

LMBC Meeting Minutes - Draft

July 10, 2018

8th Floor Conference Room, 111 SW Columbia Ave
Attendance

| <i>LMBC Members present</i> | <i>Staff</i> |
|------------------------------------|-------------------------------|
| Tara Anderson | Cathy Bless |
| Tom Armstrong | Anne Hogan |
| Jamie Burrows | |
| Victor Cato | <i>Presenters</i> |
| Alan Ferschweiler | Anne Thompson (Aon) |
| Mark Gipson | Kourosh Ghaemmaghami |
| Ashlie Grundy | |
| Jay Guo | <i>Other attendees</i> |
| Jeannette Hopson | |
| Claire Houston | |
| Craig Morgan | |
| Rachel Whiteside | |
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| <i>LMBC Members absent</i> | |
| Leslie Goodlow | |
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- 1. Meeting Called to Order** – Acting Co-Chair Rachel Whiteside called the committee to order at 1:33 PM as Dave Benson was unable to attend the meeting. Co-Chair Alan Ferschweiler was not able to physically attend the meeting but called in via phone.
- 2. Meeting Minutes Discussion** - Rachel requested that the committee review and discuss the latest meeting minutes and if any required changes needed to be made. Committee agreed that no errors were found, and Tara Anderson made motion to adopt and Jamie Burrows seconded that motion.
- 3. Discussion of Preliminary Year-end Review of Self-Funded Plan Experience and changes to Moda invoicing (Cathy Bless)**

Cathy Bless began the discussion by explaining why no financial updates were available to members. Prior to June 1st, 2018, Moda billed the City of Portland every two weeks for medical and dental claims. Moda would review and pay claims from the 1st to the 15th and then the 16th through the 30th of every month. Moda received no upfront retention for these claims and as an organization they made a business decision to no longer “float” these claims. Because of this decision, Moda is now billing the City on a weekly basis.

The Benefits Office is currently reviewing this new weekly influx of claims as they also include older claims that were recently processed by Moda. The City and Aon need to review the numbers to understand what claims were incurred in the 2017-18 plan year and update/apply relevant numbers to the new 2018-19 Fiscal Year. After this process is finished, if done well before the next meeting, Cathy will e-mail out updated financial reports and include any discrepancy information.

Mark Gipson asked if this new process was going to change the way the City did business and Cathy assured him that nothing would change. She added that she understood Moda for wanting to change the process. By doing weekly billing, Moda will ensure that providers will be paid in timely manner.

Tara Anderson wanted to know whether Moda was receiving claims for the week, sitting on them but at the same time billing the City. Cathy responded that Moda does not delay in fully processing each claim and Explanation of Benefits (EOBs) statements. These EOBs are constantly being issued and mailed out to employees and their dependents. Members shouldn't see any difference. Currently, there is a three-day turnaround time for payments within the Benefits Office. Moda is now paid the same week that they issue claims invoices.

4. Annual Enrollment Review and Review of New Tracking Report (Cathy Bless)

Cathy asked committee members to review the 2018-19 Open Enrollment Report hand out. Staff in the Benefits Office compiled the report and it provides many useful statistics. Page 1 shows a comparison between the materials and mailer costs from 2017-18 and 2018-19 open enrollments. Packets were streamlined and downsized with more targeted information; plan highlights guides were not mailed out to every employee but only to those who requested hard copies. By doing so, the City saved approximately \$10,494.00 in printing and mailing costs (does not include postage).

Page 2 listed changes that were implemented within the enrollment portal administered by BenefitFocus. These included the HIPAA form being electronically added to Kaiser participants' enrollment process so that a paper form won't be required. Some highlighted improvements included:

- A 1.8% increase in employees who completed their enrollment (48.3% total)
- 4,781 out of 6,200 employees logged into the BenefitFocus system during open enrollment (Jamie Burrows asked whether this was a new, unique number and Cathy confirmed this)
- June 5th was the highest enrollment day with 458 completed enrollments (760 employees logged in).

For the first time, a brief survey was included at the end of the online enrollment process. Page 3 provides information regarding employee satisfaction with their open enrollment experience; a total of 2836 employees completed this survey. This hadn't been measured before and the Benefits Office will now be able to base future statistics on these numbers:

- 53% of participating employees agree that they were able to navigate the enrollment system without much difficulty
- 2% of employees strongly disagreed that they were able to navigate this system
- 54% of employees agree that they were provided with enough information to make informed decisions about their benefits

- 1% of employees strongly disagreed that they were provided with enough information to make these decisions

Jamie asked if “no opinion” was an option in the survey selection and Cathy replied yes.

Cathy discussed Page 4 of the handout which covered top themes and general feedback from participants. Some key issues brought up by employees included confusion over the renaming of MERP to healthcare FSA, the addition of the administrative fee to the portal and the difficulty in completing or getting to the life insurance evidence of insurability form (EOI). Employees also felt that open enrollment communication simply came out too late. But employees also had positive comments to make such as the enrollment system being more intuitive and user-friendly than in previous years and they appreciated the “environmental savings” due to the decreased amount of paper being used in open enrollment mailings.

Cathy added that there was a concerted effort by the Benefits Office staff to travel to bureaus and meet face-to-face with employees during open enrollment. Staff members brought laptops and worked with employees on their computers. However, navigating this system is still a foreign process for those employees who rarely use a computer. Cathy also commented that save the date communication could possibly start in January to remind employees about open enrollment in the spring.

As noted on Pages 6 and 7, it was apparent that employees went to the BHR / Benefits website to review open enrollment information. During the month of May, there were 7,137 visits to these pages and some of the most popular content involved schedules of OE info sessions/presentations, the OE toolkit, and the rate sheets and plan comparisons charts. All content that was mailed out to employees was available on these webpages.

The Benefits monthly newsletters have become a popular and effective way to communicate to employees. These newsletters have included valuable information such as the change in FSA vendors (BenefitHelp Solutions to WageWorks) as well as a way to reward employees with Nike, Adidas and Columbia Sportswear employee store passes.

Texting has also become an important Benefits Office tool to reach both employees and their dependents (spouses and partners can sign up too). Cathy added that it's a once-a-month communication because the goal is not to bombard the 650 subscribers who have signed up.

A collaboration between the Benefits and Cascade Centers/EAP staff resulted in an open enrollment, “Choosing Your Benefits”, webinar for the first time. There were 106 employees who participated, and our office is looking into hosting other webinars that focus on topics such as better understanding the flexible spending account (FSA) program. Rachel asked whether it would be possible to make these prerecorded webinars available for new employees? Cathy responded that after the City upgrades to a new Portland online website, she planned to make such information accessible.

Tara Anderson recalled her issues accessing plan information on the Moda website, which redirected her to the Benefits website to find the Summary Plan Description booklet. Claire Houston added that she couldn't find this complete plan handbook on the Benefits webpage where it was supposed to be located—she saw plan summaries but didn't see a complete booklet. She added that it didn't seem intuitive.

Claire Houston had additional questions—what is an EOI (evidence of insurability)? Cathy responded that it is a medical history statement form that employees need to submit directly to Standard Insurance when they request additional life insurance. Mark Gipson asked whether it was a law that employees must sign up for MERP (healthcare FSA) every year. Cathy replied that it is an IRS rule because it involves pre-tax dollars.

5. Discussion on Request of Proposal (RFP's) and Committee Involvement (Cathy Bless, Anne Thompson)

Cathy notified the committee that the following vendor contracts are set to expire at the end of this current 2018-19 coverage year, so she needed committee members to be a part of the RFP selection process:

- a. Life, long-term disability, short-term disability and other voluntary products
- b. Third party administrative services, networks and supportive services for self-funded medical and dental plans
- c. Third party administrative services, networks and supportive services for self-funded vision plans

The Benefits Office has had an exception in place with Procurement to allow Aon to assist and guide the City in the RFP process with these types of vendors. These healthcare and life insurance vendors wouldn't bother to submit a proposal without Aon's involvement because of their familiarity with Aon's RFP process and international presence.

Members will meet approximately four times to review potential RFP questions, responses and to attend interviews with finalists. Subcommittees will be meeting at the end of July or beginning of August to start; Cathy is anticipating that these RFPs will need to be released quickly so that vendors have enough time to submit proposals, top five finalists can then be chosen in November and interviews conducted in December.

Cathy asked for volunteers to be on the third-party administration sub-committee, which would review proposals involving the administration of the self-funded plan (currently CityCore, CityNet or CityHD). This includes medical and dental network access, out-of-area network access for retirees and dependents, claims processing, prior authorizations for surgeries, and case management (currently Healthy Foundations and CityStrong programs). This would not include prescription coverage, which is currently handled by Express Scripts (their contract is not set to expire). Mark commented that this was a leviathan of components and Craig asked whether having

only two committee members will be adequate; Cathy responded that additional people could be added. Jamie asked if dental and medical could be separated out and Cathy replied no. Tara asked about potential submitting companies and Anne Thompson replied that this committee would probably see entries from Aetna, Pacific Source, Providence, Blue Cross Blue Shield and of course, Moda. Members of this subcommittee could probably expect to commit from six to eight hours of their time on this project.

Aon will do the initial review and narrow down the contenders to the top five companies in the three categories. Ashlie Grundy asked whether the top five companies would present to members and Cathy thought that it should be up to subcommittee to decide this.

It was at this point that committee members volunteered for the following subcommittees:

- a. Life, long-term disability, short-term disability and other voluntary products
 - Dave Benson
 - Alan Ferschweiler
 - Tom Armstrong
 - Jay Guo

- b. Third party administrative services, networks and supportive services for self-funded medical and dental plans
 - Ashlie Grundy
 - Rachel Whiteside
 - Claire Houston

- c. Third party administrative services, networks and supportive services for self-funded vision plans
 - Mark Gipson
 - Jamie Burrows
 - Jeannette Hopson

6. Discussion of Employee Survey, WageWorks (FSA) and Occupational Health (Cathy Bless)

Cathy let members know that the deadline for the online employee survey will be extended to July 19th to increase the number of participants. A stand-alone e-mail announcing this extension will be mailed out citywide from the Benefits Office. Our office did receive over 200 paper surveys but any help from committee members to get the word out and ask employees to participate would be appreciated. Claire commented that she thought this survey was supposed to have been part of the open enrollment experience and Cathy responded that the survey wasn't ready—there wasn't a way to program it in time. Jamie also agreed that she was confused, and Cathy apologized as it was discussed in the last meeting but apparently not made clear.

Mark felt that he received his open enrollment mailing too early because he was unable to make changes when he logged onto the enrollment system (OE hadn't begun). He liked the idea of having an online open enrollment countdown clock. Cathy responded that the Benefits Office will work on implementing save the date communications next year prior to open enrollment but that designated start and end dates need to be in place.

Cathy reminded members that WageWorks is the new administrator of the City's flexible spending account (FSA) program so e-mails or Visa cards from them are valid—don't throw them away. Benefit Help Solutions debit cards no longer work but employees can still submit 2017-18 claims for reimbursement until the end of September. And starting in October, leftover contributions (between \$50 and \$500) will be rolled over from BenefitHelp Solutions to WageWorks. WageWorks has automatically mailed out Visa cards to healthcare FSA participants and there are more reimbursement options available to employees such as their "Pay My Provider" tool, which allows participants to set up an auto payment to their healthcare or dependent care providers. This vendor allows for more reimbursement flexibility and a better online website, so this change will benefit employees.

Cathy also talked about the transition of the occupational health nurse position from Risk Management to BHR/Benefits Office. Risk was unable to find a replacement for nurse Carolyn Williams, who passed away last year. This problem presented an opportunity to rethink how the occupational health program could be improved and expanded. By permanently moving this position into the Benefits Office and with the promise of creating a more comprehensive program, Cathy was able to hire Joel Michaels, a nurse practitioner and experienced manager of the Moda Healthy Foundations/CityStrong programs. He'll still be involved in case management programs, but this will be the first step in creating a total worker health program initiative within the City. Jamie asked Cathy to provide an occupational nurse job description to the committee because she was only familiar with Carolyn and this position in the context of the annual flu shot clinics. Mark wanted to confirm that the City would still have on-site flu shots available for employees and Cathy told him that 2500 flu shots had already been reserved with GlaxoSmithKline. There's a possibility that the OHSU nursing school could provide these "shooters" to administer the shots.

There will be no LMBC meeting in August except for people who have signed up for a committee.

12. Public Comment: None

**13. Next Meeting: Tuesday, September 11th, 2018, 8th Floor Columbia Square Building.
The meeting will begin at 1:30 pm.**

14. The meeting was adjourned at 2:48 pm.