

HCPC MEETING MINUTES

DATE AND TIME: October 19, 2016, 9 AM

LOCATION: Risk Management Building

VOTING MEMBERS:

X	Joel Burns	KPEA
X	Vaughn Dosko	KPAA
X	Matt Fischer	KPEA
AB	Liz Hayes, replacing Clayton Holland	District
X	John O'Brien	District
X	Laurie Olson	District
X	Bruce Rife	KPEA
X	Tracy Silta	KPESA
X	Patty Sirois, chair	KPESA
AB	Pam Van Hoozer	KPESA
X	Terri Zopf-Schoessler, secretary	KPEA

QUORUM PRESENT: (NINE MEMBERS NEEDED) X YES NO

ADMINISTRATION/CONSULTANTS:

X	Stacey Cockroft	Benefits Manager
X	Dave Jones	Plan Administrator
X	Colleen Savoie	Parker-Smith-Feek Consultant

GUESTS PRESENT:

X	Chris Anderson	Borough rep
X	Stormy Brown	Borough rep
PHONE	Jim Plack	Teledoc rep, west region
X	Tiffany Rogers	Aetna rep, PLS account director
X	Heather Wooldridge	Aetna rep, PLS account manager
PHONE	Jennifer Marical	Aetna rep, PLS managing consultant

A. CALL TO ORDER BY Patty Sirois TIME 9:11 AM.

1. Approval of Agenda X as written, with flexibility with additions

a. MOTION: Laurie SECOND: John VOTE: Unanimous

2. Approval of Minutes September 14, 2016 X as written with amendments

a. MOTION: Vaughn SECOND: Joel VOTE: Unanimous

B. REPORTS—Reports from individuals listed below were deferred to allow time Aetna's and Teledoc's representatives as well as Colleen Savoie to make their presentations and answer committee members' questions.

1. Dave Jones, Plan Administrator

2. Stacey Cockroft, Benefits Manager

- Stacey sent large claim report to committee members via email.

3. Laurie Olson, Director of Finance

4. Colleen Savoie, Parker-Smith-Feek Consultant

- Colleen and Matt recommended that the HCPC adopt language addressing physical therapy limitations. Recommended language: Physical therapy must be deemed Medically Necessary, non-maintenance care with regard to type, frequency, and duration and for

conditions which are subject to significant improvement through short-term therapy. The plan will require a documented Plan of Care of services in excess of 20 visits. Once the Episode of Care maximum has been met or the Covered Person has reached any additional approved maximum established, no additional physical therapy benefits will be provided for that condition.

C. OLD BUSINESS

1. Aetna Network presentation notes:

- The KPBSD currently uses Beechstreet multi-plan network; the HCPC is meeting to determine if changing to Aetna’s network is warranted. A network change would result in a Joint Claims Administration with Rehn, who would remain as the Third-Party Administrator (TPA).
 - The Aetna network averages 22-29% savings for participating plans.
 - This change would require changes in ID cards for all employees since claims would be sent to Aetna first, who would, in turn, send them to Rehn for payment.
 - The change could result in a change in the precertification provider, if elected. Precertification and case management are included in the Aetna monthly fee. Rehn currently uses MRC for precertification; Aetna’s national precertification list is available on their website. Providers have the right to appeal a precertification denial.
 - KPBSD’s current PPOs (preferred providers) of Central Peninsula, South Peninsula and Alaska Regional Hospitals would remain the same.
 - If the KPBSD opts to change to the Aetna network, they will need 90-120 days’ lead time before changes will go into effect.
 - The PEPM (price per employee per month) is currently \$16.73.
 - 89% of claims’ payments are made in under ten days. Members have 180 days to submit an appeal or reconsideration for payment.
 - In addition to Tiffany Rogers, Heather Wooldridge, and Jim Plack, Jennifer Marical, managing consultant, would be available as the day-to-day Aetna liaison.
2. By-law changes—John O’Brien will provide the agreed upon language for Article XIII in the by-laws; however, the “friendly version” is that waiting a meeting before voting on proposed changes may be waived by unanimous consent of the quorum.
3. HDHP comparisons and contrasts: Dave and Matt had a lengthy discussion about how costs would be shared in the event that members on the HDHP plan incurred catastrophic medical costs. In the end, they agreed on the procedure for cost sharing.

Traditional vs. High Deductible Plan Comparisons and Contrasts

	TRADITIONAL	HIGH DEDUCTIBLE
EMPLOYER/EMPLOYEE % SPLIT	85/15	90/10
DISTRICT CONTRIBUTION (NOTE: There is no district contribution cap for FY17.)	\$1,763.62	\$1,672.32
EMPLOYEE CONTRIBUTION	310.66	185.81
REPAYMENT FOR FY16 OVERAGE	11.84	11.84
EMPLOYEE CONTRIBUTION SUBTOTAL	322.50	197.65
MONTHLY TOTAL	\$2,086.12	\$1,858.13
DEDUCTIBLES		

INDIVIDUAL	\$200	\$1,500
FAMILY	\$600	\$3,000
HRA (Health Reserve Account, which can be used for eligible medical expenses including deductibles and which can roll over from year-to-year.)	NA	\$750
OUT-OF-POCKET COST CEILING/CAP		
INDIVIDUAL	\$1,000	\$2,000
FAMILY	\$3,000	\$4,000
CHANGES FY18		
DISTRICT CONTRIBUTION CAP	\$1731.45	\$1645.61
EMPLOYER/EMPLOYEE % SPLIT FOR COSTS ABOVE THE CAP	50/50	50/50
NOTE: These plan changes go into effect 1/1/17.		

4. Teledoc presentation notes:

- Teledoc was started in 2005, has over 16 million members, and is used by 6,300 employers. They handle an average of one request every ten seconds, and have maintained 95% member satisfaction.
- Cost is \$40 per visit via the website, cell phone app, or landline.
- Teledoc routinely diagnoses sinus problems, urinary tract infections, pink eye, bronchitis, upper respiratory infections, nasal congestion, allergies, flu, cough, and ear infections.
- Prescriptions follow best provider practices with a 98% generic prescribing rate. They do not prescribe controlled substances, psychiatric, or lifestyle drugs. Prescriptions are sent electronically to the patients' preferred pharmacy.
- Members are encouraged to register their medical information in advance via mobile app, the Teledoc website, or customer service phone. Registration typically takes about ten minutes.
- Requests for Teledoc services average ten minutes; there is no charge if the Teledoc physician does not return the request for services in under an hour.

RESULTS: After the presentations, numerous questions, and lengthy discussion, the HCPC voted to switch to the Aetna network, replace the MRC precertification provider with Aetna's precertification program, add Teledoc for all eligible members, and pay the entire \$40 per visit Teledoc costs with no employee cost share. The deductible is waived for Teledoc visits. This change is effective February 1, 2017.

MOTION: Terri SECOND: Matt VOTE: Unanimous

D. NEW BUSINESS

1. Liz Hayes: The committee recognizes Liz as the superintendent's new nominee to the HCPC to replace Clayton Holland.
2. Stephanie Bohrsen: Patty Sirois announced the KPESA nominee, Stephanie Bohrsen, who will replace Pam Van Hoozer.
3. Health Fair: Patty asked Stacey to send employee reminders about the upcoming health fair.
4. Changes to the health plan: A longer meeting is again planned to discuss in detail changes to the plan (traditional vs. high deductible) as well as the Aetna costs/benefits of Buy-up options including disease management, MedQuery, managed behavioral health, and maternity management. Aetna will be asked to present the managed behavioral health program at the next meeting.

- E. **ADJOURN** TIME 3:11 PM
 - a. MOTION John SECOND Joel VOTE Unanimous
- F. **NEXT MEETING** November 29, 2016, 9-3 PM, Risk Management Building