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RETIREMENT SYSTEMS OF ALABAMA  
PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE PLAN  
BOARD OF CONTROL MEETING  
201 South Union Street, Room 843  
Montgomery, Alabama 36104  
877.517.0020

\* \* \* \* \*

**COPY**

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**VIDEOCONFERENCE PUBLIC EDUCATION  
EMPLOYEES' HEALTH INSURANCE PLAN BOARD OF CONTROL  
MEETING** reported by Jeana S. Boggs, Certified Court  
Reporter and Notary Public, in the conference room  
of the Retirement Systems of Alabama, 201 South  
Union Street, Montgomery, Alabama, that was held on  
Thursday, May 14th, 2020, at approximately 9:00 a.m.

## 1 APPEARANCES

## 2 BOARD MEMBERS:

3 MR. LUKE HALLMARK, CHAIRMAN

4 MR. JOHN R. WHALEY, VICE-CHAIRMAN

5 MR. JOHN MCMILLAN

6 DR. JOSEPH G. VAN MATRE

7 DR. SUSAN WILLIAMS BROWN

8 MS. AMY CREW

9 MS. CHARLENE MCCOY

10 MRS. SUSAN LOCKRIDGE

11 MR. RUSSELL TWILLEY

12 MS. PEGGY MOBLEY

13 MR. JEFF COLE

14 MR. JOE WARD

15 MS. KELLI SHOMAKER

16  
17 ALSO PRESENT:

18 DR. DAVID BRONNER, RSA CEO

19 MR. DON YANCEY, RSA DEPUTY DIRECTOR

20 MS. LEURA CANARY, GENERAL COUNSEL

21 MS. DIANE SCOTT, RSA CFO

22 MR. DAVE WALES, ASST DIRECTOR PEEHIP

23 MS. EMILY EATON, RSA ASSISTANT

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**CALL TO ORDER**

CHAIRMAN HALLMARK: All right. We will go ahead and start our meeting. We will need a roll call, Emily.

**ROLL CALL**

MS. EATON: Luke Hallmark?

CHAIRMAN HALLMARK: Here.

MS. EATON: Ricky Whaley?

MR. WHALEY: Here.

MS. EATON: Kelly Butler.

(No response.)

MS. EATON: John McMillan?

MR. MCMILLAN: Here.

MS. EATON: Eric Mackey?

(No response.)

MS. EATON: Joseph Van Matre?

CHAIRMAN HALLMARK: He was here awhile ago.

MS. EATON: Kelli Shomaker?

(No response).

CHAIRMAN HALLMARK: She's here.

MS. EATON: Susan Brown?

(No response.)

1 CHAIRMAN HALLMARK: She's here.

2 MS. EATON: Amy Crew?

3 (No response.)

4 CHAIRMAN HALLMARK: She's here.

5 MS. EATON: Charlene McCoy.

6 (No response.)

7 CHAIRMAN HALLMARK: She's here.

8 MS. EATON: Susan Lockridge?

9 CHAIRMAN HALLMARK: I don't know  
10 about Susan.

11 MS. KIRK: She said she is here  
12 for roll call.

13 CHAIRMAN HALLMARK: She's here. I  
14 see her.

15 MS. EATON: Russell Twilley?

16 (No response.)

17 MS. EATON: Peggy Mobley?

18 MS. MOBLEY: Here.

19 MS. EATON: Jeff Cole?

20 (No response.)

21 MS. EATON: And Joe Ward?

22 (No response).

23 MS. KIRK: Joe is working on the

1 sound.

2 CHAIRMAN HALLMARK: Okay. We do  
3 have a quorum.

4 **APPROVAL OF AGENDA**

5 CHAIRMAN HALLMARK: At this time,  
6 I hope every one has had a chance to look  
7 at the agenda. And we will need a motion  
8 to approve the agenda. And what I ask is  
9 that you verbally make a motion and raise  
10 your hand at the same time so that I can  
11 get a name and a voice.

12 MS. MOBLEY: So moved.

13 CHAIRMAN HALLMARK: Okay.  
14 Ms. Mobley has made the motion to approve  
15 the agenda. I need a second.

16 MR. MCMILLAN: Second.

17 CHAIRMAN HALLMARK: Second from  
18 Mr. McMillan. Any discussion?

19 (No response).

20 CHAIRMAN HALLMARK: All in favor  
21 say I "aye."

22 (Board members saying "aye").

23 CHAIRMAN HALLMARK: All opposed,

1           like sign?

2                                 (No response) .

3                                 CHAIRMAN HALLMARK: Ayes carry.

4           **APPROVAL OF 3/10/2020 MEETING MINUTES**

5                                 CHAIRMAN HALLMARK: Next, we need  
6 a motion to approve the March 10th, 2020  
7 Board meeting minutes. I hope all of you  
8 have had a chance to look over them and see  
9 if there are any kind of corrections that  
10 need to be made. If it's not, at this time  
11 I need a motion to approve the March 10th,  
12 2020, Board meeting minutes.

13                                 MR. WHALEY: So moved.

14                                 CHAIRMAN HALLMARK: Mr. Whaley. I  
15 need a second? Mr. Twilley. Any  
16 discussion?

17                                 (No response.)

18                                 All in favor say "aye."

19                                 (Board members saying "aye").

20                                 CHAIRMAN HALLMARK: All opposed,  
21 like sign?

22                                 (No response) .

23

1                   CHAIRMAN HALLMARK: Ayes carry.

2                   Now, we'll look at -- I tell  
3 you, before we get started, I will be  
4 extremely patient and everybody just be  
5 patient with the process that we are  
6 going through today. So, I mean, if you  
7 have a question and you need to repeat  
8 it, you know, we will just -- just take  
9 your time, and we will get it done. We  
10 do have enough tech people here that I  
11 think we can get it worked out.

12                   There is a place on there that I  
13 think you can type in a chat. So, if we  
14 can't understand you, we may ask you just  
15 to type in your question. But I would  
16 prefer if we could hear it verbally.  
17 Everybody okay with that?

18                   MR. WHALEY: Yes, sir.

19                   CHAIRMAN HALLMARK: Okay. Good.  
20 Also, you know, I think you will have your  
21 iPads, or whatever, on mute. And then when  
22 you want to ask a question, then you can  
23 un-mute yourself, and then you can ask your



1 question.

2 Let me see if there is anything  
3 else. I can't think of anything else at  
4 the moment.

5 But we will look at our first  
6 item, which is Item IV, our financial  
7 update, and we are going to ask Ms. Scott  
8 to come in at this time.

9 **FINANCIAL UPDATE**

10 MS. DIANE SCOTT: Good morning,  
11 Mr. Chairman, and members of the Board.

12 If you will turn to page 29 in  
13 your Board book, or on DirectorPoint, you  
14 will see the balance sheet as of March  
15 the 31st. I want to draw your attention  
16 to the investments at fair market value.  
17 We had \$190 million. As of yesterday, we  
18 had \$231 million. I feel like the  
19 question that's on your mind right now  
20 is: How are we really doing? And the  
21 fact is that our agencies and our  
22 employers are paying their employer  
23 contribution and member out-of-pocket in

1 a timely manner during this pandemic, and  
2 we are so happy and proud of our  
3 employers for working very diligently  
4 with us. We have continued being able to  
5 do everything in my area that we need to  
6 be able do and to assist the employers.  
7 So, they are paying.

8 My claims are down a little bit,  
9 so if you will go over to page 30, you  
10 will see that claims, almost in the  
11 middle of the page, are \$692 million.  
12 Typically, the claims are heavier the  
13 last three months of the fiscal year,  
14 because our membership is not working.  
15 They are in their summer, and they have  
16 the opportunity to do the things during  
17 the summer related to their health that  
18 they don't normally do. But through the  
19 month of March, and especially April,  
20 because elective procedures were not  
21 being done, I have seen my claims even  
22 farther down, to the tune of about \$20  
23 million.

1           Now, dental claims are the same  
2 way because dentist offices were closed.  
3 So, we were down about \$4 million in  
4 dental claims in the month of April.

5           All right. Through May the  
6 7th -- you say well, what's going on  
7 related to the COVID-19 claims? Because  
8 we have seen about \$750,000 worth of  
9 testing claims come through that we've  
10 been -- that we have had to pay. But the  
11 offset of the reduction in claims has  
12 more than compensated for the  
13 different -- additional \$750,000 worth of  
14 the COVID testing claims and treatment.

15           Moving on to page 31, this is  
16 our operating budget. You will see that  
17 we have utilized \$2.3 million through the  
18 first six months. I am expecting it to  
19 be more than \$2.3 million the last half  
20 because of open enrollment and the  
21 activities that come along with open  
22 enrollment. But as always, we want to  
23 have money available in case we need it,

1 and I can assure you we will not use it  
2 if we don't need it. Okay?

3 Move on to page 33, on the  
4 Southland claims. If you look toward the  
5 bottom of the right-hand column it says  
6 that claims for the first six months are  
7 up 17.37%. So, in case you're wondering,  
8 in Fiscal '19, Southland implemented a  
9 new computer system. So, they were  
10 having somewhat of a backlog of claims  
11 that had not been paid as of March the  
12 31st. So, I suspect by the end of this  
13 year our total Southland claims will be  
14 no more than what it they were last year,  
15 or maybe just a little bit less because  
16 of dentist and eye doctors really being  
17 closed during the month of April.

18 Moving to page 34, on the VIVA  
19 claims being down compared to last year  
20 by 6.45%, that's simply just a function  
21 of the fact that we have a few fewer  
22 contracts with VIVA this year than we did  
23 last year.

1                   The next two pages relate to  
2                   some trends. Nothing out of the  
3                   ordinary. So, I want to go over to page  
4                   37, which is the Retiree Trust. You will  
5                   see that the fair market value of those  
6                   assets at March the 31st was  
7                   \$1,361,000,000. I checked as of the end  
8                   of the day on May the 12th, and with the  
9                   volatility in the market, those were back  
10                  up to a fair market value of one \$1.45  
11                  billion.

12                  Moving on to page 38, you can  
13                  see that we have suffered a decrease in  
14                  fair market value as of the end of March.  
15                  And the year-to-date return, as of the  
16                  end of March was a negative 4.91%.  
17                  Checked in yesterday and it was  
18                  significantly improved. I think it was  
19                  just a -1%, or roughly, year-to-date  
20                  through April.

21                  That's the financial statements.

22                  CHAIRMAN HALLMARK: Okay. We have  
23                  heard Diane's financial statement report.

1 Are there any questions at this time?

2 (No response).

3 CHAIRMAN HALLMARK: Okay. Thank  
4 you, Ms. Scott. Let's move on to the  
5 projections update.

6 MS. DIANE SCOTT: Okay. Let's  
7 move on to page 40, and you can see the  
8 trends -- not the trends, but the  
9 projections for the next three years.  
10 Not -- they have changed a little bit over  
11 the course because we had to go back and  
12 look, and we took a really hard look at  
13 this.

14 As it looks like right now, we  
15 will end the year around 84 -- \$109  
16 million, with working -- well, we are  
17 required \$109 million for working  
18 capital, but we will -- it looks like we  
19 will end it with about \$194 million.

20 For 2021, we -- it looks like  
21 that we will have enough to cover our  
22 costs and not have to -- and be able to  
23 handle the \$800 employer contribution for

1           2021.

2                   Let's look at 2022. Right now,  
3           it's part of the projections. I have  
4           included transferring \$15.7 million from  
5           the Retiree Trust to PEEHIP fund, in  
6           order for us to continue to ask for \$800  
7           per member, per employee, per month for  
8           2022.

9                   And then, for 2023, I have  
10          transferred -- or projected transferring  
11          \$40 million from the Retiree Trust, and  
12          at that point, based upon these  
13          projections, we will be short \$177  
14          million (sic) in having the working  
15          capital requirement that the Board  
16          requires of us, which is 8% of claims.  
17          What that would mean is an increase in  
18          the employer contribution of -- from \$800  
19          to \$899. I believe this is the first  
20          time that I have shown you 2023.

21                   CHAIRMAN HALLMARK: Ms. Mobley?

22                   MS. MOBLEY: The first question I  
23          have is, where you said the amount over

1 in -- or under in 2023, did you say \$177?

2 MS. DIANE SCOTT: \$117. It's  
3 there, right there in the column. \$117.

4 MS. MOBLEY: Okay. I  
5 misunderstood. And I --

6 MS. DIANE SCOTT: If I said \$177,  
7 I was wrong.

8 MS. MOBLEY: Okay. I was checking  
9 on that.

10 And then, I am really concerned  
11 about jumping \$99 a month for our  
12 members. I understand we have the  
13 greatest healthcare in the world. But --  
14 and not having an increase for several  
15 years, but I just want to go on record as  
16 being very concerned and hoping that we  
17 can look for more ways to lower this  
18 cost, because I'm sure if the economy  
19 picks up, next year we may -- you know,  
20 they will get a pay raise. I'm not  
21 talking about me, because I am retired,  
22 but they will get a pay raise, and, you  
23 know, then up we go and raise the rates



1           again. And I am just real, very  
2           concerned about -- speaking from my  
3           family's point of view, going up \$100 a  
4           month on healthcare.

5                   MS. DIANE SCOTT: Well, this was  
6           in no way --

7                   DR. BRONNER: And that's the State  
8           dollars.

9                   MS. MOBLEY: I'm sorry?

10                   MS. DIANE SCOTT: Right. It is  
11          not the member.

12                   DR. BRONNER: It's not the member.  
13          The \$800 is what we would request from the  
14          State, is \$900.

15                   MS. MOBLEY: Oh, oh, okay. I am  
16          sorry. I misunderstood that.

17                   DR. BRONNER: No, no. You are not  
18          doing anything to the member.

19                   MS. MOBLEY: Okay. All right. I  
20          was very concerned there.

21                   DR. BRONNER: All she's trying to  
22          tell you is that we might get through it.  
23          And I am putting money on it. She thinks

1 we will get through '21 and '22, but by '23  
2 you're going to have to ask for more money  
3 from someplace.

4 MS. MOBLEY: Okay. All right. I  
5 am sorry. I misunderstood. Thank you.

6 MS. DIANE SCOTT: And one thing I  
7 would tell you and the Board and anybody  
8 that asks is, this staff works tirelessly  
9 to find ways -- and I think you've seen  
10 that in our past performance, and we are  
11 not slowing down. We -- everything that we  
12 can do, because the last thing we want to  
13 do is to ask the members to pay more.

14 MS. MOBLEY: Oh, I realize that  
15 completely. That just jumped out at me,  
16 and sort of deer in the headlights.

17 MS. DIANE SCOTT: Okay. So, what  
18 are my threats? The biggest threat to this  
19 budget is the -- in Congress, the drug  
20 price bills that we have worked tirelessly  
21 with getting added language put on. The  
22 other thing would be whatever increases  
23 occur for pharmacy claims or gene

1 therapies, or things like that, which are  
2 very, very expensive.

3 Remember, too, that in 2022 we  
4 will be doing our marketing for the next  
5 three years: '23, '24 and '25. And we  
6 have seen some remarkable results as a  
7 result of doing those marketings. Okay?

8 So, again, we will keep things  
9 as tight as possible.

10 MS. MOBLEY: Oh, I'm sure you  
11 will.

12 MS. DIANE SCOTT: Okay. There  
13 were a couple of more pages in the  
14 three-year projection, but that's really  
15 all that I wanted to go over with you-all  
16 today, unless there are other questions.

17 CHAIRMAN HALLMARK: Okay. We have  
18 heard Diane's report about our projections  
19 update for Fiscal Year 2020 through 2023,  
20 and we've had some questions and comments.  
21 Do we have any more questions from our  
22 Board members at this time?

23 (No response).

1 CHAIRMAN HALLMARK: Okay. Diane?

2 MS. DIANE SCOTT: Yes, sir.

3 Moving right along to the COBRA,  
4 leave of absence, and surviving spouse  
5 monthly premiums. I want to make sure  
6 that your page 43, that you are looking  
7 at the right. If you are looking at what  
8 was given to you, you may have had an  
9 insert. That's what I want you to look.  
10 If you are looking on Directorpoint, you  
11 should be looking at what the insert is.  
12 If you are -- for those that are looking  
13 in the book.

14 So, I have prepared here  
15 proposed rates for the COBRA, leave of  
16 absence and surviving spouse monthly  
17 premiums. They are based upon our costs  
18 as projected, working with our actuary.  
19 I went back and looked at how many people  
20 have COBRA and leave of absence, and  
21 right now we have 825 who have either  
22 individual or family Blue Cross, or VIVA,  
23 and then we have 14 that are on COBRA

1 with a supplemental.

2 You can see the number of  
3 contracts related to the surviving  
4 spouses. The surviving spouses that are  
5 over 65-years old who are Medicare  
6 eligible, you can see that their dollar  
7 amounts are being reduced, because our  
8 contract is reduced. They are supposed  
9 to pay, according to the law, the cost.  
10 And so, we try to get as close to what it  
11 will -- our cost will be for the  
12 following year, and this is bound by Code  
13 Section 16-25(a)-8(e).

14 So, I would like for the Board  
15 to vote to agree with us on these  
16 premiums for Fiscal '21 for the COBRA  
17 leave of absence and surviving spouse.

18 CHAIRMAN HALLMARK: Okay. We have  
19 heard Diane's report and her request. At  
20 this time, I will need a motion to approve  
21 the COBRA, LOA, and surviving spouse rates.  
22 I need a motion.

23 I have a motion from

1 Mr. Twilley. I need a second. I have a  
2 second from Ms. Crew. Any discussion or  
3 questions at this time?

4 (No response).

5 CHAIRMAN HALLMARK: Okay. All in  
6 favor say "aye."

7 (Board members saying "aye").

8 CHAIRMAN HALLMARK: All opposed,  
9 like sign?

10 (No response).

11 CHAIRMAN HALLMARK: Ayes carry.

12 Next will be Item D, the VIVA  
13 Health Plan.

14 MS. DIANE SCOTT: Mr. Chairman?  
15 Mr. Chairman? On page -- I wanted to just  
16 briefly go over pages 44 through 46, which  
17 relate to an increase -- or a change in the  
18 premiums. A change in the -- not the  
19 method of calculation, but to let the Board  
20 know, because the Board asked me to make  
21 sure that as soon as I became aware of what  
22 the sliding scale rippling ramifications  
23 are for retiree's that I let you know.

1                   On page 44 -- I tried to write  
2                   it out -- okay? -- so you would have  
3                   something to read. And on pages 45, I  
4                   worked very hard to give you some  
5                   examples and actually the math behind  
6                   this. The math behind this comes from  
7                   the law. We have worked very, very  
8                   carefully and very diligently  
9                   consistently since the sliding scale laws  
10                  came in to be consistent in the way that  
11                  we have calculated this and to be  
12                  consistent with the intent of the law and  
13                  with what it says.

14                  So, for early retirees: Our  
15                  early retiree pool is dwindling who take  
16                  healthcare with us. That was the intent  
17                  of the Senate Bill 419 in the 2011  
18                  Legislature. Because -- and it's  
19                  increased the cost to the early retiree  
20                  based upon the calculations. And the  
21                  ultimate intent of that law was that the  
22                  subsidy that the State pays for an early  
23                  retiree shall not be any greater than the

1           subsidy that the State pays for an active  
2           employee. Okay.

3                        So, every year costs in this  
4           category are going up, and the reason for  
5           that is we have fewer and fewer people  
6           taking this coverage. But those that are  
7           taking it are appearing to be sicker.  
8           So, we have the issue of adverse  
9           selection here. Okay?

10                      Just to give you an idea, before  
11           the adjustment for the sliding -- for  
12           this sliding scale for the early  
13           retirees, and this is just people who  
14           have retired 1/1/12 and after, the State  
15           is paying a subsidy -- the State subsidy  
16           is \$750. And so, the active employees is  
17           \$506. So, we have to close a \$244 gap  
18           over and above what their base  
19           out-of-pocket is.

20                      Okay. So, all of these are --  
21           with the exception of two people -- well,  
22           roughly two, as of today -- are going to  
23           see an increase. That increase is going



1 to range somewhere between negative \$.28  
2 a month because they had so much time,  
3 and \$72.26. But 89.7% of the people in  
4 this category are going to have an  
5 increase of less than \$40.

6 One of the things that this  
7 legislation provided for was a Premium  
8 Assistance Program. And this group of  
9 people utilize this Premium Assistance  
10 Program. And when I looked the other  
11 day, we had 501 people in this category  
12 who were utilizing the Premium Assistance  
13 Program. And you can see that most of  
14 them are getting \$150 to \$200, but that's  
15 the most frequently occurring discount  
16 off of the premiums. And the most  
17 frequently occurring premium increase is  
18 \$30.37.

19 So, I wanted to make you aware  
20 of this. Most of the people in this  
21 category retire with more than 25 years  
22 of service. Okay? They are -- and you  
23 can see that chart also on page 45. I've

1           tried to give you several different ways  
2           so that you can explain it if you are  
3           asked. But this is nothing any different  
4           than any other year. It's just that it's  
5           a little bit more than other years,  
6           because the costs went up more in this  
7           year than they did previously. Okay?

8                        So, then, moving on to page 46,  
9           on the early retirees. On the early  
10          retirees, three years ago, when we went  
11          to UnitedHealthcare for the Medicare  
12          eligible population, we negotiated a  
13          really good contract with them, which  
14          reduced significantly the cost for this  
15          group, the premium that PEEHIP has to  
16          pay. Honestly, I never thought we were  
17          going to do better than that. But when  
18          we went back out on our marketing this  
19          year, we got an even better rate. Okay?  
20          So, those costs came down even more.

21                        So, as a result of that, if a  
22          person who worked more than 25 years of  
23          service may see an increase in premium of

1           \$.14 per month of service greater than  
2           300 months, which is 25 years, may.  
3           Because, look at the first example I have  
4           there on page 46. If you only have -- if  
5           you only have individual coverage you are  
6           paying 25 -- \$25 is your base. So, if  
7           you have a lot of years, you have got a  
8           huge discount. So, if the discount  
9           doesn't go below \$25, they won't see a  
10          difference at all? Okay.

11                         Now, if you are an early retiree  
12          on or after 1/1/12, you will see a  
13          reduction in your premium of \$.28 per  
14          month. \$.28 is because they are having  
15          to pay 4% penalty as opposed to someone  
16          who has more than 300 months of service,  
17          a 2% penalty.

18                         For those people who retired  
19          between 10/1/05 and 12/31/11, they are  
20          going to see, whether you've got more  
21          than 300 months or less than 300 months,  
22          it's going to be \$.14 a month.

23                         I wanted to let you know. I

1 didn't want you to be blindsided. There  
2 may be some phonecalls, or whatever. But  
3 this is the calculation in accordance  
4 with the law.

5 CHAIRMAN HALLMARK: Okay. We have  
6 heard Diane's report on this. At this time  
7 let's -- are there any questions or  
8 comments that need to be made at this time?  
9 And I'm going to wait a little bit, because  
10 I think she's saying it's got a minute  
11 delay. Susan? Dr. Brown?

12 DR. SUSAN BROWN: Thank you,  
13 Mr. Chairman. I do have some concerns and  
14 questions about this.

15 So, Diane, this is  
16 counterintuitive to me that -- and I  
17 appreciate your verbiage that you gave us  
18 to try to help this in the written part.  
19 But reading from there, you are saying  
20 that a retiree with more than 25 years,  
21 the retiree premium -- monthly premium  
22 will increase. But for those Medicare  
23 eligible who have less than 25 years,

1           their health premium insurance would be  
2           decreased. And I know you gave us  
3           several examples. And in the previous  
4           example you gave a mode, like the mode  
5           occurring and what would be the most  
6           change for any member. Do you have that  
7           information for this population?

8                   MS. DIANE SCOTT: I do not have  
9           that information at this time, but I can go  
10          back and get that for you, if you would  
11          like.

12                   DR. SUSAN BROWN: So, are we  
13          voting on this today?

14                   MS. DIANE SCOTT: No. There is  
15          nothing to vote on here. This is  
16          calculated in accordance with the law, and  
17          the law is very specific on these formulas  
18          and that sort of thing.

19                   DR. SUSAN BROWN: Okay. I still,  
20          you know, would like to state that I am  
21          deeply concerned. It appears that the  
22          people who have done what -- you know, the  
23          law had intended to encourage about working

1 longer and waiting until you are closer to  
2 65 -- that was why those formulas were put  
3 in there -- it appears that they are being  
4 negatively impacted, and that deeply  
5 concerns me.

6 And also, the retirees that --  
7 when you call them "early retirees" you  
8 are referring to the people with less  
9 than 30 years and not at Medicare  
10 eligible. I guess it concerns me that  
11 some of those people, you said the  
12 highest increase would be like \$72.26 per  
13 month as an increase, and our retirees,  
14 regardless of if they are Medicare  
15 eligible or not, are more on a fixed  
16 income. And I know you said that they do  
17 have that assistance program, but not a  
18 lot of the retirees can qualify for that.

19 So, I just would urge -- and I  
20 know you have worked on this, but I would  
21 just urge the Board and the staff to keep  
22 that in mind, because a \$72 a month  
23 increase is quite bit. And even \$30 a

1 month increase is quite a bit.

2 So, I would encourage you, and  
3 if there is anything we can do to help  
4 you within this, I would love to help.

5 MS. DIANE SCOTT: Thank you.

6 CHAIRMAN HALLMARK: Yes. Mr.  
7 Whaley?

8 MR. TWILLEY: This is the State  
9 statute, right?

10 MS. DIANE SCOTT: Yes, it is.

11 MR. WHALEY: Okay. So, we really  
12 don't have to vote on it?

13 MS. DIANE SCOTT: That's correct.

14 MR. WHALEY: That is a State law,  
15 so it's not something PEEHIP did. It's  
16 State law.

17 MS. DIANE SCOTT: Right.

18 CHAIRMAN HALLMARK: Okay.  
19 Mr. Whaley has made a comment that  
20 technically we don't have to vote on it,  
21 because it is a statute. It is a State  
22 law.

23 But, Dr. Brown, we will take

1 note of your comments and have them in  
2 the minutes as you have stated.

3 DR. SUSAN BROWN: Thank you.

4 CHAIRMAN HALLMARK: Okay. So,  
5 Diane, anything else?

6 MS. DIANE SCOTT: Nothing else on  
7 that. I wanted to go on to the VIVA.

8 CHAIRMAN HALLMARK: Okay.

9 MS. DIANE SCOTT: As you know, we  
10 have one HMO: VIVA. They have come to us  
11 with rates that are within the projections  
12 that we have for 2021. VIVA -- We've  
13 probably got about 2,500 contracts with  
14 VIVA. It is an excellent product. They  
15 are asking for 5.2% increase per month, but  
16 that's still within our expected costs.  
17 They have a one benefit enhancement, which  
18 is going to be reducing the Teledoc/  
19 Telehealth co-pay from \$40 to \$25.

20 As part of getting just the  
21 VIVA, they also get dental, so they don't  
22 have to pay extra for dental coverage.  
23 This is really good. So, we would



1 recommend that the Board approve  
2 continuing with VIVA at the proposed  
3 rates that you can see on the rightmost  
4 column, on page 47.

5 CHAIRMAN HALLMARK: Okay. We have  
6 heard Diane's report, and she is going to  
7 need a motion to approve the VIVA FY-2020  
8 current rate, and FY-2021 proposed rates.  
9 Is that correct, Diane?

10 MS. DIANE SCOTT: You already  
11 approved the 2020 rates. I just need the  
12 2021 rates.

13 CHAIRMAN HALLMARK: We just need  
14 approval for the FY-2021 proposed rates.  
15 I'll take a motion at this time. Okay.  
16 Ms. Crew. I have a second from  
17 Ms. Shomaker. Any questions or comments at  
18 this time?

19 (No response).

20 CHAIRMAN HALLMARK: Any comments?

21 (No response).

22 CHAIRMAN HALLMARK: All in favor  
23 say "aye."

1 (Board members saying "aye").

2 CHAIRMAN HALLMARK: All opposed,  
3 like sign?

4 (No response).

5 CHAIRMAN HALLMARK: Ayes carry.

6 MS. DIANE SCOTT: Did we vote on  
7 the COBRA, LOA, and surviving spouse rates?

8 CHAIRMAN HALLMARK: I thought we  
9 did. Yeah. On Part C?

10 MS. DIANE SCOTT: Right.

11 CHAIRMAN HALLMARK: Yes, ma'am.

12 MS. DIANE SCOTT: Okay. Just  
13 double checking.

14 (At which time, there was an  
15 off-the-record discussion.)

16 CHAIRMAN HALLMARK: Okay. We will  
17 move on. Diane, is that your report?

18 MS. DIANE SCOTT: Since Donna is  
19 not here --

20 CHAIRMAN HALLMARK: Okay. Hold on  
21 one second. I -- Dr. Brown, do you have a  
22 comment?

23 DR. SUSAN BROWN: Well, I was just

1 going to ask before Diane went on, if I may  
2 ask a question?

3 CHAIRMAN HALLMARK: Sure.

4 DR. SUSAN BROWN: Diane, so, do I  
5 understand correctly that the actives are  
6 not going to have any increases in premiums  
7 or co-pays, but the retirees and the COBRA  
8 group is the only change of increases?

9 MS. DIANE SCOTT: The actives will  
10 not have any change. COBRA, LOA, surviving  
11 spouse will have a change. And as a result  
12 of the sliding scale law, the retirees may  
13 have a change. May have. Because the  
14 early retirees who worked a lot of years,  
15 and only takes single coverage, they  
16 probably will not have a change because  
17 their discount is more than \$25 and will  
18 continue to be more than \$25.

19 DR. SUSAN BROWN: Okay. And could  
20 explain one more time to me, on that base  
21 amount on the retirees going up an increase  
22 of \$4, was that based on what we voted at  
23 the last meeting?

1 MS. DIANE SCOTT: Yes. Yes. That  
2 is based on what we voted on at the last  
3 meeting. And just to refresh everyone's  
4 memory, the law says that the early retiree  
5 rate shall not be less than the sum of the  
6 Medicare Part B premium, plus the  
7 individual Medicare eligible out-of-pocket.  
8 Before, we were charging 160 -- and this  
9 year we are charging \$166 as that base  
10 premium. The calculation is something like  
11 \$169.40, if I remember correctly. So,  
12 we -- I request that you just round up to  
13 an even \$170 moving forward.

14 DR. SUSAN BROWN: Okay. Thank  
15 you.

16 MS. DIANE SCOTT: Yes, ma'am.

17 CHAIRMAN HALLMARK: Ms. Mobley has  
18 a question.

19 MS. MOBLEY: I just want to get  
20 this clear. This is only for the early  
21 retirees. This is not for all retirees; is  
22 that correct?

23 MS. DIANE SCOTT: That \$4 is for

1 early retirees only.

2 MS. MOBLEY: Right. Thank you.

3 MS. DIANE SCOTT: Yes, ma'am.

4 CHAIRMAN HALLMARK: Ms. Mobley  
5 asked the question if the \$4 was for the  
6 early retirees only, and Ms. Scott  
7 confirms, said, yes, it is.

8 Okay. We have had a motion.  
9 It's been approved.

10 The next item is going to be the  
11 Benefit Program. Donna Townes is not  
12 here today, so we have asked Ms. Scott,  
13 and we have asked Mr. Wales to pick up A,  
14 B, and C. So, we will start with A, the  
15 temporary benefits enhancements and  
16 expansion of benefits tied to  
17 Coronavirus. And Diane is going to give  
18 this report.

19 **PEEHIP BENEFIT PROGRAMS**

20 MS. DIANE SCOTT: Okay. I know  
21 that you are interested in -- with knowing  
22 how many people have been affected in our  
23 population. So, we've been following this

1 very, very closely, and the impact upon our  
2 membership, what our carriers have been  
3 doing, and also the laws that have been  
4 passed recently to give some temporary  
5 benefits. So, hopefully I can answer all  
6 your questions that you have.

7 As of May the 12th, those that  
8 are covered through Blue Cross, we had  
9 101 confirmed cases. And that's out of  
10 about 220,000 people.

11 As of May 12th, our Medicare  
12 eligible population, we had 450 confirmed  
13 cases; that's out of about 75,000  
14 population. VIVA had no -- those who are  
15 covered with VIVA had no confirmed cases  
16 as of May the 6th. So, we know about 551  
17 confirmed total cases, so far.

18 So, let's look at page 50.

19 CHAIRMAN HALLMARK: Diane? Excuse  
20 me. Mr. Whaley?

21 MR. WHALEY: How many deaths have  
22 we had?

23 MS. DIANE SCOTT: We know about

1 15, so far. Those are through the Medicare  
2 eligibles. We don't have any number of  
3 deaths yet, that I am aware of, through  
4 Blue Cross. Now, that could be late in  
5 claims -- because this is based upon  
6 claims.

7 MR. WHALEY: Right.

8 MS. DIANE SCOTT: Okay. So, the  
9 page 50 shows you what Blue Cross has done.  
10 And we have had -- there's been the Family  
11 First Act, and the Cares Act, and those  
12 have mandated some testing and lab services  
13 to be covered at 100% through the end of  
14 this calendar year.

15 There have been some inpatient  
16 benefit enhancements, and those are  
17 effective through June 1st of this year.  
18 There has been a firestorm, if you will,  
19 of about Telehealth, and Teledoc. You  
20 remember we have had Teledoc. You could  
21 call up and 15 minutes and with no  
22 co-pay. Well, Telehealth now is -- has  
23 come on and your individual doctor's

1 offices can participate in Telehealth and  
2 have a Telehealth visit with you.

3 And so, those are being  
4 evaluated every 90 days for continuance.  
5 But, if you will look at the middle  
6 column, all this is covered at a hundred  
7 percent. Okay. So, the member doesn't  
8 have an out-of-pocket cost.

9 And if it's inpatient, then it's  
10 only effective through June the 1st. And  
11 then the Telehealth and the other  
12 outpatients are going to be reevaluated  
13 every 90 days.

14 So, most of this is related to  
15 COVID. But there are some things, the  
16 Telehealth visits for nonCOVID-19, with a  
17 Teledoc, your physicians, specialists,  
18 mental health, substance abuse, physical  
19 therapy, and speech therapy and  
20 occupational therapy, those co-pays are  
21 covered at 100% if you go in-network.

22 We have also allowed on the  
23 pharmacy side, refill too soon, so that



1 if somebody is going to the pharmacy just  
2 once, then they can go ahead and get  
3 their prescription filled, even if it's a  
4 few days early. That will end, I think,  
5 at the end of this month, also. Unless  
6 we decide that, you know, the situation  
7 is such that we need to extend it. Okay?

8 So, those are excellent. And  
9 one thing that I am sure that you have  
10 been hearing, and that we have been very  
11 sensitive to here, is the mental health  
12 and the substance abuse effect of this  
13 stay-at-home order. So, I think that by  
14 giving the Telehealth visits on the  
15 mental health and the substance abuse at  
16 a zero-dollar co-pay has been helpful for  
17 our membership.

18 If you turn over to page 51, you  
19 will see that VIVA has also done  
20 similarly exactly the same thing that  
21 Blue Cross has. And then finally on page  
22 52, we are looking at Humana. And one  
23 thing that we are so happy that Humana

1 has done is that if a person calls in and  
2 they are concerned about being able to  
3 get food, Humana is providing food  
4 delivery for our membership -- our  
5 Medicare eligible membership that is  
6 having issues.

7 So, if you will look on the  
8 side, the primary care behavioral health  
9 covered at 100%, COVID-19 testing in lab  
10 covered at 100%, the office facility  
11 visit that's tied to the testing, 100%.  
12 Even Telehealth visits for non-COVID  
13 reasons, covered at 100% and the early  
14 refills. And not only all of this, but  
15 they are -- Humana is also sending a  
16 safety kit, mailing a safety kit with two  
17 masks in it, to all of our members who  
18 are on Humana, so that if they have to go  
19 out they will -- we will be assured that  
20 they have those masks available.

21 Then page 54, there are -- the  
22 Cares Act did sign in some improvements  
23 in the benefits related to our spending

1 accounts, Health FSA spending accounts.

2 So, now you can process  
3 over-the-counter drugs and medicines  
4 without a doctor's prescription to be  
5 covered on your Health FSA, and menstrual  
6 care products will also be covered  
7 through the FSA.

8 The other good thing related to  
9 this is that people who are actives may  
10 now be at home and not need childcare.  
11 So, to let you know about the dependent  
12 care accounts, if they have the dependent  
13 care, they can make a qualifying life  
14 event related to this, if their situation  
15 is such that they would be able to reduce  
16 the amount that they are having for the  
17 dependent care account because of this.

18 And then, one other measure is  
19 on page 55, just for your information.  
20 The IRS and the Department of Labor  
21 Employee Benefits Security  
22 Administration, on April 29th, issued  
23 some requirements for certain

1 organizations related to COBRA and the  
2 payment period, and qualifying -- other  
3 qualifying life events. This is not  
4 required of PEEHIP. Okay? We don't fall  
5 under this.

6 The Health and Human Services  
7 Administration is encouraging agencies  
8 like us, that are not required, to adopt  
9 them. What we have come to understand is  
10 that some are adopting. Some are looking  
11 to see to what extent they might want to  
12 adopt, or whether there processes and  
13 procedures would even lend it easily and  
14 be reasonable for adopting. We are still  
15 in the talking phases on this, and what  
16 should we do, what would be best for our  
17 membership.

18 I just wanted to let you know  
19 that and see if you have any questions  
20 related to what we are doing for  
21 COVID-19, to help our members. That's  
22 our goal, to make sure that our members  
23 get the healthcare that they need.

1                   CHAIRMAN HALLMARK: Thank you for  
2 your report, Diane.

3                   At this time are there any  
4 questions or comments that need to be  
5 made? Dr. Brown?

6                   DR. SUSAN BROWN: Thank you,  
7 Mr. Chairman. I do have a question to  
8 Diane about, you mentioned that some of  
9 these things about the Teledoc and the  
10 filling prescriptions earlier than normal  
11 would be reevaluated and some may end at  
12 the end of this month, which is, I guess  
13 about a little over 15-days away.

14                  So, when do you expect that to  
15 occur, like, your reevaluation of that,  
16 and will it be clearly communicated to  
17 the employees in a timely manner so that  
18 if they need to do something before it  
19 ends they can.

20                  MS. DIANE SCOTT: Well, certainly  
21 we will be evaluating -- and we will be  
22 working together with Blue Cross,  
23 MedImpact, to make a determination. We

1 haven't seen -- We have seen some people  
2 filling their prescriptions earlier, but I  
3 think that now pharmacies are giving  
4 curbside service. There is a lot of  
5 delivery. We are just going to assess  
6 where we are in the State of Alabama where  
7 our membership is and what has been the  
8 behavior, because we do have artificial  
9 intelligence to see what's really going on  
10 and how things are being utilized.

11 And I think that Blue Cross  
12 having a greater, you know, presence in  
13 the state of Alabama, they will know more  
14 even than we do.

15 So, but, yes, there will be  
16 communication -- I think there is a lot  
17 of this on our website. Members didn't  
18 really have to even know that we were  
19 lifting the refill too soon. Okay. It's  
20 just that they were going to the pharmacy  
21 and decided to go ahead and try to get  
22 their medication, and they were able to.

23 DR. SUSAN BROWN: Right. I

1 appreciate that.

2 MS. DIANE SCOTT: Whatever we do  
3 will be in the best interest and be as  
4 transparent to the membership as possible.

5 DR. SUSAN BROWN: Thank you. And  
6 also, on that Flex account on the changes,  
7 we used to be able to do non-prescription  
8 drugs, and then it changed, but now it  
9 appears we can do non-prescription drugs.  
10 But in the statement, I think it said you  
11 were going to be doing an itemized list,  
12 because right now do we know which drugs  
13 could be applied to the Flex account and  
14 which cannot as far as over-the-counter?

15 MS. DIANE SCOTT: There is a --  
16 There is a website, and I think that that's  
17 also on our -- on our website you can go to  
18 the FSA store, and you can look to see if  
19 your -- the prescription or the  
20 over-the-counter is covered or not. But  
21 you wouldn't have to have a doctor's  
22 prescription.

23 DR. SUSAN BROWN: So, it's not all

1 over-the-counter? Just certain ones?

2 MS. DIANE SCOTT: I would have to  
3 dig deeper and look at that, but I can do  
4 that for you and get -- let the Board know.

5 DR. SUSAN BROWN: Okay. Thank  
6 you. And then, on the other thing you  
7 mentioned about the Cares Act, some of the  
8 recommendations that they are recommending  
9 but that are not required to do, you said  
10 that you were going to be looking at those  
11 and studying those to see which would be  
12 best for us and our plan.

13 So, would the Board then have to  
14 vote on that? Or once you-all make that  
15 determination, would it be automatic?

16 MS. DIANE SCOTT: Well, that's not  
17 part of the Cares Act. That was just IRS  
18 and the Department of Labor agency's  
19 recommendations. This was outside of the  
20 Cares Act. So, they don't have  
21 jurisdiction over our plan, because it was  
22 really for ERISA.

23 So, we are -- if we are going to



1 relax something and make it more  
2 beneficial to the employee, no, you will  
3 not have to -- to vote on it.

4 DR. SUSAN BROWN: Once the staff  
5 looks into it, then it can be automatic?

6 MS. DIANE SCOTT: Yes.

7 DR. SUSAN BROWN: Okay. Thank  
8 you.

9 CHAIRMAN HALLMARK: Any other  
10 questions or comments at this time?

11 (No response).

12 CHAIRMAN HALLMARK: Okay. Thank  
13 you, Diane.

14 MS. DIANE SCOTT: Thank you.

15 CHAIRMAN HALLMARK: We are going  
16 to ask Dave to come up and do Part B, and  
17 this is the Blue Cross Blue Shield Enhanced  
18 Mental Health and Substance Abuse Benefits.

19 **BLUE CROSS BLUE SHIELD ENHANCED**  
20 **MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS**

21 MR. WALES: Good morning,  
22 Mr. Chairman and members of Board. I am  
23 going to have a few agenda items for you

1           today. We are going to start on page 58,  
2           the Blue Cross Blue Shield Enhanced Mental  
3           Health Substance Abuse Benefits.

4                        So, before we get into our  
5           recommendations around mental health and  
6           substance abuse, I want to give you some  
7           background on how these benefits are  
8           structured by category. And then we are  
9           going to walk through each category and  
10          take a look at what our recommendations  
11          are and take a look at what the  
12          associated financial impact would be for  
13          those recommendations.

14                      So, in general, benefits are  
15          divided into a couple of categories:  
16          There are inpatient benefits, and there  
17          are outpatient benefits. They are then  
18          further divided between the facility  
19          charges for those inpatient benefits, and  
20          the facility charges for those outpatient  
21          benefits, and then the physician charges  
22          for both inpatient and outpatient.

23                      Now, PEEHIP currently has

1 coverage for all of these, but we've been  
2 doing a lot of research as of late with  
3 our vendor partners, Blue Cross Blue  
4 Shield, their behavioral health provider  
5 called New Directions Behavioral Health,  
6 and other clinicians and professionals in  
7 the mental health substance abuse space,  
8 and it's been brought to our attention  
9 and we agree that there are room -- that  
10 there is room for improvement in these  
11 benefits.

12 There is room to enhance benefit  
13 to provide more access. There is room to  
14 make the access we have smoother and  
15 easier for our members to obtain, and  
16 there is room to make it more affordable  
17 for our members.

18 So, that's what I am going to be  
19 talking to you about today. So, that  
20 kind of sets up the "how" of mental  
21 health, substance abuse's structure.

22 But I want to draw your  
23 attention to -- and I'm sorry, my page

1 numbers are very small here -- page 60.  
2 And you are going to see an info-graphic,  
3 and this kind of drives home the "why"  
4 mental health, substance abuse is  
5 important. And, of course, we are all  
6 very cognizant of this in consideration  
7 of Coronavirus and how that has affected.  
8 As Diane said earlier, the mental health  
9 of our nation and our membership.

10 But there is two things I want  
11 to draw your attention to on this slide.  
12 And I know there is a lot of statistics.  
13 But the first is that one in five adults  
14 in America have got mental health issues,  
15 or substance abuse issues. And the  
16 second is that, of those folks that have  
17 mental health or substance abuse issues,  
18 one out of 25 have it to a degree of  
19 severely. So, this is something that is  
20 prevalent, and this is something that is  
21 seriously affecting a significant number  
22 of people.

23 Furthermore, often when we meet

1 with clinicians from our vendor partners,  
2 they will advise us that there is a  
3 correlation between medical health and  
4 mental health.

5 And so, if you will consider  
6 someone who might be a diabetic and who  
7 has checking blood sugar, taking insulin,  
8 other medications, things that they have  
9 to do on a daily basis to manage their  
10 condition, it becomes more difficult for  
11 them to do so if they also have to fight  
12 the battle of mental health benefits.

13 So, let's jump into our  
14 recommendations to better equip our  
15 members to deal with these mental health,  
16 substance abuse issues. And if you will  
17 look at page 61, this starts with the  
18 inpatient side. And, remember, we talked  
19 about the divisions between inpatient and  
20 outpatient.

21 So, we will first look at  
22 inpatient facility. And this is when  
23 members would be admitted into a mental

1 health substance abuse facility so that  
2 they are overnight. They are staying  
3 there. And the left side of your page  
4 shows our current benefits, and you can  
5 see we have a graduated benefit scale.  
6 There is a co-pay charge that escalates  
7 the longer that a member stays in the  
8 facility.

9 There is also currently a 30-day  
10 per plan year limit that is combined  
11 between mental health and substance  
12 abuse. So, if you are admitted for  
13 mental health, than counts towards the  
14 30. And then if you are admitted for  
15 substance abuse, that also counts towards  
16 the 30 days. So, it's not -- not  
17 currently a separate counter of the 30  
18 days.

19 Specifically for substance  
20 abuse, there is a couple of more limits.  
21 There is only one admit allowed per plan  
22 year. So, if you are admitted for  
23 substance abuse currently, even if you

1 are only in the facility for a couple of  
2 days, and you have not reached your  
3 30-day limit, you cannot be readmitted  
4 and be covered for substance abuse in the  
5 same plan year, because we currently have  
6 just one admit per plan year. There is  
7 also only a two admit per lifetime limit  
8 for substance abuse.

9 Substance abuse facilities are  
10 also not covered except when that  
11 facility is in Alabama, and it's  
12 in-network. And, of course, pre  
13 certification is required to ensure that  
14 there is a clinical medical necessity for  
15 that admission.

16 So, looking over at the right  
17 side of the page, the staff  
18 recommendations, we propose removing the  
19 two admit per lifetime limit for  
20 substance abuse to allow more access to  
21 folk that need to get treatment for this.  
22 We also propose removing the one admit  
23 per plan year limit for substance abuse,

1 so that members can take advantage of the  
2 full 30 days that is within the benefit.  
3 If they need to do so a few days at that  
4 time throughout the year, they don't have  
5 to take it all in one bulk 30-day  
6 stretch.

7 On the mental health side, we  
8 propose removing the 30-day per plan year  
9 limit for mental health to increase  
10 access there. And then, we would like to  
11 no longer aggregate the two days towards  
12 the 30. So, that if members have days,  
13 and mental health is not counting toward  
14 the 30-day limit for substance abuse.

15 Blue Cross Blue Shield has given  
16 us their estimated range of financial  
17 impact for this, and specifically on  
18 inpatient facility would be \$800,000 to  
19 \$2 million, as notated on the bottom  
20 right of your slide.

21 So, stay in that inpatient  
22 space, let's now look at the physician  
23 side. So, we talked about our



1 recommendations for the facility. Now  
2 let's take a look at our recommendations  
3 for the physician.

4 The same format on page 62, you  
5 can see our current benefit on the left  
6 side of your page. We currently cover  
7 80% of the physician charge subject to  
8 the calendar year deductible. And  
9 coverage is only available for 30 days a  
10 year.

11 So, looking over at the staff  
12 recommendations on the right, we would  
13 like to increase the 80% coverage to 100%  
14 coverage, and we would like to do so at a  
15 zero-dollar co-pay for the physician  
16 charge for the inpatient stay. And this  
17 aligns it with the medical benefits.

18 So, over on the medical side, if  
19 somebody is admitted into a hospital for  
20 a medical reason, there is no co-pay to  
21 them for the physician charge of that  
22 admission. So, we want to bring into  
23 alignment the two types of admission so

1           that there is the same experience on the  
2           mental health, substance abuse admission  
3           as it is on the medical side.

4                         We also want to correspond our  
5           physician day limit with the same as the  
6           facility day limit. So, in the previous  
7           page, it talked about our proposal was to  
8           remove the 30-day limit on the facility  
9           for inpatient mental health. We want to  
10          also remove the 30-day per plan year  
11          physician limit, so that if the Board  
12          does agree to remove the 30-day limit  
13          mental health facility, there is still  
14          coverage for the physician if they are  
15          there beyond 30 days; that they naturally  
16          track together.

17                        Again, Blue Cross Blue Shield  
18          provided to us the estimated financial  
19          impact of \$750,000 to \$1.25 million.

20                        Okay. So, that wraps up the  
21          inpatient side, so now we will take a  
22          look at the outpatient side. But before  
23          we get into the recommendations there, I

1 want to define a couple of terms because  
2 there are some technical terms here when  
3 we talk about out-patient benefits, and  
4 those terms are "partial  
5 hospitalization", and "intensive  
6 outpatient therapy."

7 So, basically, when I am talking  
8 about outpatient, outpatient facility, if  
9 you will consider the entry level of  
10 treatment for mental health, substance  
11 abuse would be going to see a provider,  
12 going to their office, getting some  
13 counseling, some treatment, and then  
14 going back to your home, right? So, the  
15 top-level treatment would be the  
16 inpatient, which we just talked about,  
17 which would be admitted into a facility,  
18 staying there overnight for multiple  
19 days.

20 In between the two is the  
21 outpatient facility where members go to a  
22 facility during the day, they will stay  
23 multiple hours during the day for

1 multiple days a week for multiple weeks,  
2 but they are still going back to their  
3 home at night. They can still be engaged  
4 in their school, their work when they are  
5 away from the facility. So, it's not  
6 quite inpatient, but it's more intense  
7 than just going to an office and seeing a  
8 counselor. So, it's in between.

9 And then it's further divided:  
10 The lower tier of intensity is called  
11 "intensive outpatient." You can see on  
12 page 63, it defines that. It's typically  
13 a few hours a day for a few days a week,  
14 potentially for multiple weeks. And  
15 then, kind of one click up from that is  
16 partial hospitalization, which is more  
17 hours per day, more days per week, more  
18 intensive treatment. Excuse me. I  
19 clicked away from my slide here.

20 All right. So, we will get into  
21 now what our recommendations are for the  
22 outpatient facility. I'm going to cover  
23 both slides, 64 and 65 at the same time,

1           because these are both the same  
2           recommendations for the outpatient  
3           facility. And the left side of your page  
4           will illustrate what our current benefit  
5           is, and currently there is no benefit for  
6           outpatient facility. Now, that doesn't  
7           mean we don't provide coverage for this  
8           currently for our members.

9                        The way we do it currently is  
10           under what's called a single case  
11           agreement. So, when it's determined that  
12           a member needs treatment in an outpatient  
13           facility, they need either intensive  
14           outpatient or partial hospitalization.  
15           Blue Cross Blue Shield works with New  
16           Directions, their behavioral health  
17           vendor; they determine medical necessity,  
18           clinical appropriateness; then they work  
19           with the member, they work with the  
20           facility, they work with the provider;  
21           they determine what the level of  
22           treatment is going to be; they determine  
23           what the payment is going to be, what the

1 charge of the member is going to be; and  
2 they have to obtain signatures from  
3 everybody involved and execute that  
4 single case agreement.

5 So, it's a one-by-one approach  
6 to providing this coverage to members.  
7 And we currently do provide coverage to  
8 members. However, we are -- have to go  
9 through this administrative burden to  
10 connect the benefit to the members.

11 So, the PEEHIP recommendation,  
12 in a nutshell, is to no longer go through  
13 these administrative steps, but rather to  
14 just make this a covered benefit, because  
15 effectively we are going to be doing the  
16 same thing we are doing today. We are  
17 providing this coverage to members, but  
18 we are going to be doing it more smoothly  
19 and without the hassle of going through  
20 the single case agreement.

21 Also, currently, for members  
22 that are getting either partial  
23 hospitalization or intensive outpatient,

1           there is a \$20.00 per day co-pay. But if  
2           you remember, these treatments can be up  
3           to seven days a week, and they can be  
4           multiple weeks. So, that \$20.00 can  
5           really add up quick.

6                        So, our recommendation is to  
7           bring this more into alignment, again,  
8           with the medical side where is there is  
9           flat outpatient facility co-pay of \$150,  
10          which we think will be much more  
11          advantageous to our members who need to  
12          seek this treatment.

13                       The estimated financial impact,  
14          by Blue Cross Blue Shield, again, we  
15          expect this to be marginal because we are  
16          already covering and paying for this  
17          today. We are just doing it in a way  
18          that is not as smooth or as easy for our  
19          members to get there.

20                       All right. So, that addresses  
21          our recommendations on outpatient  
22          facility, and let's wrap up this section  
23          by looking at outpatient providers. So,

1 we talked just a minute ago about how the  
2 different tiers of a treatment that's  
3 accessible. There is the top layer,  
4 which is being admitted to an inpatient  
5 facility. There is then the outpatient  
6 treatment, where you are there for  
7 multiple days a week, multiple hours a  
8 day. And then there is going to see, in  
9 an office, a mental health or substance  
10 abuse provider, like a licensed counselor  
11 or social worker, therapist, phycologist,  
12 psychiatrist, so forth.

13 So, our current benefit for  
14 going to those office visits and getting  
15 the treatment is, we have a \$50 co-pay,  
16 then we have a 12-visit per limit  
17 maximum. Now, just a side note, we also  
18 have coverage available at community  
19 centers -- community mental health  
20 centers, and our members can visit one of  
21 these community mental health centers for  
22 a \$10 co-pay, and they have a 20-visit  
23 per year maximum at the community mental



1 health centers. We feel like we have  
2 adequate coverage there, and that's doing  
3 what it's intended to do, so we are not  
4 recommending any changes at those  
5 community centers. However, at the  
6 office visits -- the in-network office  
7 visits, we do have recommendations you  
8 will see on the right side of page 66.

9 So, in consideration of the  
10 current \$50 co-pay, we feel that could be  
11 a barrier to treatment, especially  
12 considering this is the first step of  
13 treatment, this is the first line of  
14 treatment before members may escalate to  
15 more intensive, more time consuming and  
16 more costly treatment after that.

17 So, we would like to lower the  
18 \$50 co-pay to \$15 for the Blue Choice --  
19 the office visits, the behavioral health  
20 providers. We also want to increase the  
21 visit limit from 12 visits per year to 24  
22 visits per year, because we have been  
23 advised that typically there is a couple

1 of visits per month for these members, is  
2 kind of a standard protocol of how  
3 treatment is done. So, we want to  
4 provide the capacity for members to  
5 achieve kind of that standard best  
6 practice.

7 Additionally, we want to have a  
8 path for even more visits if it's  
9 determined clinically necessary. So, we  
10 don't want to have just a hard stop of  
11 24, and that's it, but we want to have a  
12 procedure in place if it's clinically  
13 appropriate as reviewed and determined by  
14 Blue Cross and New Directions that  
15 members can exceed the 24. And then  
16 again, no change to the coverage at the  
17 community mental health centers.

18 Blue Cross Blue Shield provided  
19 to us the financial impact of this, \$1.5  
20 million to \$2.75 million.

21 Okay. So, on page 67, we have  
22 walked through each category of mental  
23 health, substance abuse benefits with our

1 recommended proposals. And so, this  
2 slide simply sums it up. And so, we are  
3 trying to do is to bring into alignment  
4 the current PEEHIP mental health,  
5 substance abuse benefits into the level  
6 of quality and richness that the PEEHIP  
7 medical and pharmacy benefits currently  
8 are for our members.

9 So, again, to run through very  
10 quickly on the inpatient side, we propose  
11 removing the two admit per lifetime  
12 limit, and the one admit per plan year  
13 limit for substance abuse. We would like  
14 to remove the 30-day per plan year limit  
15 for mental health, and we want to no  
16 longer count these two together so that  
17 each can be counted separately.

18 For the inpatient physician,  
19 rather than covering at 80% like we do  
20 today, we would like to cover at 100%,  
21 with a zero-dollar co-pay. And we would  
22 also like to correspond the inpatient  
23 physician with the inpatient facility so

1 that we remove the 30-day per plan year  
2 limit for mental health.

3 On the outpatient side, for the  
4 facility for the partial hospitalization,  
5 and the intensive outpatient, we are  
6 providing this to our members today, but  
7 we are not doing it in the most efficient  
8 manner. And so, we propose instead of  
9 going through continuing the single case  
10 agreements, we simply add this as a  
11 benefit, which would still carry the same  
12 precertification to protect us from any  
13 potential waste or abuse.

14 And then on the office visit  
15 side, the outpatient behavioral health  
16 providers, we would like to lower the \$50  
17 co-pay to a \$15 co-pay and increase the  
18 visit limit from 12 to 24.

19 The sum total of all these  
20 changes for Board approval would be  
21 \$3,00,050,000 to \$6 million. And that's  
22 what I have for you to vote on today.

23 CHAIRMAN HALLMARK: Thank you,

1 Dave. I think it's an excellent report.  
2 And I really appreciate what the staff has  
3 done with these recommendations, especially  
4 lowering co-pays. I think sometimes our  
5 members always fear about increasing in  
6 areas, but to see lowering co-pays, and  
7 plus allowing more visits and us be able to  
8 still save money, I think it's really good  
9 to see.

10 At this time, do we have any  
11 comments, or anybody have any questions?

12 DR. VAN MATRE: This is Joe.

13 CHAIRMAN HALLMARK: Dr. Van Matre?

14 MR. VAN MATRE: I, too, would like  
15 to commend the staff for making these  
16 proposals. This is really nice, and I am  
17 sure it will be approved. Thank you.

18 CHAIRMAN HALLMARK: Thank you, Dr.  
19 Van Matre. Dr. Brown?

20 DR. SUSAN BROWN: Mr. Chairman, I  
21 know in the environment we are in now we  
22 are doing a lot of the Teledoc and a lot of  
23 the visits via platforms similar to what we

1 are using today. Will that also be  
2 covered?

3 MR. WALES: So, I think the  
4 question is, will mental health benefits be  
5 covered on a Telehealth basis? And I am  
6 going to refer back to Diane's presentation  
7 around the adjustments that were made for  
8 Coronavirus.

9 And if you will look at page  
10 50 -- and Diane, sorry I am stepping into  
11 your ballpark here a little bit -- but  
12 you will see there on the chart the Blue  
13 Cross Blue Shield page that Telehealth  
14 visits for non-COVID-19, including mental  
15 health and substance abuse are going to  
16 be covered at 100%, or currently covered  
17 at 100%.

18 So, what that means, it is not  
19 Teledoc, but it's if you have got a  
20 provider of mental health or substance  
21 abuse, you can use their means of  
22 Telehealth to talk to them from comfort  
23 of home and get treatment that way.

1 DR. SUSAN BROWN: But is that only  
2 during the COVID crisis, or will that  
3 continue?

4 MR. WALES: Currently it's just  
5 during this set period. I don't have the  
6 expiration date, and I don't think PEEHIP  
7 has made a decision on if we are going to  
8 adhere to the recommended date by Blue  
9 Cross Blue Shield or what the date would  
10 be. I'm sorry I don't have that for you  
11 today, but I can tell you it's currently  
12 into effect. It's not expired yet.

13 DR. SUSAN BROWN: Thank you.

14 CHAIRMAN HALLMARK: Any other  
15 comments or questions?

16 (No response).

17 CHAIRMAN HALLMARK: Okay. At this  
18 time, we will need a motion to approve the  
19 Blue Cross Blue Shield Enhanced Mental  
20 Health and Substance Abuse Benefit.

21 MR. WHALEY: Ms. Crew.

22 CHAIRMAN HALLMARK: Oh, Ms. Crew.  
23 I have a motion. I need a second.

1 Ms. McCoy.

2 Any comments?

3 (No response.)

4 CHAIRMAN HALLMARK: All in favor  
5 say "aye"?

6 (Board members saying "aye").

7 CHAIRMAN HALLMARK: All opposed,  
8 like sign?

9 (No response.)

10 CHAIRMAN HALLMARK: Ayes carry.

11 All right. Next item is Item C,  
12 the MedImpact prescription drug formulary  
13 updates.

14 **MEDIMPACT PRESCRIPTION DRUG FORMULARY UPDATES**

15 MR. WALES: Okay. Thank you,  
16 Mr. Chairman. So, very quickly, if you  
17 will look to page 69 of your board book or  
18 on Directorpoint, you can see the summary  
19 page for the last quarter of the  
20 prescription drug changes to our formulary  
21 from January 1st, through March 31st.

22 So, Donna always brings these to  
23 you to give you an update on what's been



1 going on in our prescription drug  
2 formulary and points out the savings,  
3 which you can see the savings to the plan  
4 down at the bottom of this page, and also  
5 the savings to the member.

6 And so, we are very pleased with  
7 this performance, because the way in  
8 which that we approach drug formulary  
9 changes is very proactive. We are always  
10 looking at drugs that are coming to  
11 market to consider what the value of  
12 those drugs are in consideration of their  
13 equivalence and to potentially place any  
14 utilization management that may be  
15 appropriate, or exclusion if maybe  
16 appropriate of those drugs before there  
17 is ever utilization of those drugs on our  
18 members.

19 So, the top priority that  
20 everything follows in regards to drug  
21 utilization management and management of  
22 the formulary is to minimize the member  
23 impact as much as possible, and we are

1 even able to do it often with no member  
2 impact at all.

3 So, the last point that I wanted  
4 to make in this section is that any time  
5 there is a negative change to a member  
6 they are always notified at least 60 days  
7 in advance, and their prescribing  
8 physician is also notified 60 days in  
9 advance telling them what the change is  
10 and notifying them of what their  
11 formulary alternatives are.

12 The following pages go into  
13 greater detail of these formulary  
14 changes, but that concludes my update  
15 around the MedImpact formulary report.

16 CHAIRMAN HALLMARK: Okay. We have  
17 heard Dave give an update on the MedImpact  
18 prescription drug formulary report. Are  
19 there any questions at this time?

20 (No response).

21 CHAIRMAN HALLMARK: Once again,  
22 you know, thank you-all for the updates and  
23 the reports on this.

1 MR. WALES: Yes, sir.

2 CHAIRMAN HALLMARK: We will move  
3 on into Item VI on the agenda. This is the  
4 Wellness Program recommendations, and this  
5 also comes from Mr. Wales.

6 **WELLNESS PROGRAM RECOMMENDATION**

7 MR. WALES: Okay. Thank you. So,  
8 this is the last agenda item I have for you  
9 today. And if you will turn to page 89, I  
10 will just frame up what we are going to be  
11 talking about. We are going to look at the  
12 engagement and what's been going on in  
13 terms of our members' participation in the  
14 Wellness Program so far. We are going to  
15 take a look at what some of the adjustments  
16 have been made this plan year, in light of  
17 the coronavirus. And then we are going to  
18 wrap up by giving you our recommendations  
19 for the upcoming plan year for your  
20 Wellness Program.

21 So, page 90 simply shows the  
22 engagement in the Sharecare website over  
23 the course of the plan year. You can see

1 we are up to about 29,000 folks have  
2 created an online account.

3 Moving forward to page 91, you  
4 can see an update from Pack Health. They  
5 are one of our coaching providers. And  
6 there are some statistics here on this  
7 page, but the one I want to draw your  
8 attention to is the middle one on the top  
9 row that is around average weight,  
10 because the target that we are trying to  
11 hit with these coaching programs often  
12 comes back to, if you will remember from  
13 previous board meetings, a 3% to 5%  
14 reduction in body weight, because that's  
15 where all the data points to, the most  
16 significant reduction in risk of negative  
17 health outcome.

18 So, in a nutshell, what we are  
19 trying to do is reduce body weight by 3%  
20 to 5%. And so, the folks that have been  
21 engaging in Pack Health, you can see  
22 their weight before getting into the  
23 program on average 225, and then the

1 weight after being engaged with Pack  
2 Health, down to 219. So, they are honing  
3 in on that target of 3% to 5% very  
4 nicely.

5 Similar story on page 92 with  
6 Naturally Slim. And I want to draw your  
7 attention to this purple chart on the  
8 right side of your page and look at the  
9 top left. You can see that the folks  
10 that have made it through 10 of their  
11 sessions. There's a session every week  
12 in this online Naturally Slim program.  
13 The folks that have made it to 10 are  
14 losing about seven pounds, which is just  
15 very near 3% of their body weight. So,  
16 that's hitting the target, and we are  
17 excited to see that.

18 CHAIRMAN HALLMARK: And that's  
19 seven pounds over what time limit?

20 MR. WALES: At least 10 weeks.

21 CHAIRMAN HALLMARK: At least 10  
22 weeks?

23 MR. WALES: Yes, sir. So, the

1 folks over at Naturally Slim also did a  
2 projection saying that if the people that  
3 are engaged in this program continue to  
4 engage in this program going forward, they  
5 are seeing even greater weight loss six  
6 months out. They would anticipate a 3.5%.

7 So, all that to say, we know  
8 that these coaching programs work. It's  
9 just the difficult part is getting member  
10 engagement. And so, we are going to talk  
11 a little bit more about driving that  
12 member engagement in just a few slides  
13 later.

14 But if you will turn to page 93,  
15 I want to give you a quick update on what  
16 Blue Cross Blue Shield has been doing for  
17 us with their marketing campaign, which  
18 they call Chews Wisely, Alabama. If you  
19 remember from previous board meetings, we  
20 talked about Chews Wisely. This is  
21 completely put on by Blue Cross that  
22 PEEHIP gets to enjoy the benefits of.

23 So, we don't have a contract for

1 Chews Wisely; we are not paying any money  
2 towards Chews Wisely, but it's directly  
3 benefiting our PEEHIP members. And it's  
4 a marketing campaign that's designed to  
5 educate and entertain folks towards  
6 making better decisions around what they  
7 cook and what they eat.

8 So, we talked last Board meeting  
9 about how we were going to email the  
10 membership with a welcome video about  
11 what Chews Wisely, Alabama is all about.  
12 We did send that email, and you can see  
13 some statistics. There was a significant  
14 increase on the traffic of their website.  
15 It was also encouraging to see that the  
16 folks that visited the website, almost  
17 all of them viewed at least two pages, so  
18 it wasn't a quick bring it up and exit  
19 out; there was actually some browsing  
20 there.

21 And then they had an increase in  
22 their social media following, which is  
23 something that we and Blue Cross were

1 excited to see, because that's how you  
2 connect with folks and really be able to  
3 converse with them going forward.

4 Also, we were planning a rather  
5 significant event this summer at the Mega  
6 Conference. Unfortunately, due to  
7 coronavirus the Mega Conference had to  
8 cancel this year. But Chews Wisely,  
9 Alabama is working with Alabama celebrity  
10 chefs and was looking to put together a  
11 pretty special event down there for  
12 PEEHIP members. And when I say Alabama  
13 celebrity chefs, think folks from Alabama  
14 who have been on, say, like Food Network  
15 competition shows, things like that.

16 So, we are aiming to put this  
17 back together next summer, and we think  
18 it will be a really fun exciting event  
19 for PEEHIP members.

20 All right. So, page 94 moves  
21 into the adjustments we have made in this  
22 plan year regarding coronavirus. And so,  
23 we have waived the wellness screening



1 requirement this plan year for all  
2 members who are incomplete this year for  
3 their wellness screening. So, that means  
4 no member right now, if they have not  
5 gotten their screening yet, they don't  
6 have to go get that screening; it's been  
7 waived.

8 And we are also waiving the  
9 health coaching requirement. We have not  
10 announced the health coaching requirement  
11 waiver yet, but that will go in next  
12 month's PEEHIP "Advisor", announcing to  
13 members that the health coaching has been  
14 waived.

15 However, a quick note about  
16 health coaching. Just because it's  
17 waived doesn't mean it's unavailable.  
18 It's still there on a voluntary basis,  
19 because we understand there are some  
20 folks that are more health cognizant  
21 during this time. They might be  
22 considering, you know, what can I do  
23 about my cholesterol, my blood pressure,

1 my weight, whatever it is. So, we are  
2 still going to have that benefit there  
3 available to them if they want to  
4 participate.

5 All right. So, on page 95, now  
6 that we have talked about what's been  
7 happening to date, let's turn our eyes to  
8 what we are recommending in the future.

9 And so, we talked about how the  
10 health coaching programs work, and the  
11 difficult part simply being getting  
12 members to participate in health coaching  
13 programs, getting them to engage and  
14 really buy into these programs.

15 And so, we have had a lot of  
16 conversations with our vendor partners --  
17 Blue Cross Blue Shield, Naturally Slim,  
18 Pack Health, and our consultants --  
19 around, you know, how do you get folks to  
20 view these programs as a benefit instead  
21 of a requirement. And, you know, it  
22 might seem obvious at this point, but one  
23 way is to not make it a requirement.

1                   And so, before I get back to  
2                   what we are talking about regarding  
3                   motivating behavior, I want to start by  
4                   saying our recommendation for the  
5                   wellness screening is to keep that a  
6                   required activity, and we have had that a  
7                   required activity in the wellness program  
8                   since the beginning. It's been very  
9                   successful, and the Department of Public  
10                  Health does an excellent job with those  
11                  screenings.

12                  But back to health coaching,  
13                  today it's a required activity, or it's  
14                  been a required activity to date. You  
15                  know, we are going to waive it for this  
16                  plan year, but going forward into next  
17                  plan year we recommend making it an  
18                  optional activity, so that members do not  
19                  have to participate in health coaching if  
20                  they don't want to, but those that do  
21                  want to do on a voluntary basis, and they  
22                  are doing it of their own accord. They  
23                  are self-selecting into that program,

1           which we think will yield better results.

2                       And we also want to kind of  
3           repackage what health coaching, you know,  
4           the image of it that it is to the  
5           members. Because today -- it's so far  
6           been a required activity, but now we want  
7           the make it more of an available benefit  
8           to members.

9                       So, we have been talking with  
10          our vendors around such things as limited  
11          availability in these programs. We  
12          currently have limited availability in  
13          these programs. And what we do is we  
14          send a letter to everybody that has made  
15          the identification list by Blue Cross  
16          Blue Shield saying you have been  
17          identified. But going forward, rather  
18          than doing that, we would keep the same  
19          number of seats. But rather put it out  
20          there to members, that, hey, there is  
21          this program available. However, there  
22          is limited availability. Therefore, we  
23          encourage you to sign up today if you

1 would like to do so.

2 Also, programs like Naturally  
3 Slim advocate for only certain start  
4 times throughout the year, so it creates  
5 a sense of urgency. You know, a thought  
6 of, hey, I better sign up for this today,  
7 or else I'm not going to be able to do so  
8 until, you know, for example, three  
9 months down the road.

10 So, I want to draw a little  
11 parallel. You know, how many of you --  
12 and I know I have done this. How many of  
13 you bought meat in the last couple of  
14 months, even though you didn't need meat?  
15 Right? So, the reason that you probably  
16 did so is because you had an idea that at  
17 some point in the future you wouldn't be  
18 able to get meat, right?

19 So, it's a strong motivator, the  
20 idea that you might lose a benefit that  
21 is there available for you today. And  
22 so, we of kind of want to just leverage,  
23 to some degree of that, to make health

1 coaching more attractive to our members.  
2 But, again, I want to be clear that we  
3 want to move health coaching from a  
4 required activity to an optional  
5 activity.

6 Now, if the -- so, that's what I  
7 am going to be bringing to you for Board  
8 approval. If the Board does approve  
9 these recommendations, the wellness and  
10 disease management contracts for  
11 Sharecare and specifically the disease  
12 management contract of Blue Cross Blue  
13 Shield would no longer be required for  
14 our membership and, therefore, would  
15 expire September 30, 2020, and would not  
16 be renewed.

17 So, moving forward, to sum it  
18 up, on page 96, you can see the chart at  
19 the top of the page. I just kind of laid  
20 it out what the required activities are  
21 this year, what the required activities  
22 will be next year. We would like to keep  
23 the wellness screening as a required

1 activity, and we would like to move  
2 health coaching to be an optional  
3 activity; and, again, not because we  
4 don't believe in health coaching. We  
5 believe strongly in health coaching. We  
6 have seen results from health coaching.  
7 We just want it make it more attractive  
8 to folks, more fun to folks, more of a  
9 benefit for folks.

10 So, the staff recommendation is  
11 effective October 1, 2020. The wellness  
12 screening will be the only required  
13 activity for all members eligible for the  
14 PEEHIP Wellness Program. Completing the  
15 wellness screening by the annual August  
16 31st deadline will earn the waiver of the  
17 \$50 monthly wellness premium.

18 Remove health coaching as a  
19 required activity for all members  
20 eligible for the PEEHIP Wellness Program,  
21 and instead offer it on a voluntary  
22 basis. So, coaching will no longer be  
23 required to earn the \$50 wellness premium

1 for any member.

2 CHAIRMAN HALLMARK: Dave, I thank  
3 you for the report. And I also want to  
4 commend you-all again, for, you know, what  
5 you-all have tried to do by listening to  
6 people and seeing what may be best for our  
7 members and the program at the same time  
8 and, you know, requiring us to still -- to  
9 continue having the health screening is  
10 extremely important. I really believe that  
11 has a big impact on our health.

12 Going back to the other items,  
13 making them voluntary, I still think you  
14 will see people use that. I still think  
15 they will -- some will, but then you will  
16 some than won't. But it is out there for  
17 it to be used, and I do appreciate that  
18 you-all continue giving our members the  
19 opportunity to participate in that, as  
20 well. But thank you, so much, for what  
21 you are doing.

22 MR. WALES: Yes, sir. Thank you.

23 CHAIRMAN HALLMARK: I am going to



1 need a motion to approve the Wellness  
2 Program enhancements for FY-2020.

3 Mr. Whaley has made that motion. I have a  
4 second by Ms. McCoy. I need some comments  
5 or questions at this time from anyone? Any  
6 comments?

7 (No response).

8 CHAIRMAN HALLMARK: All in favor  
9 say I "aye."

10 (Board members saying "aye").

11 CHAIRMAN HALLMARK: All opposed,  
12 like sign.

13 (No response).

14 CHAIRMAN HALLMARK: Ayes carry.  
15 Thank you Dave.

16 Let's move on to Part B, the  
17 ADPH FY-2021 budget request.

18 **ADPH FY2021 BUDGE REQUEST**

19 MR. WALES: Yes, sir. Thank you,  
20 Mr. Chairman. So, this is a simple annual  
21 recurring business item that you will find  
22 on page 103 of your board book, and it  
23 allows funding to be set aside for the

1 Alabama Department of Public Health to  
2 continue to perform the great services that  
3 they do for our members. They give our  
4 members wellness screenings in their  
5 workplaces. They give our members wellness  
6 screenings at county health departments.  
7 They also give out a great number of flu  
8 vaccines to both PEEHIP covered children,  
9 and PEEHIP covered adults.

10 So, the total amount you see on  
11 this page, \$7.8 million is not indicative  
12 of a guaranteed expenditure, but rather  
13 it is a budgetary cap, or a ceiling,  
14 meaning PEEHIP can pay up to that amount  
15 for these services from ADPH, but  
16 possibly would pay less than this amount  
17 for these ADPH services.

18 So, what I bring to you for  
19 Board approval is this budgetary  
20 allotment for the ADPH contract.

21 CHAIRMAN HALLMARK: Okay. Thank  
22 you, Dave.

23 All right. At this time, we

1 will need a motion to approve the ADPH  
2 FY-2021 budget. We have a motion by  
3 Ms. Mobley. A second by Mr. Twilley.

4 Any comments or questions at  
5 this time?

6 (No response).

7 CHAIRMAN HALLMARK: All in favor  
8 say "aye."

9 (Board members saying "aye").

10 CHAIRMAN HALLMARK: All opposed,  
11 like sign.

12 (No response).

13 CHAIRMAN HALLMARK: Ayes carry.

14 MR. WALES: Thank you,  
15 Mr. Chairman.

16 CHAIRMAN HALLMARK: Mr. Yancey.

17 **CLOSING COMMENTS**

18 MR. YANCEY: Thank you, Mr.  
19 Chairman. Brief comments.

20 PEEHIP is in great shape  
21 financially. You know, no need for any  
22 participant to be concerned about the  
23 negative impact of the market downturn or

1 the pandemic on the PEEHIP program. It  
2 continues to be very stable.

3 PEEHIP and the vendors -- you  
4 know, Blue Cross Blue Shield, MedImpact,  
5 Humana, VIVA -- all made moves during  
6 this period to provide additional  
7 benefits during this period of the COVID  
8 infections, you know, which I think  
9 benefited the members across the board.  
10 More services with zero co-pays.

11 PEEHIP waived screening and  
12 coaching requirements for the remainder  
13 of this year, you know, again to not  
14 require people to go out to doctors and  
15 physicians' offices, hospitals, to get  
16 screenings and possibly be exposed, you  
17 know, to the virus, again, to benefit the  
18 members.

19 You know, one thing for the  
20 Board members I would like to point out,  
21 you know, if you want to look back at  
22 page 36, under the financial update, you  
23 know, again it's something, I don't

1 think, you know, a lot of people notice  
2 or know about, but on that if you look  
3 at, you know, about the second line down,  
4 you will see that in Fiscal Year '08, the  
5 actual appropriation from the State for  
6 PEEHIP was about \$961 million total.

7 This coming year it's going to be  
8 \$946 million. So, it is less total  
9 dollars that the State's appropriating to  
10 pay for PEEHIP in Fiscal Year '20 than it  
11 was in Fiscal Year '08.

12 There are a lot of more people.  
13 If you look down about four or five  
14 lines, you will see total number of  
15 actives and retirees. Active members, we  
16 have actually got about 5,000 less than  
17 we had in 2008. But retirees, we have got  
18 about 30,000 more than we had in 2008.

19 And if you, you know, look over  
20 to the far right in that column, you will  
21 see that the active members and retirees,  
22 the numbers are almost identical. There  
23 is about 98,000 active and retirees.

1           So, you know, this affects the  
2           funding mechanisms since the way the  
3           Legislature appropriates money is based  
4           on a dollar per active member when that  
5           money comes over. That's just a "for  
6           your information" in case somebody, you  
7           know, says we are, you know, costing way  
8           more money than we used to. That's  
9           absolutely not the case.

10           I do want to thank the Board for  
11           approving the mental and nervous and  
12           substantial abuse benefit improvements.  
13           I think that's, you know, needed, and  
14           will be a great benefit to the members.  
15           You know, and, again, we continue to go  
16           forward. We are projecting no  
17           out-of-pocket cost increases for the  
18           active members, assuming nothing dramatic  
19           happens, you know, over the next couple  
20           of years. So, we will see where we are  
21           when we get to Fiscal Year '23. You  
22           know, I know right now we are protecting  
23           a deficit. But, you know, we have got

1 two more years to try to solve that  
2 deficit, and we will continue to work  
3 very hard on that. And, again, I thank  
4 the Board for their support of this  
5 staff.

6 CHAIRMAN HALLMARK: And I do  
7 appreciate, you know, what all you-all do.  
8 And I want to reiterate once again what Mr.  
9 Yancey said.

10 As far as premiums increasing,  
11 this is just what is protected. You  
12 know, we don't foresee premiums  
13 increasing, but we can't tell what the  
14 future is going to be like a year from  
15 now, two years from now.

16 So, you know, I think sometimes  
17 when we mention -- talk about premiums  
18 they think it's set that there won't be  
19 an increase. But certainly, at this  
20 time, we do project that there will not  
21 be one. And I hope that it comes true.

22 So, any other comments?  
23 Mr. Whaley?

1                   MR. WHALEY: I would like to thank  
2                   Mr. Yancey and the staff -- Donna, Dave,  
3                   and Diane, Leura, and Amy -- for really  
4                   listening to our membership regarding the  
5                   Wellness and making adjustments at this  
6                   time, particularly with COVID-19. And we  
7                   really appreciate you-all. A lot of  
8                   behind-the-scenes work went on and people  
9                   just might not know. But we do appreciate  
10                  the staff here. They are very good.

11                  CHAIRMAN HALLMARK: Thank you,  
12                  Mr. Whaley.

13                  Any other closing comments?

14                  (No response.)

15                  CHAIRMAN HALLMARK: Well, there is  
16                  nothing left on the agenda at this time, I  
17                  guess, let me ask, what time can we start  
18                  the TRS meeting?

19                  MR. WHALEY: Fifteen minutes.

20                  CHAIRMAN HALLMARK: Okay. I have  
21                  got 10:31. Let's see if we can't get the  
22                  TRS Board meeting started at 10:45. That  
23                  will give us about 15 minutes. So, at this



1           time, I need a motion to adjourn our PEEHIP  
2           Board meeting. Ms. Showmaker. A second?  
3           Ms. McCoy. Any discussion?

4                                 (No response).

5                         CHAIRMAN HALLMARK: All in favor,  
6           say "aye."

7                                 (Board members saying "aye").

8                         CHAIRMAN HALLMARK: All opposed,  
9           like sign.

10                                (No response.)

11                        CHAIRMAN HALLMARK: Ayes carry.  
12           Meeting adjourned.

13  
14                                (Conclusion of PEEHIP Board  
15           of Control meeting at 10:32  
16           a.m.)

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## 1 REPORTER'S CERTIFICATE

2  
3 STATE OF ALABAMA

4 COUNTY OF ELMORE

5  
6 I, Jeana S. Boggs, Certified Professional  
7 Reporter and Notary Public in and for the State of  
8 Alabama at Large, do hereby certify on Tuesday,  
9 March 10th, 2020, that I reported the meeting of  
10 the PUBLIC EDUCATION EMPLOYEES' HEALTH INSURANCE  
11 PLAN BOARD OF CONTROL; that the foregoing  
12 colloquies, statements, questions and answers  
13 thereto were reduced to 97 typewritten pages under  
14 my direction and supervision; that the above is a  
15 true and accurate transcription of said meeting set  
16 out herein.

17 I further certify that I am neither of  
18 relative, employee, attorney or counsel of any of  
19 the parties, nor am I a relative or employee of  
20 such attorney or counsel, nor am I financially  
21 interested in the results thereof. All rates  
22 charged are usual and customary.

23

1 I further certify that I am duly licensed  
2 by the Alabama Board of Court Reporting as a  
3 Certified Court Reporter as evidenced by the ACCR  
4 number following my name found below.

5 This 14th day of May, in the year of our  
6 Lord, 2020.

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Jeana S. Boggs, CCR  
ABCR NO. 7, 9/30/2020  
Certified Court Reporter and  
Notary Public  
Commission expires: 8/9/2022

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