

ST. LOUIS COUNTY
HEALTH INSURANCE COMMITTEE

The St. Louis County Health Insurance Committee met on Wednesday, October 21st at 9:00 a.m. via Webex. The meeting was called to order by Jim Gottschald, Committee Co-Chair.

Members Present:	Angie Mattsen	Timothy Rasch
	Heather Ninfeldt	Nora Sandstad for Tom Stanley
	Jim Gottschald	Alicia Carrillo
	Nancy Hintsa	Katie Finc
	Krista Shopp	Kevin Gray
	Kim Maki	Gordy Halverson
	Nancy Nilsen	Judy Walhberg

Others Present:	Jeff Coenen	Tiffany Kari
	Beth Menor	Colleen Effinger
	Dave Kuschel	Jolene Jamnick
	Arnie Zopfi	Erik Peterson
	Alyssa Schlichting	

The September minutes were approved by consensus with no requested changes.

PRESENTATIONS

1. The first item from the agenda under Presentations was the *Claims Drivers Reports* by Mr. Kuschel of BlueCross and BlueShield of Minnesota (BCBSM) (0:01:50). The report included data from June 2020 through mid-October 2021. The nine members who were treated inpatient for COVID incurred \$364,572. COVID testing claims accounted for \$749,589 in COVID spend. COVID treatment claims totaled \$494,354 and COVID vaccine spend totaled \$28,989. Mr. Gottschald added that some CARES Act funds were being reserved to reimburse the medical fund for COVID-related claims. He also added that not all COVID testing and vaccines for our members would be captured by the health plan as funding sources varied by location and provider.
2. The next item from the agenda under Presentations was the *Mid-Year Pharmacy Report* by Mr. Zopfi of Prime Therapeutics (0:14:20). Mr. Zopfi highlighted the following from the report:
 - Per member per month (PMPM) increased by 28.7% due to a decrease in member count (487 fewer) and an increase in specialty spend.
 - Generic utilization decreased by only 0.6% whereas most groups saw larger drops in 2021, Mr. Zopfi gave credit to our adoption of the KeyRx formulary.
 - Member contributions were at 5.4% as compared to the benchmarks of 15.0% at BCBSM and 13.9% at Prime Therapeutics.

- Reductions in spend over last year occurred in the therapeutic classes of multiple sclerosis, cancer and cystic fibrosis.
 - There was a significant increase of \$590,387 in spend on rheumatoid arthritis(RA).
 - The top RA drugs were Strolera (at a cost of \$24K/month) and Skyrizi (at a cost of \$17K/month) and Humira (at a cost of \$5K/month).
 - Trend was 26.9% as compared to the 7.8% benchmark
 - Utilization went up by 1%.
 - Specialty trend was 21.3%.
 - The age category with the largest spend were 50-64 year-olds, with 18-39 year-olds in the next largest category.
 - Non-specialty categories were led by diabetes, asthma and anti-infectives.
 - Advair disk will be removed from the formulary in 2022.
3. The next item from the agenda under Presentations was another *Claims Drivers Report* by Mr. Kuschel of BCBSM (0:37:23). This report detailed 2021 high cases that had reached the \$100,000 threshold. There were 28 total cases, 10 were spouses and 9 were children. Top 11 high cases are all dependents. The highest case was at \$572,000 with diagnoses of heart disease, sepsis, and renal disease. Other diagnoses among the high cases included genetic disorders, cancer, sepsis, gastrointestinal hemorrhage, cirrhosis of the liver, cerebral palsy, pre-term birth, pregnancy complications, COVID, cystic fibrosis, crohn's disease, coronary disease and spinal fusion. Ms. Menor asked for data that compared the sepsis claims to similar groups to determine if our group was an outlier. Mr. Kuschel agreed to bring this data back and stated that the prevalence of sepsis could be due to more granular reporting.
4. The next item from the agenda under Presentations was the *Auditor Financial Report* by Ms. Nilsen (0:45:23). The report projected the 2021 health fund balance to be \$20,792,464, a net gain of \$3,611,299 from the year prior. The year-end projection at the prior meeting in September was \$21,349,319.

OLD BUSINESS

5. The only item from the agenda under Old Business was *Dependent Dental Plan Proposals* (0:46:45). Discussion ensued about merging the dependent dental plan from a fully-insured independent plan to the self-insured employee plan. Consensus was not achieved with management members opposed and labor representatives in support. The committee agreed by consensus to acquire a new quote from Delta Dental for the improved level of benefits but under a fully-insured model instead of a self-insured one. In recognition of the short time window for a 2022 implementation, the committee agreed to vote by email once the quote was

available. Update: A vote was queried October 27, 2021 and there was not consensus in the email vote.

NEW BUSINESS

6. The first item from the agenda under New Business was *Total Wellness Program Update* (1:55:30). Ms. Kari reported that she has been exploring option to move an existing market into County space in Virginia. Final bike event was rained out and will be rescheduled. Gearing up for 2022 Total Wellness program.
7. The next item from the agenda under New Business was the *Drug Transparency Act* (1:58:30). As reported by Ms. Menor, statute 62J.64, Prescription Drug Price Transparency, requires the Minnesota Department of Health (MDH), as of 1/1/22, to require drug manufacturer's with a price increase of \$100 or more on a 30-day supply of a drug to report back data about the drug. This data includes generic availability, history of past prices and increases over most recent 5 years, wholesale acquisition costs and other direct costs, total sales revenue, net profit, total financial assistance to patients, breakthrough drug status and the 10 highest prices paid in countries outside the US. MDH will post this data publicly and assess civil penalties on those who do not comply.
8. The next item under New Business was *Medical Surprise Billing* (2:03:30). Ms. Menor reported that this executive action provided for two consumer protections. The first was unexpected costs due to out-of-network emergency care which was in-network in our plan design. The second was out-of-network charges by third-party providers for treatment in an in-network hospital. BCBSM had a history of adjusting these types of claims to in-network level benefits and the vast majority of providers are in the BCBS network. Ms. Menor clarified that the provider would be responsible for reducing the bill by the difference between in-network and out-of-network patient liability. She also informed that a nation-wide process and infrastructure was underway to handle consumer disputes and claims and that the member notice provided in the meeting materials would be included in open enrollment communications.

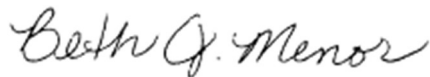
OTHER BUSINESS

9. The first item from the agenda under Other Business (2:06:05) was a report on the flu vaccine clinics. Mr. Gottschald reported that about a week after the last committee meeting public health staff secured supply of the vaccine so clinics were scheduled. Mr. Gottschald suggested the committee approve up to \$7,500 for the vaccines given to non-Teamster employees and their family members.

10. The final item brought up under Other Business (2:08:10) was regarding Ms. Menor and Mr. Gottschald serving as expert panelists at the next meeting of the Minnesota Health Leadership Council, An affiliate of the National Alliance of Healthcare Purchaser Coalitions. They were expected to share and showcase how St. Louis County works with our partners on a host of initiatives, the latest being a partnership with Essential Health in establishing a mental health collaborative care model.

With no further business the meeting was adjourned.

Respectfully submitted,

A handwritten signature in cursive script that reads "Beth J. Menor".

Beth J. Menor
Senior Benefits Advisor