

AGENDA

State and Public School Life and Health Insurance Board Benefits Sub-Committee

January 17th, 2020 10:00 a.m.

EBD Board Room - 501 Building, Suite 500

I.	Call to Order Susan Gardner, Chair
II.	Approval of November Minutes Susan Gardner, Chair
III.	ASE-PSE November/December FinancialsBonnie Casey, EBD Comptroller
IV.	Flu Shot/Health Waste Calculator Update Elizabeth Montgomery & Mike Motley, ACHI
V.	Plan UpdatePaul Sakhrani & Courtney White, Milliman
VI.	Director's ReportChris Howlett, EBD Director
VII	Adjournment Susan Gardner, Chair

2020 Upcoming Meetings:

February 14th, March 13th, April 10th

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

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

BENEFITS MEETING MINUTES

The Benefits Sub-Committee of the State and Public School Life and Health Insurance Board (hereinafter called the Committee) met on January 17, 2020, at 10:00 a.m. in the EBD Board Room, 501 Woodlane, Suite 500, Little Rock, Arkansas.

Date | time 1/17/2020 10:00 AM | Meeting called to order by Susan Gardner, Chair

In Attendance

Members Present

Members Absent

Susan Gardner – Chair Carla Haugen
Claudia Moran
Stephanie Lilly-Palmer
Herb Scott
Ronnie Kissire – Vice-chair – proxy – Susan Kissire
Cindy Allen
Chris Howlett, Employee Benefits Division (EBD) Director

Others Present

Rhoda Classen, Shalada Toles, Bonnie Casey, EBD; Ronda Walthall, ARDOT; Mike Motley, ACHI; Takisha Sanders, Jessica Akins, HA; Courtney White, Paul Sakhrani, Milliman; Donna Morey, ARTA; Treg Long, ARTA; Sylvia Landers, Colonial Life; Stephen Carroll, AllCare Specialty; Oktawia DeYoung, Micah Bard, UAMS EBRx

Approval of Minutes by Susan Gardner, Chair

MOTION by Lilly-Palmer:

Move to approve the November 15, 2019 minutes.

Scott seconded; all were in favor.

Minutes Approved.

ASE-PSE November/December Financials by Bonnie Casey, EBD Comptroller

PSE for the month of November, we paid four (4) weeks of claims for both medical and pharmacy. The FICA savings received for the month was \$540,000, and \$5.9 million for the year. We had a net loss of \$2.6 million for the month and a net loss of \$10 million year-to-date. Net assets available are \$14.7 million.

PSE for the month of December, we paid four (4) weeks of claims for both medical and pharmacy. The FICA savings received for the month was \$539,000, and \$6.4 million for the year. We had a net loss of \$6 million for the month and a net loss of \$16 million year-to-date. Net assets available are \$8.2 million.

ASE for the month of November, we paid four (4) weeks of claims for both medical and pharmacy. We had a net gain of \$1.7 million for the month and a net gain of \$12.5 million year-to-date. Net assets available are \$5.9 million.

ASE for the month of December, we paid four (4) weeks of claims for both medical and pharmacy. We had a net gain of \$800,000 million for the month and a net gain of \$14.2 million year-to-date. Net assets available are \$7.6 million.

The projected vs. actual claims and expenditures report shows the monthly amounts are for November and December 2019 and YTD amounts are for November and December of 2019.

Flu Shot/Health Waste Calculator Update by Mike Motley, ACHI

Motley addressed follow-up questions from the last meeting and discussed the upcoming update of Health Wasted Calculator analysis.

Discussion:

Flu Shot

Moran: Is that comparable to everywhere else?

Motley: I would say it is around that and possibly even a little bit lower. There is room to

improve and bring those up.

Vitamin D Screening

Allen: If you aren't paying anything for the Vitamin D screening, why are you showing a cost

on it?

Motley: For whatever reason some of these are being picked up and we can look into that

more.

Allen: It has been a year and half since it was covered, so I don't understand why there is a

cost if it is not being covered.

Motley: That is a fair question and we can go back and look into it more.

Recommendations

Moran: I see you are adding two new measures. Is one of them going to be the annual

physical, because that is required from us right now? I would be interested in how that compares, I understand if you are healthy, but I thought the annual physical was

just to make sure you stay that way.

Motley: I believe that should be one of the ones we look at. With this one, I think it is

specifically related to the comprehensive physical and the lab testing. I think there are some nuances where this plan does require an annual wellness check where

there is a baseline lab for new hires but not going forward.

Moran: So, it would be similar to a colonoscopy where you get your lab work every certain

number of years.

Motley: Yeah, it would be along those lines.

Plan Update by Paul Sakhrani & Courtney White, Milliman

Sakhrani and White provided an educational piece on trend and an update on plan experience for ASE and PSE.

ASE

- Updated projections show an increase in net income of \$2.2M in 2019 and decrease in net income of \$210K in 2020 (Changes shown relative to November board meeting).
 - Higher other income
 - Lower medical claims
 - Lower pharmacy savings
- 2019 plan experience
 - Estimated surplus of \$14.4M
 - Estimated unallocated net assets at the end of 2019 is \$8.8M
- 2020 plan experience
 - Allocated reserves for 2020 is \$25.1M
 - Estimated surplus of \$6.3M
 - Estimated unallocated net assets at the end of 2020 is \$15M
 - No plan changes / 5% increase in employee contributions

PSE

- Updated projections show a reduction in net income of \$2.0M in 2019 and an increase income
 of \$50K in 2020 (Changes shown relative to November board meeting).
 - Higher medical claims
 - Lower pharmacy savings
- 2019 plan experience
 - Estimated deficit of \$2.3M
 - Estimated unallocated net assets at the end of 2019 is \$11.3M
- 2020 plan experience
 - Allocated reserves for 2020 is \$25.2M
 - Estimated deficit of \$4.5M
 - Estimated unallocated net assets at the end of 2020 is \$6.8M
 - Allocated reserves for 2020 is 25.3M
 - No plan changes / 0% increase to employee contributions

Discussion:

ASE

Howlett: From a Board

From a Board perspective as well as the subcommittees, dealing with the 5% on the state side and what you reflected previously with the -0.5%, can you explain how we arrived at a needed 5% increase? If you were looking at the numbers and running a negative trend, why would you still need to have that 5%?

White:

We have a benchmark, the Milliman Health Trend Guidelines, that takes data by different types of businesses and looks at trends in Arkansas. A lot of it will be driven by HealthAdvantage's book of business and the other natural carriers that are doing business here in Arkansas to show what the benchmark is. When we set the 5%, we looked at historical data for ASE and also looked at that benchmark to see if they were in the ballpark. It is not an exact science so much as an actuarial judgement.

Director's Report by Chris Howlett, EBD Director

Howlett provided an update on the bus driver bill, a wellness update, and the need for a new committee. The catch behind the bus driver bill was, it requested that the respective superintendents

let us know who the individuals were so we could ascertain the fiscal impact based on the added people. We are estimating around 900 people. As far as wellness goes, we arrived at 83% complete after some anomalies and things that hadn't come through in November. We typically averaged around 89% for the last several years. It has been asked as to what that looked like, and do we know why someone happened to not receive the discount. We are cross walking that between unique members and some potential reasons why they didn't. We have had a process statutorily which this plan has been founded on which sets the parameters for EBD, the Board, and the subcommittees. The one for the Drug Utilization and Evaluation Committee is only about 25% of our spend. I would like a recommendation from the Benefits subcommittee that EBD be able to put together a medical version of that committee, to be called the Medical Utilization and Evaluation Committee. This will help to bring in medical physicians to advise on some of the medical procedures and other things. We would like to create a committee to evaluate the other 75% of our spend.

MOTION by Lilly-Palmer:

I make a motion to have a Medical Utilization and Evaluation Committee.

Scott seconded. All were in favor.

Motion Approved.

Gardner: With the utilization of Catapult, you briefly talked about the wellness and not

everyone participating, we don't really know if that is from the members not having a wellness physical or that they didn't carry through. For example, the tobacco portion

and not carry through with their counseling.

Howlett: Yes, we are going to have to drill that down. We know the numbers that we received

on the primary care physician forms and Catapult. With Catapult, you won't have the same perspective or the same number of failure points unless they didn't do the tobacco component. With going to their primary care physician, there will be more options such as not completing their HRA, the tobacco cessation, and/or not having

the lab come back.

MOTION by Scott:

I make a motion to adjourn the meeting.

Lilly-Palmer seconded; all were in favor.

Meeting Adjourned.

		ASE SUB	SCRIBERS		ASE MEMBERS				
- 1	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL	
ASE Basic	1,686	52	0	1,738	2,685	74	0	2,759	
ASE Classic	2,347	74	0	2,421	3,922	105	0	4,027	
ASE Premium	21,661	1,989	0	23,650	37,302	2,496	0	39,798	
SUBTOTAL	25,694	2,115	0	27,809	43,909	2,675	0	46,584	
Med Primary	0	197	10,587	10,784	0	411	13,616	14,027	
TOTAL	25,694	2,312	10,587	38,593	43,909	3,086	13,616	60,611	

REVENUES & EXPENDITURES	and the second control of the second control
REVENUES & EXPENDITURES	
	Current Year to
<u>Funding</u>	Month (11 Mo
State Contribution	\$ 14,359,912 \$ 159,2
Employee Contribution	\$ 8,067,010 \$ 89,4
Other	\$ 1,186,023 \$ 20,9
Allocation of Reserves	\$ 1,808,667 \$ 19,8
Total Funding	\$ 25,421,612 \$ 289,5
4 Weeks Medical & Pharmacy Claims	
Expenses	
Medical Expenses	
Claims Expense	\$ 15,035,645 \$ 176,63
Claims IBNR	\$
Medical Administration Fees	\$ 1,309,672 \$ 15,08
Refunds	\$ - \$
Employee Assistance Plan (EAP)	\$ 41,740 \$ 49
Life Insurance	\$ 76,895 \$ 89
Pharmacy Expenses	÷ 10,000 \$ 0.
RX Claims	\$ 6,814,105 \$ 79,95
RX IBNR	\$ - \$
RX Administration	\$ 85,873 \$ 1,33
Plan Administration	
Total Expenses	\$ 284,835 \$ 2,67 \$ 23,648,765 \$ 276,96
Contract sectod* acceptable	\$ 23,048,703
Net Income/(Loss)	\$ 1,772,847 \$ 12,55
BALANCE SHEET	Control of the Condensate Control of the Condensate Control of the Condensate
Assets	
Bank Account	\$ 5,44
State Treasury	
Due from Cafeteria Plan	\$ 79,64
Due from PSE	\$ 9,12
Receivable from Provider	
Accounts Receivable	\$
Total Assets	\$ 1,48 95,70
	33,70
<u>Liabilities</u>	
Accounts Payable	\$
Deferred Revenues	\$
Due to Cafeteria	\$
Due to PSE	\$ 17
Health IBNR	\$ 24,80
RX IBNR	
Total Liabilities	
	\$ 26,37
Net Assets	\$ 69,32
Less Reserves Allocated	
Premiums for Plan Year 1/1/19-12/31/19 (\$5,508,000 + \$2,826,000 + \$13,370	0001
Promiums for Plan Year 1/1/20 12/21/20 (\$2,508,000 + \$2,826,000 + \$13,370	
Premiums for Plan Year 1/1/20-12/31/20 (\$1,884,000 + \$8,020,000 + \$15,180	
Premiums for Plan Year 1/1/21-12/31/21 (\$5,350,000 + \$9,108,000)	\$ (14,45
Premiums for Plan Year 1/1/22-12/31/22 (\$6,072,000)	\$ (6,07
Catastrophic Reserve (\$16,000,000)	\$ (16,00
Net Assets Available	\$ 5,90

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		ASE SUBS	CRIBERS			ASE N	IEMBERS		
Į.	ACTIVES		MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL	
ASE Basic	1,714	52	0	1,766	2,710	74	0	2,784	
ASE Classic	2,317	71	0	2,388	3,884	100	0	3,984	
ASE Premium	21,810	1,999	0	23,809	37,517	2,505	0	40,022	
SUBTOTAL	25,841	2,122	0	27,963	44,111	2,679	0	46,790	
Med Primary	0	10,617	198	10,815	0	13,654	414	14,068	
TOTAL	25,841	12,739	198	38,778	44,111	16,333	414	60,858	
REVENUES &	EXPENDIT	URES							
							Current		V
Funding							Current		Year to D
State Contribut	tion					8	Month		(12 Mon
						,			\$ 173,607
Employee Cont	tribution						8,029,367		\$ 97,450,
Other						Ş	2,516,071		\$ 23,469,
Allocation of Re						_5	1,808,666		\$ 21,704,
Total Fundin	ng					3	26,714,016		\$ 316,231,
		4 Weeks Medic	al & Pharmacy	Claims		-		-	
<u>Expenses</u>									
Medical Expens	ses								
Claims Exper	nse					9	17,464,162		\$ 194,086,
Claims IBNR							, , , , , , , , , , , , , , , , , , , ,		\$ (900,
Medical Admin	istration Fee	es				5	1,280,716		\$ 16,367,
Refunds									\$ 10,307,
Employee Assis	stance Plan (EAP)				3			
Life Insurance		/				3			
Pharmacy Expe	nses					,	76,928		\$ 930,
RX Claims	503					,	6 604 043		
RX IBNR						\$			\$ 86,649,
RX Administr	ration					\$			\$
						\$	A STATE OF THE STA		\$ 1,431,
Plan Administra						_5	208,167	_	\$ 2,880,
Total Expens	ses					=	25,882,202	_	\$ 301,946,
Net Income/(Loss)					\$	831,814		\$ 14,285,
BALANCE SHE	ET							na nak	W. 110
Assets									DOMESTIC STREET
Bank Account									\$ 7,530,
State Treasury									
Due from Cafet	eria Plan								
Due from PSE	Cito i ion								\$ 9,126,
Receivable fron	n Provider								\$
Accounts Recei									\$ (63,
Total Assets								-	\$ 393,
Total Assets								-	96,630,
<u>Liabilities</u>									
Accounts Payab	ole								\$ 2,
Deferred Reven	nues								\$ 3,
Due to Cafeteri	а								\$ (5,
Due to PSE									\$ 1,177,
Health IBNR									\$ 24,800,
RX IBNR									
Total Liabilit	ies							_	\$ 1,400,0 \$ 27,377,0
Net Assets								_	\$ 69,252,
ess Reserves A	llocated								•
		/19-12/31/10	(\$5 508 000	+ \$2,826,000 + \$	13 370 0001				
Premiums for D	lan Year 1/1	/20-12/21/19	(\$1,000,000	+ \$2,826,000 + \$ + \$8,020,000 + \$	15,370,000)				\$ (25.004
Premiums for P	lan Voor 1/1	/20-12/31/20	(\$E 3E0 000	+ \$0,020,000 + \$	13,180,000)				\$ (25,084,
									\$ (14,458,
Premiums for P			(\$6,072,000)						\$ (6,072,
Catastrophic Re		(000,000						_	\$ (16,000,
Net Assets Av									

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- 1		PSE SUB	SCRIBERS			PSE N	MEMBERS	
	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL
PSE Basic	4,797	523	0	5,320	7,286	675	0	7,961
PSE Classic	25,795	2,228	0	28,023	49,341	2,668	0	52,009
PSE Premium	16,649	461	0	17,110	22,544	495	0	23,039
SUBTOTAL	47,241	3,212	0	50,453	79,171	3,838	0	83,009
Med Primary	0	13,480	61	13,541	0	126	14,666	14,792
TOTAL	47,241	16,692	61	63,994	79,171	3,964	14,666	97,801

	TOTAL	47,241	16,692	61	63,994		79,171	3,964	14,666	97,801	
	REVENUES &	EXPENDIT	URES							and a second	Estrate Section Section
	- "								Current		Year to Date
	Funding		F !: (6						Month		(11 Month)
	Per Participati		e Funding (P	PE Funding)				\$			93,778,463
	Employee Con		Franklin -						10,149,958		110,986,819
	Department of Other	i Education i	Funding					\$			83,516,667
7.55	Allocation of R	oconios						\$		5	
3	Total Fundi							\$	100 000 000 000 000	_5	
	Total Fallal	ny						=	25,204,805	=	313,372,155
	F		4 Weeks Med	lical & Pharmacy	Claims						
	Expenses Madical Funci										
6	Medical Expen									10	
7	Claims Expe							\$	20,320,604	Ş	
	Medical Admir									Ş	
223	Refunds	iistration re	es					\$	26 (27-2-17-2)	Ş	
	Employee Assi	stance Plan	(EAD)					\$		5	
10	Pharmacy Expe		(EAP)					\$	84,824	5	
10	RX Claims	enses						\$	-	\$	
11	RX IBNR							\$		\$	
12	RX Administ	tration						\$		\$	
	Plan Administr							\$		\$	
13	Total Expen							\$		- 3	2,379,631
	Total Expell	505						_>	27,902,123	=	305,283,728
15	Less DOE Alloc	ation								\$	(18,100,000
16	Net Income/((Loss)						\$	(2,697,318)	\$	(10,011,573)
- 1	BALANCE SHE	ET									
	Assets										
-	Bank Account									\$	19,769,628
	State Treasury									\$	132,021,390
	Receivable from									\$	
	Accounts Rece	ivable						100		\$	4,091,545
21	Due from ASE									_\$	187,802
١	Total Assets									<u>\$</u>	156,070,366
١	Linbilities										
,,	<u>Liabilities</u> Accounts Paya	blo									
- 1	Due to ASE	DIE								\$	
	Deffered Rever	nues								\$	
- 1	Health IBNR	iues								\$	
- 1	RX IBNR									\$	
٦	Total Liabili	ties								\$	
١	rotar Elabin	ines								_\$	28,012,250
27	Net Assets									\$	128,058,116
١	Less Reserves A	Mocatad									
			1/10.12/21/	10 /6205 000	¢12.200.0	00)					
0	Premiums for F	lan Voor 1/1	1/20 12/21/	12 (\$354,000 ±	\$12,260,0	UU)	, 0001			\$	
	Premiums for F),000)				(25,254,000)
	Premiums for F					,000)					(15,478,000)
_ 1	Premiums for F			22 (\$7,052,000	")					\$	
- 1	Premium Assist									\$	
	Catastrophic Re		300,000)							_	(58,500,000)
,4	Net Assets Av	allable								\$	14,786,823

		PSE SUB	SCRIBERS		PSE MEMBERS				
	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL	
PSE Basic	4,780	499	0	5,279	7,246	643	0	7,889	
PSE Classic	26,354	2,227	0	28,581	50,414	2,651	0	53,065	
PSE Premium	455	16,684	0	17,139	22,539	488	0	23,027	
SUBTOTAL	31,589	19,410	0	50,999	80,199	3,782	0	83,981	
Med Primary	0	13,518	60	13,578	0	14,705	121	14,826	
TOTAL	31,589	32,928	60	64,577	80,199	18,487	121	98,807	

TOTAL	31,589	32,928	60	64,577		80,199	18,487	121	98,807	
REVENUES &	FXPFNDITI	IRFS	e replayers	And the second						
MEVENOES G	EXI LIVEITO	MLS								
								Current		Year to Date
Funding								Month		(12 Month)
1 Per Participati	ng Employee	Funding (Pf	PE Funding)				\$	8,615,362	\$	102,393,825
2 Employee Con							\$	10,134,607	\$	121,121,426
3 Department o	f Education F	unding					\$	4,583,333	\$	88,100,000
4 Other							\$	1,532,540	\$	15,021,41
5 Allocation of R								1,054,666	_\$	12,656,000
Total Fundi	ing						_\$	25,920,508	_\$	339,292,66
		4 Weeks Med	ical & Pharmacy	Claims						
Expenses										
Medical Exper							1500			
6 Claims Expe							\$	24,223,277	\$	
7 Claims IBNF									\$	
8 Medical Admir	nistration Fee	es.					\$	2,044,799	\$	
9 Refunds		E 4 D)					\$	-	\$	
0 Employee Assi	Acceptable and the second of t	EAP)					\$	84,824	\$	
Pharmacy Exp RX Claims	enses						\$		\$	
1 RX IBNR							\$	5,230,189	\$	
2 RX Adminis	tration						\$	100 222	\$	
3 Plan Administr							\$		\$	
Total Exper	17-12-0						\$	149,966 31,932,378	\$	2,614,421
Total Expen	1363						=	31,932,378	_\$	337,216,106
Less DOE Alloc	ation								\$	(18,100,000
l										
Net Income/	(Loss)						\$	(6,011,869)	\$	(16,023,442
BALANCE SH	FFT				biological text		rest to the least to the	100000000000000000000000000000000000000		
Assets		A TABLE OF CLIEN								
7 Bank Account									\$	18,214,148
8 State Treasury	,								\$	
9 Receivable fro									\$	
Accounts Rece									\$	
1 Due from ASE									\$	1,177,552
Total Asset	5								\$	149,003,937
									<u> </u>	2 10,000,000
Liabilities										
Accounts Paya	ble								\$	12,357
B Due to ASE									\$	
Deffered Reve	nues								\$	
Health IBNR									\$	
6 RX IBNR									\$	
Total Liabili	ities								\$	
1									_	
Net Assets									\$	120,991,581
Less Reserves	Allocated									
Premiums for		/19-12/31/1	19 (\$396.000 -	+ \$12,260.0	000)				\$	
Premiums for						0.0001			\$	
Premiums for						,,,,,,,			\$	
Premiums for	Plan Year 1/1	/22-12/31/2	22 (\$7,052.00)	0)	,,,,,,,				\$	
Premium Assis			(+.,552,50						\$	
Catastrophic R										(58,500,000
Net Assets A		-,,							\$	
. Tet Assets At	anubic								- >	8,235,17

		EMPLO	YEE ONLY		EMPLOYEE + DEPENDENTS					
	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL		
BASIC	1684	49	1	1733	2649	72		2721		
CLASSIC	2159	70	0	2229	3592	97		3689		
PREMIUM	22248	2008		24256	38185	2509		40694		
PRIMARY		10208	205	10413		13185	428	13613		
TOTAL	26091	12335	205	38631	44426	15863	428	60717		

Funding		Current		Year to D
State Contribution		Month		(11 Mont
Employee Contribution	\$	14,578,144	\$	160,13
Other	\$	8,011,482	\$	88,66
Allocation of Reserves	\$	522,512	\$	18,15
Total Funding	\$	1,501,000	\$	16,51
*	<u>\$</u>	24,613,138	\$	266,952
5 wks medical and pharmacy claims Expenses				
Medical Expenses				
Claims Expense		10.500.100		
Claims IBNR	\$	18,599,198	\$	184,375
Medical Administration Fees	\$	4 300 000	\$	
Refunds	\$	1,209,092	\$	13,398
Employee Assistance Program (EAP)	\$	-	\$	
Life Insurance	\$	54,189	\$	598
Pharmacy Expenses	\$	78,100	\$	863
RX Claims	ċ	7 965 307		76.000
RX IBNR	\$	7,865,287	\$	76,020
RX Administration	\$	-	\$	(600
Plan Administration	\$	246,388	\$	1,349
Total Expenses	\$	632,042	\$	4,474
Total Expenses	=	28,684,297	\$	280,478
Net Income/(Loss)	4	/4.074.450\		
Net medine/(E033)	\$	(4,071,159)	\$	(13,526
BALANCE SHEET			1.004.000.000	
Assets				190000
Bank Account			\$	1,761
State Treasury			\$	97,233
Due from Cafeteria Plan			\$	5,949
Due from PSE			Ţ	3,343
Receivable from Provider			\$	
Accounts Receivable			\$	272
Total Assets			\$	372 105,316
				103,310
Liabilities				
Accounts Payable			ė	1
			\$ \$	1 3
Deferred Revenues			\$	(1
Deferred Revenues Due to Cafeteria			\$	187
Deferred Revenues Due to Cafeteria Due to PSE				101
Due to Cafeteria				26 500
Due to Cafeteria Due to PSE			\$	
Due to Cafeteria Due to PSE Health IBNR			\$ \$	600
Due to Cafeteria Due to PSE Health IBNR RX IBNR			\$	26,500 600 27,291
Due to Cafeteria Due to PSE Health IBNR RX IBNR			\$ \$	600 27,291
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities			\$ \$	600 27,291
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets			\$ \$	600 27,291
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated			\$ \$ \$	78,025
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000 + \$8,262,000 + \$4,710,000)			\$ \$ \$	78,025 (1,501
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000 + \$8,262,000 + \$4,710,000) Premiums for Plan Year 1/1/19 - 12/31/19 (\$5,508,000 + \$2,826,000+\$13,370,000)			\$ \$ \$ \$	78,025 (1,501 (21,704
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000 + \$8,262,000 + \$4,710,000) Premiums for Plan Year 1/1/19 - 12/31/19 (\$5,508,000 + \$2,826,000+\$13,370,000) Premiums for Plan Year 1/1/20 - 12/31/20 (\$1,884,000+\$8,020,000)			\$ \$ \$ \$ \$	78,025 (1,501 (21,704 (9,904
Due to Cafeteria Due to PSE Health IBNR RX IBNR Total Liabilities Net Assets Less Reserves Allocated Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000 + \$8,262,000 + \$4,710,000) Premiums for Plan Year 1/1/19 - 12/31/19 (\$5,508,000 + \$2,826,000+\$13,370,000)			\$ \$ \$ \$	78,025 (1,501 (21,704

		EMPLO	YEE ONLY		EMPLOYEE + DEPENDENTS					
L	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	RETIREES	MEDICARE	TOTAL		
BASIC	1659	48	100	1707	2617	71		2688		
CLASSIC	2144	71	100	2215	3594	98		3692		
PREMIUM	22511	2012		24523	38628	2518		41146		
PRIMARY		10249	201	10450		13199	419	13618		
TOTAL	26314	12380	201	38895	44839	15886	419	61144		

REVENUES & EXPENDITURES				
Foundation a		Current		Year to Da
Funding	00.	Month		(12 Month
State Contribution	\$	14,575,624	\$	174,708
Employee Contribution	\$	7,989,326	\$	96,652
Other	\$	1,545,730	\$	19,701,
Allocation of Reserves	\$	1,501,000	\$	18,012
Total Funding	\$	25,611,680	\$	291,062
4 wks medical and pharmacy claims			(a 	
<u>Expenses</u>				
Medical Expenses				
Claims Expense	\$	17,006,829	\$	201,382,
Claims IBNR	\$	=	•	,/
Medical Administration Fees	\$	1,212,675	\$	14,610,
Refunds	\$	-	7	_ ,,510,
Employee Assistance Program (EAP)	\$	54,114	\$	652,
Life Insurance	\$	77,998	\$	940,
Pharmacy Expenses	~	,556	Ą	540,
RX Claims	\$	6,530,878	ė	Q2 EE1
RX IBNR	Ş	0,330,678	\$	82,551,
RX Administration	ċ	110 647	\$	(600,
Plan Administration	\$	119,647	\$	1,468,
Total Expenses	\$	462,269	\$	4,936,
	-	25,002,141	\$	305,943,
Net Income //Locc)			(44)	200
Net Income/(Loss)	\$	609,539	\$	(14,880,
RALANCE SUEET				
BALANCE SHEET				
Assets Rank Account				
Bank Account State Treasure			\$	795,
State Treasury			\$	97,440,
Due from Cafeteria Plan			\$	5,949,
Due from PSE				
Receivable from Provider				
Accounts Receivable			\$	(221,
Total Assets			\$	103,963,
<u>Liabilities</u>				
Accounts Payable			\$	1,9
Deferred Revenues			\$	3.7
Due to Cafeteria			\$	(1,4
Due to PSE			\$	187,7
Health IBNR			\$	26,500,0
RX IBNR			\$	600,0
Total Liabilities			\$	
			<u> </u>	27,291,9
Net Assets			2	
			\$	76,671,3
ess Reserves Allocated			100 kg	
Less Reserves Allocated Premiums for Plan Year 1/1/18 12/21/18 (\$5.040.000 + \$8.252.000 + \$4.740.000)			\$	
Premiums for Plan Year 1/1/18 - 12/31/18 (\$5,040,000 + \$8,262,000 + \$4,710,000)			\$	9
Premiums for Plan Year 1/1/19 - 12/31/19 (\$5,508,000 + \$2,826,000+\$13,370,000)			\$	(21,704,0
Premiums for Plan Year 1/1/20 - 12/31/20 (\$1,884,000+\$8,020,000)			\$	(9,904,0
Premiums for Plan Year 1/1/21 - 12-31/21 (\$5,350,000)			\$	(5,350,0
Catastrophic Reserve (2017 \$20,600,000)			\$	(30,600,0
Net Assets Available				The second second second second

			ETIPIOYEES (PS	E) Financials - Jar	1401 y 1, 2018 ti				
	A CTILLES					EN	Con Mary Challenger Com	DEPENDENT	S
DA CIC	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	1	RETIREES	MEDICARE	TOTA
BASIC	4543	473		5016	6839	_	622		7461
CLASSIC	24774	2188		26962	47192		2589		4978
PREMIUM	17192	545		17737	23033		587		2362
PRIMARY		12851	56	12907			13975	114	1408
TOTAL	46509	16057	56	62622	77064		17773	114	9495
Employee Co	ting Employe intribution of Education Reserves ding 5 w inses iense R inistration Fe	\$35,000,000 \$35,000,000 vks medical ar		& Other Funding		\$\$\$\$\$\$\$\$\$\$\$\$\$	Current Month 8,407,8 9,868,8 4,583,3 1,123,1 1,883,3 25,866,5 23,363,90 2,028,23 80,28	87 \$ 34 \$ 33 \$ 94 \$ 33 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ear to Da 11 Month 91,481, 107,577, 83,516, 12,541, 20,716, 315,833, 211,174, 2,300, 20,696,
Pharmacy Exp RX Claims RX IBNR RX Adminis	stration					\$ \$	5,911,59 - 72,09	95 \$ \$ 57 \$	52,089,0 (400,0 2,096,3
Plan Administ						\$	351,69		4,725,
Total Expe	nses					\$	31,807,83	35 \$	293,554,
ess DOE Allo	Loss)				-	\$	(5,941,25	\$ \$	4,179,
BALANCE SHE	ET	拉 克莱克斯			TO BELLEVISION				
Assets									
Bank Account								\$	12,979,
State Treasury	y							\$	142,807,
Receivable fro	om Provider							\$	
Accounts Rece	eivable							\$	9,759,9
Due from ASE								\$	187,9
Total Asset	ts								165,735,
iabilities									
Accounts Paya	able							\$	2,0
oue to ASE									
eferred Reve	enues							\$	
lealth IBNR								\$	28,000,0
X IBNR								\$	1,000,0
Total Liabil	ities							\$	29,002,0
let Assets								\$	136,733,
ess Reserves	Allocated								
Premiums for	r Plan Year 1.	/1/18 - 12/31	/18 (\$3.840.00	0 + \$660,000+18,	100.000 DOE)			ć	/1 000 1
Premiums for	r Plan Year 1	/1/19 - 12/31	/19 (\$396,000-	12.260.0001	100,000 DOE)			\$	(1,883,3
			/19 (\$396,000- /20 (\$264,000-						(12,656,0
			/20 (\$284,000 ⁻¹ /21(\$4,900,000					\$	(7,624,0
Premium Acc			~1(74,300,000	·1				\$	(4,900,0

(5,713,696)

(58,500,000)

45,456,537

32 Premium Assistance (FICA Savings)

34 Net Assets Available

33 Catastrophic Reserve (2017 \$58,500,000)

			YEE ONLY	E) Financials - Ja	1, 2018				
	ACTIVES.					_	MPLOYEE +	AND RESIDENCE OF THE PARTY OF	
DACIC	ACTIVES	RETIREES	MEDICARE	TOTAL	ACTIVES	4	RETIREES	MEDICARE	TOTAL
BASIC	4546	460		5006	6908		608		7516
CLASSIC	25357	2174		27531	48451	\perp	2572		51023
PREMIUM	17126	531		17657	22941	\perp	567		23508
PRIMARY		12873	51	12924			13995	102	14097
TOTAL	47029	16038	51	63118	78300		17742	102	96144
REVENUES 8	& EXPENDITU	RES				No.	ACCUSE NAME OF		
						100000	Current	100000000000000000000000000000000000000	ear to Date
Funding							Month		(12 Month)
Per Participa	ating Employe	e Funding (P	PE Funding)			\$	8,412,6		99,894,6
Employee Co						\$	9,842,3		117,419,3
	of Education	\$35,000,000	& \$15,000,000	& Other Funding	g	\$	4,583,3		88,100,0
Other						\$	1,237,8	00 \$	13,779,2
Allocation of	f Reserves					\$	1,883,3		22,599,9
Total Fun	ding					\$	25,959,4		341,793,2
	4 v	vks medical a	nd pharmacy c	laims					
Expenses									
Medical Exp	enses								
Claims Exp	pense					\$	21,705,6	53 \$	232,880,5
Claims IBN						10		\$	2,300,0
Medical Adn	ninistration Fe	ees				\$	1,911,1		22,607,7
Refunds						\$	-	seett ST	,-2.,,
	ssistance Prog	gram (EAP)				\$	80,4	60 \$	952,84
Pharmacy Ex	penses						33943. * 0.03	(0.4)	
RX Claims						\$	4,916,9	43 \$	57,005,99
RX IBNR						\$	-	\$	(400,0
RX Admin	istration					\$	194,2		2,290,49
Plan Adminis	stration					\$	430,1	50 \$	5,155,44
Total Expe	enses					\$	29,238,64	47 \$	322,793,04
Less DOE Allo	ocation							\$	(18,100,00
Net Income/	(Loss)					\$	(3,279,2	10) \$	900,17
BALANCE SH	EET					LUNE	Political case		
Assets									
Bank Accoun	t							\$	9,357,00
State Treasur	-							\$	140,114,77
	om Provider							\$	
Accounts Red								\$	10,913,5
Due from ASI	700							\$	187,73
Total Asse	ets							\$	160,573,03
iabilities									
Accounts Pay	/able							\$	2,00
Due to ASE									-,50
Deferred Rev	enues							\$	_
Health IBNR								\$	28,000,00
RX IBNR								\$	1,000,00
Total Liab	ilities							\$	29,002,00
Net Assets								\$	131,571,02
ess Reserves	s Allocated								
Premiums fo	or Plan Year 1	/1/18 - 12/31	/18 (\$3,840.00	0 + \$660,000+18	,100,000 DOF)			\$	7
Premiums fo	or Plan Year 1	/1/19 - 12/31	/19 (\$396,000	+12,260.000)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			\$	(12,656,00
			/20 (\$264,000-					\$	(7,624,00
			/21(\$4,900,000					\$	(4,900,00
	sistance (FICA		. ,. ,- 25,50	•				\$	(6,235,99
	Reserve (20		00)					\$	(58,500,00
TOO AND "			occur.					_ ~	120,200,00

41,655,030

34 Net Assets Available

PROJECTED PAID CLAIMS AND EXPENSES BY MONTH

PSE

November 2019

Medical	

PROJECTED	ACTUAL	DIFFERENCE			
Monthly	Monthly	Monthly			
<u>Amount</u>	<u>Amount</u>	Amount			
23,960,000	25,987,342	2,027,342			
Note: IBNR no change					

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	Total	Total
202,680,000	201,673,544	(1,006,456)

Pharmacy Claims

PROJECTED	ACTUAL	DIFFERENCE			
Monthly	Monthly	Monthly			
<u>Amount</u>	<u>Amount</u>	<u>Amount</u>			
7,000,000	6,336,347	(663,653)			
Note: IBNR no change					

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
55,440,000	50,684,005	(4,755,995)

Expenses/Other

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	Amount
2,750,000	2,434,966	(315,034)

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	Total	<u>Total</u>
29,990,000	25,024,055	(4,965,945)

ASE

November 2019

Medical Claims

PROJECTED	ACTUAL	DIFFERENCE			
Monthly	Monthly	Monthly			
<u>Amount</u>	<u>Amount</u>	Amount			
18,010,000	15,035,645	(2,974,355)			
Note: IBNR no change					

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
174,620,000	176,622,518	2,002,518

Pharmacy Claims

PROJECTED	ACTUAL	DIFFERENCE			
Monthly	Monthly	Monthly			
<u>Amount</u>	<u>Amount</u>	Amount			
9,040,000	6,814,105	(2,225,895)			
Note: IBNR no change					

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
81,540,000	79,957,538	(1,582,462)

Expenses/Other

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	<u>Amount</u>
2,140,000	1,799,015	(340,985)

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
Total	Total	<u>Total</u>
23,810,000	20,383,872	(3,426,128)

PROJECTED PAID CLAIMS AND EXPENSES BY MONTH

PSE

December 2019

B /4		:	-	- 1	
N	ea	ica	L	aı	ms

PROJECTED	ACTUAL	DIFFERENCE
		DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	Amount
18,320,000	24,223,277	5,903,277
Note: IBNR no ch	nange	

	PROJECTED	ACTUAL	DIFFERENCE
1	YTD	YTD	YTD
	<u>Total</u>	Total	Total
	221,000,000	246,217,425	25,217,425

Pharmacy Claims

PROJECTED	ACTUAL	DIFFERENCE	
Monthly	Monthly	Monthly	
<u>Amount</u>	<u>Amount</u>	<u>Amount</u>	
6,070,000	5,230,189	(839,811)	
Note: IBNR no change			

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
Total	Total	<u>Total</u>
61,510,000	60,925,379	(584,621)

Expenses/Other

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	Amount
2,750,000	2,478,911	(271,089)

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
32,740,000	30,073,301	(2,666,699)

ASE

December 2019

Medical Claims

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	<u>Amount</u>
14,760,000	16,564,162	1,804,162
Note: IBNR no ch	nange	

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
189,380,000	194,086,680	4,706,680

Pharmacy Claims

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	Amount
7,260,000	6,691,821	(568, 179)
Note: IBNR no ch	nange	

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
88,800,000	86,649,351	(2,150,649)

Expenses/Other

PROJECTED	ACTUAL	DIFFERENCE
Monthly	Monthly	Monthly
<u>Amount</u>	<u>Amount</u>	Amount
2,140,000	2,626,228	486,228

PROJECTED	ACTUAL	DIFFERENCE
YTD	YTD	YTD
<u>Total</u>	<u>Total</u>	<u>Total</u>
25,950,000	21,210,099	(4,739,901)

NOTES FOR November & December 2019 FINANCIALS

PSE For November 2019

- We paid 4 weeks of claims for both medical and pharmacy.
- FICA Savings received for the month was \$540,000. Total FICA savings for the year was \$5.9 million
- We had a net loss of \$2.6 million for the month and a net loss of \$10 million year-to-date Line
 16.
- Net Assets available are \$14.7 million Line 34.

PSE For December 2019

- We paid 4 weeks of claims for both medical and pharmacy.
- FICA Savings received for the month was \$539,000. Total FICA savings for the year was \$6.4 million
- We had a net loss of \$6 million for the month and a net loss of \$16 million year-to-date Line
 16.
- Net Assets available are \$8.2million Line 34.

ASE For November 2019

- We paid 4 weeks of claims for both medical and pharmacy.
- We had a net gain of \$1.7 million for the month and a net gain of \$12.5 million year-to-date –
 Line 14.
- Net Assets available are \$5.9 million Line 33.

ASE For December 2019

- We paid 4 weeks of claims for both medical and pharmacy.
- We had a net gain of \$800,000 for the month and a net gain of \$14.2 million year-to-date Line
 14.
- Net Assets available are \$7.6 million Line 33.

The projected vs. actual claims and expenditures reports show the monthly amounts for November and December 2019 and the year-to-date amounts for November and December of 2019.

JANUARY 2020 BENEFITS SUBCOMMITTEE PRESENTATION

Mike Motley, MPH Director, Analytics

Izzy Montgomery, MPA Policy Analyst

1.17.2020



FLU VACCINATION RATES AMONG EBD MEMBERS

Flu Season	Total Members with Flu Vaccine	Total Member Enrollment	Percentage of Total Members
FY 2013	51,574	148,180	35%
FY 2014	62,444	148,510	42%
FY 2015	51,481	146,293	35%
FY 2016	52,361	147,704	35%
FY 2017	46,100	150,002	31%
FY 2018	57,452	152,724	37%
FY 2019	59,626	156,983	38%



OBJECTIVE

Review updated Health Waste Calculator analysis assessing low-value services within the plan



HEALTH WASTE CALCULATOR BACKGROUND

- MedInsight Health Waste Calculator is a tool which identifies low-value services and spending
- ACHI utilized tool to examine common treatments deemed to be low-value or potentially unnecessary
- Two additional states have published reports based on findings from this tool, including Virginia and Washington



PREVIOUS 8 LOW-VALUE SERVICES

*Values in red reflect updates based on July 2018 – June 2019 output.

Low-Value Service (July 2017 – June 2018 Vs. July 2018 – June 2019)	Distinct Members with Low-Value Service	Number of Low-Value Services	Low-Value Dollars
1. Don't obtain baseline lab studies in low-risk patients undergoing low-risk surgery — specifically complete blood count, basic or comprehensive metabolic panel, coagulation studies when blood loss (or fluid shifts) is expected to be minimal.	9,243	10,970	\$1,957,979
	9,625↑	11,532↑	1,636,242↓
2. Don't order annual electrocardiograms (EKGs) or any other cardiac screening for low-risk patients without symptoms.	11,335	12,545	\$1,769,594
	12,465↑	13,686↑	\$2,035,939↑
3. Don't routinely order imaging tests for patients without symptoms or signs of significant eye disease.	6,907	10,430	\$1,061,830
	6,622↓	9,528↓	\$1,048,872
4. Don't order unnecessary cervical cancer screening (Pap smear and HPV tests) in all women who have had adequate prior screening and are not otherwise at high risk for cervical cancer.	7,641	7,777	\$735,239
	6,499↓	6,623 ↓	\$515,631↓
5. Don't perform coronary angiography in patients without cardiac symptoms unless high-risk markers are present.	215	220	\$452,377
	193↓	195↓	\$333,337↓
6. Don't do imaging for uncomplicated headache.	385	396	\$121,819
	413↑	425↑	\$161,720↑
7. Don't perform population-based screening for 25-OH-Vitamin D deficiency.	3,398	3,533	\$201,953
	2,462↓	2,569↓	\$116,358↓
8. Don't prescribe oral antibiotics for members with upper URI or ear infection (acute sinusitis, URI, viral respiratory illness, or acute otitis externa).	23,993	30,796	\$110,931
	18,956↓	23,083↓	\$77,763↓



LOW-VALUE SERVICES QUARTERLY TREND: PREOPERATIVE BASELINE LABS





LOW-VALUE SERVICES QUARTERLY TREND: ANNUAL EKG'S





LOW-VALUE SERVICES QUARTERLY TREND: EYE IMAGING





LOW-VALUE SERVICES QUARTERLY TREND: CERVICAL CANCER SCREENINGS





LOW-VALUE SERVICES QUARTERLY TREND: CORONARY ANGIOGRAPHY





LOW-VALUE SERVICES QUARTERLY TREND: IMAGING FOR UNCOMPLICATED HEADACHE





LOW-VALUE SERVICES QUARTERLY TREND: POPULATION-BASED VITAMIN D SCREENING





LOW-VALUE SERVICES QUARTERLY TREND: ANTIBIOTICS FOR URI & EAR INFECTION





NEW LOW-VALUE SERVICES WITHIN EBD

Low-Value Service	Distinct Members with	Number of Low-Value	Low-Value Dollars
(July 2018 – June 2019)	Low-Value Service	Services	
4. For asymptomatic adults without a chronic medical condition, mental health problem, or other health concern, don't routinely perform annual general health checks that include a comprehensive physical examination and lab testing.	5,389	5,487	\$873,053
7. Don't prescribe opiates in acute disabling low back pain before evaluation and a trial of other alternatives is considered.	3,890	7,650	\$313,964
8. Don't do imaging for low back pain within the first six weeks, unless red flags are present.	1,546	1,547	\$184,456



CONCLUSIONS

- Most of the previous top 8 low-value services have trended downward based on most recent data
- Annual EKGs remain a costly low-value service area
- Ongoing monitoring is warranted for previous top 8, as well as two new measures entering the top 8, along with review of current coverage policies



RECOMMENDATIONS

- Add two new measures to the previous 8 for ongoing monitoring
- Look for opportunities to continue reductions in all low-value services, especially these new measures
- Review patient cost share components related to each of the measures



State of Arkansas Employee Benefits Division

Interim Monitoring Report

Through December 31st

State and Public School Life and Health Insurance Benefit Subcommittee

Courtney White, FSA, MAAA Paul Sakhrani, FSA, MAAA

17 JANUARY 2020



Agenda

- Education Trend
- Arkansas State Employees (ASE)
 - Plan Experience
- Public School Employees (PSE)
 - Plan Experience
- Appendices
 - A. Plan summary
 - B. Assumptions / methodology
 - c. Limitations & caveats

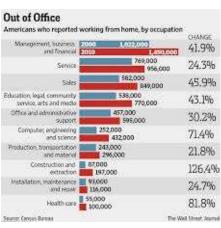


What is a Trend?

General direction in which something is developing or changing. From a health care pricing perspective, primarily refers to the rate of change in utilization, unit cost, and/or claim costs per member per month (PMPM).













Secular Utilization Trend Drivers

- Units of service like admits, days, visits, exams, claims, scripts
 - Evolutionary changes in medical care
 - Use of more outpatient services
 - Introduction of new technologies and drugs
 - Use of alternative treatments
 - Increases in supply of services
 - More hospital beds
 - More physicians
 - More free-standing surgery centers
 - Improvement in overall care through self-care or preventive care
 - Seasonality
 - Change in Malpractice suits or institutional policy lead to defensive medicine
 - Benefit design may discourage utilization due to high cost sharing or encourage utilization through generous discretionary services
 - Utilization review or second opinions
 - Anticipated loss of coverage or pent-up demand
 - Managed care penetration
 - Health care reform or state mandates

Milliman .

Secular Unit Cost Trend Drivers

- Average cost per units of service (amounts negotiated with providers)
 - Inflation
 - Provider contracting limits (i.e., annual change limited to external index)
 - Cost shifting lower provider reimbursement for Medicaid/Medicare could lead to higher provider reimbursement for commercial or self-insured
 - Medical practice patterns lead to change in mix or intensity
 - Increased number of tests in hospital stay
 - Shift towards more specialized physician care
 - Upcoding
 - Facility mix reimbursement can vary due to operating costs, nurse wages, energy costs
 - New technology, new drugs, or organ transplants
 - Large claims low frequency and high unit cost
 - Health care reform or state mandates
 - Patent protection for pharmacy



Other Trend Drivers

- Age/gender
 - Old > younger
 - Female > Male
- Benefits
 - Deductible
 - Copays and coinsurance
 - Internal limits and benefit maximums
 - Out-of-pocket limits
- Geography
- Selection
 - Favorable or adverse results due to non-random changes



Steps to Develop Trend

- 1. Complex statistical analysis to simple algebra
- 2. Summarize utilization and/or claim costs incurred from a set period of time, usually over the span of multiple calendar years
 - 1. Summary can be broken out by types of service (i.e., Inpatient, Outpatient, Professional, etc.)
 - 2. Using rolling averages for credibility
 - 3. Can also be shorter periods like 1, 3, or 6 months
- 3. Remove large claims over a defined threshold (i.e., \$100,000)
- 4. Compare the metric (i.e., utilization, average cost, PMPM) from two periods of time (March over March) to determine the annual trend



Application

- Compounding impact
 - Short term
 - Long term
- Timing annual trends
 - Midpoint of base period
 - Midpoint of projection period
 - Example 1
 - Data based on CY2019 midpoint or average is July 1, 2019
 - Rating CY2021 midpoint or average is July 1, 2021
 - Example 2
 - Data based on 4Q2019 midpoint or average is October 15, 2019
 - Rating CY2021 midpoint or average is July 1, 2021
- Trend factors
 - 5% annual trend
 - Example 1 → CY2019 to CY2021 2 years or 1.05² = 1.1025 or 10.25% increase (not 10%)
 - Example 2 \rightarrow 4Q2019 to CY2021 20.5 months or 1.05 $^{(20.5/12)}$ = 1.0869 or 8.69% increase

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Trend Example – ASE Medical

Incurred	Medical PMPM				Annual Medical Trends			
Month	Monthly	3 Mo Avg	6 Mo Avg	12 Mo Avg	Monthly	3 Mo Avg	6 Mo Avg	
Jan-18	\$275.69	\$266.43	\$273.80	\$253.22	36.5%			
Feb-18	\$232.59	\$259.04	\$265.12	\$255.08	10.7%			
Mar-18	\$261.58	\$256.61	\$264.82	\$256.16	5.2%	16.5%		
Apr-18	\$268.68	\$254.27	\$260.33	\$260.64	25.0%	13.2%		
May-18	\$251.06	\$260.44	\$259.74	\$261.56	4.7%	11.1%		
Jun-18	\$251.61	\$257.12	\$256.86	\$263.14	8.1%	12.2%	14.3%	
Jul-18	\$273.54	\$258.73	\$256.49	\$265.12	9.5%	7.5%	10.2%	
Aug-18	\$304.43	\$276.51	\$268.47	\$266.80	7.1%	8.2%	9.6%	
Sep-18	\$250.77	\$276.25	\$266.68	\$265.75	-4.8%	3.9%	7.8%	
Oct-18	\$324.00	\$293.05	\$275.86	\$268.10	9.5%	4.2%	5.7%	
Nov-18	\$270.06	\$281.58	\$279.04	\$269.38	6.1%	3.8%	5.9%	
Dec-18	\$273.98	\$289.35	\$282.79	\$269.80	1.9%	5.9%	4.9%	
Jan-19	\$267.01	\$270.34	\$281.69	\$269.07	-3.2%	1.5%	2.9%	
Feb-19	\$222.95	\$254.56	\$268.04	\$268.25	-4.1%	-1.7%	1.1%	
Mar-19	\$247.14	\$245.68	\$267.41	\$267.04	-5.5%	-4.3%	1.0%	
Apr-19	\$256.50	\$242.19	\$256.21	\$266.02	-4.5%	-4.7%	-1.6%	
May-19	\$273.28	\$258.97	\$256.77	\$267.88	8.9%	-0.6%	-1.1%	
Jun-19	\$256.06	\$261.95	\$253.81	\$268.25	1.8%	1.9%	-1.2%	
Jul-19	\$258.48	\$262.62	\$252.39	\$267.00	-5.5%	1.5%	-1.6%	
Aug-19	\$280.36	\$264.97	\$261.96	\$265.00	-7.9%	-4.2%	-2.4%	
Sep-19	\$266.82	\$268.56	\$265.25	\$266.33	6.4%	-2.8%	-0.5%	
Oct-19	\$308.34	\$285.15	\$273.87	\$265.03	-4.8%	-2.7%	-0.7%	

Example:

Sep-19: 3 Mo Avg Med = \$268.56 Sep-18: 3 Mo Avg Med = \$276.25

Annual trend

 \Rightarrow \$ 268.56 / \$ 276.25 - z1 = -0.5%

- Claims reflect amounts paid to providers after member cost sharing
- 3 Mo and 6 Mo Avg equal three month of incurred claims / three months of members Milliman

Arkansas State Employees (ASE)

Executive Summary

- Updated projections show an increase in net income of \$2.2M in 2019 and decrease in net income of \$210K in 2020 (Changes shown relative to November board meeting).
 - Higher other income
 - Lower medical claims
 - Lower pharmacy savings
- 2019 plan experience
 - Estimated surplus of \$14.4M
 - Estimated unallocated net assets at the end of 2019 is \$8.8M
- 2020 plan experience
 - Allocated reserves for 2020 is \$25.1M
 - Estimated surplus of \$6.3M
 - Estimated unallocated net assets at the end of 2020 is \$15M
 - No plan changes / 5% increase in employee contributions



Total Plan Experience

<u>Funding</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
State Contribution	\$ 174.70	\$ 173.61	\$ 172.32
Employee Contribution	96.70	97.45	102.52
Other	19.70	23.47	22.46
Total Income	\$ 291.10	\$ 294.53	\$ 297.29
Medical Claims	\$ (201.40)	\$ (194.22)	\$ (205.91)
Pharmacy Claims	(81.90)	(87.91)	(98.13)
Administration Fees ¹	(22.70)	(18.30)	(17.57)
Plan Administration	N/A	(2.90)	(3.22)
Total Expenses	\$ (306.00)	\$ (303.33)	\$ (324.83)
Pharmacy Savings	\$ -	\$ 1.47	\$ 8.76
Net Income / (Loss) Before Reserve Allocation	\$ (14.90)	\$ (7.34)	\$ (18.78)
Allocation of Reserves	\$ 18.00	\$ 21.70	\$ 25.10
Net Income / (Loss) After Reserve Allocation	\$ 3.10	\$ 14.37	\$ 6.33
Average Membership			
Active Employees / Pre-65 Retirees	48,093	47,716	47,716
Post-65 Retirees	12,914	 13,351	 13,752
Total Enrolled	61,008	61,068	61,468
	100.00	101.70	
Total Income PMPM ²	\$ 422.22	\$ 431.53	\$ 437.08
Total Expenses PMPM ³	\$ (417.98)	\$ (411.93)	\$ (428.50)

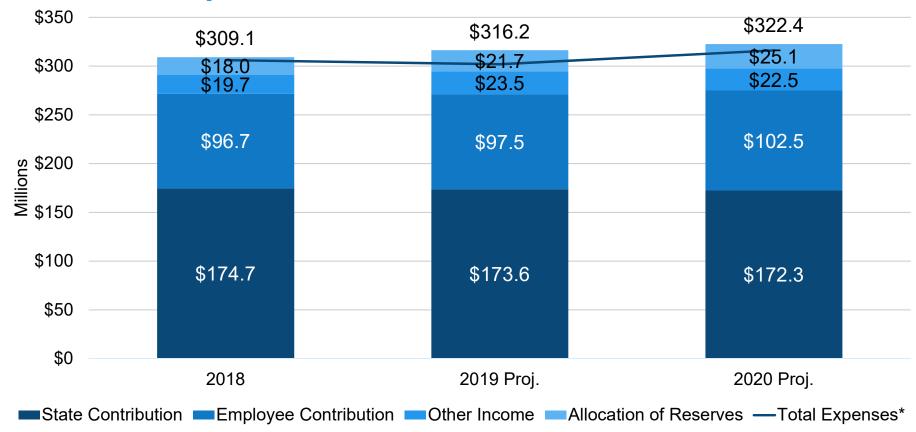
¹ 2018 Administration Fees included Plan Administration

³ Total Expenses offset by Pharmacy Savings



² Allocation of Reserves included in Total Income

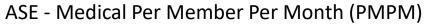
Income vs. Expenditure

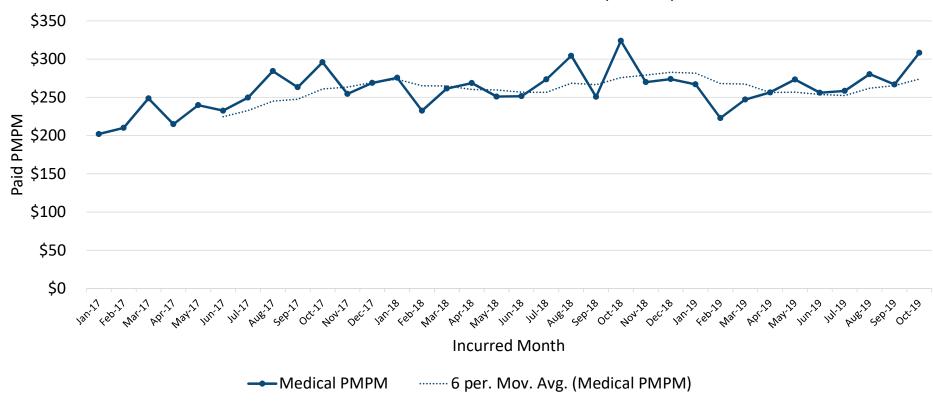


^{*} Total Expenses offset by Pharmacy Savings



Monthly Trend - Medical

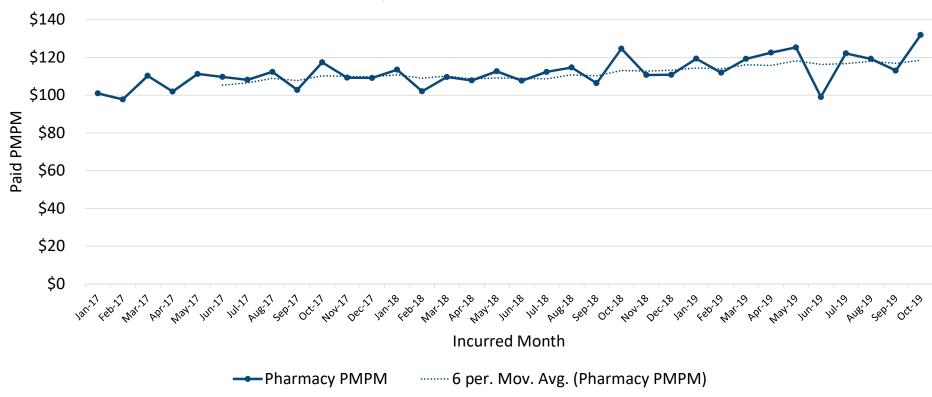






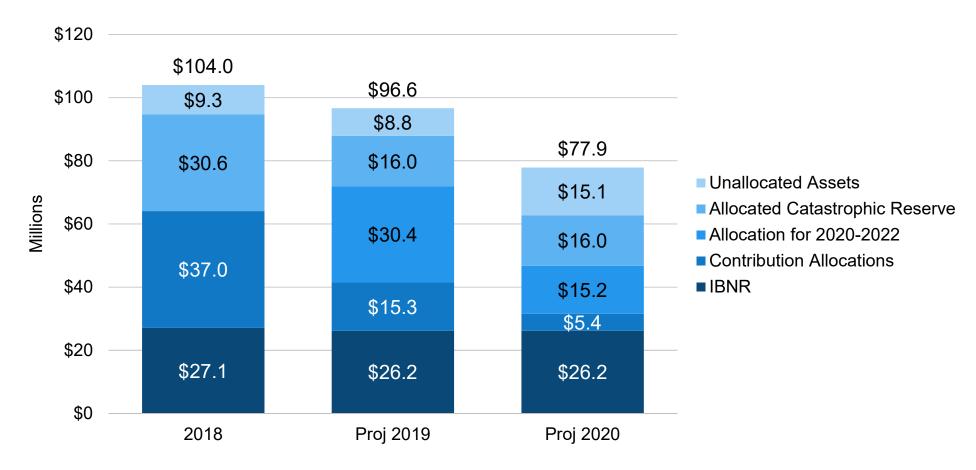
Monthly Trend - Pharmacy





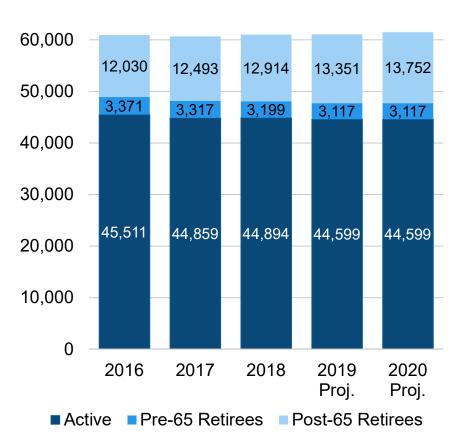


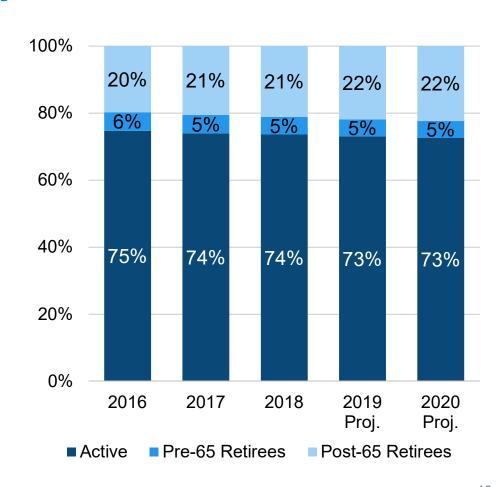
End of Year Assets





ASE - Average Membership by Status







Public School Employees (PSE)

Executive Summary

- Updated projections show a reduction in net income of \$2.0M in 2019 and an increase in net income of \$50K in 2020 (Changes shown relative to November board meeting).
 - Higher medical claims
 - Lower pharmacy savings
- 2019 plan experience
 - Estimated deficit of \$2.3M
 - Estimated unallocated net assets at the end of 2019 is \$11.3M
- 2020 plan experience
 - Allocated reserves for 2020 is \$25.2M
 - Estimated deficit of \$4.5M
 - Estimated unallocated net assets at the end of 2020 is \$6.8M
 - No plan changes / 0% increase to employee contributions



Total Plan Experience

<u>Funding</u>	<u>2018</u>	<u>2019</u>	<u>2020</u>
PPE Funding	N/A	\$ 102.39	\$ 106.32
Employee Contribution ¹	217.40	121.12	125.15
Dept of Ed Funding	88.10	88.10	88.10
Other	13.80	15.02	15.79
Total Income	\$ 319.30	\$ 326.64	\$ 335.36
Medical Claims	\$ (235.20)	\$ (249.41)	\$ (270.32)
Pharmacy Claims	(56.80)	(62.10)	(69.91)
Administration Fees ²	(30.90)	(28.46)	(28.10)
Plan Administration	N/A	(2.61)	(3.01)
Total Expenses	\$ (322.90)	\$ (342.59)	\$ (371.34)
Pharmacy Savings	\$ -	\$ 1.03	\$ 6.24
Net Income / (Loss) Before Reserve Allocation	\$ (3.60)	\$ (14.91)	\$ (29.74)
Allocation of Reserves	\$ 4.50	\$ 12.66	\$ 25.22
Net Income / (Loss) After Reserve Allocation	\$ 0.90	\$ (2.26)	\$ (4.52)
Average Membership			

Average Membership

Active Employees / Pre-65 Retirees	79,949	82,309	84,661
Post-65 Retirees	13,536	14,282	15,138
Total Enrolled	93,485	96,591	99,800

Total Income PMPM ³	\$ 288.64 \$	292.72 \$	301.09
Total Expenses PMPM⁴	\$ (287.84) \$	(294.67) \$	(304.86)

¹ 2018 Employee Contribution included PPE Funding and Allocation from Department of Education

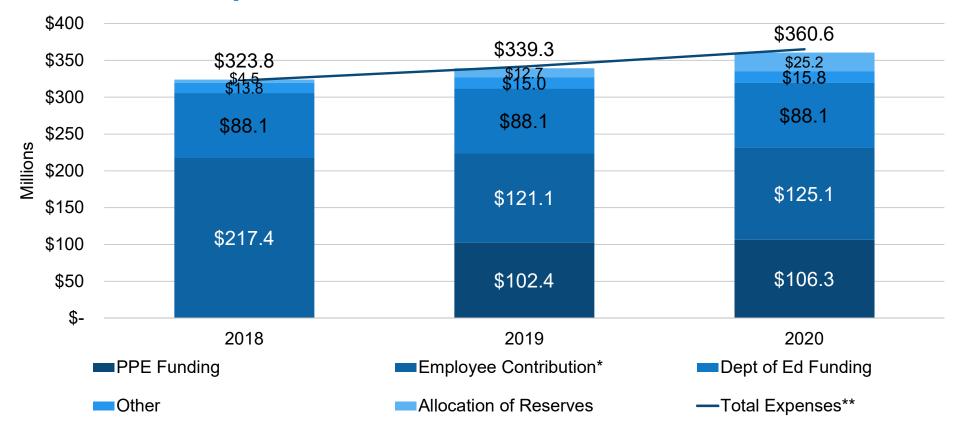


² 2018 Administration Fees included Plan Administration

³ Allocation of Reserves included in Total Income

⁴ Total Expenses offset by Pharmacy Savings

Income vs. Expenditure



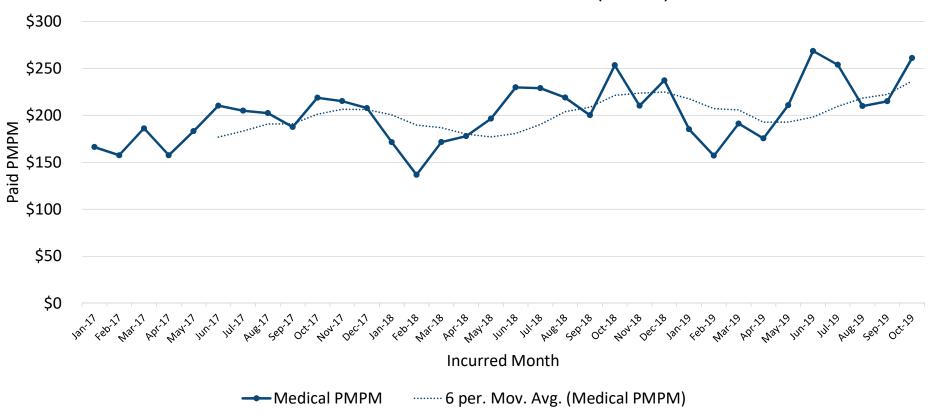
^{* 2018} Employee Contribution includes PPE Funding

^{**} Total Expenses offset by Pharmacy Savings



Monthly Trend - Medical

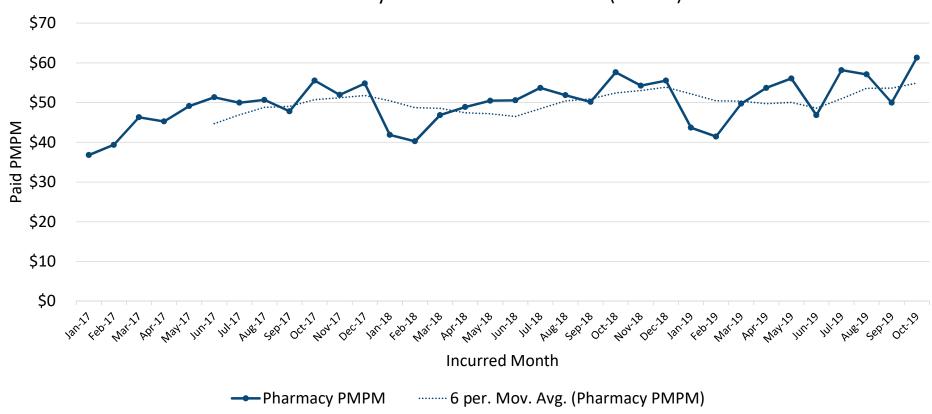
PSE - Medical Per Member Per Month (PMPM)





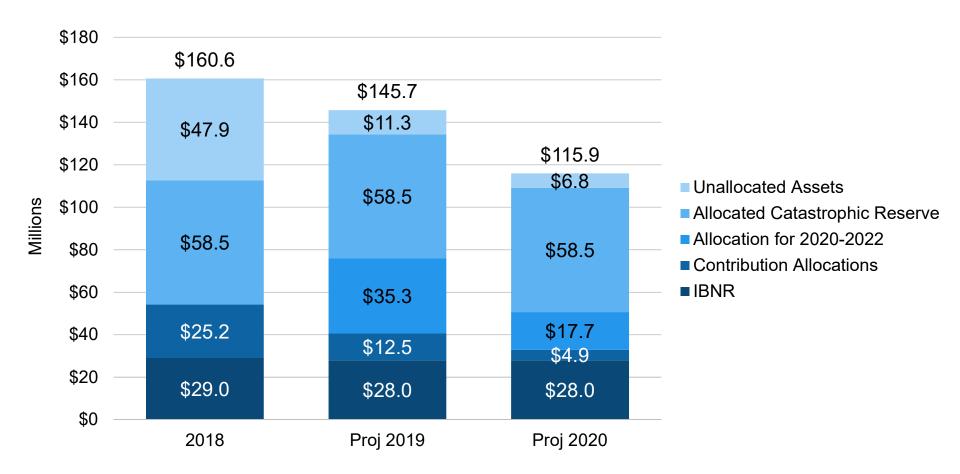
Monthly Trend - Pharmacy





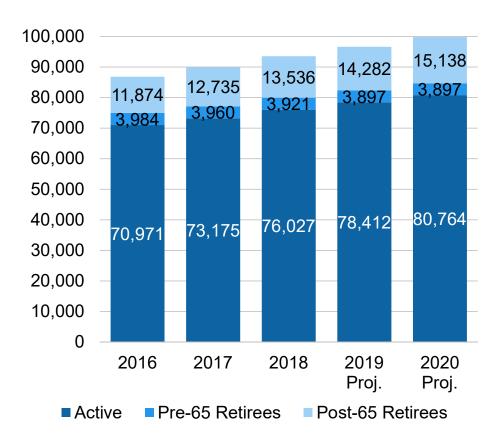


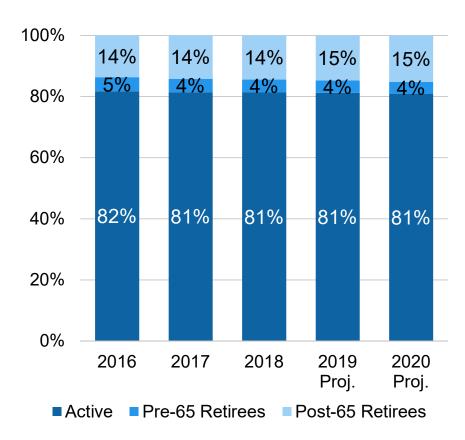
End of Year Assets





PSE - Average Membership by Status



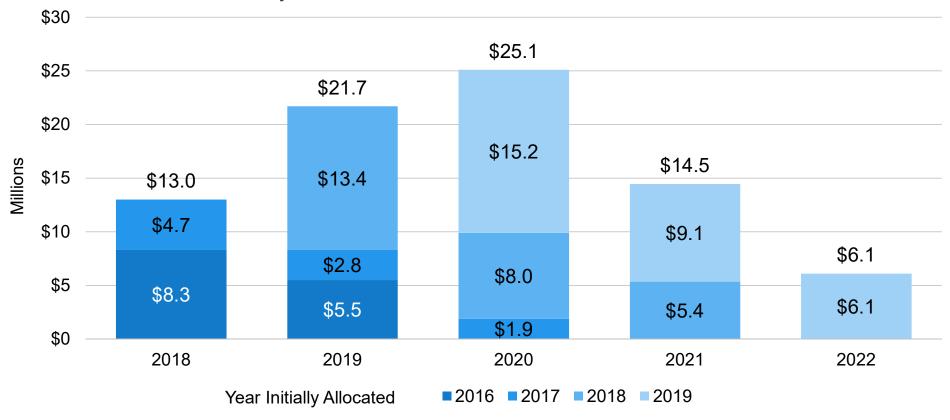




Appendix

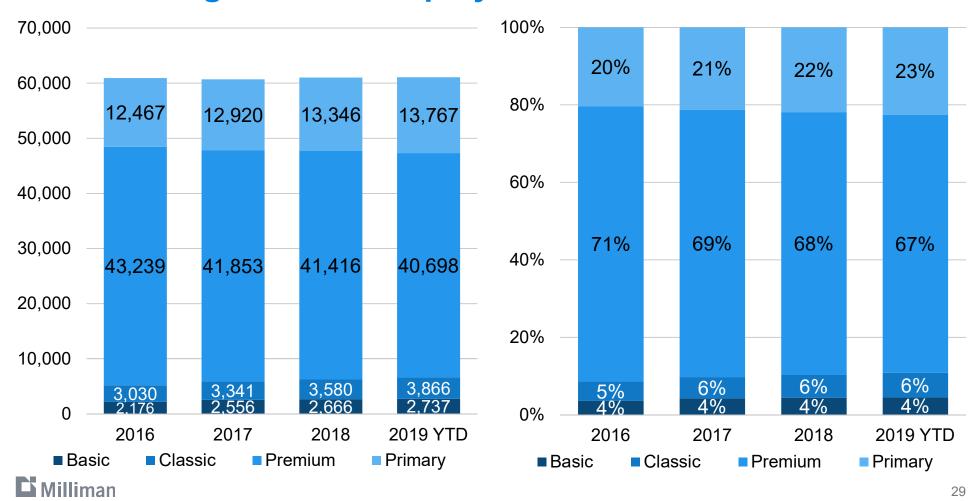
ASE - Reserves Allocation by Year

The chart represents the reserves amounts allocated each year (in millions), and how much reserves are available each year.



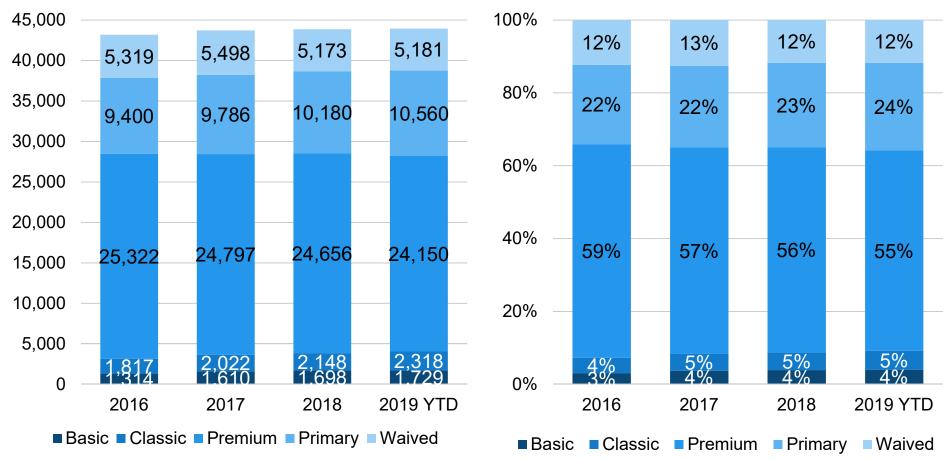


ASE - Average Membership by Plan



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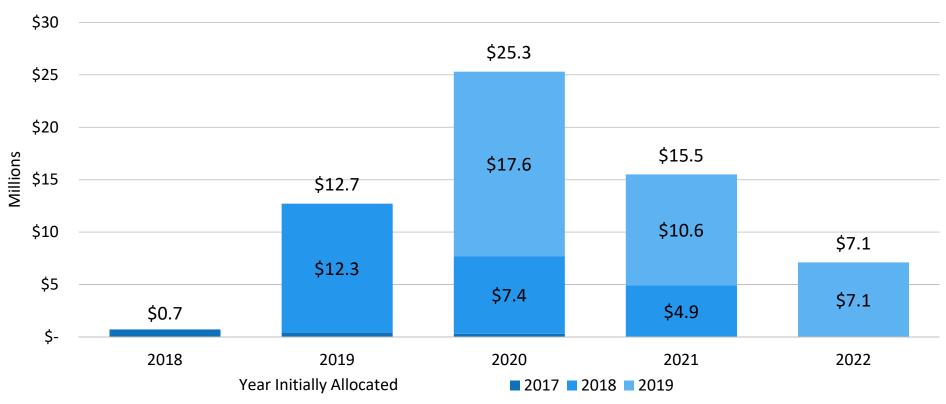
ASE - Average Enrollment (Subscribers) by Plan





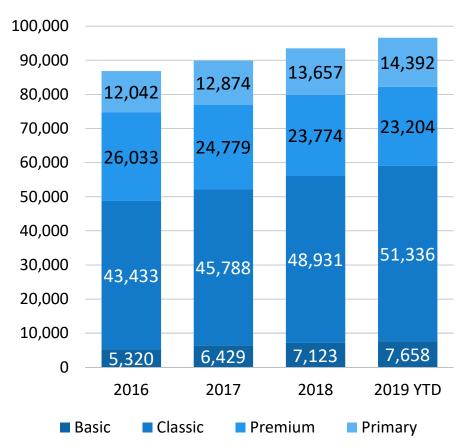
PSE - Reserves Allocation by Year

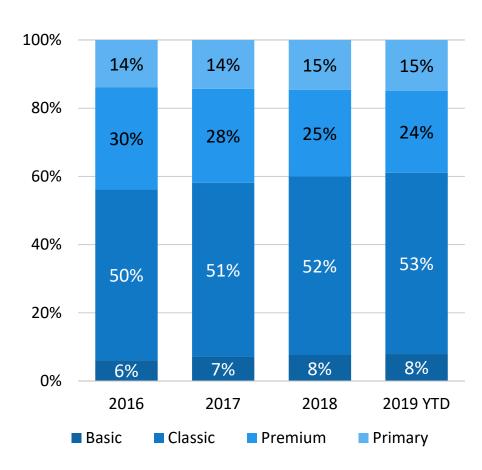
The chart represents the reserves amounts allocated each year (in millions), and how much reserves are available each year.





PSE - Average Membership by Plan

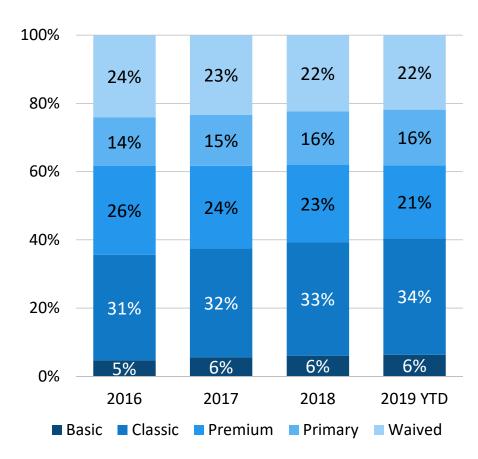






PSE - Average Enrollment (Subscribers) by Plan







Assumptions - Trend

Division	Division Group		Pharmacy Trend		
ASE	Active/Pre-65 Retirees	5.0%	8.0%		
	Post-65 Retirees	5.0%	8.0%		
PSE	Active/Pre-65 Retirees	6.0%	8.0%		
	Post-65 Retirees	5.0%	8.0%		



Assumptions – Benefit Plan Changes (2018 to 2020)

- ASE
 - No significant plan cost changes for Active, Pre-65, and Post-65 benefit plans
- PSE
 - No changes for Post-65 benefit plan
 - Active and Pre-65 (2019 changes)
 - Premium
 - Deductible decrease from \$1,000 to \$750 (individual)
 - Out-of-Pocket Maximum (OOPM) decrease from \$3,500 to \$3,250 (individual)
 - Pharmacy OOPM increase from \$3,100 to \$3,350 (individual)
 - Classic
 - Deductible decrease from \$2,000 to \$1,750 (individual)
 - Medical coinsurance limit increase from \$4,450 to \$4,700 (individual)
 - Basic
 - Deductible decrease from \$4,250 to \$4,000 (individual)
 - Medical coinsurance limit increase from \$2,200 to \$2,450 (individual)



Assumptions – Other

- Age/Gender
 - Age/Gender factor based on Milliman Health Cost Guidelines™
- Enrollment Projections
 - Actual enrollment utilized for January 2019 through November 2019
 - Projected December 2019 based on historical seasonality pattern
 - Projected 2020 based on historical trend rates
- Pharmacy Savings
 - \$1.25 million in savings per month beginning in September 2019. Allocated between ASE / PSE based on pharmacy claims expense.
 - Pharmacy claims starting to reflect savings beginning in June 2019
- QualChoice Run-out Administration Fees
 - Actual run-out fees through September 2019
- Plan Administration Expense
 - ASE \$3.96 PMPM for CY2019 (\$4.37 PMPM for CY2020)
 - PSE \$2.26 PMPM for CY2019 (\$2.51 PMPM for CY2020)

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Methodology

- 1. Summarized fee-for-service (FFS) medical and pharmacy claims incurred from November 1, 2018 to October 30, 2019 and paid from November 1, 2018 to December 31, 2019. Medical claims include withholds starting January 2019.
- 2. Converted the paid and incurred claims to incurred claims using completion factors. This incorporates the incurred but not reported (IBNR) claim reserve.
- 3. Summarized member months for November 1, 2018 to October 31, 2019.
- 4. Divided the summarized incurred claims by the appropriate member months to calculate PMPMs.
- 5. 2019 Projection composed of actual claims experience from January 2019 October 2019 along with projected claims experience from November 1, 2019 December 31, 2019.
- 6. 2020 Projected the incurred claims PMPM from the midpoint of the experience period (May 1, 2019) to the midpoint of the contract period (July 1, 2020).
- 7. Made adjustments for seasonality, benefit changes, and age/gender mix.
- 8. Accounted for rating period fees and administrative expenses.
- 9. Where applicable, converted incurred budget to paid budget based on historical payment patterns.



Limitations

Courtney White and Paul Sakhrani are Members of the American Academy of Actuaries and a Fellow of the Society of Actuaries and meets the Qualification Standards of the American Academy of Actuaries to render opinion contained herein. To the best of our knowledge and belief, this analysis is complete and accurate and has been prepared in accordance with generally recognized and accepted actuarial principles and practices.

The assumptions used in the development of the 2019 and 2020 budget are based on historical ASE and PSE claims, funding, and plan administration, historical ASE and PSE members by benefit plan, age/gender, and by month, 2018 and 2019 ASE and PSE benefit plan summaries, 2020 fees and administrative expenses, conversations with EBD regarding the program, and actuarial judgment.

While we reviewed the ABCBS and EBD information for reasonableness, we have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

Expected outcomes are sensitive to the underlying assumptions used. Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Any reader of this report should possess a certain level of expertise in areas relevant to this analysis to appreciate the significance of the assumptions and the impact of these assumptions on the illustrated results. The reader should be advised by their own actuaries or other qualified professionals competent in the subject matter of this report, so as to properly interpret the material.

This presentation has been prepared for the sole use of the management of the State of Arkansas Employee Benefits Division for setting the ASE and PSE budget for CY2019 and CY2020. It may not be appropriate for other purposes. Milliman does not intend to benefit any third party from this analysis.





Thank you

Courtney White, FSA, MAAA Paul Sakhrani, FSA, MAAA