



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

State Health Benefit Plan



Presentation to: DCH Board

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March 9, 2017



Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.

Overview

- SHBP Background and Overview
- Summary of Plan Options
- Membership Overview
- SHBP Units

SHBP Overview

- The State Health Benefit Plan (SHBP) is composed of three plans: the State Employees Plan, the Teachers Plan and the Public Schools Employees Plan. SHBP is a non-federal, governmental health plan, which means it is not subject to ERISA. SHBP is, however, subject to the Affordable Care Act (ACA).
- SHBP pays benefits out of the premiums contributed from members and from monthly contributions from the employers that offer the SHBP (e.g., state agencies and public school systems).
- SHBP offers its active and pre-65 members a choice of six different plan options across three different vendors. It also offers Medicare-eligible members two Medicare Advantage plan designs (Standard and Premium) from two different vendors.



SHBP Plan Options

2017 Vendors and Plan Option Offerings

SHBP offered Blue Cross Blue Shield of Georgia (BCBSGa), UnitedHealthcare and Kaiser Permanente (KP) plan options for 2017 for the Commercial offerings. The Plan added BCBSGa alongside UnitedHealthcare Medicare Advantage options.

Health Maintenance Organization (HMO)

- BCBSGa (Statewide)
- UnitedHealthcare (Statewide)
- KP (Metro Atlanta Service Area/In-Network only plan)

High Deductible Health Plan (HDHP)

- UnitedHealthcare

Health Reimbursement Arrangement (HRA)

- BCBSGa

Medicare Advantage (MA) Preferred Provider Organization (PPO) Standard and Premium

- BCBSGa
- UnitedHealthcare

- ✓ Express Scripts (ESI) administers prescription drug pharmacy benefits for members who choose BCBSGa or UnitedHealthcare non-Medicare Advantage Plan options.
- ✓ Healthways provides well-being resources and incentive programs for members who choose BCBSGa or UnitedHealthcare non-Medicare Advantage Plan options.

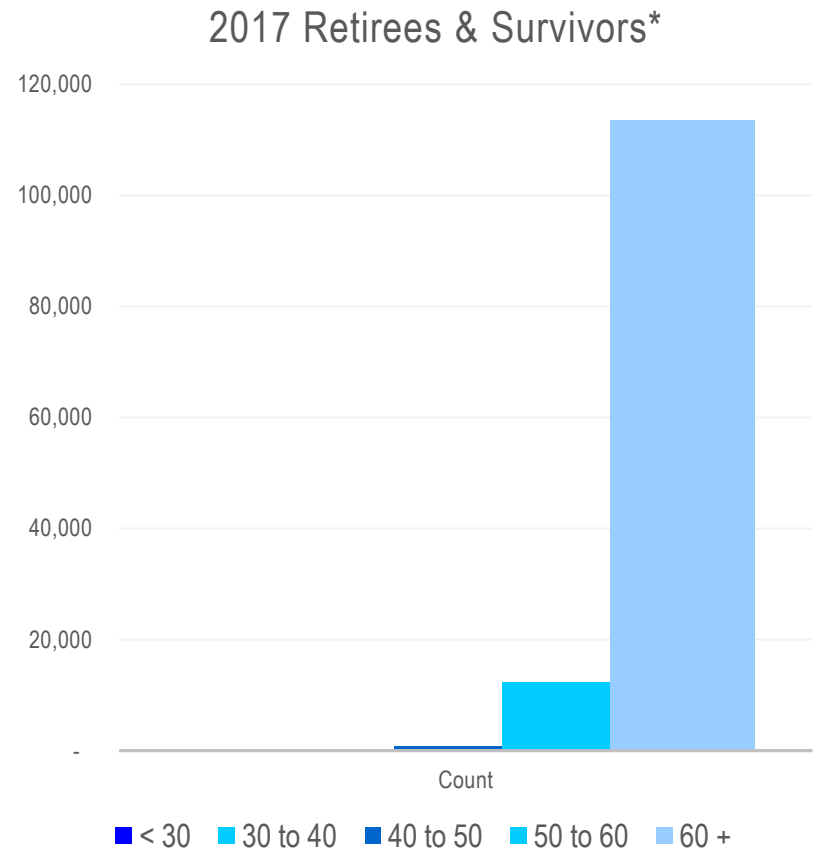
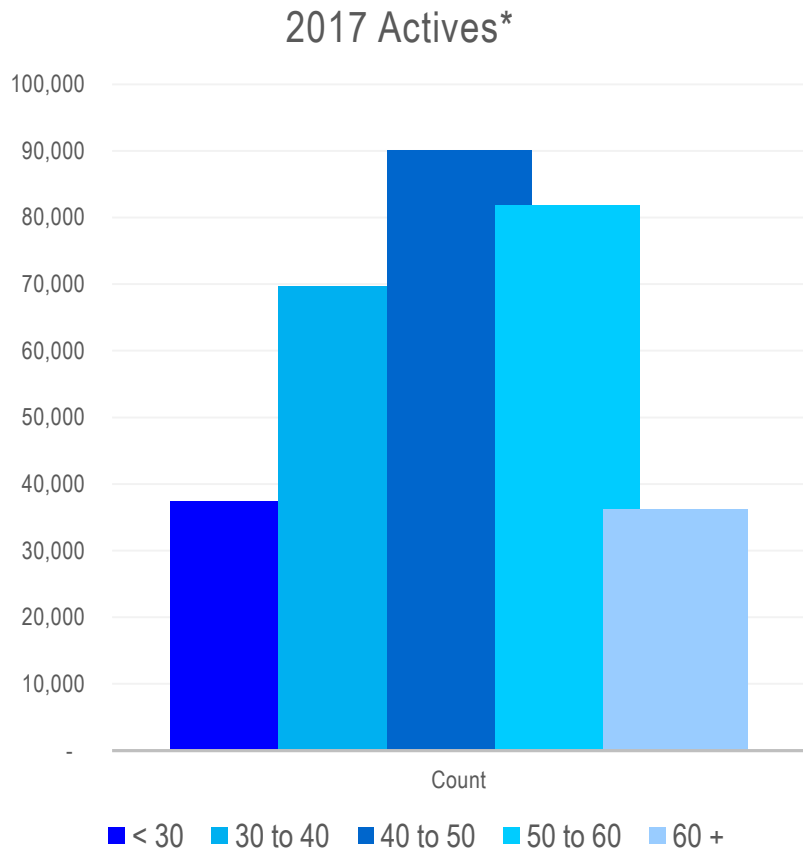
***Additional Options:** TRICARE Supplement

SHBP Plan Options (continued)

Other Benefits:

- Hearing Aids for Children (increased from \$3,000 for 5 years to \$6,000)
- Telemedicine: Offered for both commercial and Medicare Advantage in 2017
- Autism Benefit through age 10 up to \$35,000/year
- Bariatric Pilot (limited to 75 Individuals) offered past two years

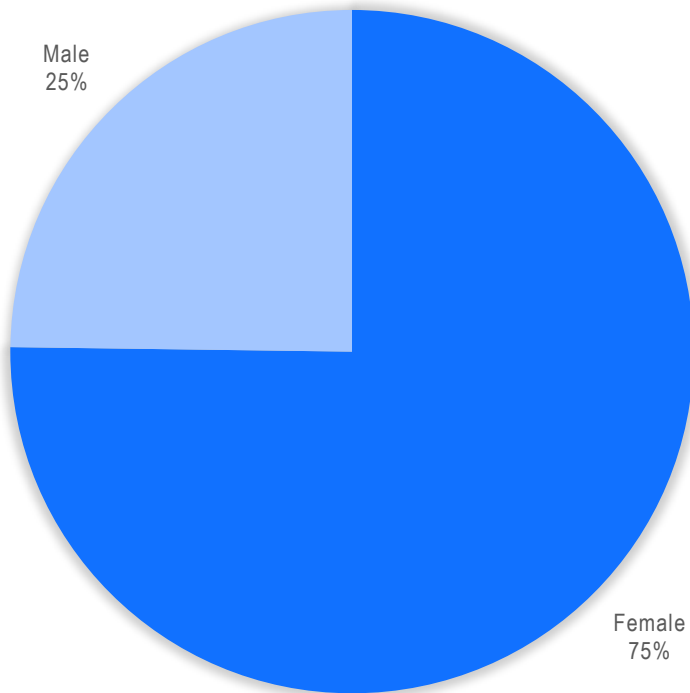
Membership Overview



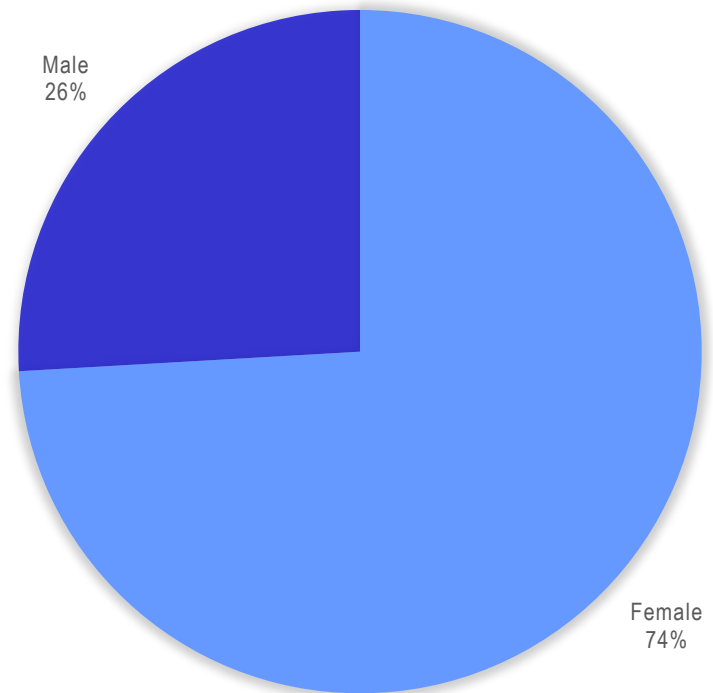
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Membership Overview (continued)

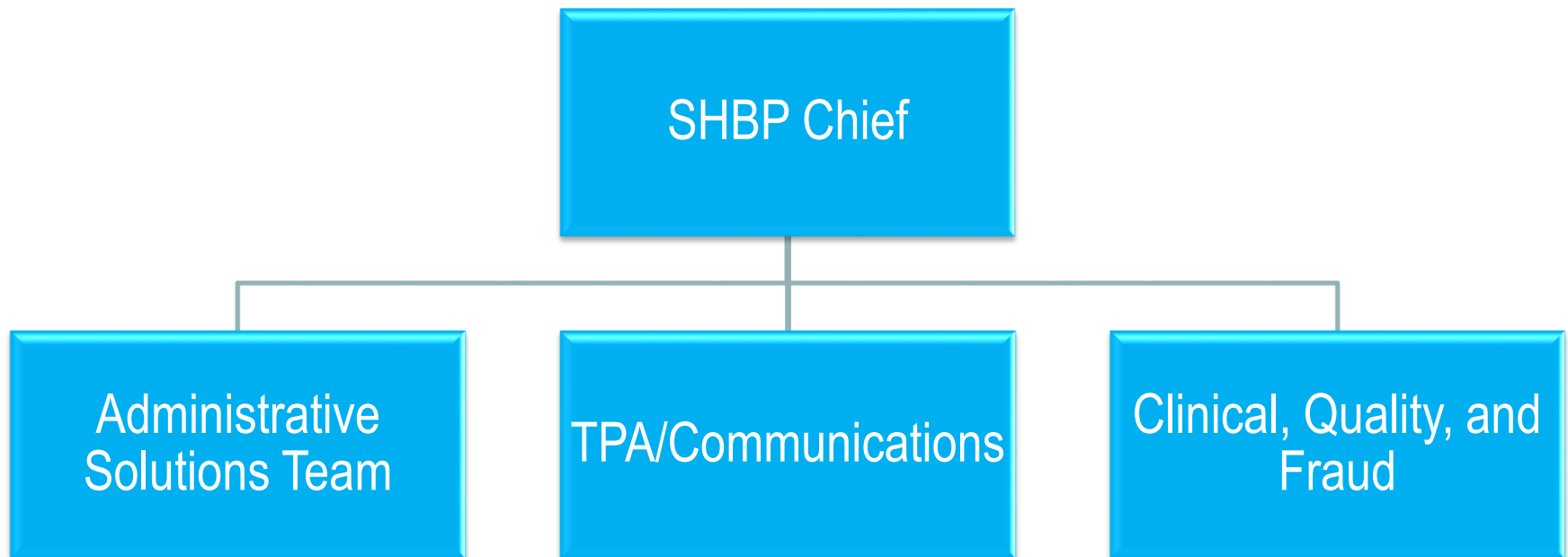
2017 ACTIVES



2017 RETIREES & SURVIVORS



SHBP Units



SHBP Units: AST

The Administrative Solutions Team (AST)

- Supports the eligibility vendor in administering the following: qualifying events, retiree enrollment, active enrollment, cost comparison tool, data transmission to vendors, analytics, call center
- Oversees administration of all eligibility rules and regulations
- Premium billing to payroll locations
- COBRA administration
- Drafts communications and training for payroll locations
- Coordination of benefits with CMS



SHBP Units: TPA/Communications

Third Party Administration (TPA) and Communications Division

- Oversees TPA vendors, including assessing performance, reviewing benefit designs, network/access, vendor programs, preparation of Invitation for Proposals (IFP) to secure vendors, and subsequent implementation
- Drafts all communications and presentations to members; reviews and approves all vendor communications; collaborates with retirement systems to communicate transitional processes to members moving from an active to retiree status
- Manages all aspects of open enrollment, including meetings for members, benefit fairs, preparing SPDs, SBCs, decision guides, presentations, and overall communication strategies
- Supervises member advocacy unit, which is responsible for investigating and addressing escalated member coverage issues



SHBP Units: Clinical, Quality, Fraud

Clinical, Quality Management, and Fraud, Waste and Abuse

- Reviews and approves all vendors' clinical communications and programs, including disease management, utilization management, behavioral health, pharmacy services and wellness
- Supervises vendors' performance via monitoring such as readiness reviews for all vendors prior to the beginning of the plan year, call calibrations, weekly, monthly and quarterly meetings, etc.
- Oversees fraud, waste and abuse reviews of claims paid via vendors to providers
- Develops, implements and monitors targeted plan initiatives and programs such as bariatric surgery pilot, medication safety and applied behavioral analysis (ABA)

