

GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2005

Legislative Actuarial Note

HEALTH BENEFIT

BILL NUMBER: Senate Bill 751 (Second Edition)

SHORT TITLE: State Health Plan/Options.

SPONSOR(S): Senator Rand

SYSTEM OR PROGRAM AFFECTED: Teachers' and State Employees' Comprehensive Major Medical Plan.

FUNDS AFFECTED: State General Fund, State Highway Fund, other State employer receipts, premium payments for dependents by active and retired teachers and State employees, premium payments for coverages selected by eligible former teachers and State employees, premium payments for coverages selected by firefighters, rescue squad workers, members of the National Guard, certain County local governments, and the North Carolina Symphony Society, Inc.

BILL SUMMARY: The bill allows the Executive Administrator and Board of Trustees of the Teachers' and State Employees' Comprehensive Major Medical Plan, after consulting with the Legislative Committee on Employee Hospital and Medical Benefits, to adopt any arrangement for offering preferred provider option (PPO), health maintenance organization (HMO), or other type optional program alternatives to members of the Plan. The bill also authorizes programs adopted under this authority to be either purchased or underwritten by the State, and selected without being subject to the purchase and contract requirements under Article 3 of Chapter 143 of the General Statutes. Arrangements adopted under this authority are distinct from those already allowed under the current G.S. 135-39.5B.

EFFECTIVE DATE: July 1, 2005

ESTIMATED IMPACT ON STATE: The consulting actuary for the Teachers' and State Employees' Comprehensive Major Medical Plan, Aon Consulting, who evaluated the second edition of the bill, projects that the Plan would save an estimated \$23 million in the 2006-2007 fiscal year by implementing an alternative health benefit program to the current self-insured indemnity program. Aon's estimate assumes that the Plan will adopt a preferred provider option (PPO) program type that offers a 5-10% enhanced benefit over the current self-insured indemnity program. Aon also assumes that a moderate employee contribution would be required for participation in an optional PPO program to cover a portion of the assumed benefit enhancements. Aon's assumptions also include more aggressive medical management programs, and use of contractual provider networks to yield further savings.

The consulting actuary for the General Assembly's Fiscal Research Division, Hartman & Associates, states that the financial impact of the bill is not determinable. Hartman & Associates

states that the financial impact of alternative benefit program types is highly dependent upon benefit design, provider arrangements, and plan member behavior. Factors related to this observation include: whether the alternative program option maintains lesser or greater benefits than the current self-insured indemnity program; the Plan's ability to attain provider volume discounts under the alternative program option and maintain current discounts under the self-insured indemnity program; the cost impact to the Plan of plan members self-selecting the program option most advantageous and causing cost shifting between the self-insured indemnity program and other presumed program options to be authorized; the unknown availability of a viable health care provider network for an alternative program option in all of the State's 100 counties; and additional administrative costs to the Plan through either administering another self-insured program or costs imbedded in a purchased fully insured program option. Consequently, Hartman & Associates was unable to estimate the expected financial impact to the Plan of the proposed legislation without further detail.

ASSUMPTIONS AND METHODOLOGY: The Comprehensive Major Medical Plan for Teachers and State Employees is divided into two programs: a self-insured indemnity type program and a prepaid program of coverage by health maintenance organizations. The benefits of the self-insured indemnity type of program are spelled out in Part 3 of Article 3 of Chapter 135 of the North Carolina General Statutes (i.e., \$350 annual deductible, 20% coinsurance up to \$1,500 annually, etc. paid by the program's members). From October, 1982, through June, 1986, the Plan only had a self-funded indemnity type of program which covered all employees, retired employees, eligible dependents of employees and retired employees, and eligible former employees and their eligible dependents authorized to continue coverage past a termination of employment other than for retirement or disability purposes. A prepaid program of coverage by health maintenance organizations (HMOs) was offered in July 1986, as an alternative to the Plan's self-insured indemnity program. HMOs are required to offer benefits that are comparable to those provided by the self-insured indemnity program. Beginning in July 2000, firefighters, rescue squad workers, and members of the National Guard and their eligible dependents were allowed to voluntarily participate in the Plan on a fully contributory basis, provided they were ineligible for any other type of group health benefits and had been without such benefits for at least six months. In July 2004, the North Carolina Symphony Society, Inc., a non-profit corporation, was included as an employing unit under the Plan for the purpose of providing health benefits to the Symphony Society's employees and employees' families. The Symphony Society provides health benefits for its employees and employee family members through a labor contract with the Professional Musicians Association, a local of the American Federation of Musicians. Coverage under the Plan will be on a partially contributory basis for Symphony Society employees and enrolled spouses and dependent children. The amount of contributions provided by the Symphony Society and by their employees is determined periodically in accordance with the labor contract. The Plan's Executive Administrator and Board of Trustees are required to set premium rates for Symphony Society employees and their families separate from those charged to active and retired teachers and state employees and their dependents enrolled in the Plan. Retired employees of the Symphony Society are not eligible for health benefits under the Plan since they are not members of the State Retirement Systems. Also beginning in July 2004, the North Carolina county local governments of Bladen, Cherokee, Rutherford, Washington, and Wilkes counties were authorized to become employing units under the Plan for the purpose of providing health benefits to their respective employees, retired employees, and their employee's eligible spouses and dependent

children. If these local governments elect to participate in the Plan, they must by legal resolution approved by the Plan elect such participation and agree to make any contributions required by the Plan. A local government must allow all of its eligible employees and their eligible spouses and dependent children to enroll in the Plan on a non-contributory, partially contributory, or fully contributory basis. All enrolled employees, retired employees, and their family members will be required to participate in disease management, case management, and all other cost containment measures implemented by the Plan. If a local government elects to enroll its retired employees, and their eligible spouses and dependent children, the election is irrevocable. Local government employers making this election to cover retired employees are also required to make additional contributions to the Local Governmental Employees' Retirement System for this purpose as do all other employers participating in the Plan that cover its retired employees. If a local government does not participate in the Local Governmental Employees' Retirement System, but has another formally established retirement plan, and elects to cover its retired employees, it is required to make premium contributions to the Plan as it may require. Local governments and their employees and retired employees will pay the same premium rates as those charged by the Plan for active and retired teachers and state employees and their dependents enrolled in the Plan. County local governments authorized to participate in the Plan may do so through June 30, 2006. Of the county local governments authorized to participate in the Plan, none have chosen to do so as of December 31, 2004. Employer-paid non-contributory premiums are only authorized for the self-insured indemnity program's coverage for teachers, state employees and retired employees. All other types of premium contributions in the indemnity program are fully contributory, except for job-sharing public school teachers who are authorized to pay partially contributory premiums at 50% of non-contributory rates. The Plan's Executive Administrator has set the premium rates for firefighters, rescue squad workers, and members of the National Guard and their families at 20% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Similarly the Plan's Executive Administrator has set premium rates for members of the North Carolina Symphony Society, Inc. and their families at 51% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Premiums paid by employers to HMOs are limited to like amounts paid to the indemnity program with employees and retired employees paying any HMO amounts above the indemnity program's non-contributory rates. Both types of program coverage continue to be available under the Plan; however none of the HMOs with certificates of authority to transact business in North Carolina have offered to participate in the Plan since September 30, 2001. The Plan's employees and retired employees select the type of program that they wish for themselves and their dependents during the months of August and September of each year for coverage beginning in October.

The demographics of the Plan as of December 31, 2004, include:

<u>Number of Participants</u>	<u>Self-Insured Indemnity Program</u>	<u>Alternative HMOs</u>	<u>Plan Total</u>
Active Employees	295,793	-0-	295,793

Active Employee Dependents	134,812	-0-	134,812
Retired Employees	127,074	-0-	127,074
Retired Employee Dependents	19,180	-0-	19,180
Former Employees & Dependents with Continued Coverage	2,278	-0-	2,278
Firefighters, Rescue Squad Workers, National Guard Symphony Members & Dependents	171	-0-	171
Total Enrollments	579,308	-0-	579,308

Number of Contracts

Employee Only	339,047	-0-	339,047
Employee & Child(ren)	41,448	-0-	41,448
Employee & Family	42,372	-0-	42,372
Total Contracts	422,867	-0-	422,867

**Percentage of
Enrollment by Age**

29 & Under	26.2%	-0-%	26.2%
30-44	20.6	-0-	20.6
45-54	20.1	-0-	20.0
55-64	17.9	-0-	17.9
65 & Over	15.3	-0-	15.3

**Percentage of
Enrollment by Sex**

Male	37.9%	-0-%	37.9%
Female	62.1	-0-	62.1

Assumptions for the Self-Insured Indemnity Program: For the fiscal year beginning July 1, 2004, the self-insured program started its operations with a beginning cash balance of \$224 million. Receipts for the year are estimated to be \$1.687 billion from premium collections and \$7 million from investment earnings for a total of \$1.694 billion in receipts for the year. Disbursements from the self-insured program are expected to be \$1.667 billion in claim payments and \$56 million in administration and claims processing expenses for a total of \$1.723 billion for the year beginning July 1, 2004. For the fiscal year beginning July 1, 2004, the self-insured indemnity program is expected to have a net operating loss of approximately \$29 million for the year. The Plan's self-insured indemnity program is expected to have an available beginning cash balance of \$195 million for the fiscal year beginning July 1, 2005. The self-insured indemnity program is consequently assumed to not be able to carry out its operations for the 2005-2007 biennium without increases in its current premium rates or a reduction in existing benefits or payments to health care providers or both. This assumption is further predicated upon the fact that the program's cost containment strategies (hospital DRG reimbursements, discounts on hospital outpatient services, pre-admission hospital testing, pre-admission hospital inpatient certification with length-of-stay approval, hospital bill audits, case and disease management for selected

medical conditions, mental health case management, coordination of benefits with other payers, Medicare benefit “carve-outs”, cost reduction contracts with participating physicians and other providers, a prescription drug benefit manager with manufacturer rebates from formularies, and fraud detection) are maintained and improved where possible. Current non-contributory premium rates are \$217.66 monthly for employees whose primary payer of health benefits is Medicare and \$285.92 per month for employees whose primary payer of health benefits is not Medicare. Fully contributory premium amounts for employee and child(ren) contracts are \$135.46 monthly for children whose primary payer of health benefits is Medicare and \$178.22 monthly for other covered children, and \$324.88 per month for family contracts whose dependents have Medicare as the primary payer of health benefits and \$427.48 per month for other family contract dependents. Claim cost trends are expected to increase at a rate of 12% annually. Total enrollment in the program is expected to increase less than 2% annually over the next few years. The number of enrolled active employees is expected to increase about 2.5% annually over the next few years, whereas the growth in the number of retired employees is assumed to be 5% per year. The program is expected to have a 1% decrease in the number of active employee dependents per year whereas the number of retiree dependents is expected to increase 1% per year. Investment earnings are based upon a 3.5% return on available cash balances. The self-insured indemnity program maintains a claim stabilization reserve for claim cost fluctuations equal to 7.5% of annual claim payments without reserving additional funds for incurred but unreported claims.

Assumptions for the Plan to offer alternative health benefit program options: Aon Consulting’s estimate assumes that the Plan will adopt a preferred provider option (PPO) program type that offers a 5-10% enhanced benefit for Plan members who choose to enroll. Aon also assumes that a moderate employee contribution would be required for participation in an optional PPO program to cover approximately 50% of the assumed benefit enhancement. Further assumptions by Aon include more aggressive medical management strategies to yield an additional 5% in claims savings and additional provider discounts of 10% through selective contracting for a provider network. Aon also projects 30% to 40% of the active plan members to enroll in an optional PPO. This equates to approximately 20% of the Plan’s current overall enrollments when including retired employees and their dependents.

Hartman & Associates was unable to estimate the expected financial impact to the Plan of the proposed legislation without further detail.

SOURCES OF DATA:

-Actuarial Note, Hartman & Associates, Proposed Committee Substitute (S751-PCS75323-LN-45) for Senate Bill 751, May 31, 2005, original of which is on file in the General Assembly’s Fiscal Research Division.

-Actuarial Note, Aon Consulting, Proposed Committee Substitute (S751-PCS75323-LN-45) for Senate Bill 751, June 1, 2005, original of which is on file with the Comprehensive Major Medical Plan for Teachers and State Employees and the General Assembly’s Fiscal Research Division.

TECHNICAL CONSIDERATIONS: None

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Signed Copy Located in the NCGA Principal Clerk's Offices

