



EHA Board Briefs
June 2016

Welcome to *EHA Board Briefs*, a forum to provide summary information to EHA participants about topics addressed by or of current interest to the EHA Board of Directors.

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EHA to Provide Information on Health Expenses:

The EHA Board approved in March a pilot program to provide medical cost and trend information to several EHA groups. BCBSNE and the EHA Consultant reviewed draft reports with the EHA. Additionally, BCBSNE and the EHA Consultant will be developing reports to compare EHA health care data to norms in an effort to inform the EHA how to best manage the plan for the benefit of members and for cost effectiveness.

EHA Update on Current Year Finances:

The EHA consultant receives monthly financial information on the EHA claims, premium and other expenses and monitors this and other related information, such as medical inflation, on a continual basis for the EHA plan. The consultant reported to the EHA Board at the May 2016 meeting the progress of the finances for the 2015-16 year. In summary, the cost is progressing as planned for the current year.

BCBSNE New Health Care and Cost Management Programs:

The Director of Government Programs from BCBSNE presented to the EHA Board a description of 4 new programs that will be implemented by early 2017. They are briefly described below.

- Wellframe: A text messaging capability to improve communication with patients involved with the case management program.
- Fit 4-D: A 12-week telephonic program for diabetic and pre-diabetic education.
- Radiology Management: A program for reviewing complex and costly radiology services.
- Concurrent Review for Inpatient Hospital Care: Managing the appropriate place of service on hospitalizations.

EHA Request for Proposal (RFP) Update:

The EHA Board was given an update on the RFP that is in process since March 29, 2016. Several insurers have provided a notice of intent to bid. The bidders have agreed to appropriate confidentiality provisions, have received additional EHA information and are preparing their proposals. The RFP is progressing on schedule. It is anticipated the award will be announced in September 2016.

Health Screenings Program Review:

The EHA is reviewing the effectiveness and future direction of the program that has been provided to have Lifeline provide ultrasound and biometric screenings to EHA members, generally on site at participating school locations. These are provided without cost to the member or group for EHA participants. The approved budgeted amount is projected to be used with the remaining schools that have already signed up for screenings in 2017. Program modifications, access to additional screening locations and program continuation will be addressed.

Dental Plans:

The EHA received from BCBSNE an analysis of the current 5 dental plan offerings and a proposal to make modernizations and updates to the coverages. It is anticipated that benefit modifications will occur on September 1, 2017.

Blue Partners Disease Management Program:

The EHA has completed the 10th year of the Blue Partners Program. The EHA has this program to help members manage several specific chronic diseases. These are diabetes, coronary heart disease and chronic obstructive pulmonary disease (COPD). Healthways, that provides the program, reviewed with the EHA Board clinical measures, financial (return on investment) estimates, personal experiences (soft results) and the EHA participant satisfaction survey. The clinical outcomes generally show a high compliance with appropriate measures of the conditions. There has also been improvement in rates of hospitalization and emergency room use for program

participants. The financial (ROI) outcomes appear extremely positive but are none-the-less difficult to 'prove'. 91% of the program participants rate the program 5 or above on a scale of 1-10, with the average rating a 7.6. The EHA will be evaluating with BCBSNE and Healthways future direction and improvements for the program.

Health Care Trend:

The EHA's actuarial consultant presented to the EHA Board medical and pharmacy inflation information through 2015. The EHA medical and pharmacy costs per person insured increased 4.0% from 2014 to 2015. Inpatient hospital inflation for 2015 was negative (-0.5%). This is a category of care that fluctuates significantly so this is not expected to continue. Pharmacy inflation was the highest of any major category at 10.9%. This is due primarily to costly specialty pharmaceuticals and price increases on Brand drugs.

Field Representative Twitter Account:

Greg Long, the EHA Field Representative has opened a Twitter account. To connect with Greg on Twitter to keep up with all the EHA happenings please use the following: [EHAgrenglong1](#)

The EHA also received updates on field service activities of the EHA Field Representative and the BCBSNE service team.