

JOINT CERS AND KRS RETIREE HEALTH PLAN COMMITTEE
May 19, 2022, 10:00 a.m. ET (9:00 a.m. CT)
Live Videoconference/Facebook Live Agenda

1. Call to Order – *Jerry Powell*
2. Roll Call – *Sherry Rankin*
3. Public Comment – *Sherry Rankin*
4. Vice-Chair Election* - *Jerry Powell*
5. Approval of Committee Minutes - February 10, 2022* - *Jerry Powell*
6. Kentucky Teachers Retirement Systems (TRS) Presentation – *Jane Gilbert*
 - a. Pharmacogenomics at TRS
7. Account Management Review – *Humana Tracey Garrison*
 - a. 2021 Plan Performance
 - i. Overview by Plan and Trust
 - ii. Dental Utilization
 - iii. KPPA Stars Score
 - b. McClennan Pilot Program Results
 - c. Pharmacogenomics
8. Other Business:
 - a. KPPA Medicare Advantage Request For Proposal (RFP) update – *Connie Pettyjohn*
9. Adjourn – *Jerry Powell*

**Board Action Required*

**KENTUCKY PUBLIC PENSIONS AUTHORITY
JOINT CERS-KRS BOARD OF TRUSTEES
RETIREE HEALTH PLAN COMMITTEE MEETING
FEBRUARY 10, 2022 at 10:00 A.M., E.D.T.
VIA LIVE VIDEO TELECONFERENCE**

At the February 10, 2022 meeting of the Retiree Health Plan Committee of the Joint CERS and KRS Board of Trustees, the following Committee members were present: CERS – Jerry Powell, Chair and JT Fulkerson; KRS – Larry Totten. KPPA Staff members present were Erin Surratt, Rebecca Adkins, Connie Pettyjohn, Vicki Hale, Abby Sutherland, Brian Towles, Shaun Case, Glenna Frasher, Ashley Gabbard and Sherry Rankin. Others in attendance included CERS CEO Ed Owens III and Tracy Garrison, Larry Loew, Carrie Lovell, Dianna Cunningham, and Brandon Steinbrook from Humana.

Mr. Powell, Committee Chair, called the meeting to order.

Ms. Hale read the Legal Public Statement.

Ms. Rankin called roll.

There being no public comment, Mr. Powell introduced the agenda item *Approval of Committee Minutes- November 9, 2021*. Mr. Fulkerson made a motion and Mr. Totten seconded to approve the minutes as presented. The motion passed unanimously.

Mr. Powell introduced the agenda item *Account Management 2021 Review - Humana Presentation*. Ms. Tracy Garrison with Humana stated that today's presentation would be a review of the 2021 Account Management. Ms. Garrison reviewed the Member Engagement report which included six (6) live online enrollment events in October with a total of 170 participants, six (6) live online educational events with a total of 29 participants, and 592 views of the annual enrollment education video which is accessible through the KPPA website.

Ms. Garrison continued with a review of the Call Center Report for 2021 which showed a total of 63,125 calls from KPPA members. She reviewed the other call metrics that are tracked for all calls coming from KPPA members. She indicated that the top three call drivers for the 2021 benefit year included questions regarding Benefits, Claims, and Pharmacy.

Ms. Garrison stated that Humana focuses on Member Satisfaction. She reviewed data regarding the number of surveys and the Net Promotor Scores over the 2021 calendar year. The Net Promotor Score for transactional satisfaction, which results were based on surveys conducted immediately after the ending of a call which came into the call center, was 61.97. Ms. Garrison reviewed the Overall Satisfaction rate of 90% for 2021, which was a decrease from the 95% rate for 2020. She stated that the 2020 rate may have been a little elevated due to COVID and the activities surrounding COVID, but historically the satisfaction rates have been 90% or higher for KPPA. Ms. Garrison indicated that a full copy of the survey, including the summary of the results, would be sent to Connie Pettyjohn should anyone be interested in the full report. Ms. Garrison reviewed the satisfaction rates for Time on Hold While Representative Researched Question, Representative Took Responsibility for Getting Answers, Knowledgeable Representative, and Caring Representative. She indicated that these ratings are reflective of the changes Humana has made internally to improve services.

Ms. Garrison introduced Dianna Cunningham who discussed information on the provider network. Ms. Cunningham reviewed the Humana Value-based Continuum, which is a broad spectrum program where Humana can provide financial rewards to primary care providers for improving quality in outcomes and costs. She reviewed the Non-Value Based, Value-Based: Upside Only, and Value-Based: Downside Risk including the financial opportunity and risk associated with each program. Ms. Cunningham then discussed the various programs available to the providers including the Population Insights Compass which provides the value-based providers with a platform for health insights and analytics. She indicated that Humana also has a Provider Engagement Team to support the value-based providers as they transition to value-based care. She discussed the Care

Decision Insights program that is used to increase quality and value to the value-based providers. Ms. Cunningham discussed the Electronic Medical Record Interoperability, which is essentially data exchange between provider groups and Humana for the purposes of improving quality, increasing satisfaction for providers and patients, and reducing administrative burden.

Ms. Garrison introduced Brandon Steinbrook who reviewed Humana's differentiated provider network and partnerships drive better patient outcomes and lower costs for KPPA retirees. He stated that Humana is the number one (1) provider network across all payers with 100% of Kentucky facilities contracted and participating in-network with Humana. He reported that 54% of Humana's Group members in Kentucky use a Primary Care Physician that partner with Humana to deliver value-based care, aligning financial incentives to reduce cost and improve health outcomes. He stated that there are 42 unique provider groups in Kentucky that participate in value-based care with retired members. He announced that there are seven (7) new value-based physician offices bringing best-in-class performance to the retired members in the Louisville area as of the 2022 plan year.

Mr. Powell introduced the agenda item *Other Business*. Ms. Pettyjohn discussed a mistake that was presented in the Premium Amount for the MA Mirror PDP Essential/Premium Plan that was presented to the Committee in the September 2021 meeting. The premium amounts of \$36.45 for the PDP Essential for 2022 and \$136.30 for the PDP Premium for 2022 were previously approved by the Boards. Ms. Pettyjohn reported that those premium amounts have been lowered to \$36.18 for the PDP Essential for 2022 and to \$135.31 for the PDP Premium for 2022.

There being no further business, a motion to adjourn was made by Mr. Fulkerson and seconded by Mr. Totten, the meeting adjourned.

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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, Jerry Powell, the Chair of the Joint Retiree Health Plan Committee of the Board of Trustees of the County Employees Retirement System and the Kentucky Retirement Systems, do hereby certify that the Minutes of the meeting held on February 10, 2022 were approved by the Joint Retiree Health Plan Committee on May 19, 2022.

Committee Chair

I have reviewed the Minutes of the February 10, 2022 Joint Retiree Health Plan Committee meeting for form, content and legality.

Executive Director
Office of Legal Services



Teachers' Retirement System of the State of Kentucky

The Power of Pharmacogenomics
and its Impact on Healthcare



If a medication is unsafe or won't work for you,
wouldn't you want to know?



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Personalized Medicine

One Retiree's Story

I am *so grateful* for the information that was given to me and my physician. I was taking metropolol for my *heart condition*. Your tests showed that it *stayed too long in my system*. I sometimes had the feeling that I was on the verge of *fainting*. I *had not had that feeling since I started taking the new suggested medication*. I thank you from the bottom of my heart.

– *Member, Teachers' Retirement System of the State of Kentucky*



Medication: Expense and Risk



Prescription drug spending has exceeded \$300 billion a year since 2015.¹



Adverse drug events account for nearly 700,000 emergency department visits and 100,000 hospitalizations a year.³



Medication errors occur in 3.8 million inpatient admissions and 3.3 million outpatient visits.²



There are 275,689 deaths a year attributable to medication errors.⁴

1. "A Look at Drug Spending in the U.S.," Pew Charitable Trust, 28 Aug. 2018. <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2018/02/a-look-at-drug-spending-in-the-us>. Accessed 18 Feb 2020.

2. "Preventing Medication Errors: A \$21 Billion Opportunity," Network for Excellence in Health Innovation, 2011. https://www.nehi.net/bendthecurve/sup/documents/Medication_Errors_%20Brief.pdf. Accessed 18 Feb 2020.

3. "Medication Errors and Adverse Drug Events," US Health and Human Services, Sept 2019. <https://psnet.ahrq.gov/primer/medication-errors-and-adverse-drug-events>. Accessed 18 Feb 2020.

4. Watanabe J, et al, "Cost of Prescription Drug-Related Morbidity and Mortality," Ann Pharmacother. 2018 Sep;52(9):829-837

Your DNA Really Matters

Pharmacogenomics (PGx)

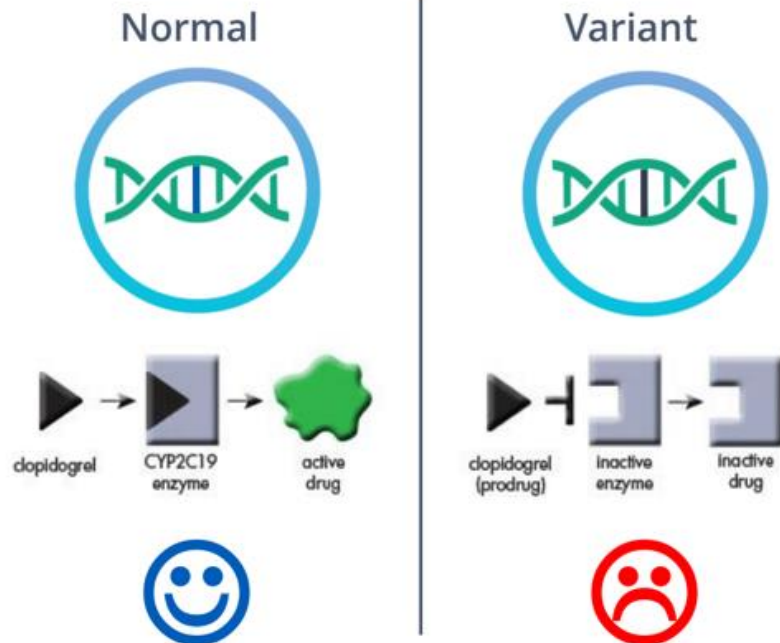
Using DNA to see what drugs will be safe and effective



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Why Most Drugs Only Work in Some Patients



27% of the U.S. population cannot metabolize Clopidogrel

Codeine has little effect on as much as 20% of the population

Even everyday drugs, such as Advil and Tylenol, can have widely varying effects

DNA Testing is NOT Sufficient

CLS' Personalized Medicine Program

brings together rigorously-vetted genetic guidance with **dozens of other factors** of patient-specific prescribing risk.

Healthcare providers are **empowered with answers** rather than research materials.

Real-time modeling allows pharmacists and doctors to see the results of medication changes **before they experiment** with them on their patients.



The Teachers' Retirement System of the State of Kentucky will reduce healthcare costs by implementing a program focused on improving medication safety and efficacy for its members.

The program will utilize genetic testing and personalized therapy analysis delivered to physicians through expert pharmacist consultation.

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TRS Program Overview



Mission & Goals From Program Kickoff

- ✓ Provide a 'zero disruption' implementation.
- ✓ Achieve 5-star feedback from participant members.
- ✓ Demonstrate a 3x return on program investment over 3 years.
- ✓ Be perceived as fiscally responsible, ethically motivated, and medically innovative by all stakeholders.
- ✓ Become a national example of progressive, creative, and innovative leadership in pension fund healthcare management.

DENTAL • Coriell Life Sciences • www.coriell.com



Program Components

The Personalized Medicine Program is a turnkey solution that combines genetic testing with expert pharmacy review to provide what physicians really need – credible and immediately actionable treatment guidance.



Population Analytics

“Will this program provide benefit for our members?”



Member Engagement

Fully-coordinated education and enrollment



Genetic Testing

Cost-effective, comprehensive DNA testing by CLIA-licensed laboratories



Pharmacy MTM Review

Clear, actionable recommendations via Medication Action Plan (MAP)

Case Study: Pre-Program Population Analytics

36,000 retirees aged 65 to 109

Using de-identified claims information, CLS provided the TRS pension fund with an in-depth analysis of the potential return on investment with the program.



15 Average # of prescriptions



75% Had high BP/heart disease



58% Had high cholesterol



50% Had pain/inflammation

Program Overview—Pre-Program Population Analytics



POPULATION ANALYTICS



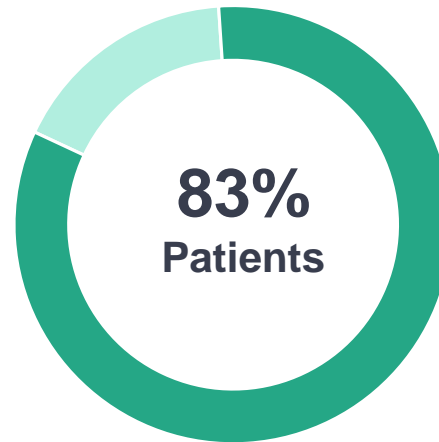
MEMBER ENGAGEMENT



GENETIC TESTING



PHARMACY MTM REVIEW



% of Patients taking meds that have known PGx implications

Program Overview



POPULATION ANALYTICS



MEMBER ENGAGEMENT



GENETIC TESTING



PHARMACY MTM REVIEW

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A PERSONALIZED MEDICINE PROGRAM DESIGNED FOR YOU

What's Being Said

Enroll in this free TRS program today!

More than 4,000 of your retired teacher peers have already participated.

888-454-9024

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Personalized Medicine Program

For the Teachers' Retirement System of the State of Kentucky (TRS)

Personalized Medicine Program for Retired Teachers of Kentucky

Enroll in this free TRS program today!

More than 4,000 of your retired teacher peers have already participated.

888-454-9024

TEACHERS' RETIREMENT SYSTEM
of the State of Kentucky

April 2020

Staying well with TRS

Key Messages:

- ✓ We are making smarter use of healthcare dollars with a new personalized medicine program.
- ✓ We have engaged partners to work with your doctor.
- ✓ This new benefit will test your DNA to make sure your medications will be safe and effective for you.
- ✓ The analysis and test results will only be used by pharmacists and your doctor. Your information will not be shared with us.

Our Kit Has Expired
if your retired teacher peers in taking advantage of this benefit.

Why Participate?

How to Order Your New Kit

Please order a new kit by calling the number below. You do not need to re-enroll in the program and there is absolutely no cost to you.

Enrollment Support Center
Toll-free: 888-454-9024 | Monday - Friday, 9 a.m. to 3 p.m. ET

Program Overview



POPULATION ANALYTICS



MEMBER ENGAGEMENT

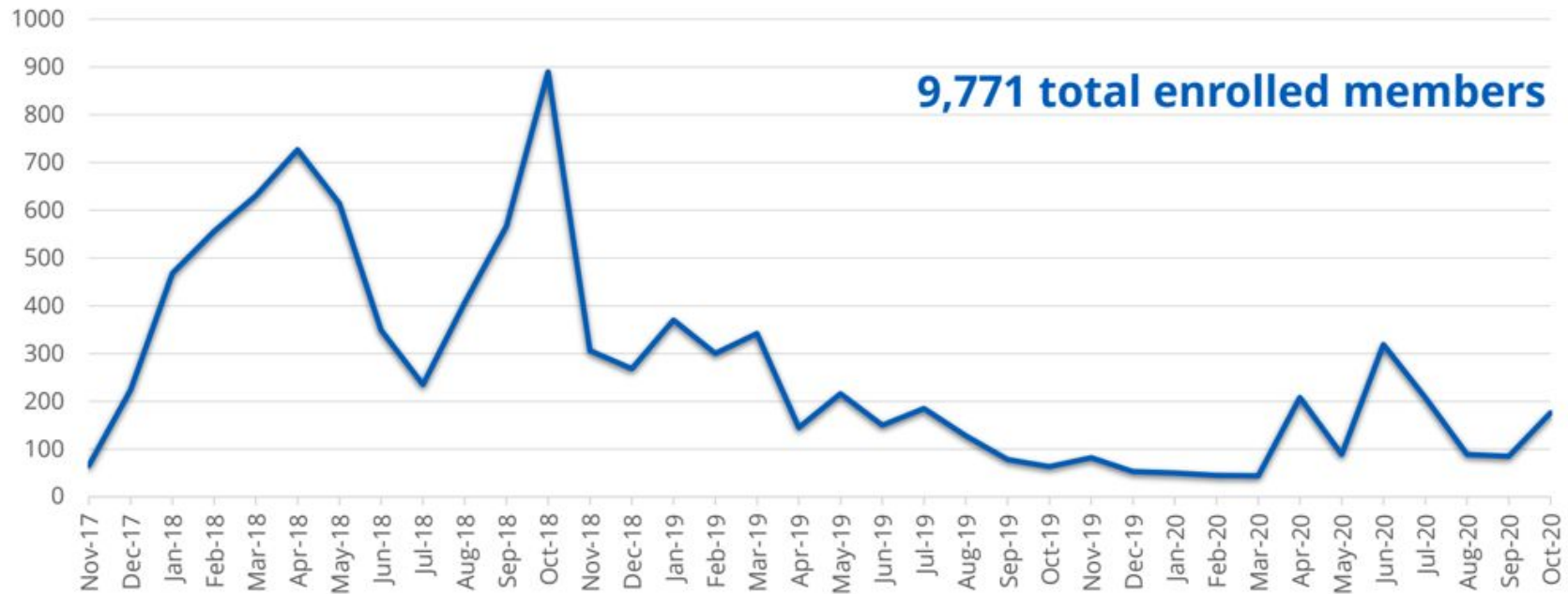


GENETIC TESTING



PHARMACY MTM REVIEW

Monthly Enrollment



Pharmacist Review & Report



POPULATION ANALYTICS



MEMBER ENGAGEMENT

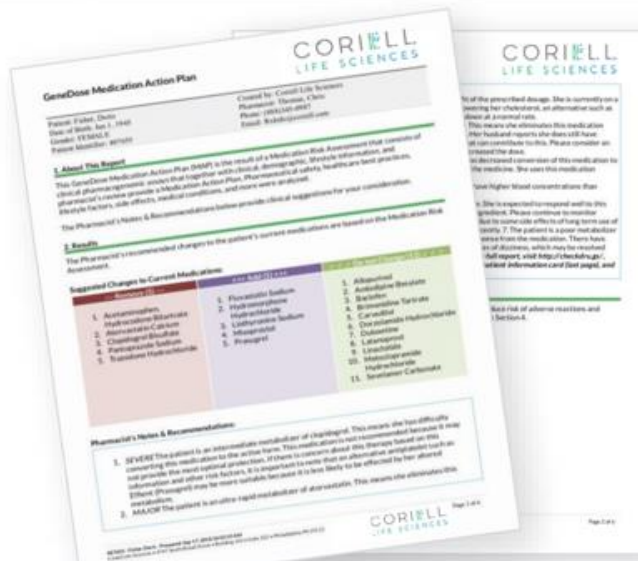


GENETIC TESTING



PHARMACY MTM REVIEW

CLS proprietary software, **GeneDose LIVE™** allows teams of pharmacists and physicians to review the genetic and non-genetic concerns for individual patients and **quickly shows which alternatives would be best suited.**



The MAP document provides a **clear and concise** way for the pharmacist to **communicate the updated plan** to the prescriber.

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Know Your Rx Coalition

Free counseling with live pharmacists

Know Your Rx Coalition *Pharm-Assist*

Hours: Monday to Friday, 8 a.m. to 6 p.m. ET

Phone: 855-218-5979

Email: KYRx@uky.edu

Website: www.KYRx.org



KEHP MEHP Personalized Medicine

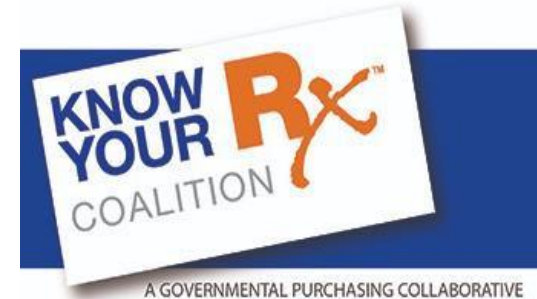
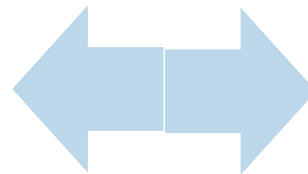


TRS Solution: Personalized Medicine Partnership



This personalized medicine program uses DNA testing to help you find out if your medications work for you.

You
Your Doctor
Your Pharmacist



MEHP enrollees can contact Coriell at 888-454-9024 or online at www.coriell.com/trs to request a free DNA kit.
Non-Medicare KEHP enrollees are eligible for the DNA kit
Pay through credit card or your CDHP HRA.



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Personalized Medicine

How it Can Help

Your DNA matters

Using DNA to see what drugs will be safe and effective — Pharmacogenomics

Steps

Collect genetic information

Empower pharmacists

Communicate the Medication Action Plan

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Personalized Medicine

Why It Works

- Helps avoid taking ineffective medications that even could be fatal
- Saves money for retirees and their insurance trust
- Uses DNA testing to help doctors making treatment decisions
- Results help make sure medications are beneficial from the start
- Avoids traditional trial-and-error process without DNA information

Program Success



64%
resulted in medication
change recommendation

87%
of recommendations
accepted by prescribers

At 18-month evaluation.

“

LIFE SCIENCES

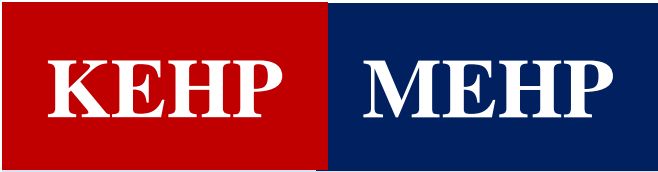
“I received a call from a TRS member who had participated in the DNA testing program with her spouse. The spouse had a **heart attack earlier in the year** and was being discharged on **Clopidogrel**. They called to check this against his DNA results and found out **Clopidogrel would have been ineffective.**

The Pharmacist worked with the patient and his doctor to get an **effective medication**. Had the patient not called, there would be a high **likelihood of a readmission and recurrence of future heart attack.**

Not only did this preventive action dramatically affect the member's **quality of life**, but it also **prevented the costs of hospital admission** and **downstream costs** surrounding heart attack treatment and recovery.”

”

KYRx team member



Personalized Medicine

Genetic Testing Wellness Program Gets National Attention

Journal of Precision Medicine

A Commentary on a Precision Medicine Program: Humanistic Outcomes Are Always Key

By Jane Cheshire Gilbert, CPA, Teachers' Retirement System (TRS) of the State of Kentucky, a Member of the GTRMx Institute

Introduction: GTRMx and TRS Kentucky Precision medicine early personalized medicine in cases like the TRS retiree quoted as #1 who voluntarily submitted a saliva sample for testing. Such a simple act, one of the many by TRS retirees, yielding long-term returns on the scientific and financial investments made by TRS to achieve its precision medicine goals. Moreover, TRS puts

these goals into human terms, showing how real people express in their own words how precision science benefits them. Are there any better words a pharmacist or doctor could have? Or for those inside the pharmaceutical research world and academic? Or for that matter, the director of retiree health care for Kentucky's retired teachers?

In the past few years, TRS has made countless virtual presentations on this program to others

interested in their employees' and retirees' wellness, drug cost containment and precise use of science that now is well over a decade old. In addition, TRS has presented its program to state health care professionals, including doctors and health plan administrators at the National Institute of Health in Bethesda, Maryland, attendees at the Personalized Medicine Coalition meeting at Harvard in Massachusetts, and, now, readers of

#3 A deep dive into our population discovered that 84% of retirees are on medications that are influenced by genetics. Medicare-eligible retirees were on an average of 15 prescriptions. Roughly 75% of the population had high blood pressure, 58% had high cholesterol and 50% were suffering from pain and inflammation. Using de-identified claims information, the PGM vendor provided an in-depth analysis of the possible return on investment with the program which found: 10% of members should stop taking a prescription immediately (potential savings: \$1.7 million), 57% of members might need to adjust dosage (potential savings: \$10 million) and 33% of members have a better alternative medication available.

#4 Communicating with members early and consistently contributed to the program's successful launch. The overarching message: TRS is making smarter use of the health care dollar through the program because taking medications that do not work is bad for the member's health and for the TRS health insurance fund.

#5 TRS heard a lot of positive feedback, such as "you're helping me become a better doctor, to take better care of my patients and to be able to prescribe the right drug at the right time for them"

What's next? To implement PGM, engage your medical plan carrier and your pharmacy benefits manager (PBM) in this conversation. PBMs will see the value in this model, improved health outcomes and reduced costs. TRS will continue to recognize the value of PGM as a tool to optimize medication through comprehensive medication management (CMM) - introducing a pharmacist who works

and heightened care management inside these federal programs. PGM, if included in these federal programs, would bring greater cost efficiency. In the end, the most rewarding part of the program, as indicated earlier, is not only the medication change that results from the testing and on the dollars saved, it is also the reaction of Kentucky's retired teachers who take part in the program and the thank TRS offers for actually testing their lives.

The story will get better because this wellness and savings program is a lifetime benefit for each Kentucky retired teacher who volunteered to provide a DNA sample. Testing results that already have paid dividends for the retirees and their health plan can continue to inform every aspect of their pharmaceutical treatment for the rest of their lives.

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Jane Cheshire Gilbert, CPA
 Director of Retiree Health Care for the Teachers' Retirement System of the State of Kentucky
 Jane has been TRS Retiree Health Care Director since 2009. She manages one of the largest retiree health programs serving 40,000 retirees. She also serves as the director of Health Plan Operations, contract management, risk management and Health Plan Operations. She has been a member of the Board of Trustees of the TRS since 2010. She is a past president of the Kentucky Health Care Association and a past president of the Kentucky Health Care Association. She is also a past president of the Kentucky Health Care Association and a past president of the Kentucky Health Care Association.

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Personalized Medicine

Peer-Reviewed Initial Results Receive Attention



Journal of
*Personalized
Medicine*

- 66% had genetic risks detected in a current medication
- 14.9% reduction in inpatient visits
- 6.8% reduction in emergency room visits
- \$37 million savings in direct medical charges over 32 months

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Personalized Medicine

Peer-Reviewed Initial Results Receive Attention



Journal of
*Personalized
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- \$37 million savings in direct medical charges over 32 months
- 66% had genetic risks detected in a currently prescribed medication
- 14.9% reduction in inpatient visits
- 6.8% reduction in emergency room visits
- \$218 savings a month per member, which equates to \$7,000 a member
- Return on investment of about 1,422%

Case Study: > 10,000 Program Participants

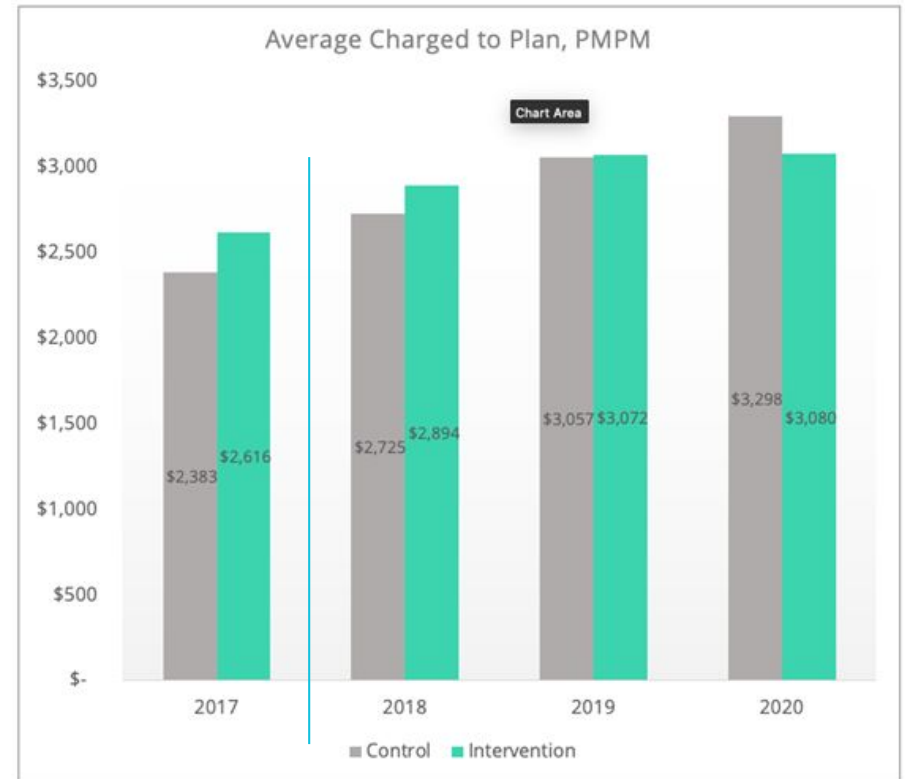
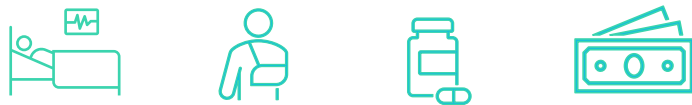
- More than 10,000 MEHP members enrolled (24.6%)
- Retrospective Review of medical claims for those with both 12 months of claims history prior to the program start and 32 months post program start
- N=5,288 participants compared to
- N=22,357 controls

| Demographics at Program Start | | |
|---|-----------------------------|-------------------------|
| Variables | Intervention (n = 5,288) | Control (n = 22,357) |
| Age in years, avg (SD) | 73.7 (5.7) | 74.0 (6.2) |
| 65-74, n (%) | 3,249 (61%) | 13,382 (60%) |
| 75-84 | 1,696 (32%) | 6,849 (31%) |
| >=85 | 343 (6%) | 2,126 (10%) |
| Sex, n (%) | | |
| Female | 3,523 (67%) | 14,893 (67%) |
| Male | 1,765 (33%) | 7,464 (33%) |
| Charlson Comorbidity Index, avg (SD) | 3.6 (1.4) | 3.6 (1.5) |
| 0-2, n (%) | 1,113 (21%) | 4,789 (21%) |
| 3-4 | 3,144 (59%) | 13,056 (58%) |
| 5+ | 1,031 (19%) | 4,512 (20%) |
| Number of Medications, avg (SD) | 13.0 (8.4) | 11.9 (8.3) |
| 0, n (%) | 79 (1%) | 584 (3%) |
| 1-2 | 223 (4%) | 1,281 (6%) |
| 3-4 | 429 (8%) | 1,997 (9%) |
| 5-7 | 786 (15%) | 3,788 (17%) |
| 8-10 | 904 (17%) | 3,703 (17%) |
| 11+ | 2,867 (54%) | 11,004 (49%) |

Jarvis, J.P., et al. (2021). *Real-world impact of a pharmacogenomics-enriched comprehensive medication management program*. Manuscript submitted for publication.

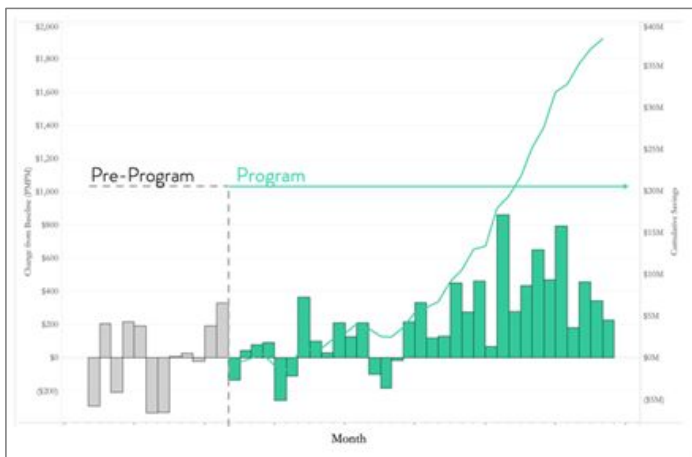
Case Study: Program Results

| Claim Type | Reduction |
|----------------------|-----------|
| Outpatient | 1.9% |
| Emergency Department | 6.8% |
| Inpatient | 14.9% |



Jarvis, J.P., et al. (2021). *Real-world impact of a pharmacogenomics-enriched comprehensive medication management program*. Manuscript submitted for publication.

Case Study: Cost Savings Achieved

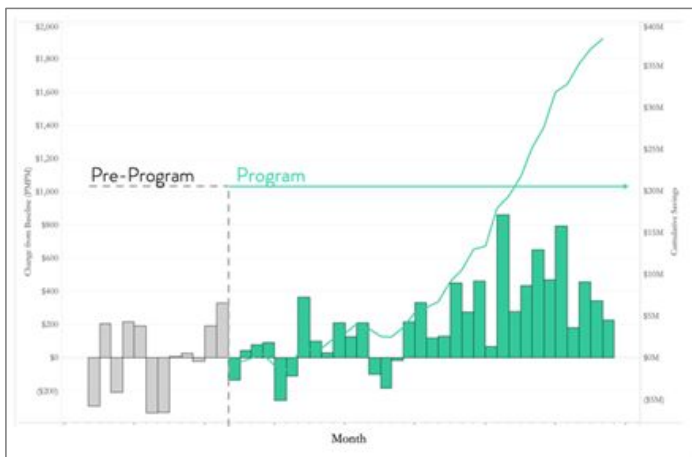


Resulting PMPM cost avoidance of **\$218.82**

Per member cost savings at 32 months: **\$7,002.24**

Jarvis, J.P., et al. (2021). *Real-world impact of a pharmacogenomics-enriched comprehensive medication management program*. Manuscript submitted for publication.

Case Study: Cost Savings Achieved



Resulting PMPM cost avoidance of **\$218.82**

Per member cost savings at 32 months: **\$7,002.24**

Cumulative cost savings at 32 months: **\$37M**

Jarvis, J.P., et al. (2021). *Real-world impact of a pharmacogenomics-enriched comprehensive medication management program*. Manuscript submitted for publication.

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Personalized Medicine

How to Sign Up

MEHP

MEHP enrollees can contact Coriell at 888-454-9024 or www.coriell.com/trs to request free DNA kit.

KEHP

Non-Medicare KEHP enrollees can contact Coriell and use HRA funds to pay the cost.

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TEACHERS'
Retirement System
m
TRS
KENTUCKY

KNOW
YOUR **Rx**
COALITION
A GOVERNMENTAL PURCHASING COLLABORATIVE

TEACHERS'
Retirement System
m
TRS
KENTUCKY

Program Success

Feedback Survey

- How was your experience enrolling in the program? **4.24/5**
- How was your experience with the pharmacists at the KYRx Coalition? **4.37/5**
- Do you feel that the program was valuable to you? **4.14/5**



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Personalized Medicine

Reaching Further After Success of Pharmacogenomics



Pharmacogenomics
Fall 2017



Breast Cancer Index
2021



Looking at other personalized
diagnostic tools for
2022

MEHP

Personalized Medicine

Early Results — Real Story

- TRS member was prescribed a blood thinner after having a stroke
- TRS member had a mini-stroke while on that blood thinner
- TRS member took the DNA test and results showed the member was a slow metabolizer of the blood thinner and it did not interact well with their stomach medicine
- The Know Your Rx pharmacist worked with the TRS member and doctor to change to a different blood thinner
- The member is doing well

If a medication is unsafe or won't work for you,
wouldn't you want to know?



Professional Memberships: Have Heard the TRS Story

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NATIONAL COUNCIL *on*
TEACHER RETIREMENT



PERSONALIZED
MEDICINE COALITION



AMERICAN PUBLIC HEALTH ASSOCIATION
For science. For action. For health.



Pharmacy Benefit
Management Institute®



International Society
of Certified Employee Benefit Specialists



PRECISION MEDICINE
LEADERS SUMMIT
CONSIDERING THE HISTORIC TO EMERGE LATER



STANDARDIZING
LABORATORY
PRACTICES IN
PHARMACOGENOMICS



The Twentieth Anniversary
Population Health Colloquium
LOEWS PHILADELPHIA HOTEL, PHILADELPHIA, PA
OCTOBER 6 - 7, 2020

PRODUCED BY
GHC
Global Health Care, LLC



Get the medications right™



National Human
Genome Research
Institute



State & Local Government
Benefits Association





Key Players

Teachers' Retirement System of the State of Kentucky

- Gary L. Harbin, CPA
- Jane Cheshire Gilbert, CPA
- Grace H. Dotson
- Leeann Uebel
- Members
- Board of Trustees

Coriell Life Sciences

- Scott Megill
- Jennifer Ferrang
- Steve Kradel
- Paul Chernin
- Victoria Clements
- Shana Shterban
- Tonya Bell
- Jeffrey Shaman
- Revel Health

Know Your Rx (KYRx) Coalition

- Lucy B. Wells, RPh
- April Prather, PharmD, MS
- Gina Beanland, PharmD
- Zachary Wilkerson, PharmD, MBA
- Richard Amos, Executive Director
- Full Team Support

Aon

- Curt Dame
- Aon Health Solutions
- Aon Health Analytics Solutions; Pharmacy Practice
- Aon U.S. Health Solutions



Our Members Come First!

800-618-1687

**8 a.m. – 5 p.m. ET
Monday – Friday**

info@trs.ky.gov

<https://trs.ky.gov>

Protecting & Preserving Teachers' Retirement Benefits

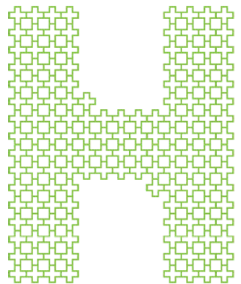
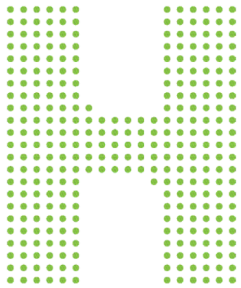
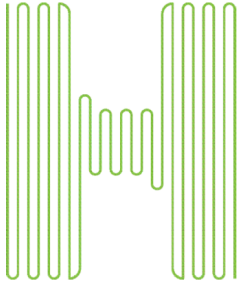


Humana.

Humana Group Medicare Advantage

Kentucky Public Pensions Authority
CERS/ KRS Retiree Health Plan
Committee Meeting
May 19, 2022





Humana.

Agenda

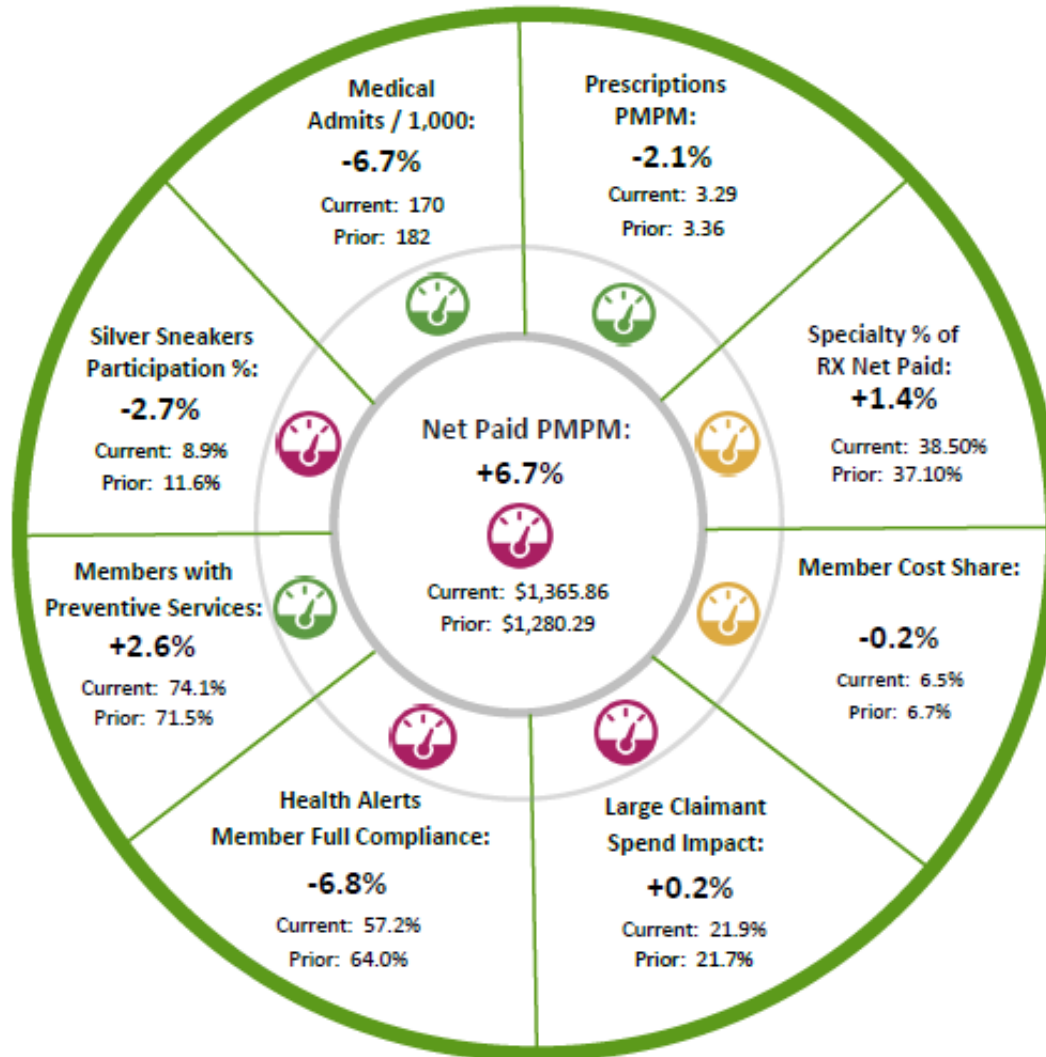
- 01 | 2021 Plan Performance
- 02 | 2021 KPPA Stars Review
- 03 | McClennan Pilot Results
- 04 | Introducing Centerwell

2021 Plan Performance

Presented by Tracey Garrison



Premium Plan Executive Summary All Trusts

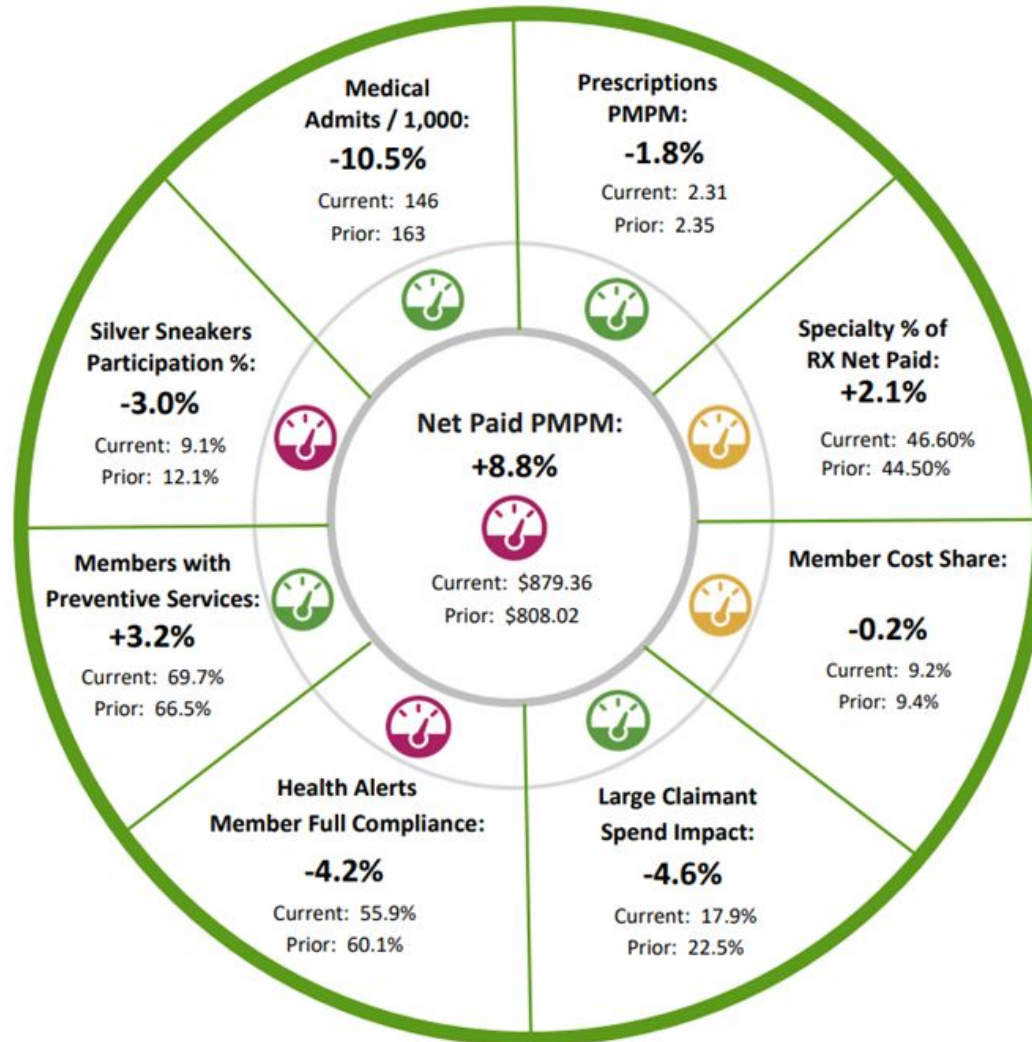


Proprietary and Confidential

Premium Plan Executive Summary by Trust

| Premium Plan | All Members | | | KRS/SPRS Members | | | CERS Members | | |
|-------------------------------|-------------|------------|--------|------------------|------------|---------|--------------|------------|--------|
| | Current | Prior | Change | Current | Prior | Change | Current | Prior | Change |
| Prescriptions PMPM | 3.29 | 3.36 | -2.10% | 3.28 | 3.36 | -2.4% | 3.29 | 3.36 | -1.90% |
| Specialty % of Rx Net Paid | 38.5% | 37.1% | 1.40% | 40.20% | 38.90% | 1.30% | 37.00% | 35.50% | 1.50% |
| Member Cost Share | 6.50% | 6.70% | -0.20% | 6.50% | 6.60% | -0.10% | 6.50% | 6.70% | -0.20% |
| Large Claimant Spend Impact | 21.90% | 21.70% | 0.20% | 22.20% | 23.20% | -1.00% | 21.70% | 20.40% | 1.30% |
| Health Alerts Full Compliance | 57.20% | 64.00% | -6.8% | 57.70% | 64.60% | -6.90% | 56.80% | 63.50% | -6.70% |
| Mbrs w/ Preventative Services | 74.10% | 71.50% | 2.60% | 73.70% | 70.60% | 3.10% | 74.40% | 72.20% | 2.20% |
| Silver Sneakers Participation | 8.90% | 11.60% | -2.70% | 9.50% | 12.50% | -3.00% | 8.30% | 11.00% | -2.70% |
| Medical Admits/1000 | 170 | 182 | -6.70% | 164 | 182 | -10.30% | 175 | 182 | -3.80% |
| PMPM | \$1,365.86 | \$1,280.29 | 6.70% | \$1,370.90 | \$1,309.19 | 4.70% | \$1,362.10 | \$1,256.97 | 8.40% |
| Average Membership | 53,191 | 51,937 | 2.40% | 23,656 | 23,262 | 1.70% | 29,517 | 28,654 | 3.00% |

Essential Plan Executive Summary All Trusts



Proprietary and Confidential

Essential Plan Executive Summary by Trust

| Essential Plan | All Members | | | KRS/SPRS Members | | | CERS Members | | |
|-------------------------------|-------------|----------|---------|------------------|----------|---------|--------------|----------|--------|
| | Current | Prior | Change | Current | Prior | Change | Current | Prior | Change |
| Prescriptions PMPM | 2.31 | 2.35 | -1.80% | 2.16 | 2.24 | -3.10% | 2.39 | 2.42 | -1.00% |
| Specialty % of Rx Net Paid | 46.60% | 44.50% | 2.10% | 49.60% | 41.60% | 8.00% | 44.90% | 46.10% | -1.20% |
| Member Cost Share | 9.20% | 9.40% | -0.20% | 10.00% | 9.70% | 0.30% | 8.80% | 9.30% | -0.50% |
| Large Claimant Spend Impact | 17.90% | 22.50% | -4.60% | 14.00% | 20.40% | -6.40% | 19.90% | 23.60% | -3.70% |
| Health Alerts Full Compliance | 55.90% | 60.10% | -4.20% | 55.80% | 61.50% | -5.70% | 55.90% | 59.30% | -3.40% |
| Mbrs w/ Preventative Services | 69.70% | 66.50% | 3.20% | 69.10% | 66.10% | 3.00% | 70.00% | 66.60% | 3.40% |
| Silver Sneakers Participation | 9.10% | 12.10% | -3.00% | 10.40% | 11.90% | -1.50% | 8.40% | 12.20% | -3.80% |
| Medical Admits/1000 | 146 | 163 | -10.50% | 124 | 154 | -19.50% | 158 | 168 | -5.60% |
| PMPM | \$879.36 | \$808.02 | 8.80% | \$806.52 | \$780.67 | 3.30% | \$921.44 | \$823.57 | 11.90% |
| Average Membership | 5,213 | 5,183 | 0.60% | 1,876 | 1,848 | 1.50% | 3,329 | 3,328 | 0.00% |

Dental Benefit Utilization 2021

| | |
|--------------------|--------|
| Members Utilizing: | 10,387 |
| Total Procedures: | 28,464 |

| Category | Procedure | Procedure Count |
|-------------------|------------------------|-----------------|
| PREVENTIVE | FLUORIDE TREATMENTS | 12 |
| | LAB & OTHER DIAG TESTS | 4 |
| | ORAL EXAMS | 9,871 |
| | OTHER PREVENTIVE | 3 |
| | PROPHYLAXIS | 8,772 |
| | X-RAYS | 6,271 |
| MAJOR | BRIDGES | 3 |
| | DENTURES | 2 |
| | IMPLANT SERVICES | 1 |
| | INLAYS AND CROWNS | 24 |
| | OTHER PROSTHETICS | 1 |
| BASIC | ANESTHESIA | 27 |
| | ENDODONTICS | 1 |
| | ORAL SURGERY | 1 |
| | PERIODONTICS | 28 |
| | RESTORATIONS | 3,436 |
| | SIMPLE EXTRACTIONS | 6 |
| OTHER | DRUGS | 1 |

Deductible and Annual Maximum Benefit

| | |
|------------------------|----------------|
| Deductible | \$0 |
| Annual Maximum Benefit | \$1,000 |

Covered Dental Services

| | |
|--|------------|
| Periodic Oral Exam – One Per Year | \$0 |
| Bitewing X-Rays – One Set Per Year | \$0 |
| Prophylaxis (Cleaning) – One Per Year | \$0 |
| Restorations (Fillings) – One Per Year | 50% |

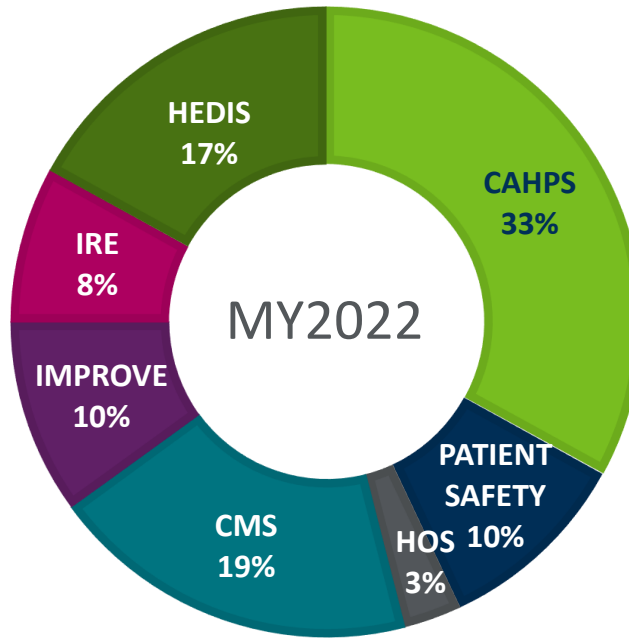
2021 KPPA Stars Review

Presented by Andrea Biesel



Stars Category Breakdown

- ✓ **HEDIS**
Healthcare Effectiveness Data and Information Set - Staying Healthy- Preventive Screenings
- ✓ **IRE**
Independent Review Entity- Appeals
- ✓ **Improvement**
Health plan improvement rates year over year



- ✓ **CMS**
Centers for Medicare & Medicaid Services Complaints

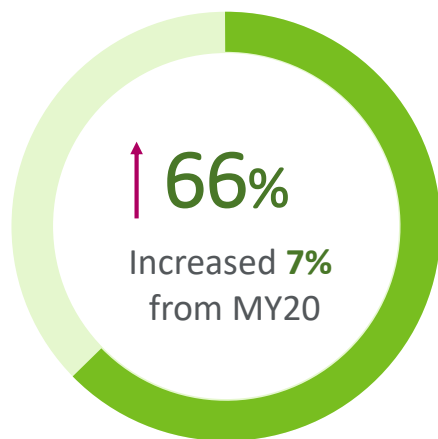
- ✓ **CAHPS**
Consumer Assessment of Healthcare Providers and Systems- Member Experience
- ✓ **Patient Safety**
Drug safety & medication adherence
- ✓ **HOS**
Health Outcomes Survey

KPPA 2021 HEDIS performance

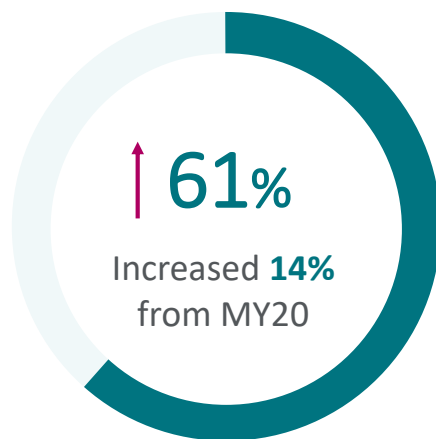
| Measure | 2021 Pass Rate | | | | | MY2021 Eligible | MY2021 Compliant | MY2021 Compliance Rate | MY2020 Compliance Rate |
|---------------------------------|----------------|-----|-----|-----|------|-----------------|------------------|------------------------|------------------------|
| | 0% | 25% | 50% | 75% | 100% | | | | |
| Breast Cancer Screening | 80% | | | | | 16,089 | 12,909 | 80% | 81% |
| Colorectal Cancer Screening | 83% | | | | | 30,170 | 24,992 | 83% | 84% |
| Diabetes Care – A1c | 79% | | | | | 9,759 | 7,887 | 79% | 79% |
| Diabetes care – Eye exam | 73% | | | | | 9,759 | 7,138 | 73% ↑ | 72% |
| Diabetes Care – Kidney disease | 96% | | | | | 9,759 | 9,348 | 96% | 96% |
| Controlling Blood Pressure | 66% | | | | | 27,721 | 18,160 | 66% ↑ | 59% |
| Medication Rec. Post Discharge | 61% | | | | | 5,919 | 3,619 | 61% ↑ | 47% |
| Osteoporosis Mgmt. (OMW) | 45% | | | | | 394 | 176 | 45% | 46% |
| Statin Therapy - Cardiovascular | 80% | | | | | 3,923 | 3,230 | 80% | 80% |

Proprietary and Confidential

2021 HEDIS measure highlights



CBP
Controlling Blood Pressure



MRP
Medication Reconciliation Post-discharge



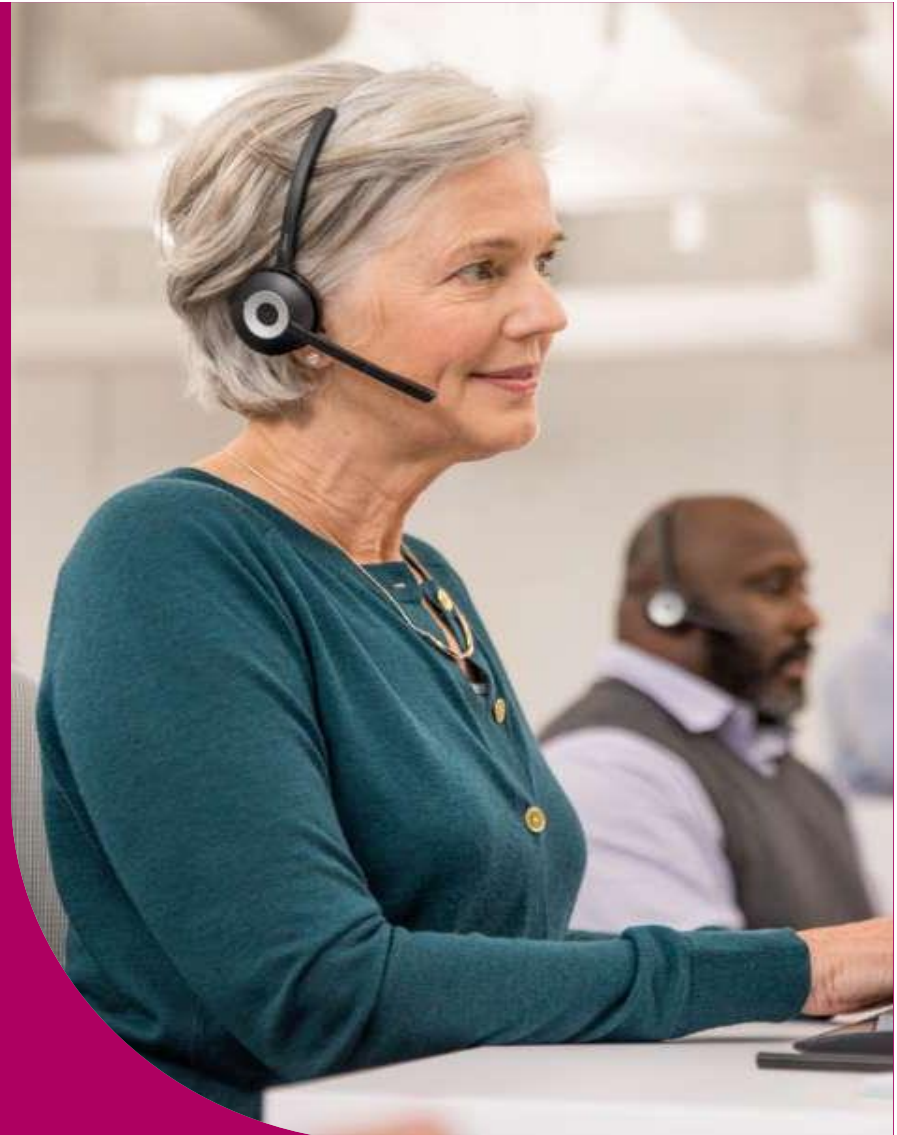
Insights

Performance increases can be attributed to:

- Major advancements in data connections in 2021, specifically with Baptist
- Targeted outreaches with local provider groups around MRP

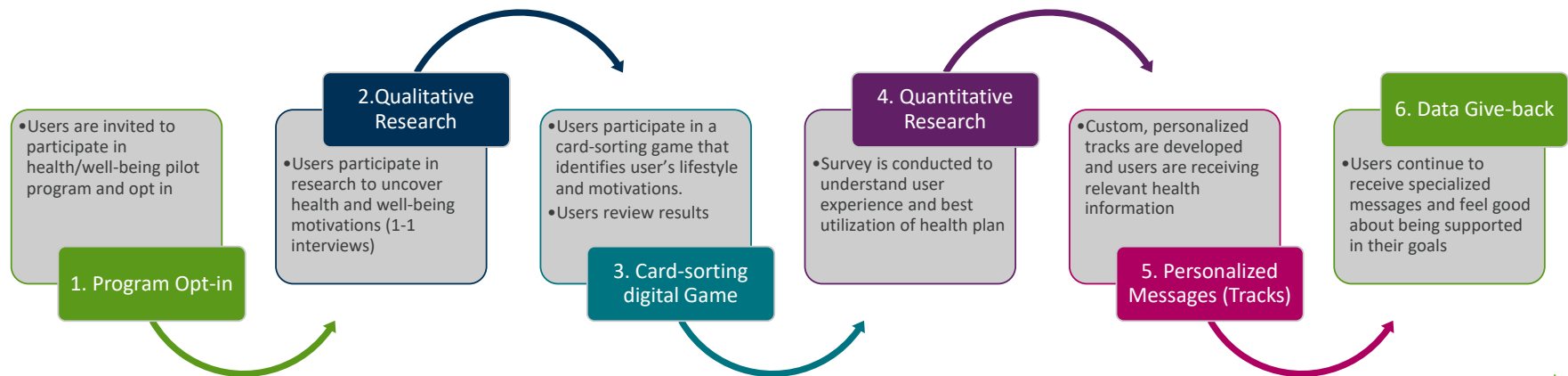
McClennan Pilot Results

Presented by Andrea Biesel



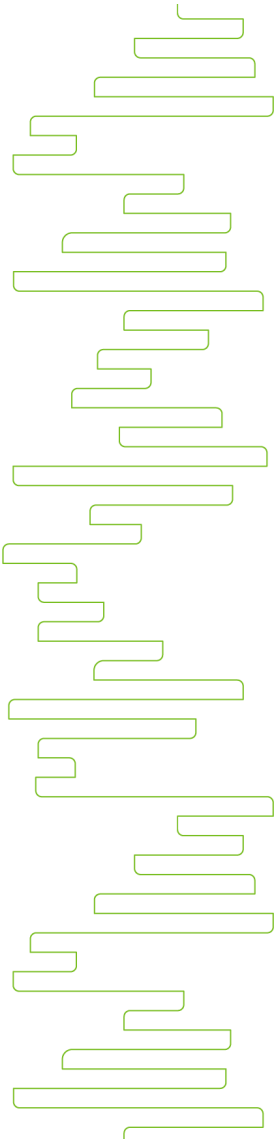
Stars Pilot Program with McClennan Group

- Humana Stars department partnered with the McClennan Group to pilot a health profile program to learn more about Group Medicare member's health goals and motivations.
- Objectives: Deeper understanding of our Group Medicare members, development of more personalized outreach specific to their health needs, and increased adherence to enable better health outcomes.



Example user path





McClennan Program Highlights: KPPA Members

55.9% Reach rate

1,451 KPPA members opted into the program
404 via email, 1047 via text messaging

715 KPPA engaged members

1,625 Individual tracks(health content/activities)
completed by engaged members



McClennan Program Highlights: KPPA Member Profiles



Social

204 KPPA members (28.5%)

- I want to be Healthy, Happy and Loved
- They prioritize their friendships and other relationships, and they desire to be loved and bring joy to others.
- Potential Tones: charismatic, unexpected & witty, helpful



Active

256 KPPA members (35.8%)

- I want to be Healthy, Active and Happy
- This group prioritizes an active lifestyle and independence. They have a stronger interest in the outdoors and impacting the environment than any other group.
- Potential Tones: focused & punchy, simple & straightforward, unassuming & down-to-earth



Spiritual

255 KPPA members (35.7%)

- I want to be Healthy, Happy and Active
- Most interested in their faith and spirituality. They want to have an impact on their spiritual group and the less fortunate.
- Potential Tones: philosophical, lighthearted

Proprietary and Confidential

Over 500 KPPA members' top goal was "I want to be healthy"

Introducing Centerwell

Presented by Tracey Garrison



CenterWell Overview: A holistic approach to care



Home Care

Individualized care, centered in the comfort of your home whenever you need it



Primary Care

Truly personalized primary care that understands and treats the whole, unique you at the center



Pharmacy

Pharmacy services delivered with clinical expertise and care centered on your unique needs



The CenterWell name reflects Humana's commitment to **putting the people we serve at the center of everything we do** and focusing on their unique needs so they can achieve their best health.

CenterWell will be used to describe and connect a range of the company's health care service offerings. The Humana brand continues to represent the organization's core health plan and insurance capabilities.

CenterWell Business Segments

Overarching brand



Business segments

Senior Primary Care

Home Health

Pharmacy

Brand launch

April 5, 2021

Mar. 1, Jun. 1, Sept. 1 2022

Go Live June 10, 2022

Type of care service or product

Senior-focused, value-based primary care clinics in:

Formerly Kindred at Home, in-home skilled care provided by nurses and therapists present in:

Formerly Humana Pharmacy:

60 locations
9 States

350 locations
38 states
6 Kentucky locations

Traditional mail-order
Specialty Pharmacy
Over-the-counter meds
Retail locations

Humana Pharmacy and Humana Specialty Pharmacy Awareness Campaigns

Wave 1 Communications

- Targeting middle to end of March to hit homes
- Any member with Humana Pharmacy and/or Humana Specialty Pharmacy claims in the last 180 days will be included in campaign
- Postcards, emails, digital ads, and interact messages

Wave 2 Communications

- Targeting the third week of April
- Same criteria as Wave 1 for campaign inclusion
- Emails and digital ads

Wave 3 Communications

- Targeting the third week of May
- Same criteria as other waves for inclusion
- Letter, emails, digital ad, interact messages

Thank you!

Tracey Garrison
Humana Group Medicare
Senior Account Executive
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 (®).

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



Pharmacogenomics

April 2022

What is Pharmacogenomics?

- The study of how genes influence individuals' responses to drug treatments.

Drug X - Patient A
Normal dose
works



No change
recommended

Drug X - Patient B
Half dose works



Recommend
dosage change

Drug X - Patient C
Drug does not
work



Recommend
alternate drug

- This is a dynamic, evolving area of medicine which is monitored by Humana's Integrated Health Solutions and Patient Safety Clinical Programs Teams.

2022 Medicare Coverage

- ✓ CMS does not cover pharmacogenomics tests for predictive purposes or broad panel testing.
 - Predictive testing is considered “screening” when a member has no signs or symptoms.
 - Broad panel tests look for variations in multiple genes affecting a wide array of medications .
 - Single gene tests are more focused and look for genetic interactions between specific genes and medications.

- ✓ CMS does cover single drug-gene testing for some medications when medically necessary.
 - Example:
 - According to FDA approved labeling for seizure medications such as carbamazepine (Tegretol) and phenytoin (Dilantin), genetic testing should be done for patients with Asian ancestry.
 - Populations in Southeast Asia have a higher risk for potentially life-threatening skin conditions that may result from these medications due to the presence of a particular gene/genetic mutation.
 - Covered testing must be ordered by a physician or qualified non-physician practitioner.
 - Member-initiated tests frequently advertised online or on TV are not covered by Medicare.

Humana Pharmacogenomics Pilot

- Humana is currently conducting a pilot of MAPD Individual members.
- **Pilot Objectives**
 - Evaluate the value of genetic testing to guide therapy decisions
 - Evaluate impact on longer term outcomes such as medication adherence, hospital admissions, readmissions, and cost of care
 - Determine if the process should be expanded on a larger scale and applied to additional markets
- Results will be evaluated in late 2022 or early 2023 to determine if outcomes and return on investment support a larger rollout.



KENTUCKY PUBLIC PENSIONS AUTHORITY

David L. Eager, Executive Director
 1260 Louisville Road • Frankfort, Kentucky 40601
 kyret.ky.gov • Phone: 502-696-8800 • Fax: 502-696-8822



To: Retiree Health Plan Committee

From: Connie Pettyjohn
 Division Director – Retiree Health Care

Date: May 19, 2022

Subject: Medicare Advantage Request for Proposal

Kentucky Public Pensions Authority (KPPA) is required under Kentucky Revised Statute 45A, the Kentucky Model Procurement Code, to elicit a request for proposal (RFP) for the Procurement of the Medicare Advantage insurance plans. The current contract for the Medicare eligible health insurance plans has no more renewals, so KPPA posted an RFP for these services to be effective for calendar year 2023. As allowed under the procurement code, the KPPA procurement team notified as many potential vendors as we are aware of, including all that are registered with the Commonwealth of Kentucky.

Please reference the table below for an anticipated timeline for the RFP:

| Milestone | Anticipated Date |
|--|-------------------------|
| Release of RFP | February 23, 2022 |
| Written Questions due by: 4:30 pm Eastern Time | March 10, 2022 |
| Anticipated Commonwealth Response to Written Questions (KPPA returned responses to Finance on 3/23/22) | March 14, 2022 |
| Commonwealth Response to Written Questions | April 4, 2022 |
| Written Questions 2nd round due by: 4:30 pm Eastern Time | April 20, 2022 |
| Proposals Due by: 3pm Eastern Time | May 5, 2022 |
| Proposals Sent to KPPA for Review | May TBD, 2022 |
| Anticipated Contract Award | June 1-15, 2022 |

No Action Needed: This memo is for information purposes only.