



MDGFOA

Spring Conference

April 14, 2023

Are your Employee Benefit Plans sustainable?

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Introduction

- > Hunter Hawes
- Employee Benefits Consultant and Maryland Practice Leader for McGriff, www.McGriff.com
 - AKA: a Broker
- ▶15 years with the company
 - Love the Culture, People, Investment in our Resources & Purpose-driven approach
- ➤ McGriff is the nation's 6th largest insurance brokerage; 7th in the World
- ➤ McGriff has a specialty practice group/ industry vertical for Public Entities (like you all)
- ➤ McGriff is part of Truist Insurance Holdings
- ➤ Owned by Truist Financial Corp

Our Purpose:

Our purpose is to inspire and build better lives and communities.

And we do this through real, unwavering care. Care that creates more opportunities, lends a helping hand, and encourages people and businesses to thrive.





Expectations and Disclaimers

- ✓I talk fast
- ✓ I am very passionate about my career, my company and helping employer groups, like you
- ✓ I would like to have an interactive session. I may even call on you.?.
- ✓ We are going to mostly talk health care and health insurance, as that is a large cost & volatile employee benefit





18.3%

- U.S. health care spending grew 2.7% in 2021, reaching \$4.3 trillion or \$12,914 per person.
- As a share of the nation's Gross Domestic Product, health spending accounted for 18.3%

Source: CMS

Healthcare Trajectory(the course we are on)

General Inflators

- Medical providers paid for Quantity, not Quality
- US Population growing more unhealthy (increased risk factors)
- New Technologies, Prescriptions, Treatments
- Growing Senior population (with increased risk factors)
- Regulation
- Liability
- Supply chain
- Labor shortages
- Inflation



Healthcare Trajectory (the course we are on)

Recent Inflators:

1. COVID-19 hangover leads to increased utilization

- a. Deferred care
- b. Costs for tests, treatment, vaccines
- c. Mental health and substance use issues
- d. Population health worsens

2. Health systems prepare for the pandemic

- a. New investments
- b. Improvements to supply chain
- c. Increased wages for some staff
- d. Stockpiles of equipment
- e. Infrastructure

3. Digital investments to patient relationship to increase utilization

a. Tools and analytics capabilities to bolster patient relationships



Recent Deflators:

1. Consumers lean into lower-cost sites of care

- Increase of Virtual care/retail clinics/other sites of care (lower cost)
- 2. Health systems find ways to provide more healthcare for less
 - New ways of working (remote workforce, process automation and cloud technology)
 - New price transparency regulations and growing interest in narrow networks

Cost "Trend"

What is Trend?

- Definition = projected percentage increase in the cost to treat patients from one year to the next, assuming benefits remain the same.
 - For example, a 6% trend means that a plan that costs \$10,000 per employee this year would cost \$10,600 next year.

What influences Trend?

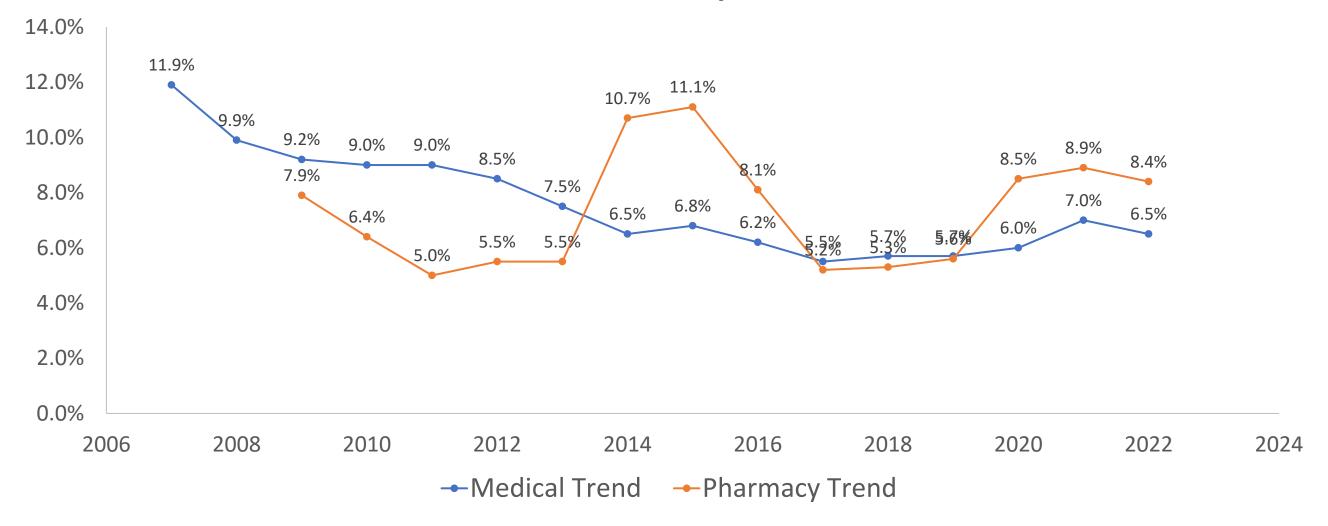
- Changes in the <u>price</u> of medical products and services and prescription medicines, known as unit cost inflation.
- Changes in the number or intensity of services used, or changes in per capita <u>utilization</u>.





Cost Trend

Medical & Pharmacy Cost Trend





Sources:

-Medical: PWC's HRI projected medical cost trend 2007 – 2022

-Pharmacy: 2023 Segal Health Plan Cost Trend Survey



Centers for Medicare and Medicaid Services expects prescription drugs spend to be the fastest growing health care expense over the next decade.

Rx Cost Drivers

- Drug product price inflation
- Increased dosing (like Skyrizi and Stelara)
- More effective and expensive new drug therapies vs previous treatments (like HIV)
- Specialty Drugs and Biologics (like Gene Therapies)
 - ✓ Developed to treat rare conditions
 - ✓ Growth in autoimmune, nervous system, oncology, dermatology, hemophilia, etc.
 - ✓ 13.5% increase in cost expected in 2023
 - ✓ 1.5% of total claims drive 55% of costs



Top 10 specialty medications by gross plan spend,

according to RxBenefits' 2021 book-of-business analysis:

Pharmacy Trends: -popular (and expensive) medications

1) Humira -- rheumatoid arthritis, psoriatic arthritis, psoriasis

2) Stelara -psoriatic arthritis, psoriasis, Crohn's, Ulcerative Colitis

3) Enbrel -plaque psoriasis

4) Dupixent -eczema

5) Trikafta -cystic fibrosis (CF)

6) Biktarvy -HIV

7) Tremfya -plaque psoriasis

8) Revlimid -multiple myeloma (MM)

9) Otezla -psoriasis and psoriatic arthritis

10) Norditropin -growth hormone



Pharmacy Trends: -gene therapy example

Meet Maisie

- Diagnosed with spinal muscular atrophy at 6 months of age
- Therapy with Spinraza failed to improve her muscle strength
- She couldn't eat or hold her head up
- Received Zolgensma at 19 months of age
- 5 months after treatment Maisie could sit up, walk with assistance, laugh and say "Mamma"

Cost of Zolgensma (made by Novartis)

\$2,100,000



Maisie is doing incredible. She's not requiring her vent. She's moving around so much. She's lifting her legs. She's rolling over. She's getting into things. She's doing things that we never thought possible. She's smiling. She's laughing. She's talking. She sits up and she plays with you...And she's hitting milestones that were once just a dream."

- Ciji, Maisie's mother



The Reality for Employers

True or False?

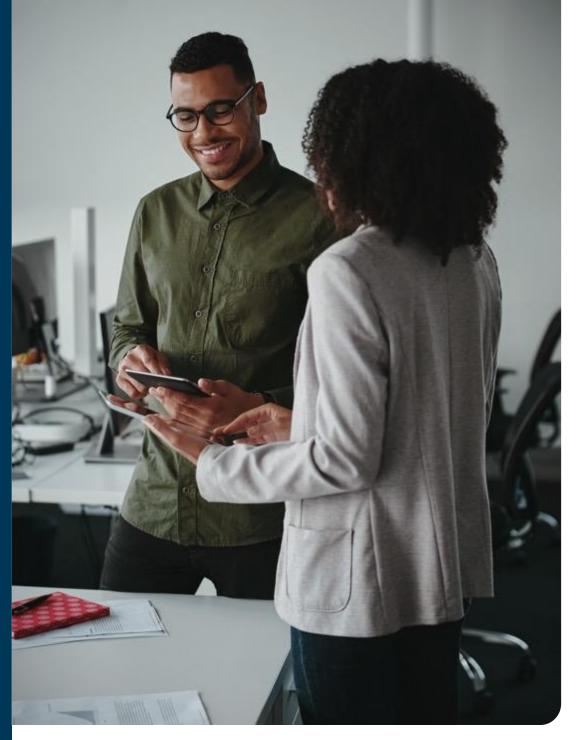
- ➤ Healthcare costs (medical & Rx) are rising at a rate much higher than inflation
- ➤ Healthcare is becoming more complicated
- ➤ Health insurance is a huge expense for many employers/agency's
- ➤ Good employees are "hard to find"
- ➤ Good employees want "good benefits"
- ➤ Doing "the same old thing" is not sustainable over the next 3-5-10 years
- > Employers can help control healthcare costs

...I would argue the above are all TRUE statements









Why do I need to consider doing things differently?

Because the stakes are too high not too!

What can I do differently?

- Consider aligning key stakeholders to develop a multi-year strategy to gain better control of the trajectory of your employer group Health plan
 - Now, more than ever, employer groups with more than 100+ employees enrolled on your health plan need long-term planning and consultation
 - Control what you can control



There is a limit to the cost-drivers employers can control

Beyond Employer Control

Inflation

Drug price increases

New drugs to market

Member diagnoses

Member utilization increases

Within Employer Control

Plan design

Plan funding alternatives

Pharmacy Benefit Management oversight

Behavioral engagement incentives

Vendor/ Carrier partners

Consulting partner



Up to 25% savings opportunity

Plan Design Plan funding Pharmacy Benefit Behavioral engagement Vendor/ Carrier partners Consulting partner alternatives Management oversight incentives

- ✓ Plan design cost sharing that helps drive more cost-effective care
 - Example: Nurseline > Virtual > On-site Clinic > PCP > Urgent Care > ER
- ✓ Informed and strategic use of pre-authorizations and pre-certifications
- ✓ Promoting consumer-driven healthcare plans
- ✓ Offering, educating and incenting tax-favorable plans (HSA and FSA)
- ✓ Offer variety of plans to meet different buyer profiles
 - Especially with many generations in the workforce
- ✓ OPEB (Other Post Enrollment Benefits)
 - Age 65+, COBRA and Retiree solutions





Plan Design Plan funding Pharmacy Benefit Behavioral engagement Vendor/ Carrier partners Consulting partner alternatives Management oversight incentives







Plan Design

Plan funding alternatives

Pharmacy Benefit Management oversight

Behavioral engagement incentives

Vendor/ Carrier partners

Consulting partner

- ✓ PBM carve-out solutions
- ✓ Pricing negotiations
- ✓ Economy of scale sourcing and purchasing (coalitions; aggregators)
- ✓ Rebates
- ✓ Step-therapy
- ✓ Exclusions
- ✓ Manufacturer Assistance Programs
- ✓ Utilization management
- ✓ Contract audits & accountability





Plan Design Plan funding Pharmacy Benefit Behavioral engagement Vendor/ Carrier partners Consulting partner alternatives Management oversight incentives

- ✓ Population Health Management solutions to mitigate risk
 - Example: Peak Health saved Truist \$31mm in cost last year
 - > Health assessment
 - > Full Lab panel (for risk identification)
 - Regularly schedule onsite meeting with Nurse
- ✓ Wellness incentives and rewards
- ✓ Chronic illness engagement and advocacy
- ✓ Modifiable risk factor incentives (tobacco, pre-natal, etc)
- ✓ Cost sharing for different services
- ✓ Employee contribution modeling to drive plan selection (which then drives behavior)





Plan DesignPlan fundingPharmacy BenefitBehavioral engagementVendor/ Carrier partnersConsulting partneralternativesManagement oversightincentives

- ✓ Pricing negotiations
- ✓ Network discounts
- ✓ Narrow network for low cost/ high quality provider steering
- ✓ Creative offerings
- ✓ Contract options and protections
 - Especially for Stop Loss





Plan Design Plan funding Pharmacy Benefit Behavioral engagement Vendor/ Carrier partners Consulting partner alternatives Management oversight incentives

- ✓ Aligning key stakeholders to answer these 3 questions
 - How are we doing?
 - Where do we aim?
 - What is the value in getting there?
- ✓ Developing and defining a proactive strategy to align cultural and financial objectives
- ✓ Creative solutions
- ✓ Access to more, different, better markets
- ✓ Preferred carrier/ vendor relationships
- ✓ Premium position / leverage
- ✓ Data analytics and modeling to drive decisions and cost containment solutions





Summary

- 1. Healthcare is a HUGE industry in America...18% of the U.S. GDP
- 2. The American healthcare system has its challenges
- 3. One of the major challenges is COST
- 4. This has put a tremendous amount of pressure on the employer-sponsored health insurance distribution model
 - Your agency is in the Health insurance business like it or not!
- 5. I profess that a proactive strategy with aligned stakeholders and an experienced consultant CAN bend the cost curve to better sustain your Health plan/ affordability





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