

# GENERAL ASSEMBLY OF NORTH CAROLINA

Session 2005

## Legislative Actuarial Note

HEALTH BENEFITS

**BILL NUMBER:** Senate Bill 602 (Third Edition)

**SHORT TITLE:** 2005 Technical Corrections Act - 2

**SPONSOR(S):**

**SYSTEM OR PROGRAM AFFECTED:** Teachers' and State Employees' Comprehensive Major Medical Plan.

**FUNDS AFFECTED:** State General Fund, State Highway Fund, other State employer receipts, premium payments for dependents by active and retired teachers and State employees, premium payments for coverages selected by eligible former teachers and State employees, premium payments for coverages selected by firefighters, rescue squad workers, members of the National Guard, certain County local governments, and the North Carolina Symphony Society, Inc.

**BILL SUMMARY:** Section 66 of the proposed legislation amends G.S. 135-40.13A to do the following: 1) limit the Plan's amount of recovery under a subrogated claim to 50% of the total damages recovered by a Plan member exclusive of the costs of collecting a recovered amount; 2) allow the amount of reasonable costs of collection to be set by the Plan at its sole discretion and not be contestable as a final agency decision under Chapter 150B of the General Statutes; and 3) exempt the Plan's proposed 50% right of recovery exclusive of collection costs from the recovery limit of \$4,500 under G.S.28A-18-2, the wrongful death statute.

**EFFECTIVE DATE:** When it becomes law. Applies to payments made by the Plan after July 20, 2004 for which reimbursement is sought on or after the effective date. The wrongful death changes apply to claims involving wrongful deaths for which the Plan would be subject to a recovery of claims occurring on or after the effective date.

**ESTIMATED IMPACT ON STATE:** The consulting actuary for the Plan, Aon Consulting, estimates that the proposed legislation will produce negligible savings to the Plan based on the Plan's assumption that the proposed changes reflect the current subrogation process with respect to the 50% cap on recovered damages, the loss of some recovered amounts for the exclusion on reasonable costs of collection, and potential gains due to the exemption from limits on recoverable damages under the wrongful death statute.

The consulting actuary for the General Assembly, Hartman and Associates, estimates the bill will not have a significant impact on the Plan's financial condition based on the Plan's assumptions about the rate of recovery under the current subrogation process, and the net effect of the loss of

recovery due to the exclusion of reasonable collection costs and the gain expected from the exemption from the limits on recovery in the wrongful death statute.

**ASSUMPTIONS AND METHODOLOGY:** The Comprehensive Major Medical Plan for Teachers and State Employees is divided into two programs: a self-insured indemnity type program and a prepaid program of coverage by health maintenance organizations. The benefits of the self-insured indemnity type of program are spelled out in Part 3 of Article 3 of Chapter 135 of the North Carolina General Statutes (i.e., \$350 annual deductible, 20% coinsurance up to \$1,500 annually, etc. paid by the program's members). From October, 1982, through June, 1986, the Plan only had a self-funded indemnity type of program which covered all employees, retired employees, eligible dependents of employees and retired employees, and eligible former employees and their eligible dependents authorized to continue coverage past a termination of employment other than for retirement or disability purposes. A prepaid program of coverage by health maintenance organizations (HMOs) was offered in July 1986, as an alternative to the Plan's self-insured indemnity program. HMOs are required to offer benefits that are comparable to those provided by the self-insured indemnity program. Beginning in July 2000, firefighters, rescue squad workers, and members of the National Guard and their eligible dependents were allowed to voluntarily participate in the Plan on a fully contributory basis, provided they were ineligible for any other type of group health benefits and had been without such benefits for at least six months. In July 2004, the North Carolina Symphony Society, Inc., a non-profit corporation, was included as an employing unit under the Plan for the purpose of providing health benefits to the Symphony Society's employees and employees' families. The Symphony Society provides health benefits for its employees and employee family members through a labor contract with the Professional Musicians Association, a local of the American Federation of Musicians. Coverage under the Plan will be on a partially contributory basis for Symphony Society employees and enrolled spouses and dependent children. The amount of contributions provided by the Symphony Society and by their employees is determined periodically in accordance with the labor contract. The Plan's Executive Administrator and Board of Trustees are required to set premium rates for Symphony society employees and their families separate from those charged to active and retired teachers and state employees and their dependents enrolled in the Plan. Retired employees of the Symphony Society are not eligible for health benefits under the Plan since they are not members of the State Retirement Systems. Also beginning in July 2004, the North Carolina county local governments of Bladen, Cherokee, Rutherford, Washington, and Wilkes counties were authorized to become employing units under the Plan for the purpose of providing health benefits to their respective employees, retired employees, and their employee's eligible spouses and dependent children. If these local governments elect to participate in the Plan, they must by legal resolution approved by the Plan elect such participation and agree to make any contributions required by the Plan. A local government must allow all of its eligible employees and their eligible spouses and dependent children to enroll in the Plan on a non-contributory, partially contributory, or fully contributory basis. All enrolled employees, retired employees, and their family members will be required to participate in disease management, case management, and all other cost containment measures implemented by the Plan. If a local government elects to enroll its retired employees, and their eligible spouses and dependent children, the election is irrevocable. Local government employers making this election to cover retired employees are also required to make additional contributions to the Local Governmental Employees' Retirement System for this purpose as do all other employers participating in the Plan that cover its retired employees. If a local government does

not participate in the Local Governmental Employees' Retirement System, but has another formally established retirement plan, and elects to cover its retired employees, it is required to make premium contributions to the Plan as it may require. Local governments and their employees and retired employees will pay the same premium rates as those charged by the Plan for active and retired teachers and state employees and their dependents enrolled in the Plan. County local governments authorized to participate in the Plan may do so through June 30, 2006. Of the county local governments authorized to participate in the Plan, none have chosen to do so as of December 31, 2004. Employer-paid non-contributory premiums are only authorized for the self-insured indemnity program's coverage for teachers, state employees and retired employees. All other types of premium contributions in the indemnity program are fully contributory, except for job-sharing public school teachers who are authorized to pay partially contributory premiums at 50% of non-contributory rates. The Plan's Executive Administrator has set the premium rates for firefighters, rescue squad workers, and members of the National Guard and their families at 20% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Similarly the Plan's Executive Administrator has set premium rates for members of the North Carolina Symphony Society, Inc. and their families at 51% more than the comparable rates charged for teachers, state employees, retired employees, and their families. Premiums paid by employers to HMOs are limited to like amounts paid to the indemnity program with employees and retired employees paying any HMO amounts above the indemnity program's non-contributory rates. Both types of program coverage continue to be available under the Plan; however none of the HMOs with certificates of authority to transact business in North Carolina have offered to participate in the Plan since September 30, 2001. The Plan's employees and retired employees select the type of program that they wish for themselves and their dependents during the months of August and September of each year for coverage beginning in October.

The demographics of the Plan as of December 31, 2004, include:

	<b><u>Self-Insured Indemnity Program</u></b>	<b><u>Alternative HMOs</u></b>	<b><u>Plan Total</u></b>
<b><u>Number of Participants</u></b>			
Active Employees	295,793	-0-	295,793
Active Employee Dependents	134,812	-0-	134,812
Retired Employees	127,074	-0-	127,074
Retired Employee Dependents	19,180	-0-	19,180
Former Employees & Dependents with Continued Coverage	2,278	-0-	2,278
Firefighters, Rescue Squad Workers, National Guard Symphony Members & Dependents	171	-0-	171
Total Enrollments	579,308	-0-	579,308
<b><u>Number of Contracts</u></b>			
Employee Only	339,047	-0-	339,047
Employee & Child(ren)	41,448	-0-	41,448
Employee & Family	42,372	-0-	42,372
Total Contracts	422,867	-0-	422,867

	<u>Self-Insured Indemnity Program</u>	<u>Alternative HMOs</u>	<u>Plan Total</u>
<b><u>Percentage of Enrollment by Age</u></b>			
29 & Under	26.2%	-0-%	26.2%
30-44	20.6	-0-	20.6
45-54	20.1	-0-	20.0
55-64	17.9	-0-	17.9
65 & Over	15.3	-0-	15.3

**Percentage of  
Enrollment by Sex**

Male	37.9%	-0-%	37.9%
Female	62.1	-0-	62.1

Assumptions for the Self-Insured Indemnity Program: For the fiscal year beginning July 1, 2004, the self-insured program started its operations with a beginning cash balance of \$224 million. Receipts for the year are estimated to be \$1.687 billion from premium collections and \$7 million from investment earnings for a total of \$1.694 billion in receipts for the year. Disbursements from the self-insured program are expected to be \$1.667 billion in claim payments and \$56 million in administration and claims processing expenses for a total of \$1.723 billion for the year beginning July 1, 2004. For the fiscal year beginning July 1, 2004, the self-insured indemnity program is expected to have a net operating loss of approximately \$29 million for the year. The Plan's self-insured indemnity program is expected to have an available beginning cash balance of \$195 million for the fiscal year beginning July 1, 2005. The self-insured indemnity program is consequently assumed to not be able to carry out its operations for the 2005-2007 biennium without increases in its current premium rates or a reduction in existing benefits or payments to health care providers or both. This assumption is further predicated upon the fact that the program's cost containment strategies (hospital DRG reimbursements, discounts on hospital outpatient services, pre-admission hospital testing, pre-admission hospital inpatient certification with length-of-stay approval, hospital bill audits, case and disease management for selected medical conditions, mental health case management, coordination of benefits with other payers, Medicare benefit "carve-outs", cost reduction contracts with participating physicians and other providers, a prescription drug benefit manager with manufacturer rebates from formularies, and fraud detection) are maintained and improved where possible. Current non-contributory premium rates are \$217.66 monthly for employees whose primary payer of health benefits is Medicare and \$285.92 per month for employees whose primary payer of health benefits is not Medicare. Fully contributory premium amounts for employee and child(ren) contracts are \$135.46 monthly for children whose primary payer of health benefits is Medicare and \$178.22 monthly for other covered children, and \$324.88 per month for family contracts whose dependents have Medicare as the primary payer of health benefits and \$427.48 per month for other family contract dependents. Claim cost trends are expected to increase at a rate of 12% annually. Total enrollment in the program is expected to increase less than 2% annually over the next few years. The number of enrolled active employees is expected to increase about 2.5% annually over the next few years,

whereas the growth in the number of retired employees is assumed to be 5% per year. The program is expected to have a 1% decrease in the number of active employee dependents per year whereas the number of retiree dependents is expected to increase 1% per year. Investment earnings are based upon a 3.5% return on available cash balances. The self-insured indemnity program maintains a claim stabilization reserve for claim cost fluctuations equal to 7.5% of annual claim payments without reserving additional funds for incurred but unreported claims.

Assumptions for State Health Plan Subrogation: The Plan states that it is recovering claims under subrogation at an estimated rate of 50% of recovered damages as proposed in the legislation. The Plan's assumption for the legislation is that the current amount of recovery is going to go down by some amount not to exceed the amount of anticipated costs for recovery, but further assumes that having to subrogate claims with an exemption from the \$4,500 wrongful death cap will increase overall recovered amounts. The Plan also assumes that recovered amounts may increase over time as hospitals, plan members, and attorneys become aware of the Plan's rights to recovery under subrogation. Recovered claims data provided by the Plan indicate that since November 2004, total recovered amounts equal \$995,272 based on 516 resolved cases out of 915 total cases.

**SOURCES OF DATA:**

- Actuarial Note, Hartman & Associates, Special Provision State Health Plan Subrogation, August 9, 2005, original of which is on file in the General Assembly's Fiscal Research Division.
- Actuarial Note, Aon Consulting, State Health Plan Subrogation, August 9, 2005, original of which is on file with the Comprehensive Major Medical Plan for Teachers and State Employees and the General Assembly's Fiscal Research Division.

**TECHNICAL CONSIDERATIONS:** None

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**Signed Copy Located in the NCGA Principal Clerk's Offices**

