**Members:** Judd Nyberg, Dawn Ann Anderson, Niki Dykstra, Jack Fallon, Kris Hursh, Paul Dougherty - Chair, Lynne Ogden-Rider, Hollis May, Cindy Jones, Chere' Hobbs, Rose Ann Clark, Kirsten Pevey, Braumlee Boyce, Diane Morton Stout

**Advisors:** Micah Hill, Gwyn Andersen, Tracy Scott

**Consultants:** Scott Hass, Luann Tufts, Erik Davis [USI], (CareHere)

Called to order at 4:06

- Plan financials with Scott
    - Received yesterday morning from KPS, we continue to move through the process.
    - Key aspect is total liabilities: still negative 190k
    - Key elements from district numbers go into experience tracking.
    - Gwyn Andersen: No additional comment
- February numbers added to renewal projections.
    - In january, calculating a 5.8% increase
    - Now, looking at a -.6% medical adjustment
    - Using february data, current benefits can be maintained at the current level.
    - Revised dental renewal: down to an 8.6% increase
    - Recommend a renewal at current rates and benefits.
    - During the discussion over the last couple months, we need to get ahead of these trends
        - 0%, 3%, or 5% increase.
        - Adding that additional month made a significant increase to renewal projections.
        - District just received a stop-loss reimbursement for $232,000.
            - Gwyn Andersen: Claim has not been paid, so it will be a net zero
        - Weekly claim runs will be added into the renewal projections.
    - Still in the process of the stop-loss renewal.
        - Added margins to the potential for our new cancer claims to increase.
            - Anticipates Lasering of those claims.
            - Several evolving bone marrow transplant claims.
            - Finalized stop-loss renewal.

    - JAck Fallon: does the projection renewal presented mean the preceding 12 months or current fiscal year?
        - Scott HAas: Based on rolling 12 months.
            - Claims experience for 12 months plus revenue generated since July 1, 2020.
        - Jack Fallon: USI is using 8 months of revenue. Did USI delete the deficit-reduction surcharge from the revenue calculations?
            - Scott HAas: None of the the calculations presented right now reflect surcharge money. Only premiums and experience.

- JAck Fallon: How do we go about making adjustments to create premiums for next year?
    - Scott Haas: If I am understanding you question, we are not supposed to be using the surcharge in these calculations, I believe that part of the adding the 3% or 5% margin is part of this. If the district can afford it, the recommendation is the 5% margin.
        - Surcharge is not taken into consideration in any way shape or form in these calculations.
        - As we have calculated the renewal projections, options 1 and 2 have additional surcharges.
            - Surcharge means an additional 3 or 5% to calculate the rates
        - Jack Fallon: I am surprised that the revenue used here is less the surcharge, we are 8 months in, the numbers still show we don't need to have an increase but we are putting one in here to build a surplus. I figured the increase would need to be greater--10% or 12%. I am surprised that these numbers are generating the conclusion considering a significant portion of the plan revenue (the deficit related surcharge) will not exist next year.
        - Scott Haas: Many different factors go into this adjustment. I added a margin to the trend assumption to account for any issues that may arise. We factored in a stop-loss increase, 2 new lasers, etc.
    - Jack Fallon: I understand the concept, but it is hard to imagine the the debt in the last y
    - Erik Davis: Stop-Loss could change that. A 15% assumption,
    - Dawn Ann Anderson: Are we taking into account the COVID-lull numbers from last year in this rolling 12? We want to get solid numbers to Braumlee to May 1st?
        - Scott HAas: We want to have numbers to Braumlee as soon as possible.
        - Scott Haas: There is no such thing as a normal month for the KPS group. THe only aspect where we saw claim variance was dental and even that was not much.
            - Paid claims in March, April, May slight downturn and a rebound in June.
            - We don't have as many large claims going, we still have significant claims occurring.
            - Erik Davis: On a broader level, establishing assumed trends, COVID is factored in.
    - Tracy Scott: Do we ever do a 3 year average to add into our analysis in our rolling 12? We tend to have pretty heavy end of plan years

        - Scott Haas: Yes. We are down significantly from where we were a year ago. Nearly a $1,000,000 down in claim costs compared to a year ago.
        - Erik Davis: While you need to look at that experience, if we were to apply your experience trend rather than a broader population trend we would not estimate as well. Our group is too small for a statistically significant trend line.
        - Scott Haas: We took a pretty big increase in revenue, but your net claims are also down. We are starting to see a leveling down in projected increases.
    - Micah Hill: We are paying in far more than we were a year ago. We are on target.
  - Paul Dougherty: 3 or 5 %?
  - Kris Hursh: I want to see what March would bring. I would tend towards 5% because we have done no change before and gotten bit, because things are coming up. 5% makes sense.
  - Dawn Ann Anderson: Will March numbers arrive too late?
    - Kris Hursh: We get weekly numbers, correct?
    - Tracy Scott: if we are leaning towards 5% do we need that data?
    - Hollis May: 5% is an easier sell than 30%
    - Dawn Ann Anderson: Especially when the surcharge goes away.
      - Rates will actually decrease.
  - Whole committee seems in agreement that 5% is prudent.
  - Braumlee Boyce: The rate increases would be ~$30 for family tier and ~$2 for the employee only.
    - Still less than the current surcharge.
  - Dawn Ann Anderson moves to increase 5% increase look at the real numbers.
    - Kris Hursh: Seconded.
    - Motion carries with one abstention due to technical difficulties (Diane Morton-Stout)
  - Scott Haas: We will updated March renewal and add 5% margins to that projection.
    - Gwyn Andersen: Do we want to wait until March or just go with these numbers? We are moving forward with that?
    - Tracy Scott: unless it goes crazy in March.
- AHA Incentive with Micah Hill
  - We advertised it.
  - How are we paying for it?
    - One option is to charge a surcharge for next year. Half of our members did not do the AHA. I do not feel comfortable to go to membership and penalize non-AHA participants.
    - We are proposing a payment or gift card for AHA participants.
    - If 100% of employees did the AHA, what would the discount be? We would have to take money out of the plan.

        - What does this group think about not surcharging but offering an incentive for the folks who did participate?
    - Maybe we should have advertised this that way from the beginning?
        - Kris Hursh: one of the good things, it didn't cost our members any more money. It is good they went to CareHere but it didn't cost our members anything at the point of service.
    - Dawn Ann Anderson: Does this come out of the plan?
        - Micah Hill: yes
    - Dawn Ann Anderson: Does it get taxed?
        - Micah Hill and Gwyn Andersen: It would be gift cards.
    - Hollis May: How do we keep people going to CareHere? How do we continue to educate? I want to make sure we are still focused on getting that 50% who did not get an AHA into the clinic.
        - Tracy Scott: We have a lot of opportunities for education but timing is tough right now with everything going on.
            - We can resume a lot of this in building contact with people.
            - Make sure people understand how comprehensive CareHere is.
        - Braumlee Boyce: CareHere marketing is working on additional materials to educate our members on the exhaustive services offered.
        - Kris Hursh: we will probably utilize more post pandemic.
    - Hollis May: still speaking to other participating groups?
        - Gwyn Andersen: CareHere just renewed with the state of Montana, so we are hoping to expand into this network. CareHere is pushing it.
            - WBC and Fun Beverage interested in joining.
    - Motion to make incentive the gift card by Hollis May.
        - 2nd by Kris
        - Motion carries with one abstention due to technical difficulties (Diane Morton-Stout)

CancerCare

- Scott Haas has a call tomorrow to go over currently open claims. Currently pretty active with a number of cases. Monitoring upwards of 25 cases.
    - We spoke 1 month ago about incentivizing use of CancerCare.
        - Penalties for non-participation? Charging out of network benefits? No benefits?
        - What we want to do is create an appropriate incentive to foster positive engagement.
        - What would be an appropriate type of incentive look like for the KPS group?
    - Paul Dougherty: People respond to the financial incentives.
        - Scott Haas: Typically, CancerCare have varied the coinsurance. Right now, we are 70-30 coinsurance. We could do 50-50 coinsurance for noncompliance with CancerCare.
            - This would be a plan design amendment. No rating impact. These higher end cancer claims will hit their out of pocket anyway.

        - Braumlee Boyce: Since we have gone with CancerCare, most everyone has agreed to participate. Unless we see a trend that people do not want to participate. It is hard to penalize people, especially when they are ill.
        - Scott Haas: A better approach might be to saturate people with educational materials. KPS is doing a great job with cliniceducation, we could do something like that with CancerCare. Sponsoring a mammography, colonoscopy clinic. We are in discussions with KRH on this. Mobile Mammography could be offered by KRH.
        - Tracy Scott: have we received KRH rates yet?
            - Scott Haas: We work with two organizations and they are getting a sample of case rates so we can begin making proposals to KRH.
        - Kris Hursh: When we spoke about CancerCare before, we got statistical information about the work they had done. Education would be crucial. Does FCH reach out to members?
            - Tracy Scott: We have members who love CancerCare and we can create educational materials around these testimonials.
- Motion to continue with current incentive status of CancerCare with increased education by Lynne Rider.
    - 2nd by Dawn Ann Anderson
    - Motion carries with one abstention due to technical difficulties (Diane Morton-Stout)
- Plan Design
    - Shared results from survey
    - Lynne Rider: Want to see a balance between the HSA and preventative care
        - Gwyn Andersen: Preventative care is covered
    - Lynne Rider: There are limitation to the clinic. I had been an HSA proponent, but my views changed. I would use an HSA again but I am going to hit my deductible.
    - Kris Hursh: sometimes care is considered diagnostic, not preventative.
    - Jack Fallon: What Lynne is saying is if she had an HSA should would get the tax benefit and now she's going to hit the deductible anyway.
    - Lynne Rider: I would like to find a way to be open minded about possibly threading that needle.
    - Micah Hill: The concern is we are 8 months in to a new plan, we want to give it time, see CareHere successful. All things have to remain the same?
        - Lynne Rider: unless there is a big ticket item that could have been caught.
        - Micah Hill: But they could still have had the clinic?
        - Kris Hursh: We don't necessarily find out everything from the yearly exam. Maybe someone will not go to the doctor to avoid paying for a full doctor visit until it is too late.
        - Hollis May: The amount of people who contributed to their HSA was low. I was on the HSA plan because it was cheaper. If we have a choice, I wonder if they would use the clinic. We initially discussed how a $5 clinic would dissuade people.

- Micah Hill: AHA is preventative.
- Hollis May: but there are age limits on what counts as preventative.
    - Chere' Anderson: You have to clear a certain age to qualify for free services.
- Dawn Ann Anderson: there are options and it is worth continuing to have this discussion.
- Jack Fallon: When will we talk about it again and what are the parameters?
    - Rose Ann: A month discussion.
    - Dawn Ann Anderson: We discussed it every 2-3 meetings for 3 years until we got rid of it.
    - Lynne Rider: What parameters?
        - Jack Fallon: the HSA plan would be different than in the future. We would need to address avoidance of care or avoiding the clinic.
            - How do you mandate an annual AHA? Or staying on the HSA plan?
            - Paul Dougherty: A benchmark on clinic usage?
        - Keep HSA plan design on agenda as part of our ongoing discussions.
    - Micah Hill: We need to launch education campaigns to make sure people understand the HSA plan.
        - Tracy Scott: Even for FLEX
    - Tracy Scott: We need to keep our coinsurance 70-30.

Next meeting for the April 15.
Motion to adjourn by Hollis 2nd by Kris