

ST. LOUIS COUNTY
HEALTH INSURANCE COMMITTEE

The St. Louis County Health Insurance Committee met on Wednesday, September 21, 2022 at 9:00 a.m. via Webex. The meeting was called to order by Gordy Halverson, Committee Co-Chair.

Members Present:	Angie Mattsen	Timothy Wade Rasch
	Heather Ninefeldt	Tom Stanley
	Jim Gottschald	Stephanie Lundgren
	Sasha Lehto	Mike McDougall
	Krista Shopp	Kevin Gray
	Kim Maki	Gordy Halverson
	Nancy Nilsen	Judy Wahlberg
	Katie Finc	

Others Present:	Jeff Coenen	Tiffany Kari
	Beth Menor	Caitlin O'Malley
	Dave Kuschel	Ben Martin
	Arnie Zopfi	Molly Hibbard
	Lori Hart	Leanne Barker
	Ben Martin	

The July minutes were approved by consensus with no requested changes.

PRESENTATIONS

1. The first item from the agenda under Presentations was the *2023 Dental Renewal* by Caitlin O'Malley with Delta Dental (0:03:30). Ms. O'Malley reviewed the renewal document for the self-insured employee dental plan. She noted the following:
 - 13.35% was the trend factor
 - 2,361 was the average enrollees, the decrease due to Teamster withdrawal
 - Corporate trend was 8.3%, a match to the Consumer Price Index and a reflection of current inflation
 - Projected claims were \$1,159,784
 - \$40.93 was the expected claims rate
 - Administration fee was \$2.23/contract/month (guaranteed through 2023)
 - Recommended rate for 2022 was \$40.74, \$41.36 was adopted
 - Recommended rate for 2023 was \$43.16
 - Delta Dental provided the employee dental plan with \$430,285 in network savings as 98.1% of dental visits during the fiscal year were in-network

2. The next item from the agenda under Presentations was *Flex Access* by Arnie Zopfi & Molly Hibbard with Prime Therapeutics (0:31:40). They highlighted the following from their handout:
 - FlexAccess works at all in-network pharmacies and provides savings to both members and healthplans
 - The FlexAccess drug list has over 400 drugs including HIV medications
 - The manufacturer coupon is redeemed via a secondary claim at the point of sale
 - Member copay under FlexAccess is a variable \$0-\$35/month
 - 50% of FlexAccess enrollees will have a \$0 copay, 45% will pay \$25 or less, and the remaining 5% will pay between \$25 and \$35 per month.
 - Member copays/experience remains the same throughout each coverage year.
 - Phase one of FlexAccess was currently underway, more medications such as diabetic medications, including insulin, will be added in future phases
 - Secondary coverage under Medicare (Parts A, B or D) and Medicaid will make member ineligible for FlexAccess, open-enrollment and ongoing communication will be needed
 - BlueCross and BlueShield of Minnesota (BCBSM) and Prime Therapeutics will engage eligible members via a letter and two outreach calls to assess current manufacturer assistance or assist member with manufacturer assistance enrollment
 - Members can opt out and revert to standard benefit design
 - Program fee is 20% of savings
 - Currently 75 members would be eligible to participate in FlexAccess, these members would generate net savings of \$694,182 in 2023 to the plan
 - Top five drugs for savings were Humira, Enbrel, Skyrizi, Stelara and Cosentyx
 - FlexAccess has dedicated staff and phone number
 - FlexAccess frequently asked questions (FAQ) are posted/available
 - All specialty medications currently being subscribed have a manufacturer coupon available
3. The next item from the agenda under Presentations was the *2023 Medical Renewal* by David Kuschel with BCBSM (1:53:40). Mr. Kuschel noted the following from his handout:
 - The renewal was based on 24 months of the most recent data through July of 2022, with the most recent 12 months weighted by 81%
 - ERG or illness burden was 1.197, almost 20% higher than similar groups
 - 7.7 rating period 1 and 9.3 are trend factors
 - There was one stop loss violation in rating period 1 which exceeded the threshold by \$62,993
 - The projected renewal year incurred claims were \$33.2 million
 - The current expected claims were \$29.5 million
 - The recommended change in rates was 12.5%

4. The next item from the agenda under Presentations was the *Auditor's Financial Report* by Nancy Nilsen, County Auditor (2:03:20). The report projected the 2022 health fund balance to be \$20,392,325, a net gain of \$1,072,419 from the year prior. The year-end projection at the prior meeting in July was \$ \$21,438,142. Ms. Nilsen commented that revenues were down and expenses up from earlier estimates. She expressed satisfaction with the financial state of the health fund.
5. The next and final item from the agenda under Presentations was the *Medicare Advantage Plan* by Lori Hart with BCBSM (2:23:30). Ms. Hart highlighted the following from her handout:
 - The current Senior Gold/MedicareBluRx offerings have richer Rx coverage compared to the Medicare open market
 - The Group Medicare Advantage Plan (launched nationally this year and in MN in 2019) offers members superior Rx coverage, similar medical coverage and the ability to live anywhere in the United States
 - SilverSneakers and Doctor on Demand are available in both Senior Gold and Group Medicare Advantage plans
 - Group Medicare Advantage offers one bill and one card whereas Senior Gold has two bills and two cards as Rx coverage must be separate by law
 - Today there are 310 members in the county's Senior Gold/MedicareBluRx G1 who will remain in this plan unless they take action to leave it
 - Today there are 290 members in the county's Senior Gold/MedicareBluRx G2 who can move to Senior Gold/MedicareBluRx G1 or migrate to Group Medicare Advantage in 2023
 - Currently, there are 549 Senior Gold/MedicareBluRx members residing in Minnesota, 22 in Wisconsin and 9 in Florida with the remaining 20 scattered among almost as many different states
 - 96% of MN providers are in the Group Medicare Advantage network
 - 95% of providers nationwide accept payment from Group Medicare Advantage plan as payment in full, the remaining 5% can balance bill
 - Value-adds in Group Medicare Advantage include \$150 eyewear allowance, hearing aids from \$499, Acupuncture for any diagnosis, home delivered meals following inpatient stay and a \$200/year in over-the-counter spending allowance
 - Group Medicare Advantage covers 100% after a \$190 Deductible for most medical services/treatments
 - Group Medicare Advantage has five drug copay tiers, all flat amounts with no percentages
 - Group Medicare Advantage 2023 monthly premium is \$321.50, this is a \$64 decrease per month for preMACRA Senior Gold/MedicareBluRx G2 enrollees and a \$46 decrease per month for postMACRA Senior Gold/MedicareBluRx G2 enrollees
 - Employer groups are quickly embracing the Group Medicare Advantage plan due to its savings and quality coverage

- Senior Gold/MedicareBlueRx G1 enrollees can move to Group Medicare Advantage effective 1/1/23 if they request and submit an application in November

OLD BUSINESS

6. There were no agenda items under Old Business

NEW BUSINESS

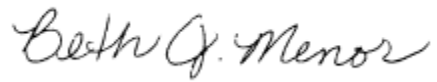
1. The first item from the agenda under New Business was *Action on dental rate recommendations* (0:10:15). Gordy Halverson, Committee Co-Chair, called for a vote and confirmed consensus on a 2% increase to the dental rate per employee per month after discussion touched on the following considerations: inflation, a decrease in claims paid last year, decrease in member count, pent up demand, low-risk insurance compared to medical, and being proactive rather than reactive with rate changes.
2. The next item from the agenda under New Business was *Action on adopting Flex Access* (01:36:15). Gordy Halverson, Committee Co-Chair, called for a vote and confirmed consensus on adopting FlexAccess effective 1/1/2023. Consensus was not achieved on adding a \$50 specialty copay. Those lacking support recognized the advantage of implementing the two actions simultaneously.
3. The next item from the agenda under New Business was *Action on adopting Hinge Health* (2:01:30). *After Ms. Menor provided a brief summary of the program and reminder of the HingeHealth presentation at the July meeting*, Gordy Halverson, Committee Co-Chair, called for a vote and confirmed consensus on adopting Hinge Health effective 1/1/23.
4. The next item from the agenda under New Business was *Action on medical rate recommendations* (2:06:20). Gordy Halverson, Committee Co-Chair, called for a vote and confirmed consensus on a 0% increase to the medical rates after discussion touched on the following considerations: current seven months of reserve, inflation pressures on employees and tax payers, fluctuating and flexible budget figures, cash reserves exceeding audit allowances, being proactive rather than reactive with rate changes, avoiding need for a large rate increase in one year, and past/present/future programs aimed at containing costs.
5. The next and final item from the agenda under New Business was *Action on replacing Senior Gold G2 with Medicare Advantage* (2:42:00). Wade Rasch, Medicare Plan Subcommittee chair, expressed the subcommittee's recommendation to replace Senior Gold/MedicareBlueRx G2 with the Group Medicare Advantage plan. Gordy Halverson, Committee Co-Chair, called for a vote and confirmed consensus on migrating Senior Gold G2 enrollees to the Group Medicare Advantage plan.

Other Business

OTHER BUSINESS

With no further business the meeting was adjourned.

Respectfully submitted,

A handwritten signature in cursive script that reads "Beth J. Menor".

Beth J. Menor
Senior Benefits Advisor