October 9, 2018
Minutes
Health Care Committee Meeting

A Health Plan Review Committee Meeting was held on October 09, 2018 in the 2nd floor conference 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.

I. Roll Call

Members Present: Rusty Whisenhunt
Britt Hubbard
Albert Ozuna
John Schwenk
Richard Rogalski
Bruce Kizarr
Bob Bigham

Members Absent: James Churchwell
David Raynor

Others Present: Warren Wick, HR Director
Cindy Griffin, Benefits Coordinator
Kristin Huntley, Finance Accountant
Todd Chapman, NFP, Vice President Select Market
Jona O'Hagan, NFP, Senior Account Executive
Melani Welchel, HCH, Account Executive
Rachel Kanady, Healthcare Highways
Rhonda Norell - Guest

II. Financial report by Kristin Huntley

Supplemental Bank Reconciliation

Bank balance as of Sept 30, 2018	$1,365.655.12
Outstanding Deposits	$ 392,717.02
Cleared Checks as of 10/05/18	$ 408,119.92
Outstanding Claims (Self Funded)	$ 124,386.81
Deposits in Transit	$ -
Adjusted Balance as of Oct 5, 2018	$ 1,225,865.41

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Whisenhunt asked what was outstanding for BCBS ? Huntley replied that September is outstanding. Healthcare Highways is $8,800 and some stop loss and admin fees. Approximately $110,000 still outstanding all together.

Motion to approve financial report by Ozuna and second by Kizarr. Ayes: Rogalski, Schwenk, Bigham, Kizarr, Ozuna, Hubbard. Nayes: None
Motion carried.

III. Wellness update:

a. Health Fair

A list of the vendors that were scheduled to attend the health fair was handed out. Health Fair will start at 9am until 2 and CCMH will be there to give the flu shots, Delta Dental will do screenings and NFP providing the subs.
Ozuna asked when we were scheduled for another blood drive? Griffin replied that Sheri at Sewer Rehab has scheduled for one in November and the goal is to schedule the blood drives quarterly.

b. Wellness Physical Incentives

Whisenhunt asked the status on the Wellness incentive checks. Griffin reported that the approved employees will receive their incentive on this weeks check; however, for the spouses they are still trying to determine on how to do this since it is pensionable. Griffin commented that HR had a requisition ready for the gift cards but was told by Finance that we could not give them a card because taxes had to be deducted. Finance also requested the minutes from April to see where it was approved that the spouses could get the incentive as well.
Whisenhunt commented they were approved.

Whisenhunt said that we need to look at next year to do a reduction in premium that way they get the $100, & it reduces the taxes in deduction.
Wick replied that it is too late on this one, but we can look at it for next quarter.

Griffin reported that we had 48 that were approved for the physicals.
Whisenhunt commented that last year we had approx 100 do the catapault. We are on target to more than double from last year.

Griffin explained that a communication flyer will be attached to all employees pay checks on Friday and it will explain to them that going forward they will call a Healthcare Highways Care Coordinator and at the end of the quarter HR will receive a report for those who qualify for the incentive.

Whisenhunt said the Healthcare Coordinator is the most valuable because they will follow up with the employee. Kathy has done a tremendous job from HCH she is very cordial and knowledgeable.

IV. Approval of minutes:

Whisenhunt commented there was a correction to the August minutes and a correction needed to be added to page 11 after executive session to "pay the claim by exception by network". Kizarr made a motion to adopt minutes as corrected, second by Ozuna. Ayes: Bigham, Hubbard, Ozuna, Kizarr. Abstain: Schwenk & Rogalski. Minutes approved

V. OLD BUSINESS:

a. Tier Level

Whisenhunt asked if anyone was having any issues regarding this. Welchel replied that the call level has gone done tremendously. Whisenhunt commented that the ones that he had calls on had been resolved.

b. Corrected Plan Document

Whisenhunt asked if we have a corrected plan document yet. Welchel said it is still with legal dept to get finalized. Whisenhunt asked if they were processing claims toward the modified document. Welchel replied they are, it just not modified, some of it was just clarification on the exclusions. Whisenhunt asked when it is expected? Welchel will call this afternoon. Whisenhunt asked when the employees will receive a copy of this. Todd asked if all employees received a copy? Whisenhunt replied that BCBS always provided it. Todd asked if it could be added to liazon. Whisenhunt replied that no one would ever look at it there. Kanady commented that in the past they provided them at open enrollment and the employee had to sign that they received the document. Whisenhunt said he does not mind them to be attested to that they have it but he does want them all to have a hard copy.

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c. DLO Billing Issues

Whisenhunt asked why DLO is still asking for $50 up front? Hubbard commented that it is coming up on their screen and telling them they need to take a $50 co-pay. Welchel replied that she turned it over to Britt Coleman who is VP of network development, will follow up with him. Whisenhunt commented that the information it is not getting to all the staff at DLO. Lab work is covered 100% unless not medically recognized. It was reported that someone had a DLO claim that went toward deductible? Welchel thinks it is pathology vs lab which is two different things. O'Hagan commented that blood work and pathology maybe something two different things. Welchel is going to reach out regarding DLO and send an update.

VI. NEW BUSINESS:

a. FLU SHOTS

Employees can get the shot at the health fair for free and Employees & dependents on the health plan can get the shots at the pharmacy or Dr. office and it should be no cost there as well.

b. Approval specific drugs not listed in the formulary

A discussion regarding the diabetic injection Victoza was approved by Cerpass, however, Whisenhunt said it needed to be approved by the committee. Welchel did confirm that with Cerpass from a clinical standpoint that this will apply towards step therapy and specialty drugs. From a stand point if a drug is excluded from a formulary then they will look to the group to see if they want to override the formulary and allow a drug that's not currently on there. Whisenhunt replied that the issue is that there are 10 people that are currently Victoza, so if a drug is documented through that board, do we want to give the authority to add that drug? We can add the drug to the forumulary and we need to decide what we want to do. The Victoza was one that the letter was supposed to have come out and it never was to tell them if it a excluded drug in our formulary.

Todd replied anytime there is a drug that is excluded then there generally is a therapeutic alternative in that same class. Schwenk commented that's what Whisenhunt is talking about, the letter that was supposed to have been sent was to advise them what some of the alternatives were. Whisenhunt replied that that still has not occurred; the issue is that we have asked for that, but the information has not been sent out. We go the original letter the 2nd of July excluding it, then we had a meeting

and told them that we did not give them enough notice and should give them a 90 day delay, from that point there was suppose to have been another letter with therapeutic equivalence and that never occurred and the issue was the miscommunication on the Victoza and then expecting something to come back after that. Welchel replied that one of the complaints that there was one of link on the website would give them a link to the formularies. And all it gave you was the giant formulary

O'Hagan asked what was the cost of Victoza? Welchel replied that it was $870 some dollar difference. Todd commented that there would be an extra 13,000 annual spent on the claim, if you take it off the excluded list. Whisenhunt replied that the Victoza was not the only diabetic injectable that was excluded. Kizarr asked if before BCBS would just changed the formulary? Whisenhunt replied that they did. It was asked if it could be changed every six months. Whisenhunt replied that I could, but it would have to come to the committee first, and they can decide to change it or not. This was one that was not excluded from BCBS but the cost was the same. There were 30 letters all together sent out and 10 of those were for the Victoza. The 10 that were on it we could exempt them from that change and not anyone else that was not currenty on it.

Whisenhunt replied that the issues are the existing exemption is expiring next week. Schwenk asked if they can do another 30-day extension? Welchel replied they can but only if the committee approves? Rogalski asked if they want to do a 30, 60- or 90-day extension for those 10 people and get the information back for the next meeting? Bigham replied that he thought the 60 or 90 idea would be better. Rogalski thinks it's a good practice to get an opinion of the drug first as a standard practice. Bigham asked about the other 20 people that were not covered? Whisenhunt replied that we have not heard back from them.

Kanady suggested that HCH give some guidance to the care team that is taking the members calls that if they are unsure about items that on the formulary or not, to not extend their communication if they are uncertain. Todd replied that this actually went through clinical review. Rogalski replied that we only missed two steps when they did the clinical review the information should have been given to the committee and then step 2 the committee approves it.

Motion to approve to allow the Victoza to be extended for 90 days to give the committee time to see if it should be added to the formulary by Rogalski and second by Kizarr. Ayes: Schwenk, Ozuna, Bigham, Hubbard, Rogalski, Kizarr. Motion approved.

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Addendum to Agenda
Retirees over 65

Todd Chapman discussed that it is the renewal time for this and there is another option available. Plan part D prescription medicare is 431.00. the city has not had an increase on that in the last two years, there is slight increase 7.94% part of that is medicare supplement plan F & part B. there is one option the BCBS provides which is plan G, they are eliminating plan F going forward starting in 1/1/20. So everyone that is on plan F can stay on the plan until they turn 65. From now until Jan 1, 2020 and can stay on plan F until as long as they wish, however, it will no longer be open to new individuals, so they are rolling out plan G and plan G is an alternative. The difference in plan F & plan G is medical expenses; you must satisfy the Medicare part B in the 183.00 deductible. If you go to the Dr on your first visit, then you will have to pay $183 and then it's paid at 100% after that. The cost is little bit less than the renewal and its more than the current one but cost a little less $411.17. it saves you $68 for the year for plan G if you factor in the $183.00 deductible. It turns into if someone wants a first dollar benefit or not, if you take it away and only off plan G then all those that are on plan F would never be able to have plan F again. His recomendation is not to change the plan this year so there would not be a big change for the employees this year.

Bigham asked if this plan F & G. these are all universal? The only difference is the price, when we did this with BCBS we did not get bids from anybody? Whisenhunt replied they did with Higgenbotham and another, but it was considerably higher. Bigham asked are we at a point where we should look at that again? Todd replied that individually a person can go out and get something for less. We can go out and look to see if someone else would be interested. Bigham said he specially asked the question and was told no one else was interested. Kizarr commented that when you go onto medicare and go to the supplements it all individual anyway. You can probably go out and get it cheaper than with the city has anyway. Only two people were interested in giving a bid for retirees as a plan. Wick asked if we stay with the plan and then come back 11 mos later, will there be more detail in the marketplace? Todd replied that he thinks that plan G is the big offer in the future. Todd explained there is a $31.00 increase starting 2019.

Motion to approve leaving the 65+ Retiree premiums as is and to continue with the existing plan and review it again next year by Rogalski and second by Bigham. AYES: Ozuna, Bigham, Hubbard , Rogalski.
Nays: Schwenk. Motion approved.

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c. Discuss forming a committee to look at retirees cost

Schwenk explained why he wants to form a committee. when you retiree the city stops paying your portion, and wants to know how to offset the cost for retirees. Wants to see what the options are out there. Whisenhunt commented that that is what happened back in 2000 time period. The retirees were not paying the city's portion and over a period the code said they were to pay their cost but that was not forced by council and the fund lost almost three million dollars in fund benefit in that time period by supplemented that cost. Schwenk commented that that's why you come up with a fee that current employees and retirees can both pay a fee. He suggested everyone pay a little extra to offset the cost so there will be no decrease in the fund. Whisenhunt stated that in over a 6 yrs total we raised it 10% a year and the final about 7 or 8 % to get the rate to where they were paying

Kizarr wanted to clarify that what Schwenk is saying is that he wants employees to pay the premiums they are currently paying plus an addition $40 more? Whisenhunt commented that this will only benefit employees up to age 65. On the general side is 30 yrs, technically you can retire at 50 however, police and fire is usually 22 yrs. Schwenk said the plan would not be to jeopardize the fund it would be set to where it gradually goes down. Todd replied that Healthcare Highways can break data out for the retirees.

Kizarr if insurance goes up 7% it also goes up 7% on the base part but the 7% has to absord and your preiums will go up more than 7%

Schwenk said he would like at least 5 on the committee who can reach out to different departments, states and ask what their number one worry is about retirement and how can we offset that for employees/retirees. Schwenk said it can be someone from outside as well. Bigham replied that he will assist. Ozuna said he will go back to his guys and ask, and Kizarr said he will do the same and see if anyone want to volunteer

Whisenhunt suggested they come back when they have something together and get with NFP.

COMMENTS
Rhonda Norelll was there on behalf of other providers on how the claims are and are not being paid and wants to know if there is any way they can be expedited? There are a total of 7 providers she works for and listed how several thousands of dollars of claims have not been paid and it is going to start effecting the City of Lawton. If the claims do not start getting paid then the employees may have to start paying up front.

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The communication within the claims dept, every time she called Healthcare Highway's she gets two different stories that are not consistent. They thought they were going to get paid by check but are getting paid by credit card payments. Credit cards cost them because they have to pay up to 3.9% to process a credit card and that's a problem. As of last Friday about 10 provider had not received a check that she had spoke to and that is real concerning. Plans are being broken up, someone went for a wellness and the claims were broken up into 3 separate payments. We need help soon and needs the claims to be processed.

Whisenhunt commented that when he looked in his portal, he had things back up until Aug but nothing on the medical side has been paid and that is way too long. The delay at the beginning was understandable but once we got past that these things should be current.

Welchel replied that one of the things that got brought up previously at the last meeting was that the accountant she had put in all the money to be funded, when the banking process was originally set up at the very beginning the way Mallory had set that up was that there had to be sign off from a direct person and we were only getting a update from accounting saying the fund had been placed in the account and there had not been an officially sign off for everything to be drafted. So there was official communication last week and Kristin said that when she gives that authorization then the funds can be pulled out then. So that's why some of the funds had not been released and she will be happy to work with Rhonda directly and can research anything she has but would have to have examples. Welchel is going to get with Mrs Norell and see what they can do to help.

O'Hagan stated that you will start to see a lot of the claims being processed in the next few weeks.

Whisenhunt one of the other issues was that he called the 800 number talking about how to process a claim and they put him on hold for about 15 mintues and came back and told said they had to refer it back because it was processed wrong and would have to get back with him within a week and he still has not heard back from them. It was being billed as a procedure, but part of his pay was not being applied to the deductible. Welchel replied that she will pull up the calls and see what she can find out.

Adjournment:
Whisenhunt announced the adjournment
Motion by Ozuna with a second by Hubbard to adjourn. Ayes: All. Motion carried.
Next meeting scheduled for November 20th @ 10am.