Legislative Finance Committee

June 10, 2016 State Capitol - Room 102 Helena, MT

Health Risk Assessment Data
Montana University System Group Benefit Plan

MUS_EB
Montana University System
Employee Benefits

MUS GROUP BENEFIT PLAN OVERVIEW - RECAP

ENROLLMENT in FY2015

Active Employees/COBRA	7,112
■ Retirees <65	295
■ Retirees 65+ (self-insured)	1,002
■ Retirees 65+ (fully insured)	860
■ Dependents	<u>8,979</u>
TOTAL COVERED LIVES	18,248



- 1. Why use health risk assessment data?
- 2. How MUS gathers health risk data.
- 3. Applying strategies in managing the MUS Plan.
- 4. What are the outcomes?



1. WHY USE HEALTH RISK ASSESSMENT DATA?

- Health Risk Assessments use clinical and financial data to -
 - (1) Forecast the likelihood of using health care services (group and individual)
 - (2) Project the severity of the services (i.e. disease burden)
 - (3) Quantify and estimate healthcare costs (setting budgets and rates)
- Benefits Plan Risk Managers use the information to -
 - (1) Develop strategies for managing risk and to target interventions
 - (2) Design employer plan benefits
 - (3) Set budgets, manage finances, and determine rates for benefits programs



■ Pharmacy - URx Monthly Claims/Plan Exceptions

2. HOW MUS GATHERS DATA AND WHAT WE DO WITH IT.

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 Medical/Vision Vendors 	
✓ Allegiance (24%) – self-insured TPA	Monthly Claims/Util Rvw/Prior Auth
✓ BCBSMT (72%) – self-insured TPA	Monthly Claims/Util Rvw/Prior Auth
✓ Pacific Source (4%) – self-insured TPA	Monthly Claims/Util Rvw/Prior Auth
■ Dental - Delta Dental	Monthly Claims
 Care Management 	·
✓ It Starts With Me – Health Screening	HRA Questionnaire/Clinical Data

√ Take Control – Disease Management......Clinical Data/Monthly Claims

✓ Limeade – Wellness Data



3. APPLYING STRATEGIES IN MANAGING THE MUS PLAN.

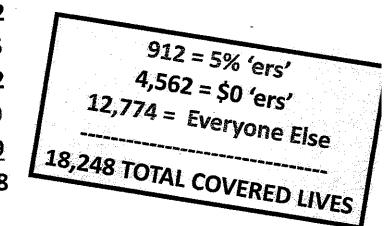
PLAN/GROUP LEVEL	TARGETED DATA SOURCE
Financial and Actuarial Forecasting	Monthly Claims and Financial Data
Risk Management and Benefit Design	Health Screening/Pharmacy/Medical Data
Rating	Monthly Claims and Financial Data
INDIVIDUAL PLAN MEMBER LEVEL	
Low Risk (1 – Wellness)	Health Screening/Pharmacy/Medical Data
Medium Risk (2 – Disease Management)	Health Screening/Pharmacy/Medical Data
♣ High Risk (3 – Case Management)	Health Screening/Pharmacy/Medical Data



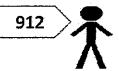
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High Risk – Intensive Case Management Intervention

Goal - Optimize health outcomes for members and cost containment

Top 5 Risk Categories (70%/912 of total plan spent on 5% of people) – Oncology, Cardiac, NeoNates, Renal Failure, Orthopedic

Medium Risk - Disease Management Programs

Goal - Reduce severity and prevent progression of disease

Take Control – Diabetes, Cardiac, Metabolic Syndrome (2 Year Program: 1 Year Education and Health Coaching/ 1 Year "Graduation")

WellBaby - Intervenes with Moms in their first trimester of pregnancy





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Low Risk – Wellness Program

Goal - Maintain low risk health status as population ages

One year program (requires engagement during all 12 months to achieve incentives) with link to FitBits for activity tracking, nutrition programming, life coaching based on targeted needs identified by individual (25%/4,562 of people in a year will spend \$0 in claims)

MUS GROUP BENEFIT PLAN OVERVIEW

4. WHAT ARE THE OUTCOMES?

CARE MANAGEMENT and WELLNESS RESULTS

- Wellness
 - √ 53% of population voluntarily participates in screening and wellness programs
 - ✓ Our 'older' and 'sicker' members (on a risk adjusted basis) take part in our screening and wellness programs
- Care Management FY2014 vs FY2015 tracking of screening outcomes
 - √ BMI 6.3% of participants moved from obese/overweight to optimal
 - √ Cholesterol 20.5% of participants moved from high/borderline to optimal
 - ✓ Blood Pressure 41%/55% of participants moved from hypertensive to optimal
 - √ Blood Glucose 30.5% of participants moved from pre-/diabetic to optimal
- Monitor, Stop, and Negotiate Claims in excess of \$75,000



QUESTIONS?

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