



AGENDA

State and Public School Life and Health Insurance Board Quality of Care Sub-Committee Meeting

July 14th, 2020

1:00 p.m.

EBD Board Room – 501 Building, Suite 500

- I. Call to Order.....Dr. John Vinson, Chair*
- II. Approval of June Minutes.....Dr. John Vinson, Chair*
- III. COVID Update.....Elizabeth Montgomery & Mike Motley, ACHI*
- IV. Director's ReportChris Howlett, EBD Director*
- V. Adjournment.....Dr. John Vinson, Chair*

Upcoming Meetings

August 11th, September 15th, October 13th

NOTE: All material for this meeting will be available by electronic means only.

Notice: Please silence your cell phones. Keep your personal conversations to a minimum.

State and Public School Life and Health Insurance Board

Quality of Care Sub-Committee Minutes

July 14, 2020

Date | time 07/14/2020 1:00 PM | Meeting called to order by Dr. John Vinson, Chair

Attendance

Members Present

Dr. John Vinson – Chair
Michelle Murtha
Dr. Arlo Kahn
Cindy Gillespie – proxy – Damian Hicks
Margo Bushmiaer – Vice-Chair – proxy – Christine Duellman RN
Dr. Terry Fiddler
Dr. Appathurai Balamurugan
Pam Brown – proxy – Nikki Wallace
Chris Howlett, Employee Benefits Division (EBD) Director

Members Absent

Zinnia Clanton

Others Present:

Rhoda Classen, Terri Freeman, Theresa Huber, Mary Massirer, EBD; Elizabeth Montgomery, Mike Motley, ACHI; Takisha Sanders, Jessica Akins, HA; Micah Bard, Octawia DeYoung, UAMS EBRx; Kristie Banks, Mainstream; Nima Nabavi, Amgen; Sidney Keisner, UAMS; Daniel Faulkner; Alan Whitley; Jim Musick, GSK; Brent Flaherty, Medimpact; Ronda Walthall, ARDOT; Gary Behrens, Sanofi; Frances Bauman, Novo Nordisk; Donna Morey, ARTA; Geoffery Becker, Medtronics; Treg Long, ACS; Lauren Brakebill

Approval of Minutes: *Dr. John Vinson, Chair*

MOTION by Dr. Kahn

I motion to approve the June 9, 2020 minutes.

Duellman seconded. All were in favor.

Minutes Approved.

COVID Update: *Elizabeth Montgomery & Mike Motley, ACHI*

Montgomery and Motley presented ongoing analyses regarding COVID-19 impact on the plan, reviewed preliminary output on COVID-19 drug treatment utilization within the plan, assessed preliminary output on COVID-19-related telemedicine utilization within the plan, and presented analyses regarding COVID-19 financial impact on the plan.

Discussion:

Positivity Rate

Dr. Fiddler: Is Mike going to speak on the positivity rate, or will that even be discussed?

Montgomery: I don't know that we have pulled the positivity rate, but that is something that we can follow up with.

Dr. Fiddler: Do you know how the positivity rate is developed in Arkansas?
Dr. Vinson: Would it be 942 divided by 19,100 from slide 14, or is that too simple?
Dr. Fiddler: That's too simple.
Motley: We are currently working on the total number of tests among members, and what is reported here is total members ever tested. The reason why we have reported that is because it is a little challenging to link members with 100% confidence. We can do that for a lot of them, but not every single one.
Dr. Fiddler: I assume that there are different groups that are doing the different testing services, and I wanted to make sure that they are all in acuity. If there is are three testing services that Arkansas uses for our analyses, and they are all put together to find out what the actual positivity rate is for our membership. I'm asking because there was one done in Florida last week, and it showed that there was a 98% positivity rate. Well, nobody tests 98%, and as it turned out, it was a 9.4%, but it went on the National COVID analysis at 98%. So, if we have just one group that does our membership, that's fine, but if we have multiple groups, I want to make sure that they are all coordinated together so that we get the actual number. I think there has have been more than 19,000 tested.

Treatment Updates

Dr. Fiddler: I know physicians are still using hydroxychloroquine, but if they don't turn that in to being used on our membership, even though the members get it, you have no way of knowing that data. Is that correct?
Motley: Yes, if we don't have a claim for it, we wouldn't see it. Everything you are seeing here corresponds to a claim in the pharmacy data. We did look at the spending related to this and members are paying the vast majority.
Dr. Vinson: The FDA reversed their approval for emergency use authorization, so it's not available through the strategic national stockpile anymore. So, there wouldn't be any coming through the Department of Health or the strategic national stockpile that wouldn't be captured by the claims data moving forward. Because it is a generic drug, it's not likely to be purchased and dispensed directly from a physician to a patient, because there's not going to be samples out there in sample closets. I'm not saying it doesn't happen, but it would not be very many.
Dr. Fiddler: If they are already hospitalized and being administered by the hospital and the amount of hydroxychloroquine that has been stockpiled in these hospitals are used, that would not come up on our graph. Is that not correct?
Dr. Vinson: Yes, none of this would capture hospital data because these are all community pharmacy prescriptions and assuming that most of those in January and February were patients that were being treated with rheumatoid arthritis or lupus and nothing to do with COVID and probably in April and May the majority of those are the same thing. Even though the numbers are slightly higher than January and February, they're not hundreds higher like they were in March.

Hospitalization Costs

Dr. Vinson: It would be interesting to know if EBD, through its medical benefit, pays the diagnosis-related group basis where the meds are built into a DRG or do we pay more like a fee for service. How does the hospital payment work for this plan? Will it get that granular, or is it more of a bulk payment made where everything is inclusive?
Wallace: I can't give you that answer, but I can check to see.

- Motley: We can investigate that as well and take any feedback from Nikki, as well. That is certainly something we can look into, it's somewhat of a challenge, but it wouldn't be the first time with something like that.
- Dr. Vinson: I was just curious as at a high level.
- Howlett: When it comes to the drugs, they can actually get their stuff on their own, but inpatient stays would be based on DRG.
- Dr. Vinson: Back to Dr. Fiddler's question, you wouldn't be able to see that granular if they are reimbursing on a DRG, because there's just the bulk payment made based on the complexity of the patient.

Related Costs

- Duellman: Whenever they have associated costs with the day of testing, at that point, there is not a diagnosis of COVID. Is that correct? Then they have to key it as such later on and go back. How is that determined?
- Motley: I will have to come back to you with an answer on that. We didn't look specifically on the day of the test.
- Duellman: I was wondering about the cost related to testing and assessments. What are the criteria for that? Are they going in with enough symptoms to where they need criteria for testing, and these are the numbers just for that?
- Motley: We did not exclude anyone that we could see a claim for a test, and we included all of the CPT codes and other for the COVID-19 diagnostic tests. We did not restrict on any kind of symptomatic criteria.
- Dr. Vinson: Have you had any employees reaching out with a receipt where they paid cash for a COVID test and asking for help getting a reimbursement due to providers either not enrolled or not able to do insurance?
- Howlett: No, we have not had any issues with providers or facilities being able to bill the plan.

Director's Report: *Chris Howlett, EBD Director*

Howlett stated that we have been working on operational pieces relative to COVID and the normal plan admin role as far as the claim to adjudication membership and getting ready for open enrollment in the fall. We are very thankful for the partnership with Mike, Izzy, and ACHI related to the COVID testing. We will take some of the questions from today and be able to prepare that back to a response for you, but there are some nuances that we are unable to capture. As we were looking at how to extrapolate some of the information, looking at the price and cost, we feel just from an estimated standpoint that total exposure, we could have up to a million and a half dollars come into play. Once that information comes available, we will get that back to this committee.

MOTION to adjourn by Dr. Fiddler

Dr. Khan seconded. All were in favor.

Meeting Adjourned.

JULY 2020 QUALITY OF CARE SUBCOMMITTEE PRESENTATION

Mike Motley, MPH
Director, Analytics

Izzy Montgomery, MPA
Policy Analyst

7.14.2020

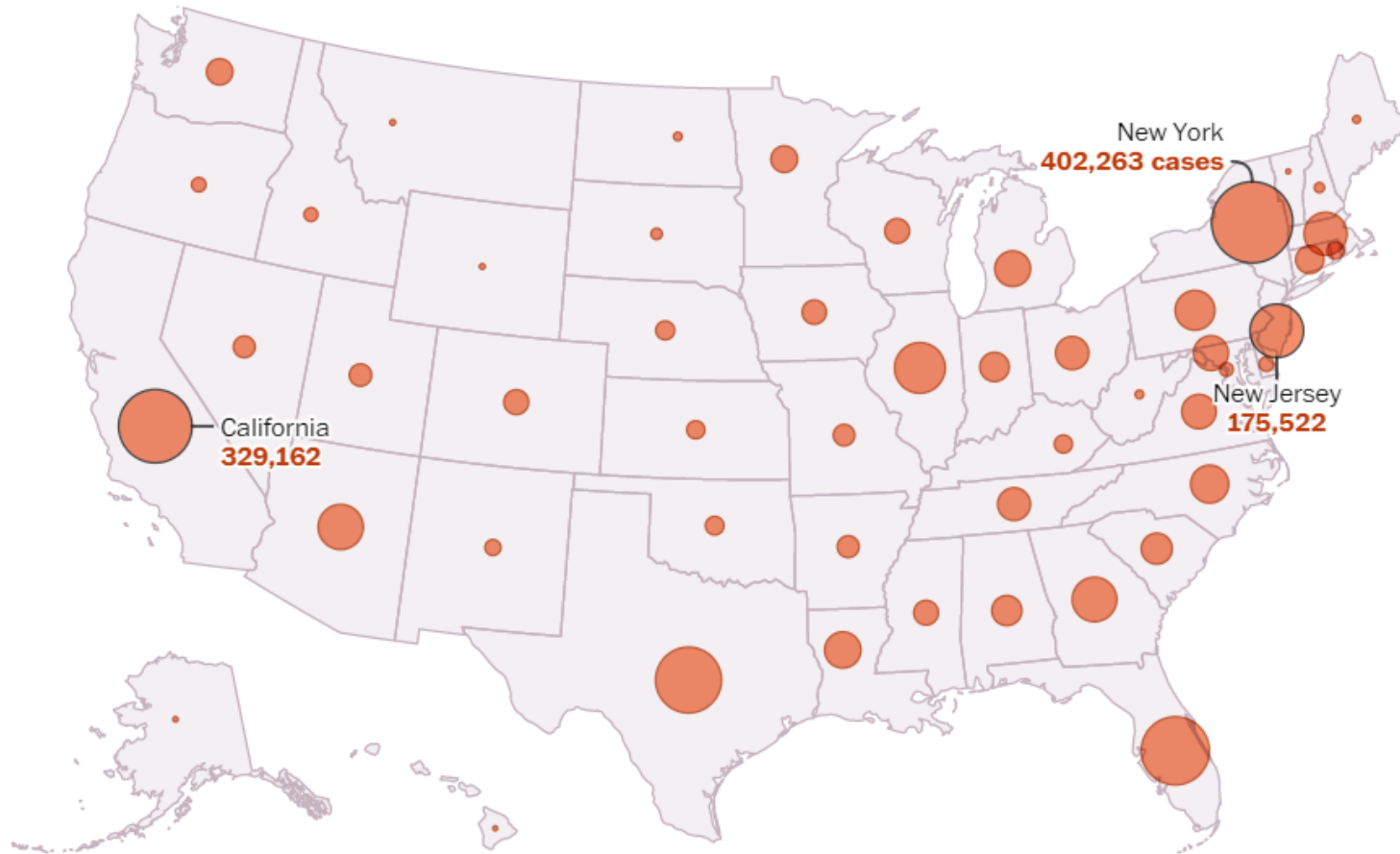


OBJECTIVES

- Present ongoing analyses regarding COVID-19 impact on plan
- Review preliminary output on COVID-19 drug treatment utilization within plan
- Assess preliminary output on COVID-19-related telemedicine utilization within plan
- Present analyses regarding COVID-19 financial impact on plan



COVID-19: CONFIRMED CASES & DEATHS IN U.S.



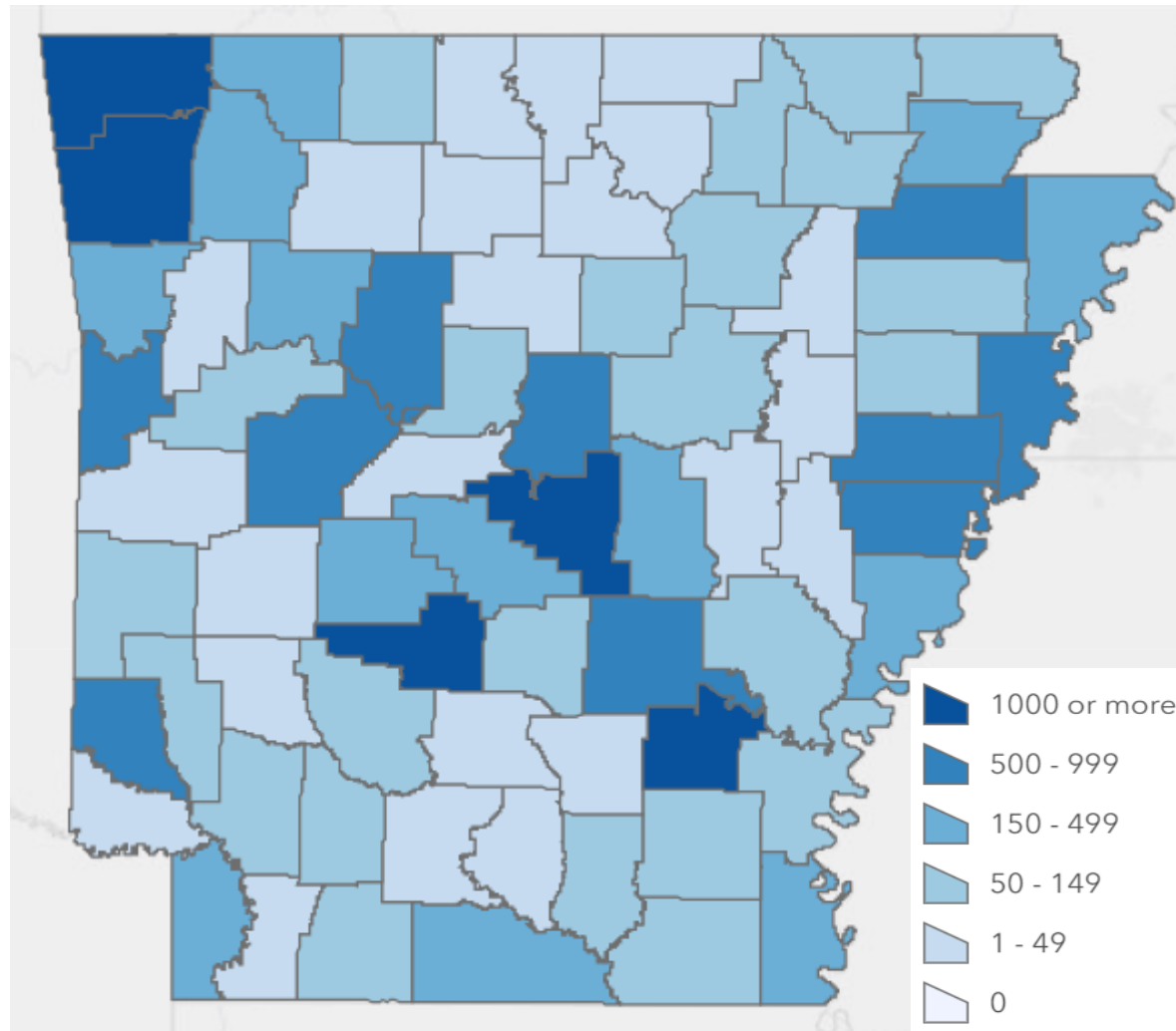
At least
3,348,000
confirmed cases

At least
132,000
reported deaths

Sources: Washington Post and Johns
Hopkins University, as of July 14



COVID-19: CONFIRMED CASES BY AR COUNTY



Cumulative Cases:
28,939 (6,510 active)

Source: Arkansas Department of Health, as of July 14



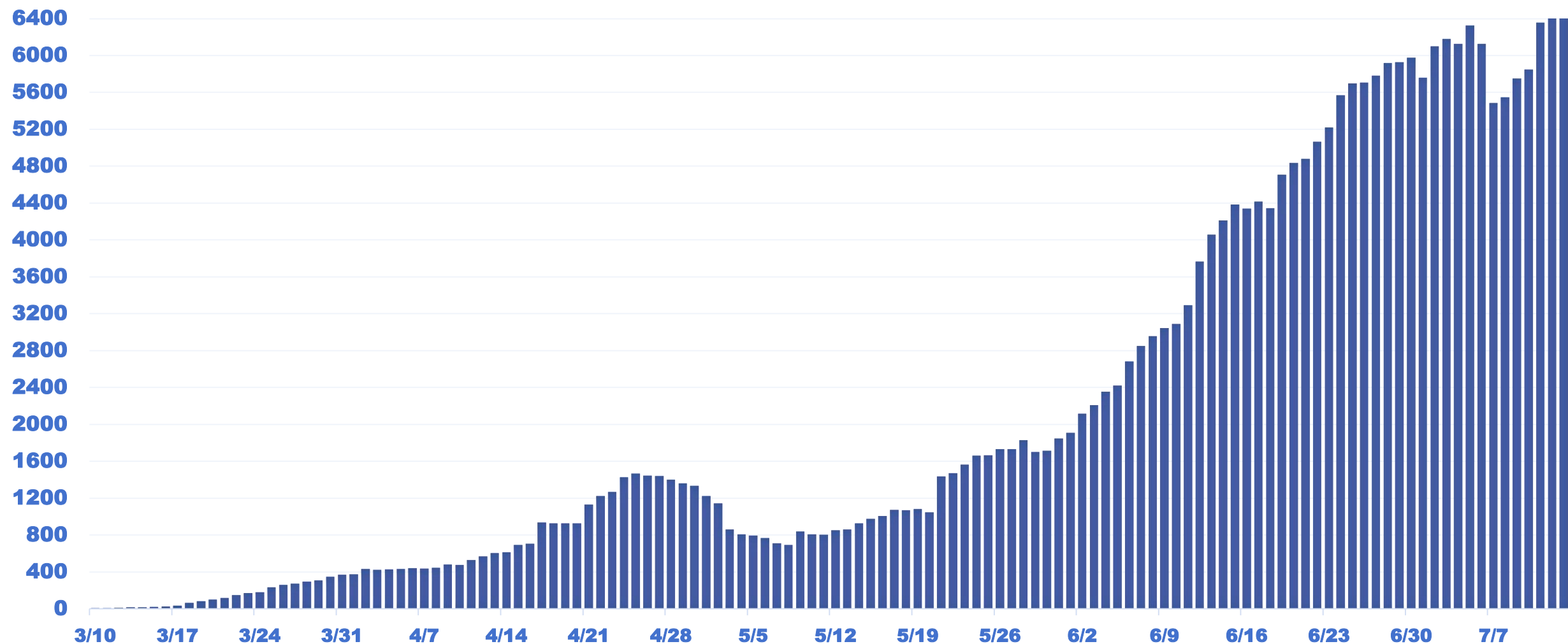
ADDITIONAL COVID-19 STATEWIDE STATISTICS

- Hospitalized: 439
- On Ventilator: 89
- Deaths: 323

Source: Arkansas Department of Health, as of July 14

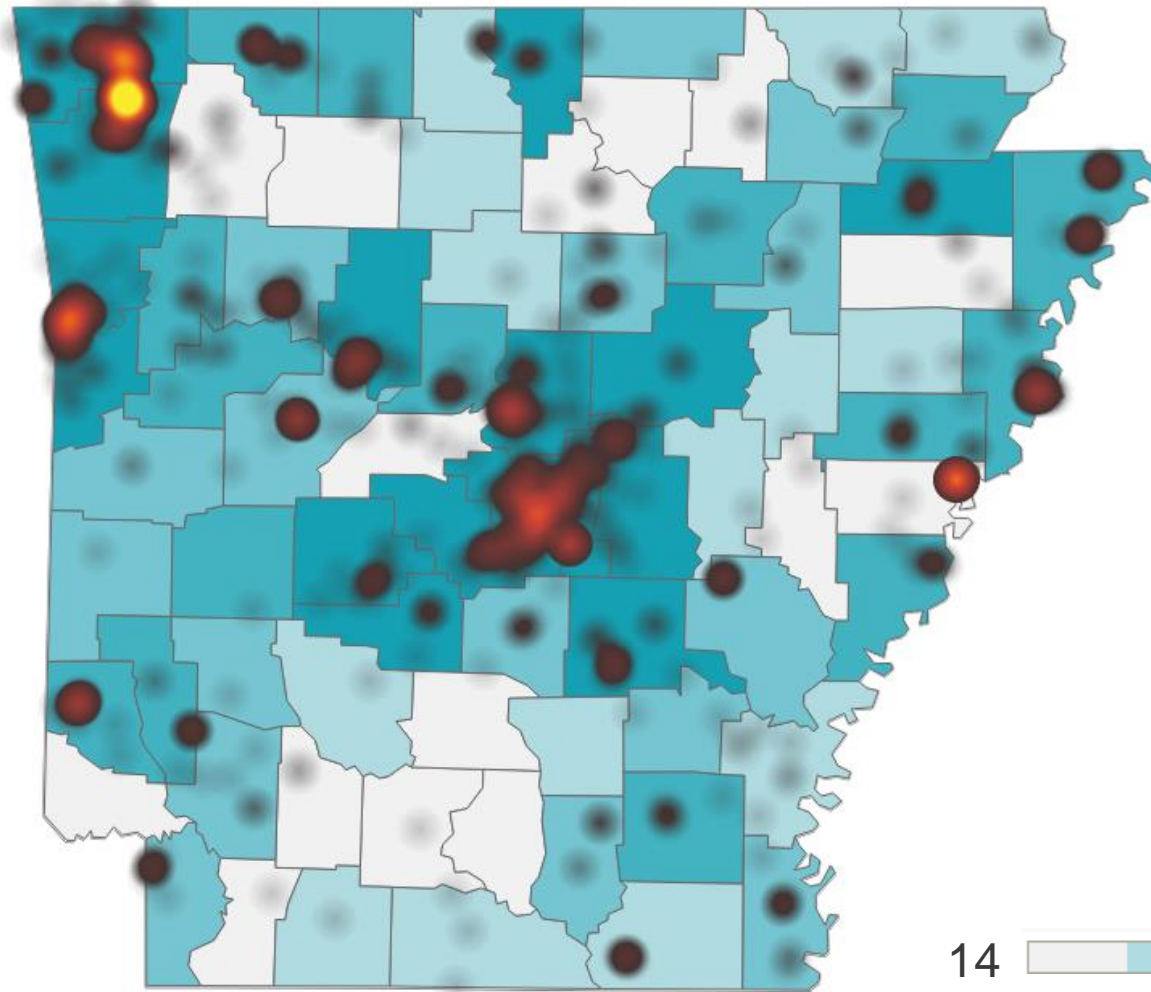


DAILY ACTIVE COVID-19 CASES



Source: Arkansas Department of Health

WEEK 26: POSITIVE CASES AND NUMBER OF TESTS



Week beginning:
June 28, 2020

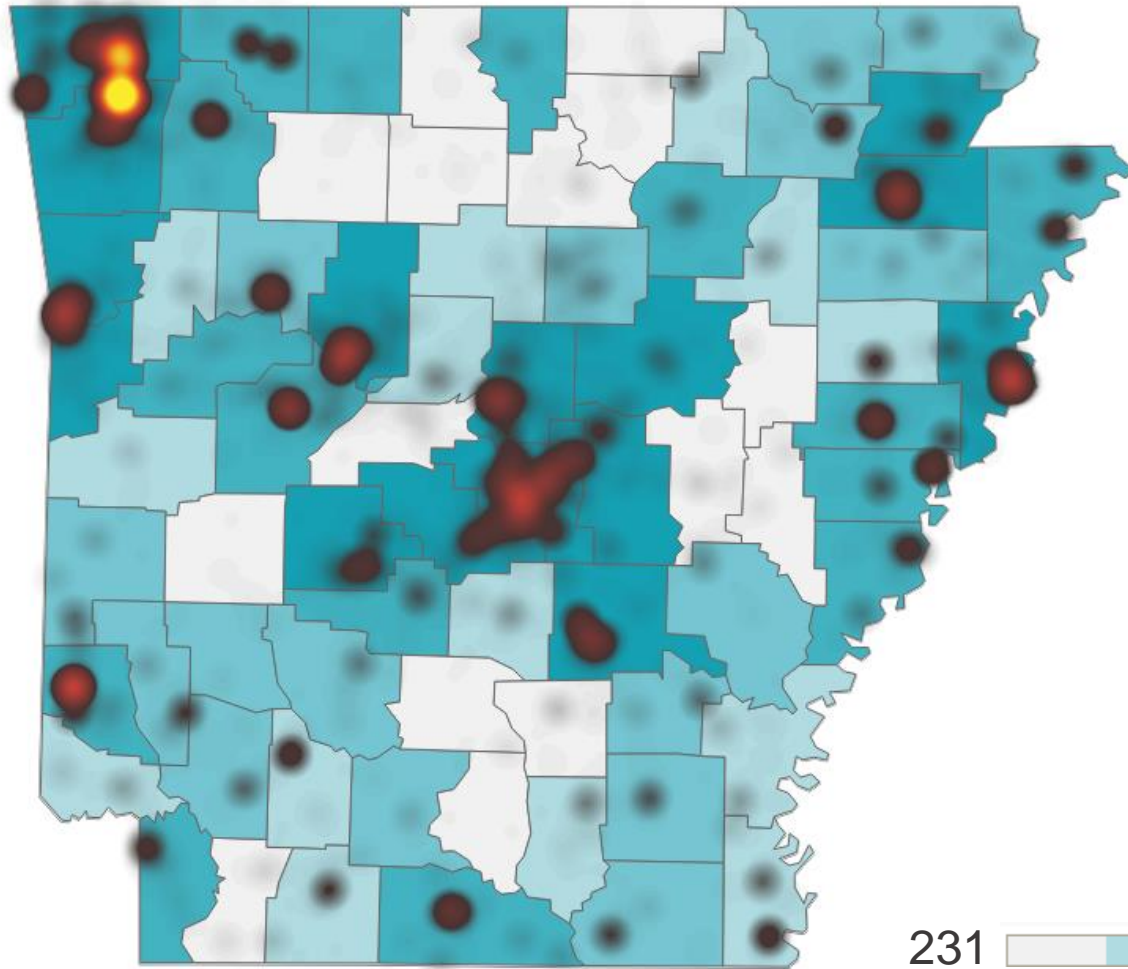
Notes: Excludes jail, not
cumulative

Partial week

14  3,122



ALL: POSITIVE CASES AND NUMBER OF TEST



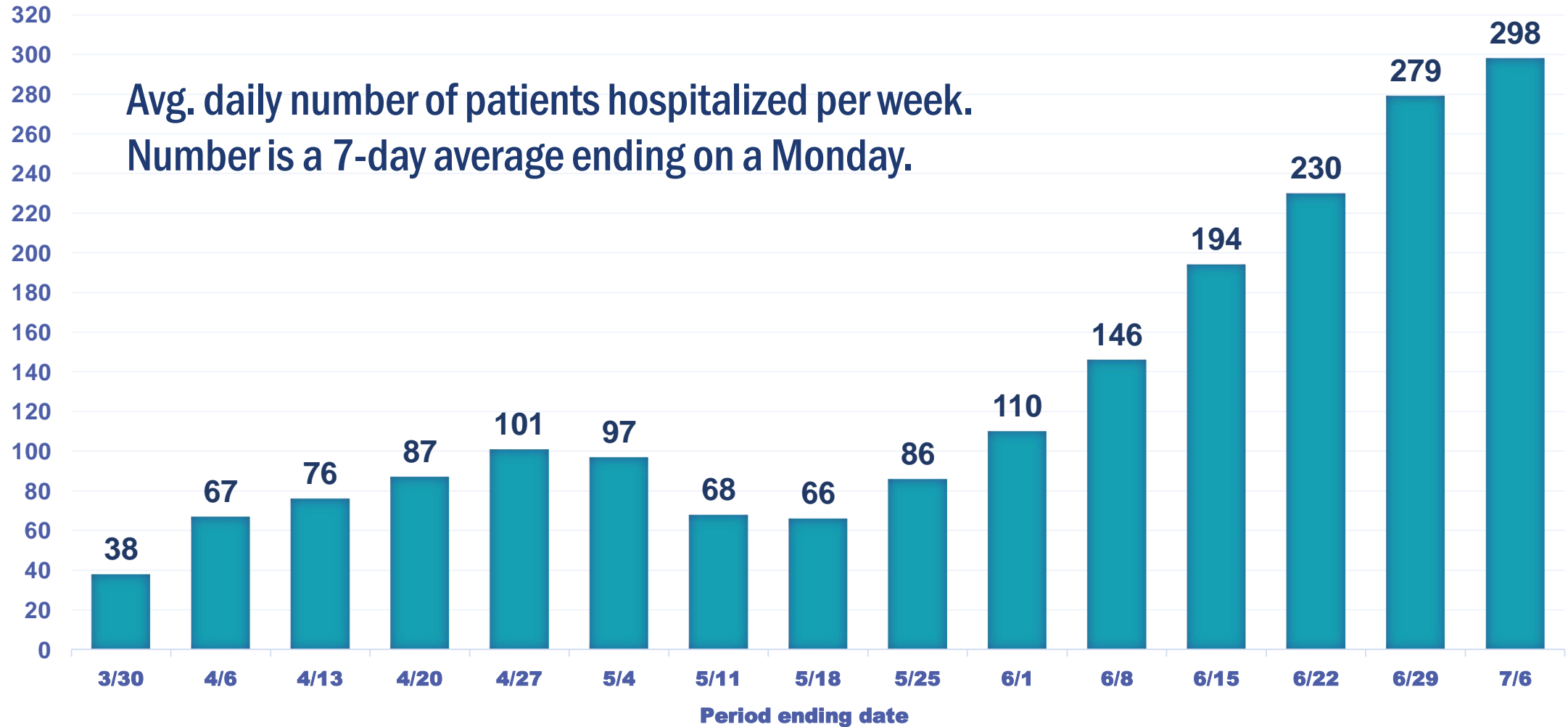
Cumulative

Notes: Excludes jail

231 28,898



COVID-19 HOSPITALIZATIONS IN ARKANSAS

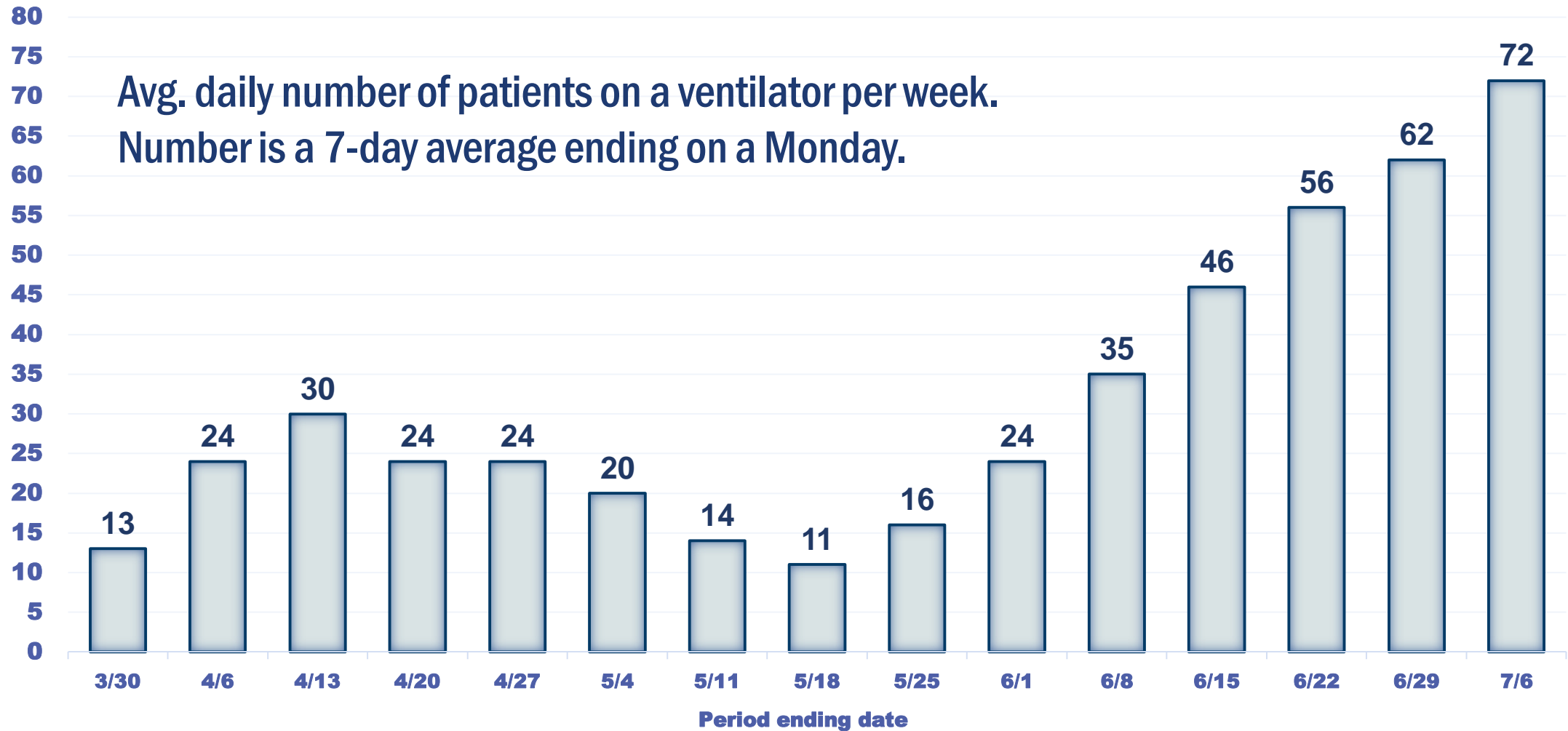


ADH ANALYSIS OF ARKANSANS HOSPITALIZED WITH COVID-19

- Information presented at July 1 press conference
- Of the 1,300 ever hospitalized (at that time):
 - 860 were discharged (66.2%)
 - 263 were still hospitalized (20.2%)
 - 177 died (13.6%)



COVID-19 PATIENTS ON A VENTILATOR IN ARKANSAS



ADH ANALYSIS OF ARKANSANS ON VENTILATORS WITH COVID-19

- Information presented at July 1 press conference
- Of the 203 ever on a ventilator (at that time):
 - 94 died (46.3%%)
 - 57 were taken off a ventilator (28.1%)
 - 52 were still on a ventilator (25.6%)



COVID-19 PLAN IMPACT

- ACHI has worked with Arkansas Department of Health to obtain COVID-19 data
- Developing analyses to determine ongoing impact of COVID-19
- Analyses today include updates on estimated number of members tested, number of positive tests, and number of hospitalizations



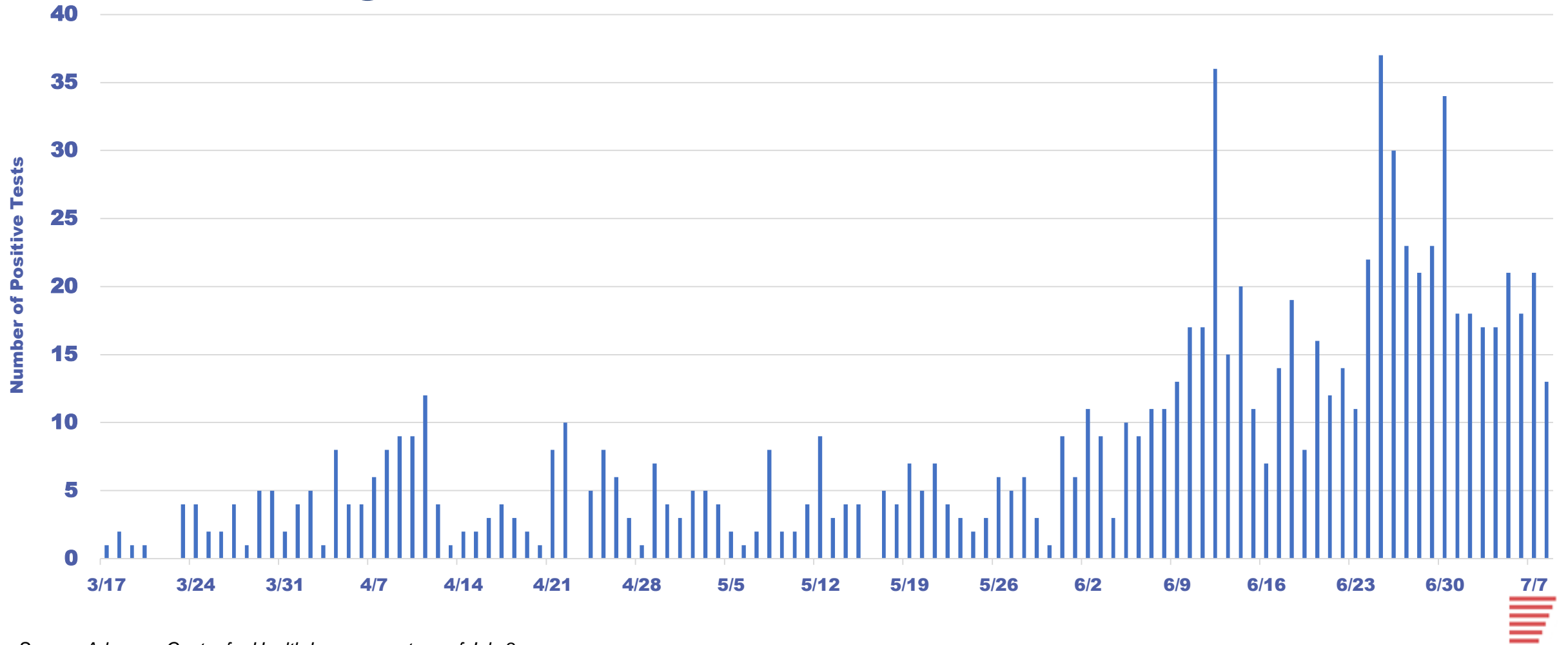
COVID-19 ANALYSES

- Data from March 17 through July 8, 2020
- Estimated total number of members ever tested: 19,100
- Total number of members with positive test: 942
- Total number of members ever hospitalized: 66
- Total numbers of members ever in ICU: 28
- Total number of members ever intubated: 10

Source: Arkansas Center for Health Improvement, as of July 8

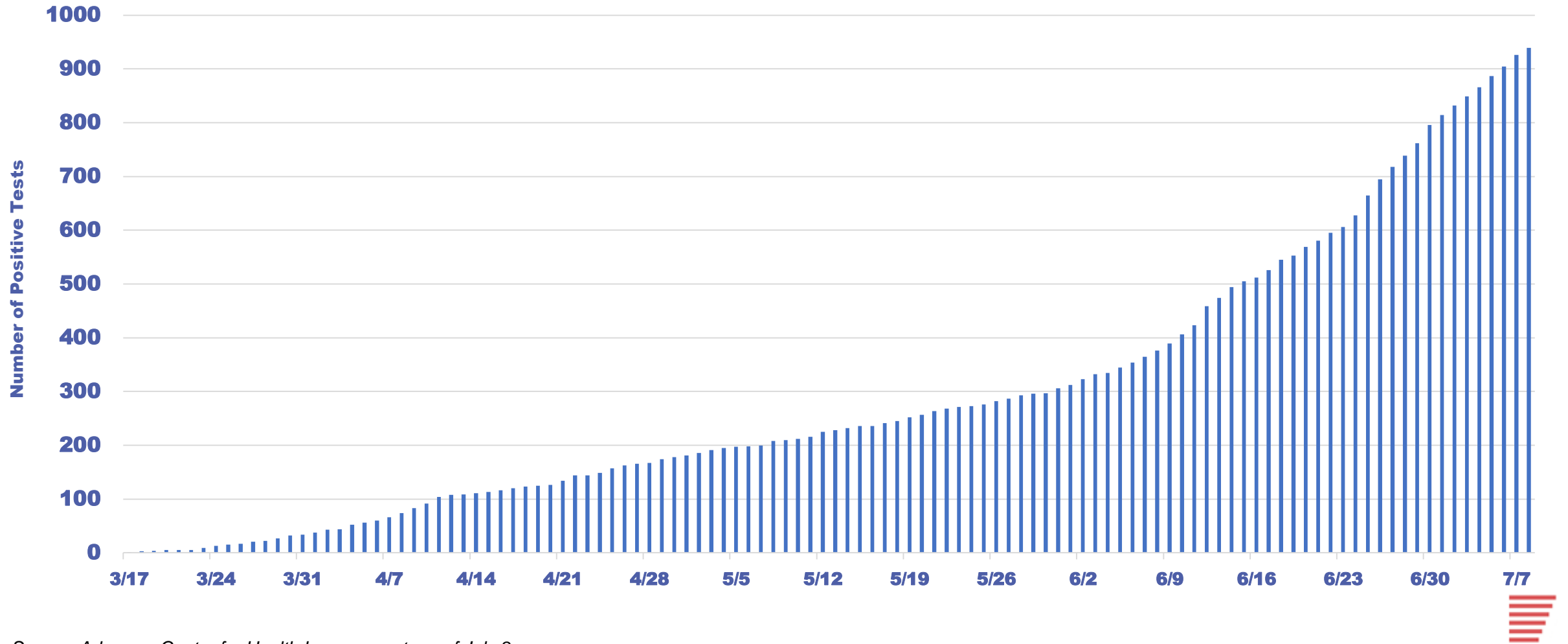


DAILY POSITIVE TEST COUNT AMONG EBD MEMBERS



Source: Arkansas Center for Health Improvement, as of July 8

CUMULATIVE POSITIVE TEST COUNT AMONG EBD MEMBERS



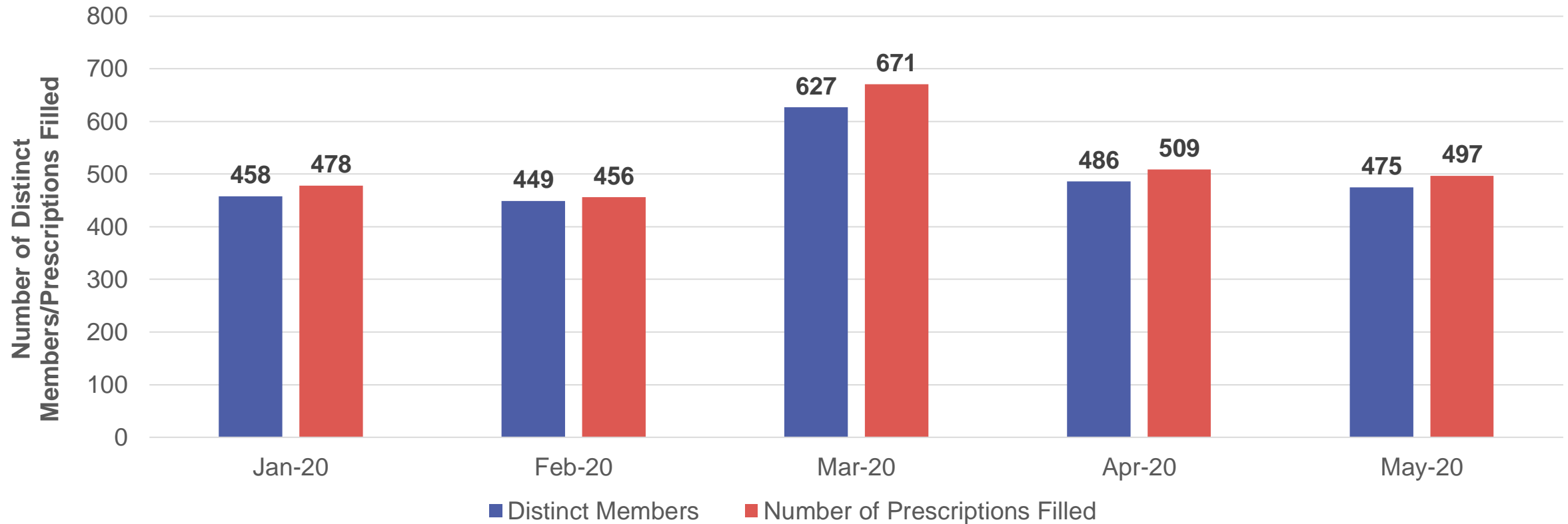
Source: Arkansas Center for Health Improvement, as of July 8

COVID-19 TREATMENT UPDATES

- Convalescent plasma
- Remdesivir
 - Update: U.S. insurers will pay \$3,120 for 5-day course
- Hydroxychloroquine
- Dexamethasone



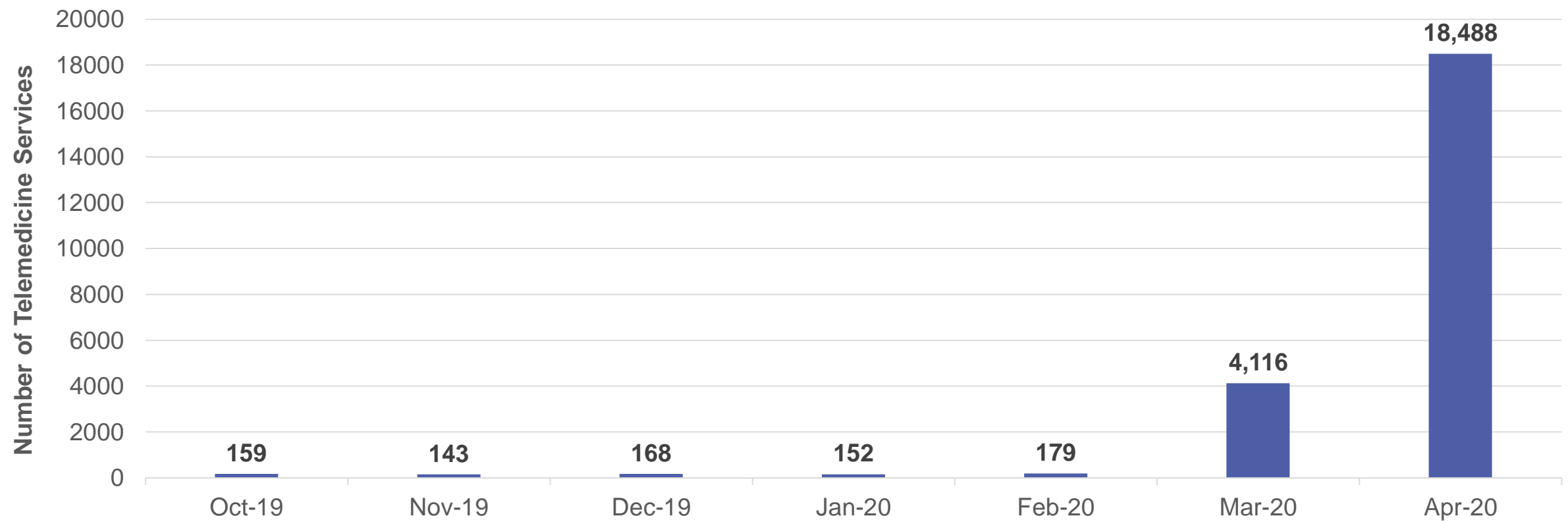
HYDROXYCHLOROQUINE UTILIZATION WITHIN PLAN (JAN. 2020 – MAY 2020)



Source: Arkansas Center for Health Improvement



TELEMEDICINE SERVICE UTILIZATION WITH PLAN (OCT. 2019–APR. 2020)



Source: Arkansas Center for Health Improvement



EBD PLAN PAID AMOUNT FOR TELEMEDICINE SERVICES (OCT. 2019– APR. 2020)



Source: Arkansas Center for Health Improvement



COVID-19 FINANCIAL IMPACT ASSESSMENT

In addition to tracking COVID-19 positive tests, hospitalizations, and number of members tested, ACHI is also assessing financial impacts to plan:

- Costs of COVID-19 related hospitalizations
- Related costs for all members with a positive test result
- Costs to the plan for testing and related assessments
- Additional costs related to expanded telemedicine utilization



COVID-19 FINANCIAL IMPACT ASSESSMENT

- To assess financial impact, ACHI is linking claims data to ADH COVID-19 data
- Current plan claims data available to ACHI is as current as May 20, 2020
- Current analyses includes total costs for members with a positive test and for members with a related hospitalization
- Analyses also include costs of testing (molecular) and related assessment visits



COVID-19 HOSPITALIZATION COSTS

- Due to 6-month timely filing requirements and necessary claims run-out periods, costs analyses specific to all hospital stays are not available at this time
- ACHI will update hospitalization-specific cost analyses as more claims experience becomes available



COSTS RELATED TO TESTING AND ASSESSMENTS

- Through May 21, claims for tests = 1,624
- Costs for tests = \$125,504 (average of \$77 per test)
- Outpatient or emergency department (ED) visits were associated with 1,003 of 1,624 tests (62%)
- Additional costs for associated OP or ED visits = \$48,537
- Total amount paid by the plan for testing and associated OP or ED visits = \$174,041



COSTS FOR MEMBERS WITH A HOSPITALIZATION

- As of June 4, 32 members were identified as having a hospitalization related to COVID-19
- 24 members deemed as having been hospitalized had claims experience within one week prior to their COVID positive test date through May 21
- Total amount paid by the plan across those claims = \$197,468 (average of \$8,228 per member)
- Future claims experience will provide a more complete picture of hospital costs



COSTS FOR MEMBERS WITH A POSITIVE TEST

- 121 members had claims within one week prior to their positive test date through May 21
- Total amount paid by the plan (including those with a hospitalization) = \$237,825 (average of \$1,965 per member)



NEXT STEPS

- ACHI will continue to provide updates on estimated number of members tested, number of positive tests, and number of hospitalizations
- Will continue providing updates on drug therapy utilization
- Will continue providing updates on telemedicine utilization and plan spend, including an update May 2020 experience
- Will continue assessing financial impact of COVID-19 on plan

