/A
Supp Plan F	\$184.00	\$197.80	\$191.36	\$191.36	\$200.93	\$200.93
Supp Plan K	\$105.13	\$113.01	\$109.34	\$109.34	\$114.81	\$114.81
Rx Plan 1 Full Rx	\$167.40	\$200.40	\$187.49	\$179.99	\$185.39	\$185.39
Rx Plan 2, tier 1 Rx	\$60.77	\$75.96	\$68.06	\$68.06	\$70.10	\$70.10
<b>TAC</b>						
Senior Supp Plan F + Admin Fee	\$194.00	\$207.80	\$201.36	\$201.36	\$210.93	\$210.93
Rx Plan 1 full Rx	\$167.40	\$200.40	\$187.49	\$179.99	\$185.39	\$185.39

\*\* If emergency room copay added \$75.00 - the pricing impact of changing the ER Copay from \$50 to \$75 would be \$.50 PMPM. This would apply to each of the current HMO rates.



## How Political Subdivisions will have a Voice in the Healthcare Revolution

Membership Service

  
**National Committee for Quality Assurance**  
 has awarded  
***TML MultiState Intergovernmental Employee Benefits Pool***  
***(TML MultiState IEBP)***  
**Commercial PPO**  
 an accreditation status of  
**ACCREDITED**  
 for service and clinical quality that meet or exceed  
 NCQA's rigorous requirements for consumer  
 protection and quality improvement.



  
CHAIR, BOARD OF DIRECTORS

  
PRESIDENT

  
CHAIR, REVIEW OVERSIGHT COMMITTEE

*June 8, 2016*

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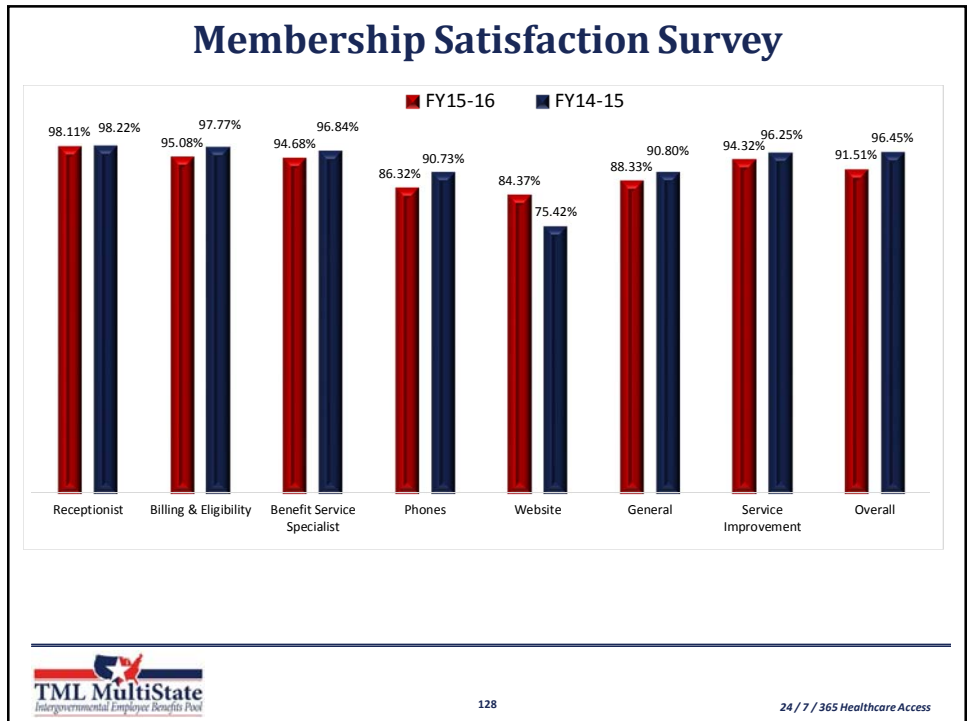
DATE GRANTED

*March 16, 2018*

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EXPIRATION DATE

127 24 / 7 / 365 Healthcare Access





## Satisfaction Survey Comments

Group Name	Comment	Responsible Party	Action Required
Giddings	Our employees are reporting long delays on posting Healthy Initiative Screenings	Provider, HI, Finance Tracing TAT will be implemented	Jerry to pull TAT on completion of Healthy Initiatives and \$150.00 check being cut.
Garden Ridge	My biggest issue is when we send changes through secure email system. We don't get any response as to it has been received and process (except for today) So if we are terminating an employee we don't know what's happened until we receive our next invoice. Then if it hasn't been processed we have to start the catch up game. Really a waste of time.	HITECH	Need Education from Marketing to ensure the member is using on-line enrollment.
Mabank	One website to cover all areas (medical, WC, Property, Liability, etc.) with 1 password remember	IEBP and IRP cannot share data due to PHI	Not possible due to PHI
Harris County ESD #13	I would like online invoices posted by the 20th (preferably the 15th) for the following month's premiums. A representative visit has not been necessary since his availability and replies by phone are so prompt and informative. We may have him visit in the future.	B&E	Tracey will pull last 12 months and identify TAT issue. Right now they are being posted by the 15 <sup>th</sup> . We need to double check for active, retiree and COBRA membership.
Van Zandt CAD	We have had multiple issues with enrollment, billing, HSA deposits, vision claims, website/online access, & communication. TML IEBP provides good cost for benefit of product/policy but is lacking in quality of service/administration/online access/troubleshooting.	B&E, NACHA File Improvement, HITECH, Troubleshooting	Jerry, Tracey and UMR developed new workflow regarding the complaints received. The NACHA File should decrease TAT. Marketing needs to educate on NACHA file change.
Muenster	I did not answer the phone questions, I use email to communicate and Linda Shoup is always there to guide me if she can help.	Compliment	
Pittsburg	Great job by all the employees.	Compliment	



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## Satisfaction Survey Comments

Group Name	Comment	Responsible Party	Action Required
Holland	I would like to be added to your website to make a payment on our bill	Marketing	Jerry is in review of bill payment on line. Possible production March 2017.
Comanche	Medical Services that used to be paid are now charged to deductible in several cases. Lots of complaints in the last few months. One office visit denied because "no prior approval"	Marketing Plan Design	Employer Plan Design and possibly Preferred Lab exclusion.
Emerald Bay MUD	Our contact is so frequent that we have no proper response to these questions.	Marketing	
Houston County Appraisal District	My contact and relationship with TML is good. However the complaint that I have most, along with my employees, is the inability of service providers to get through to TML to verify benefits. Several occasions of no response by phone. Mostly problems with vision benefits.	Provider and IEBP Interface	Maribel and Susan have recalibrated Customer Care Term. Increased FTEs to 14, promoting one person to be a specialist.
Fannin CAD	The hold time seems to have increased. I am sure that now that the system is doing better that the hold times will get better. Also, Susan does a wonderful job on the webcasts, but there are times we don't understand a lot of the terms and feel lost. The webcasts are often too short to comprehend the material and the questions and answer time is brief. I am not well versed in a lot of insurance terms.	Customer Care	Marketing needs to follow-up and carry out the message from webcasts.
Friona	I want to say Thanks to Billy Alvarez. He has been a great help, every time I have a question he can always give me an answer. He is also very courteous and knowledgeable.	Compliment	
Haskell CAD	Just started with this company, so far so good!	Compliment	
Denison	Would like to see TML work together with our broker and our employees	Marketing	Strategic Engagement Meeting needs to be held consistently and workflow analyzed with assignments made to team.



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## Satisfaction Survey Comments

Group Name	Comment	Responsible Party	Action Required
Bright Star Salem SUD	TML requires too much repetitive paper work for renewal each year.	Administrative/Marketing	Annual paperwork will be required due to major decisions that have to be executed.
Fate	We absolutely love our Benefit Service Specialist - Joe Sanchez! He's great, responsive and will help you with any and all issues.	Compliment	
Brownwood Public Library	Why does every email have to be password protected? IT's work to open it when it may not be something important.	HITECH	Marjorie to conduct education to staff regarding [non-secure] so emails that do not have to be secure do not get secure protected.
Josephine	Always very helpful and courteous	Compliment	
Brazoria CAD	Telephone response time was terrible during the change. I haven't had to call recently so I'm not sure. During the change over when I did get through I know all customer service employees were probably overwhelmed but they were always courteous and never rude to me.	Customer Care	Maribel and Susan have recalibrated Customer Care Term. Increased FTEs to 14, promoting one person to be a specialist.
Krugerville	It would be more convenient to be able to use the same password and login on both TML IEBP websites.	HITECH	Mona has reviewed and at this time not a possibility for a change.
Hallettsville	I have had several employees complain about response time to eligibility request on benefits or claim questions.	B&E	Maribel and Susan have recalibrated Customer Care Term. Increased FTEs to 14, promoting one person to be a specialist.
Millsap	I can't remember ever talking to someone the first time I call. I have to leave a message or leave my phone number for a call back	SERVICE IN GENERAL	Maribel and Susan have recalibrated Customer Care Term. Increased FTEs to 14, promoting one person to be a specialist.



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## Satisfaction Survey Comments

Group Name	Comment	Responsible Party	Action Required
Rio Hondo	Benefit Service Specialist, Victor Diaz, is great; communication materials are educational ; website needs to be easier to navigate & find items	HITECH	Ramon is managing a website overhaul with support from his user group.
Coryell City Water Supply District	Our rep, Beth Ellison, has been very helpful and patient - with my new position of taking over as HR for employees.	Compliment	
Palo Duro River Authority	I have tried to use website to enroll new employee and it's a blank page.	HITECH	Ramon needs to do research. IEBP has never seen this as an issue. Marketing to obtain more details.
Odessa Housing Authority	When receiving emails from TML - portal security very cumbersome, would prefer regular email.	HITECH	Mona has reviewed and at this time not a possibility for a change.
Montgomery Co ECD	Website is not user friendly - Difficult to find what you are looking for.	HITECH	Ramon is managing a website overhaul with support from his user group.
Copeville SUD	Thank you, you guys are great.	Compliment	
Kountze	Only been a member since July 2016 and it's been great so far. Could not answer some questions	Compliment	
Austin County ECD	We mostly use email contact.. Response time is great! Specialist, Beth, is very helpful	Compliment	
Ropesville	Beth and the staff are awesome. They go above and beyond for me. Especially since I'm new at all of this. Thank you for your service!	Compliment	
Panhandle GCD	I marked no change because IEBP has always provided excellent service in these areas.	Compliment	
Hardin County ESD #2	Would like a yearly visit from TML to see staff & answer their questions; update new procedures.	Marketing	We need Q2 standards for this so we can analyze visits and provide appropriate coaching for membership that could be neglected.



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## Satisfaction Survey Comments

Group Name	Comment	Responsible Party	Action Required
Wells	Great Job!!	Compliment	
Port Neches	TML IEBP's employees are always courteous and try to be as helpful as possible. The only issue I have come across is the human error that comes into play when submitting coverage and information changes, especially when using paper forms and email communication. I would love to be able to handle as much online as possible in order to reduce the number of people who have to handle the info and reduce errors.	Compliment More HITECH, More Solution Oriented	Let's move to more online enrollment as the solution. Marketing they should be on-line for enrollment and MyBenefits on Demand and MyForms.
Uhland	Excellent Work!	Compliment	
The Colony	Expanded customer service hours would be fantastic. Possibly 8-6	Customer Care	Maribel and Susan are in review of flex hours.
Sundown	Service has always been very good!	Compliment	
South Plains UWCD	The rerate/re-enrollment material is very hard to understand.	Marketing/ Administrative	Marketing needs to spend more time with personal deliver of rerate package.
Hudson Oaks	I feel the overall lack of management oversight, specifically upper level management oversight is detrimental to the health relationship between IEBP and the cities. Established deadlines are unorganized, not communicated, and the organization does not seem accountable, our experience has only improved because we hired a third party to assist employees with IEBP customer service. As city manager, my job is dependent on the delivery of services and IEBP regularly fails to deliver service and services on time or properly.	ALL SERVICES	We need a call to this group. This comment is very alarming.
Boerne	During your transition time we had several frustrated employees - long hold times & Not receiving return calls.	Customer Care	Maribel and Susan have recalibrated Customer Care Term. Increased FTEs to 14, promoting one person to be a specialist.
No Group Name Listed	Trying to access reports & open enrollment are a major problem.	HITECH	We need a Webcast on Reports and Open Enrollment items or a Fund Contact Lunch and Learn.



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## Satisfaction Surveys

NCQA Standard	Survey	Responsible Party
UM11 A Assessing Experience with the UM Process	Inpatient Survey w/medication	Medical Intelligence
UM11 A Assessing Experience with the UM Process/CAHPS	Provider Survey Doctor Office Visit w/medication	Provider Specialist
Q17 Experience with CM	Case Management (Members Experience) Survey Coordination of Care	Medical Intelligence
Q18 I Experience with Disease Management	Disease Management Survey (Specific to the 2 DM Modules selected for Survey) Chronic Care Survey	Population Health
CAHPS Health Plan Survey	Urgent Care	Customer Care
CAHPS Health Plan Survey	Emergency Room w/medication	Customer Care
CAHPS Health Plan Survey	Telehealth w/medication	Customer Care
Q5 and Q16 Behavioral Health	Behavioral Health w/medication w ease of access w/experience	Customer Care
	Home Health	Customer Care
	Coordination of Care	Customer Care
Q15 A Assessment Against Access Standards	Office Visit	Customer Care
CAHPS Health Plan Survey	Outpatient Facility Surgery w/medication	Customer Care
	Chronic Care	Customer Care
	Depression Treatment Outcome Survey	Population Health
RR6 C Assessing Member Understanding	New Member Survey	Marketing
RR6 C Assessing Member Understanding	Upon Pool Termination Member Survey	Marketing



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# How Political Subdivisions will have a Voice in the Healthcare Revolution

## Regulatory Reporting

## Healthcare Update

- ▶ Political Campaign
  - Clinton officially backs a public option as well as Medicare opt-in for indiv. between 55 and 64.
    - Increase Medicare Fee Schedule 5%
  - Medicare opt-in would potential remove high cost enrollees from the individual marketplace
  - Sander's become chairman of the HELP Committee (Health Education Labor and Pension Committee)
- ▶ Republican White Paper Repeal
  - Individual Mandate
  - Employer Mandate
  - Subsidies-both premium support and cost sharing reductions
  - Stabilization programs (risk adjustment, reinsurance, risk corridors)
    - 12.6% payment of corridor causes carrier risk
      - ▶ United Certain State Insurance Marketplace Exclusion
      - ▶ Aetna Certain State Insurance Marketplace Exclusion
      - ▶ Human Certain State Insurance Marketplace Exclusion
      - ▶ Scott & White Insurance Marketplace Exclusion
      - ▶ CIGNA Expansion
  - Medicaid Expansion
  - Many of the taxes that pay for ACA: Medical Device, Medicare, Chronic Care, Tanning, Health Insurance Tax
  - Dialed back H.S.A. taxes and FSA limits
  - Interstate Activity
  - Small Employer Pooling Options

## Patient Protection Affordable Care Act

- ▶ Attained age twenty-six coverage under parental plans
- ▶ Prohibition of pre-existing exclusions
- ▶ Maximum Out of Pocket
- ▶ 30 day readmission penalty
- ▶ Lessons Learned
  - Individual Mandate
  - Employer Mandate
    - Regulatory Reporting
  - Party undermining
    - Special Interest Complications/Pharmaceutical Industry and opposition
  - Pharmaceutical Industry
  - Single Payor Model/Government Run Insurance Plan
  - Healthcare Cost
    - Insurance Marketplace Subsidy
    - PCORI Fee
    - Reinsurance Trust Fund

## Strategic Steps for Regulatory Reporting

- ▶ Reporting Timelines
  - QA finishing up with it the last week in August
  - October 5<sup>th</sup> templates are ready from Greatland
- ▶ IRS Penalties for missed Deadlines
- ▶ System Enhancements per Membership Feedback
- ▶ Technical Requirements to ease access to spreadsheet
  - Browser
- ▶ Regulatory Instruction Booklet
- ▶ Electronic Individual Submittals Workflow
- ▶ Individual Transmittal Employee Communication

## Pending Regulatory Compliance Deadlines/ 3 year record retention

### ▶ IEBP Solutions for Regulatory Reporting 6055 and 6056 Calendar Year 2015

- IEBP will purchase at bulk rates Individual Transmittals in 10,000 increments. Employer will be billed for the following:
  - Transmittal corrections will be an additional \$0.9130/**\$1.10** fee per employee individual transmittal plus admin fee

Reporting Requirement	2017 IEBP Date	IEBP Greatland Submission Date	2017 IRS Date
Individual Transmittal Mail Date	January 6, 2107	January 30, 2017 Successful transmittal by 8:00 PM ET on the 31 <sup>st</sup>	January 31, 2017
Paper Copies of Form 1095 to IRS	IEBP Bulk Electronic Submission	IEBP Bulk electronic Submission	February 28, 2017
E-file Form 1095 to IRS	February 24, 2017	March 3, 2017	March 31, 2017
Census Count Date	June 30, 2016 50 or more is ALE. Last filing day of prior year 12.31.15		

*If the due date falls on a Saturday, Sunday, or legal holiday, you can provide the copy on the next business day. Last filing deadline of prior year.*



## Presentation Schedule

- ▶ Demo Presentations
  - Sept. 20th Non-ALE ----- 2:00-3:00 PM
  - Sept. 22nd ALE ----- 2:00-3:00 PM
- ▶ Workbook Presentations
  - Oct. 11th Non-ALE ----- 2:00-3:00 PM
  - Oct. 13th ALE ----- 2:00-3:00 PM
  - Oct. 25th Non-ALE ----- 2:00-3:00 PM
  - Oct. 27th ALE ----- 2:00-3:00 PM



## 250 or more W-2 Form Reporting Requirements

Regulatory Requirement	Definition	Penalty Amount
<b>W-2 Reporting</b> <ul style="list-style-type: none"> <li>▪ Employers with <b>250 or greater</b> W-2 forms</li> </ul>	Identify cost of healthcare benefits per participant per year via one of the following census calculations:  <u>Actual</u> : Census Per Month/Days in month  <u>Snapshot Factor</u> <ul style="list-style-type: none"> <li>▪ March 5, 2014</li> <li>▪ June 5, 2014</li> <li>▪ September 5, 2014</li> </ul> <u>Census on Most Recent 5500</u>	Penalty Applied for non-compliance <ul style="list-style-type: none"> <li>▪ \$30 per each form maximum               <ul style="list-style-type: none"> <li>– \$250,000 per year if filed by March 30<sup>th</sup></li> </ul> </li> <li>▪ \$60 per each form maximum               <ul style="list-style-type: none"> <li>– \$500,000 per employee per year if form filed after August 1<sup>st</sup></li> </ul> </li> </ul>
<b>Employer Illegal Dumping Prohibitions and Penalties</b>	Sending employees to the insurance marketplace with a tax-free contribution to pay for insurance is prohibited	\$100.00/day per employee

## IEBP Enhancement Recommendations

- ▶ More Education for Non-ALE Groups
- ▶ More Audit Function Education and Enhanced Navigation Audit Tools
- ▶ Part-Time and Seasonal Employee Education
- ▶ System Navigation Upgrade
  - Sort: Alpha
  - Filter
  - 2015 and 2016 ongoing Employee sort Filter with no additional audit requirements (demographic check)
  - Back Button Request
- ▶ Paper Eligibility Request Redundancy/Non-Covered Dependents
- ▶ Stress Testing Improvement
- ▶ Electronic Individual Transmittal Remittance: E-Mail Address for Employees
- ▶ Browser Friendly Information
- ▶ Employee Duplicate Deletes
- ▶ Update Employees Return to Same Site Location after Update
- ▶ Increase the Fields IEBP Prepopulates
- ▶ Lack of Dependent Drops on ALE Groups due to non self-funded entity
- ▶ Continue FAQ Communication
- ▶ Double check the drop of people who never had coverage, some of them need declination but some were not offered benefits

## Greatland Desktop Enhancement Recommendations

- ▶ Duplicate TIN issue due to IEBP's membership working for more than 1 employer
- ▶ Bad Socials, i.e.: dependents transitioned to Date of Birth
- ▶ Import capabilities to accumulate list of errors
- ▶ IRS Aggregate Transmittal
  - Estimated **7%-10%** Error Rate
- ▶ Next Year January 31 Print and Mail Date similar to 1099
- ▶ Business Rules for Safe Harbor Allowances
- ▶ Individual Transmittal
  - Manual Print
  - Envelope Friendly Options
- ▶ Improved Navigation
  - Filter for Employees
  - Import Override Ability
  - Add-On Ability
- ▶ Employer Receipt of Data Transmittal
- ▶ Data Field Definitions

## Important Benefit News Update 2015-2016

- ▶ January 2014: Employer Regulatory Reporting
  - Applicable Large Employer (ALE)
  - Non-Applicable Large Employer (Non-ALE)
- ▶ June 25, 2015: King v. Burwell Supreme Court Hearing
  - Subsidies for 100%-400% FPL will be provided to Insurance Marketplace membership regardless if state established or federal government established
- ▶ June 26, 2015: Obergefell v. Hodges
  - Same Sex Marriage Benefit Equity
- ▶ H.R. 1624 Protecting Affordable Coverage for Employees (PACE) Act signed into law on 10.7.15; Community Rating Implementation Small Group 1-50 state may raise to 1-100
- ▶ EEOC Disability Sensitive
  - Cannot violate ADA
  - Cannot be gatekeeper to benefit access
  - Not part of health plan (Not HIPAA)
  - Part of Health Plans (HIPAA Compliance)
  - 30% Benefit Plan DeMinimis
  - Tobacco Cessation 50% of total cost
- ▶ Transgender Non Discrimination Benefit
  - Federal financial assistance is broadly defined as "any funds, services, property, loan, grant, credit, subsidy or contract provided by or from any HHS/CMS program, including any federal subsidy under Title I of the ACA for subsidies and other money to entities providing health coverage in the Marketplace. Even if a Plan is not directly subject to these rules, in the preamble of these final rules Office of Civil Rights (OCR) makes it very clear that although these rules do not directly apply to many self-funded plan sponsors, if OCR receives a complaint, and finds what it deems to be a violation of these new rules by a plan sponsor, although it cannot proceed directly against the plan sponsor, OCR will refer the violation to the EEOC for discrimination proceedings against the plan sponsor by EEOC as gender discrimination in the work place under ADA.
  - Some Fire Departments receive Title I money not necessarily HHS funding





# Thank You for your Time and Attention!

Questions and Answers Session