State Health Benefits Program
Plan Design Committee
Open Session Minutes: February 27, 2019 1:00 p.m.

Adequate notice of this meeting was provided through the annual notice of the schedule of regular meetings of the Committee filed with and prominently posted in the offices of the Secretary of State. A meeting notice was mailed to the Secretary of State, Star Ledger and the Trenton Times on December 20, 2018.

The meeting of the State Health Benefits Program Plan Design Committee of New Jersey was called to order on Monday, February 27, 2019 at 1:00 p.m. The meeting was held at the Division of Pensions and Benefits in Trenton, NJ.

The text of Resolution B (Executive Session) – was read in its entirety in the event that the Committee desires, at any point in the meeting, to approve a motion to go into closed session.

Acting Secretary Nicole Ludwig took Roll Call and established that a quorum was present.

Roll Call

Committee Members:

Dini Ajmani, Assistant Treasurer
Jennifer Keyes-Maloney, Assistant Treasurer (Co-Chair)
Michael Zaynor, NJSTFA
Kevin Lyons, NJ State PBA (Appearing Telephonically)
Patrick Nowlan, AAUP – AFT (Chair)
Robert Little, AFSCME Department of Research
Justin Zimmerman, Chief of Staff, Department of Banking and Insurance
Abdur R. Yasin, NJ FMBA (Appearing Telephonically)
Tennille McCoy, Assistant Director, Department of Labor (Appearing Telephonically at 2pm)

Absent:
David Ridolfino, Director, Office of Management and Budget
Hetty Rosenstein, New Jersey Area Director, CWA/District 1
Chigozie Onyema, Department of Community Affairs

SHBC SUBGROUP RESOLUTION: INFERTILITY APPEAL- REGARDING FERTILITY MANDATE N.J.S.A. 52:14-17.29v

Co-Chairperson Keyes-Maloney advised that the subgroup that was formed at the January PDC meeting has met and reviewed the Fertility Mandate as it relates to Iatrogenic Cryopreservation. The subgroup was able to draft a resolution that they would like to present to the Committee. Co-Chairperson Keyes-Maloney asked Acting Secretary Ludwig to read the resolution.

Mrs. Ludwig read the following from the resolution:

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. Consistent with the intent of N.J.S.A. 52:14-17.29v, treatment of iatrogenic infertility, or situations likely to lead to iatrogenic infertility, shall be covered to the same extent, and with the same conditions of coverage, as other instances of abnormal function of an individual's reproductive system; and

2. The SHBP PDC directs the State Health Benefits Commission, and to the extent necessary the Division of Pensions and Benefits and the Division of Purchase and Property, to take appropriate action with the SHBP carriers to effectuate any necessary change, modification or clarification, to the existing contract and to require that the carriers provide adequate notice to SHBP participants of any required change.

Committee member Zaynor made a motion to adopt resolution 2019-1. Committee member Lyons seconded the motion; all voted in favor. Co-Chairperson Keyes-Maloney asked that the resolution be presented to the SHBC for the appeal to be determined.

PRESENTATION REGARDING MENTAL AND BEHAVIORAL HEALTH SUBGROUP

Horizon's representative Mrs. Kunis gave a presentation on the challenges that are being faced in the mental & behavioral health field. Mrs. Kunis went on to explain that the challenges are nationwide, and not specific to New Jersey. The focus of the group was not to resolve the need for providers, rather it was to concentrate on the providers that are in the community, as well as to discuss the challenges surrounding the need for in-network providers.

Mrs. Kunis explained that NJ has the largest number of solo practitioners in the country. However, these are "Mom & Pop" shops that have limited resources, therefore they are less likely to join a network. Also the challenge comes in when the solo practitioners are able to bill out of network, and are receiving a large reimbursement, there is not an incentive to join a network. An out-of-network provider can bill independently up to $500/ hour.

As a solution Horizon has implemented some new services: Telehealth services, which includes tele-psychiatry, and tele-therapy. Horizon offers urgent appointment access for those members who have the need. They will work with providers, and may provide single patient agreements when needed.

In relation to substance abuse, Horizon is working closely with a Peers support program, which offers 24/7 contact with peers in a structured format.

Horizon is implementing a new rate structure that will be implementing midyear; however it does not appear that this will have an impact on the out-of-network providers moving in-network. Rather this restructure is expected to be used as a retention tool. The average rate can vary from $500- $700 per hour.

Committee member Ajmani asked what the $500 per hour was referring to. Mrs. Kunis of Horizon advised that this was the average out-of-network rate for child and adolescent psychiatry per hour. Committee member Ajmani asked what could be done to entice the out-of-network providers to become in-network providers. Chairperson Keyes-Maloney stated that what the subgroup has learned is that the provider community is not necessarily interested in joining the insurance landscape. There are several reason reasons why they are reluctant to join, the reimbursement rate is just one layer.

Kim Ward of Aetna, along with Dr. Mark Friedlander, gave a presentation on Aetna's current offering surrounding mental and behavioral health. Aetna has implemented online services which could help members identify providers that are specific to their needs.

Dr. Friedlander explained that since 2006, Aetna has been incentivising screening by the primary care physicians for depression & anxiety. The screening is a targeted screening, for example, screening members with recent diagnosis of cancer, or end stage renal disease. The idea is to target towards populations that are likely to suffer from anxiety or depression due to outlying conditions.

Dr. Friedlander explained in relation to substance abuse, Aetna has developed an Institute of Quality approach in regards to facilities. Aetna has begun to work with the facilities offering a higher rate of reimbursement if they can deploy a Peers support specialist to the members being discharged. The focus must also be on providing support through the Peers system.

Dr. Friedlander advised that another focus for Aetna has been on suicide, as well as suicide prevention. In 2017 Aetna received 153,000 claims for suicide attempts and were billed $700 million for those attempts. This is a huge number, and an opportunity for the carriers to intervene, and find productive ways to prevent a second attempt.

Aetna stated that one of the largest challenges is how to direct members to contact the carriers first, to see how they can assist. Co-Chairperson Keyes-Maloney agreed that the greatest challenge is the communication piece. She stated that the subgroup has determined that regardless of the carriers, members are just not aware of the services that are offered. The first step is to understand that this issue is nationwide, and is not unique to the SHBP.

Co-Chairperson Keyes-Maloney went on to say that the subgroup proposes that a communications campaign be implemented. The campaign will focus on ensuring that every member knows how to access care through the providers. The subgroup plans to have additional conversations with the carriers to focus on the communication piece. Another issue that the subgroup will focus on is the substance abuse facilities, particularly related to out-of-state placement. The subgroup is at step one, and will continue to work through the issues.

Mrs. Ward of Aetna explained that May is Mental Health Awareness Month, and as in the past, there has been a planned sponsored tool kit which helps employers recognize warning signs within their employee population.

Co-Chairpersons Keyes-Maloney reiterated that the carriers have done a good job of working with the subgroup, and working through the key questions. As a high level overview there is a cultural issue in terms of the provider community not necessarily wanting to be part of the SHBP.

Committee member Lyons thanked Co-Chairpersons Keyes-Maloney for leading the subgroup. He acknowledged that there is still a lot of work to be done. The subgroup met thinking that they would come up with a solution, however issue is far more complex than anticipated. The preconceived notion was that by giving more money more providers would come in network. Unfortunately it was determined that this not the answer. Rather, the starting point is to get the members educated on what services are available through the carriers.

Committee member Zaynor added that behavioral health space is the one part of the healthcare where contacting the carriers to find providers is key; and suggested a multi-channel approach to communication. Committee member Zaynor suggested getting the APA's, the Unions and HR departments onboard with educating the members on where to turn first.

PRESENTATION: ESTABLISHING FIRST RESPONDERS PRIMARY CARE MEDICAL HOME PILOT PROGRAM

Douglas Forrester of Integrity Healthcare gave a presentation on the proposed Pilot Program that would be established for First Responders. Mr. Forrester noted that the definition of First Responders is not clear as of yet, but that discussions were underway to determine who would fit into this category.

Mr. Forrester explained that Integrity Health has been on the forefront of patient-centered medical home base for public employees in NJ. He went on to explain that a medical home base is not an assisted living environment, rather refers to a "home base". Integrity Health is designed to be a choice, not a requirement.

The Pilot Program through Integrity is designed to be an integration of services including behavioral health and health care, which is essential for the first responder's community. From a historical standpoint behavioral health and healthcare have been separated, but to treat the whole human the two must be treated together. He noted that national data indicates that 40% of time spent with primary care physicians would be more effective if done by a counselor. Integrity is doing just that, integrating behavioral health with primary care health. The program has seen success in the services it offers, whether it is helping patients who are dealing with medical conditions, or family issues or day to day life experiences.

Mr. Forrester explained that Integrity believes anything that facilities easing access to the best providers and facilities to the member is key. First Responders have work conditions which cause a series of health

conditions, including hypertension, pain management and behavioral health concerns. All public employees are subject to challenging jobs, however First Responders have are a unique affinity group.

Mr. Forrester explained that the State group is perfect for the pilot program, because unlike private sector, the State health plans are not subject to change as often. With regards to the First Responder community, Integrity feels that the group will be more likely to focus on a facility that is dedicated for their services which will result in data that will lead to better decision making in the future.

Committee member Lyons explained why the population he represents would benefit from this program. With public safety the members are exposed to dramatic incidents which the members do not think about on a daily basis; however oftentimes has an impact on their lives. He went on to explain that he and Mr. Forrester worked together to design a program that would help treat members who are put in stressful situations, and would focus on treating the whole person.

Committee member Keyes-Maloney commended the administration and their focus on the connection between physical and mental health. The Pilot will allow a deeper look, as well as provide the ability to collect data which ensure the success and determine the need for such programs in the future. The focus of the Pilot is to recognize that the Frist Responder community is subject to different stresses that are unique to their population. The program will also allow exploration, as well as data into quantitative as well as qualitative care. The pilot program also dovetails with the Mental and Behavioral Health subgroup's efforts. She stated she expects a resolution for review, and adoption in the upcoming meetings.

Committee member Keyes-Maloney did question the Division as to what we can expect to gain from the Pilot Program. She asked if there is data and analysis that the Division feels they can benefits from? Committee member Pointer stated that the Division would need to see that the program is working and that there is cost containment and utilization amongst the target group. Committee member Keyes-Maloney said that she looks forward to working with the labor groups to ensure that communication is occurring because it is a more discreet population that will be targeted. She stated that she is hopeful that the State will be able to facilitate and train for plan year 2020. As well as be able to ensure that the program is ready for implementation.

FOLLOWUP: MATERNITY DISCUSSION REGARDING C-SECTION RATES (HORIZON)

Chris Lowry, Dr Steven Peskin and Michelle Merchant of Horizon gave a presentation regarding Maternity care, specifically the C-Section rates.

Mrs. Merchant explained that Horizon has been in partnership with the Leap Frog Group, a national organization that looks at the quality and safety in hospitals across the country with a focus on early elective delivery and C-Section rates. Horizon focuses on peer education among the providers and with the Episodes of Care Program which focuses on providing financial incentives.

Horizon started with early elective deliveries, which are identified as non-medically necessary and occurring before 39 weeks of gestation. The Leap Frog standard for early elective delivery is 4%, however in early 2010 New Jersey's average was 20%. Horizon collaborated with Valley Hospital of Bergen County, which had a significant decrease in early elective deliveries and C-sections. Valley Hospital was asked to collaborate with other hospitals to advise what had been done to decrease their early elective deliveries. (Valley Hospital had decreased from 31% to 8 %.) Through the collaboration between hospitals there has been success in decreasing the early elective delivery rates throughout New Jersey.

Mrs. Merchant went on to explain that C-sections are oftentimes necessary, the focus is on the unnecessary C-section. An unnecessary C-section is when the birth is for a single baby in the vortex position. In these instances a vaginal delivery would be effective. Dr. Peskin went over the work Horizon has done with the clinical partners, which consist of Doctors, Nurses, O.B. and D.O. The work is typically in meeting format first thing in the morning to cheer on best practices. This is done in the spirit of improvement and is not punitive.

Mrs. Merchant explained that New Jersey is currently at a 36% C-section rate. The goal is to bring that number down 10% to meet the Leap Frog standard of 26%. This is a value that has been agreed upon by the key stakeholders as well as a lot of hospitals throughout the state. And would represent approximately 4,000 C-sections within a year.

In 2018 Horizon hosted an onsite program which focused on C-sections, and what could be done to lower the rates. There has been great response, however it is still too early to see the full results. There is improvement among the professional providers and state-wide improvement. Dr Peskin stressed that the focus is on quality first, and not just payment. The rates of C-sections among New Jersey hospitals varies from 12% - 55%.

Mrs. Merchant explained that several hospitals are using a dashboard to show the various OBs which are on staff as well as their C-section rates. This tool has been very helpful in motivating individuals to change their behavior. There are also incentives to work with laborists to help the OB who are in their office who may not able to schedule a time for delivery. The laborists will help manage the labor and will contact the OB as the delivery approaches.

Horizon will continue to work with the collaborative, and prenatal collaborative to ensure that the members are aware of the better care, and the better outcomes.

Committee member Zaynor asked if there is any sort of safeguard or understanding that the doctors are not trying to chase statistics. Dr. Peskin advised there are not safeguards in place currently; rather there are six to seven core measures being utilized.

Committee member Lyons asked if the example provided of 12% - 55% was variant, is it representative of just low risk C-sections or all C-sections. Mrs. Merchant advised it was based on overall C-sections.

Chairperson Keyes-Maloney suggested a follow up in the upcoming months when there has been a full year's data to discuss.

Adjournment

Committee member Zaynor made a motion to adjourn, Committee Member Lyons seconded the motion; all voted in favor. Having no further items to discuss, the SHBP PDC adjourned at 2:42 p.m.

SHBP PDC Resolution #_2019-1_

RESOLUTION OF THE STATE HEALTH BENEFITS PROGRAM PLAN DESIGN COMMITTEE CLARIFYING THE PARAMETERS OF INFERTILITY COVERAGE

WHEREAS, pursuant to N.J.S.A. 52:14-17.29 et seq. the State Health Benefits Program (SHBP) provides health coverage to qualified employees and retirees of the State and participating local employers; and

WHEREAS, the SHBP was enacted in 1961 for the purpose of providing affordable health care coverage for public employees on a cost-effective basis; and

WHEREAS, the enactment of P.L. 2001, c. 236 (N.J.S.A. 52:14-17.29v), known as the "Infertility Treatment Mandate," requires medical coverage by the SHBP for treatment of infertility, defined as "a disease or condition that results in the abnormal function of the reproductive system;" and

WHEREAS, the SHBP implemented the provisions of the Infertility Treatment Mandate as it relates to the extent of coverage; and

WHEREAS, "iatrogenic infertility" is the impairment of the function of the reproductive system directly or indirectly caused by surgery, radiation, chemotherapy, or other medical treatment affecting reproductive organs or processes, as determined by the American Society for Reproductive Medicine, the American College of Obstetricians and Gynecologists, or the American Society of Clinical Oncology; and

WHEREAS, other states, including Connecticut, Delaware, Illinois, Maryland, and Rhode Island, currently provide coverage for an individual deemed iatrogenically infertile;

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS:

1. Consistent with the intent of N.J.S.A. 52:14-17.29v, treatment of iatrogenic infertility, or situations likely to lead to iatrogenic infertility, shall be covered to the same extent, and with the same conditions of coverage, as other instances of abnormal function of an individual's reproductive system; and

2. The SHBP PDC directs the State Health Benefits Commission, and to the extent necessary the Division of Pensions and Benefits and the Division of Purchase and Property, to take appropriate action with the SHBP carriers to effectuate any necessary change, modification or clarification, to the existing contract and to require that the carriers provide adequate notice to SHBP participants of any required change.

DATED: February 27, 2019