



AGENDA

State and Public School Life and Health Insurance Benefits Sub-committee ****Special Meeting ****

December 05, 2014

12:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to OrderShelby McCook, Chairman*
- II. On-Site Medical ClinicBob Alexander, EBD Executive Director*
- II. Bariatric Surgery.....Bob Alexander, EBD Executive Director*
- III. Director’s ReportBob Alexander, EBD Executive Director*

Upcoming Meetings

January 9, 2015

February 6, 2015

NOTE: All material for this meeting will be available by electronic means only asepse-board@dfa.arkansas.gov

Notice: Silence your cell phones. Keep your personal conversations to a minimum. Observe restrictions designating areas as “Members and Staff only”

**State and Public School Life and
Health Insurance Board
Benefits Sub-Committee
* Special Meeting*
Minutes
December 5, 2014**

The Benefits Sub-Committee of the State and Public School Life and Health Insurance Board (hereinafter called the Committee) met on December 5, 2014, in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, Arkansas.

Members Present

Janis Harrison
Carla Wooley-Haugen
Becky Walker
Shelby McCook - Chairman
Jeff Altemus – Vice Chairman
Dan Honey
Claudia Moran

Members Absent

Angela Avery

Bob Alexander, Executive Director, Employee Benefits Division (EBD)

Others Present

John Kirtley, Dwight Davis, UAMS; Lori Eden, Stella Greene, Ethel Whittaker, Leslie Smith, Janna Keathley, Marla Wallace, EBD; Kristi Jackson, Jennifer Vaner, ComPsych; Pam Lawrence, AHH; Sylvia Landers, Minnesota Life; Mark Watts, Nicholas Poole, ASEA; BJ Himes, Andra Kaufman, QualChoice; Wayne Whitley, Ronda Walthall, AHTD; Alicia Hayden, Connie Bennett, CTRX; Meredith Rebsamen, AG; Ashley Younger, MW; Martha Carlson, ABCBS; Steve Althoff, MTI; Jennifer Smith, ASU; Andy Davis, Arkansas Democrat Gazette; Jackie Baker, ASP; Ro Summers, Gini Ingram, ACHI; Bill Clary, H&H; Mike Mertens, AAEA; Marvin Parks, BPS; Kanita Collins, Martha Hill, Michele Hazelett, Richard Ponder

Call to Order

The meeting was called to order by Shelby McCook, Chairman

BARIATRIC PILOT PROGRAM: *by Bob Alexander, EBD Executive Director*

Alexander reported due to funding enrollment was suspended in July for the Bariatric Pilot Program. The statutory bill has been amended to only spend \$3 million on the program.

Alexander reported on the new guidelines for Bariatric Surgery. The following is the eligibility requirement:

- Only Arkansas State and Public School Employees, aged 25-55 with a BMI greater than 35 will be considered for bariatric surgery (no dependents or spouses).
- If the Employee's BMI is between 35 and 40, candidates must have co-morbid conditions, such as, cardiopulmonary disease, sleep apnea, hypertension or diabetes. **(If you are followed by your physician for, or are on medications to treat a condition, you must enroll in a Disease Management Program.)**
- The Employee under the plan **must** have been a plan participant for a **minimum** of one plan year prior to enrollment in the bariatric program.

There will also be participation Criteria as well.

Honey motioned to recommend approval for the Bariatric Pilot Program to the Board. Harrison seconded. All were in favor except Jeff Altemus.

Motion Approved

ONSITE MEDICAL CLINIC: *by Bob Alexander, EBD Executive Director*

McCook reported the onsite medical clinic was discussed at a previous Board meeting. There was a recommendation in the last meeting to discuss this with the Benefits Sub-committee before recommending to the Board.

Alexander reported the onsite medical clinic would be similar to a primary care clinic. There are a large amount of state employees in the surrounding area of the capitol. After detailed research, working with UAMS has more advantages as they are a state agency. UAMS proposal indicates there would be liability for EBD. ASE will fund the clinic as 80% of the clinic is for ASE employees only.

Walker has many concerns regarding the liability and funding. Walker inquired about the services offered to members.

Alexander reported the contract is five (5) years, reviewed annually. There is a 90-day termination clause in the contract with cost.

Honey inquired is the goal to reduce the cost of the plan? And how long will it take to see results?

Alexander reported it takes up to a year to educate members about the clinic and the services. There was a lot of research from other onsite clinics in other states. Several states opened several clinics and they are successful.

Walker inquired “do we legally have the authority to spend Trust Funds to open a business in terms of the Retirement Trust Fund”?

Wooley-Haugen, Walker, and Harrison would like to review other options or hospitals available at little or no cost.

Harrison motioned to recommend to the Board that the sub-committee is in favor of looking at an established clinic in the area, and all parties review all parameters before moving forward. Honey seconded. All were in favor.

Motion Approved

DIRECTOR’S REPORT: *by Bob Alexander, Executive Director EBD*

Alexander reported on the wellness program. We are close to reaching the goal of 100% participation. EBD is recommending the Health Risk Assessment to receive the discount for 2016 plan year,

Altemus inquired who will be required to take the Health Risk Assessment.

Altemus has concerns that spouses are not expected to take the Health Risk Assessment.

Altemus motioned to implement the Health Risk Assessment for employees and covered spouses for the upcoming plan year. Honey seconded. All were in favor.

Motion Approved

Walker recommends the committee to review all requirements of our wellness program because the EEOC is proactive in terms of protecting member rights. Private employers have recently lost many cases.

Alexander reported 1,300 ASE spouses were terminated from the program as a result of the spousal affidavit letters. Of those we received 400 affidavit letters. Colberg is tracking the members that were terminated in terms of cost.

Alexander reported on the HSA process. The law requires you to participate in an HSA if you are enrolled in a high deductible plan. Out of 13,000 letters, only 7,000 need to be mailed to members in the high deductible plan.

Meeting Adjourned

Proposed Bariatric Pilot Program Requirements as of 1/15/15

Members previously enrolled are subject to former requirements.

ARBenefits will provide coverage for bariatric surgery to include:

- A) Gastric bypass surgery
- B) Adjustable gastric banding surgery
- C) Sleeve gastrectomy surgery
- D) Duodenal switch biliopancreatic diversion

The Arkansas State and Public School Life and Health Insurance board must approve additional procedures. The surgical procedure must be pre-certified by your surgeon and supported as medically necessary by your primary care physician prior to surgery. Contact American Health Holding (AHH) at 877-815-1017, option 2.

Eligibility Criteria

1. Only Arkansas State and Public School Employees, aged 25-55, with a BMI greater than 35 will be considered for bariatric surgery (no dependents or spouses).
2. If the Employee's BMI is between 35 and 40, candidates must have co-morbid conditions, such as cardiopulmonary disease, sleep apnea, hypertension or diabetes. **(If you are followed by your physician for, or are on medications to treat a condition, you must enroll in a Disease Management Program.)**
3. The Employee under the plan **must** have been a plan participant for a **minimum** of one plan year prior to enrollment in the bariatric program.

Participation Criteria

1. Candidates must follow the enrollment procedure outlined below:
 - a) The Employee must enroll by telephone contact with the Employee Benefits Division (EBD) (877-815-1017) to be considered for Bariatric Surgery.
 - b) Contact with the coaches must be documented monthly, no less than 20 days nor more than 40 days between contacts. **(Responsibility for maintaining contact with the coach is the Employee's.)**
 - c) The Employee under the plan **must** agree in writing to comply with at least one-year post surgery, physician-supervised treatment plan, and be followed by an ARBenefits Case Manager. **Failure to comply with this requirement will result in the denial of payment for bariatric claims.**
2. A six month physician-supervised nutrition and exercise program is to include: Low calorie diet or diet program recommended specifically for the Employee by his/her physician; increased physical activity and behavior modification. The program and the member's compliance with the program must be documented in the medical records at least monthly. This supervision is required for a minimum of 6 months, and must continue monthly up to the scheduled date of the bariatric procedure. If surgery is delayed, monthly supervisory visits must be maintained and documentation provided to the plan.
 - a) Member participation in a physician-supervised nutrition and exercise program must be documented in the medical record by the attending physician who supervised the member's participation. Records must document compliance with the program and member **MUST** show a **10% or greater weight loss** in the 6 months immediately preceding the scheduled surgery. Member's weight must be documented at each physician visit.

NOTE: A physician summary letter is **NOT** sufficient

- b) Nutrition and exercise programs must be at least 6 months duration or longer and be documented. This documentation needs to accompany the request for approval. All employees will be expected to continue participation in the managed weight loss up to the date of surgery.
 - c) If the employee has one of the following conditions and is taking medications to control or address the symptoms of the condition, participation in a **Disease Management Program** listed below is required:
 - I) Asthma
 - II) Coronary Artery Disease
 - III) Congestive Heart Failure
 - IV) Diabetes, Type I and Type II
 - V) Chronic Pain
 - VI) High Cholesterol
 - VII) High Blood Pressure
3. Following surgery, the employee **MUST** enroll in and complete the **Healthy Guidance Weight Program** speaking with a Health Coach.

American Health Holding will not be able to provide pre-certification until all necessary documentation has been obtained.

- a) Documentation required for pre-certification regarding participation by an employee under the plan must be submitted by the chosen Bariatric Surgeon.
- b) Letter from the physician monitoring/supervising the weight loss prior to surgery is to include:
 - 1) Recommendation of member for bariatric surgery.
 - 2) Documentation of all possible medically related causes of obesity (such as thyroid or endocrine disorders).
 - 3) Weight History – Including all weight, exercise, dietary, and behavior modification encounters with document **10% or greater weight loss**. (In-network providers only will be covered by ARBenefits.)
- c) Records of all studies/procedures such as, but not limited to, sleep study, cardiac studies (stress test, echocardiogram, and cardiac catheterization), and operations on the stomach or intestines, hernia repair.
- d) Detailed Post-Op follow-up treatment plan signed by member and surgeon must accompany the request for pre-certification.

NOTE: This pilot will only cover the First Bariatric procedure per lifetime. (Employees who have had previous bariatric procedures are ineligible for this Pilot.)

Any and all of the above requirements may be subject to change.