Health Plan Review Committee

{DRAFT}

Regular Meeting Minutes
June 26, 2018 @ 10 am
City Hall 2nd Floor Conference Room

Rusty Whisenhunt called the meeting to order at 10:12 AM.

I. Roll Call

Members Present: Rusty Whisenhunt, Richard Rogalski (arrival at 10:50 am), Albert Ozuna, James Churchwell (departure at 10:55 am), Bob Bigham, Britt Hubbard

Others Present: Warren Wick (HR Director), Kristin Huntley (Finance), Chris Engelman (BCBS), April Bortmess (BCBS), Kerrie Cook (BCBS), Brady Ayala (NFP), Jona O'Hagan (NFP), Malloy Whitman (Benefits Coordinator)

Members Absent: Bruce Kizarr, John Schwenk, Alex Hadley

II. Minutes (August 8, 2017) – Approved after quorum reached

Motion to approve minutes as written by Bob Bigham with second by Albert Ozuna
Ayes: Whisenhunt, Ozuna, Churchwell, Bigham Nays: None Abstain: Hubbard Motion carried

III. Review Financial Reports

Bank Balance as of November 30, 2017	$2,058,904.47
Outstanding Deposits	$395,004.72
Cleared Checks as of December 18, 2017	$613,728.32
Outstanding Claims (Self funded)	$1,269,172.85
Outstanding Claims (Pass through)	$0
Deposits in Transit	$0
Adjusted Balance as of	$571,008.02

Kristin highlighted the Annual Bank Reconciliation:

Beginning Bank Balance November 2017	$617,530.66
Employee Contributions + City Contributions	$1,472,347.29
Disbursements (only Retiree's Medical/Prescriptions)	$30,973.48
Balance	$2,058,904.47

Kristin said Liazon is a separate bank account. She is going to have that reconciled and included but they are in an audit and she has not yet been able to get to it. Rusty asked about administrative costs for Liazon and where that is being billed. Huntley said it is under Outstanding Claims under Supplemental Bank Reconciliation. Huntley said that is October and

November. Rusty said these are Blue Cross' bills however. Huntley said that Liazon's are a separate bank account.

Whisenhunt said the Health Fund is paying part of that cost. Huntley has not yet gotten to that. Adjusted balance is not correct as the Liazon cost is not being included. That number with Liazon in there is inaccurate. Whisenhunt would like to get to that cost. Huntley wondered if that is the outstanding check they have. She will need to get to Julie Magness in Finance on that.

Whisenhunt wonders if we have any idea what that fee is. Huntley said we should have a better idea for next month. Whisenhunt asked who is getting the Liazon bills. Mallory said she is receiving them in email format and forwarding them to Julie. Whisenhunt is wondering what they are each month. Whitman says they vary. Whisenhunt would like to see that administrative cost as we are 5 months in. Brady asked why it is coming out of a different account. Huntley was not involved when this was set up.

Ayala guess it was about $20,000. Huntley is wondering why we are writing them a check. Whisenhunt said that it was probably $4000 to $6000 plus the initial setup cost. Ayala is wondering if it is being lumped into the Blue Cross Blue Shield number or another total. Huntley said it's not but she's not sure where it's coming out of. Huntley going to get with Magness to see where it is being paid from.

IV. Wellness Committee Update

Whitman said we are currently doing yoga once a week and it's being taught by Richard Rogalski's wife. In the New Year, we are focusing on healthy eating and food journaling. A nutritionist is coming in early January to do a cooking demonstration and talking about how to food journal with employees.

Since last meeting, there have been quite a few events. We had the Health and Wellness Fair in October. 164 employees attended and 18 vendors attended. 99 participants got their flu shots or the TDAP shots. Wal-Mart has already said that they would like to do it again next year. We had 46 people do the free onsite Delta Dental screenings. They will be back again next year.

We had a blood drive in October. We donated 13 units of blood. Our next blood drive is in February. We only had 59 participants for Catapult this year. Whitman provided the report for this to the committee. Whitman says she is looking at a different company next year for the biometric screenings. They are called Total Wellness and are based out of Oklahoma City. They spoke with Chase last year but we had already signed the Catapult contract. The main difference is that Total Wellness does not charge for non-participation. Whitman is meeting with them today (12/19) with an update on them next meeting.

Whisenhunt said the non-participants are the ones who need to do these screenings as they are most likely the ones who do not go to the doctor. Ayala asked to see comparison to last year. First year we did it, we had over 100 participate. Whisenhunt felt drop off in numbers was reflected as people saw what they got and just didn't feel like re-participating. Ayala was wondering what the draw was. Whitman highlighted the points rewarded and snacks provided. It did take place during the City's communication issues with email and computers being down. Ayala said reason for screenings is for people who don't go to the doctor and to identify health issues.

Ayala suggests some ways we could drive people to participate including t-shirts etc. Warren asked if we only do it at one location. He suggested doing several locations. Wick asked us to weigh the benefits of the biometric screenings and to use little prizes to drive participation. April highlighted facts on the report regarding Catapult and primary care screenings which seem to break even. Warren suggested sending mailers to the home and this could even allow spouses to encourage this.

Ayala asked about if flu shots were available here. Whitman said that we had done them the week before at the Health Fair. Whisenhunt pointed out that the Health Fair attendance was down as well by about 50. Flu shots were also down about 20. All participation was down and it could be because of communication.

Ayala said we could further incentivize Wellness. Whisenhunt thinks that is the direction we need to go in. Ayala suggested a sub-committee to look into this. Whisenhunt highlighted the already established Wellness Committee. This could help with "buy-in." The biggest groups missing from wellness activities are labor and trades individuals. Doing something closer to their sites may pull some involvement in.

V. Old Business

a. Consider changing the meeting time from 10:00 am back to 9:00 am

Whisenhunt recalls when we switched to 10:00 am for meeting. BlueCross and NFP don't mind either way. Most prefer the 9:00 am meeting time. Time of meeting will now be 9:00 am.

<u>Motion to move meeting back to 9:00 AM by Ozuna with second by Rogalski</u>
<u>Ayes: Whisenhunt, Rogalski, Ozuna, Churchwell, Bigham, Hubbard Nays: None Motion carried</u>

b. Written report on breakdown by plan selection

Committee would like to see number of participants in each plan. April put together statistics regarding this as well as statistics about how each plan was performing. She disclaims that some of the plans do not have lots of data in them so numbers may be skewed due to just starting in July and only having data through end of November. There are comparisons to Oklahoma benchmarks though. Bortmess continues that the plans are running well. Committee went through with April the entirety of her statistics (included in Health Committee Binder.) BlueOptions plan is biggest plan. 100% of population included in report so Medicare supplement participants included.

Bortness circled in red all of the most important stats. Increase in Pharmacy is due to some high cost claimants. She ties in with Wellness committee of what we could do to help with categories that were higher in claims (digestive, skeletal etc.) The City is higher on ER rate. Bortmess said to remind employees of Telemedicine. Bortmess turns to page 6 and shows breakdown on cost vs. utilization. She also touches on Key Indicator statistics. Chart on right side of page highlights "Spend by Service Category." This chart lets you see in categories if we had a high cost claimant that may be spiking certain areas of costs.

Bortness then highlights that there are statistics for each plan available there. All of them have similar visuals and charts as the Executive Summary. All have comparisons to Oklahoma

Whisenhunt asked if there is anyone who wants to be chairman. Rogalski asked who Vice Chairman was currently. Ozuna replied that it is Bruce Kizarr.

Motion to nominate Whisenhunt as Chairman by Rogalski with second by Ozuna.
Ayes: Rogalski, Ozuna, Churchwell, Bigham, Hubbard Nays: None Abstain: Whisenhunt Motion carried

VII. Comments/Communication

Whisenhunt would like to point out the meetings schedule for 2018 for the committee. The meetings are scheduled for the 3rd Tuesday of every month.

The next Health Plan Review Committee meeting scheduled is January 16, 2018. However, we will be cancelling this due to waiting on planning and pricing coming. Whitman will still send a financial report. The next meeting will instead be February 20, 2018.

VIII. Adjournment

Rusty Whisenhunt announced the meeting adjournment at 11:35 am.
Motion to adjourn meeting by Albert Ozuna with second by Bob Bigham
Ayes: Whisenhunt, Rogalski, Ozuna, Bigham, Hubbard Nays: None Motion carried

Ayala suggests some ways we could drive people to participate including t-shirts etc. Warren asked if we only do it at one location. He suggested doing several locations. Wick asked us to weigh the benefits of the biometric screenings and to use little prizes to drive participation. April highlighted facts on the report regarding Catapult and primary care screenings which seem to break even. Warren suggested sending mailers to the home and this could even allow spouses to encourage this.

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Bortness then highlights that there are statistics for each plan available there. All of them have similar visuals and charts as the Executive Summary. All have comparisons to Oklahoma benchmarks as well. Ayala points out page 9 and the 63.1% discount percentage. These show how the plan is working in terms of high cost claimants. It is working well.

Majority of high cost claimants are in $1000 plan. Overall, participants are doing well on this plan and this plan is still lower than benchmark. We can make tweaks to this plan because it is custom. This plan still has CVS in their pharmacy network while the other plans don't. We could maybe try removing this pharmacy. Next plan is the $500 plan. Not many stats on this plan so we can compare it to the OK benchmark. One category the City is high on is the outpatient side. But too soon to tell on how the plan is doing. On $2500 plan, it has a higher outpatient spend but otherwise low. This could be due to individuals not meeting deductible yet. $5000 plan surprised Bortmess. Whisenhunt felt that this was well used because of the HSA option. This plan is above bench mark in pharmacy due to 1 high cost claimant. This may affect the numbers slightly.

The last plan is the $2600 plan. No high cost claimants but higher inpatient and outpatient. Whisenhunt thought many may leave this plan to hit deductible but Bortmess and Ayala think that because this plan has a 100% coverage after deductible, they may stay. Whisenhunt wonders about HSA enrollment. Ayala says it isn't too low. Bortmess states that we really need a full year of data on all plans to see how they are working. She says what could draw people to other plans besides the most popular $1000 deductible plan is to raise the price on that plan. Whisenhunt states that the cost of that plan is higher already to get the City back to positive.

Whisenhunt would like to later see what providers in Lawton people are utilizing. Ayala highlights where outpatient care is going to. Comanche County is highest provider. He is hearing that many doctors are leading their patients to Southwestern. Inpatient between the two hospitals is comparable and closer in range. Whisenhunt says that Comanche County is not having an individual's doctor be the one to see them if you are admitted. They chose the on-staff doctor. This may be hurting Comanche County use by our employees. Comanche County also may have hurt their numbers because they didn't reinstate their contract with BCBS until late 2017 so some individuals may have moved doctors.

VI. New Business

a. Discuss pre-planning for pre-enrollment FY 2018/2019

Whisenhunt asked Warren what time frame we will be looking at for enrollment. We are thinking early May. It will be through Liazon again. Ayala stated that NFP will be back in January to see and evaluate the store offerings. We will start to get pricing etc. What we did last year was to create as little disruption as possible to plans. We will start having the conversation with the committee in February. Whisenhunt asked that we cancel the January meeting due to not having the information yet for the upcoming enrollment.

b. Discuss Retiree information and increase

The increase goes into effect as of January 1, 2018. Whitman states that we sent a reminder letter out in November. Bob Bingham states he did not receive a letter. Rusty asked if he was on the Plan 65. Whitman stated that that is why he did not receive a letter, because his pricing stays the same. Whisenhunt asked how many retirees are still on the plan. Bortness comments that it is about 75 left on pre-65 plan. That is just retirees, not including spouses/family.

c. Selection of Chairman and Vice Chairman benchmarks as well. Ayala points out page 9 and the 63.1% discount percentage. These show how the plan is working in terms of high cost claimants. It is working well.

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