

**School Employees Health Benefits Program**  
**Plan Design Committee**  
**Open Session Minutes: September 20, 2021 10:00 a.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 on December 19, 2020, and the Star Ledger and the Trenton Times on December 23, 2020. Updates regarding the Telephonic meeting was sent to the Secretary of State and posted to the Division's website on September 8, 2021.

The meeting of the School Employees Health Benefits Program Plan Design Committee of New Jersey was called to order on Monday, September 20, 2021 at 10:00 a.m. Due to COVID-19 this meeting was held telephonically.

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 Nicole Ludwig led the Committee in the Pledge of Allegiance. Acting Secretary Ludwig then took Roll Call and established that a quorum was present.

**Roll Call**

**Committee Members:**

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

**Kevin Kelleher**, NJEA

**John Megariotis**, Acting Director, Division of Pensions and Benefits

**Lynn Azarchi**, Director, Office of Management and Budget

**Denise Graff Policastro**, NJEA

**Julie Giordano Plotkin**, NJEA

**Also Present:**

**Alison Keating**, Deputy Attorney General

**Nicole Ludwig** Division of Pensions and Benefits

**Ted Holden**, Wondr Health

**Elissa Baker**, Wondr Health

**Dave Rexroat**, Wondr Health

**Paul Eberle**, Optum RX

**Steve White**, Optum RX

**Kate Miller**, Optum RX

## **DIVISION UPDATE**

Nicole Ludwig for the Division of Pensions & Benefits gave a Division update regarding Covid information, advising that vaccines coverage was available through medical and prescription benefits, as well as through the direct primary care medical home vendors, Everside Health (previously Paladina) and Sanitas Medical Centers of New Jersey. Any eligible member of SEHBP, whether or not they are enrolled in the DCPMH, can get vaccinated through those partners provided they meet vaccine eligibility requirements.

Mrs. Ludwig advised that from the beginning of the pandemic through September 5, 2021 in the active and early retiree population that there had been 283,752 molecular tests with 33,030 positive results, which is 11.6 percent positivity result. There had been 35,976 antibody tests performed with 2,238 positive results which is a 6.2 percent positivity result. According to Aetna, there were a total of 171,009 tests performed on 60,109 unique claimants. These results have a lag on the feed from CMS, and updated information will be provided to Committee Members once it has been received. There had been 951 cumulative admissions based on Horizon's data across all SEHBP members from March 2, 2020 through September 5, 2021. The total Covid-19 treatment costs for this time frame was 105 million. According to Aetna, the CMS cumulative medical costs was approaching 60 million, and it was noted that this information is also on a lag and updated information would be provided to Committee Members when available.

According to Horizon, from December 2020 through August 2021 there have been 51,084 SEHBP members who have been vaccinated with either two doses or single does under the medical benefit. According to Optum RX, from December 2020 through August 31, 2021 there have been a total of 27,924 SEHBP members who have been full vaccinated with either two-doses or a single-dose under the pharmacy benefit. There have been a total of 37,788 doses administered across all vaccines, including 55 members who received a booster, or third dose.

## **PRESENTATION: WONDR HEALTH**

Ted Holden, Dave Rexroat and Elissa Baker from Wondr Health spoke regarding the curriculum of the program, how the program works, and results they have seen from members in the program. Mr. Holden explained that Wondr Health is the nation's leading digital behavior change program, focused on the roots cause of chronic disease starting with weight loss. The program was developed by clinical experts, people in expertise in reducing metabolic syndrome in populations, getting weight off a population, and being able to provide different types of programs to allow overall wellbeing. This is a whole health approach, starting with the core of teaching people how to lose weight in a behavioral way, layered with a curriculum to also improve overall mental well-being and overall physical health.

The success of the program is measured based on financial, clinical and cultural terms. There is a lot of time invested in keeping participants engaged in the program, and they have been very successful with State of New Jersey members with assistance from Horizon. The first three months of the program are the Wondr Skills, which consists of 25 minutes of weekly digital content, at their convenience. Then for the rest of the week, the member will focus on implementing those skills. The

next week, they try to layer that week's behaviors. At months four through six the program will focus on reinforcing those behaviors in their everyday lives. The last six months of the program is maintenance, which are short segments and little reminders to keep them on task. The program also focuses on each individual's relationships and routines with food, and teaches healthier ways to identify when to eat, such as hunger levels instead of emotions, celebrations and socializing.

Committee Member Kelleher asked if Horizon was the only health plan that Wondr Health worked with, as not all members were with Horizon and therefore marketing the program was more difficult. Mr. Holden advised that Wondr Health does also work with other carriers and could explore how to offer the plan to all state members.

### **PRESENTATION: OPTUM RX FORMULARY UPDATES**

Steve While, Kate Miller and Paul Eberle spoke regarding changes that would be taking place to the OptumRx State and SEHBP formulary. This occurs twice a year in January 1<sup>st</sup> and July 1<sup>st</sup>. Ms. Miller advised that three main changes would be occurring with the January 1, 2022 changes. The first was a strategy for higher priced generics. Most of the time a generic is cost effective clinically appropriate products, but it was found that four drugs were more expensive from a net-cost perspective than their brand counter-parts. For this reason, Adderall XR, Advair Diskus, Apriso and Lialda were moved to Tier 1, and these brands will behave as generics in terms of coding and member experience with a Tier 1 copay. The change can occur at their pharmacy without a new copay. The generic will now move to excluded, but if a member does require the generic a medical necessity review is available.

Next, as supply chains have stabilized there is an ample supply of Albuterol generic inhalers. Proair and Ventolin inhalers will move to excluded for premium formulary and Tier 3 with a step therapy for generics for the select formulary. This change was considered for the formulary change in 2020, but was delayed due to the pandemic and industry shortage of inhalers. With the change taking place now, it will be minimally disruptive as the majority of members have already made the shift to generic inhalers throughout 2020 and 2021.

Finally, there were several new generics that launched in 2021, so the formulary will update to reflect this. Brands with new generics will move to excluded on premium and Tier 3 with step therapy on select. The generic alternatives will be preferred. Mr. Eberle added that when the generic moves to the preferred, the member will pay the same copay, so there will be minimal disruption. Letters will be sent to impacted members, scheduled for a 60-day prior implementation drop, so the letters would be sent November 1<sup>st</sup> of 2021.

Committee Member Kelleher asked if to clarify the date that the notice letters would go out, as the changes were being established in September. Mr. Eberle clarified the letters would go out on November 1<sup>st</sup>, to give members time to discuss changes with their doctors if necessary. Committee Member Policastro asked what the approximate turnaround would be if a doctor does put in for an

appeal. Ms. Miller advised that if a doctor believes it is medically necessary for a member to stay on their current medication they can submit for a prior authorization. The reviewed turnaround time is, as long as they have all needed documentation from the doctor, less than 48 hours, with the average around 24 hours. Committee Member Kelleher asked if there could be a follow-up of how many member submit an appeal based on the members impacted, as well as how many are granted. Committee Member Kelleher wanted to be able to explain to members that while the turnaround was 24-48 hours from the time all information was received, there is another time-frame of when the appeal starts to when it given a determination, based on the lag in information from the doctor. Mr. White advised they will trying to gather information on PA appeals, and noted that their portal allowed members to track their PA requests.

### ADJOURNMENT

Having no further action to discuss, Committee Member Kelleher made a motion to adjourn. Committee Member Policastro seconded the motion; all voted in favor. The meeting concluded at 11:04 am.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Nicole Ludwig". The signature is written in a cursive, flowing style.

Nicole Ludwig  
Acting Secretary SHBP PDC