

LMBC Meeting Minutes

October 9, 2018

8th Floor Conference Room, 111 SW Columbia Ave
Attendance

LMBC Members present	Staff
Tara Anderson	Cathy Bless
Dave Benson	Anne Hogan
Jamie Doscher	
Alan Ferschweiler	Presenters
Mark Gipson	Anne Thompson (Aon)
Claire Houston	Shelley Zhao (Aon)
Craig Morgan	Emily Shettel (Aon)
Rachel Whiteside	Kourosh Ghaemmaghami
	Other attendees
LMBC Members absent	
Tom Armstrong	
Leslie Goodlow	
Ashlie Grundy	
Jay Guo	
Jeannette Hopson	

- 1. Meeting Called to Order** – Co-Chair Dave Benson called the committee to order at 1:30 PM.
- 2. Meeting Minutes Discussion** – Dave requested the committee review the latest meeting minutes for inaccuracies. Jamie Doscher (formerly Burrows) noted that she was not actually present at the last meeting though she was listed as being in attendance. Alan Ferschweiler made motion to accept the change and Jamie seconded it with the rest of members in agreement.
- 3. Discussion of Preliminary Year-end Review of Self-Funded Plan Experience and Update on Current Plan Year (Kourosh Ghaemmaghami, Cathy Bless, Aon)** Kourosh Ghaemmaghami began the discussion by reviewing the Summary of Wire Transfers handout as of 9/30/2018. Overall, September numbers were positive as medical claim costs were down by \$26,000.00 as compared to a year ago. However, prescription claims rose by 3%. Overall, the numbers are \$50,000.00 higher than the same period last year, but this number doesn't include the prescription rebates the City will receive. Kourosh added that the timing of the prescription rebates may factor in to the overall prescription forecast for the coming year.

Cathy reviewed the July 2016 to June 2017 Summary Loss Ratio report with committee members. Overall, the loss ratio for last coverage year was 106% with the following breakdown for each group:

- Active members: 98%
- Retiree members: 183%
- COBRA members: 473%

As of the end of September, the stop loss ratio for all members is at 96% as compared to 102% at the same time last year (100% or less is a positive number).

Since open enrollment and with the hiring of new employees, the Moda/CityCore plan participant numbers have increased from 3110 in September of 2017 to 3299 members in September of 2018. Retiree participant numbers have also increased during the same period: 412 to 463 members. PPA members have not been included in any of these reports because they have their own plan.

4. An Update on the Preventive Care Initiative (Cathy Bless)

Cathy updated members letting them know that Moda and Kaiser Permanente representatives have been busy contacting employees (via phone and mailings) who still need to meet the Preventive Care Initiative (PCI) standard by 12/31/18. Currently, about 92% of employees who are Moda CityCore participants have met the PCI initiative requirement. Approximately 307 members still need to meet this requirement (annual exam, hospitalization or regular contact with doctor because of chronic condition). Of those 307 members, 140 are 2017 new hires. The City has allowed these new employees an entire calendar year to get an annual exam and to meet the standard. Our Moda Patient Advocate Heidi Jurgens has been personally calling employees to answer questions, give assistance in finding providers, or review claims that may not have been processed yet.

Kaiser has begun to post notices online at www.kp.org as well as contacting employees who have not met the initiative requirements. The Benefits Office has also e-mailed out reminder messages about PCI requirements to employees.

Employees who have met the standard will start receiving confirmation notices from both Moda and Kaiser beginning in October. For those employees who still need to have an exam, Moda has a list of available providers who are accepting new patients and who have available appointments. As the end of the year approaches, Moda will continue to add to the list of providers and clinics where employees can make appointments. Moda is tracking the employees who they call but our office doesn't have a list of names. However, Moda can provide a list to union stewards.

Rachel Whiteside asked what the final compliance rate was for 2016-17 and Cathy replied that it was 98.6% last coverage year. The Benefits Office's goal for this coverage year is an equal compliance rate. Dave Benson added that it would be ideal if there was proof that the 2% who didn't comply last year had acknowledged in an e-mail or phone call that they were aware of requirements but chose not to do anything. Mark Gipson added that he never received a list but he would like one this year so he could personally call employees. Cathy replied this list could be provided to him monthly by Benefits Supervisor Michelle Taylor.

For Kaiser participants, the Benefits Office is ensuring that all Kaiser members have a HIPAA authorization form on file who want to participate in the PCI. Cathy explained these signed HIPAA forms are active for 24 months for employees who reside in Oregon and 12 months for those who live in Washington. Ideally it will become an integral part of the enrollment process. Mark wanted to know if the form was obvious and accessible and Cathy replied that for some employees, the open enrollment process is confusing and complicated because they don't regularly use a computer, so many choose not to review their benefits each year. The Benefits Office is trying to improve the enrollment process and overall experience but hasn't found a company that can provide tools for all City needs. Jamie asked whether the HIPAA authorization was part of the most recent open enrollment and Cathy confirmed that yes, if employees went online they should have seen and/or signed off on the HIPAA requirement for Kaiser.

Tara Anderson asked whether employees who meet this initiative requirement by the end of this year will have to do the same thing next year—it all resets? Cathy answered that employees need to have an exam or have met the initiative once every two calendar years. For next coverage year 2018-19, Moda and Kaiser will review employee claims for all of 2017 and 2018. The deadline is December 31st of each year because the Benefits Office must configure the enrollment system by March to have it ready by next coverage year that begins July 1st. Alan wanted to know whether intense pre-hire physicals (includes chest x-rays) would be counted as part of the preventive care initiative requirement. Cathy replied that they would not because new employees have the year they were hired and the entire year after to comply and that Moda and Kaiser may not be able to access these exams/these claims because they occur before employees are benefits eligible.

5. Employee Benefits Survey Report Results (Anne Thompson, Cathy Bless)

Anne Thompson began the discussion by reviewing the Aon survey results handout. The survey was available online to full-time active employees from June 18, 2018 until July 27, 2018. Paper copies were also made available to employees who did not have regular access to computers or city e-mail (field employees, including each Fire Station). Overall, 1060 employees completed the survey. Employees could self-identify using either their bureau or union as was case in the last survey. Alan asked if PPA members were included and Cathy confirmed that they did participate (same as last survey).

Tara wanted to know who comprised the “Other” category under participation on page 4 of the handout and Anne replied that it was any employee who didn’t want to declare their union affiliation or bureau.

Some key findings of the survey results are as follows:

- a. Benefits play a stronger role in retention of employees than a factor in an employee’s decision to come and work for the City

Cathy commented that this result reflects a need for the City to improve outreach to potential employees about the strong benefits package. There’s a big opportunity to reach younger individuals.

- b. Perceptions of benefits remain positive

Anne explained the overall results were positive and 86% of respondents felt they had a complete understand their medical benefits and 87% were very satisfied with them. There is an opportunity and a need to improve the message and understanding of the Flexible Spending Account (FSA) program.

- c. Choice is important

Choice of providers, cost of copayments/coinsurance, and deductible are the most important factors for employees with choosing their health care plan.

- d. Coverage of alternative medical services (e.g. chiropractor, acupuncturist, naturopath, etc.) played a role for those moving to Moda/CityCore plan

- e. There may value in providing a non-medically necessary massage benefit

Overall, 39% of respondents would be willing to pay an additional \$10 premium share, 7% a \$15 increase, and 10% a \$20 increase to add a massage therapy benefit. However, 44% responded they are not interested in adding this benefit. Tara Anderson commented that she was confused by how

this question was worded, how much time would be allowed per session and whether it included a co-pay too. If there was an increase in premiums plus a co-pay, she thought that the additional cost would not be worthwhile to members. Cathy replied that up to six hours per plan year would be the recommended design of this plan.

- f. Increasing awareness of Benefit Days or CityStrong events and Moda health advocate can increase value and participation

On page 25 of the handout, Craig Morgan noted that 30% of the Fire Bureau respondents were dissatisfied or very dissatisfied with their contact with the health advocate and he wondered why? Cathy responded that survey participation for the PFFA was very low, but for the few responding, she believed the PCI requirements and some initial confusion over National Fire Protection Association (NFPA) exams had a negative effect on satisfaction levels. Jamie also noted the number of unions listed on this same page dropped—Anne responded that this was a mistake made by Aon.

- g. Health Foundations is viewed positively, and PCI drove preventive care for some (26 employees saw a provider or had an exam because of the PCI requirements)
- h. Value of EAP is driven based on need and comfort level
- i. Engagement in wellbeing programs is driven by ease of access and high touch (technology)
- j. Preferred sources for benefits information are consistent across demographics (enrollment website, newsletter and e-mail communication are most preferred)

Mark mentioned that the Nike employee store pass that was available in the last newsletter was a great addition—he would put it on page one.

Other findings include:

- The top three programs that employees would like to see as part of the City's benefits package is gym membership reimbursement, discounted auto/home/life insurance, and tuition reimbursement.
- Short term disability and critical illness insurance are the two voluntary programs that are of most interest to employees.

Jamie requested that very different colors be used as a part of any future survey results report to differentiate between satisfaction levels (no shades of blue) and Claire Houston would like employee self-identification to not include the word "union" but collective bargaining agreement (CBA) to avoid confusion. Cathy agreed that both requests could be possible.

Committee members were also given a report handout compiled by the Benefits Office that reviewed and highlighted employee survey comments. Some key findings and themes included the following:

- Positive comments and satisfaction about the overall benefits package. Healthy Foundations was mentioned as an invaluable program
- Confusion about the difference between medical plan mental health offerings and EAP offerings. Cathy agreed that the Benefits Office needs to do a better job explaining the differences between the two programs.

- Employees had negative experiences with Express Script's customer service and described it as frustrating and inadequate, especially for those with chronic diseases such as diabetes.

Jamie asked whether Express Scripts have a patient advocate who employees can contact, and Cathy responded that there currently is no person in this role. The Benefits Office has access to an issue resolution department that only staff can contact directly. She thought that is was a fair question to ask the ESI account representative.

Cathy also announced that the Benefits Office will be scheduling employee focus groups to better understand employee concerns and issues as it pertains to benefits. LMBC members were offered the comments provided by employees from the survey and committee members agreed they wanted to review the actual benefits survey comments. Cathy will e-mail the Excel spreadsheet of all employee comments to the committee.

6. RFP's and Committee updates (Aon)

a. Life, long-term disability, short-term disability and other voluntary products

Emily Shettel began the discussion by letting committee members know the RFP submittal deadline had passed, and responses had been collected. The current pricing of life insurance and LTD is competitive so only five companies responded.

b. Third party administrative services, networks and supportive services for self-funded medical and dental plans

This RFP deadline is closing on Friday, October 12th.

c. Third party administrative services, networks and supportive services for self-funded vision plans

This RFP deadline is closing on Friday, October 12th. Aon will have more results and information available for the next meeting

7. Other Business:

Jamie wanted to know more about the wellness pilot project available in certain bureaus and Cathy replied that it's called CityStrong. This program, staffed by Moda employees, offers one-on one coaching as well as group presentations for employees who want to improve their overall health and reduce their stress levels. The response has been positive and successful, and staff are still working with some members but will be moving on to next bureau: The Fire Bureau. CityStrong will continue to circulate through other bureaus in the coming months.

PTE 17 President Paul Cone who was observing the meetings also commented that he hopes the Benefits Office newsletter will have an issue that focuses on mental health as he believes that finding care/a provider is a challenging experience for most employees. What does the in-network list look like and how many providers are available? Cathy replied that she agreed that outreach is important and as part of employee assistance program (EAP) service, Cascade Centers attempts to match employees/their dependents with a provider who is in the Moda Connexus Network so that they can transition to medical plan coverage after the five free sessions are done. The Benefits just completed a newsletter all about EAP. Employees can also contact our health advocate, Heidi Jurgens. She could help employees find providers who are close to work or home, a particular gender or race. She can match your criteria and give you list. Tara commented that her experience with Cascade Centers wasn't helpful. They couldn't provide her with that level of information about counselors, or LGBTQ information. Jamie added that trying to navigate the EAP site while having a crisis would be difficult. Dave Benson commented that Cascade Centers should be able to provide this information and Cathy replied that they can recommend providers who work with couples, children or older adults but that she would let Cascade Centers know about their lack of response.

8. Public Comment: None

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

10. The meeting was adjourned at 2:55 pm.