August 21, 2018
Minutes
Health Care Committee Meeting

A Health Plan Review Committee Meeting was held on August 21, 2018 in the 3rd floor conference room, City Hall, 212 SW 9th St, Lawton @ 10:05 am and was presided over by Chairman Whisenhunt.

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

Meeting called to order by Whisenhunt

I. Roll Call

Members Present:	Rusty Whisenhunt Britt Hubbard Albert Ozuna Schwenk James Churchwell Bruce Kizarr
Members Absent:	Richard Rogalski Bob Bingham
Others Present:	Warren Wick, HR Director Cindy Griffin, Benefits Coordinator Brady Ayala, NFP, Senior Benefits Consultant Jona O'Hagan, NFP, Senior Account Executive Melani Welchel, HCH, Account Executive John Nicolosi, CerPass RX, Senior VP Account Services Libby Ridley (speakerphone) Health Care Highways

II. Finance Reports

Supplemental Bank Reconciliation

Bank balance as of 7/31/18	$1,068,964.11
Outstanding Deposits	$614.182.96
Cleared Checks as of 8/17/18	$184,282.31
Outstanding Claims (Self-Funded)	$23,402.89
Outstanding Claims (Pass through)	
Adjusted Balance as of 8/17/18	**$1,475.461.87**

August 21, 2018
Minutes
Health Care Committee Meeting

Whisenhunt asked if the amount the payment was through end of June for BCBS? Huntley replied, as far as she knew. Whisenhunt stated that maybe some stragglers from BCBS coming in for July, but the no payment has been made on new contract other than $23,000 was his understanding but no pharmacy no prescription? Huntley replied that one-page invoice had some medical but no prescriptions. Whisenhunt asked about the Liazon billing? Huntley replied there was a pending but will reflect in next month's report.

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

VI. OLD BUSINESS

Due to Nicolosi from CerPass having an early flight out, Whisenhunt suggested they discuss item VI in the Old Business on the agenda to discuss CerPass & HCH issues.

A. Cerpass & HCH Issues

Jona suggested they start with issues we had been having and where we are at. Melani from HealthCare Highways did some research and the difference in co pays and different tiers, after comparing it to the bcbs files and found that the co-payments got lost, the tier 2 should have been the 25% co-pay or 25% but was built as $35 co-pay & 35% and the non-preferred was hitting the $40 or 40%. That was identified and CerPass is working on the analysis for the disruption and what members were affected by that and have started working on adjusting the system, so it will be correct on the plan going forward.

Whisenhunt replied there has been a month and half bills that are not correct and how are those being addressed? Melani explained that that's part of the analysis

Nicolosi from CerPass commented that was not their intent. They want to make sure the members are made whole and in a timely manner. Brand products are about 15% of your total claims so they are going to look at the individuals utilized those products and paid an inappropriate co-pay. It won't be everyone within that spectrum, and they will issue member checks and a company letter about the adjustment. Within any time frame you find approvable. We will look to make this a high priority.

Schwenk asked why one employee was paying $10 per prescription with bcbs and with Cerpass is now paying $100?

August 21, 2018
Minutes
Health Care Committee Meeting

Nicolosi from CerPass replied if they can find that this is a result from this co-pay then they will make that whole. This maybe a separate error. Coupon cards are outside of the prescription benefits, it has nothing the do with CerPass, if they were getting it for $10 with a coupon card then that's something they do not have visibility to and don't process. So, they want to make sure that it was co-pay and not a result of a coupon card. It's very common practice that the pharmacy will see that a prescription is a high cost brand and the pharmacist will recommend a coupon card to use to lower the cost. When this is done, the vendors have no way of knowing it. CerPass never sees that claim it never gets billed to the group. It's basically done at the pharmacy and that's across the industry.

Whisenhunt questioned why when he went to the portal and pulled up a prescription that two of them were the exact same drug but was charged two different prices from CerPass.

Nicolosi explained You got the exact same drug, strength and quantity. One was under $10 and one was under $23.What you're not seeing and leading to the discrepancy is that the pharmacy is submitting it as 30 units for 90-day supply, so that 23 dollars is essentially us saying the pharmacy is submitting it for a 90-day supply. Whisenhunt replied It should be 90 pills for 90-day supply

Nicolosi said but from a processing stand point we don't make that determination. The pharmacy submits that. They could submit 34 for 100-day supply, or 30 for 10-day supply, based on what they submit drives those copay rules. The cost of the drug was lower than the $10 co pay. It all depends on how the pharmacy submits it. Whisenhunt commented that he asked this question about 4 weeks ago and received no information. The communication is not coming back to the employees.

Nicolosi explained they must get better and there's no excuse there. The challenge they see is how the population is communicating with the prescription plan. Two resources are getting the issues resolved directly and immediately 1. Being the member services team 24/7 365days. Has access to you plan document. 2. Member service portal. You can look at your prescription and what it will cost you. For the fastest this is the best.

Schwenk said a lot of the employees are getting frustrated contacting the 800 number because they cannot get anywhere, sometimes the staff does not know and you have people that still do not get answers. Nicolosi replied if they're not getting the answers, we're not getting the job done. We are learning from those experiences. Cerpass can

August 21, 2018
Minutes
Health Care Committee Meeting

pull call matrix and share with him how many calls they have received on behalf of the employees benefit. Whisenhunt commented that a pharmacist told one of the employees that CerPass is charging $7 to process their prescriptions? Whisenhunt asked if this was correct? Nicolosi replied that they would have to look at the pharmacy contract. They do not force pharmacy's to process against their will. Any claims that are process under CerPass they have a signed agreement between that retail chain and pharmacy chain that has financially terms that is mutually agreed upon.

Whisenhunt commented that the City of Lawton is paying for that service for that employee and that should not be a claim that is being charged when we are already paying for it. Nicolosi replied that every pharmacy in the contracts are paid fairly based on the terms of agreement.

Ayala commented that if there is a financial contract between the pharmacist and CerPass then that charge would not reflect back on the city, it's basically between CerPass & the pharmacy. Whisenhunt replied that he agreed; however, the pharmacy stated they have to mark the cost of that drug up to cover that cost. That's where the city is paying that cost. Brady asked if he knew what pharmacy it was? Whisenhunt did not right off hand but would email it to them. Nicolosi asked Whisenhunt to send those to them, they have a process department that works with discrepancies and will look into it.

DRUGS ON DIFFERENT TIERS:

Whisenhunt asked to discuss the drugs being on different tiers? Wants it explained why the drugs are on different Tiers from where they were when they were with BCBS?

Nicolosi explained that the pharmacy organization has their own proprietary formulary, every one of them is going to have discrepancies from a plan design stand point. The process from a drug coming to the market to be placed on or off the market to be placed as a formulary goes thru a committee, physicians and pharmacist that review the drug for clinical appropriacy. They make a recommendation to either cover, exclude or it's comparable to its competition. If the drug is clinically superior, then anything else on the market (meaning nothing can touch it and there nothing that provides therapedic alternative) then the PBM committee make a recommendation to place it at Tier 2. So, if you have some form of Cancer and only one drug to treat it then they would not want to penalize them with a high co-pay, they are going to put it on the preferential co-pay. If they recommend that it is not a covered product, then it's an excluded product. Products they say is comparable to another on the market they will perform a financial

August 21, 2018
Minutes
Health Care Committee Meeting

analysis and determine which provides lowest net cost to members. That cost is a negotiation that occurs at a manufacturing level and every PBM has able to negotiate different discounts. So, if you went from Blue to CVS or CerPass then every PBM would have different tiers and coverage placement for those drugs. It's a mechanism they use to assure appropriate coverage and 2. Leveraging discounts to our clients to make sure your getting the best cost for your money.

Kizarr asked if what he is saying that it could be two different cost from two different pharmacy's?

Nicolosi replied that Tier placement, tier 1,2 & 3 It could be a tier product with BCBS or Tier 3 product with CerPass and be excluded with CVS. Those are all decisions based on PBM committees. Tier 1 with almost every PBM are generics. There are some PBM that make high cost generics (tier 2) but in general all the prescriptions that will fill 85% are generic and most pbm's across the board say those are Tier 1 products.

It was asked if the co-pays should be the same at all the pharmacy's? Nicolosi replied that, that was correct.

It was commented that (word of mouth) there was some discrepancies with different pharmacies having different co pays.

Nicolosi replied that Co-pay discrepancies occur when a calculation is applied. So if its $10.00 at CVS then it would be $10 @ KEN'S etc. etc. If the cost of the drug is less than $10 then it maybe $2.38 at CVS and $4.00 at Walgreens. Because that price is a calculation that is done we can get it less than 10, we can give you a discounted rate. It pays to use the member portal, so it can show you where you can get your discount.

Wick asked the difference between a big pharmacy like Wal Mart and then a Mom & Pop drug store? would you be getting a bigger discount at Wal-Mart?

Nicolosi replied that it's dependent on the specific retail chain. It's going to depend on the negotiations they had with CerPass. Those are independent negotiations. Sometimes Mom & Pops wins, not usually but sometimes. As far as extending the benefits contractually they will build the plan to where they are to provide you with the drug at our negotiated discount. $10 co pay, but if they have a price that is lower than that then they are supposed to give you that price.

August 21, 2018
Minutes
Health Care Committee Meeting

Whisenhunt commented that the cost is one thing, but the employees need the understanding on why and how It's getting fixed.

Wick stated going forward, that communication right now would be very productive. Suggested that CerPass, HCH come in for a few days and have a One on One with the employees to give them time to find out and discuss individually if they are having issues.

Kizarr stated that a member that went to get a 3 mo supply, asked his Dr to get a script for 3 mo. Then pharmacy said the insurance still would cover that.

Nicolosi asked Kizarr to give him that members name later, and explained that there was a time period when they were not allowing for a 3 mo supply but they adjusted it. The only challenge is once they dispense 30 days you cannot go back and run 90 days because it's going to essentially say you already have 30 pills at home, you have to wait until the next fill to run 90 days or you have to return your 30 days, refund it and refill 90 days. That's just pharmacy one on one. if it's a not covered product rather than saying you cannot have, it will pay at the discounted rate to save you x percent you would have to pay outside of the network.

B. DLO Billing Issues

Whisenhunt wanted to know what happen with the DLO issues? it was his understanding that this was supposed to have been taken care of last month? Melanie replied that she looked into the two employees that he sent the name to and neither member had a call placed in from DLO to check a lot of time DLO does not verify the benefits. Whisenhunt stated that one employee told him that they paid the $50 to DLO. Melani commented if they knew which DLO it was then they could call and provide them some education

Ayala asked When DLO sends that and it shows that they paid $50 claim over they will show the member paid $50. Do you reimburse that claim? Melani replied typically. If it is on the claim, we can issue the overage back to the member, but 9 x out of 10 it does not show up on the claim. But DLO will probably have to issue that refund back. Melani will follow up on the claims and see who the member was that paid the $50.00.

Whisenhunt asked if DLO a network LAB? Melani replied Yes. Whisenhunt asked why are they trying to go outside of the contract? Melani explained that a lot of times what we see is that when you're dealing with labs, a lot of the time they do not have a

August 21, 2018
Minutes
Health Care Committee Meeting

lot of staff on duty to call and verify benefits and they don't have your insurance information since Dr usually does not send the insurance information. DLO may have an office policy that if you don't' have your information in the system then they will charge whatever their percentage. Whisenhunt asked why then if DLO is a provider they should not be asking that question to city employees. Melanie stated they should verify benefits but that doesn't necessarily mean they always do. HCH can reach out to the provider and explain to them that there has been a change, but the benefits are still the same, now hopefully the person they speak to will relay the information to everyone in the office but that does not necessarily mean they will.

Whisenhunt commented that when going on to the CerpPass site and it says one thing then looking at what was said was billed against us was a different amount. However, when you pay for it up front you pay a considerably less price then what is billed thru insurance. Ayala stated you shouldn't be unless you are using a coupon. The Pharmacist should not be charging more but they will investigate that. Whisenhunt replied they were using a coupon with bcbs but when they used the coupon with CerPass the retail price when it was processed there was a difference. Ayala asked that when you reviewed it online it says one amount, but the actual was more? Whisenhunt replied yes, they found out the co-pay was different then wal-greens stated there was a coupon used. Ayala commented that the other thing is that the quantity piece may have been different. Whisenhunt replied that it was the same. Ayala said it should not be, the pharmacist should not be charging more, and they will look into it.

C. LETTERS.

Whisenhunt commented that another issues was on the letters were supposed to have been sent out by a follow up letter but that was not done. the prescriptions stated getting filled in that time frame, but no follow up letters were sent out to those whose prescriptions were not going to get filled.

Melani replied that she spoke to account Mgr at CerPass and they had reached out.

Whisenhunt responded that they did not because he had letters and no one had called.

Nicolosi recommended to Melani to make a note to ask them who all they called.

Ayala spoke to some on the medical side where some said they had received it but did not pass it to everyone in the office.

August 21, 2018
Minutes
Health Care Committee Meeting

Jona commented that this is the same situation that happened in the pharmacy's.

It was asked of CerPass if it could be that the pharmacy's do not know their processing process. Can CerPass contact these pharmacy's and let them know? John replied that can do that. The only thing the pharmacy does however is put the information on your card. However, the pharmacy put the wrong date of supply. Whisenhunt replied that when it came thru Cerpass one time @ $10 and another @ $23 then that was surprising. Ayala commented that they are still working and fixing errors like these.

Whisenhunt commented that pharmacy's like Wal Greens for instance had the new insurance information but they still tried to process it through BCBS Churchwell commented that One member's prescription was $76 co pay and this was not the case with BCBS.

Nicolosi replied that turnkey solution with no disruption. There is usually disruption when you move with new vendors. They tried to mirror the same coverage rules, same copay rules. They did not know what drugs were tier 1 & 2 with prime and blue. They just know what they had so there could be drugs that were paying at tier 1 but are now paying at tier 2. Flip side you are now seeing some drugs that were being paid at tier 2 now at tier 1. He encouraged everyone to send these to CerPass.
Ayala asked Nicolosi if they have someone that can come down on sight in maybe a few weeks, to talk to the employees regarding issues they are having? John replied Yes, they have a team that is dedicated to the COL account. They live in the Dallas area and will be willing to help. If we come here make sure that it's a public forum and an announcement. Melani replied they will coordinate with Joni.

Ayala replied they will work with Warren Wick to figure out the best time to do this and maybe schedule some time with employees.

Kizarr commented that some education would be beneficial.

Whisenhunt commented that he had asked for the formulary and wanted to know where it was? Melani responded that she did send it in an email. Nicolosi commented the formulary document only list around 200 drugs when there are over 1,00 or so. Best bet is to go on the portal. Whisenhunt commented that none of that information was ever distributed out, if we can put it on the "P" drive then we can direct people to it.

August 21, 2018
Minutes
Health Care Committee Meeting

It was commented that a member went into the pharmacy and was told, this is what the cash price will be and it was like $10 or $20 dollars but once they ran it through the insurance it was $100.

Nicolosi replied there is some business gaming on the pharmacy side. Whatever cash price they quote is what we have negotiate.

Martin replied that the portal does not seem to be as accurate as just calling the pharmacy and asking them directly and did not understand they there's a discrepancy. Nicolosi commented that Member portal; mobile apps formulary documents are all things we can bring in hard copy. Whatever we can do to help were here to help

Schwenk asked if they handle prescriptions for equipment? Or just prescriptions? Nicolosi replied they can and have the capability to handle anything run thru pharmacy benefits, walker, pump supplies etc. The way the plans-built today none of that is going through the pharmacies.

Whisenhunt commented that when members come to him, he refers them to NFP, HCH and HR. Not sure all issues are resolved. Hubbard asked if customer service be able to answer that question had he called HCH? Nicolosi commented they should have called the pharmacy.

Whisenhunt said they need to figure out a way to guide the members. If they go to a pharmacy and there's something different then they need to tell the pharmacy to call Cerpass immediately before they walk out. Nicolosi commented to encourage them to take it a step further and go to the member portal and see what the cost will be from there. Hubbard asked if they see the portal the cost of the drug is gone up significantly. How will the customer service understand it? John replied that they only know how much is disclosed to us. They will have to look at the claim, and then make sure the quantity and see if there is a lower cost pharmacy, alternative products. Tier 1 or tier 2.

III. WELLNESS PROGRAM UPDATE:

Whisenhunt commented that contacting the case manager for the physical did not seem to be a good idea since some of the members tried that and the response was they did not know anything about it from HCH and recommended that HR create a spreadsheet with everyone that is eligible and their spouses and bring a copy of the physical to HR and let HR distribute the $100 gift card. Melani asked if they were calling the care

August 21, 2018
Minutes
Health Care Committee Meeting

coordinator for careways? Whisenhunt replied he was not sure what number they called, only it was HCH. Melini replied they can pull a report to show where they had an appointment, the only thing is when the Dr does not document as a physical or wellness. Whisenhunt asked what the employee needs to tell the care coordinator when they call? Melani replied that all the information the care coordinator can get is the date they had it and then they have to wait for the claims to review what they had.

Ayala commented there is a trigger for HCH to reach back to someone if their physical came back as a high risk. Example…someone who is diabetic that has not been taking care of their self but now is high risk trigger to do an outreach to these employees.

Melani replied they run reports periodically, what the tool does it will pull-out high-risk members, so it looks at diagnosis. They will see that and run those reports. If we can get with the lab or CCMH, has offered to help with wellness as well. If this happens then the nurses would be able to pull and see the results.

Ayala replied that he will work with Warren to create a spreadsheet. We do not want to have personal health information in their file

Whisenhunt asked what kind of documentation will they need to present to show they had the physical? We are 6 weeks in and there is still no EOB's. That's another issue, Discovery is already cutting cards off because we don't have any EOB'S.

Ayala replied he was not aware of any of this until recently. My assumption was that the claims were being paid at this point and they will get a team on getting some paperwork.

Schwenk commented that has some members still have money left in last year's FSA. Has until Sept 15 to use or lose. But cannot submit without an EOB.

Whisenhunt wanted to know without a EOB, what kind of documentation will they need to bring for the wellness incentive?

Ayala replied if they can get the finance then it will be will create a form (affidavit) that someone can sign off on it that they did get it. And we can go back and verify if they did it. Whisenhunt replied he was ok with them signing off on a affidavit. Ayala replied they will help create it.

August 21, 2018
Minutes
Health Care Committee Meeting

Whisenhunt explained the PO Process and that this would be the easier way for the City to purchase the pre-paid Visa. The member can bring in the documentation or sign the affidavit. Warren Wick will have to work with Finance to get it done.

Whisenhunt asked Wick where they were on the Health Fair? Wick replied that we do not have an exact date scheduled, only that it will be in late October.

Jona replied that NFP has put a wellness on all the groups and they had 14 people sign up and they can utilize that as well.

STEP THERAPY

Whisenhunt commented they have not heard any complaints about the step therapy issues but think the step issues are good so far.

Whisenhunt asked for a motion to go into Executive Session:

Motion made by James, second by Albert. AYES Bruce, James, John Albert Britt, Whisenhunt

EXECUTIVE SESSION:

Motion made by John to go out of executive session, second by Albert, AYES: James, John, Albert, Britt, Whisenhunt, Bruce.

A motion was made in executive session on the appeal to pay the claim by exception as in network.

NEW BUSINESS

A. PLAN DOCUMENT

Libby from health care highways joined the meeting regarding the plan document:

Whisenhunt Verified that everyone on the committee received a copy of the SPD to review.

August 21, 2018
Minutes
Health Care Committee Meeting

The following was reviewed by the Health Care Committee:

GENDER REASSIGNMENT – The surgery is already in the plan document, if it is medically necessary services it's not an excluded benefit.

MALE STERILIZATION - $750 is correct. Covering the benefit just not the reversal. Should it be the same for male? Sterilization is covered in network 100% to a 750 max then subject to deductible and co-insurance out of network applies directly to deductible & co-insurance. Sterilization is covered at 100%.

VISION - $35 vision exam fee that was in bcbs plan. It was pulled out as self-Insured. Vision should remain for $35 vision exam. Contacts & eye glasses, the medical end. There is a #35 co-pay once a year routine eye exam that is covered.

PSYCHIATRIC TREATMENT - The Recommendation is to follow the mental health act on this.

DOMESTIC PARTNER – Dependent can also be a domestic partner. There has to be legal documentation. If they live together then they have to sign an affidavit they will be common law and then they were to split up, then they would have to give a legal document which is pretty much like a divorce.

QUALITY IN PART-TIME EMPLOYEE - Full time is 30 hrs per week, 20 hrs you are utilizing ACA. ACA you have take your part-time employees but if you look back and see they worked more than full time then you have to offer them benefits. Same to go if they go under 30 hours.

PSYCHIATRIC TREATMENT- Confirm if you have opted out for parity reasons?

GENERAL LIMITATIONS AND EXCLUSION (pg 58) – This plan does not cover any charge or care supplies, treatment or services…. family member is excluded. Libby recommended it say if there's one that's not covered by or is not a license physician as well.

August 21, 2018
Minutes
Health Care Committee Meeting

HAZARDOUS PURSUIT. Depends on the plan if they want to cover. can verify in the Stop loss policy if the stop loss policy has any indication for these items if they that they wouldn't cover a certain benefit. Libby is going to review our stop loss policy, so they can make sure it mirrors for that specific benefit.

OCCUPATIONAL – any illness or injury in occurring in course of employment if full or partial compensation or benefits are or might be available under any laws under any government unity. Any policy, workers compensation insurance or according to any recognizable legal remedy arising from an employer employee relationship. This applies whether you claim the benefits compensation or recover the loss from a 3rd party.

TRAVEL OUT OF COUNTRY– recommendation was to leave as is.

Page 88- Libby is going to request different language from legal since the city cannot do binding arbritration.

ADDITONAL REQUIREMENTS ON ADD & ADHD – ADD & ADHD on Autism is the same question on both of them. Leave in medically necessary language.

PODIATRY – Add in exclusion, to improve for comfort, appearance, bunions, callas as medically necessary for diabetics.

LIPOSUCTIN – Add in those would only be covered if medically necessary. Cover the fat from liposuction from loss of cancer.

TRANSPLANTS – Recommended they leave out the various transplants the plan will cover that is not experimental.

INJECTIBLES - testosterone. This is a $10,000 cost to the city ea year. Ayala will see what the financial impact would be to the City. Libby stated they are self-administered injectibles to include testosterone and are covered. As medically necessary.

August 21, 2018
Minutes
Health Care Committee Meeting

Jona discussed a member was doing speech therapy, she was in middle of treatment and they are out of network for HCH and had three left. They were requesting there be an exception made.

Kizarr made a motion to pay for the finish treatment as in network by exception second by Churchwell. Ayes: Ozuna, Hubbard, Schwenk

Adjournment:
Whisenhunt announced the adjournment at 1:25pm
Motion by Albert Ozuna with second by Hubbard to adjourn Ayes: All Nayes: None
Motion carried

Next meeting September 18th at 10am.