

Present: Tracy Scott, Braumlee Boyce, Paul Dougherty - Chair, Jack Fallon, Mike Thiel, Cindy Jones, Kris Hursh, Scott Haas, Ross Gustafson, Gwyn Andersen, Dawn Ann Anderson, Anne Castren, Lynn Ogden-Rider, Alex Schaeffer, Erik Davis (via phone), Jaja Okigwe, Nicolé Dyer, Kim Oliver,

October 31st

Opened at 4:00 PM

Committee Business

- Cindy Jones invited to replace Gregg Letourneau who, after 20 years of dedication to District insurance work has stepped down from the committee. Thank you so much for everything, Gregg, and welcome to Cindy!

First Choice Health

- FCH sees benefits as a way to attract and sustain workers
- Currently going thru some transitions and transformations
 - Combining past roles as a health network, administrator, and employee assistance program.
- FCH has partnered with Rightway Healthcare
 - Rolling out to clients in January
 - This app has increased engagement by 50%
 - 4x Return on investment
 - Can reduce one FTE in benefits management for clients
- Virtual care via app called 98.6
 - 86% First call resolution
 - Avoid unnecessary visits
- Reporting and analytics
 - Partnering with outside app to build data organization protocol.
 - Real time analysis of cost, medical trends, PEPM Costs, etc
- FCH is preparing new partnerships, prioritizing accessibility and transparency.
- Case Management:
 - A challenge for the industry
 - Trying to catch folks before treatment is crucial.
 - Jaja will connect with Braumlee
 - Scott Haas adds a corollary: Case management will improve with consolidated on site clinic care, especially chronic diseases.
- Kim on Network Progress:
 - KRH and other hospitals have extended discounts on expensive claims
 - Hospitals seem to be taking a more collaborative approach.
 - Case Rates
 - Still negotiating maternity and other types of (high utilization) care
 - Mammography, colonoscopy, air ambulance,
 - USI still working with Jason Spring
 - KRH still very much fine tuning their executive board
- Scott: Trying to eliminate fee for service, integrating care to ease access for members.
 - FCH has pretty good contracts

USI Underwriting Analysis

- First month of plan year were bad, September levelled out
 - PEPM increased 29.7%
- Stop-Loss
 - Loss ratio 55.2%
 - So far, stop loss has paid out less in claims than we've paid in premiums.
 - Underwriters looking at increase our risk, perhaps by increasing the threshold for stop loss?
 - Large Claims
 - Only two claims (defined as >\$62,500)
 - We still have some other claims but they have not accrued costs this plan cycle.
 - Mike Thiel asks if stop loss reimbursements accrued last year will go towards that plan year?
 - District operates on cash basis, so no
 - We have an alarming rate of certain cancers in the valley, FCH speaking with MT Health Officials
- Dental
 - Raised funding rates July 1
 - Lot of claims and cleanings, anticipate more in February
 - Probably pre-school cleanings.

Dependent Audit

- Our plans qualify as “silver” compared to open market options
- Why should the district provide benefits to dependents who have benefits offered or are incentivized to join other plans by their employers?
- Who should present audit? Committee? District?
 - Couch it from a plan perspective?
- Audit would be live fire engagement
- What is stopping us from forcing children off plan?
- Affidavit for future open enrollment, presented to employees to guarantee their dependents meet current district rules, under penalty of perjury or denial of claims.
- Need an educational program.

Care Here

- Ran out of time, agree to meet November 4th at 4 PM for special meeting dedicated entirely to CareHere.

Meeting adjourned at 6:05PM

Special Meeting November 4th at GHS called to order at 4:10

Present: Dawn Ann Anderson, Mike Thiel, Niki Dykstra, Alex Schaeffer, Jack Fallon, Kris Hursh, Paul Dougherty - Chair, Anne Castren, Ross Gustafson, Lynn Ogden-Rider, Gwyn Andersen, Tracy Scott, Mark Flatau, Braumlee Boyce, Scott Haas (via phone), Erik Davis (via phone), Jarrod Weenum (via phone), Ernie Clevenger (via Phone)

This meeting consisted of the committee largely questioning Gwyn Andersen and Jack Fallon regarding the functionality of the Health Insurance Committee in the future of a CareHere clinic in Kalispell. As members of the finance committee, they have been in touch with CareHere since the insurance committee disengaged from near site clinic discussions last spring. Jack has diligently searched for real estate for the clinic, working with Ernie Clevenger and Jarrod Weenum to find appropriate space for such a clinic. As a member of the school board, Jack also kept the board abreast of developments. As Director of Finance at Kalispell Public Schools, Gwyn managed the district funds and analyzed the feasibility of such a clinic alleviating the rising costs of healthcare for members of Kalispell Public Schools self-funded plan. After months of hearing from CareHere, we needed to take the time to sit down and hash out the particulars of how such an investment would impact us and what was required of the health insurance committee in this process. The following notes refer to information as it emerged in this discussion:

- District pays for it, but the Plan would have to pay this back over time.
- Start up costs (equipment) amount to about \$35,000
 - CareHere will waive this for a three year contract, which was the baseline discussed for rest of meeting.
- Remodel costs: Unknown, but if district pursues the property found by Jack Fallon these costs will be “ballpark minimum” of “\$30,000-\$50,000”
 - Still, awaiting estimate from our contractors.
- Loans from District to Insurance Plan
 - Gwyn Andersen has document stating how loans from district to plan would be repaid, will provide to insurance committee.
- Feasibility study:
 - No formal feasibility study was performed, per se, but using FCH data and analytics from various advisors we can calculate how many office visits a CareHere clinic might see per year and then calculate the difference in cost between CareHere and what we currently pay.
- Loan origins (Mark Flatau):
 - During 2016-2017 plan year, Health Care account ran out of money, Loan comes up and district loans \$725,000 to plan.
 - 2017-2018 saw loss of \$49,000
 - No formal discussions of adding this loan to plan balance
 - 2018-2019 ended in negative balance (~\$300,000)

- Had we known this would happen in Spring, we might have adjusted benefits.
 - Deficits have accumulated.
- Because the School Board enters into contractual relationship with CareHere, Insurance Committee does not have a set role in that. CareHere, of course, will oversee day to day operations, but will report to School District.
- CareHere agrees to waive cancellation fees, only seek reimbursement for prorated start up fees if and only if a decision is made within 2 weeks.
 - Health Insurance Committee demands greater transparency and accountability, wants to be kept very much informed on progress of clinic.
 - Alex Schaeffer moves for the committee to endorse Kalispell Public School's pursuit of aforementioned contract with Carehere and lease of 340 West Center Street.
 - Anne Castren seconds motion.
 - Motion carries.

Meeting adjourned at 5:18 PM