



**Employee Benefits Advisory
Council Meeting
November 1, 2012**

Welcome and Introductions

Meg Blankenship
Employee Benefits
Manager

Agenda

Welcome and Introductions

Meg Blankenship

Ice Breaker

Debbie Thompson

Integrative Health Center

Dr. Robert Crocker

Cigna

Linda Sawyer

Your Health First

Healthy Pregnancies, Healthy Babies

Biometric Screening through Quest Diagnostics

Flexible Spending Accounts

Victor Marino

Patient Protection and Affordable Care Act

Meg Blankenship

Plan Design Process and Timeline

Christopher Bradley

Adjourn



Ergo Mid-Morning
Stretch:

With Ergo-On-The-
Go Stress Relief
Exercises

Debbie Thompson
Senior Ergonomics
Specialist, MA CPE

Body Bar Flex Exercises



- Body Bar Flex is a perfect exercise tool for all exercise levels; it increases range of motion while building strength.
- Contact Debbie @ thompsond@mail.maricopa.gov to schedule your department's custom class. The class can be a 20-30 minute segment as part of another meeting or it can be a stand-alone class.

Integrative Health Center

Dr. Robert
Crocker



INTEGRATIVE HEALTH CENTER



**Integrative Primary Care:
The Benefits, Clinic and Study**

Background

- The Arizona Center for Integrative Medicine, founded by Dr. Andrew Weil, has developed a new model to deliver integrative primary care services to individuals
- Development efforts began in January 2011
- Focus groups were held in Phoenix and Tucson to obtain feedback in order to shape the final model
- The new Arizona Integrative Health Center, in affiliation with District Medical Group, opened October 22, 2012
- This Center is a participating provider in the Cigna network for the following two Maricopa County medical plans:
 - Open Access Plus Plan (PPO)
 - Choice Fund Medical Plan with a Health Savings Account (HDHP)

**University of Arizona Integrative Health Center
3033 N. Central Avenue – Suite 700
Phoenix, AZ 85012**



South Entrance to Building

UA Integrative Health Center Location: 3033 N. Central Ave.



At Central and Earl, Across from Park Central Mall, on a Light Rail Stop

UA Integrative Health Center

- Embodies the principles of Integrative Medicine and Primary Care
 - fully integrated at a single location
 - evidence-based
 - patient-centered care
 - conventional health services and adds an extensive range of services not typically covered in health plans
 - emphasizes prevention and wellness

Integrative Medicine: Defining Principles

- Patient and practitioner are partners in the healing process.
- All factors that influence health, wellness, and disease are taken into consideration, including mind, spirit, and community, as well as the body.
- Appropriate use of both conventional and alternative methods facilitates the body's innate healing response.
- Effective interventions that are natural and less invasive should be used whenever possible.

Integrative Medicine: Defining Principles (cont.)

- Integrative medicine neither rejects conventional medicine nor accepts alternative therapies uncritically.
- Good medicine is based in good science. It is inquiry-driven and open to new paradigms.
- Along the concept of treatment, the broader concepts of health promotion and the prevention of illness are paramount.
- Practitioners of integrative medicine should exemplify its principles and commit themselves to self-exploration and self-development.

New UA Integrative Health Center

- Key Features
 - Integrative Medicine Philosophy and Principles
 - Increased Access
 - Leverage Technology
 - Health Partnership
 - Health Coaches
 - Team Care Model
 - Many Additional Resources

Team Care Model

- Following the initial visit, a patient's Integrative Primary Care physician will identify key staff to form the patient's Personal Care Team
- Team members will be selected based on the patient's history, needs and personal preferences
- Team members may include:
 - Nurse Practitioner or Physician Assistant
 - Traditional Chinese Medicine practitioner
 - Manual Medicine Practitioner
 - Nutritionist
 - Health Coach to assist with lifestyle change efforts
 - Mind-Body expert
- Patients will work together with their team to achieve their health goals

Many Additional Resources

- Ability to participate in educational groups and/or classes, recommended by their physician or care team members, OR found to be of personal interest to the patient
- Access to clinic's Educational Resource Center in which computer kiosks, print materials, CD's or other educational materials can be utilized
- Access to group classes such as yoga, Tai Chi, meditation, imagery and breath work
- Access to recommended herbal preparations and supplements at a discount, if desired

Many Additional Resources

- Educational groups and classes under consideration include
 - Healthy living
 - Healthy aging
 - Healthy cooking demonstrations
 - How to exercise
 - Living well with chronic diseases or conditions
 - Independent self-healing
 - Interacting with the health care system
 - Weight management
- Others to be added based upon need or demand

Hybrid Financial Model

- Traditional insurance will be accepted for those things covered by the benefit plan
- An additional monthly or annual fee would be charged which would cover a bundle of services beyond those typically covered by traditional insurance
- Two levels of bundled services from which to choose
 - Each individual chooses bundle based upon their health needs and personal preferences
 - Additional services can be purchased at a discounted rate

UA Integrative Health Center OAP Enrollees

Maricopa County Employee and Covered Dependent Yearly Integrative Health Center Membership Packages

	Employee Costs*	**Complementary Practitioner Visits/benefit year	Health Coach Sessions/benefit year	Groups or classes/benefit year
Core Bundle	\$550	10	4	4
Expanded Bundle	\$800	20	8	8

*Employee costs can be paid annually or in monthly payments. See fee schedules on County's Intranet for information on breakdown of fees relative to FSA eligibility for reimbursement.

** Complementary practitioners at the Center include Traditional Chinese Medicine practitioners, integrative chiropractors, mind-body professionals and nutritionists.

The fees reflected above are for OAP enrollees, and are based upon Maricopa County covering a portion of the membership fee for employees and covered dependents in the Open Access Plus Plan

UA Integrative Health Center Choice Fund Enrollees

Maricopa County Employee and Covered Dependent Yearly Integrative Health Center Membership Packages

	Employee Costs*	**Complementary Practitioner Visits/benefit year	Health Coach Sessions/benefit year	Groups or classes/benefit year
Core Bundle	\$900	10	4	4
Expanded Bundle	\$1,500	20	8	8

•Employee costs can be paid annually or in monthly payments. See fee scheduled on County’s Intranet for information on breakdown of fees relative to HSA eligibility for reimbursement.

** Complementary practitioners at the Center include Traditional Chinese Medicine practitioners, integrative chiropractors, mind-body professionals and nutritionists.

Health Outcomes Study: The Need

- There is great interest in more fully understanding the benefits of Integrative Medicine
 - for individuals and families
 - for employers
 - for the U.S. health care system
 - for health insurers
 - for health care policy makers
- To date there have been no well designed studies comparing Integrative Primary Care to “care as usual”
- Outcomes for care delivered to volunteer participants at the new UA Integrative Health Center will be compared to outcomes for groups receiving care as usual over an 18-month period

Health Outcomes Study: Important Principles

- There is nothing experimental about the treatments being provided. All care is based upon the most recent and best available scientific evidence.
- Participation in the study is entirely voluntary. Study participation is not a requirement to receive integrative primary care at the clinic.
- All care provided for any patient is strictly confidential, and fully compliant with all laws and regulations governing personal medical information.
- No personal health information will be shared with the County or any other entity not authorized by the patient to receive information.
- There is no cost to individuals to participate in the study.
 - Incentives for participation are being considered.
- The study is being conducted at no cost to Maricopa County.
 - The Adolph Coors Family Foundation is fully funding the study.
 - No County dollars or funds from other sources are being used.

Summary

- The UA Integrative Health Center is open and enrolling patients in its model
- The Center will offer both enhanced access and a much broader array of services, delivered in a fully integrated, patient-centered manner
- Patients will have the option to also voluntarily participate in a ground-breaking study
- Information is available on Maricopa County's Intranet
 - Clinic Brochure
 - Frequently Asked Questions (FAQs)
 - Fee Schedule, including information on expenses that are FSA eligible
- We are happy to come to your worksites and do “Lunch and Learn” meetings with your employees if that would be of benefit

UA Integrative Health Center: Join Today!

Telephone: 602-470-5577

Email: info@azintegrativeclinic.org

Website: ihc.arizona.edu

Questions

Cigna

Your Health
First

Linda Sawyer

Cigna

Client Engagement
Manager

CHRONIC CONDITION SOLUTIONS:

Your Health First[®]

Healthy

At-risk

Acute

Chronic

GO YOUSM



DISEASE IS THE ENEMY



86% of American adults will be obese by 2030



1 in 4 working adults smoke or use tobacco



1 of every 3 American children born after 2000 will develop diabetes by age 50



Each year, over **\$33 billion** in medical costs and **\$9 billion** in lost productivity due to heart disease, stroke and diabetes are attributed to poor nutrition



60% of employee absences are related to psychological issues and job stress



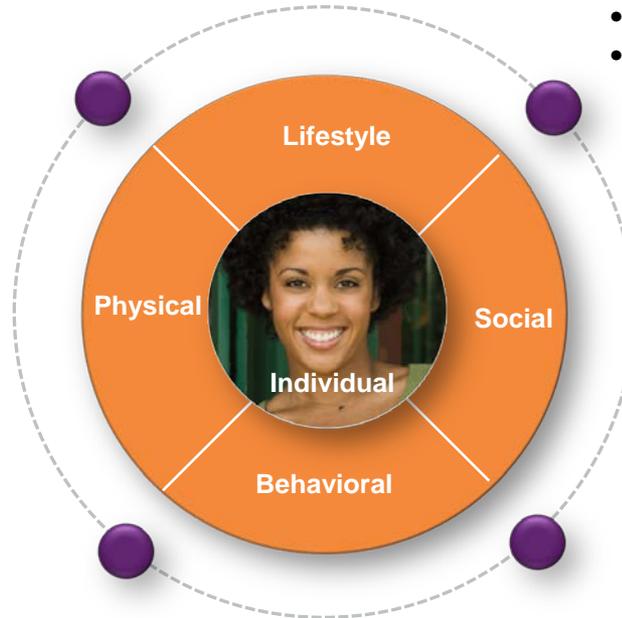
By 2015, annual per capita health care expenditures will exceed **\$15,000**

For the first time in U.S. history, this generation of children may live **shorter lives than their parents.**

Cigna[®]

OUR NEWEST INNOVATION IN CHRONIC MANAGEMENT:

Your Health FirstSM



Dedicated Health Advocate:

- 1 to 1 relationship
- Supports total health needs

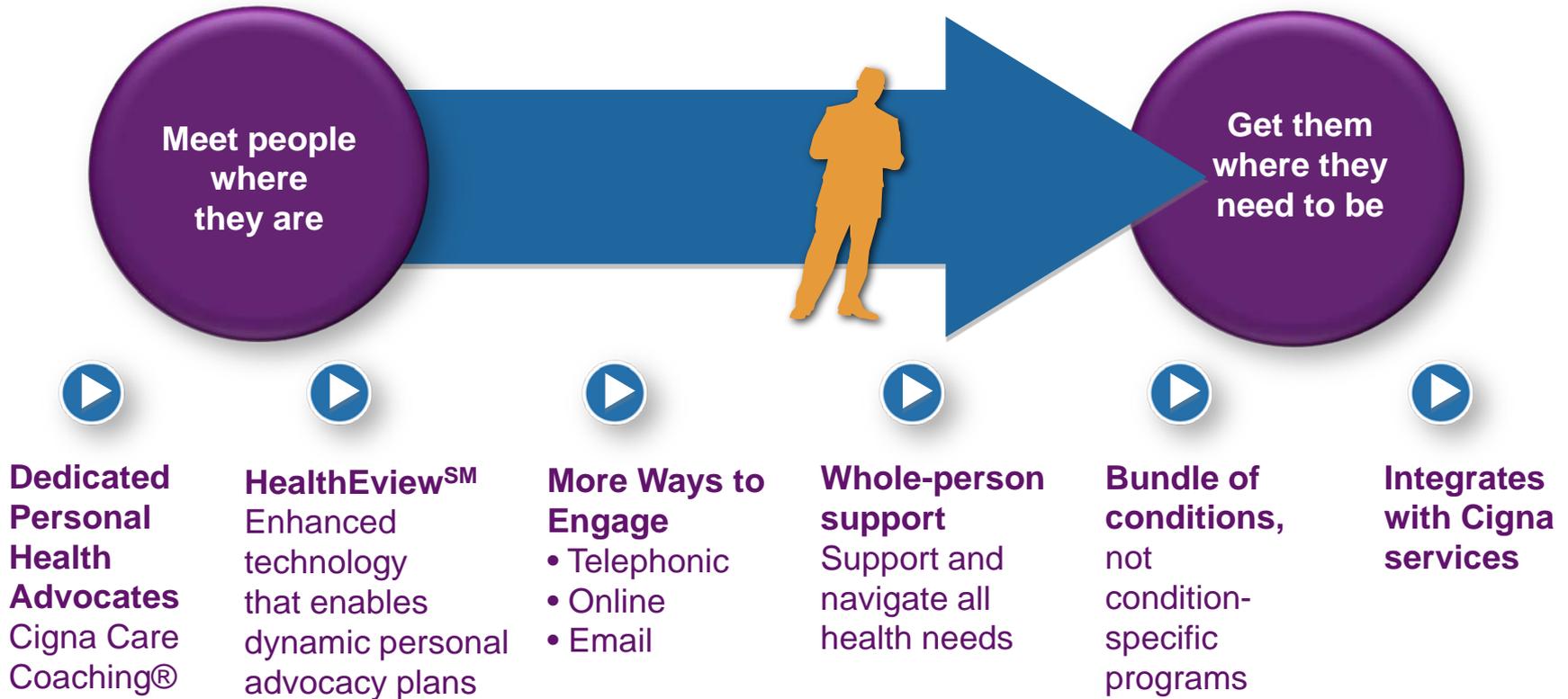
Chronic population support:

- Supports all those with a chronic condition
- Incorporating total health support needs:
 - Condition management
 - Asthma
 - Heart disease, CAD, AMI,
 - Heart failure, Angina
 - COPD
 - Diabetes type 1 & 2
 - Metabolic syndrome
 - Peripheral arterial disease
 - Low back pain
 - Osteoarthritis
 - Depression, anxiety and bi-polar
 - Medication adherence
 - Risk factor management
 - Lifestyle issues
 - Pre-/post-admission
 - Treatment decision support
 - Gaps in care



WHY CIGNA?

What makes our solution different and better



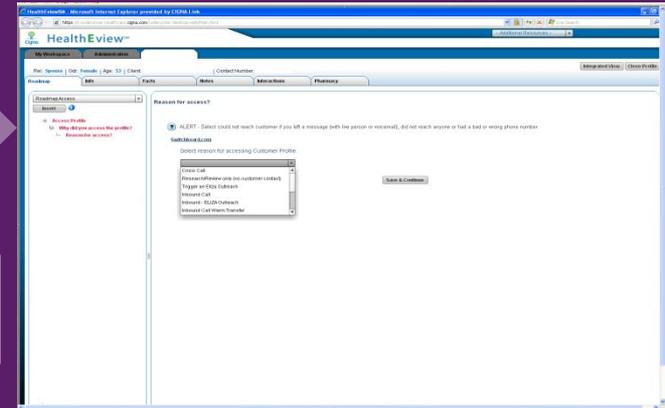
CERTIFIED HEALTH ADVOCATES

A powerful solution



Unique coaching

Cutting-edge technology



Health advocates:

- Cigna Care Coaching® uses motivational interview techniques to engage the person, create trust and then create a positive impact.
- Meet the person where they are and, through the relationship, bring them to where they need to be.
- Continuous training and certification by expert trainers.
- Value-based coaching that drives quality care and lowers cost by steering customers to CCN providers and generic medications

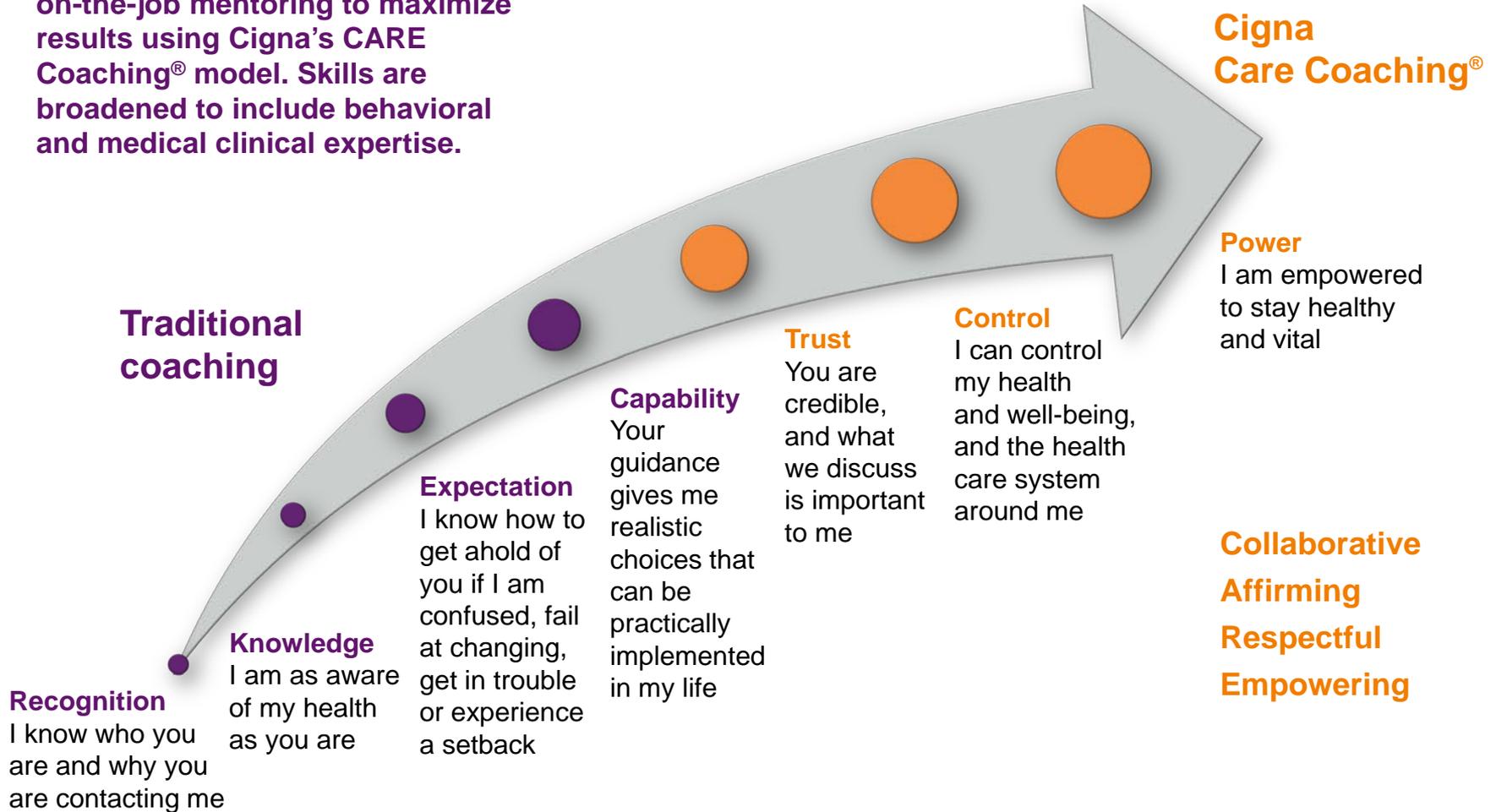
HealthView®:

- Auto-populates a personalized dynamic action plan.
- Prioritizes opportunities and cost- saving potentials.
- Prompts assessments and tools based on information inputs.
- Integrates with Cigna analytics.



CIGNA CARE COACHING® MODEL

All Cigna health advocates are engaged in continual training and on-the-job mentoring to maximize results using Cigna's CARE Coaching® model. Skills are broadened to include behavioral and medical clinical expertise.



VARYING LEVELS OF INDIVIDUAL ENGAGEMENT

Interventions based on risk/severity and individual's wants and needs

- Initially segmented by health risk/severity *and* readiness to change
- Interaction adjusted by additional information and customer preference



RESULTS: INTEGRATION VALUE

Value of integration

- The customer experience is seamless and more robust through HealthView
- Maximization of referrals and support
- Single customer profile (i.e., preferences, telephone numbers)
- 360° view of all interactions with Cigna enables holistic support

Proof

Cigna Pharmacy Management®

- Generates 10% increase in engagement¹
- Focusing on medical and clinical compliance

Cigna Choice Fund®

- Generates 21% increase in engagement²

Cigna disability

- Engaged individuals with a chronic condition had significantly lower claim durations (49.4 days) than passive participants (53.7 days)¹

1. Cigna integration study 2010
2. Cigna Choice Fund study 2010

A PARTICIPANT IN ACTION: JING CHEN

- Actively managing her health
- Not sure how Cigna can help
- Interested in saving money



HealthView profile

- Completed a health assessment
- Managing her diabetes well
- New imaging report indicates she has a pending knee surgery
- Her employer offers an incentive for participating

How Cigna experience can help

Informative data for advocates

- Diabetes
- Potential knee surgery

Chooses to work with her advocate on

- Treatment decision support for her knee
- Managing diabetes

Short-term goals

- Understand treatment options
- Choose an affordable treatment that works for her and her doctor
- Manage Cigna benefits

Long-term goals

- Improve health
 - Manage her osteoarthritis
 - Manage her blood sugar
 - Lower her A1C
- Manage her health in cost-effective ways

Cigna

Healthy
Pregnancies,
Healthy
Babies

Linda Sawyer

Pregnancy is a fact of life

Prematurity is on the rise

- 1 in 8 babies are born early
- The rate of premature births has risen 36% since the 1980s.



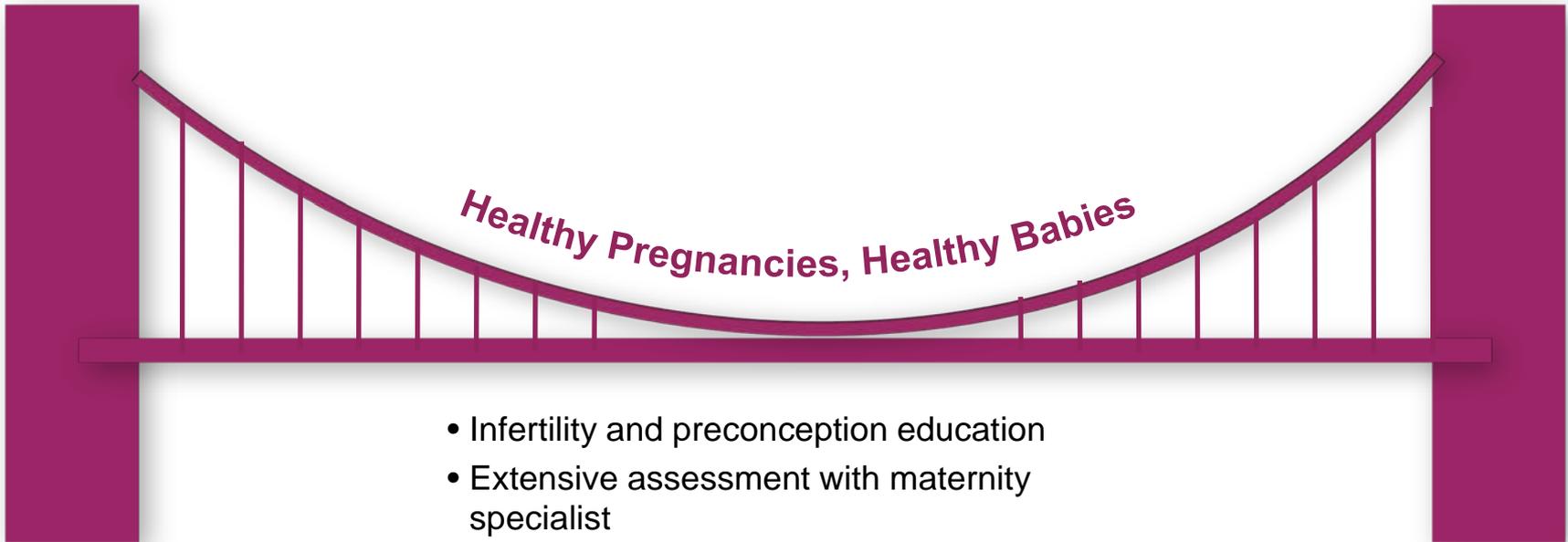
the goal

is to reduce the number of preterm and low-weight babies through:

- Early risk identification in pregnancy
- Appropriate care/treatment coordination
- Preventive care and healthy lifestyle education to help women avoid high-risk pregnancies
- Condition support coaching to assist people experiencing high-risk pregnancies

Healthy Pregnancies, Healthy Babies is a comprehensive program for your entire pregnant workforce. From conception to delivery, and beyond.

Bridging the gap



Healthy Pregnancies, Healthy Babies

Standard Maternity

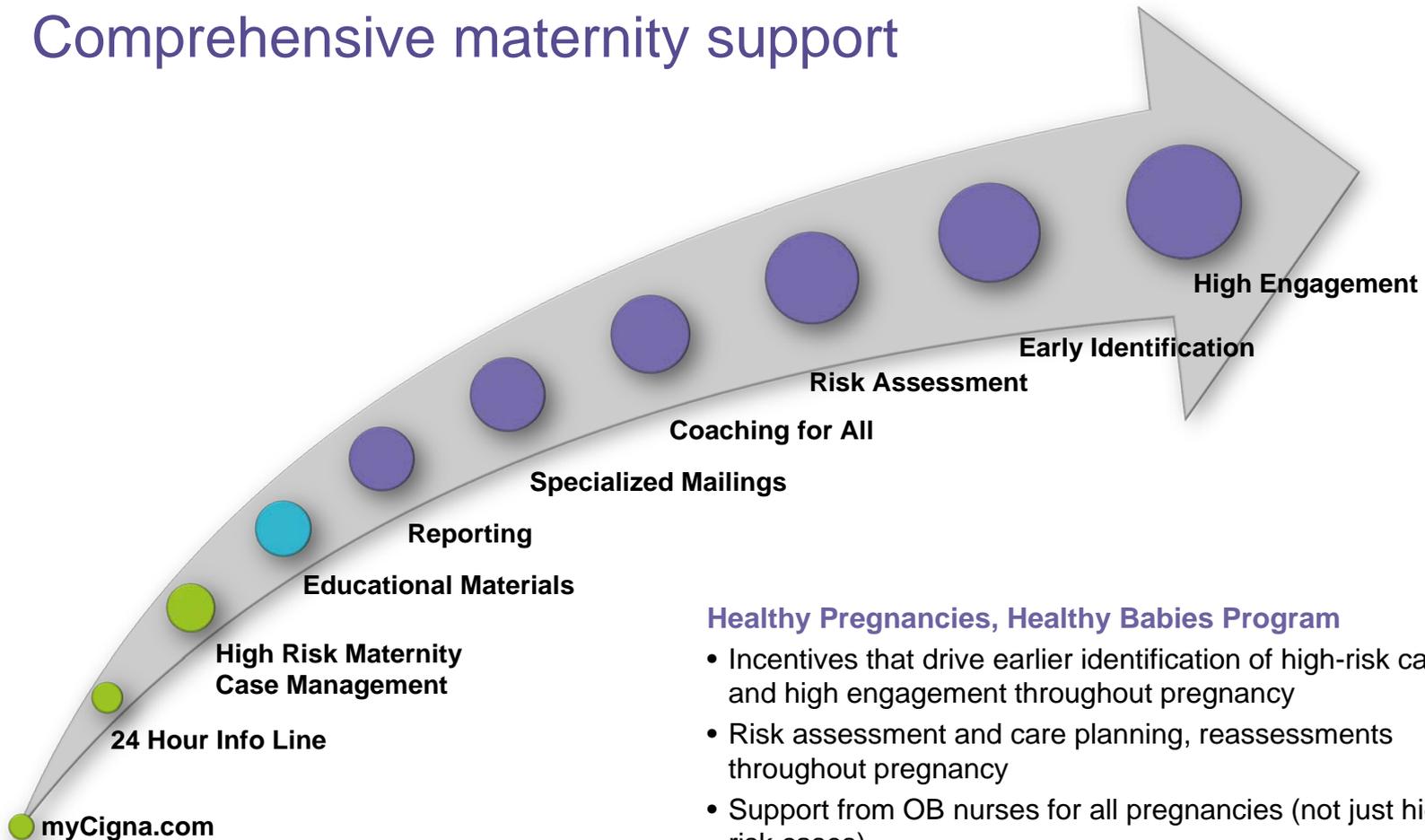
- Pregnancy education kit
- 24-hour Health Information Line
- myCigna.com

- Infertility and preconception education
- Extensive assessment with maternity specialist
- Early identification of high risk
- Pregnancy education kit
- Ongoing outreach and assessment
- Coaching to promote healthy behaviors and appropriate medical interventions
- Early referral of baby to NICU
- Postpartum depression screening

Maternity Case Management

- Complex, high-risk pregnancy management
- Referral of babies to NICU case management
- Care coordination with evidence-based guidelines

Comprehensive maternity support



Healthy Pregnancies, Healthy Babies Program

- Incentives that drive earlier identification of high-risk cases and high engagement throughout pregnancy
- Risk assessment and care planning, reassessments throughout pregnancy
- Support from OB nurses for all pregnancies (not just high-risk cases)
- Unlimited inbound calls
- Specialized mailings on health topics, based on individual needs
- Reporting on participation activities available; savings in development

Get with the program

Two ways to promote employee self-referral and early participation:

- **Communications about the program**
 - Partner with Cigna, and use our expertise and resources
- **Monetary incentives**
 - Tiered incentives motivate enrollment in the 1st and 2nd trimester
 - Incentive paid upon completion of program

First Trimester	Second Trimester
\$150	\$75

2 incentive levels

* For new accounts, during the first 12 weeks of the program, all women regardless of trimester, are eligible for the first trimester incentive.

The Cigna difference

72.7%

full-term

72.7% of all Healthy Pregnancies, Healthy Babies participants went on to have full-term deliveries after Cigna coaching about 17p. These results outperformed the national results by 9%.

\$19,730

saved

Every woman who participates in Healthy Pregnancies, Healthy Babies saves an average of \$1,030 in medical costs throughout her pregnancy. Women in the program who are prescribed 17P save an average of \$19,730.

60%

first
trimester

60% of women who enroll in Healthy Pregnancies, Healthy Babies do so in their first trimester. Because we enroll women early, we effectively reduce preterm delivery and low birth weight rates.

Early
identification
= successful
pregnancies

Early enrollment also ensures women who are high risk are identified early and given the attention they need to have successful pregnancies.

- 6% of women who enrolled during their first trimester had babies with low birth weight.
- 13% of women who enrolled during their third trimester had babies with low birth weight.

Cigna case study

First pregnancy

- Amanda has a history of preterm labor and gestational diabetes
- She delivered via C-section at 32 weeks; her baby remained in the NICU for 6 weeks

Current pregnancy

- Amanda sees a poster at her office offering an incentive to enroll, and does so 7 weeks into her pregnancy
- She receives monthly calls from a maternity nurse, including nutrition counseling
- She learns about 17P, discusses this preterm prevention option with her OB/GYN and begins treatment in her second trimester
- She calls her nurse to discuss her recent weight gain
- Amanda delivers a healthy, full-term infant



Meet Amanda

Cigna

**Biometric
Screening/
Non-Tobacco
User Screening
Process**

Linda Sawyer

Biometric/Non-Tobacco User Screening Process

- Reduction in monthly medical premiums
- 3 options available:
 - NEO
 - Cigna Care Today
 - Quest Diagnostics

Option 1 – New Employee Orientation (NEO)

- 301 W. Jefferson
- New employees only
- Immediately following NEO
- Non- Tobacco User screening is an Oral Swab Test
- Immediate results and coaching

Option 2 – Cigna Care Today

- 102 N. Central Ave.
- Monday – Friday
- 8am - 6pm
- Available to all employees
- No appointment necessary
- Non- Tobacco User Screening is an Oral Swab Test
- Immediate results and coaching

Option 3 – Quest Diagnostic Patient Services (Sonora Quest Laboratories)

- **Seven locations Valley-wide**
- **Monday – Friday**
- **Available to all employees**
- **Results are emailed to participants**
- **Health Coaching with Maricopa County Cigna
Onsite Health Coach**
- **Non-Tobacco User Screening is a blood draw**
- **Scheduling by phone or on line**

Flexible Spending Accounts

Victor Marino

FSA Plans Link

Employee ▾ Home ▾ Time & Attendance ▾ Pay & Taxes ▾ Personal Information ▾ Benefits ▾

Welcome

Spending Accounts

What's New

Managers and Supervisors,

A new feature has been enabled in ADP to allow you to edit your employee's time card in accordance with Maricopa County Policy [HR2418](#) – Entering and Editing Time Worked.



Performing adjustments to your employee's time card is very similar to edits to your own timecard. As per the policy, all adjustments to timecards must be preapproved by the employee and a system comment and note must accompany the adjustment. Please refer to the policy for Comment definition and intended use.

With this new access you will be able to perform the following adjustments:

- Add/Edit/Remove start and stop times or duration for an employee's shift start, stop, or break
- Add/Edit/Remove pay codes and pay code duration
- Add/Edit/Remove labor level transfers for a particular time punch or duration
- Enter Comments and Notes for a time punch or pay code

Spending Accounts Summary

Employee ▾ Home ▾ Time & Attendance ▾ Pay & Taxes ▾ Personal Information ▾ **Benefits ▾**

Spending Accounts ?

[Change Email Address](#) | [Change Direct Deposit](#) | [View Overpayments and Substantiations](#) | [Access FlexDirect](#)

Click the appropriate link to view detail information on claims, payments, and contributions.

Plan Year	Plan Name	Annual Goal	Contributions	Payments	Claims	Balance
2012	Limited Purpose FSA	\$1750.00	<u>538.48</u>	<u>617.17</u>	<u>617.17</u>	1,132.83
2011	Limited Purpose FSA	\$26.00	<u>1,057.76</u>	<u>1,245.61</u>	<u>693.82</u>	-1,219.61
2010	Limited Purpose FSA	\$1000.00	<u>1,000.00</u>	<u>1,000.00</u>	<u>774.50</u>	0.00
2009	Limited Purpose FSA	\$1050.00	<u>1,050.00</u>	<u>1,050.00</u>	<u>1,050.00</u>	0.00
2008	Limited Purpose FSA	\$3450.00	<u>3,450.01</u>	<u>3,450.00</u>	<u>3,450.00</u>	0.00

Account Alerts

Spending Accounts ?

[View Account Summary](#) | [Change Direct Deposit](#) | [Change Email Address](#)

Purchases/Services Pending Approval

The claims below have not been certified as valid purchase items or services for your plan and require further **substantiation**. For each of your purchases below, please submit a completed [Substantiation Form](#) along with a copy of your itemized purchase receipt (**not** credit card receipt) or medical Explanation of Benefits to substantiate the purchase. Instructions are on the form.

 Your Flexible Spending Card may be deactivated if a completed Substantiation Form and a copy of your receipt are not received by the Required By Date. Call 800-654-6695 or click on the Substantiation form or Learning Center link for the plan to get more information on resolving a Substantiation.

Plan Year	Plan Name	Service Date	Amount	Merchant/Service	Action Required	Required by Date
2011	Limited Purpose FSA	08/14/2011	551.79	NATIONWIDE VISION 101	Your card has been temporarily deactivated pending submission of receipts/proof of eligible purchase.	12/12/2011

Patient
Protection
and
Affordable
Care Act
(PPACA)

Meg
Blankenship

PPACA

Provisions Implemented July 1, 2011

- Coverage for young adults up to age 26
- Elimination of lifetime limits
- Elimination of pre-existing condition exclusion for children up to age 19
- No cost share on certain preventive medications and supplements

PPACA

Provision Implemented July 1, 2012

- Cap on Health Care FSA reduced to \$2,500

Provision to be Implemented January 1, 2013

- Value of benefits on W2 forms
 - Medical
 - Pharmacy
 - Behavioral Health
- Higher Medicare payroll tax on earnings >\$200,000 (individual), \$250,000 (couple)

PPACA

Provisions to be Implemented July 1, 2013

- Uniform Summary of Benefits (SBCs)
- Women's preventive services at zero cost share

Benefit Plan Design Process

Christopher
Bradley

Director
Business Strategies
and Health Care
Programs

Guiding Principles for FY 2014 Benefits Plan Design

Balance between two objectives:

- Maintain or improve the quality of benefits (as much as possible)

AND

- Minimize cost increases to BOTH employees and employer



Self-Insured vs. Fully Insured

- “Self-Insured” means that the County keeps benefit premiums in a trust fund, and uses the proceeds to pay for claims costs. The County is at risk if costs are more than premiums.
 - Plan design set by the County
 - Premiums based on the actual costs for covered employees and dependents
- “Fully-insured” means that benefits are those for which the County pays premiums to a vendor, who funds the claims expenses and is financially at risk.
 - Plan design set by the vendors
 - Premiums established by the vendors



Self-Insured vs. Fully Insured (cont.)

- Self-insured benefits:
 - Medical
 - Pharmacy
 - Behavioral Health
 - Vision
 - Cigna Dental
 - Short-Term Disability
- Fully-insured benefits:
 - Delta and EDS Dental
 - Life and AD&D
 - Employee Assistance Program (EAP)



Where Do We Get Ideas for Benefit Plan Design Changes?

- Consultant recommendations (benchmark with other large employers)
- Input from benefits vendors (Cigna, Catamaran, Magellan, etc.)
- Aggregate biometric screening and health assessment data suggest areas to target for Wellness
- Responses and comments from the Employee Benefits Satisfaction Survey
- Input from the Benefits Customer Service team, based on the issues they have addressed with employees and dependents
- Employee Benefits Advisory Council



Timeline

Month	What Happens
August-October	County and consultant analyze cost experience, as well as impact of any plan changes under consideration
November	Finalize plan design and premium recommendations; review with Benefits Board of Trustees
December	Review and approval by the Board of Supervisors
January	Start preparations for Open Enrollment
February	Begin on-site biometric screenings
April	Open Enrollment for active employees begins
May	Complete Open Enrollment; mail out Confirmation Statements
July	New benefits plan year begins; start Dependent Verification process
August	Complete Dependent Verification process



Outlook for FY 2014

- Moderate premium increases
- No change in basic plan structure:
 - CMG (HMO)
 - OAP (PPO)
 - Choice Fund (HDHP with HSA)
- Passive Open Enrollment
- Fewer changes in co-pays, etc.
- Most of the same vendors
- Affordable Care Act requirements

