



NORTH CAROLINA GENERAL ASSEMBLY

Session 2019

Legislative Actuarial Note

Health Benefits

Short Title: Birth Center & Pharm Benefits Mgr. Licensure.
Bill Number: Senate Bill 432 (Fourth Edition)
Sponsor(s):

SUMMARY TABLE

ACTUARIAL IMPACT OF S.B. 432, V.4 (\$ in millions)

	<u>FY 2019-20</u>	<u>FY 2020-21</u>	<u>FY 2021-22</u>
State Impact			
State Health Plan Net Loss	2.2	9.6	10.5
NET STATE IMPACT	\$2.2	\$9.6	\$10.5

The impacts of several provisions are indeterminable, but potentially large. See below for further detail.

The State Health Plan's Net Loss is projected to increase by the amount shown above, decreasing the cash reserves of the Plan. Any deterioration in Plan financials does not directly translate to an increase in State appropriations in the short-run, but is likely to increase appropriations in the long-run. Roughly 57% of premiums paid to the Plan are derived from the General Fund.

ACTUARIAL IMPACT SUMMARY

Part II of the bill, amending regulation of Pharmacy Benefits Managers (PBMs), has a potential actuarial impact on the State Health Plan (Plan).

The bill adds the Plan to the definition of Health Benefit Plan under G.S. 58-56A-1 and therefore the changes in Part II impact the Plan. The Plan uses a PBM, currently CVS Caremark, to administer its prescription drug benefit. The Plan pays the prices and receives the rebates negotiated by the PBM with drug manufacturers and pharmacies, so any change to those prices and rebates has a direct impact on Plan expenditures.

The new G.S. 58-56A-4(c) and (d) inserted by the bill appear to prevent the Plan from requiring that all specialty prescriptions be filled through a single provider, currently CVS Specialty. Using a single provider allows the Plan to negotiate lower prices and better manage utilization. The Segal Company, the consulting actuary for the Plan, estimates that ending the exclusive specialty program would increase Plan expenditures by \$2.2 million in FY 2019-20 and \$9.6 million in FY 2020-21. Hartman & Associates, the consulting actuary for the General Assembly, estimates that

this change would increase Plan expenditures by approximately \$7 million per year. Both actuaries based their estimates on estimates of the impact provided by CVS. The Segal Company stated that CVS' estimate seemed low relative to other states and Hartman & Associates stated that CVS' estimate appeared reasonable.

The actuaries noted that several other provisions in the bill could potentially increase Plan expenditures, but that the impact was indeterminable. The Plan's total pharmacy claims are projected to exceed \$1 billion in 2019 and the Plan is projected to receive almost \$300 million in drug rebates, so even small percentage changes in drug prices, utilization, or rebates could have a large financial impact on the Plan. The provisions with indeterminable impact are as follows:

- The requirement under G.S. 58-56A-3(c1), added by the bill, to count cost-sharing amounts paid on behalf of the member in certain cases by other parties toward cost-sharing requirements under the Plan could reduce member expenditures and increase Plan expenditures. The Segal Company states that the impact cannot be quantified without further information. Hartman & Associates estimates that the impact will be minimal under the Plan's current policies.
- The requirement under G.S. 58-56A-3(d), as amended by the bill, that PBMs disclose certain information in their contracts with insurers could result in that information becoming public and weakening the PBM's negotiating position, resulting in higher prices and lower rebates for the Plan.
- The requirement under G.S. 58-56A-4(d), added by the bill, that PBMs not coerce, steer, or entice a member to certain other entities could limit the PBM's ability to form effective pharmacy networks, potentially weakening the PBM's negotiating position.
- The requirement under G.S. 58-56A-20, added by the bill, that a PBM allow network participation of any willing pharmacy or pharmacy wholesaler could result in less competition and worse contract terms for the PBM that would then be passed on to the Plan.

ASSUMPTIONS AND METHODOLOGY

The actuarial analyses used by each respective consulting actuary are on file with the Fiscal Research Division. Copies of each respective consulting actuary's analysis, including assumptions, are also attached to the original copy of this Legislative Actuarial note.

Summary Information and Data about the State Health Plan (Plan)

The Plan administers health benefit coverage for active employees from employing units of State agencies and departments, universities, local public schools, and local community colleges. Eligible retired employees of authorized employing units may also access health benefit coverage under the Plan. Eligible dependents of active and retired employees are authorized to participate in the Plan provided they meet certain requirements. Employees and retired employees of selected local governments and charter schools may also participate in the Plan under certain conditions.

The State finances the Plan on a self-funded basis and administers benefit coverage under a Preferred Provider Option (PPO) arrangement, with the exception of many Medicare-eligible



retirees who are in fully-insured Medicare Advantage plans. The Plan's receipts are derived through premium contributions, investment earnings and other receipts. Premiums for health benefit coverage are paid by (1) employing agencies for active employees, (2) the Retiree Health Benefit Fund for retired employees, and (3) employees and retirees who participate in a plan with a non-zero premium or who elect dependent coverage. Benefit and premium changes are typically effective at January 1. The Plan's PPO benefit design includes two alternative benefit levels listed below:

- 1) The 70/30 Plan that offers higher out-of-pocket requirements in return for lower employee and retiree premiums, and
- 2) The 80/20 Plan that offers lower out-of-pocket requirements with higher employee and retiree premiums.

Medicare-eligible retirees are offered three alternative plans:

- 1) The 70/30 Plan as coverage secondary to Medicare for medical services plus a pharmacy benefit plan,
- 2) "Base" Medicare Advantage Prescription Drug Plan (MA-PDP) from United Healthcare, that is actuarially equivalent to the 80/20 Plan and applies in-network out-of-pocket requirements at out-of-network providers
- 3) "Enhanced" MA-PDP, identical to the "Base" MA-PDP, except with lower co-pays and higher retiree premiums

The following tables provide a summary of the most common monthly premium rates for the Plan in 2019:

Active Employees and Non-Medicare Retirees (if Fully Subsidized)

	Employer Share	Employee/Retiree Share	
		Complete Tobacco Attestation	Do Not Complete Attestation
70/30 Plan	\$519	\$25 *	\$85 *
80/20 Plan	\$159	\$50	\$110

* \$0 for Non-Medicare Retirees

Medicare Retirees (if Fully Subsidized)

Medicare Advantage Plans

	Employer Share	Employee/Retiree Share
MA-PDP Base Plan	\$403	\$0
MA-PDP Enhanced Plan	\$403	\$63

Alternate Plan

	Employer Share	Employee/Retiree Share
Traditional 70/30 Plan	\$403	\$0

Dependents (paid by employee/retiree in addition to premiums above)

	All Dependents are Non-Medicare		One or More Medicare Dependents		
	70/30 Plan	80/20 Plan	MA-PDP Base	MA-PDP Enhanced	70/30 Plan
Employee/Retiree + Children	\$193	\$255	\$89	\$152	\$155
Employee/Retiree + Spouse	\$565	\$650	\$89	\$152	\$425
Employee/Retiree + Family	\$573	\$670	\$178	\$304	\$444

The employer share of premiums for retirees is paid from the Retiree Health Benefit Fund. During FY 2018-19, employers contribute 6.27% of active employee payroll into the Fund. Total contributions for the year are projected to be approximately \$1,096 million.

Financial Condition

Projected Results for CY 2019 and CY 2020 – The following summarizes projected financial results for 2019 and 2020, based on financial experience through September 2018. The projection assumes a 7.0% annual claims growth trend for medical claims, a 9.5% trend for pharmacy claims, benefit provisions and member-paid premiums as adopted by the Board for 2019, Medicare-based provider pricing beginning in 2020, and 4% employer premium increases in 2020.

	(\$ millions)	
	Projected CY 2019	Projected CY 2020
Beginning Cash Balance	\$1,056.7	\$1,079.0
Receipts:		
Net Premium Collections	\$3,690.6	\$3,841.9
Medicare Subsidies	\$10.3	\$10.4
Investment Earnings	\$9.3	\$9.4
Total	\$3,710.1	\$3,861.7
Disbursements:		
Net Medical Claim Payment Expenses	\$2,533.7	\$2,530.9
Net Pharmacy Claim Payment Expenses	\$767.7	\$842.9
Medicare Advantage Premiums	\$171.4	\$239.2
Administration and Claims-Processing Expenses	\$215.0	\$207.1
Total	\$3,687.8	\$3,820.1
Net Operating Income (Loss)	\$22.3	\$41.6

Of the premiums paid in CY 2019, an estimated \$2.4 billion is derived from General Fund sources and an estimated \$0.1 billion is derived from Highway Fund sources.

Other Information

Additional assumptions include Medicare benefit “carve-outs,” cost containment strategies including prior approval for certain medical services, utilization of the "Blue Options" provider network in 2019 and Medicare-based pricing in 2020 and beyond, case and disease management for selected medical conditions, mental health case management, coordination of benefits with other payers, a prescription drug benefit manager with manufacturer rebates from formularies, fraud detection, and other authorized actions by the State Treasurer, Executive Administrator, and Board of Trustees to manage the Plan to maintain and improve the Plan's operation and financial condition where possible. Medical claim costs are expected to increase at a rate of 7.0% annually and pharmacy claim costs are expected to increase at a rate of 9.5% annually according to assumptions adopted by the Board of Trustees. The active population is projected to remain unchanged, the pre-Medicare retiree population is projected to decrease by 1% per year and the Medicare-eligible retiree population is projected to increase by 3% per year.

Enrollment as of January 1, 2019

I. No. of Participants	Traditional 70/30	Enhanced 80/20	Medicare Advantage	Total	Percent of Total
<u>Actives</u>					
Employees	112,490	192,987	-	305,477	41.6%
Dependents	<u>77,656</u>	<u>99,369</u>	<u>-</u>	<u>177,025</u>	<u>24.1%</u>
Sub-total	190,146	292,356	-	482,502	65.8%
<u>Retired</u>					
Employees	44,013	23,411	140,834	208,258	28.4%
Dependents	<u>7,674</u>	<u>5,346</u>	<u>11,855</u>	<u>24,875</u>	<u>3.4%</u>
Sub-total	51,687	28,757	152,689	233,133	31.8%
<u>Other</u>					
Employees	3,670	8,195	-	11,865	1.6%
Dependents	<u>2,327</u>	<u>3,704</u>	<u>-</u>	<u>6,031</u>	<u>0.8%</u>
Sub-total	5,997	11,899	-	17,896	2.4%
<u>Total</u>					
Employees	160,173	224,593	140,834	525,600	71.7%
Dependents	<u>87,657</u>	<u>108,419</u>	<u>11,855</u>	<u>207,931</u>	<u>28.3%</u>
Grand Total	247,830	333,012	152,689	733,531	100%
Percent of Total	33.8%	45.4%	20.8%	100.0%	
II. Enrollment by Contract					
	Traditional	Enhanced	MA	Total	
Employee Only	118,022	170,537	128,979	417,538	
Employee Child(ren)	25,632	35,239	215	61,086	
Employee Spouse	4,913	6,366	11,640	22,919	
Employee Family	<u>11,606</u>	<u>12,451</u>	<u>-</u>	<u>24,057</u>	
Total	160,173	224,593	140,834	525,600	
Percent Enrollment by Contract					
	Traditional	Enhanced	MA	Total	
Employee Only	73.7%	75.9%	91.6%	79.4%	
Employee Child(ren)	16.0%	15.7%	0.2%	11.6%	
Employee Spouse	3.1%	2.8%	8.3%	4.4%	
Employee Family	<u>7.2%</u>	<u>5.5%</u>	<u>0.0%</u>	<u>4.6%</u>	
Total	100.0%	100.0%	100.0%	100.0%	
III. Enrollment by Sex					
	Traditional	Enhanced	MA	Total	
Female	141,753	212,564	101,689	456,006	
Male	<u>106,077</u>	<u>120,448</u>	<u>51,000</u>	<u>277,525</u>	
Total	247,830	333,012	152,689	733,531	
Percent Enrollment by Sex					
	Traditional	Enhanced	MA	Total	
Female	57.2%	63.8%	66.6%	62.2%	
Male	<u>42.8%</u>	<u>36.2%</u>	<u>33.4%</u>	<u>37.8%</u>	
Total	100.0%	100.0%	100.0%	100.0%	



IV. Enrollment by Age	Traditional	Enhanced	MA	Total
25 & Under	74,779	94,476	15	169,270
26 to 45	64,448	92,523	294	157,265
46 to 55	42,687	68,051	1,182	111,920
56 to 65	44,009	71,768	13,155	128,932
66 & Over	21,907	6,194	138,043	166,144
Total	247,830	333,012	152,689	733,531

Percent Enrollment by Age	Traditional	Enhanced	MA	Total
25 & Under	30.2%	28.4%	0.0%	23.1%
26 to 45	26.0%	27.8%	0.2%	21.4%
46 to 55	17.2%	20.4%	0.8%	15.3%
56 to 65	17.8%	21.6%	8.6%	17.6%
66 & Over	8.8%	1.9%	90.4%	22.6%
Total	100.0%	100.0%	100.0%	100.0%

V. Retiree Enrollment by Category	Employee	Dependents	Total
Non-Medicare Eligible	45,030	12,353	57,383
Medicare Eligible in Traditional 70/30	22,394	667	23,061
Medicare Eligible in Base MA Plan	121,521	9,094	130,615
Medicare Eligible in Enhanced MA Plan	19,313	2,761	22,074
Total	208,258	24,875	233,133

Percent Enrollment by Category (Retiree)	Employee	Dependents	Total
Non-Medicare Eligible	21.6%	49.7%	24.6%
Medicare Eligible in Traditional 70/30	10.8%	2.7%	9.9%
Medicare Eligible in Base MA Plan	58.4%	36.6%	56.0%
Medicare Eligible in Enhanced MA Plan	9.3%	11.1%	9.5%
Total	100.0%	100.0%	100.0%

VI. Enrollment By Major Employer Groups	Employees	Dependents	Total
State Agencies	65,979	32,602	98,581
UNC System	54,857	36,678	91,535
Local Public Schools	164,529	95,091	259,620
Charter Schools (94 entities)	4,875	3,356	8,231
Local Community Colleges	15,237	9,298	24,535
Other			
Local Governments (129 entities)	11,040	5,380	16,420
COBRA	825	651	1,476
Retirement System	208,258	24,875	233,133
Total	525,600	207,931	733,531

Percent Enrollment by Major Employer Groups	Employees	Dependents	Total
State Agencies	12.6%	15.7%	13.4%
UNC System	10.4%	17.6%	12.5%
Local Public Schools	31.3%	45.7%	35.4%
Charter Schools	0.9%	1.6%	1.1%
Local Community Colleges	2.9%	4.5%	3.3%
Other			
Local Governments	2.1%	2.6%	2.2%
COBRA	0.2%	0.3%	0.2%
Retirement System	39.6%	12.0%	31.8%
Total	100.0%	100.0%	100.0%

TECHNICAL CONSIDERATIONS

N/A.

DATA SOURCES

The Segal Company; baseline financial projections updated through Q3 CY2018; dated January 9, 2019. Filename "CY18 Q3 - Baseline - Final v2.pdf"

-Actuarial Note, Hartman & Associates, "Senate Bill 432, 4th Edition, Part II: Standards for Pharmacy Benefits Managers", October 23, 2019, original of which is on file in the General Assembly's Fiscal Research Division.

-Actuarial Note, The Segal Company, Senate Bill 432 Proposed House Committee Substitute S432-CSBC-86 [v.2], "Birth Center & Pharm Benefits Mgr. Licensure", October 22, 2019, original of which is on file with the State Health Plan for Teachers and State Employees and the General Assembly's Fiscal Research Division.

LEGISLATIVE ACTUARIAL NOTE – PURPOSE AND LIMITATIONS

This document is an official actuarial analysis prepared pursuant to Chapter 120 of the General Statutes and rules adopted by the Senate and House of Representatives. The estimates in this analysis are based on the data, assumptions, and methodology described above. This document only addresses sections of the bill that have projected direct actuarial impacts on State employee health benefit programs and does not address sections that have no projected actuarial impacts.

CONTACT INFORMATION

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Signed copy located in the NCGA Principal Clerk's Offices