

AGENDA

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

December 05, 2014

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

I.	Call to Order	John Kirtley, Chairman
II.	Approval 2015 Meeting Schedule	Bob Alexander, EBD Executive Director
III.	Bariatric Surgery	Bob Alexander, EBD Executive Director
IV.	Legislation Discussion	Bob Alexander, EBD Executive Director
V.	Director's Report	Bob Alexander. EBD Executive Director

Upcoming Meetings

January 20, 2015

February 17, 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"

1	Gold	Silver		onze	<u> </u>	Total
Actives	44,699	2,407	DIC	3,635		50,74
Retirees	3,405	30		91		3,52
Medicare	10,711					10,7
otal	58,815	2,437		3,726		64,9
evenues & Expenditur				·		
,				Current	Y	ear to Date
unding				Month	(11 months)
ate Contribution			\$	14,319,684	\$	152,835,38
nployee Contribution			\$	7,224,997	\$	79,573,19
ther			\$	25,496	\$	9,226,3
location for Active/Retir	ree Plan Year 2013		\$	2,236,667	\$	24,603,3
Total Funding			\$	23,806,843	\$	266,238,3
<u>penses</u>						
edical Expenses						
Claims Expense			\$	17,716,859	\$	172,334,7
Claims IBNR			\$	_	\$	2,100,0
edical Admin Fees			\$	1,091,490	\$	12,045,2
funds	7-1-1		\$	24,305	\$	78,3
nployee Assistance Prog	gram (EAP)		\$	56,230	\$	620,3
e Insurance			\$	54,662	\$	602,9
armacy Expenses						
X Claims			\$	7,658,451	\$	75,920,7
X IBNR			\$	-	\$	(800,0
X Admin			\$	248,754	\$	2,803,0
an Administration			\$	378,376	\$	3,657,0
Total Expenses			\$	27,229,127	\$	269,362,5
et Income/(Loss)			\$	(3,422,284)	\$	(3,124,2
alance Sheet						
ssets						
ank Account					\$	4,451,7
ate Treasury					\$	75,450,3
ue from Cafeteria Plan					\$	668,3
ue from PSE					\$	
eceivable from Provider					\$	
counts Receivable					\$	(655,9
Total Assets					\$	79,914,6
abilities						
ccounts Payable					\$	2,5
eferred Revenues					\$ \$	2,5 97,4
refred Revenues le to Cafeteria					\$ \$	7/,2
ue to PSE					\$ \$	(2
ealth IBNR					\$ \$	23,200,0
IBNR					\$ \$	2,400,0
Total Liabilities					φ \$	25,699,7
					¢ ·	
et Assets					\$	54,214,8
ss Reserves Allocated:						
	for Plan Year 1/1/13 - 12/31/13				\$	(2,236,
	s for Plan Year 1/1/14 - 12/31/14			,000,000)	\$	(25,850,0
	s for Plan Year 1/1/15 - 12/31/15 (000)		\$	(11,660,0
ctive/Retiree Premiums	s for Plan Year 1/1/16 - 12/31/16 (\$3,600,000)			\$	(3,600,0
Catastrophic Reserve					\$	(10,000,0
					\$	868,1
let Assets Available					Ф	

Arkansas State Employees (ASE) Financials - January 1, 2013 through November 30, 2013

	Arkansas State Employees (ASE) Financials - January 1, 2014 through November 30, 2014											
	G	OLD	SILVER BRONZE		ONZE	ZE GRAND TOTALS						
	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents				
Actives	23401	42801	1653	2990	2417	4591	27471	50382				
Retirees	2359	3279	27	52	64	112	2450	3443				
Medicare	8549	11316					8549	11316				
TOTAL	34309	57396	1680	3042	2481	4703	38470	65141				

REVENUES & EXPENDITURES					
			Current		Year to Date
<u>Funding</u>	<u>-</u>		Month		(11 months)
State Contribution		\$	14,346,946	\$	157,627,882
Employee Contribution		\$	7,495,913	\$	83,441,043
Other		\$	448,705	\$	10,827,217
Allocation for Actives - Plan Year 2014	<u>-</u>	\$	2,154,167	\$	23,695,833
Total Funding	<u>-</u>	\$	24,445,731	\$	275,591,975
<u>Expenses</u>					
Medical Expenses					
Claims Expense		\$	15,229,841	\$	164,377,166
Claims IBNR		\$	-	\$	1,500,000
Medical Administration Fees		\$	1,047,254	\$	12,363,612
Refunds		\$	3,766	\$	(14,653)
Employee Assistance Program (EAP)		\$	56,464	\$	618,171
Life Insurance		\$	55,014	\$	601,950
Pharmacy Expenses					
RX Claims		\$	5,715,493	\$	62,968,596
RX IBNR		\$	-	\$	(600,000)
RX Administration		\$	218,713	\$	2,670,608
Plan Administration		\$	1,724,787	\$	6,941,743
Total Expenses		\$	24,051,332	\$	251,427,191
Net Income/(Loss)	-	\$	394,399	\$	24,164,784
BALANCE SHEET					
Assets Assets					
Bank Account				\$	7,084,543
State Treasury				\$	76,105,904
Due from Cafeteria Plan				\$	709,521
Due from PSE				\$	-
Receivable from Provider				\$	-
Accounts Receivable				\$	178,848
Total Assets				\$	84,078,816
<u>Liabilities</u>					
Accounts Payable				\$	3,758
Deferred Revenues				\$	17,630
Due to Cafeteria				\$	469
Due to PSE				\$	142
Due to Federal Government (\$63 fee)				\$	3,069,904
Health IBNR				\$	24,700,000
RX IBNR				\$	1,800,000
Total Liabilities				\$	29,591,903
Net Assets				\$	54,486,913
Less Reserves Allocated:					
Premiums for Plan Year 1/1/14 - 12/31/14	(\$7,460,000 + \$9,390,000 + \$9,000,0	001		¢	(2) 15 / 1 / 7
Premiums for Plan Year 1/1/15 - 12/31/15	(\$6,260,000 + \$5,400,000)	ooj		\$	(2,154,167) (11,660,000)
Premiums for Plan Year 1/1/16 - 12/31/16	(\$3,600,000)			\$ ¢	(3,600,000)
Catastrophic Reserve	(40,000,000)			\$ •	
Net Assets Available				\$ \$	(10,600,000) 26,472,747
ITEL MODELO MANINDIE				Ą	20,4/2,/4/

Public S	School Employees (PSE) Find	ncials - January 1, 2	2013 throug	gh Novembe	r 30), 2013
	Gold	Silver	Bror	_		Total
Actives	35,053	8,282		28,000		71,335
Retirees	2,477	91		1,356		3,924
Medicare	9,311			·		9,311
Total	46,841	8,373		29,356		84,570
Revenues & Expe	nditures					
				Current		Year to Date
Funding				Month		(11 months)
District Contribution	n		\$	8,041,210	\$	88,778,027
Employee Contribu			\$	10,760,554	\$	120,098,594
Dept of Ed \$35,000			\$	3,181,818	\$	46,818,182
Other	,000 & \$10,000,000		\$ \$	15,093	\$	52,419,717
	e/Retiree Premiums for Plan Ye	ar 2013	Ψ \$	750,000	\$	8,250,000
Total Funding	e/kelilee Helfilottis tol Half Te	ui 2013	<u>φ</u> \$	22,748,675	\$	316,364,521
			<u> </u>	22,7 10,07 0	Ψ	010,001,021
<u>Expenses</u>						
Medical Expenses:			_			
Claims Expense			\$	19,486,910	\$	196,875,813
Claims IBNR			\$	-	\$	3,300,000
Medical Admin Fee	es		\$	1,074,119	\$	17,515,598
Refunds			\$	31,137	\$	1,972
Employee Assistanc			\$	80,580	\$	887,881
Pharmacy Expense	es:					
RX Claims			\$	6,253,568	\$	59,539,386
RX IBNR			\$	-	\$	(800,000)
RX Admin			\$	327,907	\$	3,642,812
Plan Administration			_ \$	268,316	\$	4,028,966
Total Expenses			\$	27,522,537	\$	284,992,427
Net Income/(Loss)			\$	(4,773,862)	\$	31,372,094
Less Reserve for 20	14				\$	(43,000,000)
Net Income (Loss) t	for 2013		\$	(4,773,862)	\$	(11,627,906)
Balance Sheet						
<u>Assets</u>						
Bank Account					\$	9,945,425
State Treasury					\$	59,094,781
Receivable from Pr					\$	-
Accounts Receival	ole				\$	5,132,770
Due from ASE				_	\$	(236)
Total Assets				-	\$	74,172,741
<u>Liabilities</u>				•		
Accounts Payable					\$	642
Due to ASE					\$	236
Deferred Revenues					\$	1,914,159
Health IBNR	•				\$	28,000,000
RX IBNR					Ψ \$	1,800,000
Total Liabilities				•	\$	31,715,037
Net Assets				:	\$	42,457,704
Less Reserves Alloc	rated:					
	emiums for Plan Year 01/01/13 -	12/31/13 /\$0 000 000	1)		\$	(750,000)
		• •	•		φ Φ	•
	emiums for Plan Year 01/01/14 -	12/31/14 (\$43,000,00	iU)		\$	(43,000,000)
•	erve (2013 - \$11,100,000)					- 41,000,004
Net Assets Availab	e			:	\$	(1,292,296)

Fifth week of claims totaled: \$5,207,370.58

	Public School Employees (PSE) Financials - January 1, 2014 through November 30, 2014											
	G	OLD	SILVER		BRONZE		GRAND TOTALS					
	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents	Employee Only	Plus Dependents				
Actives	17028	20759	5271	8190	23143	42098	45442	71047				
Retirees	1689	1949	159	176	1506	1881	3354	4006				
Medicare	9670	10595					9670	10595				
TOTAL	28387	33303	5430	8366	24649	43979	58466	85648				

REVENUES & EXPENDITURES		Current		Year to Date
Funding		Month		(11 months)
Per Participating Employee Funding (PPE Funding)	\$	8,270,763	\$	91,837,014
Employee Contribution	\$	9,799,734	\$	110,108,919
Department of Education \$35,000.000 & \$15,000,000	\$	3,181,818	\$	46,818,182
Other	\$	112,132	\$	21,671,465
Allocation for Actives - Plan Year 2014	\$	3,583,333	\$	39,416,667
Total Funding	\$	24,947,781	\$	309,852,246
Expenses Expenses				
Medical Expenses				
Claims Expense	\$	16,173,737	\$	183,836,935
Claims IBNR	\$	-	\$	-
Medical Administration Fees	\$	1,604,822	\$	17,822,312
Refunds	\$	5,857	\$	2,959
Employee Assistance Program (EAP)	\$	78,520	\$	871,289
Pharmacy Expenses	Ψ	, 0,020	Ψ	0, 1,20,
RX Claims	\$	4,144,819	\$	44,256,766
RX IBNR	\$	-	\$	(400,000)
RX Administration	\$	293,561	\$	3,500,433
Plan Administration	\$	2,279,052	\$	8,608,334
Total Expenses	\$	24,580,367	\$	258,499,028
Less Allocation for Plan Year 2015			\$	20,000,000
Net Income/(Loss)	\$	367,413	\$	31,353,218
BALANCE SHEET				
Assets				
Bank Account			\$	12,594,464
State Treasury			\$	67,204,111
Receivable from Provider			\$	-
Accounts Receivable			\$	6,247,905
Due from ASE			\$	142
Total Accels			\$	86,046,622
Total Assets			<u> </u>	
			<u> </u>	
<u>Liabilities</u>			<u> </u>	496
<u>Liabilities</u> Accounts Payable				496 -
<u>Liabilities</u>				496 - -
<u>Liabilities</u> Accounts Payable Due to ASE Deferred Revenues				-
<u>Liabilities</u> Accounts Payable Due to ASE				- - 4,177,071
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee)				-
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR				- 4,177,071 28,000,000
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR RX IBNR			\$ \$ \$ \$ \$	- 4,177,071 28,000,000 1,400,000
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR RX IBNR Total Liabilities			\$ \$ \$ \$ \$ \$	4,177,071 28,000,000 1,400,000 33,577,567
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR RX IBNR Total Liabilities Net Assets			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,177,071 28,000,000 1,400,000 33,577,567 52,469,055
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated: Premiums for Plan Year 1/1/14 - 12/31/14 (\$43,000,000)			\$ \$ \$ \$ \$ \$ \$ \$ \$	4,177,071 28,000,000 1,400,000 33,577,567 52,469,055
Liabilities Accounts Payable Due to ASE Deferred Revenues Due to Federal Government (\$63 fee) Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated:	f Educ	cation)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4,177,071 28,000,000 1,400,000 33,577,567

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

- 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.)
- 3. The Employee under the plan <u>must</u> have been a plan participant for a <u>minimum</u> 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 <u>must</u> 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).
 - 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.