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From: Committee on Rules 36GL <cor@guamlegislature.org>
Sent: Thursday, October 13, 2022 2:48 PM
To: Clerks; Rennae Meno
Cc: Speaker Therese M. Terlaje
Subject: Messages and Communications for Doc. No. 36GL-22-2672*
Attachments: 36GL-22-2672.pdf

Håfa Adai Clerks,

Please see below M&C Doc. No. 36GL-22-2672 for processing:

36GL-22-2672	Health Insurance Negotiations for FY 2023*	Department of Administration - Director's Office

Si Yu'os Ma'åse',

COMMITTEE ON RULES

Vice Speaker Tina Rose Muña Barnes, Chairperson
36th Guam Legislature
I Mina'trentai Sais Na Liheslaturan Guåhan
Guam Congress Building | 163 Chalan Santo Papa Hågatña Guam 96910
Email: cor@guamlegislature.org

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From: **Speaker Therese M. Terlaje** <senatorterlajeguam@gmail.com>
Date: Thu, Oct 13, 2022 at 1:43 PM
Subject: Messages and Communications for 36GL-22-2672
To: Office of Senator Shelton Guam Legislature <officeofsenatorshelton@guamlegislature.org>, Committee Rules <cor@guamlegislature.org>
Cc: Speaker's Office <speaker@guamlegislature.org>

Håfa Adai,

Please see attached M&C Doc. No. 36GL-22-2672*

36GL-22-2672	Health Insurance Negotiations for FY 2023*

Si Yu'os Ma'åse',

Marie Cruz
Community Relations Liaison

Office of Speaker Therese M. Terlaje
Committee on Health, Land, Justice and Culture
I Mina'trentai Sais na Liheslaturan Guåhan
36th Guam Legislature
Address: Guam Congress Building, 163 Chalan Santo Papa, Hagåtña, Guam 96910
T: (671) 472-3586 F: (671) 989-3590 Email: speaker@guamlegislature.org
website: www.senatorterlaje.com

---------- Forwarded message ---------
From: **Naomi Sablan** <Naomi.Sablan@doa.guam.gov>
Date: Thu, Oct 13, 2022 at 10:41 AM
Subject: FY2023 Legislature Briefing Memo
To: Speaker Therese M. Terlaje <senatorterlajeguam@gmail.com>
Cc: DOA_healthinsurance <DOA_healthinsurance@doa.guam.gov>, Leonora P. Candaso <Leonora.Candaso@doa.guam.gov>

Hafa Adai Madam Speaker

Please see attached FY2023 Legislature Briefing Memo. Kindly confirm receipt of this email and attachment.

Thank you

Naomi C. Sablan | Employee Benefits Branch | Department of Administration

Tel: 475-1179 | Email: naomi.sablan@doa.guam.gov

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Speaker Therese M. Terlaje <senatorterlajeguam@gmail.com>

FY2023 Legislature Briefing Memo

Naomi Sablan <Naomi.Sablan@doa.guam.gov> Thu, Oct 13, 2022 at 10:41 AM
To: "Speaker Therese M. Terlaje" <senatorterlajeguam@gmail.com>
Cc: DOA_healthinsurance <DOA_healthinsurance@doa.guam.gov>, "Leonora P. Candaso" <Leonora.Candaso@doa.guam.gov>

Hafa Adai Madam Speaker

Please see attached FY2023 Legislature Briefing Memo. Kindly confirm receipt of this email and attachment.

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OFFICE OF THE SPEAKER
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Date: 10/13/2022
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Naomi C. Sablan | Employee Benefits Branch | Department of Administration

Tel: 475-1179 | Email: naomi.sablan@doa.guam.gov

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LOURDES A. LEON GUERRERO
Governor (Maga'håga)
JOSHUA F. TENORIO
Lt. Governor (Sigundo Maga'låhi)

August 31, 2022

Honorable Therese M. Terlaje
Speaker
I Mina' Trentai Sais Na Liheslaturan Guåhan
36th Guam Legislature
Guam Congress Building
163 Chalan Santo Papa
Hagatna, Guam 96910

Subject: Health Insurance Negotiations for FY 2023

Dear Madam Speaker,

Hafa Adai! Health insurance negotiations for FY 2023 were successfully concluded in accordance with the group health insurance benefit law for employees, retirees, survivors, and foster children of the Government of Guam (GovGuam) founded in Chapter 4 of Title 4, Section 4301, Guam Code Annotated. In this memo, the Government of Guam Health Insurance Negotiating Team (the Team) presents its findings for the Government of Guam Group Health Insurance Program for FY 2023.

New for FY 2023

GovGuam has previously expressed the desire to move towards a self-funded model. To successfully consider and implement such a change, the Team recommended first conducting a feasibility study to assess the benefits and risks associated with self-funding the health benefits offered by GovGuam. There was not sufficient time to complete a full feasibility study for FY2023, but work has already begun on a feasibility study of the medical benefit for FY 2024.

Plan sponsors commonly self-fund the pharmacy benefit. The Team has considered this for FY 2023 as a preliminary step towards a potential fully self-funded model. Self-funded pharmacy contracts are typically administered through Pharmacy Benefits Managers (PBMs) or Group Purchasing Organizations (GPOs). The Team recommends that GovGuam considers contracting with such an organization for FY 2024. To meet the FY 2023 procurement timeline, it is possible for GovGuam to contract with one of the existing carriers and self-fund the pharmacy benefits, with the carrier acting as a third-party administrator for pharmacy claims. With this type of arrangement, GovGuam may be able to realize savings associated with utilization management initiatives in FY 2023, even though there would be no improved contract terms since GovGuam would be subject to the selected carrier's contract with its existing PBM.

Process for FY 2023

This year's process required bidders to submit the following:

- Non-exclusive offers for fully insured medical benefits (including and excluding pharmacy benefits),
- Exclusive offers for the administration cost of a self-funded pharmacy plan,
- Exclusive offers for the fully insured foster plan (including and excluding pharmacy benefits), and
- Exclusive offers for the administration cost of the self-funded dental plan.

Each of the insurers is required to offer plan designs at least as rich as GovGuam's standard plan designs.

The RFP was distributed via the Department of Administration's website on 05/19/2022.

The Team, together with Milliman, Inc.'s Public Employer Health Plan team (the Milliman team), successfully navigated the analysis of whether GovGuam should insure or self-fund the pharmacy benefit as a first step towards GovGuam's stated goal of moving the health plan to a self-funded arrangement. The Milliman team assisted the Team in reviewing the offers submitted by each of the bidders and comparing and quantifying the potential financial impacts of the presented offers.

Consistent with the Phase 2 scoring provisions of the Request for Proposal (RFP), the Team evaluated the non-exclusive offers, scored them, and voted to invite the two bidders to negotiate for FY 2023.

During the Phase 3 negotiation process, the Team further evaluated the non-exclusive medical and pharmacy offers, the exclusive foster and dental offers, and the proposed exclusive self-funded pharmacy offers.

During Phase 4, the Team scored the offers. The Team voted to accept the carrier's medical only fully insured rates for the 1500 and HSA plans. A carrier was selected as the exclusive carrier for the pharmacy self-funded benefit; a carrier was selected to as the exclusive carrier for the Foster Plan; and a carrier was selected as the exclusive carrier for the self-funded dental plan.

Public Law 35-92, codified at 4 GCA §4302(c)(9) requires the Team to forward the most economical and beneficial health insurance proposals for the Government of Guam employees, retirees, survivors, and foster children to the Governor for FY 2023 group health insurance. This law allows government employees and retirees to choose a health insurance carrier from the carriers which the Governor has approved and pay the required premium for their chosen plan. Government employees and retirees pay a portion of the premium for the lower cost option within each plan and class, recommended by the Team, and GovGuam pays the remainder. For the higher cost plan, GovGuam pays the equivalent of the lower costing plan and employees and retirees voluntarily pay the difference.

The Team's recommendation was presented to the Governor for consideration and approval.

Current estimated annual premiums for FY 2022

Below are the total estimated annual premiums for medical, prescription drugs, and dental benefits based on enrollment as of March 2022. The portion of the premium paid by GovGuam and employees/retirees is shown separately.

FIGURE 1: ESTIMATED ANNUAL PREMIUMS FOR FY 2022 ($'MILLIONS)

Benefit category	GovGuam premium	Employee/Retiree premium	Total premium
Medical and Rx[1]	$92.9	$30.6	$123.5
Dental (premium equivalent)	$3.5	$4.2	$7.7
Combined	**$96.3**	**$34.9**	**$131.2**

[1] Includes RSP, foster coverage, and gym cost

The above premiums are not final since the FY 2022 year is not yet complete. Variation in enrollment may cause variation in the above premium estimates. Any funds due to GovGuam through the "Participating Contract Agreement"[1] will be calculated and paid out as appropriate at the end of April 2023 in accordance with the current contract.

[1] Through this agreement, if the ratio of claims to premiums for the fiscal year is lower than 86%, the carriers will refund GovGuam the difference between the actual claims to premiums ratio and 86%.

Self-funded pharmacy benefit: considerations and recommendations

Given the historical increases in healthcare costs which are expected to increase further in future fiscal years, it is an expressed goal of the Governor to assess the pros and cons of a self-funded model. For FY 2024, the Team, together with the Milliman team, will conduct a feasibility study to explore the benefits and potential risks of GovGuam self-funding the medical benefit. As a step towards this goal, the Team analyzed whether to insure or self-fund the pharmacy benefit for FY 2023. The two alternatives considered for the pharmacy benefit for FY 2023 were:

1. The pharmacy benefit remains fully insured with the same funding structure as the FY 2022 benefits. Under this arrangement, each medical carrier coordinates their own fully insured pharmacy benefit.
2. The pharmacy benefit transitions to self-funded. An exclusive self-funding administrative pharmacy contract will be awarded to one of the two bidding carriers for FY 2023. Under this arrangement, GovGuam would use the selected carrier's existing Pharmacy Benefits Manager (PBM) contract terms.

Based on the Team's analysis and review of the carriers' bids, it was concluded that self-funding the pharmacy benefit will not guarantee savings in FY 2023 and there is a risk that the cost to GovGuam may increase, since GovGuam would be at risk for the pharmacy claims. This conclusion is based on the assumption that the only change to the pharmacy benefit is the contract and how the benefit is funded. The Team's analysis also assumes that the contract terms offered to GovGuam are consistent with the terms offered to the carrier through its PBM and that no additional cost is added as "spread pricing" for the carrier. The Team will need to verify with the selected carrier that there would be no changes to the duration or terms of the PBM contract as a result of the self-funding arrangement.

Given GovGuam's objective to move towards self-funding the GHI benefits and the potential for savings through utilization management initiatives, the Team voted to self-fund the pharmacy benefit for FY 2023. Upon reviewing the self-funded administrative quotes for the pharmacy benefit from each of the offerors, the Team voted to award an exclusive contract to a carrier since it was the most economical and beneficial offer.

There are multiple strategies a healthcare funder can explore to save costs, for example, provider contracts, utilization management, and risk transfer arrangements. Although self-funding the pharmacy benefit in FY 2023 will not include provider contracting saving opportunities, there are other opportunities for GovGuam to consider. Utilization strategies may result in realized savings in FY 2023, for example, investigating how mail order pharmacy channels can be encouraged and implemented in Guam.

The Team evaluated the self-funding administrative offers by considering the following factors:

1. **Quoted administration fee.**
2. **Fully insured medical premiums.**
3. **Rebates.**

Although a carrier had lower estimated rebates, this is more than offset by the lower administrative fee and proposed medical-only premiums.

The carrier's proposed pharmacy funding rates for GovGuam to use as premium equivalents for the self-funded pharmacy benefit. These funding rates have been used in the financial analysis used to evaluate the self-funded pharmacy administrative bids.

The Team recommends that GovGuam continue to work with the carrier to refine the proposed funding rates and revise them to reflect more recent claims experience to more accurately predict expected pharmacy claims costs for FY 2023 prior to finalizing GovGuam's FY 2023 budget.

The figures below show the total estimated annual premium for FY 2023 under three scenarios:

1. **Revised bids (Rx carved in):** Pharmacy remains fully insured, using the revised bids provided by the carriers. The revised bids were submitted following the negotiation meetings held with each carrier.

2. **Rx self-funded:** Pharmacy is carved out of the medical premium rates and a carrier is awarded the self-funded administrative services contract for the pharmacy benefit.

Scenario 2 used the proposed medical premiums with pharmacy carved out submitted by carriers.

Each scenario shows the impact on the carrier's enrollment, and combined enrollment assuming that each carrier's enrollment is the same as March 2022.

For scenarios 2, the total annual premium includes:

1. The medical premium with pharmacy carved out, as proposed by each carrier.
2. The relevant administrative PEPM proposed by each carrier.
3. The pharmacy funding rate. This has been calculated two ways to test the sensitivity of the results to the funding rate assumption. This is shown in two separate charts (Figures 2 and 3):
    1. As a blend of the funding rates proposed by the carriers for each plan and class to provide a consistent and fair comparison.
    2. Using the funding rates proposed by each carrier when reflecting each carrier being awarded the self-funded pharmacy administrative contract..
4. Estimated rebates have been subtracted from the pharmacy funding rate using the estimated value of rebates for each carrier as a percentage of total pharmacy costs for each carrier.

As discussed earlier, the Team recommends working with the selected carrier to produce a best estimate based on detailed claims experience. There are modeled options in this briefing memo – (1) blended funding rates and (2) a carrier's preliminary funding rates.

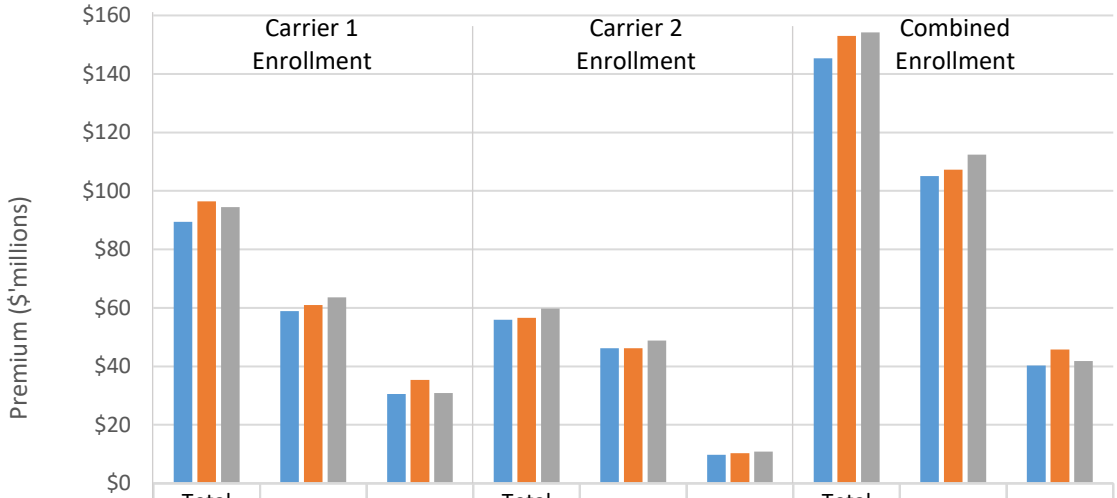
Using blended funding rates for pharmacy, self-funded options have a higher estimated total cost than the fully insured option. The self-funded option under a carrier's administrative contract has a higher cost than other carriers. Overall, the total benefit cost appears lower if one carrier is awarded the self-funded pharmacy administrative contract compared to the others. Although one carrier offers a lower pharmacy rebates than the other, the lower administrative cost and the lower proposed medical premiums for the carrier that is awarded the contract, results in a lower overall cost.

These comparisons assume no changes to utilization patterns. Opportunities for savings exist but will require GovGuam to participate in efforts to change member behaviors. Under the self-funded option, GovGuam would realize any savings (or costs) associated with efforts to change utilization patterns.

Using the funding rates without blending, the total benefit cost is lower under the scenario that the recommended carrier is awarded the self-funded administrative pharmacy contract, compared to the fully insured scenario. This demonstrates that the total benefit cost is sensitive to the pharmacy funding rate.

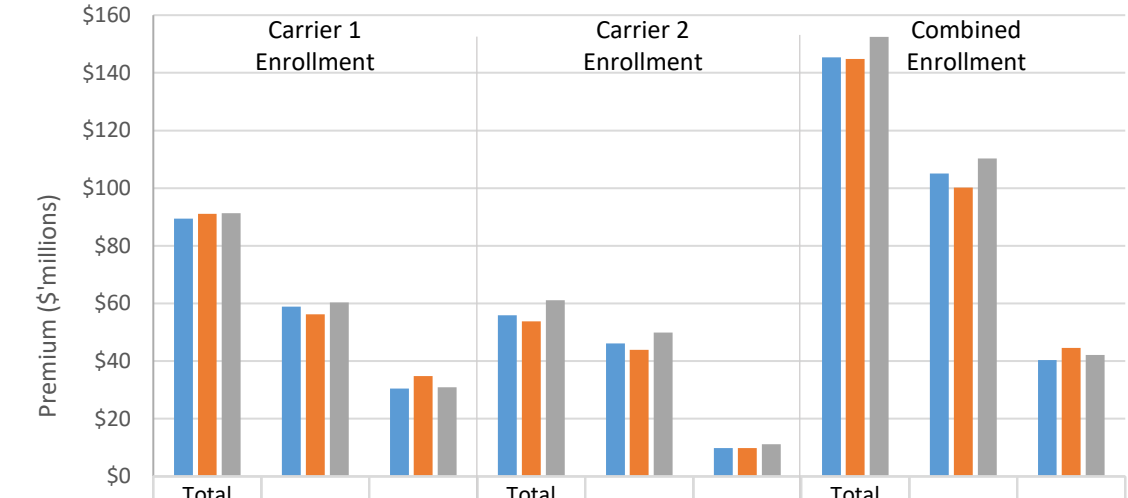
Lowering the funding rate increases the risk to GovGuam since if actual pharmacy claims experience is higher than expected, GovGuam takes on the risk of making up the shortfall rather than sharing the risk with subscribers through the premiums.

FIGURE 2: PREMIUM IMPACT: PHARMACY BENEFIT FULLY INSURED VS. SELF-FUNDED, BLENDED FUNDING RATES



	Carrier 1			Carrier 2			Combined		
	Total annual premium	GG premium	EE/Ret premium	Total annual premium	GG premium	EE/Ret premium	Total annual premium	GG premium	EE/Ret premium
Revised bids (Rx carved in)	$89.4	$58.9	$30.5	$56.0	$46.2	$9.8	$145.4	$105.1	$40.3
Rx self-funded (Carrier 2)	$96.4	$61.0	$35.4	$56.6	$46.2	$10.3	$153.0	$107.3	$45.7
Rx self-funded (Carrier 1)	$94.5	$63.6	$30.9	$59.8	$48.9	$10.9	$154.3	$112.4	$41.8

FIGURE 3: PREMIUM IMPACT: PHARMACY BENEFIT FULLY INSURED VS. SELF-FUNDED, FUNDING RATES NOT BLENDED

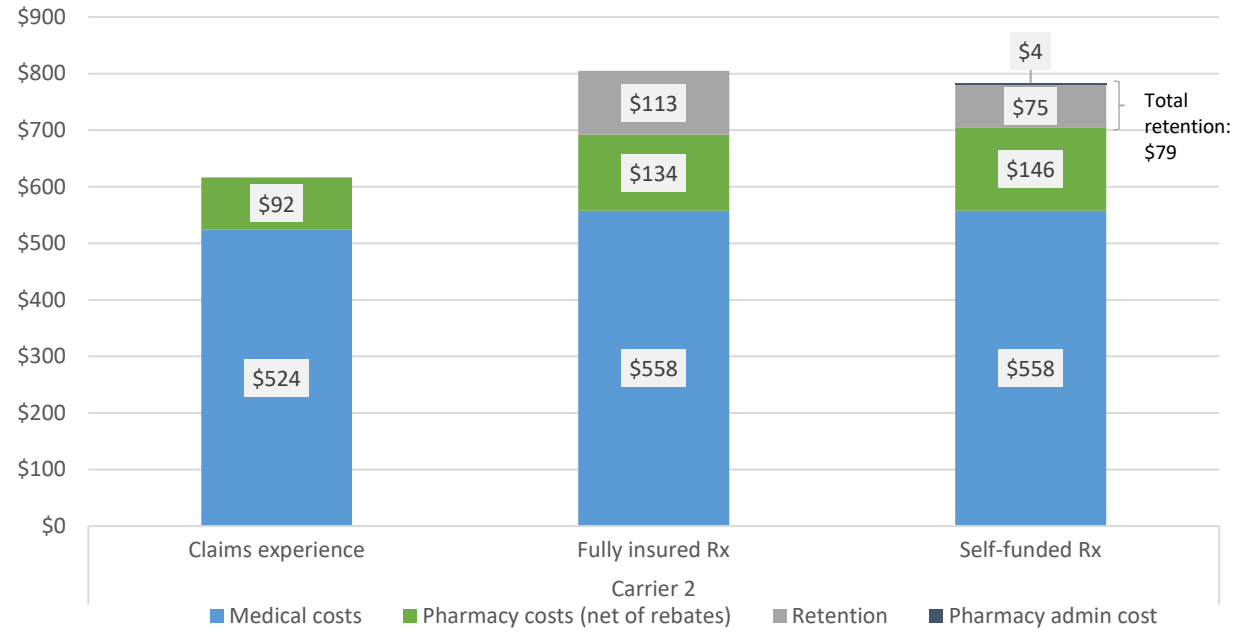


	Carrier 1			Carrier 2			Combined		
	Total annual premium	GG premium	EE/Ret premium	Total annual premium	GG premium	EE/Ret premium	Total annual premium	GG premium	EE/Ret premium
Revised bids (Rx carved in)	$89.4	$58.9	$30.5	$56.0	$46.2	$9.8	$145.4	$105.1	$40.3
Rx self-funded (Carrier 2)	$91.1	$56.3	$34.8	$53.8	$44.0	$9.9	$144.9	$100.2	$44.6
Rx self-funded (Carrier 1)	$91.3	$60.4	$31.0	$61.1	$49.9	$11.2	$152.4	$110.3	$42.2

Once the Team identified Carrier 1 as the lower cost option for the self-funded pharmacy administrative contract, it compared the components of premiums and premium equivalents for the fully insured and self-funded pharmacy options.

In the figure below, medical claims under the self-funded pharmacy scenario are assumed to be the same as the fully insured scenario, to allow comparison of pharmacy costs and retention. This represents the medical portion of the fully insured premium, using the percentages provided by the carriers in their RFP responses. The total retention (administration + profit) under the self-funded pharmacy scenario is significantly lower than the fully insured scenario and the funding rate is higher than the assumed fully insured pharmacy cost. The historical claims costs are shown for context but should not be relied upon for making decisions since they only represent six months of data and do *not include adjustments for expected differences in experience between FY 2022 and FY 2023.*

FIGURE 4: TOTAL BENEFIT COST PEPM BY COMPONENT: CLAIMS COST, FULLY INSURED, AND SELF-FUNDED FOR PORTION OF MEMBERS ENROLLED WITH CARRIER 2 AS OF MARCH 2022



Note: Historical claims costs have been adjusted for IBNP (incurred but not paid) and seasonality and they have been trended to FY 2023.

Carrier 2 retention summary	
Fully insured	
Total retention/premium	14.0%
Self-funded	
Total retention/(medical + Rx) premium equivalent	10.1%
Medical retention/medical premium	11.9%
Pharmacy admin/pharmacy premium equivalent	2.3%

Recommended non-exclusive option for medical benefits and exclusive options for dental and foster benefits for FY 2023

The Team scored each carrier's bid for the non-exclusive medical benefits (with fully insured pharmacy benefits and pharmacy benefits carved out), exclusive foster benefits, and exclusive administrative contract for the dental benefits.

The Team recommends that the carriers offer medical benefits (with pharmacy benefits carved out) be offered for FY 2023. One carrier's proposed premium rates were the most economical and beneficial, and consequently, the Team recommend that GovGuam's premium contribution be based on that carrier's rates. Employees and retirees can opt to purchase the higher premium plan by paying a higher share of the premiums listed.

The Team recommends that the contract for the foster plan be awarded to the incumbent carrier.

The Team recommends that the administrative contract for the self-funded dental benefit be awarded to the lower premium rated plan, since the administrative fee quoted was lower.

Medical, foster, and dental benefit considerations

The non-exclusive contracts for medical benefits will include Participating Agreements. Target experience is defined as total premiums earned multiplied by 86%. If the claims incurred are lower than the target experience, GovGuam receives a participating contract refund from the carrier to make up the difference between actual and target experience.

The performance guarantees included in Exhibit E of the RFP were unchanged from FY 2022. Each carrier is at risk for a total of 1.0% of total annual premium for unsatisfactory claims adjudication, claims administration, member service, and account management.

Benefits for FY 2023 remain unchanged from FY 2022.

In order to incentivize retiree enrollment in the RSP plan, the General Fund allocates funds to the GovGuam Retirement Plan to subsidize Retirees' Medicare Part A premiums for those who retired before GovGuam paid Medicare tax and Part B premiums for all retirees. For those who enroll in the RSP plan, Medicare is considered their primary insurance with the carrier only paying claims as the secondary insurer. This funding should be considered part of the overall insurance cost and funding should be based on demand rather than prior data. The Team also indicated that the DOA will work closely with the selected carriers to optimize Medicare enrollment for FY 2023.

The Team is required to procure health insurance coverage for foster children under the care of Child Protective Services (CPS). The requirement is full health insurance coverage for these children, which includes coverage for medical care with no deductibles or coinsurance (i.e., 100% payment of all claims); dental care with no deductibles or co-insurance at 100% of costs; and prescription drug coverage paid at 100% of costs.

The DOA is responsible for managing this program on a separate rate/cost basis under the current GovGuam employee and retiree program. Since the benefits and utilization are different from the employee/retiree plans, this is tracked as a separate line item under the current plans.

Future opportunities

The Team acknowledges that continued cost increases are unsustainable and explored multiple strategies to lower future cost increases and achieve additional cost savings in FY 2023 and future years. The Team recommends:

1. Considering the feasibility of self-funding the medical benefit for FY 2024.
2. Conducting an RFP process for a PBM or Group Purchasing Organization contract for a self-funded pharmacy benefit for FY 2024.
3. The DOA work with the selected carriers to enroll Medicare eligible retirees into Medicare.

4. The DOA works with the carriers to apply for retiree drug subsidies (RDS) through CMS[2]. The RDS Program reimburses plan sponsors for a portion of their qualifying prescription drug cost, otherwise covered by Medicare Part D. In general, the subsidy payments are calculated as 28% of a qualifying retiree's allowable prescription drug costs. Both carriers have expressed willingness to work with GovGuam to apply for RDS subsidies. If the lower premium carrier is awarded the administrative pharmacy contract, GovGuam would only need to coordinate with that carrier on this initiative.
5. The DOA works with carriers to ensure that enrollees with End Stage Renal Disease (ESRD) are managed appropriately, for example, ensuring that these enrollees enroll with Medicare after the 30-month waiting period and that their on-island/off-island treatment is coordinated and approved appropriately.

Rating considerations

The Team recommends the following approach to distributing the total premium and premium equivalents between GovGuam and the actives/retirees. This suggested approach remains unchanged from FY 2022:

- Actives: For the lower cost plan, employees pay a percentage of the total premium. This percentage remains the same as FY 2022. GovGuam pays the balance of the total premium. For the higher cost plan, GovGuam pays the same as for the lower cost plan and the employee pays the remainder.
- Retirees in the HSA and PPO plan: For the lower cost plan, retirees pay the same premium as the equivalent active plan and class premium and GovGuam pays the remainder. For the higher cost plan, GovGuam pays the same as the lower cost retiree plan and retirees pay the remainder.
- RSP: GovGuam pays the full premium of the lower cost plan within each class. Retirees who select the higher cost plan pay the difference between the lower and higher cost premium.
- Dental: Employees/retirees pay a proportion of the total premium and GovGuam pays the rest. The proportion remains unchanged from FY 2022.
- Foster: GovGuam pays the full cost for the foster benefit.
- Gym costs: GovGuam pays the total gym benefit cost.

The pharmacy funding rates and administration costs are added to the medical-only premiums for the HSA, PPO, RSP, and foster plans. The funding rates are net of estimated rebates but as noted earlier in the memo, the Team recommends that the DOA continue to work with carrier to finalize the funding rates used for FY 2023.

Savings achieved through negotiations

Each of the carriers submitted three sets of offers:

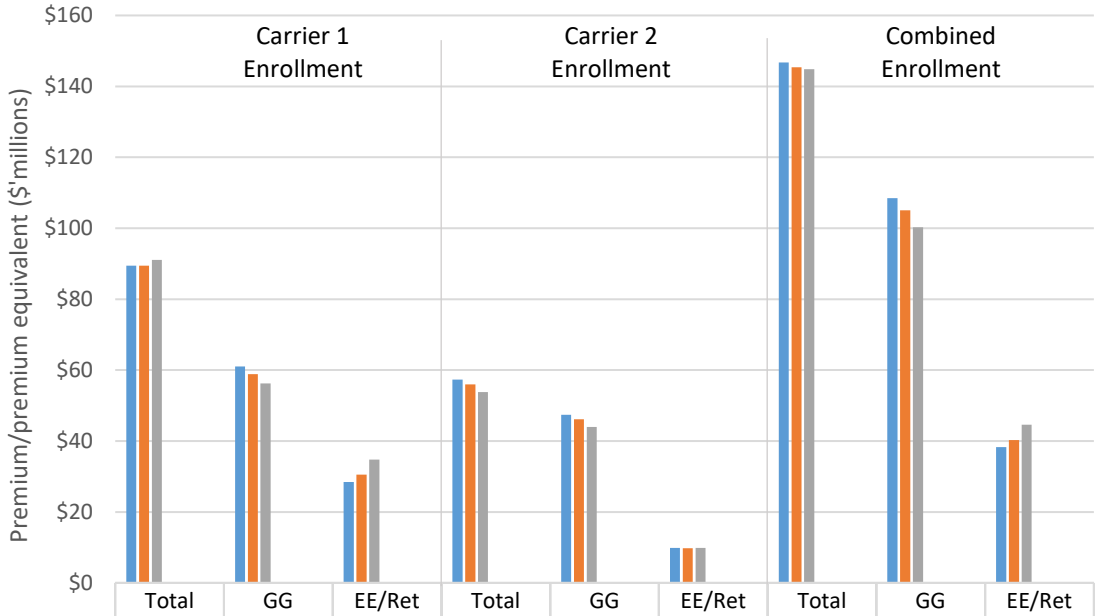
1. Initial bids: Initial bids in response to the GHI RFP
2. Revised bids: Revised bids following negotiation meetings with each of the carriers
3. Self-funded pharmacy bids: Medical-only premiums with pharmacy carved out. The pharmacy cost is reflected in the carriers' quoted administration fees and proposed funding rates.

Compared to the initial bids, the revised bids reduced the total premium by 0.9% ($1.4 million) while the self-funded pharmacy bids reduced the total premium by 1.3% ($1.9 million) when using a carrier's estimated funding rate.[3] For the revised and self-funded pharmacy bids, the cost to GovGuam decreased while the cost to employees/retirees increased relative to the initial bids. The increase in cost for employees/retirees is mostly driven by the higher enrollment plan assuming employees/retirees stay enrolled in the same plan as they were enrolled in March 2022. Reductions in the lower cost options, result in GovGuam paying a smaller portion of the higher plan's premiums with the remaining cost shifted to employees/retirees.

The self-funded pharmacy bid results presented below use the pharmacy funding rates proposed by a carrier. As noted earlier, the Team recommends that the DOA works with this carrier to refine these funding rates and the results presented below are subject to change if the pharmacy funding rates change.

[2] https://www.rds.cms.hhs.gov/?q=common-questions/general-program-information
[3] Note that this estimate may change if the finalized funding rates estimated by the carrier changes.

FIGURE 5: ESTIMATED FY 2023 PREMIUM COMPARISON FOR INITIAL, REVISED, AND SELF-FUNDED PHARMACY BIDS



	Total	GG	EE/Ret	Total	GG	EE/Ret	Total	GG	EE/Ret
	Carrier 1			Carrier 2			Combined		
Initial bid	$89.4	$61.0	$28.4	$57.3	$47.4	$9.9	$146.8	$108.4	$38.3
Revised bid	$89.4	$58.9	$30.5	$56.0	$46.2	$9.8	$145.4	$105.1	$40.3
Self-funded pharmacy bid	$91.1	$56.3	$34.8	$53.8	$44.0	$9.9	$144.9	$100.2	$44.6
Difference: Revised and initial	$0.0	-$2.1	$2.1	-$1.4	-$1.2	-$0.1	-$1.4	-$3.4	$2.0
% difference: Revised vs. initial	0.0%	-3.5%	7.5%	-2.4%	-2.6%	-1.2%	-0.9%	-3.1%	5.2%
Difference: Self-funded and initial	$1.6	-$4.8	$6.4	-$3.5	-$3.5	$0.0	-$1.9	-$8.2	$6.3
% difference: Self-funded vs. initial	1.8%	-7.8%	22.4%	-6.1%	-7.3%	-0.5%	-1.3%	-7.6%	16.5%

Note: Includes HSA, PPO, RSP, foster, and gym costs and assumes March 2022 enrollment by carrier.

Thank you for the opportunity to present the results of the FY 2023 Group Health Insurance Negotiations. I am available should you have any questions or need additional clarifications. *Si Yu'os Ma'ase*.

Senseramente,

Edward M. Birn
Director, Department of Administration