

**COUNTY EMPLOYEES RETIREMENT SYSTEM
KENTUCKY RETIREMENT SYSTEMS
JOINT RETIREE HEALTH CARE COMMITTEE
May 11, 2021, 10:00 a.m. EST
Live Videoconference/Facebook Live
Agenda**

1. Call to Order
2. CERS Roll Call / KRS Roll Call
3. Public Comment
4. Chair Election*
5. Vice-Chair Election*
6. Joint Board Committee Structure Discussion
7. Approval of Committee Minutes. February 9, 2021*
8. Humana Presentation – *Humana Account Management Team*
 - a. 2021 Plan Performance
 - b. 2022 Renewal Planning Factors Expected to Impact 2022 Rates
 - c. Clinical Program Review
 - d. Custom Care – Enhanced customer service model
9. Other Business – *Connie Pettyjohn and Cassandra Weiss*
 - a. Request for Proposal KRS Medicare eligible plans and COBRA – 45A State Procurement
10. Adjourn

**CERS and KRS Board Action Required*

**KENTUCKY RETIREMENT SYSTEMS
BOARD OF TRUSTEES
Retiree Health Plan Committee
May 14, 2019 10:00 a.m. EDT
1270 Louisville Road
Frankfort, Kentucky 40601**

**KENTUCKY RETIREMENT SYSTEMS
RETIREE HEALTH PLAN BOARD OF TRUSTEES SPECIAL CALLED
COMMITTEE MEETING**

**February 9, 2021 at 10:00 A.M., E.D.T.
VIA LIVE VIDEO TELECONFERENCE DUE TO SB 150,
SIGNED INTO LAW BY THE GOVERNOR ON MARCH 30, 2020,
AND EXECUTIVE ORDER 2020-215 DECLARING A STATE OF
EMERGENCY EFFECTIVE MARCH 6, 2020 DUE TO COVID-19
1270 Louisville Road, Frankfort, Kentucky 40601**

At the February 9, 2021 quarterly meeting of the Retiree Health Plan Committee of the KRS Board of Trustees, the following Committee members were present: David Rich (Chair), JT Fulkerson, Jerry Powell (Vice Chair), and Reina Diaz-Dempsey (proxy for Secretary Gerina Whethers). KRS Staff members present were David Eager, Erin Surratt, Rebecca Adkins, Connie Pettyjohn, Kathy Rupinen, Justin McNeil, Lisa Perry, Alane Foley, Phillip Cook, and Shaun Case. Tracey Garrison, Larry Loew, Carla Whaley, Jordan Bishop, and Andrea Biesel with Humana attended the meeting as well.

Mr. Rich called the meeting to order and Ms. Alane Foley called roll. Mr. Rich introduced the agenda item *Public Comment* and there being none moved forward with the next agenda item

Mr. Rich introduced the agenda item *Approval of Committee Minutes- November 10, 2020*. Mr. Powell made a motion to approve the minutes and was seconded by Mr. Fulkerson. The motion passed unanimously.

Mr. Rich introduced the agenda item *Account Management Review & CMS Star Activity- Humana Presentation*. Ms. Tracey Garrison, Larry Loew, and Carla Whaley gave an informational presentation on member engagement, Humana Call Center activity, dental utilization, Humana's COVID 19 response, and an update on member satisfaction. Ms. Andrea Biesel updated the committee on the 2020 Dashboard and the upcoming launch of the

McClennan Pilot program for KRS membership. This item was presented for informational purposes, no action necessary.

Mr. Rich introduced the agenda item *Other Business*. There being no other business to discuss, no action was necessary for this agenda item.

There being no further business, a motion to adjourn was made by Mr. Fulkerson and seconded by Mr. Powell, the meeting adjourned at 11:07 a.m. Copies of all documents are incorporated as part of the minutes of the Retiree Health Care Committee meeting as of November 10, 2020.

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CERTIFICATION

I hereby certify that I was present at this meeting, and I have recorded above the action of the Committee on the various items considered by it at this meeting. Further, I certify that all requirements of KRS 61.805-61.850 were met in connection with this meeting.

Recording Secretary

I, the Chair of the Retiree Health Plan Committee of the Board of Trustees of the Kentucky Retirement Systems, do hereby certify that the Minutes of the meeting held on February 9, 2021 were approved by the Retiree Health Plan Committee on May 11, 2021.

Chair

I, _____, have reviewed the Minutes of the February 9, 2021 Retiree Health Plan Committee meeting for form, content and legality.

Executive Director, Office of Legal Services

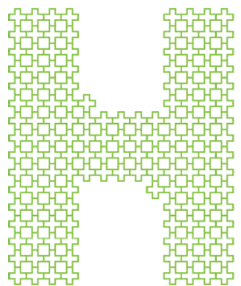
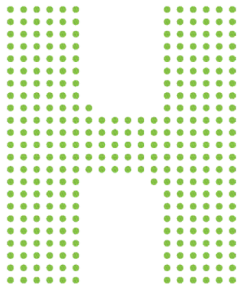
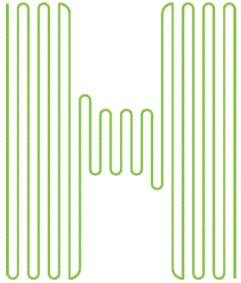


Humana.

Humana Group Medicare Advantage

Kentucky Public Pensions Authority
CERS/ KRS Retiree Health Plan
Committee Meeting
May 11, 2021





Humana.

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Agenda

- 01 | Humana Account Management Team
- 02 | 2020 Plan Performance
- 03 | Clinical Update
- 04 | Custom Care Service Model
- 05 | 2022 Renewal Planning
- 06 | Appendix

Humana Account Management Team

**Associate
Vice President**
Carla Whaley

36 years with Humana



- National oversight for Group Medicare Account Management
- Responsible for overall client and agent satisfaction

**Director of Account
Management**
Larry Loew

26 years with Humana



- Leads account management professionals across the United States
- Ensures high levels of account satisfaction, member engagement and retention

**Senior Account
Executive**
Tracey Garrison

28 years with Humana



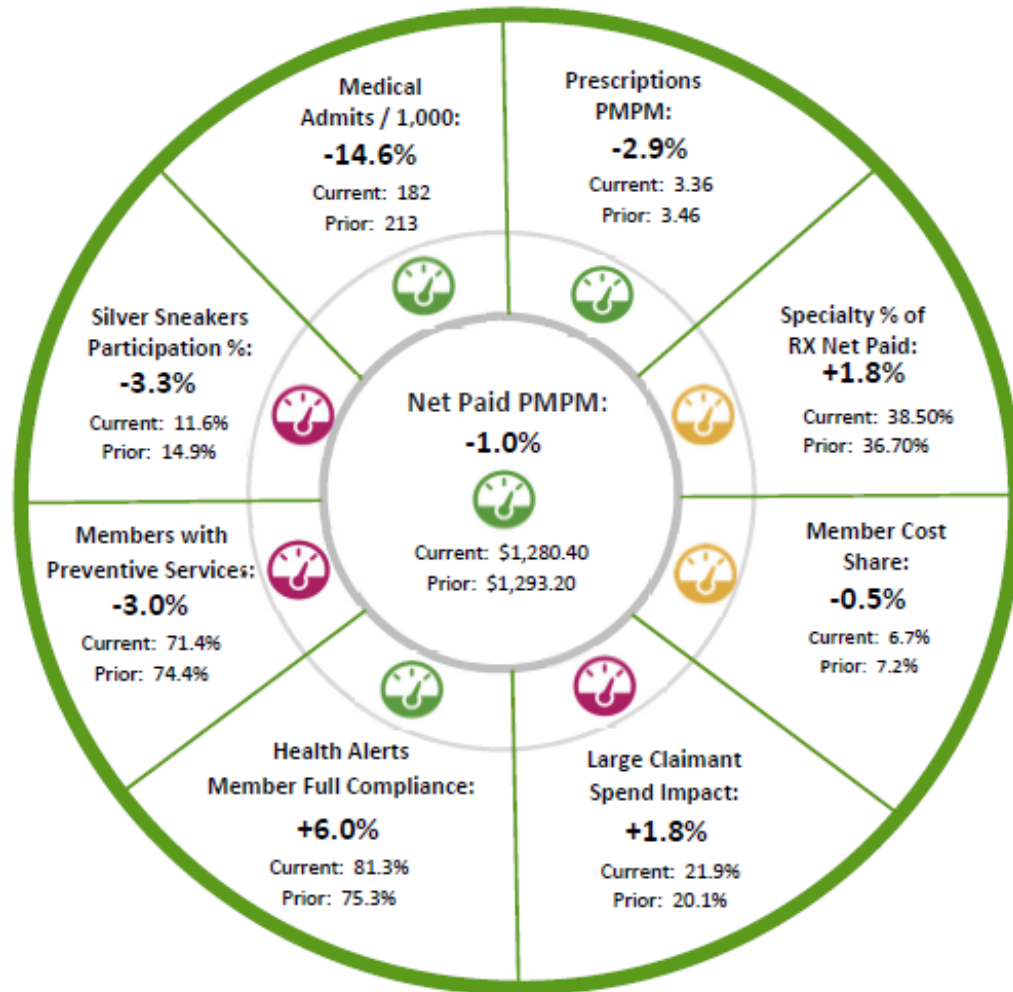
- Primary responsibility to manage client relationship
- Coordinate renewal and provide strategic and consultative guidance

2020 Plan Performance

Presented by Tracey Garrison

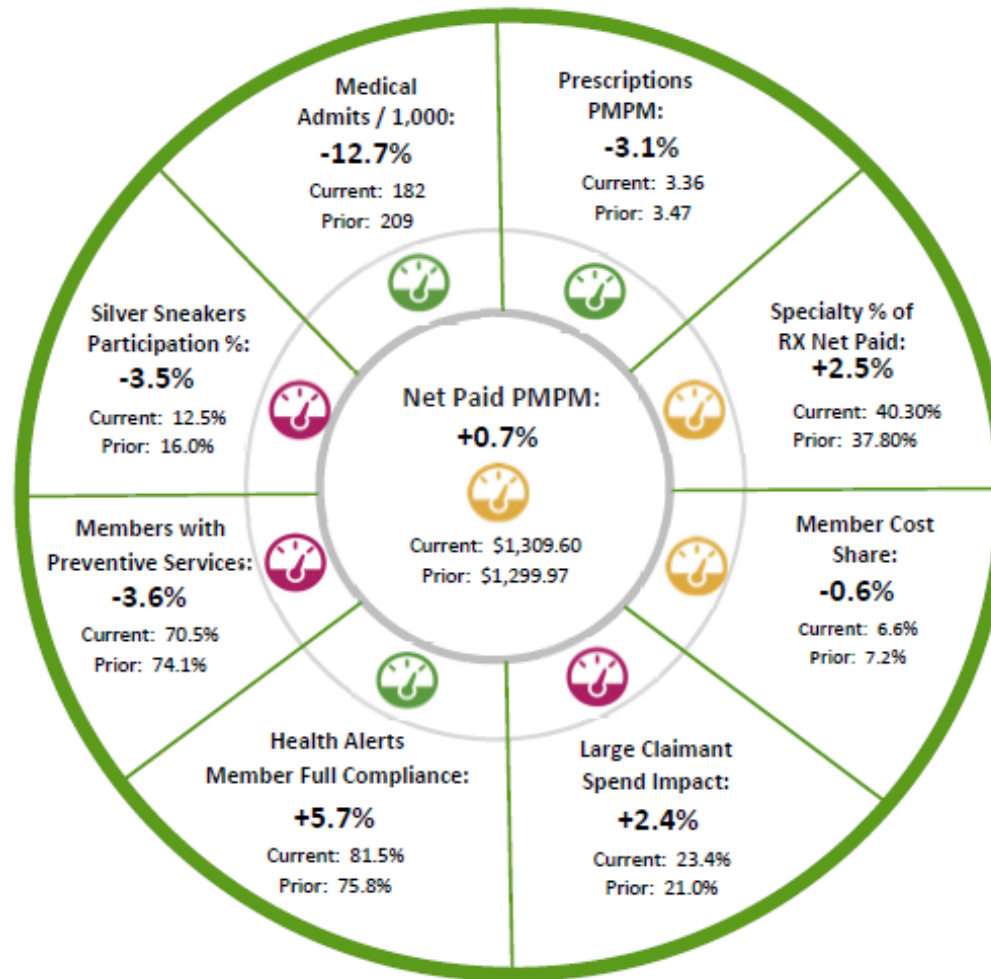


Premium Plan – Total Executive Summary



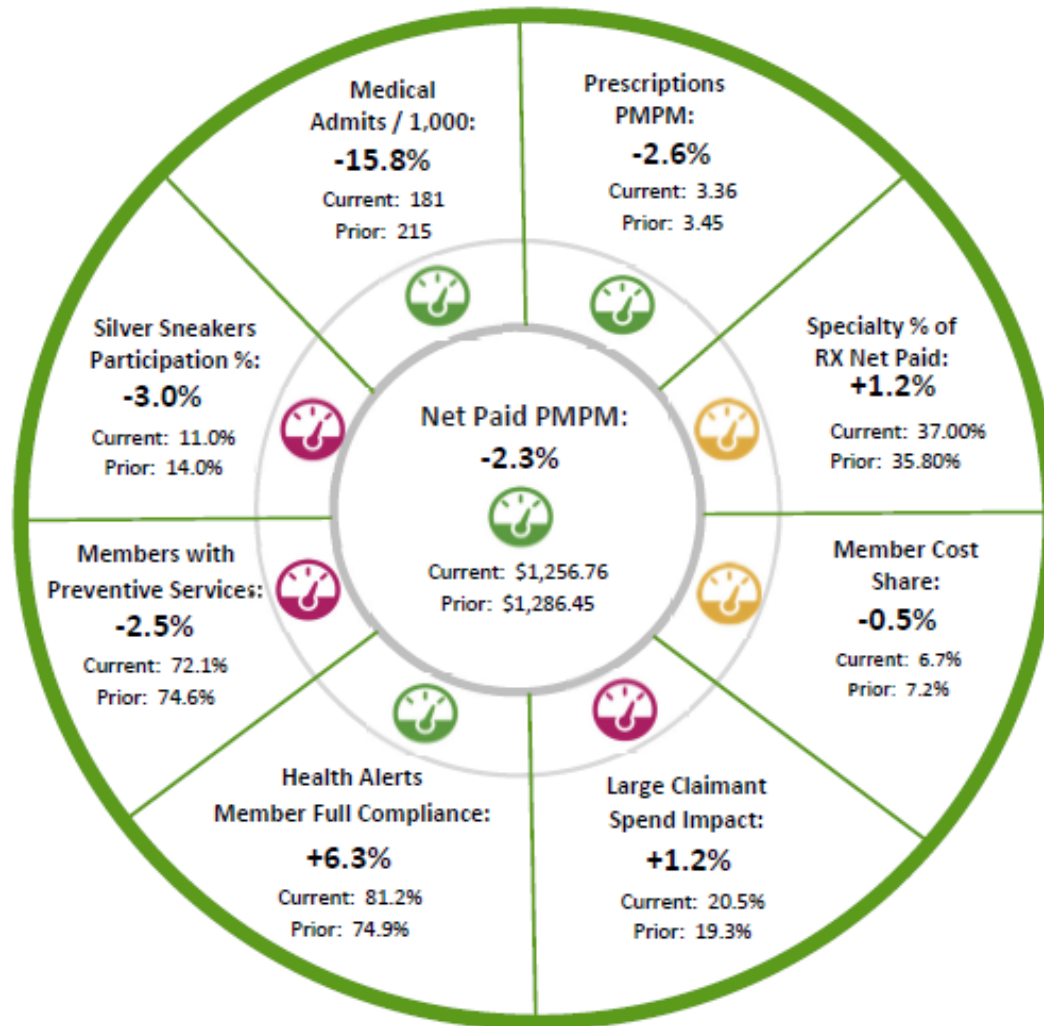
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Premium Plan KERS and SPRS Executive Summary



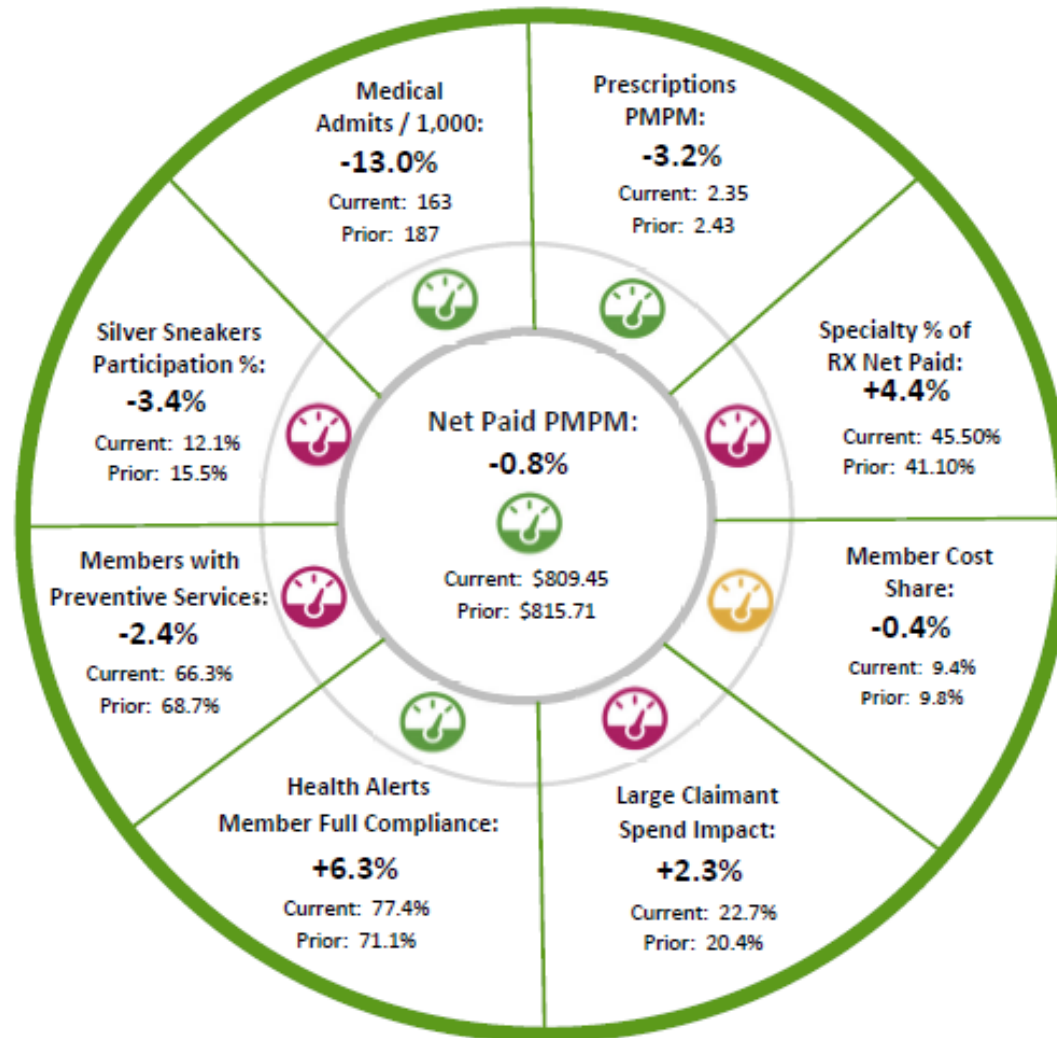
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Premium Plan CERS Executive Summary



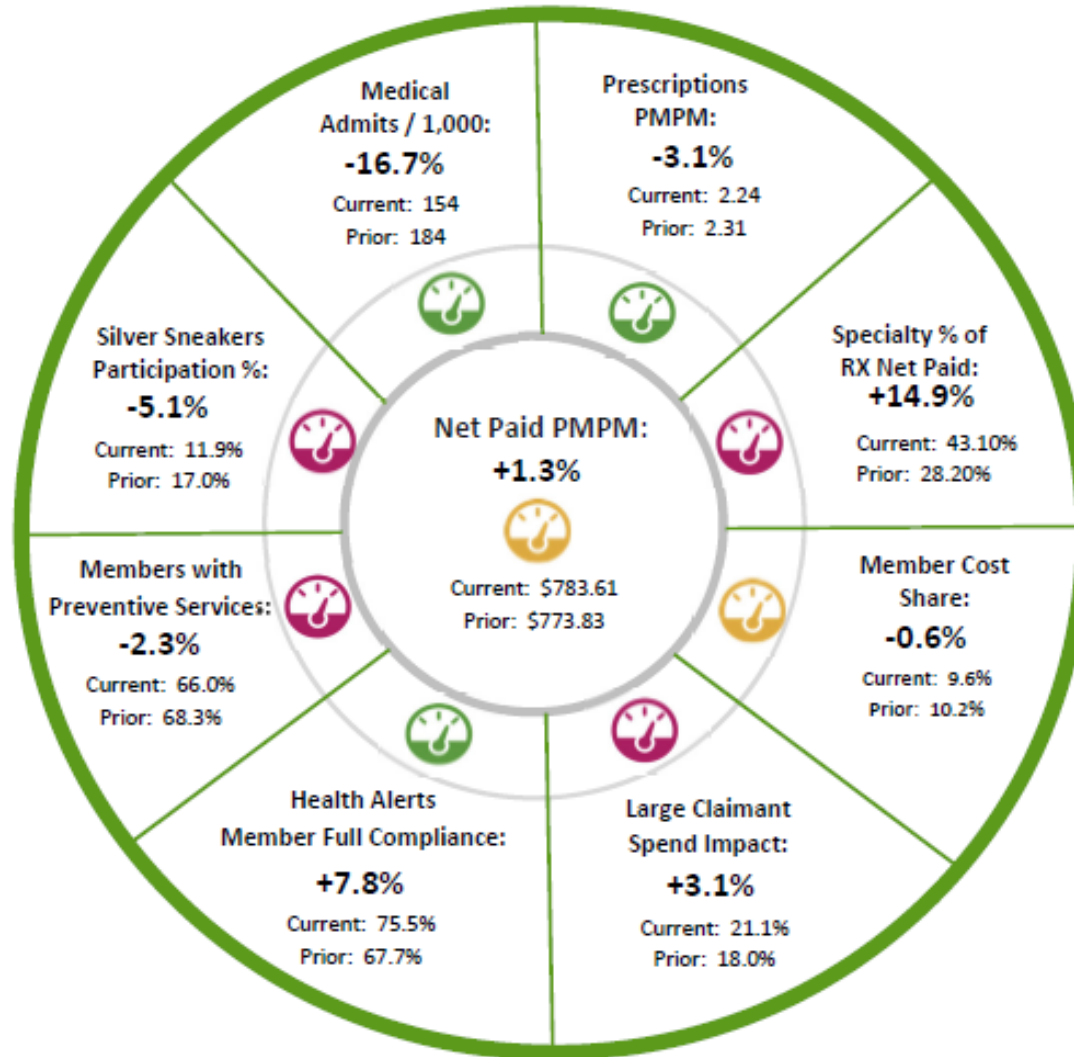
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Essential Plan - Total Executive Summary



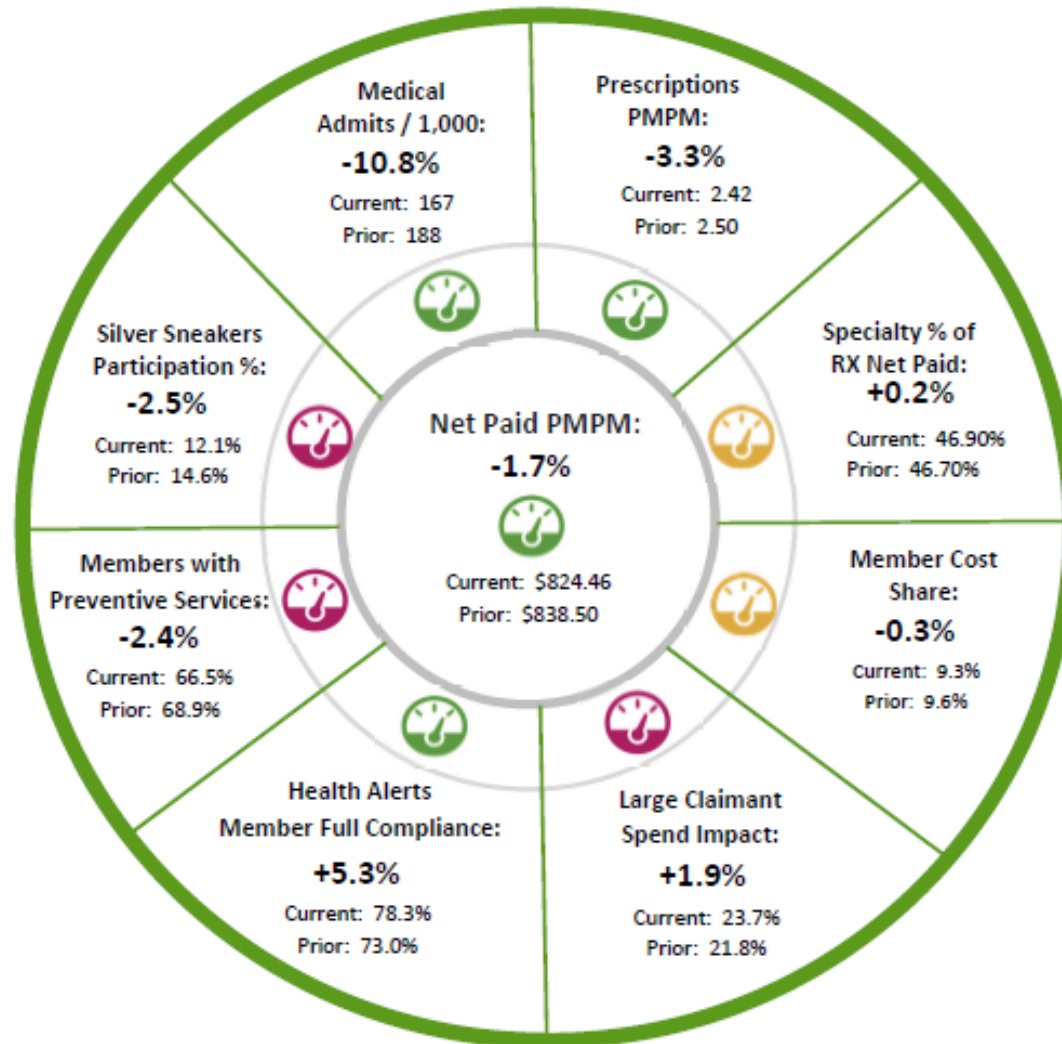
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Essential Plan KERS and SPRS Executive Summary



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Essential Plan CERS Executive Summary



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Clinical Update

Presented by Larry Loew



Human care is our whole-person approach to supporting our members through all aspects of their health journey

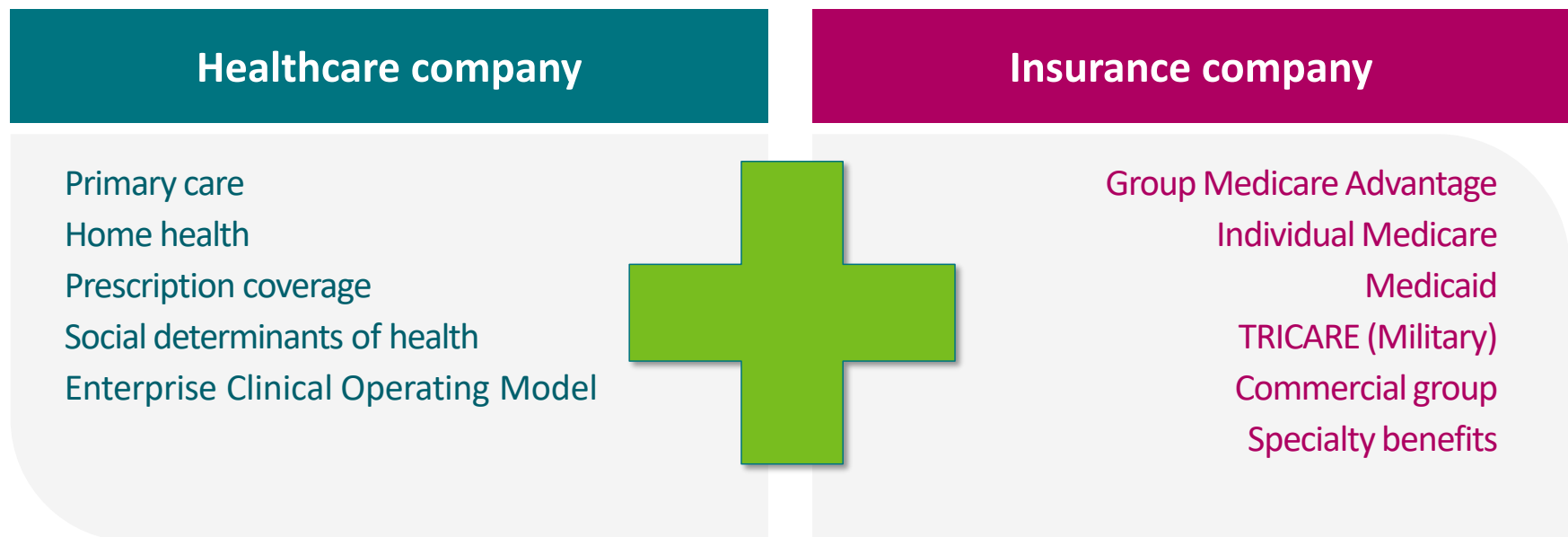
Deliver a **more human experience** so members get more than they expect



Start with a focus on the unmet needs that **matter the most** to our members

Align our actions and behaviors to **go above and beyond** to solve members' needs

Human care is driving our ongoing transformation from an insurance company with elements of healthcare to a healthcare company with elements of insurance



Our unique approach can be seen in the way we have helped our members, plan sponsors and providers navigate COVID-19

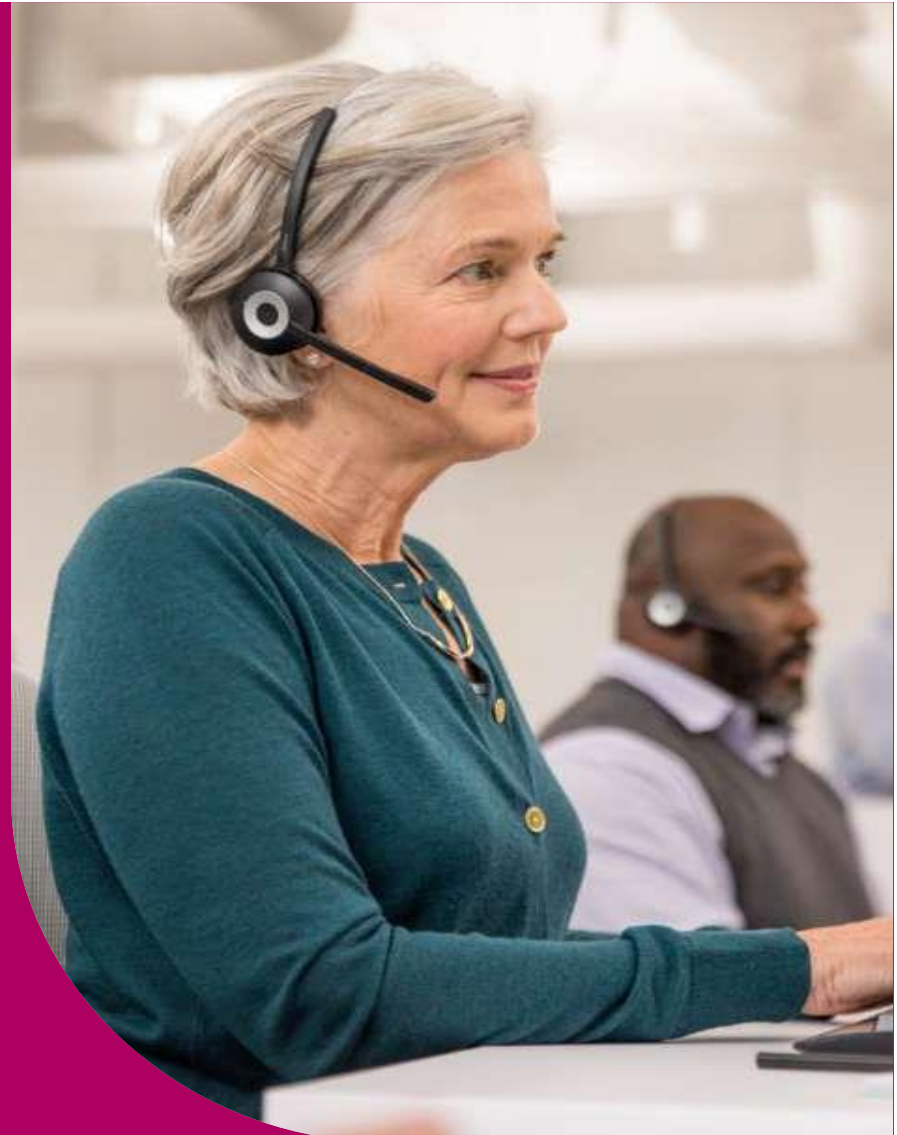
In 2020, we...

- Mobilized Humana's workforce to accelerate proactive outreach to Humana members during COVID-19
- Waived cost-share costs for COVID-19 testing
- Increased capacity for COVID-19 treatment (lifted administrative requirements)
- Delivered safety kits to members
- Expanded access to telehealth services to reduce COVID-19 risk
- Waived all medical costs related to COVID-19 treatment
- Waived member costs for all primary care and behavioral health office visits for Medicare Advantage members
- Expedited quality bonuses to physicians
- Announced monthly stipend to reduce costs for dental providers during pandemic
- LabCorp At-Home COVID-19 test collection and collaboration with Walmart and Quest Diagnostics to offer drive-thru testing
- Supported delivery of ONE MILLION meals
- Launched partnership with the Institute on Aging's Friendship Line to provide loneliness resource
- Mailed 1.4 MILLION home screening kits to increase access to preventive care

To date, Humana has **invested over \$2B** to support our stakeholders' financial and health needs through the COVID-19 pandemic

Custom Care Service Model

Presented by Christy Gula



Custom Care is our values-driven approach to serving your retirees beyond ordinary customer service

The six pillars supporting our Custom Care Model



Empowered



Compassionate



Trusted



Informed



Proactive



Holistic

Renewal Planning 2022

Presented by Tracey Garrison



CMS communications

Due to COVID, CMS changed the timeline of issuing their 2022 CMS Advance Notice.

On September 14, 2020, CMS released the Advance Notice Part I. Typically, this document is not released until December. The early timing allowed CMS to release the Advance Notice Part II in fall 2020 and the Final Announcement in January 2021. This action was taken to provide health plans more time to prepare 2022 bids. It is expected that the Biden Administration will revert to the traditional release schedule for 2023 payment rates. CMS has historically issued the Advance Notice in February and the Final Notice in early April.

- No significant changes were proposed specific to EGWP's



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Humana's 2022 renewal methodology



Medical claims experience data from March 2019 through February 2020 will be used for 2022 pricing

- An additional year of pre-COVID trend assumptions will be utilized



Pharmacy claims from the most recent 12 months of experience data will be used for 2022 pricing

- This data is credible without additional adjustments for COVID
- This is not different from our standard renewal process

2022 renewal planning

- 2022 renewal rates
 - Rate Cap
 - Covid Credit
 - Gain Share Agreement
 - Final rates delivered to KPPA by July 1, 2021
- Are you interested in receiving alternate benefit quotes along with the base renewal?
- What other factors should we consider as we develop your 2022 rate renewal?
- 2023 RFP process and timeline.

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Appendix

Humana Plan and Membership Overview April 2021

Plan Name	Plan Description	CERS Membership	KRS Membership	ASO Plan Membership	Total Membership by Plan
Medicare Advantage Premium (Medical and Pharmacy)	The Medicare Advantage plans are “transitional” PPOs. This means the In Network and Out of Network benefits are the same. Members can see any provider or hospital as long as they accept Medicare assignment and will bill Humana. Claims are submitted to Humana and we pay Medicare’s part and the enhanced benefits provided by CERS and KRS.	29,185	23,474		52,659
Medicare Advantage Essential (Medical and Pharmacy)		3,321	1,861		5,182
Medical Only (Pharmacy not Included)	Medicare Secondary. Original Medicare pays primary. Member may select this plan if a spouse has a Medicare Advantage plan, receive benefits from Tricare or VA, do not have Part B or do not want pharmacy benefits.			3,364	
Mirror Plan (Medical and Pharmacy)	Medicare Secondary. Original Medicare pays primary. This plan is for members who lose Part B at any time during the plan year. Members move in and out of this plan based on Part B status.			95	
Totals		32,506	25,335	3,459	61,300

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Glossary of Terms

PMPM – Per Member Per Month

PDP – Prescription Drug Plan

MA – Medicare Advantage Plan

MAPD – Medicare Advantage Prescription Drug Plan

ASO Fee – Administrative Services Only Fee

MRA – Medicare Risk Adjustment

YTD – Year to Date

YOY – Year Over Year

CMS – Centers for Medicare & Medicaid Services

MOOP – Maximum Out of Pocket

MER – Medical Expense Ratio (revenue/claims)

TrOOP – True Out of Pocket Maximum

Thank you

Tracey Garrison
Humana Group Medicare
Senior Account Management Professional
E-Mail tgarrison@humana.com

The Humana logo is displayed in a bold, green, sans-serif font. The word "Humana" is followed by a registered trademark symbol (®).

KRS 45a

An overview of the Model Procurement Code

By Cassandra Weiss

Basic Principles of the Model Procurement Code

Transparency- providing for increased public confidence in procurement.

Equality-ensuring the fair and equitable treatment of all companies who do business with the Commonwealth

Economy-promoting competition in procurement activities to better utilize the state's resources.

Procurement Centralization

- Under KRS 45a, KPPA's procurements are subject to review and approval by the Finance and Administration Cabinet . See also Title 200 KAR chapter 5. An exception to this is made for KPPA investment-related procurements which are specifically exempted from KRS 45a.
- Requests for Bid (RFBs) and Requests for Proposals (RFPs) are assigned a buyer (at Finance or at KPPA, depending on the procurement) and are issued and posted on the Commonwealth's eProcurement Site.
- KPPA's Small Purchase Authority has been approved by Finance for \$10,000; however, due to the pandemic, SPAs were reduced. KPPA's SPA is now \$5,000.

Contract Process Basics

- Need for goods/services is identified by the agency. Budget is considered.
- Request is made to the Executive Director of Operations to make a purchase/issue a solicitation through Procurement
- RFP/RFB criteria is developed by KPPA staff. Cost and technical requirements are considered for RFPs. RFBs are cost driven.
- Requisition or RFP (personal service contract) is submitted to Finance for review and approval, and buyer assignment if applicable
- KPPA nominates a technical evaluation committee- Per Finance Policies enforced by Administrative Regulation, the committee shall be comprised of state employees. Special permission for a non-state employee may be granted by Finance on a case by case basis, and generally those evaluators do not serve as scoring members of the committee. Best procurement practices dictate that there must be at least as many merit employees as non-merit, and usually there are 3-5 scorers.
- The evaluation process is highly confidential until such time as a contract is awarded. Evaluators must sign confidentiality statements stating that they will not discuss any information related to the solicitation with anyone outside of the evaluation team.
- Vendor with the highest score/best offer is awarded the contract.

Additional Information

KRS 45a:

<https://apps.legislature.ky.gov/law/statutes/chapter.aspx?id=37250>

200 KAR

<https://apps.legislature.ky.gov/law/kar/TITLE200.HTM>

Finance and Administration Cabinet Policies (FAPs):

[Finance Policies \(ky.gov\)](#)