### State of Arkansas, Bureau of Legislative Research Employee Health Benefits Consulting Services

#### **Finalist Presentation**

May 12, 2021



© 2021 by The Segal Group, Inc.



#### Introductions

Overview of Segal State Health Capabilities and Results Current State Ready to Serve Closing & Questions



### Kickoff and Introductions



Kenneth C. Vieira, FSA, FCA, MAAA

Account Executive SVP & East Region Public Sector Market Leader



Patrick J. Klein, FSA, MAAA

Account Manager VP & Consulting Actuary



Matthew A. Kersting, FSA, MAAA

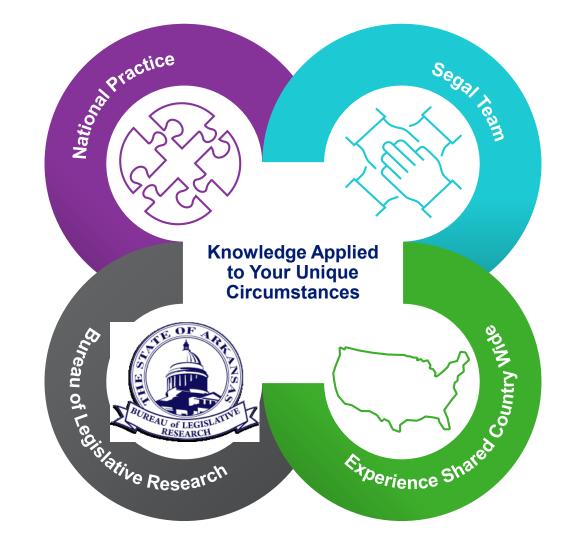
Lead Actuary VP & Consulting Actuary



Joanna Balogh-Reynolds RN-BC, MSN, DNP Director of Clinical Consulting

"Having the right partner...who is committed to creating something outstanding makes all the difference."

### Segal is Organized to Serve You





## Your Public Sector Focused Team Specialized Expertise Ready to Serve BLR



Client Management Team	
Account Executive	
Kenneth C. Vieira, FSA, FCA, MAAA	
Account Management	
Patrick J. Klein, FSA, MAAA Account Manager	
Matthew A. Kersting, FSA, MAAA Lead Actuary	

		Strateg	ic Support		
	Benefit Co	onsultants	Health Actu		
		r, FLMI ( <i>Lead</i> ) n L. Kuhn	•.	SA, MAAA, EA, PhD en Stejskal	
		Subject M	atterExperts		
Clinical & V	Vellness	Data Analytics	/Network Analysis	Complia	nce Support
Sadhna Paralkar, Joanna Balogh-Reynold			haaya, PMP a Bishop		Hustead, JD Bakich, JD



# Working Together

#### Primary Segal Contact:

-Patrick Klein

#### • Day-to-day interactions:

- -Matt Kersting
- -Joanna Balogh-Reynolds
- -Ken Vieira

We encourage direct contact with specialists

#### Account Management:

- -Scheduled meetings and calls—weekly
- -Project plan and proactive management
- -On-call expertise and collaboration any time
- -Team communication and depth
- -Reports designed for the reader
- -Support of Senior Management





# Agenda

Introductions

#### **Overview of Segal**

State Health Capabilities and Results Current State Ready to Serve Closing & Questions



Segal — Who We Are



Providing Employee Benefit Consulting for over 80 years

Employee-owned and privately-held



Deep public sector experience working with counties, cities, school systems and states throughout the country



Expertise: Benefit Design, Actuarial, Communication and Compliance

We provide trusted advice that improves lives.



### The Segal Public Sector Advantage

# Segal's Public Sector is a Core Business — staffed and served by specialized teams

- Through our extensive work with large public sector clients across the country, we understand the issues you face and the limited resources you have to address them
- ✓ Over 500 public sector clients
- ✓ Founding supporting member of SALGBA
- Experience in presenting complex issues to policy making groups
- In-depth experience with public procurement processes
- Focused on emerging issues affecting public sector clients
- Recommendations that balance the interests of all stakeholders and are mindful of fiscal and human impact



Segal works with Public Sector clients in virtually every State across the Country.



# Agenda

Introductions

**Overview of Segal** 

#### **State Health Capabilities and Results**

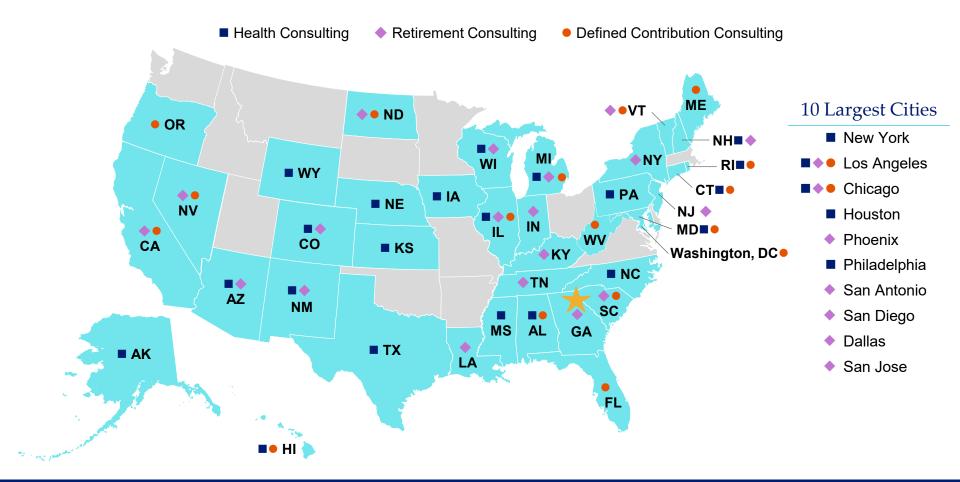
**Current State** 

**Ready to Serve** 

**Closing & Questions** 



#### Segal's Large Public Sector Clients Health & Retirement Consulting



We currently perform health, retirement and/or defined contribution consulting for 37 states, the 10 largest U.S. cities, 12 California county retirement systems, the District of Columbia, the U.S. Virgin Islands and Puerto Rico.



## Our Large State Experience

Project Description	AK	AL	AZ	CO	СТ	HI	IA	IL	KS	MD	MI	MS	NC	NE	NH	NM	PA	RI	ТΧ	WI	WY
Financial Projections	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	$\checkmark$		$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	~
IBNR	✓	$\checkmark$	$\checkmark$	√	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$			$\checkmark$	✓							
Funding Rates/Plan Cost Modeling	✓	✓	$\checkmark$	✓	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓
Legislative Support	✓	✓		✓	✓	✓	✓		$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	✓	✓	✓		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Actuarial Rate Development	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	✓	✓		✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$
Benchmarking/Data Analysis/Trends	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$	✓	✓	✓	$\checkmark$	✓	✓	✓	✓	$\checkmark$	$\checkmark$	✓
Participation in Meetings and Workgroups	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓
Procurement/Marketing	✓	✓	$\checkmark$	√	√	✓	✓	✓	$\checkmark$	$\checkmark$		✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$
Reporting	✓	✓	$\checkmark$	✓	✓	✓		✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓		$\checkmark$	$\checkmark$
Pharmacy Management	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	✓		$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$
HMOs/PPOs/FFS	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	✓		$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$
CDHP (HSA/HRA)	✓		$\checkmark$	✓					$\checkmark$			$\checkmark$	✓	$\checkmark$				$\checkmark$	✓	$\checkmark$	$\checkmark$
Medicare Advantage	✓	✓	$\checkmark$	✓	✓	✓		✓	$\checkmark$				✓		✓	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	
Medicare Supplement/Wrap	✓	✓	$\checkmark$		✓	✓	✓	✓	$\checkmark$	$\checkmark$			✓		✓	$\checkmark$	✓			$\checkmark$	$\checkmark$
Medicare Part D Consulting	✓	✓	$\checkmark$	✓	✓	✓		✓	$\checkmark$	✓			✓		✓	$\checkmark$	✓		$\checkmark$		
ACA Consulting/Healthcare Reform	✓	✓		√	√	✓	✓	✓	✓	✓		✓	✓	✓	✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$
HIPAA Compliance		✓			✓	✓	✓		$\checkmark$	✓		$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	
Plan Design Review	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$	✓		✓	$\checkmark$	✓	✓	✓	✓	$\checkmark$	$\checkmark$	✓
Wellness Plan Designs & Program Analysis	✓	✓			✓	✓		✓	$\checkmark$	$\checkmark$		$\checkmark$	✓	$\checkmark$	✓	$\checkmark$		$\checkmark$		$\checkmark$	
Clinics/Wellness Centers	✓								✓												
Medical Management	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	✓	$\checkmark$	✓		$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
Contract Negotiations	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	✓	$\checkmark$	✓		✓	✓		✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓
OPEB Valuation			$\checkmark$	✓	✓	✓	✓			$\checkmark$	✓		✓	$\checkmark$	✓	$\checkmark$				$\checkmark$	$\checkmark$
Strategic Planning/Migration Strategies	✓	✓	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$		$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$
Communications	✓		$\checkmark$		✓	✓		✓		✓					✓		$\checkmark$	✓	$\checkmark$		
Annual Comprehensive Financial Report	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓		$\checkmark$	$\checkmark$			$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$		
Narrow Networks	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$					$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$	
Direct Provider Contracting	✓		$\checkmark$	√	√							✓					$\checkmark$				
Local Governments/Schools	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$
Claims Auditing					✓										$\checkmark$	$\checkmark$	$\checkmark$	✓		$\checkmark$	
Technology Consulting/ Implementation	$\checkmark$	$\checkmark$			✓	✓	✓			✓					$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
		-																			



# **Delivering Results**

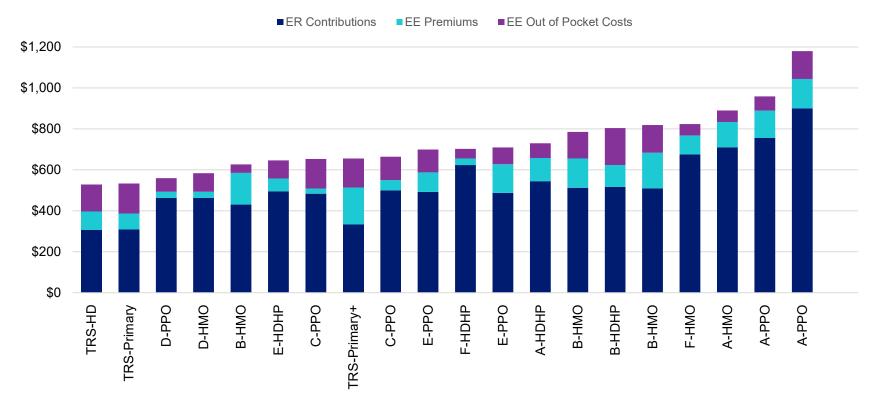
Financial Projections IBNR	$\checkmark$	1															PA	RI	ТХ		
IBNR		~	$\checkmark$	$\checkmark$	✓	✓	✓	✓	✓	✓	✓		✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓
	✓	✓	√	✓	√	✓	✓	✓	✓	$\checkmark$			✓	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$
Funding Rates/Plan Cost Modeling	✓	✓	$\checkmark$	✓	√	✓	✓	✓	✓	✓	✓		✓	✓	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Legislative Support	✓	√		✓	✓	✓	✓		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Actuarial Rate Development	✓	✓	$\checkmark$	✓	√	✓	✓	✓	✓	✓	✓		✓	✓	✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$
Benchmarking/Data Analysis/Trends	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$
Participation in Meetings and Workgroups	✓	✓	✓	$\checkmark$	✓	✓	$\checkmark$	✓	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓	✓	✓	$\checkmark$
Procurement/Marketing	✓	✓	✓	1	ех	ลร												ſ	✓	$\checkmark$	$\checkmark$
Reporting	✓	✓	✓			au												ſ		$\checkmark$	✓
Pharmacy Management	✓	✓	✓		P	≏rf∂	٦rn	ner	de t	etai	امط	he	ncł	m	arki	na		ſ	✓	$\checkmark$	$\checkmark$
HMOs/PPOs/FFS	✓	✓	✓											iiiic		ng		ſ	✓	$\checkmark$	✓
CDHP (HSA/HRA)	✓		✓		a	Jan	151	30	iec	t st	ale	:5						ſ	✓	$\checkmark$	$\checkmark$
Medicare Advantage	✓	✓	$\checkmark$		N A	00	<u>e 1 11</u>	-od	off	icie	no	vb	u na	h	oli	zina	r		$\checkmark$	$\checkmark$	
Medicare Supplement/Wrap	✓	✓	$\checkmark$											וווכ	all	21110	J			$\checkmark$	$\checkmark$
Medicare Part D Consulting	$\checkmark$	✓	$\checkmark$	underlying plan designs										$\checkmark$							
ACA Consulting/Healthcare Reform	✓	✓					40	<b>.</b>							he			ſ	✓	$\checkmark$	$\checkmark$
HIPAA Compliance		✓				ea	ιο	Str		egio	; p	rog	rar	n c	na	nge	95		✓	$\checkmark$	
Plan Design Review	✓	✓	✓	v	v	v	v	v	v	v	v		v	v	v	v	v		✓	✓	$\checkmark$
Wellness Plan Designs & Program Analysis	✓	✓			$\checkmark$	✓		✓	$\checkmark$	$\checkmark$		✓	✓	✓	$\checkmark$	✓		$\checkmark$		✓	
Clinics/Wellness Centers	✓								$\checkmark$												
Medical Management	✓	√	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$		$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	
Contract Negotiations	✓	√	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	$\checkmark$		$\checkmark$	✓		✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
OPEB Valuation			$\checkmark$	✓	$\checkmark$	✓	✓			$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$				$\checkmark$	$\checkmark$
Strategic Planning/Migration Strategies	✓	✓	$\checkmark$	✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$									
Communications	✓		✓		✓	✓		✓		✓					✓		✓	✓	✓		
Annual Comprehensive Financial Report	$\checkmark$	$\checkmark$	$\checkmark$	✓	✓	✓	✓		$\checkmark$	$\checkmark$			$\checkmark$		✓			$\checkmark$	$\checkmark$		
Narrow Networks	✓		✓	$\checkmark$	✓					$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$	
Direct Provider Contracting	✓		✓	✓	✓							$\checkmark$					✓				
Local Governments/Schools	✓	✓	✓	$\checkmark$	✓	✓		✓	✓	✓	$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	✓
Claims Auditing					✓										✓	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	
Technology Consulting/ Implementation	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$	$\checkmark$			$\checkmark$					$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	



## Benchmarking Example

- Total Cost represents the "Allowed Cost" or "TOP Line" covered claims expense
- The lower the Total Cost, the better the management of health care dollars.

#### Total Cost Single



On average: TRS's total cost is 15%–25% lower than the benchmark states.



## **Delivering Results**

Project Description	AK	AL	AZ	CO	СТ	HI	IA	IL	KS	S MI	) MI	MS	NC	NE	NH	NM	PA	RI	тх	WI	WY
Financial Projections	$\checkmark$	✓	$\checkmark$	✓	✓	$\checkmark$	~	$\checkmark$	$\checkmark$	~	✓		$\checkmark$								
IBNR	✓	$\checkmark$	$\checkmark$	√	√	$\checkmark$	✓	$\checkmark$	√	√			$\checkmark$								
Funding Rates/Plan Cost Modeling	✓	✓	$\checkmark$	√	√	✓	✓	✓	✓	√	√		✓	✓	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓
Legislative Support	✓	✓		√	√	✓	✓		✓	√	√	✓	✓	$\checkmark$	✓	$\checkmark$		$\checkmark$	✓	$\checkmark$	✓
Actuarial Rate Development	✓	✓	$\checkmark$	√	√	✓	✓	✓	✓	√	√		✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$
Benchmarking/Data Analysis/Trends	✓	✓	✓	√	√	✓	✓	✓	✓	√	√	✓	✓	$\checkmark$	✓	✓	✓	$\checkmark$	✓	$\checkmark$	✓
Participation in Meetings and Workgroups	✓	✓	✓	√	√	✓	✓	✓	✓	√	√	✓	✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Procurement/Marketing	✓	✓	✓	V	Vis	00	n	sin										1	$\checkmark$	$\checkmark$	✓
Reporting	✓	✓	✓		V15			ып										1		$\checkmark$	✓
Pharmacy Management	✓	✓	✓							O1	- 4 -							1	✓	$\checkmark$	✓
HMOs/PPOs/FFS	✓	✓	✓	•	De	eve	elo	pe		Str	ale	gic	; PI	an				1	✓	$\checkmark$	$\checkmark$
CDHP (HSA/HRA)	✓		✓															1	✓	$\checkmark$	✓
Medicare Advantage	✓	✓	✓	•	Re	e-d	es	igi	ne	d (	Jur	ren	nt P	ro	gra	m			✓	$\checkmark$	
Medicare Supplement/Wrap	✓	✓	✓																	$\checkmark$	✓
Medicare Part D Consulting	✓	✓	✓	•	Cł	nar	nge	ed	Η	MC	) R	en	ew	al I	⊃rc	ce	SS		✓		
ACA Consulting/Healthcare Reform	✓	✓			Re	ai	on	al	Se	-lf-	Ins	ure	d I	Ma	rke	etin	a	1	$\checkmark$	$\checkmark$	✓
HIPAA Compliance		✓				9.											9		✓	$\checkmark$	
Plan Design Review	✓	✓	✓		G	ıar	ar	nte	20	\٨/i	th	Ga	in 9	Sh	arir	ha		1	$\checkmark$	$\checkmark$	✓
Wellness Plan Designs & Program Analysis	✓	✓				Jai	a	nc	03	VVI		Оa			am	ig		1		$\checkmark$	
Clinics/Wellness Centers	✓					<u></u>	in		. ¢	00	NЛ	<u></u>		-11							
Medical Management	✓	✓	$\checkmark$		00	đ٧	III (	ys	• ¥	003	IVI	an	nu	any				1	✓	$\checkmark$	
Contract Negotiations	✓	✓	✓	~	√	✓	✓	✓	✓	√		✓	✓		✓	✓	✓	$\checkmark$	✓	$\checkmark$	✓
OPEB Valuation			✓	√	✓	✓	✓			√	✓		✓	$\checkmark$	✓	$\checkmark$				$\checkmark$	$\checkmark$
Strategic Planning/Migration Strategies	✓	✓	✓	√	✓	√	✓	✓	√	√		✓	✓	$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓
Communications	✓		✓		✓	✓		✓		√					$\checkmark$		✓	$\checkmark$	✓		
Annual Comprehensive Financial Report	$\checkmark$	$\checkmark$	$\checkmark$	√	✓	$\checkmark$	✓		√	√			$\checkmark$		✓			$\checkmark$	✓		
Narrow Networks	✓		$\checkmark$	✓	✓					√			✓	$\checkmark$		$\checkmark$			~	$\checkmark$	
Direct Provider Contracting	✓		$\checkmark$	√	√							✓					$\checkmark$				
Local Governments/Schools	✓	$\checkmark$	$\checkmark$	✓	✓	$\checkmark$		$\checkmark$	$\checkmark$	√	√		✓			$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$
Claims Auditing					√										$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	
Technology Consulting/ Implementation	$\checkmark$	$\checkmark$			√	$\checkmark$	$\checkmark$			√					$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	

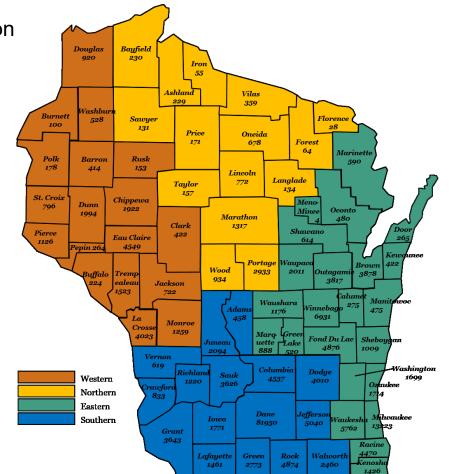


### Regional Strategies Wisconsin Case Study

- Segal and ETF conducted a review and analysis of the plans, as well as the pricing and access available in the market they currently serve
- The state was divided primarily into 4 main region

Region	<b>Total Members</b>
Northern	8,123
Western	21,024
Eastern	63,762
Southern	113,299
Statewide	206,208
Out-of-State	3,379
Total	209,587

- Recommended National + 2 vendors per region
- Savings expectation of \$80-\$125 million



Segal

# **Delivering Results**

Project Description	AK	AL	AZ	CO	СТ	HI	IA	IL	KS	MD	MI	MS	NC	NE	NH	NM	PA	RI	ТΧ	WI	WY
Financial Projections	✓	✓	✓	✓	✓	✓	✓	$\checkmark$	✓	✓	✓		✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓
IBNR	✓	✓	✓	✓	√	✓	✓	✓	✓	✓			$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$
Funding Rates/Plan Cost Modeling	✓	✓	✓	✓	✓	✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$		$\checkmark$	✓							
Legislative Support	✓	✓		$\checkmark$	✓	✓	✓		$\checkmark$	$\checkmark$	✓	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	✓	$\checkmark$	$\checkmark$
Actuarial Rate Development	✓	✓	$\checkmark$	$\checkmark$	✓	✓	✓	✓	✓	$\checkmark$	✓		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$
Benchmarking/Data Analysis/Trends	✓	✓	✓	✓	✓	✓	✓	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$
Participation in Meetings and Workgroups	✓	✓	✓	✓	$\checkmark$	✓	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$
Procurement/Marketing	✓	✓	✓	✓	✓	✓	✓	$\checkmark$	✓	$\checkmark$		✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	✓
Reporting	✓	✓	✓	✓	✓	✓		✓	✓	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$		$\checkmark$	✓
Pharmacy Management	✓	✓	✓	✓	√	✓	✓	✓	✓	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓
HMOs/PPOs/FFS	✓	✓	✓	✓	✓	✓	✓	✓	✓	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$	$\checkmark$	✓
CDHP (HSA/HRA)	✓		✓	✓					$\checkmark$			✓	$\checkmark$	$\checkmark$				$\checkmark$	✓	$\checkmark$	✓
Medicare Advantage	✓	✓	✓	✓	✓	✓		$\checkmark$	$\checkmark$				$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$		✓	$\checkmark$	
Medicare Supplement/Wrap	✓	✓	1			1	1	1	1	1			1		1	1	$\checkmark$			$\checkmark$	✓
Medicare Part D Consulting	✓	~		no	is												$\checkmark$		$\checkmark$		
ACA Consulting/Healthcare Reform	✓	~															✓	$\checkmark$	✓	$\checkmark$	$\checkmark$
HIPAA Compliance		✓	•	Des	sia	ne	d E	Ea	uiv	ale	ent	Me	edi	car	e		$\checkmark$		$\checkmark$	$\checkmark$	
Plan Design Review	✓	✓		۱d													$\checkmark$	$\checkmark$	✓	$\checkmark$	$\checkmark$
Wellness Plan Designs & Program Analysis	✓	✓			an	na	yc		ιυĘ	Jia								$\checkmark$		$\checkmark$	
Clinics/Wellness Centers	✓		<u>ь</u> Г			roc	JK	lat	liar		ЪΓ		<b>0 D</b>	d							
Medical Management	✓	~							101	lai	Pr	20	an	a			✓	$\checkmark$	$\checkmark$	$\checkmark$	
Contract Negotiations	✓	✓	L	_00	al	ΗN	ΛC	)s									✓	✓	$\checkmark$	$\checkmark$	✓
OPEB Valuation																				$\checkmark$	✓
Strategic Planning/Migration Strategies	✓	~	•F	Rar	ר ר	on	nm	านเ	nic	atio	วทร	s C	am	npa	igr	ו	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$
Communications	$\checkmark$														Ŭ		$\checkmark$	$\checkmark$	$\checkmark$		
Annual Comprehensive Financial Report	✓	~	Š	Sa	ivi	na	s:	\$3	300	M	an	nu	all	V				$\checkmark$	$\checkmark$		
Narrow Networks	$\checkmark$													_					$\checkmark$	$\checkmark$	
Direct Provider Contracting	✓		√	$\checkmark$	$\checkmark$							$\checkmark$					$\checkmark$				
Local Governments/Schools	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$			$\checkmark$	$\checkmark$		$\checkmark$	$\checkmark$	✓
Claims Auditing					✓										$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$		$\checkmark$	
Technology Consulting/ Implementation	$\checkmark$	$\checkmark$			$\checkmark$	$\checkmark$	$\checkmark$			$\checkmark$					$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	$\checkmark$	

Segal 17

# Agenda

Introductions

**Overview of Segal** 

**State Health Capabilities and Results** 

#### **Current State**

Ready to Serve Closing & Questions



## Our Understanding of Group Health Insurance Program

- The following plans are available to ASE and PSE non-Medicare members:
  - -Premium
    - Highest enrollment
    - Mix of deductibles/coinsurance and copays (85% Actuarial Value)
  - -Classic
    - 20% coinsurance after deductible is met (76% Actuarial Value)
    - HSA eligible w/ \$300/\$600 annual State contribution
  - -Basic
    - No coverage until MOOP is met (70% Actuarial Value)
    - HSA eligible w/ \$300/\$600 annual State contribution
  - -Medicare Primary Plan
    - COB

- Wellness credit of \$50 for completing biometric screening, health assessment, and no tobacco (or cessation program)
- Consistent State subsidy between plans
- Trend of lower State subsidy as percent of total costs - responsible for funding shortfall
- Medical and Rx benefits administered by:
  - -Health Advantage (BCBS)
  - -Rx carved in (Med Impact)
- Potential change in governing board (SB 693)
- What else should we know?



### Senate Bill 693

#### Transfer the duties of the State and Public School Life and Health Insurance Program to the State Board of Finance

- Emergency Declaration because of the underfunded status of the Program and the Program's ineffectiveness of managing itself.
- The State Board of Finance will manage the financial concerns of the Program when it takes over the duties.
- Segal understands legislators may choose to shift responsibilities to different departments. Many of our clients have moved program administration, most recently:
  - The State of North Carolina moved from a Plan Board to the Treasury Department
  - The State of Kansas moved from Department of Health & Human Services to the Department of Administration

Education is key anytime new stakeholders are put in place.





### It is getting complicated... Lots of Moving Parts

- Rise of chronic diseases
- Aging population
- Spiraling pharmacy costs
- Limited revenue growth
- Shrinking state budgets
- Legislative mandates
- Market consolidation
- Plethora of "point solutions"
- Choice of providers narrows

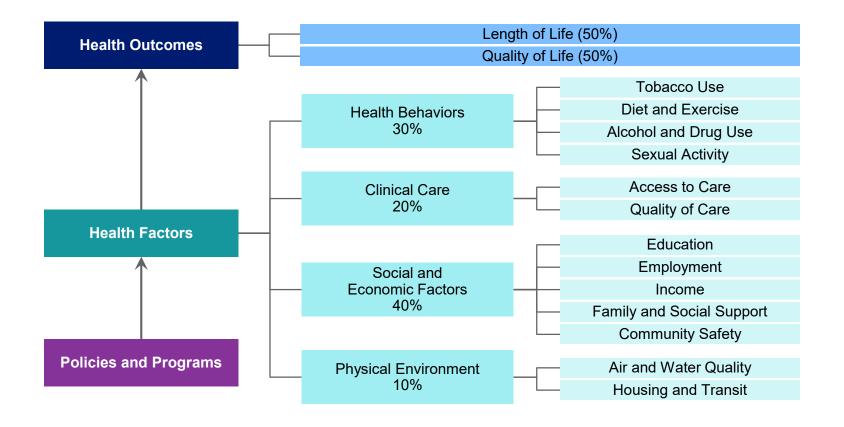


- Political agendas
- Retiree coverage philosophy
- Change to federal subsidies
- Optimal reserve level
- Contribution vs. salary increases
- Increasing consumer technology
- Pharmacogenomics grows
- Stress takes center stage





### Social Determinants of Health

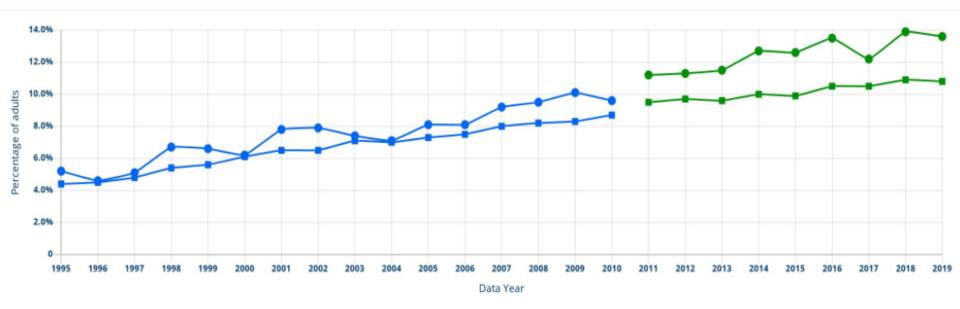


The next generation analytics and documentation is to screen and add social determinant risk scores to the patient record, allowing healthcare providers and plan sponsors to provide a higher level of prioritization and personalization to actionable recommendations to impact the health of the population.



## **Clinical Factors Impacting Trend**

#### Trend: Diabetes, Arkansas, United States, 2020 Annual Report



Percentage of adults who reported being told by a health professional that they have diabetes (excluding prediabetes and gestational diabetes)

Arkansas

United States

#### Strengths

Low racial gap in high school graduation

High-speed internet increased 18% between 2015 and 2018 from 68.2% to 80.8% of households

#### Challenges

High prevalence of multiple chronic conditions (obesity, diabetes, cardiovascular disease)

High economic hardship index score

High proportion of medically underserved communities

Source: CDC, Behavioral Risk Factor Surveillance System



## Sample Strategy



#### Stakeholder Collaboration

- Health plan
- Other vendors
- Hospitals/physicians
- Pharmacists
- Health departments

#### Telehealth / Virtual Care

- Medical
- Behavioral health
- Sample vendors
- Teladoc/Livongo
- Amwell
- MDLive (Cigna)
- DoctorOnDemand
- Amazon Care

#### Digital Therapeutics

- New technologies
- Blood-pressure cuffs
- Pulse oximeters
- Smart thermometer
- Self-examination kits
- Digital health coaching
  - Diabetes
- Hypertension
- Musculoskeletal
- Market expanding rapidly

#### Communications/ Member Support

- Promoting any new resources available
  - Postcards
- Video
- Podcasts
- Posters
- Supporting members accessing new modes of care/technologies

#### Evaluation / Data Analysis

- Cost savings
- Clinical improvements
- Patient reported outcomes measures
- Member satisfaction
- Competition model for health plan vendors



# Agenda

Introductions

**Overview of Segal** 

**State Health Capabilities and Results** 

**Current State** 

#### **Ready to Serve**

**Closing & Questions** 



## Project Plan

Segal has developed a detailed project plan based on the requested RFP deliverables and our experience consulting to large state programs

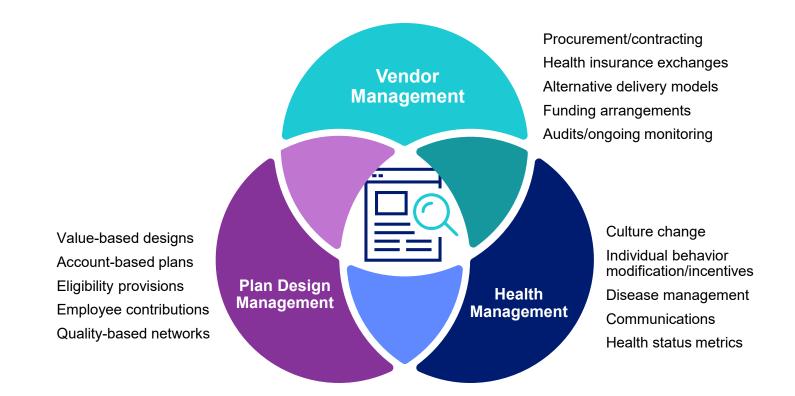
<b>Phase 1</b> History and Market Review	<b>Phase 2</b> Goals/Strategy Development	<b>Phase 3</b> Opportunity Review	Phase 4 Recommendations
• May–June 2021	• June–July 2021	June–September 2021	October 2021
<ul> <li>Historical review of program, incorporating 15-year history of State plan rates and contributions</li> <li>Benchmarking against other States, large self-insured employers, and Colleges &amp; Universities</li> <li>Demographic assessment of plan participants to determine opt-out profiles</li> </ul>	<ul> <li>Meet to review findings and set goals/objectives of the program.</li> <li>Based on goals, Segal will continue to review current BLR programs, demographics, systems, etc. to determine options that best align with these goals</li> <li>Develop list of opportunities for further exploration and review with BLR</li> </ul>	<ul> <li>Review options for consideration</li> <li>Network Analysis (e.g., adequacy, contracting, ACOs, CoE, telemedicine)</li> <li>Contribution Strategy (e.g., tier ratios, salary bands)</li> <li>Design Concepts (e.g., types of plans, value based care, well-being strategy)</li> </ul>	<ul> <li>Provide report summarizing various opportunities to modify / improve programs, providing recommendations to BLR</li> <li>Meet to review report, and adjust recommendations, as needed, based on legislative feedback</li> </ul>

#### Implementation and Ongoing Consulting

Based on recommendations of report and decisions by BLR, Segal is fully equipped to assist with any required RFPs and/or implementation of the associated changes



# Controlling Plan Sponsor Costs *Key Areas of Focus*



All areas will be explored to improve the financial position and improve overall health in the BLR program.



# Agenda

Introductions

**Overview of Segal** 

**State Health Capabilities and Results** 

**Current State** 

**Ready to Serve** 

**Closing & Questions** 



## What Sets Segal Apart?

Independence	<ul> <li>Segal is not affiliated with any insurance company, brokerage firm or healthcare provider that may create a conflict of interest</li> <li>Our only interest is providing objective, independent consulting to our clients</li> <li>Segal is 100% employee-owned</li> </ul>
Experience	We have worked with all of your vendors
	Your team has deep knowledge in all of the areas requested in the scope of work
Approach	We have developed and validated proven actuarial methodologies for our health data collection, analysis and review
	Our approach is highly personal and collaborative, and will always be scaled to fit your needs and budget
Credibility	Segal knows and is respected by all major carriers in today's market
	Segal is sensitive to multiple constituents of a client, including bargained groups
	Segal has been successful in optimizing our clients' health programs
Specialization in	Segal understands the dynamics of the public sector market
Public Sector	We serve as consultants to the full array of governance structures in the public sector
	Segal optimizes solutions for all stakeholders

Only Segal, with our expertise and resources, can provide BLR a fresh perspective that is unbiased and objective



# Thank You /

What additional questions can we address today?

