November 27, 2018
Minutes
Health Care Committee Meeting

A Health Plan Review Committee Meeting was held on November 27, 2018 in the 3rd floor conference room, City Hall, 212 SW 9th Street, Lawton, Ok at 10:00am 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
Diane Branstetter, Finance Director
Todd Chapman, NFP, Vice President Select Market
Jona O'Hagan, NFP, Senior Account Executive
Melani Welchel, HCH, Account Executive
Rhonda Norell - Guest

II. Financial report by Diane Branstetter

Supplemental Bank Reconciliation

Bank balance as of Oct 31, 2018	$1,000,899.10
Outstanding Deposits	$ 363,526.50
Cleared Checks as of 11/12/18	$ 302,457.29
Outstanding Claims (Self Funded)	$ 355,991.36
Deposits in Transit	$ -
Adjusted Balance as of Nov 12, 2018	$ 705,976.95

Branstetter asked on behalf of Kristen Huntley if someone could get a breakdown from Healthscope for Medical, Dental & Prescriptions. They are not breaking it out like they should. Welchel responded that the prescriptions do come on a different invoice, she believes there are multiple tabs at the bottom that breaks them down, but she will check into it and see if they can list it separately.

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

III. Wellness update:

a. Wellness Physical Incentives

Griffin reported that employees are calling into the Care Coordinator for their physical's and by the end of December or first of January we should have a list of those $100 incentive sent out for the next quarter. Whisenhunt asked how many employees have called in. Welchel responded twelve members called in for October. Schwenk responded that he received a letter from Kathy at Healthcare Highways saying she had been trying to reach him at a number he has not had in over five years. O'Hagan asked Schwenk to give her his number and she will make sure it is updated in Liazon.

b. Health Fair

Griffin reported that we had over 200 that attended with 26 vendors. Welchel reported that 123 flu shots were given. Wick reported that the comments he received regarding the health fair were very positive and they were happy with the variety of vendors that were there. O'Hagan handed out the response from the Health Fair Survey. Whisenhunt reported that the blood drive was not successful, only 5 showed up at public works. Wick wanted to know how many showed up in the past, Whisenhunt reported they use to have at 25-30. Whisenhunt stated it was not promoted, getting them signed up. The promotion of it was right after the holiday was a bad time and this is the first time we seen it on Monday. Whisenhunt stated that the ones that were successful in the past was the equipment operators that gave blood were released for the rest of the day because it was not safe for them to operate heavy machinery after giving blood and that is not being promoted any longer even though it has been authorized. Hubbard stated the drive should be later in the week instead of a Monday. Whisenhunt responded that all these issues together was why the drive was not successful because you have like Solid Waste had catch up because of the holiday. Wick asked Griffin how these were scheduled. Griffin replied that

these were already scheduled when she started her position in HR. Whisenhunt stated that he thinks Oklahoma Blood Institute had scheduled these dates/times but that we always change the date and the way to make it successful was to have someone call the offices and talking to people to get them signed up. Ozuna commented that when it was real good in the past because they would have a paper by the time clock and they would let anyone who wanted to donate blood to sign up and those that donated were allowed to go home afterwards.

IV. Approval of minutes:

Schwenk commented that he was misquoted in section C when discussing retirement cost. Should read; He asked other employees at COL what about their worries. The committee was to reach out to other municipalities to find out what their plan is. Griffin asked if anyone received the draft of the minutes that she sent out. Since most replied no then the drafts will be sent to committee through distribution as well as email.

Rogalski made a motion to approve minutes as corrected, second by Ozuna. Ayes: Bigham, Hubbard, Ozuna, Kizarr, Rogalski. ABSTAIN Schwenk.

V. OLD BUSINESS:

DLO

Whisenhunt said he had received a complaint from an employee that had an issue with a DLO billing that was received. Welchel asked if Whisenhunt can send her the name of the employee so they can look into it. Welchel said they did reach out to DLO and DLO said that the $50 co-pay they are now being asked for when they go in. that it does not have anything to do with the City's insurance, it is just their own payment system they are trying to set up so they are asking members to pay it, but if they refuse then they are not forcing them to, but will apply to their account so in the future if there was a balance due it would apply to their account. Healthcare Highways has asked them to put it in their system to not offer this to the City employees because it was causing confusion. Chapman confirmed that it was a policy change with DLO? Welchel said yes, and this policy just went into effect at DLO in July.

Whisenhunt commented that a issue came up that occurred at SW Hosp lab that claims they are out of network. Welchel said they are still working on the adjustments for lab work. Whisenhunt stated this was another issue and the employee called HCH and was told they would contact them back, but they are not getting back with the employees. Mel looked at the call notes, the rep did tell them the claims would be adjusted. Whisenhunt said he had one that said they would call him back in 10 days but as of today he has never received that call back. Welchel said the customer service rep has been coached on these phone calls. Whisenhunt stated the only time anything is taken care of is if we contact Welchel directly, then they are taken care of. Whisenhunt said the DLO issues have been going on since August. Welchel replied that part of that was the reprogramming based on BCBS. HCH is more detailed than BCBS was. She did confirm that all the programming on the lab benefits has been corrected and even in the hospital level and they are working on those reports on the adjustments. She has asked an updated report on how many adjustments are outstanding and to get those completed. Whisenhunt asked if that information has been sent to the city in any form? Welchel replied that it had not because she had just received the report last night. Whisenhunt commented that some of these DLO issues were reported back in September and it should have been corrected by that time, in August we were told it was corrected then, but it is still an issue.

b. Flu shot Issues

Whisenhunt commented that he has not heard any other issues with the flu shots. Wick reported there was a problem with Walgreens on Sheridan for a while but have not received any complaints here recently.

c. Update on payment of claims to providers

Whisenhunt gave the floor to guest Norell to comment on her issues. Norell stated that she did get some monies but it seems to being held up again. One provider is sitting on about $6,000 in claims again. When she followed up some of them were not received electronically so she put them back to paper, which seems to be the best way they are getting paid. Some other providers have received some monies, but now are getting nothing at all. Welchel asked who the provider was and she stated she looked into his claims and they had a total of thirteen claims in the office for him and sent those out for pricing and they are on the check run on Nov 14th and the total was $1,218.33. Norell asked why it has not come across on the e-checks? Welchel replied she verified that morning and everything had been funded and that if she does not

have it by the end of this week to let her know. Welchel received 7 additional claims on the 16th and they are looking to see about getting the pricing on them so they can push those out on the check run. Norell stated there is still some confusion with the providers and most of them would like to do e-checks or the direct deposit but there is a fee for the EFT draft and a fee if we do the credit cards. Welchel when you et the E credit card on the bottom of the card there are step by step instructions they can check a box where they do not ever want to received those again so if they can do that then going forward they will not receive those again. Norell commented that things are running a little more smooth but they have run into a little snag.

d. Forming a committee for retirees (update from John Schwenk)
John stated he had nothing new to report. Whisenhunt replied that we will keep it under old business for updates.

VI. NEW BUSINESS:

a. Misprocessed claims after reported no action on reprocessing for over a month.

Whisenhunt commented that one of the appeals dealt with a out of network Dr at the ER room at CCMH and his understanding that they paid that claim and the part the employee paid was $196. One of the other appeals was basically the same situation, but why this was was processed as in network and other was not. Welchel replied that if it was a "true" emergency then it will have to be paid as a "in network" and that is ADA regulations. Kizarr asked for a definition of a true emergency? Welchel replied if it's a life or limb injury and she will send him the true definition. Welchel if you went to ER and they label it a "cold" which is not a true emergency then it would fall to your "out of network". Chapman commented that it depends on how it is coded if it comes across as a true emergency or not. Kizarr commented that some employee has ran into some problems where they go to CCMH because it is Tier 1, but they get one of the Dr's that is not even in network. Welchel reported that one of the problems they have and, this is just the industry in general, there use to always be anesthesiologist issue, they are on rotating services and most hospitals do not know who's on duty and that is deemed not fair to the member and is recognizable. Most anesthesiologist know that you need their services so they don't care if they are in network or not, now the same thing is happening with ER Dr's, because they are not employed by the hospitals and are a group of physician's that offer ER services and they travel. They may go to Comanche or Integris. Part of the problem is that they go out to contract with them, they are asking for 5 to 600% of Medicare as their allowable. They have tried to reach out to other TPA to see how they are handling ER Dr's because they are

having the same problem and some of them have terminated contracts. Kizarr, stated he just returned from a meeting and they were self insured and what they are doing is paying 150% and a lot time they will take that and not balance bill. Chapman asked Kizarr if this employee was going for an emergency, Kizarr replied that he was not sure. Whisenhunt hunt commented if it is a network facility and that occurs then we need to refer them to turn it over to the board to review and they can address it. Kizarr said he will advise the employee.

EXECUTIVE SESSION

Kizarr made a motion outside of executive session on the Whisenhunt appeal to be paid in network by exception. Second by Ozuna. Ayes: Schwenk, Rogalski, Bigham, Hubbard. Nayes None. Motion carried.

ADDENDUM TO AGENDA

Review proposed changes to the formulary & take appropriate action

Whisenhunt commented on the letters that went out to the employees from Cerpass RX on the changes should have never been sent out, those changes have to approved by the Health Plan committee. Chapman replied that it was a mistake and should not have been sent out. Chapman when you look at it, it's from a member's perspective; you have 820 member that have filled prescriptions that will have no change, 12 that will experience a positive benefit. Whisenhunt stated the list they received did not have the ones to be added. Schwenk asked who initiated this. Chapman said that CERPASS, but every pbm is doing a 6 month look. Schwenk asked if we were locked in for a year? Chapman replied that you can be and that is your option and they are recommending these formulary changes. Whisenhunt explained that it was a recommendation that we do not have to accept. Chapman replied the letters were not supposed to have gone out. Schwenk asked the employees would be receiving another letter. Chapman explained that if you send the letter now but make changes then you may want to hold off in sending those back out. Welchel commented that the formulary list the drugs that are going to be added the piece that's not there that Whisenhunt is asking is not on there are which ones are generic. Whisenhunt commented for one to move from Tier 2 to Tier 3 there needs to be a generic available and that we do not have. Whisenhunt suggested to allow the drugs that are requested to be added to the formulary, allow the added drugs but all the others to keep as they are. Kizarr asked how many members it will affect? Chapman responded 98 members negatively of those, if you take out people

that have used a colon cleanse or chantex or needles then you will get down to about 79 members that will be affected negatively. Whisenhunt said that would be about 10%. Kizarr asked if we they don't make the change now and come July, are we going to be able to keep the same formulary that we have or is it going to be a big change just like it was this last time. Whisenhunt stated they will have a chance to look at it again.

Whisenhunt suggested leave Tier 2 to Tier 3 as is, allow the add of the new drugs that they are recommending adding, and on the ones they are recommending to exclude that that information be brought back to the committee at the next meeting to review. This will be just the positive changes.

Whisenhunt asked for a motion to allow the positive changes and not do the negative changes on the tiering and bring back the ones that are going to be excluded for review at next meeting.

Kizarr made a motion and second by Ozuna. Not making the Tier 2 to Tier 3 changes. Allowing the adding of the new drugs that are being allowed to the formulary or the lowering of the tiering, and bringing back at our next meeting the ones that are recommended for exclusion for further review. Ayes: Kizarr, Schwenk, Ozuna, Hubbard. Motion carried.

COMMENTS/COMMUNICATION

Whisenhunt commented about the email that went out regarding accessing the HCH website and getting their EOB and getting assistance in resetting their passwords. Welchel replied that she was not aware that there were multiple issues, they were having a call this morning with the website vender to see what was going on. So once you receive a verification email, it is not getting to the members that are asking to reset the log in so the system sees the verification email going out but members not receiving it. So when they go and try to reset it, it recognizes and thinks the members can access it so there is a disconnect in there somewhere. They had a call to the vendor to see what is going on. Whisenhunt if you had to go back and tried to reset it, then you're locked out and they cannot get it reset. Whisenhunt wants to know about employees getting a hard copy vs electronic. If you ever logged in at all then it is defaulting to electronic EOB, but if you haven't logged in then you are getting hard

copies. Chapman said that once you created it then you have to actively go in and say you do not want it. Kizarr has not received any EOB on anything. Kizarr asked if there was an app? Welchel replied there was not. Whisenhunt ask Welchel to send Griffin an email as soon as what process needs to occur so we can get it out City Wide. Welchel said she will and will reach to him once it is complete and send an educational piece to be sent to the employees.

There was a discussion regarding what the difference in using the imaging center vs using the hospital. Kizarr wanted to know if there were any apps available that would give you a cost estimator for procedures. Welchel commented they do not have anything like that right now. O'Hagan replied they can look to see if they can find something.

Chapman asked Whisenhunt for a clarification on what they want to do about the letters that were sent out from CerPass RX? Does he want another letter to go out to tell them to disregard for now? Whisenhunt replied that he wants a letter of disregard.

Adjournment:

Whisenhunt announced the adjournment at 12:03

Motion by Ozuna with a second by Bigham to adjourn. Ayes: All. Motion carried.

Next meeting scheduled for <u>December 18th</u> @ 10am.