

Item 5 – Group Insurance Board

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Office of Strategic Health Policy



# **Informational Item Only**

No Board action is required



# Agenda

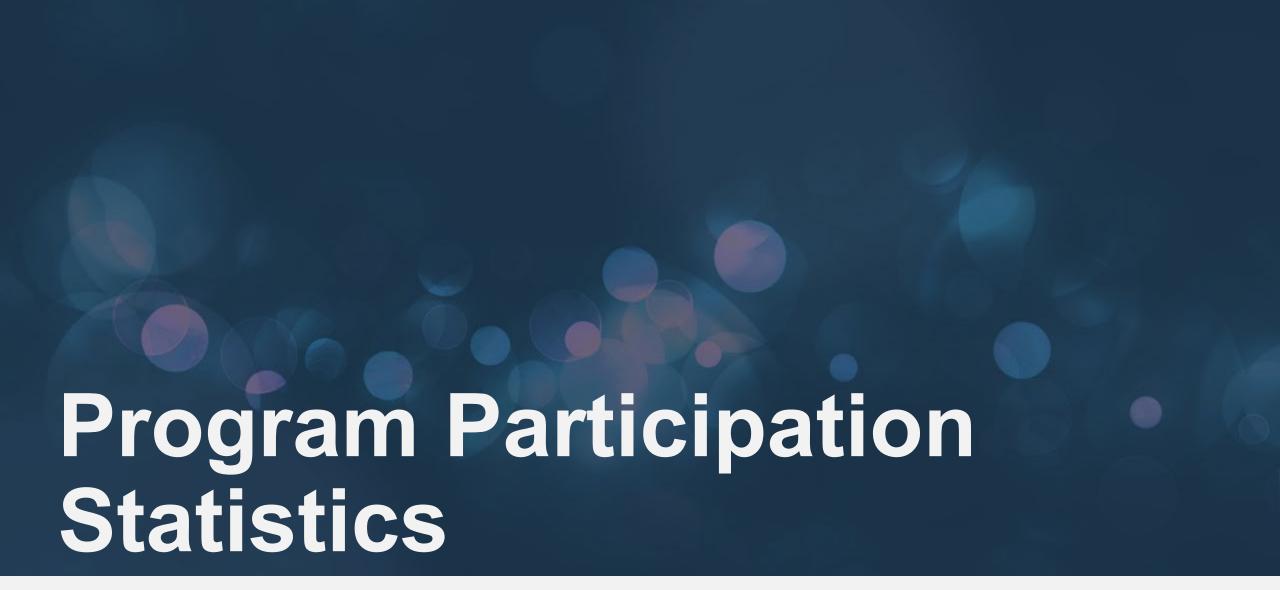
- Background
- Program Design & Statistics
- Implemented Recommendations
- Recommendations in Progress
- Recommendations Not Implemented
- Future Considerations





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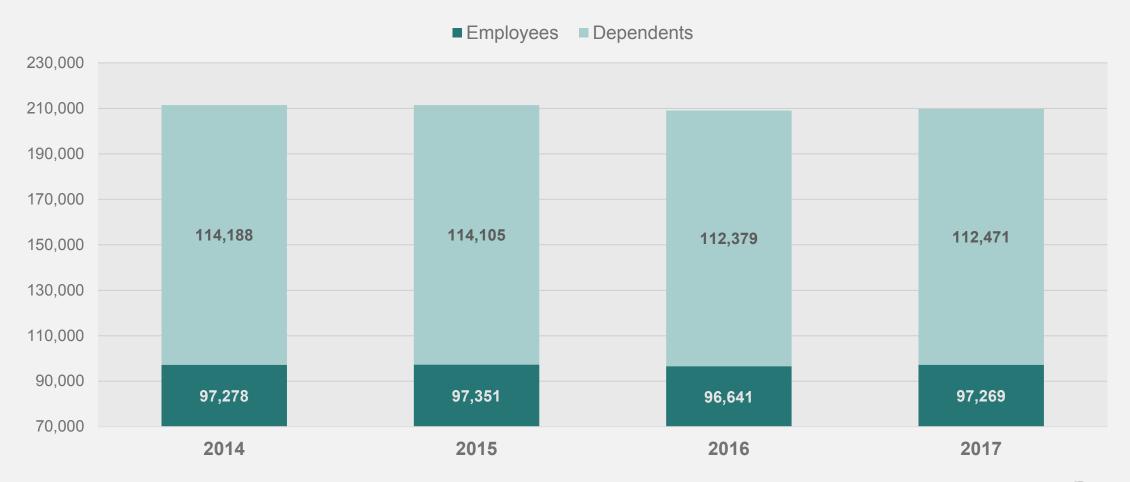




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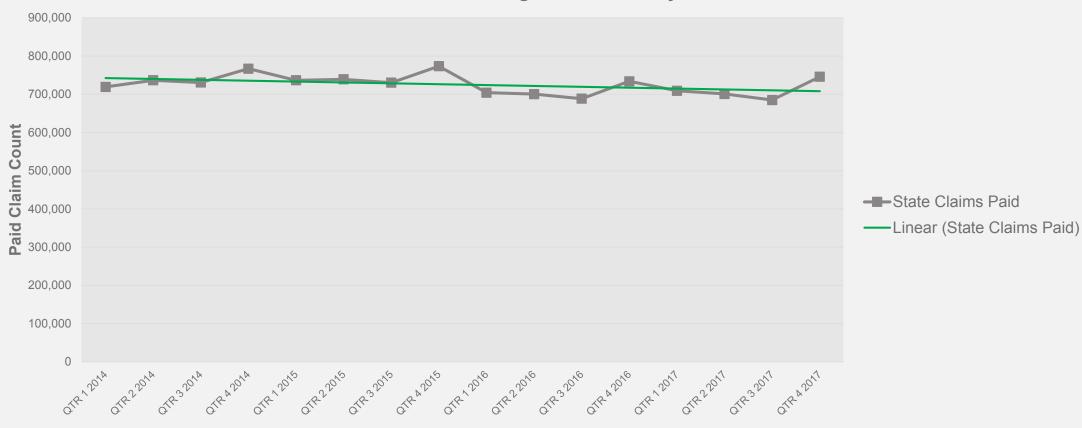
#### State Medical Enrollment



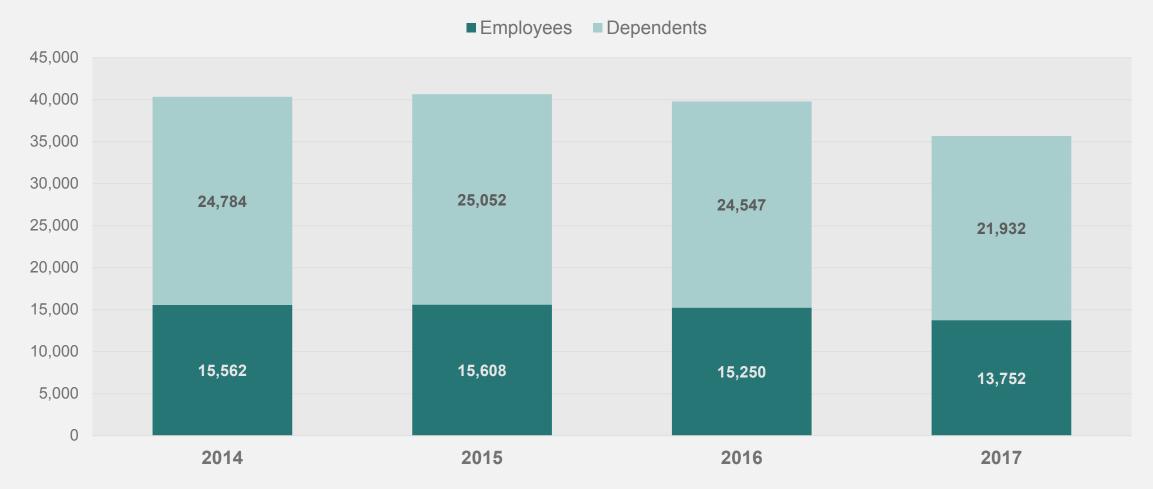


### State Medical Utilization

#### **State Medical Coverage Claims Paid by Quarter**

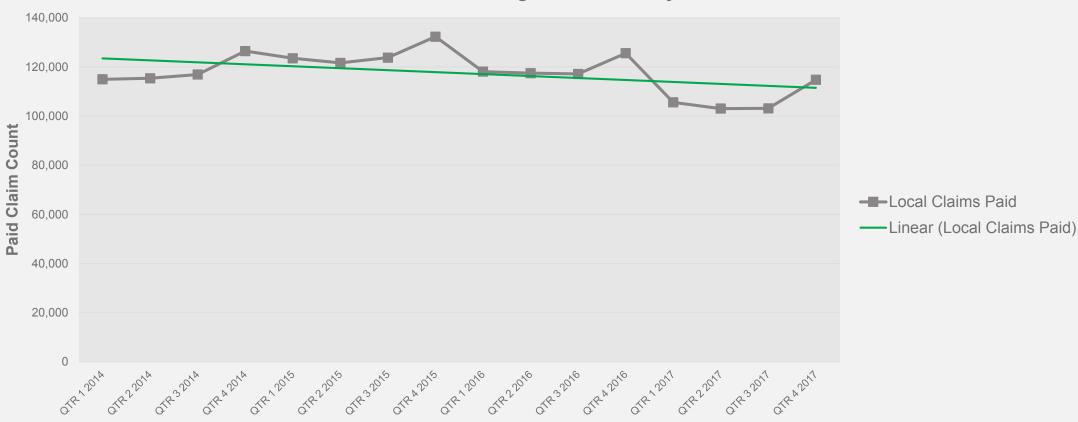


### **Local Medical Enrollment**



### **Local Medical Utilization**

#### **Local Medical Coverage Claims Paid by Quarter**



## **Total Pharmacy Utilization**





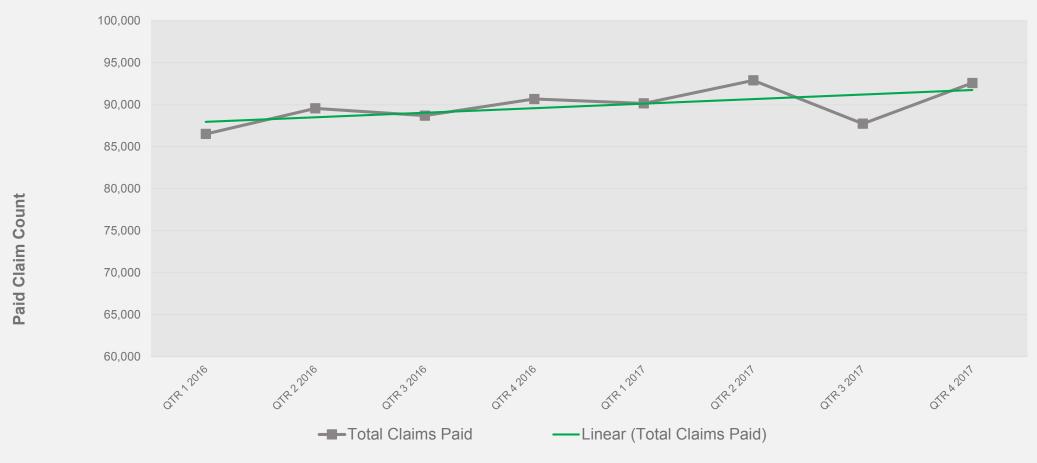
900,000

800,000

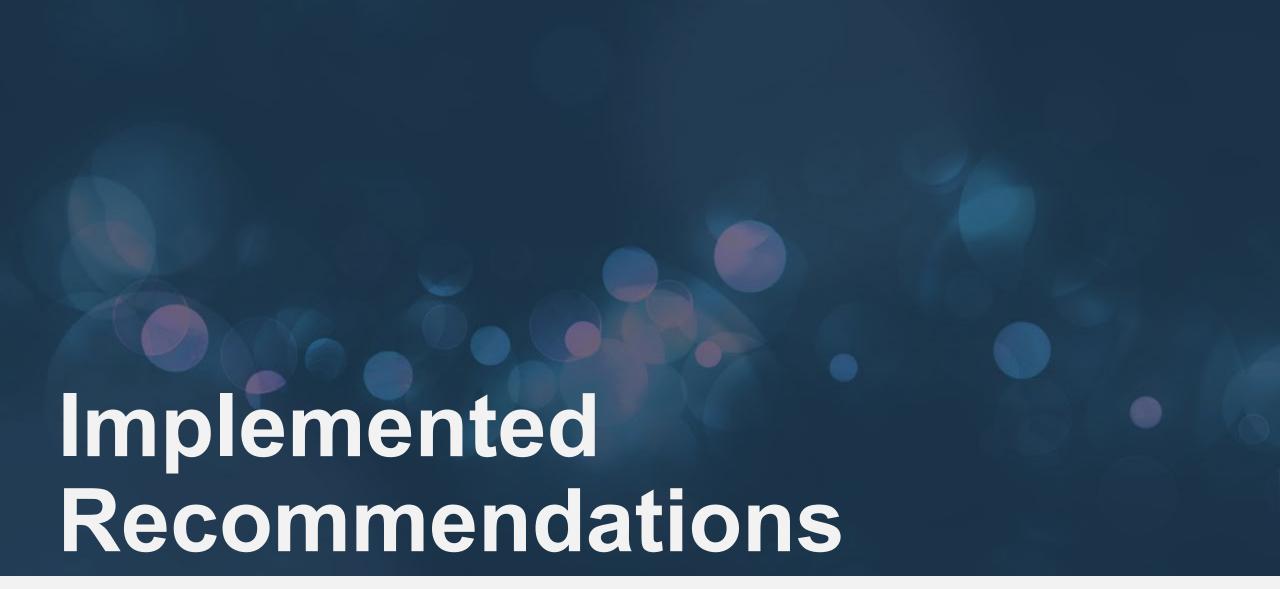
700,000

Linear (Total Claims Paid)

### **Total Uniform Dental Utilization**







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## **Benefit Changes**

#### 2016

- Added medical deductible
- Office visit copays
- Increased HSA contribution
- Increased pharmacy out-ofpocket limit
- Coinsurance for Level 2 and 3 drugs

#### 2017

No changes

#### 2018

- Added telehealth as required benefit
- Narrowed pharmacy network
- Mandatory specialty pharmacy



#### **New Resources**

2017 Sole-Source Wellness Vendor (StayWell)



2018 Data Warehouse Implementation (IBM Watson)





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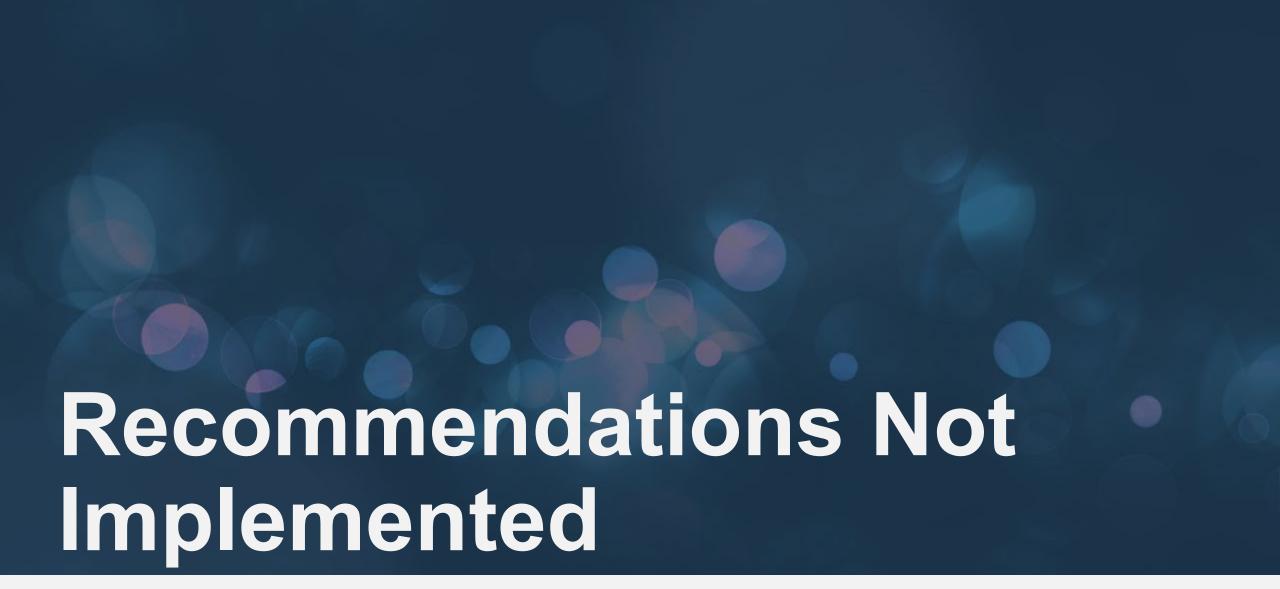
# Reporting & Analytics

- Health Plan Reporting
  - Report Cards/Quality Ratings
  - Performance Standards



# **Program Changes**

- Leveraging competitive HMO model
- First pilot programs in 2019



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# Considered, Not Implemented

- Expanding opt-out, adding surcharges
  - Challenge to quantify
  - Low uptake
- Aligning local program designs
  - Local employer feedback indicates plans are needed
- Self insurance & regionalization
  - Rejected by Joint Committee on Finance in 2017





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# Questions?