

# AGENDA

WHO: Cost Containment Workgroup of the Legislature's Health System Reform Task Force  
WHEN: Tuesday, September 14, 2010, 4:00--6:00 p.m.  
WHERE: Room 341, State Capitol (Majority Caucus Room; enter through the double doors at the top and to the east of the grand staircase in front of the House chamber)

- AGENDA:
1. DHRM Survey  
Report on the Department of Human Resource Management survey of state employees regarding compensation and benefits
  2. Indiana Follow-up  
Further discussion about Indiana state employees' use of high deductible health plans/health savings accounts
    - What factors led to a 70% uptake rate?
    - What have HDHP/HSA alternatives looked like (premium, cost sharing provisions, coverage, etc.)?
  3. PEHP
    - If all state employees selected a high deductible health plan/health savings account option, at what level would the state's contribution to HSAs have to be set in order for the state to experience no net increase in the existing rate of year-to-year program cost increases? How sensitive is this contribution rate to assumptions about changes in employee spending patterns? Changes in employee health status? Plan design? Etc.?
    - What assumptions would have to be made about HDHP/HSA plan design, alternative plan designs, the percentage of total premium paid by the employee, enrollment, enrollee behavior, enrollee health status, etc. to achieve various savings targets, including savings similar to Indiana?
  4. Governor's Optimization Commission  
Review of items related to health care cost containment from the August 19 report to the Governor by the Utah Advisory Commission to Optimize State Government
  5. Future Agenda Items  
Discussion of potential agenda items for next meeting, including:
    - Reducing costs through programs to improve employee health and health care (e.g., discussion of Health Behavior Innovations, QuadMed, Safeway, and PEHP initiatives and their results)
    - Use of premium differentials based on participation and/or outcomes in employee wellness programs
    - PEHP savings possible due to better management of chronic conditions, reduction in severity of conditions, etc. (avoidable health care costs)
    - Can an HDHP/HSA option be structured to promote consumerism for more costly procedures that vary significantly in cost among providers (e.g. hip and knee procedures, including replacements)?
    - Retain, modify, or repeal the statutory provision requiring actuarial equivalence between PEHP's traditional and HDHP plans?
    - Cost reduction alternatives under consideration by PEHP
    - Cost reduction alternatives in Medicaid
    - Pharmaceuticals:
      - Understanding distribution, pricing, and Medicaid rebates
      - BidRx