

Center for Collaborative Solutions/ The CECHCR Project

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Presenters:

John Glynn

President of J. Glynn & Company

Aja Simpson

Health Benefits Consultant,
J Glynn & Company



Today's Agenda

- ◆ Timeline Review
- ◆ Year to Date Work Completed
- ◆ Recap: Provider Network Information
- ◆ Important Terms
- ◆ Plan Comparisons
- ◆ Defining Actuarial Values
- ◆ Training Review
- ◆ Important Points to Remember
- ◆ Questions

Year to Date Work Completed

- ◆ Initial Review of Original RFPs
- ◆ Request for Census Information
- ◆ Bargaining Unit Information Sessions
- ◆ RFP Cover Letters Submitted to Vendors
- ◆ RFP Supplement Submitted to Vendors

Recap: Network Disruption

	Anthem Plans (1)			Blue Shield (2)	HealthNet (3)		United (4)	Kaiser (5)
Hospital Name	PERS Choice, Select & CARE	Select HMO	Traditional HMO	Access + HMO	SmartCare HMO	Salud y Mas HMO	United Healthcare HMO	Kaiser
Number of Contacted Hospitals	76	75	76	78	45	17	15	6
Number of Contracted Physicians	37,181	10,460	9,844	11,812	7,306	4,481	3,038	8,851
Quality Index of Network (Grade Point Average)	2.6	2.6	2.6	2.7	2.4	2.2	2.4	3.7
Quality Index of Plan Carrier	63%	63%	63%	63%	65%	65%	64%	93%
Distribution of Current Mt Sac Enrollment (Active + Retirees)	36%	2%	0%	14%	1%	3%	2%	41%

Recap: Find a Provider Links

- ◆ Anthem Blue Cross (SISC)
 - <https://www.anthem.com/ca/sisc/>
- ◆ Blue Shield (SISC)
 - https://blueshieldca21-prod.modolabs.net/find_provider/

Time Line Review

Action	Purpose	Date	Progress
Committee Meeting	Establishment of Commitment and Timeline	1/8/19	COMPLETED
Committee Meeting	Network Coverage Training	2/12/19	COMPLETED
CSEA 651	Information/Update Session with Constituents	2/27/19	COMPLETED
CSEA 262	Information/Update Session with Constituents	3/7/19	COMPLETED
CSEA 651	Update meeting with CSEA leadership	3/7/19	COMPLETED
Committee Meeting	Plan Comparison Training	3/12/19	
Committee Meeting	Overall Matrix	4/9/19	
*CalPERS Preliminary Rates Released	Comparative review of CalPERS vs. Third Party Administrators 2020 Rates	5/15/15	
Go/No-Go Decision	All Mt SAC parties to make a decision on if a transition to a new Third Party Administrator with occur	May	

Important Terms to Know: *Deductible*

- ◆ Deductible is the amount of money you will have to pay out towards the cost of your health care before your insurance will begin to cover...this is separate from your co-pay and coinsurance.

Important Terms to Know: *Out of Pocket Maximums*

- ◆ Out of Pocket Maximum (OOP) – the maximum out of pocket expenses you will pay towards the cost of your medical expenses. Anything exceeding this amount will be covered at 100% by the insurer depending on plan terms.

Important Terms to Know: *Co-Pay vs. Co-Insurance*

- ◆ Co-Pay - a fixed amount you pay for a health care service, usually when you receive the service. The amount can vary by the type of service. You may also have a copay when you get a prescription filled.
- ◆ Co-Insurance – a percentage of the cost for a health service or prescription drug paid by the member.
(Characteristic of PPOs)

Pharmacy Benefit Manager

CalPERS

- ◆ 10 carrier options
- ◆ HMO and PPO options
- ◆ PBM*: BS Access+ utilizes CVS/Caremark, all other plans except Kaiser utilize Optum Rx

SISC/CVT

- ◆ Anthem, Blue Shield and Kaiser carrier options
- ◆ HMO and PPO options. *** HealthNet, United Healthcare and Sharp are unavailable through SISC and CVT so provider availability search will be necessary*
- ◆ **All **SISC** plans except Kaiser utilize Navitus Rx PBM*
- ◆ **All **CVT** plans except Kaiser utilize CVS/Caremark*

**PBM is a Pharmacy Benefit Managers, which is the entity that manages pharmacy benefits.*



Important Note: In the event that a vote is made in favor of changing plan administrators, members who are on medications to treat chronic conditions should be encouraged to request 90-day refills of their recurring medications BEFORE initiating plan administrator changes.

Understanding Actuarial Value

◆ What is Actuarial Value (AV)?

- A measure of the degree of quality of the plan as it relates to costs to the member.

For example, a plan with a 70 percent actuarial value would be expected to pay, on average, 70 percent of a the member's expected medical expenses for essential health benefits. The individuals covered by the plan would be expected to pay, on average, the remaining 30 percent of the expected expenses in the form of deductibles, co-payments, and coinsurance.



Plan Comparison

- ◆ **Insert AV comparison table (john)**

*****Blue Shield Access Plus is the only HMO with a self referral Option***

Important Points to Remember

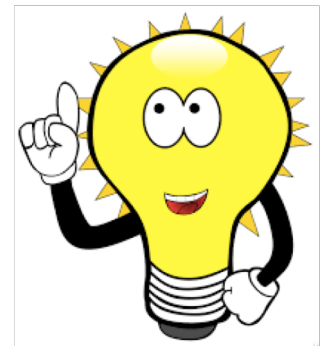
- ◆ Plan Administrators may vary, but plans do not (ex. [Kaiser-CalPERS] vs [Kaiser-Other Pool])
- ◆ CalPERS administers Health, Retirement and Death Benefits. A potential plan transition ONLY impacts the health benefit.

Knowledge Checkpoint



Review

- ◆ Terms to Know
- ◆ Important Points to Remember
- ◆ Plan Comparisons



The slide features a decorative design with a vertical stack of thin green lines on the left side. A thick green horizontal bar spans the top, with a lighter green vertical bar extending downwards from its left end. Another thick green horizontal bar is positioned below the word 'Questions?', with a lighter green horizontal bar extending to the right from its end.

Questions?

Thank You &
Stay Healthy!

