



MEETING OF THE HEALTH BENEFITS COMMITTEE OF THE RETIREMENT BOARD OF THE COUNTY EMPLOYEES' AND OFFICERS' ANNUITY AND BENEFIT FUND OF COOK COUNTY AND EX OFFICIO FOR THE FOREST PRESERVE DISTRICT EMPLOYEES' ANNUITY AND BENEFIT FUND OF COOK COUNTY

**70 West Madison, St, Suite 1925
Chicago, Illinois 60602**

Minutes for the October 24, 2019 Meeting

The County Employees' and Officers' Annuity and Benefit Fund of Cook County and the Forest Preserve District Employees' Annuity and Benefit Fund of Cook County Fund are herein collectively referred to as the "Fund." All committee recommendations are preliminary in nature and subject to review and approval by the full Retirement Board.

Call to Order and Roll Call:

Trustee Committee Members Present: John Fitzgerald (Chair); Robert DeGraff; Diane Goode; Patrick McFadden; Kevin Ochalla;

Staff Present: Regina Tuczak, Executive Director; Jane Hawes, Director of Health Benefits; Rachelle Howliet, Senior Health Benefits Specialist; Tonya Jackson, Health Benefits Specialist;

Others Present: Daniel Levin; Dorothy Stawiarski, Segal Consulting. James Hogan, CVS/caremark
Craig Root, Livongo

Public Comment: Chairman Fitzgerald asked if anyone present would like to address the Committee. There being no public comment, the meeting continued.

1. Review and Consideration of September 19, 2019, Health Benefits Committee Meeting Minutes

It was moved by Trustee DeGraff and seconded by Trustee Ochalla that the presented minutes of the Health Benefits Committee meeting on September 19, 2019, be adopted.

Vote Result: MOTION ADOPTED BY VOICE VOTE

2. Diabetes Management Opportunity

Jane Hawes summarized the CCPF Health Plan's diabetes cost burden: Approximately 3,000 (25%) members have diabetes; medical claims for members with diabetes accounted for \$22M (40%) of the Plan's medical costs in 2018 which was 65% more than members without diabetes. Research evidence shows that people with diabetes who check blood glucose often and take action to bring results within normal range have lower utilization of emergency room services. They also have fewer diabetes complications such as stroke, heart attack, kidney disease and amputations.

Ms. Hawes reported that CVS has partnered with Livongo, an independent company with no financial ties to CVS, to offer a diabetes program called the CVS Transform Diabetes Care. Several local employers have implemented the program. Participant results show a reduction in average blood glucose levels, and some employers have achieved reductions in diabetes related claims costs.

Craig Root explained how program participants use a free cellular connected blood glucose meter to automatically upload blood glucose readings to Livongo. Mr. Root demonstrated the device and showed how out-of-range blood glucose readings trigger a call from a Livongo nurse. Participants qualify for free testing supplies; face-to-face education by pharmacists in CVS stores; two free diabetes care visits to a CVS Minute Clinic, and on-demand telephone counselling with a diabetes educator.

James Hogan proposed the CVS Transform Diabetes Care program be provided through the Fund's contract with CVS for non-Medicare and Medicare pharmacy benefits. Program fees are a per participant per month charge. A reduction in brand name drug rebates adds to the cost of the program, however, fees are offset by eliminating the Fund's cost for diabetes testing supplies.

Mr. Hogan estimated total annual fees would be \$530,000 and, if implemented April 1, 2020 and assuming a 20% participation rate, the program would cost approximately \$397,500 in 2020. This includes rebate reductions of \$117,000 offset by eliminating an estimated \$125,000 cost of testing supplies.

It was moved by Trustee Goode and seconded by Trustee McFadden that a recommendation be made to the Board to consider implementing the CVS Transform Diabetes Care program April 1, 2020 for Choice and Choice Plus members.

Vote Result: MOTION ADOPTED BY VOICE VOTE

3. UHC Wellness Budget Update

Ms. Hawes reported that UnitedHealthcare (UHC) has agreed to roll-over the remaining 2019 wellness budget balance (\$70,617) to 2020. UHC also approved combining the 2019 balance with the 2020 wellness budget (\$120,000) to pay CVS Transform Diabetes Care program fees in 2020. In addition, CVS has agreed the Fund can use the CVS annual administrative credit of approximately \$30,000 to pay Transform Diabetes Care program fees.

It was moved by Trustee McFadden and seconded by Trustee Goode that a recommendation be made to the Board to consider using the UHC wellness budget balance for 2019, the UHC wellness budget for 2020, and CVS annual administrative credits for a combined amount of \$220,617 to be applied to the cost of the CVS Transform Diabetes Care program fees in 2020.

Vote Result: MOTION ADOPTED BY VOICE VOTE

4. CVS and EGWP Contract Updates

Dan Levin gave an update on the status of the CVS Commercial (non-Medicare) and EGWP (Medicare) contracts. The pharmacy benefit management fees, drug pricing and rebate sharing terms were already implemented in 1/1/2019 as a result of the Municipal Agencies' Coalition RFP for pharmacy benefit management services and subsequent negotiations between the Fund and CVS. The CVS contracts currently being negotiated govern specific terms of the agreement. Segal has sent a second draft of revisions to CVS for review and comment.

5. Open Enrollment Activities

- a. Ms. Hawes reported Open Enrollment brochures were mailed later than usual due to legal matters encountered in finalizing rental contract agreements for open enrollment event locations.
- b. Open Enrollment events will be held at Dan Ryan Woods; the Cook County Administrative Building at 69 West Washington and the Irish American Heritage Center.
- c. UHC, CVS and Guardian staff will participate in the events and provide give-away items. UHC has arranged for vision providers and disease management nurses to attend the events. UHC will also pay for CVS to give flu shots.

6. Old Business/New Business

Ms. Hawes informed the Committee that UHC has recently agreed to change the way claim costs are estimated for Medicare eligible members not enrolled in Medicare Part A or Part B. The Medicare estimation change is expected to be implemented January 1, 2020 and has the potential to positively impact members as well as the Fund.

There being no further business before the Committee, it was moved by Trustee Ochalla and seconded by Trustee DeGraff that the trustees adjourn the meeting.

Vote Result: MOTION ADOPTED BY VOICE VOTE