

LMBC Meeting Minutes

February 27, 2018

8th Floor Conference Room, 111 SW Columbia Ave
Attendance

LMBC Members present

Betsy Ames
Mike Abbate
Tom Armstrong
Dave Benson
Jamie Burrows
Mark Gipson
Jay Guo
Craig Morgan
Rachel Whiteside
Jon Uto

Staff

Cathy Bless
Anne Hogan

Presenters

Anne Thompson (Aon)

Other attendees

Paul Cone (PTE17)
Emily Mungo (Aon)
Ryan Kinsella (CBO)

LMBC Members absent

Tara Anderson
Alan Ferschweiler
Ashlie Grundy
Jeannette Hopson

- 1. Meeting Call to Order:** Co-Chair Betsy Ames facilitated the meeting and a call to order was announced at 1:16 pm. It was noted that Alan Ferschweiler and Tara Anderson were absent.
- Betsy asked the committee if there were any edits to the February 13th meeting minutes and there were none. Cathy requested that the Preventive Care Initiative program be added to the meeting agenda under "Other Business".
- 3. Preliminary Renewal Information and Recommendations were continued (Anne Thompson, Stephen Caulk and Cathy Bless)**

Anne Thompson continued the discussion from the previous meeting and pointed out the latest updates in the revised preliminary renewal handout given to attendees:

- Non-medically necessary massage therapy was added to the item list as requested by the committee (page 15). Aon expects that higher utilization and demand would result from the implementation of this change. Overall, with a six-visit session limit and a \$20 co-pay, Aon anticipates an increase of 1% in costs and a great deal of variability is possible.

Cathy emphasized that members would seek massage therapy services from an in-network provider and that if the committee decided to add this benefit, she would back off from the earlier recommendation of the \$1,800 individual OOP maximum and recommend the out-of-pocket (OOP) maximum be decreased from the current \$3,000 to \$2,250, rather than the \$1800 to better balance out the costs of both changes. Massage therapy is a costly benefit and this committee should determine if the addition of this coverage would be as beneficial as the lower OOP maximum.

Tom Armstrong asked if there previously had been any issues with the medically necessary requirement for massage therapy. Cathy replied that starting in January of 2017 there had been

several members who had called the Benefits Office with claims issues because of changes Moda made mid-year in how they adjudicated claims but staff worked with Moda to resolve them.

Dave Benson asked if there are providers in some type of consortium we could contract with for a discount? Cathy replied the City has a contract with Moda so there are restrictions on providers who would be considered in-network. Dave suggested that there might be providers who would be willing to give discounts to City employees and Cathy responded that Aon/Benefits Offices would have to review the types of discounting that might be available.

Mike Abbate noted that this benefit seems like a wonderful thing but if costs increase by 1%--is this the one benefit the committee should focus on? Betsy added that massage therapy seems to be a benefit that employees do ask about but she noted that from her own personal experience she has had to be proactive about the submission of claims to Moda. It could be an employee education issue—more massage could be covered if members knew what the process would be. The Benefits Office will work on communications within the handbooks and newsletter regarding how employees and dependents could access medically necessary massage moving forward.

As the Committee continued to discuss the pros/cons of adding this benefit, Jamie Burrows suggested an idea about creating a buy-up option for massage therapy. Anne noted the cost impact would be adverse. She estimates it would be greater than 1% because there would be administrative costs and highly motivated members would take advantage of this benefit. Cathy added that in the future, maybe the committee could consider bundling other benefits with massage. Dave commented that if the City or this Committee determined the costs were unsustainable and then was forced to repeal it, the resulting employee anger would be considerable; we need to be very careful about this addition

Jamie asked when the City last lowered the OOP maximum for CityCore and Cathy answered that it was in 2015 (it was up for vote last year as well, but bundled with other changes). She also suggested the committee think about what they are trying to accomplish and if the committee's aim should be to make employees feel like there is an affordable choice between the two plans and lowering this maximum may help with this perception.

Tom wanted to know how many members met the OOP maximum for last year; Aon will review the data and let the committee know its findings. Dave added that the difference between \$3000.00 and \$1800.00 is substantial. Betsy commented that when members are hitting this number they're also encountering a lot of medical issues and it can be a serious financial hit.

Rachel Whiteside wanted to find out how many members would have met the proposed OOP maximum of \$1800.00 last coverage year. Aon's Emily Mungo reviewed the data that they had on hand and determined that 967 members would have met the \$1800 OOP maximum. Cathy responded that this decrease to \$1800.00 will have a definite positive impact on employees but will increase costs by up to 2%. This change will be an important first step in rewarding employees who participated in the Preventive Care Initiative.

Jamie asked whether employee surveys could be conducted earlier in the year (sometime in the spring) and include in-depth massage therapy questions; Cathy responded that this would be something that could be feasible and Aon could compile a draft of survey questions so that it could be ready to go by May.

Mark added that the massage therapy is a benefit that is consistently brought up within his encounters with other employees—people were excited about it. Cathy added that Aon could include a survey question that asked employees what they would be willing to pay. Betsy also commented that employee education would be an important component so that members could potentially qualify for medically necessary massage therapy. Committee members agreed that this cautious approach coupled with a survey and education would be a good strategy.

Betsy asked about the numbers of employees who participate in open enrollment each year and Cathy responded that it's about 43% of employees—higher than the previous survey participation rates. Betsy wanted to know if it was possible to include a survey at the end of enrollment and Cathy thought that it was a good idea and a possibility.

Anne continued presenting updated information involving the compiled item list of plan design recommendations for the committee to consider. The following lists each item and the discussion about the item(s):

Item 1 – CityCore – Reducing OOPM to \$1800/\$5400 from \$3000/\$9000

- **After the substantial discussion regarding massage benefit, the committee was optimistic this was the approach to take.**

Item 2 – Express Scripts Advantage Plus Program (expands list of prescriptions)

- **Committee still considering this option**

- Jamie requested that ESI provide a list of medications that would now be a part of this program and Cathy thought that she/Aon could e-mail this out. Cathy added that members already on these medications would be grandfathered in. Jamie also asked about patents expiring and whether more generic medications may be on the market in the coming months; Cathy will ask ESI about this and the expansion of the generic medications market.

- Rachel commented that she thought a patient's doctor should be determining the best medications and Cathy responded that she thought there were valid reasons to implement additional steps/processes if there were more affordable and effective medications available. Doctors could always provide a dispense as written (DAW) request that a non-preferred medication be provided to a member. Cathy added that she was not tied to a decision and that members should decide on their own—could wait until next year after more data is available.

Item 3 – Express Scripts Advanced Opioid Management Program – Anne pointed out the additional information showing steps after a potential abuser is identified (pages 20-21) and additional numbers obtaining these types of prescriptions (page 22).

- **Committee opinions expressed were not in favor of this change**

- Jon Uto commented that ESI should already be doing this in response to the national epidemic. Anne replied that ESI does do some of this already but it's an enhanced program that includes doctor alerts and other outreach.

- Mark wanted to know the costs involved: \$51,000 annually or \$.39 cents PEPM.

- Cathy added the issue is about patient safety and not about getting a return on investment. She mentioned that Dave wanted to know in the previous meeting how the City could offer more support to employees and their dependents fighting addiction issues. Cathy then offered the Committee should consider adding a benefit that was earlier provided to the PFFA during mediation/arbitration that waive co-insurance for in-patient drug/alcohol treatment facilities. Members would only be subject to the \$250 deductible. The cost to the plan would be less than \$80,000 in a plan year and Healthy Foundations could be a part of this outreach. She added that it's important for patients to get help and peer support on the local level; perhaps this should be added to the item list as part of vote?

- Dave thought that ESI's information and data was incomplete even with Anne having pointed out page 22 showing members who had 10 or more prescriptions processed during the period from 7/1/16 to 12/31/17. Cathy noted that these numbers do NOT exclude palliative care or cancer treatment prescriptions—however members who fell in this category would not be part of this proposed ESI program if implemented.

- Betsy responded that the waiving of co-insurance for members who are admitted into an in-patient treatment facility could be considered a separate benefit. Jamie requested that this addition be added to the item list to be voted on.

- Betsy asked whether there had been any conversations with City council about this program and Cathy answered that she thought it was important to have discussions about it with committee members first. In lieu of this program, the committee could offer this alternative benefit focused on in-patient treatment instead. Jon wondered if the City could request that ESI offer this program for free.

- Betsy commented that she could tell that committee members did not favor moving forward with this program; Mike added that he wanted to see more evidence that it worked or have ESI let the City test the program at no cost.

- Jamie also noted a discrepancy in the ESI opioid numbers: 707 versus 1923?

- Cathy thought that this may be a program that the committee could review next year after ESI had more data. Another option would be to restrict most addictive prescriptions (with exclusions for palliative care/cancer treatment) if there are other, safer options available?

Item 4 – Change Kaiser medical (re-tiering) - Anne pointed out the possible re-tiering options on pages 34 and 35. The committee has been leaning toward implementing the changes in gray (page 35). As requested, page 36 shows employee contribution amounts that would result with the proposed changes:

- **Committee is optimistic and still considering this option**

- Currently, for Kaiser (on a semi-monthly basis) the employee portion is \$16, employee plus one is \$31 and family is \$46. If the gray re-tiering changes were implemented, the Kaiser employee contribution would change to \$18, employee plus one would be \$34 and family would be \$48.

- Betsy asked if the bulk of proposed changes is due to the Kaiser cost increase and Anne agreed “yes”. Cathy added the overall impact to employees will not be considerable.

- Betsy asked if committee members agree that the gray tiering changes were most preferable? Mike answered yes and Betsy added that such changes would make the plans more easily comparable. Mark explained that he could agree to this change but was worried about the cost increase to employee? Cathy pointed out that the City bureaus would be absorbing most of the increase and as a result, employees would only see a \$1 to \$2 increase per pay check. Mark replied that he would be okay with this change.

- Betsy asked if the committee agreed that the re-tiering changes in gray should be implemented and the consensus was affirmative, so this will be formally voted on during the next meeting.

Item 4 (continued – change Kaiser medical plan design) Page 32 shows the plan design changes—a result of Kaiser's 7% cost increase. Cathy recommended the “Custom Plan” design change that increases the out-of-pocket maximum to \$1000/\$2000 from \$600/\$1200, implements

an in-patient facility charge of \$150 per day (max. of \$750), and increases emergency care to a \$100 co-pay from a \$75 co-pay.

- **Committee is optimistic and still considering this option**

- Dave thought these changes were modest and had the least impact on most employees. He thought it would also give a signal to Kaiser that the committee would be willing to make these types of changes.

- Cathy added that premium rate increases for employees will be negligible. Jamie commented that this plan design change is what will result in the City paying a 5.9% cost increase instead of the 7.1% increase.

- Betsy asked if there was an argument for a plan that goes beyond the custom plan changes—no responses from members. Cathy commented that Kaiser is the most expensive plan and costs won't be decreasing.

Item 5 – CityCore/CityHD: Evicore Prior Authorization for Radiology

- **Committee opinions expressed were not in favor of this change**

Item 6 – CityCore/CityHD: Do not cover non-emergency and non-urgent services provided outside of the U.S.

- **Committee opinions expressed were not in favor of this change**

Item 7 – Cascade Centers: WholeLife Scale Program

- **Committee opinions expressed were not in favor of this change**

Item 8 – CityCore/CityHD: Tobacco Cessation

- **Committee is optimistic and still considering this option**

Item 9 – CityCore/CityHD: Infusion Therapy

- **Committee is optimistic and still considering this option**

Item 10 – CityCore/CityHD: Transplant COEs - Moda is proposing restricting transplants to Interlink's Centers of Excellence (page 16), Aon determined that Interlink reaches out to various hospitals to participate and that no fees are paid to participate or for certification. This certification is based on quality—how frequently transplants are being performed and if performance metrics are being met. Cathy noted that the last three transplants surgeries were completed at OHSU.

- **Committee opinions expressed were not in favor of this change**

- Tom thought that this requirement would pose a hardship on members who may not be able to continue seeing their doctor if he or she isn't part of this program.

- Betsy questioned the committee whether they wanted to mandate this restriction to members?

Item 11 – Express Scripts (CityCore/CityHD) – Voluntary Smart 90 Program

- **Committee is optimistic and still considering this option**

Item 12 – Moda Dental – clarify occlusal guard coverage

- **Committee is optimistic and still considering this option**

Item 13 – Moda Dental – Increase orthodontia lifetime maximum to \$3000 from \$2500

- **Committee is optimistic and still considering this option**

Item 14 – Kaiser Dental – Add implant coverage

- **Committee did not discuss**

Item 15 – Kaiser Dental – Increase orthodontia maximum to \$5000 from \$3000

- **Committee did not discuss**

Item 16 – VSP - change to self-funded from fully insured

- **Committee did not discuss**

Add Item 17 – CityCore - In-Patient Substance Abuse Facility Coverage: After the \$250 deductible met, the cost of co-insurance would be waived for members.

Committee members began discussing the upcoming vote at the next meeting on March 13th and Mark commented that for members who will not be attending to determine your proxies. Cathy added that votes are based on a quorum and not simple majority; she asked that Jon Uto research the quorum system process. Jamie requested that name plates be available and used by members to make identification easier.

12. Other Business: Preventive Care Initiative (Cathy Bless)

Cathy reminded members that the preventive care initiative deadline of March 9th was approaching and that the results were positive. Over Ninety-five percent of employees who are covered by CityCore had met the requirements and 98% of employees who are on the Kaiser plan had met the requirements. Benefits staff have been reaching out to employees who are still missing HIPAA release forms. Kaiser and Moda are also calling employees who have not yet met the standard requirements (a checkup/physical exam in 2015-2017 depending upon union). Rachel asked if these employees had offered reasons why they haven't complied yet and Cathy responded that some said that they had been procrastinating and others wanted more information. Cathy also added that if the deadline passes and employees realize that they hadn't submitted a HIPAA form, she would be willing to change their status (adjust premiums to 5%) during open enrollment if they had met the requirement already. Dave asked whether employees who hadn't met the requirements would have to wait until next year to change their status and Cathy responded yes. Jon added that he thought those numbers were great and Cathy answered that the City has an interest to work with employees to meet the initiative requirements; staff has been meeting with Moda and Kaiser to make sure that the messaging stays consistent.

Before the meeting ended, Cathy asked that members let her know if they were not going to be attending the next meeting and have a proxy in place.

12. Public Comment: None

13. Next Meeting: Tuesday, March 13th, 2018, 8th Floor Columbia Square Building. The meeting will begin at 1:15 pm.

14. The meeting was adjourned at 2:51 pm.