

State Health Benefits Program
Plan Design Committee
Open Session Minutes: March 19, 2019 1:00 p.m.

Adequate notice of this meeting was provided through the annual notice of the schedule of regular meetings of the Committee filed with and prominently posted in the offices of the Secretary of State. A meeting notice was mailed to the Secretary of State, Star Ledger and the Trenton Times on March 8, 2019.

The meeting of the State Health Benefits Program Plan Design Committee of New Jersey was called to order on Tuesday, March 19, 2019 at 1:00 p.m. The meeting was held at the Division of Pensions and Benefits in Trenton, NJ.

The text of Resolution B (Executive Session) – was read in its entirety in the event that the Committee desires, at any point in the meeting, to approve a motion to go into closed session.

Acting Secretary Ludwig took Roll Call and established that a quorum was present.

Roll Call

Committee Members:

Dini Ajmani, Assistant Treasurer

Jennifer Keyes-Maloney, Assistant Treasurer (Co-Chair)

Michael Zanyor , NJSTFA

Kevin Lyons, NJ State PBA (Appearing Telephonically)

Robert Little, AFSCME Department of Research

Justin Zimmerman, Chief of Staff, Department of Banking and Insurance

Abdur R. Yasin, NJ FMBA (Appearing Telephonically)

David Ridolfino, Director, Office of Management and Budget

Hetty Rosenstein, New Jersey Area Director, CWA/District 1

Tennille McCoy, Assistant Commissioner of Human Capital Strategies, Department of Labor and Workforce Development

Absent:

Chigozie Onyema, Department of Community Affairs

Patrick Nowlan, AAUP – AFT (Chair)

Also Present:

Amy Chung, Deputy Attorney General

Mark Cipriano, Division of Pensions and Benefits

Nicole Ludwig, Division of Pensions and Benefits

Meeting Minutes

Acting Secretary Nicole Ludwig advised that meeting minutes were not prepared in advance, due to the date change in the meeting. The meeting minutes are anticipated to be presented at the April Committee meeting.

Resolution 2019-2: ESTABLISHING FIRST RESPONDERS PRIMARY CARE MEDICAL HOME PILOT PROGRAM

Chairperson Keyes-Maloney asked Committee Member Lyons to provide an overview of the Pilot Program. Committee Member Lyons explained that the First Responders Pilot Program has been developed for those who serve on the front line and who have very unique medical and psychological needs. The Pilot Program will waive copays and give access to care at a center that is designed for First Responders only. The center would offer yearly physicals, same day care, and seven-day a week access with shift work in mind. He went on to explain the program has very little, if any, cost to the State Health Benefit Plan. Committee Member Lyons thanked the Division, and the Committee members for considering this Pilot Program.

Chairperson Keyes-Maloney added that this Pilot Program has been designed with a targeted group in mind. The reason for this target group is because they are exposed to trauma every day, and are often faced with unique circumstances. The Pilot Program is designed to include groups such as Child Protection Workers, individuals working with Children and Families, and/or anyone who is faced with trauma in their daily life related to their job responsibilities. She applauded the work of Committee Member Lyons, as well as the others who were involved in the development of such a Program.

Chairperson Keyes-Maloney stated that Appendix 1 & 2 give additional details related to the Program and the current parameters. Committee Member Ridolfino asked if the Program is set up to be a fee-for-service or per-member, per-month program. Committee Member Lyons stated it is currently a fee-for- service model. Committee Member Ridolfino asked who the providers would be; Committee Member Lyons stated there is not a designated provider yet. Committee Member Lyons explained that this Pilot Program focuses on primary care. Chairperson Keyes-Maloney explained that the State will be contracting or designating someone at a future PDC meeting.

Committee Member Rosenstein made a motion to approve Resolution 2019-2. Committee Member Zaynor seconded the motion; all voted in favor.

Chairperson Keyes-Maloney asked DAG Chung if she could request a motion to go into Executive Session to discuss contract negotiation. DAG Chung advised it would fall under NJSA 10-4:12(b) (7). Committee Member Rosenstein made a motion to go into Executive Session to seek counsel from the DAG. Committee Member Ridolfino seconded the motion; all voted in favor.

Chairperson Keyes-Maloney advised the audience that all formal business is complete for today. If the audience would like to return after Executive Session they are welcome to.

After returning from Executive Session Committee Member Lyons thanked the PDC members for their vote. He requested an RFQ for health care facilities which could meet the specific needs of the Pilot group. Chairperson Keyes-Maloney advised the needs are outlined in in the Appendix of the Resolution.

Committee member Lyons asked about the process of selecting the provider. Chairperson Keyes-Maloney stated that the PDC would work with the Division to select the provider. Chairperson Lyons asked about the timeline; Chairperson Keyes-Maloney advised that this would be up to the Division.

With no further matters to discuss, Committee member Rosenstein made a motion to adjourn. Committee Member Lyons seconded the motion; all voted in favor. The meeting adjourned at 1:40pm.

Respectfully Submitted,



Nicole Ludwig

Acting Secretary SHBP PDC

SHBP PDC Resolution #2019-02

**RESOLUTION OF THE STATE HEALTH BENEFITS PROGRAM PLAN DESIGN COMMITTEE ESTABLISHING
FIRST RESPONDERS PRIMARY CARE MEDICAL HOME PILOT PROGRAM**

WHEREAS, pursuant to N.J.S.A. 52:14-17.29 et seq. the State Health Benefits Program (SHBP) provides health coverage to qualified employees and retirees of the State and participating local employers; and

WHEREAS, the SHBP was enacted in 1961 for the purpose of providing affordable health care coverage for public employees on a cost effective basis; and

WHEREAS, all SHBP plans, with the exception of Medicare Advantage plans, are self-funded, which means that the money paid out for benefits comes directly from an SHBP fund supplied by the State, participating local employers, and member premiums; and

WHEREAS, on July 6, 2015, the SHBP Plan Design Committee (SHBP PDC) adopted a resolution that established a Direct Primary Care Medical Home (DPCMH) Pilot Program; and

WHEREAS, the SHBP PDC recognizes that first responders, including but not limited to, employees of police and fire departments, emergency medical service personnel, dispatchers, park rangers, state and local correctional facility personnel, child protection & permanency investigators, medical examiners, Office of the Attorney General investigators and county prosecutor's office investigators, both paid and volunteer, as well as their dependents, and certain designated support staff, may require specialized medical care and ease of access to that care in light of the trauma they may experience, emanating from their roles as public safety and emergency service personnel, whether they be local or state public employees.

NOW, THEREFORE, BE IT RESOLVED:

The SHBP PDC hereby establishes a First Responders Primary Care Medical Home (FIRST RESPONDERS) Pilot Program which shall:

- provide comprehensive primary care services, including pharmacy, preventive care, episodic sick care, basic urgent care, disease management, medication management, behavioral health, pain management services, health and wellness coaching, immunizations, and lab draws/collections, and
- include the capability to coordinate care of comprehensive specialist, hospital, and outpatient services.

The SHBP PDC further directs that the FIRST RESPONDERS Pilot Program be implemented with

commencement of care to eligible and participating public employees and dependents beginning in Plan Year 2020.

The SHBP PDC additionally determines that the FIRST RESPONDERS Pilot Program shall be offered as a primary care provider option available to all eligible active employees, early retirees not covered by Medicare and their dependents in all SHBP health plans as follows:

- Enrollment of eligible SHBP members in the FIRST RESPONDERS Pilot Program shall be voluntary. Eligible plan members may enroll (opt in) or dis-enroll (opt out) at their sole discretion at any time during the plan year;
- Eligible members shall only first responders and their dependents, as well as certain designated support staff who require specialized medical care and ease of access to that care in light of the trauma they may experience, emanating from their roles as public safety and emergency services;
- Any eligible member shall pay no cost-sharing (copays, deductibles, or coinsurance) for medical services provided by the FIRST RESPONDERS Pilot Program; and
- The FIRST RESPONDERS Pilot Program specifications and standards, as outlined in Appendix 1, shall be incorporated into this Resolution by reference.

The SHBP PDC mandates that the FIRST RESPONDERS Pilot Program provider be considered an in-network provider and directs the Division of Pension & Benefits (DPB) to work with the appointed provider to meet the necessary criteria to effectuate this requirement with the SHBP plan administrator(s) prior to September 1, 2019.

The SHBP PDC further directs the plan administrator(s) to assist in the implementation and administration of the FIRST RESPONDERS Pilot Program and mandates that in the event that an Exclusive Provider Organization (EPO) or similar narrow network plan design is offered by the plan administrator(s) as a health plan choice, the FIRST RESPONDERS Pilot Program shall be included as a primary care provider option to those who elect to participate in the EPO or narrow network health plan, provided that the FIRST RESPONDERS Pilot Program meets the necessary plan administrator criteria for inclusion in the EPO.

The SHBP PDC additionally directs that, in order to better ensure attainment of Pilot Program goals, the provider selected to support the Pilot Program shall limit, to the largest extent possible, access to the facility to only first responders, child protection and permanency case workers, any designated support staff and their dependents. In the event that the provider provides care to non-SHBP first responders and child protection and permanency caseworks, designated support personnel or their dependents, aggregated, HIPAA compliant, data for this Pilot Program shall reference only SHBP member activity and shall be readily made available to the DPB as well as the SHBP PDC.

In addition, the SHBP PDC directs the DPB to work to ensure that no later than the end of the first quarter of Plan Year 2020, a qualified FIRST RESPONDERS Pilot Program provider, defined as an entity possessing the capacity and willingness to deliver care in accordance with the specification and standards as outlined in Appendix 1, be selected and delivery of care commence. For purposes of effective implementation of this Pilot, the PDC delegates The Treasury department to

resolve administrative questions which may arise to achieve consistency with this resolution. Such care shall continue for a period of not less than three years.

The SHBP PDC reserves the right to make necessary adjustments to the Pilot Program to improve participation, improve qualitative results and maximize the outcomes as intended. To facilitate this goal, a sub-committee of not more than three labor and three management representatives of the SHBP PDC shall be established by the SHBP PDC co-chairs. The sub-committee shall be established not later than March 1, 2020 and shall be tasked with reviewing data and results over the course of the three-year Pilot Program. The sub-committee shall make recommendations to the full PDC for approval to modify the Pilot Program as based upon:

- Input from labor representatives who shall provide bi-annual reports on program success, member satisfaction, as well as education and communication efforts to increase participation over the course of the Pilot Program;
- Qualitative and quantitative feedback and reports of DPB staff, third-party evaluators, FIRST RESPONDERS providers, plan administrator(s); and
- Analysis by an appropriate health care consultant, contracted by the DPB, to evaluate the savings and clinical performance of the FIRST RESPONDERS Pilot Program.

The SHBP PDC shall determine, after a period of not less than three years, commencing in the first year after delivery of care commences, whether to terminate the Pilot Program following expiration of the three-year pilot period, or extend the Pilot Program for a period of time to be determined by the SHBP PDC. The Pilot Program shall sunset after year three unless the SHBP PDC agrees to extend through a positive vote.

Appendix 1 - FIRST RESPONDERS Specifications and Standards

To qualify for participation in the FIRST RESPONDERS Pilot Program, a FIRST RESPONDERS provider must meet and adhere to the following care delivery specifications and standards:

A. The Medical Practice

- 1) The FIRST RESPONDERS provider shall provide comprehensive primary care services, including preventive care, episodic sick care and basic urgent care, chronic disease management, medication management, basic procedures, health and wellness coaching, behavioral health and pain management services, immunizations, and laboratory draws and collections on location at the medical home location(s), as well as coordination of comprehensive specialist, hospital, and outpatient services delivered, as medically appropriate, to enrolled participants by their personal primary care physicians. The medical services to be provided by the FIRST RESPONDERS provider shall include, but not be limited to, the following:

Primary & Preventive Care

- Basic vision/hearing screening
- Biometric screening
- Blood pressure screening
- Chronic disease management
- Comprehensive physical exams
- Coordination with other providers (e.g., specialists, hospitals)
- Episodic sick care
- Fitness & nutrition coaching
- Health risk assessment
- Lifestyle & risk-reduction coaching
- Medication management
- Urgent care
- Individualized Care Plans
- Screening and diagnostic imaging (note: recommended but not required)

Treatments & Procedures

- Basic splinting
- Basic wound care
- Ear wax removal
- Electrocardiograms (EKG)
- Ingrown toenail removal
- Nebulizer treatment
- Peak flow testing
- Skin biopsy (lab not included)
- Skin cyst removal
- Skin tag & wart removal (cryo)

Stitches
Suture / staple removal

Labs

Blood draws & sample collection
Hemoglobin A1C
Lung function screening (spirometry; lab not included)
Pregnancy test
Standard annual lab test
Stool blood test (FORT)
Strep throat test

Immunizations

Flu vaccine (3 shot series)
Hepatitis A (2 shot series)
Hepatitis B (3 shot series)
HPV (human papilloma virus)
Meningococcal
MMR (measles, mumps, rubella)
Varicella (chicken pox)
Pneumovax
TD (tetanus, diphtheria, booster)
Tdap (tetanus, diphtheria, pertussis)
Zoster (shingles)

- 2) The FIRST RESPONDERS provider will offer each enrollee an accountable personal primary care physician (and a choice of such physicians, if there is more than one participating primary care doctor) who will be responsible, if authorized by the patient, for coordinating their patients' care across all care settings, overseeing transitions in care between settings, and minimizing the risk of gaps in care for their patients. The FIRST RESPONDERS provider will provide adequate staffing to insure adequate attention to the member and minimal wait times.
- 3) The FIRST RESPONDERS provider will provide enrollees same day or next day urgent care appointments and direct telephone and electronic access 24 hours a day.
- 4) FIRST RESPONDERS provider primary care physicians will conduct initial comprehensive physical examinations for each of their patients and follow-up comprehensive examinations at a frequency that is medically appropriate. For Members of the NJ State Police the FIRST RESPONDERS provider will administer annual physical testing for their required (C20) physical examination which shall include the mandatory hearing examination.
- 5) Working with their patients, FIRST RESPONDERS provider physicians will develop customized personal health plans designed to achieve compliance with recommended clinical best-practice standards for disease prevention and management, meet individual patient health needs, and reflect patients' individual lifestyle preferences.

- 6) At a minimum, the FIRST RESPONDERS provider health IT system will enable secure electronic medical record keeping, user-friendly patient access to personal medical records, population health management tools, including a disease registry, clinical performance and outcomes reporting, secure patient-provider email communications, online scheduling of appointments, and patient access to health education resources.
- 7) To the extent allowed by New Jersey law and reimbursement contracts with pharmacy benefit managers servicing SHBP members, the FIRST RESPONDERS provider will provide access to medications either through an on-site pharmacy or physician supply of the most commonly prescribed generic medications.

B. Optimization of Downstream Care

- 1) *PCP Responsibility for Care Coordination* – At the patients’ request, the patients’ primary care providers will be authorized to coordinate their patients’ care across all care settings, oversee transitions in care between settings, and minimize the risk of gaps in care for their patients. When referrals are medically appropriate, or elected by the patient, regardless of physician referral, the patient’s primary care physician will provide the patient’s medical records to the downstream provider (specialist, hospital, or other outpatient care provider, as appropriate), brief the downstream provider on the specific reasons for the patient referral, and specify questions to be answered or medical issues to be resolved. Whenever possible, ongoing collaboration between the patient’s primary care provider and the downstream provider will be established.
- 2) *Referral Management* – Protocols between primary care providers and high-value secondary and tertiary providers will be in place to facilitate care coordination and help ensure patients return to care provided by the FIRST RESPONDERS provider primary care physician as soon as is clinically appropriate.
- 3) *High-Value Referrals* – The FIRST RESPONDERS provider will utilize transparency tools, plan administrator(s) ASO network provider quality and price data, patient satisfaction data, and measures of secondary and tertiary provider willingness and ability to coordinate care with the patient’s primary care provider in order to develop and continuously update a list of preferred, high-quality, competitively priced *in-network* specialists, hospital centers of excellence, and other service providers, when such referrals are medically appropriate or elected by the patient, regardless of physician referral.
- 4) *No Gatekeeping* – FIRST RESPONDERS provider physicians will recommend clinical referrals to high-value secondary or tertiary providers. However, FRPCWPCMH provider physicians will not restrict patient choice of providers or limit access to providers to which patients otherwise have access in their selected SHBP health plans.

C. Alignment of Financial Incentives

- 1) *No Patient Out-of-Pocket Cost-Sharing for FIRST RESPONDERS Provider Services* – For enrolled SHBP members, there shall be no out-of-pocket cost-sharing in the form of patient copays, deductibles, or co-insurance for the expanded scope of primary care and comprehensive care coordination services provided by the FIRST RESPONDERS provider. Existing plan copays, deductibles, or co-insurance for downstream specialists remain in effect.
- 2) *Payment for Hospital, Specialist, and Other Outpatient Services* – Care delivered outside of the FIRST RESPONDERS provider setting by specialists, hospitals, and other outpatient service providers will be paid for in accordance with current plan administrators’ payment methods.
- 3) *Integration of Public Employee Health and Wellness Incentives* – FIRST RESPONDERS provider primary care physicians may integrate any employment-based health and wellness incentives that are offered by the SHBP or New Jersey State, county, or municipal employers into their patients’ personal health plans.

D. Care Quality Measurement

To facilitate comparisons with non-Pilot Program baseline metrics, the FIRST RESPONDERS provider care quality and patient satisfaction metrics should be aligned to the extent possible with the SHBP plan administrator’s established PCMH metrics and also metrics for other SHBP plans. Where established PCMH metrics are not included in the list below, they should be added. Where the SHBP plan administrator’s currently utilized PCMH metrics fail to include the FIRST RESPONDERS metrics listed below, the SHBP plan administrator’s battery of metrics should be broadened to include the below- listed care quality and patient satisfaction measurements. These adjustments will facilitate an ample spectrum of key comparisons between provider performance among in-network PCMHs, other non-Pilot Program providers and the FIRST RESPONDERS Pilot Program providers.

- 1) Participating FIRST RESPONDERS providers will continuously monitor care quality in accordance with a standardized set of care quality and patient satisfaction measurements. At a minimum, such care quality measurements will include the following groups of metrics:

Group 1: Patient Engagement - % of patients who have completed a -

- a. comprehensive annual physical examination and adopted an individualized care plan
- b. The NJWELL program (% of eligible)
- c. face-to-face visit with the patient’s personal primary care physician
- d. follow-up contact with personal primary care physician after a referral.

Group 2: Prevention - % of patients who have received age/gender appropriate diagnostic screenings, including --

- a. cervical Cancer screening

- b. breast Cancer screening
- c. colorectal Cancer screening

Group 3: Chronic Disease Management - % of -

- a. Diabetic patients who have HbA1C Screening
- b. Diabetic patients with HbA1C <9
- c. Diabetic patients with HbA1C <7
- d. Diabetic patients who have LDL-C Screening
- e. Diabetic patients with LDL-C<100
- f. Hypertensive Patients with blood pressure<140/90

Group 3a: Chronic Disease Management - The SHBP PDC may specify any similar metrics it deems appropriate to evaluate quality of care provided by participating FIRST RESPONDERS providers for members with chronic diseases that are most prevalent and associated with the highest health care costs among the SHBP patient population.

Group 4: Patient Satisfaction - Participating FIRST RESPONDERS providers will periodically assess patient satisfaction through patient surveys that include, at a minimum, the Net Promoter Score.

- 2) The FIRST RESPONDERS providers will contrast their care quality performance to that of the most recent HEDIS commercial health maintenance organization (HMO) averages and present their findings on a schedule prescribed by the SHBP PDC.
- 3) The FIRST RESPONDERS providers will apply the evaluation metrics above to evaluation and continuous improvement of health and patient satisfaction outcomes.

Appendix 2 - SHBP Evaluation of the FIRST RESPONDERS Pilot Program

- A. After a period of two years following commencement of the FIRST RESPONDERS Pilot Program, the SHBP PDC shall apply the appropriate evaluation metrics to evaluate the clinical performance of the FIRST RESPONDERS Pilot Program, as a whole. This evaluation shall include measurement and comparison of the clinical performance of the participating FIRST RESPONDERS providers. In addition, the SHBP PDC shall evaluate the savings performance of the FIRST RESPONDERS Pilot Program, as a whole. This evaluation shall include comparison of savings generated by the respective FIRST RESPONDERS providers.

Appendix 3 - General Purpose of this Resolution

The objectives of this resolution are as follows:

- A. Reduce overall growth in the cost of health care for the SHBP and their beneficiary employees, with nominal, if any, additional commitment of state resources;
- B. Improve care quality, convenience of access, and SHBP beneficiary satisfaction with their care; and
- C. Offer NJ first responders, child protection and permanency case workers, designated support staff, and their families choices of advanced FRPCWPCMH care delivery options designed to:
 - 1) optimize delivery of high-quality, evidence-based healthcare in the most cost-effective settings (with emphasis on effective prevention and management of chronic disease);
 - 2) prioritize patient-centered delivery of comprehensive health care that is responsive to the individual needs and preferences of patients;
 - 3) align patient and provider incentives to improve patient health outcomes and maximize the value of patient care;
 - 4) assign accountable primary care providers with direct responsibility for delivering and coordinating quality health care across all care settings, while preserving patient choice of providers;
 - 5) guarantee quick (same/next day) access to urgent care appointments;
 - 6) identify and continuously update a list of high-value specialist and hospital in-network providers to serve as a preferred referral network for FIRST RESPONDERS physicians;
 - 7) waive public employee and dependent cost-sharing (i.e., copays, coinsurance, and deductibles) for an expanded scope of advanced primary care services; and
 - 8) locate conveniently accessible advanced primary care health centers in or near communities where public employees and their dependents live and work.

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