**MINUTES**

**KPBSD HEALTH COMMITTEE**

**January 20, 2011**

Call to Order. Time: 2:44 PM by Mike Druce

Location:  Borough building Room C

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| ARTICLE VIII: VOTINGSection I – All decisions of the HCPC must be made by a quorum of members.1. A quorum consists of at least 6 voting members being physically or electronically present at the meeting.
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*Voting members present*

\_\_X\_\_Nancy Courtright

\_\_X\_\_Mike Druce

\_\_X\_\_Carl Locke

\_\_\_\_\_Bruce Rife (available, if needed, by phone)

\_\_X\_\_Patty Sirois

\_\_X\_\_Paul Sorenson

\_\_X\_\_Betty Miller

\_\_X\_\_Terri Zopf-Schoessler

*Quorum present* \_\_X\_\_ *Quorum not present\_\_\_\_\_*

*Administration and consultation*

\_\_X\_\_Tim Peterson—Plan Administrator

\_\_X\_\_Stacey Gorder—Employee Benefits Manager

\_\_X\_\_Colleen Savoie—Benefits Account Executive, Parker-Smith-Feek

\_\_X\_\_Laurie Olson—KPBSD Finance Director

\_\_X\_\_David Jones—Assistant Superintendent

*Guests*

\_\_\_\_\_

1. **Agenda.**

\_\_X\_\_Approved. Moved—Terri. Seconded—Nancy. Unanimous.

\_\_\_\_\_Approved with additions

\_\_\_\_\_Not approved

1. **Minutes. October 21, 2010**

\_\_X\_\_Approved. Moved—Paul. Seconded—Nancy. Unanimous.

\_\_\_\_\_Approved with additions

\_\_\_\_\_Not approved

**Minutes. December 9, 2010**

\_\_X\_\_Approved. Moved—Terri. Seconded— Paul. Unanimous.

\_\_\_\_\_Approved with additions

\_\_\_\_\_Not approved

1. **Reports.**

\_\_X\_\_Tim Peterson—Tim reported that 154 dependents 19-26 years old have been reinstated on the health plan. This will likely result in increased costs. Cost containment is and will continue to be on ongoing issue. Plan members should contact their respective union representatives with health plan savings ideas. Tim also reminded members that Rehn is the new Third Party Administrator (TPA) instead of Meritain.

\_\_X\_\_ Stacey Gorder—In response to a member’s concerns about a call following surgery, Stacey shared the following from MRC regarding their follow-up calls:

We follow-up with the participants 2 – 4 days after their procedures, discharge, or at completion of a surgical procedure, treatment, therapy, Home Health Services or DME certification period.  Every now and then a participant does not want further intrusion or to answer questions.  When that happens we definitely do not intrude.  We always let the participant know, if they are the one we talk to during the initial precertification, to expect our follow-up phone call/contact and the purpose of the follow-up.  Our purpose in doing this includes:

1.      ensure that the patient is recovering, post-procedure/post-operative, without complications according to accepted medical practice/MD expectations

2.      explore if additional treatment intervention may be in order

3.      inquire if discharge  instructions were given and/or understood

4.      verify procedure, dates, category and length of stay

5.      patient’s response to treatment and current status

6.      after-care required and compliance

7.      patient teaching needs per MD

8.      MD follow-up, if needed

9.      refer to CM or back to MD if patient is experiencing complications requiring additional treatment intervention

Our usual follow-up process for routine pre-certified services is to phone and talk to patient (parents if patient is a minor), leave non-detailed phone message if no one is home.  If no answering machine, phone again a couple of days later at a different time of day.  If no response to answering machine message in 2 days or if unable to reach by phone after two attempts we will send follow-up letter.  If patient’s post-op or post-procedure course is uneventful and treatment plan is uncomplicated, we will then close the precertification file.  If patient’s status is unstable or treatment plan is complicated and will require extensive follow-up or coordination, consider referring patient to MCM.

In response to other email/phone calls, Stacey and Tim responded that, contrary to what members may have been told, the conditions of the negotiated contract continue in effect regardless of the change in TPA, including—in most cases—the usual 80/20% split of health costs after deductibles have been met. However, the district *cannot* mandate that health care providers bill Rehn instead of asking for payment at the time of services.

The only changes to the health care plan are those included in the Health Care Reform Act. Because of the district’s negotiated contracts, however, there are some aspects of the new law under which we have “grandfather” status; we do not have to, for example, implement coverage for some preventative care procedures immediately. Since specifics for the law are still being determined, we should have a better idea of what the law mandates in the months to come.

\_\_X\_\_Laurie Olson—Laurie provided the following:

* July, 2010: Total health expenditures were $1,929,793.78; the per employee cost was $1,767.21; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was -$452.21.
* August, 2010: Total health expenditures were $1,590,878.57; the per employee cost was $1,448.89; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was -$292.61.
* September, 2010: Total health expenditures were $1,254,801.00; the per employee cost was $1,038.74; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was -$90.38.
* October, 2010: Total health expenditures were $1,298,674.81; the per employee cost was $1,053.26; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was $3.37.
* November, 2010: Total health expenditures were $1,300,451.74; the per employee cost was $1,051.29; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was $58.25.
* December, 2010: Total health expenditures were $2,472,056.24; the per employee cost was $1,988.78; amount collected per employee was $1315 (employee contributions per month are $270; district contributions per month are $1,045); the per employee variance was ($69.71).

1. **Unfinished Business.**
2. **New Business.**
	1. In response the December $2.2 million health care costs, Bruce Rife moved—through Mike Druce—and was seconded by Paul, that the committee approve a $100 per month per employee—matched by the district—for the remaining months of this fiscal year. The motion was tabled until the January health care numbers can be examined and until further information about how such a change might impact the district’s grandfather status under the Health Care Reform Act.  The motion will be come to a vote at the next meeting.
	2. Upcoming meeting dates:
* Monday,  March 28, 2011; 2:45PM -4:30PM; Risk Management portable
* Thursday, April 21, 2011; 2:45PM -4:30PM; Risk Management portable
* Thursday, May 19, 2011; 2:45PM -4:30PM; Risk Management portable
	1. **Next meeting : Wednesday, February 9, 2011, 2:45 – 4:30 PM—Risk Management portable**
1. **Adjournment 3:45 PM.**

Respectfully submitted,

Terri Zopf-Schoessler

HCPC secretary