MINUTES
HEALTH PLAN REVIEW COMMITTEE

A Health Plan Review Committee Meeting was held on July 17, 2018 in the Banquet Room, City Hall, 212 SW 9th Street, Lawton, Ok at 1:30pm and was presided over by Chairman Rusty Whisenhunt.

The agenda for the meeting was posted on the bulletin board in City Hall in compliance with the Oklahoma Open Meeting Act.

Members Present: Rusty Whisenhunt
Britt Hubbard
Albert Ozuna
John Schwenk
James Churchwell
Richard Rogalski
Bruce Kizarr

Members Absent:

Others Present: Warren Wick, HR Director
Brady Ayala, NFP, Senior Benefits Consultant
Jona O'Hagan, NFP, Senior Account Executive
Mitch McCully, VP Healthcare Highways
Melanie Welchel, HCH, Account Executive
Fred Coleman, HCH, VP network development
John Nicolosi (speakerphone) Senior VP Account Services. Cerpass RX

Chairman asked for a motion to table the minutes of the June 2, 2018, Meeting

MOTION by Rusty, SECOND BY Albert to approve to table the June 2018 minutes. AYES: Britt H, Albert O, John S, James C, Richard C, Bruce K. NAYES: NONE.

Whisenhunt asked for a wellness update. No update was provided. HR Director reported they were in the process of hiring a new Benefits Coordinator

NEW BUSINESS:

a. 90 DAY PRESCRIPTIONS

Brady explained that the way the 90 day prescriptions were set up, was that you could only get a 90 day fill at a mail order; however, that has since been corrected and you can now get a 90 fill at retail. Rusty asked if this was at a 3x a month? Brady replied…yes.

NFP replied that there was some language that was more definition driven where it talked about mail order at a 90 day supply. There was one area that had an asterisk on it, and that asterisk referred to maintenance or extended pharmacy benefits, which they had to dig into the plan document to find the definition and that was where it was discovered where you can get a maintenance drug at 90 day supply at a retail or mail delivery. It was basically missed on the front end when they were building the plan but has since been fixed. She stated this will be retro back to the 1st of July.

There was no benefit summary to report at this time

Brady asked if there were any questions

It was commented that some of the pharmacist were telling employees that they had to wait until 30 days to get their supplies. Brady replied that sometimes mistakes can happen but the best way to get an issue resolved is to contact NFP directly.

b. PRE-CERTIFICATION REQUIREMENTS

Whisenhunt stated that our cards state that medical procedures have to be pre-certified but that BCBS did not require pre certification before a surgery or inpatient surgery. Only a few specialized were identified as requiring pre-certification but general did not. Brady explained that outpatient surgery is different than any medical procedures but he is going to get a definition on what they were referring to and go back and look at BCBS contract.

c. STEP THERAPY

Whisenhunt commented that on Step Therapy if they had been on medication since the 1st of July then they should not have to go through step therapy again and it appears that some of the complaints he received was they are having to go back through this process. Brady stated they will have to build it to where in the first 30-60 days when they go to fill that prescription, and if they are already on it, then they will not be required to do it again. They will then be grandfathered in and will not be required to do the step therapy again.

John C from Cerpass commented that there may be some challenges in obtaining some files to load from the pharmacy. They will need the authority to bypass those requirements in confirmation they used that medication in the past.

Whisenhunt stated that the issues they have are the letters are going out to employees stating the prescriptions are not covered. There is a file somewhere being used.

Jona commented that the letters he is referencing are the Tiering and those were different files. When they got the files they did the analysis to see what the fall out would be from the formulary change. John said the files they used were referencing was going from a lower tier to higher.

Whisenhunt stated he had received emails from dozens of people saying their prescription was denied even though they had been on it all their life and the alternatives they were given could not be used. It was asked if you have previous claims history, then why can't you use that information to see if those people used that medication Brady commented that they were talking about two different things. Step Therapy & Pre-Certifications and suggested they allow people within the first 60 days to be grandfathered in; however, the committee will need to take a vote and approve that first. This way, HCH can see you had a prior and approved.

Whisenhunt stated that a 90 day would be appropriate and asked for comments from the committee regarding this. John Schwenk said the thought 120 should be approved since some were late. Richard Rogalski asked what the downside was for going longer. Brady said it would have to be a manual process and would take longer. John from Ceprexx explained that if they get authorized that it would be based on timeline parameters. Brady explained they can do it automatically without doing a manual override for 90 days. They explained they can take the people who received this letter stating their product will not be covered and allow that claim to be paid. Roughly 1,400 total members and 30 of those had letters go out? Whisenhunt commented that on the letter they were given a site for formulary, but that does not work.

Brady asked if they wanted to do auto on the step therapy for 90 days and asked John from Cerpass if that could be possible. John replied Yes!

Whisenthunt asked for a motion to do a 90 day and if someone needs longer than they can appeal. Brady replied if they go over 90 days then they can do a manual override.

MOTION by Richard Rogalski, SECOND BY John Schwenk, to recommend automatic 90 day for Step Therapy. AYES: Britt, Albert, John, James, Bruce, Richard, Rusty. NAYS: NONE. MOTION CARRIED 7-0.

LETTER ISSUES

Whisenhunt stated that during the original interview process they were told before formulary changes that there would be a notice sent out (but they were not) and the formulary could add something or take it way. Those who received the injectable diabetic medication were the most targeted ones. If they were going in for a prescription on the 2nd of July and had not received the letter, they were in a bad situation.

Mitch McCully replied that the first claim file received from BCBS so they could identify the formulary change was on june 1. Jona went back to BCBS and got new one on June 14th. The timing was not the best, but they were under the mercy of the previous carriers. Whisenhunt commented that the letters did not go out at that time.

Whisenhunt asked why it was not approved for 30 days for those who received the letter? Brady replied that the PBM had a different list than others, and they had to figure out the financial location before they start unlocking them. They needed to know exactly what the 30 had before they open up or override it. Brady suggested they could open it up for 30 days until they find out more information or an alternative. He went to explain that all products that are being targeted….i.e. test strips, but, if you want to override for a short period of time then they will need the guidance defined before it can be done.

Whisenhunt replied that some people don't have a 60 day supply and they need it immediately. Brady asked if they could override it through August? Not changing the formulary but just enough time to talk about it?

MOTION BY James Churchwell, SECOND by Richard Rogalski to approve an extension to the end of August to re-notify employees & spouses so they can work through an alternative. AYES: Britt, Albert, John, James, Bruce, Richard, Rusty. NAYS: NONE. MOTION CARRIED 7-0.

There was discussion about the Healthcare Highways customer services. Jona commented that if customer service cannot answer questions they have been instructed to transfer that call to a supervisor.

Whisenhunt commented that of the issues is getting a good copy of the formulary. Liazon is out of date. John will send an electronic copy to HR dept. That document is the most common use drug, so not all drugs will be on there, the best source will use the portal.

d. HEPATITIS

There are some issues with some of the pharmacies. Someone went to Walgreens to get a Hepatitis shot and was told it was not covered but went to Walmart and got it there. John would have to look into this and find out what happened. Sounds like it was a pharmacy submission error.

e. CO-Pay on prescriptions

Had numerous emails sent to HR and the retail price was exactly the same. Generic $12.00 retail. $285 was cost on BCBS and it was $409 on HCH. Some drugs that are listed as generic may not fall under the generic co-pay. They are still a brand drug, but sometime you pay less either way. There seemed to be a considerable difference in what they paid last year. John from Ceprexx said sometime the name can be misleading because the generic name does not indicate it is always generic. This will be looked into. As Brady explained, sometimes a drug will be listed as a generic but because it is new to the industry it will cost more than other drugs, therefore, it may be on a higher tier level.

It was suggested by Jona that when someone contact's NFP regarding an issue with a provider, they need the providers name and number so they can contact them. The more information we provide them the faster they can get it resolved.

There was a discussion on the Tier 1, 2 &3. You can still have what you had last year, but you now have better co- pays. The city enhanced the plan but you now have better ones to choose from.

NPF did send out flyers regarding the change from BCBS to HCH for the city to 300 providers in Lawton and also specialist within 60 mile radius, emails were sent to 200 providers as well. Unfortunately, there was always a chance those flyers were thrown away or emails not looked at.

Whisenhunt asked for a communication be sent out to employees. NFP is creating some different communication pieces to go out to the employees in the next two weeks.

f. **VISIO**N

Whisenhunt stated that Eyemart became a provider through metlife vision last year; however, they have been telling employees they are not in the network. This could be an Eyemart/Metlife communication issue. NFP is still researching to find out what happened.

EOI

Whisenhunt explained there were some issues in the enrollment process. Liazon shows them enrolled but they were getting denied. NFP explained that the issues with Liazon were corrected; however, with Delta Dental they were using an incorrect IP address and were not being uploaded into Delta. As of today all changes should be in there and April is doing an audit.

Whisenhunt said that on the life insurance there were some that did not make changes, but were receiving EOI letters and should not have.

NFP is working with Melissa on this and going through spreadsheet. Brady is trying to figure out if it was Liazon issue or Mutual Omaha issue. He will send out an update on the communicate piece.

Jona stated that some employees could not remember what election they had last year so when they went to elect coverage they elected too much which is why it triggered the EOI and what nullified that form and since was the case then they are working with them.

DLO

Jona explained that DLO was 100% covered in BCBS, however, that it was not put in the plan but has been corrected and anyone who has had issues with DLO should re-submit. NFP has not received any claims, but has made contact with the provider and the members.

Brady explained that some people were having issues with people looking up their tier 2 providers and not being the network (but were in April). They found out that there was a computer glitch and those providers are still in the network. This has been fixed and the providers are now in there.

Whisenhunt asked why verification of coverage was not available after hours and on weekend?

NFP stated they have someone available at all time for verification of coverage and will have that looked into. NFP commented that people that complained about MD live asking for a co-pay was calling teledoc instead of MD live

Brady thanked everyone for their patience throughout the transitioning period and reminded everyone that Bright choices is your benefits enrollment sight. HCH is all of your medical. ID cards should have all the contact information on there. HCH sent out additional healthcare cards because of the addresses that were not correct in Liazon to begin with.

Next regular scheduled meeting will be held on August 21 2018 at 10:00 am in the 3rd floor Conference Room at City Hall.

Adjournment:
Motion by Albert O. SECOND Britt Hubbard adjournment @ 3:45 pm.
AYES: All NAYS: None Motion approved