

PROCEEDINGS OF THE BROWN COUNTY
BENEFITS ADVISORY COMMITTEE

Pursuant to Section 19.84, Wis. Stats., a regular meeting of the **Brown County Benefits Advisory Committee** was held on Friday July 10, 2020 at 11:00AM via a Webex Virtual Meeting.

PRESENT: Jill Bomkamp, Samantha Nikodem, Jason Petrella, Mandy Leonard, Erik Pritzl, Jeff Flynt, Matt Heyroth, John VanderLeest, Janelle Walton, Supervisor Megan Borchardt and Jan Stage

EXCUSED: John VanderLeest, Matt Heyroth

Others Present: Chad Weininger, Director of Administration, Troy Streckenbach, Brown County Executive and Lana Hitner, Project Management Support for Jan Stage

1. Call meeting to order.

The meeting was called to order by Erik Pritzl at 11:03AM.

2. Roll Call.

Roll call was taken.

3. Approve/Modify Agenda

Motion made by Jeff Flynt, seconded by Janelle Walton to approve. Vote Taken. Motion carried Unanimously.

4. Approve/Modify Minutes from March 4, 2020 meeting.

Motion made by Megan Borchardt, seconded by Jill Bomkamp to approve. Vote taken. Motion Carried Unanimously.

5. Update on Medical Funding Analysis Report by Jan Stage

Medical Funding Analysis report review with Brown County Benefits committee members and Jan Stage. See attached for Analysis Reports.

Motion made by Megan Borchardt, seconded by Jeff Flynt to place Medical Funding Analysis Reports on file. Vote Taken. Motion Carried Unanimously

6. Discuss Health Plan options for 2021

Health plan recommendations provided by Jan Stage were reviewed by Jan Stage and the Brown County Benefits Committee. See attached for layout of recommendations. No Action Taken

Motion made by Megan Borchardt, seconded by Samantha Nikodem to place Health Plan recommendations on file. Vote Taken. Motion carried Unanimously.

7. Schedule Next Meeting

Next meeting scheduled for Wednesday July 22, 2020 at 1:00PM via a virtual Webex Meeting.

8. Adjourn.

Motion made by Megan Borchardt at 12:10pm, seconded by Janelle Walton to adjourn. Vote taken. MOTION CARRIED UNANIMOUSLY

Respectfully submitted,

Samantha Nikodem
Secretary

Brown County

Group ID: UMR.76010143

Transaction Date: 1/1/2020 through 5/31/2020 (152 days) (Paid Data)



Claim Summary for Overall

Date Range	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	Average/ Total
	1/31/2020	2/29/2020	3/31/2020	4/30/2020	5/31/2020	
Total Charges	\$4,073,857.93	\$4,851,338.63	\$4,685,984.33	\$2,674,210.79	\$2,704,431.20	\$18,989,822.88
Provider Reductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Responsibility	\$299,882.13	\$398,932.53	\$408,835.95	\$181,663.78	\$165,788.14	\$1,455,102.53
Other Insurance	\$11,050.23	\$18,813.99	\$39,798.60	\$50,407.18	\$103,683.93	\$223,753.93
Plan Payment	\$1,692,403.21	\$1,797,255.05	\$2,016,254.15	\$1,268,107.08	\$790,793.28	\$7,564,812.77
% of Charges	41.54 %	37.05 %	43.03 %	47.42 %	29.24 %	39.66 %
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$95,560.13
Claims Cost - Total	\$1,692,403.21	\$1,797,255.05	\$1,920,694.02	\$1,268,107.08	\$790,793.28	\$7,469,252.64
Employee	\$689,280.51	\$657,242.30	\$774,663.13	\$466,512.98	\$407,075.86	\$2,994,774.78
Spouse	\$501,903.39	\$462,255.75	\$566,720.62	\$330,775.65	\$185,578.38	\$2,047,233.79
Dependent	\$501,219.31	\$677,757.00	\$674,870.40	\$470,818.45	\$198,139.04	\$2,522,804.20
Total Employees	1,306	1,303	1,316	1,317	1,334	1,315
Employee Only	481	484	495	494	506	492
Family	825	819	821	823	828	823
Cost Per Employee	\$1,295.87	\$1,379.32	\$1,532.11	\$962.88	\$592.80	\$1,152.59
Claims Processed	6,161	5,674	6,159	3,930	2,972	24,896
Average Claim Cost	\$274.70	\$316.75	\$311.85	\$322.67	\$266.08	\$298.41
Services Processed	9,631	8,504	9,270	5,231	5,010	37,646
Average Service Cost	\$175.72	\$211.34	\$207.19	\$242.42	\$157.84	\$198.91

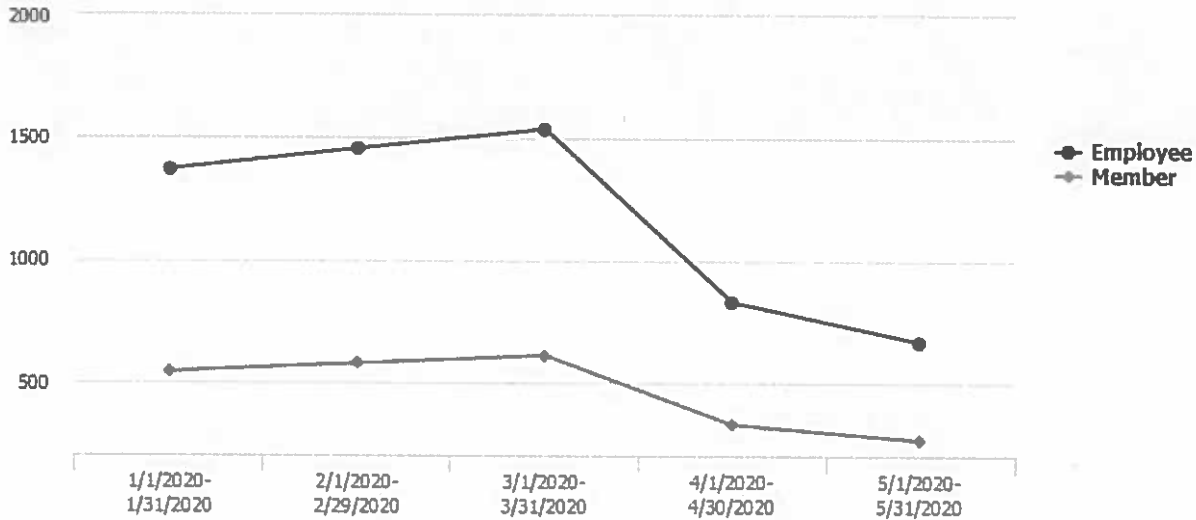
Total Cost Summary for Overall

Date Range	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	Average/ Total
	1/31/2020	2/29/2020	3/31/2020	4/30/2020	5/31/2020	
Plan Payment	\$1,692,403.21	\$1,797,255.05	\$2,016,254.15	\$1,268,107.08	\$790,793.28	\$7,564,812.77
Medical Plan Payment	\$1,447,999.77	\$1,531,012.27	\$1,713,722.20	\$977,332.40	\$644,220.02	\$6,314,286.66
Rx Plan Payment	\$244,403.44	\$266,242.78	\$302,531.95	\$290,774.68	\$146,573.26	\$1,250,526.11
Other Expenses	\$97,197.22	\$96,833.89	\$97,589.44	\$97,710.55	\$98,779.94	\$488,111.04
Administration Fees	\$54,577.74	\$54,452.37	\$54,995.64	\$55,037.43	\$55,747.86	\$274,811.04
Specific Premium	\$42,619.48	\$42,381.52	\$42,593.80	\$42,673.12	\$43,032.08	\$213,300.00
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$95,560.13
RX Rebate	\$1,189.42	\$0.00	\$0.00	\$274,272.00	\$0.00	\$275,461.42
Total Plan Cost	\$1,788,411.01	\$1,894,088.94	\$2,018,283.46	\$1,091,545.63	\$889,573.22	\$7,681,902.26
Total Cost Per Employee	\$1,369.38	\$1,453.64	\$1,533.65	\$828.81	\$666.85	\$1,170.47
Total Cost Per Member	\$543.26	\$576.94	\$610.49	\$329.67	\$266.58	\$465.39

Total Cost Summary for Overall

Date Range	1/1/2020 1/31/2020	2/1/2020 2/29/2020	3/1/2020 3/31/2020	4/1/2020 4/30/2020	5/1/2020 5/31/2020	Average/ Total
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Per Employee/Member Trend



Budget to Actual Summary for Overall

Date Range	1/1/2020 1/31/2020	2/1/2020 2/29/2020	3/1/2020 3/31/2020	4/1/2020 4/30/2020	5/1/2020 5/31/2020	Average/ Total
Total Plan Cost	\$1,788,411.01	\$1,894,088.94	\$2,018,283.46	\$1,091,545.63	\$889,573.22	\$7,681,902.26
Plan Budget	\$1,586,914.83	\$1,579,220.10	\$1,588,888.17	\$1,591,453.08	\$1,606,448.34	\$7,952,924.52
Plan Cost Percent of Budget	112.70 %	119.94 %	127.02 %	68.59 %	55.38 %	96.72 %



Not all insurance companies/TPAs provide all data elements that may appear on this report. Be cautious interpreting this data if you changed insurance companies/TPAs during the date range covered by this report as it may aggregate data from one insurance company/TPA that was not provided by the other. ABRC's standard of care and legal duty to the insured in providing insurance products and services is to follow the instructions of the insured, in good faith.

Associated Benefits and Risk Consulting

Actuarial Services

Deferred Care (DC) Claims Projection Model

COVID-19 Impact

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Important Note: This model is not intended to be used for definitive budget setting and claims projection. Its intention is to explore dynamics related to deferred care

Pre-COVID-19 Trend 6.88%

Client Name Brown County

Client Annual Expected Med and RX Claims \$18,075,853

Medical Percent 85.00%

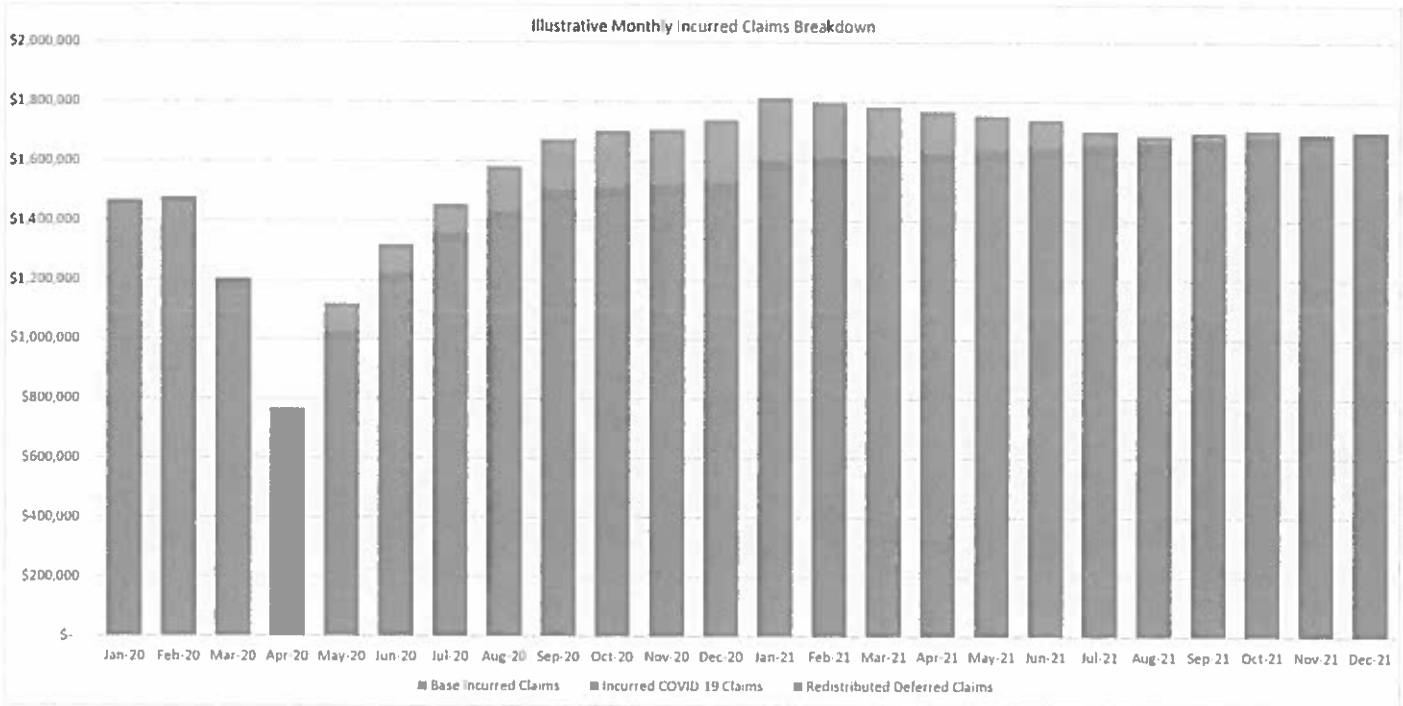
Lost Forever Claims 25% *Percentage of deferred care that will never be made up.*

Intensity Factor 15% *Increases in deferred claims from delay in treatment.*

Low Impact

COVID-19 Impact Summary			
Year	Expected Paid Claims Before COVID-19*	Expected Paid Claims After COVID-19	Cost Impact for Year
2020	\$ 18,075,853	\$ 16,978,325	-6.1%
2021	\$ 19,319,472	\$ 20,875,618	8.1%
Total	\$ 37,395,325	\$ 37,853,943	1.2%

*2020 trended one year for 2021 expected claims.



Brown County - Dental Funding Analysis Report

Plan Name:
Dental Plan

Prepared By: Associated Benefits and Risk Consulting

Date Prepared: 05/12/20

Plan Year: 01/01/20 - 12/31/20

Dental Carriers:

Delta Dental

Total Monthly Funding	
Single	Family
\$48,72	\$114,62

Total Monthly Fixed Costs	
Single	Family
\$3.40	\$3.40
Administration Fee	
\$3.40	\$3.40
Sum of Total Monthly Fixed Costs	
\$3.40	\$3.40

Monthly Enrollment

	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total
Single	348	351	357	355	365								1,777
Family	782	777	783	784	788								3,912
Total	1,131	1,128	1,140	1,139	1,151								5,689

Total Funding

Single	14,211.28	14,292.72	14,537.04	14,455.60	14,862.80								\$72,359.44
Family	89,632.84	89,059.74	89,747.46	89,862.08	90,091.32								\$448,393.44
Sum of Total Funding	\$103,844.12	\$103,352.46	\$104,284.50	\$104,317.68	\$104,954.12								\$520,752.88

Fixed Costs

Single	1,186.60	1,193.40	1,213.80	1,207.00	1,241.00								\$6,041.80
Family	2,658.80	2,641.80	2,662.20	2,665.60	2,672.40								\$13,300.80
Sum of Total Fixed Costs	\$3,845.40	\$3,835.20	\$3,876.00	\$3,872.60	\$3,913.40								\$19,342.60

Claims Costs

Dental Claims	108,073.00	99,177.00	77,611.00	25,012.00	30,368.00								\$340,261.00
Sum of Total Claims Costs	\$108,073.00	\$99,177.00	\$77,611.00	\$25,012.00	\$30,368.00								\$340,261.00

Total Costs

	\$111,918.40	\$103,012.20	\$91,467.20	\$28,884.60	\$34,301.40								\$359,603.80
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Funding Less Costs

	(\$8,074.28)	\$340.26	\$22,797.30	\$75,433.08	\$70,652.72								\$161,149.28
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YTD Plan Performance

	\$8,074.28	\$7,734.00	\$16,983.48	\$90,486.54	\$161,149.28								
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YTD % of Total Costs to Funding

69.05%

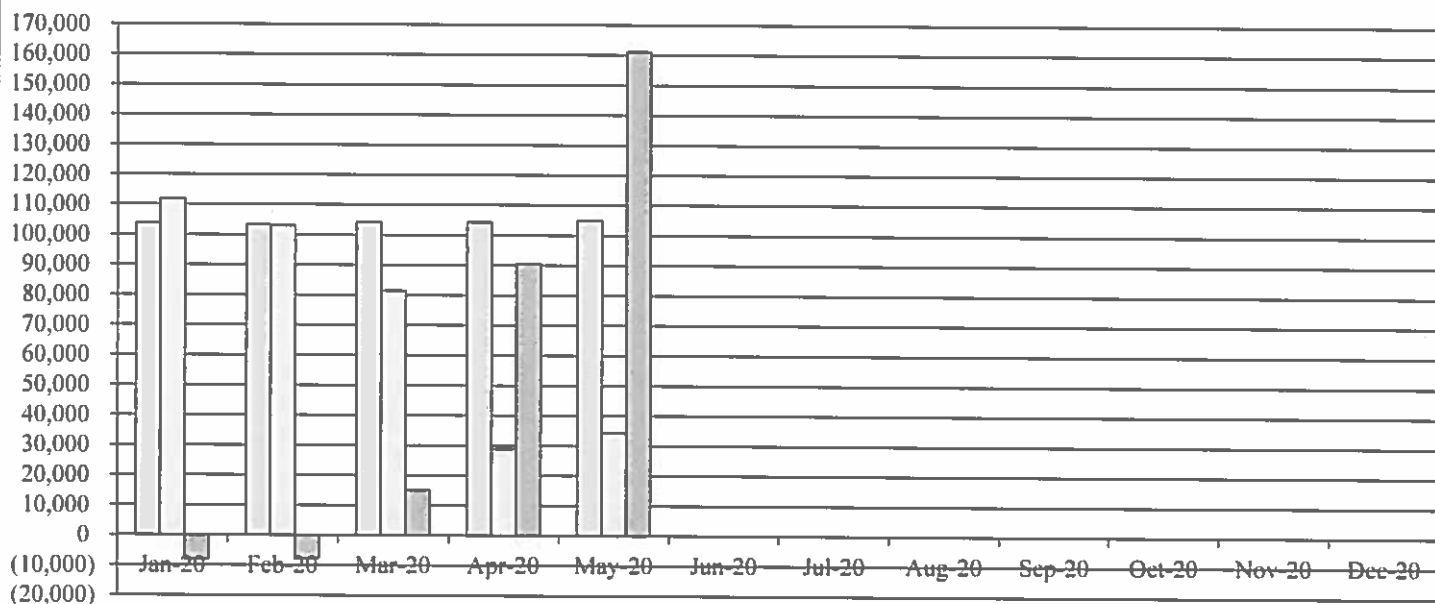
YTD Average Monthly Cost

Per Employee

\$98.06 \$95.14 \$67.21 \$71.68 \$63.21

\$63.21

Dental Summary Graph



Total Funding
 Total Costs
 YTD Plan Performance

Brown County

Updated: 7/6/20

2021 POTENTIAL CHANGES FOR REVIEW

Item	Comments and Recommendation	Cost Impact	Status
1. PBM Change	<p>Comments: Consider move to a more aggressive formulary with CVS Caremark through National Cooperative Rx.</p> <ul style="list-style-type: none"> • Increase Pharmacy Maximum Out-of-Pocket from Single \$1,500 / Family \$3,000 to Single \$2,000 / Family \$4,000 • Coinsurance change required to implement more aggressive formulary • Current coinsurance – Generic – 20% / Brand – 30% / Non-preferred Brand – 35% • Non-preferred Brand will increase to 40% coinsurance; Generic and Preferred Brand will remain the same. <p>Pros: Combined ingredient cost and rebate savings. Aggressive formulary will assist with the best long-term cost containment. CVS Caremark has a process in place to assist members with transition to new PBM.</p> <p>Cons: Plan changes required to promote steerage to lower cost prescriptions. Member disruption (~ 300 members). Time investment to implement the new PBM.</p>	<p>Ingredient cost savings ~\$173,981</p> <p>Rebate savings ~\$200,000 in Year 1/2021 due to lag in rebate reimbursement (~\$414,905 annually)</p> <p>Value of plan changes ~\$50,000</p>	
2. Evaluate options to reduce musculoskeletal costs	<p>Comments: Defer care to a lower cost setting. In 2019, over \$2.2 million in paid claims with 968 members impacted. On pace for a similar result in 2020. Once the clinic is up and running, there will be further evaluation on services and can be offered through the clinic.</p> <p>Pros: Lower net cost per service. No cost to the employee.</p> <p>Cons: How to engage members to use the services at the clinic?</p>	TBD	
3. Spousal Carveout for medical plan	<p>Comments: Spouses who have other coverage will be required to take their employer's health plan.</p> <p>Pros: Transfer of risk to another health plan.</p> <p>Cons: Not recommended for public employers (WI court case). Employee relations. Additional administrative work to track employees.</p>	Depends on the number of spouses who transition off the health plan.	
4. Spousal Surcharge for medical plan	<p>Comments: Spouses who have other coverage will be required to pay a surcharge if they enroll in the County's health plan.</p> <p>Pros: County would gain additional premium for covering an addition risk.</p> <p>Cons: Employee relations. Additional administrative work to track employees.</p>	\$100 per month surcharge x 20% of members enrolled in a Family plan = ~\$200,000 annually paid by the employees	

Brown County

Updated: 7/6/20

2021 POTENTIAL CHANGES FOR REVIEW

Item	Comments and Recommendation	Cost Impact	Status
5 Reference based pricing for medical plan	<p>Comments: RBP reimburses providers based on a percentage of the Medicare allowable, therefore savings is achieved by lower provider reimbursement. There is no provider contract.</p> <p>Pros: Will provide savings based on lower reimbursement levels.</p> <p>Cons: Employee relations. Move to a TPA that can handle RBP arrangements. If moving to this type of arrangement, it is recommended the County work with an employee advocacy firm to assist employees to work out balance billing issues with providers.</p>		
6 Medical Plan Changes	<p>Comments:</p> <p>Effective January 1, 2021 - Increase office visit copay to incent use of Prevea near-site clinic.</p> <ul style="list-style-type: none"> • Remove Tiering for PCP level and increase copay from \$30 (Tier 1) & \$45 to \$50 for all PCP visits • Keep Tiering for Specialist; Tier 1 Specialist copay change from \$30 to \$75; all other Specialist copay changes from \$45 to \$100 <p>Increase ER copay to incent steerage to lower cost alternatives; and remove True Emergency language (non-standard)</p> <ul style="list-style-type: none"> • Current benefit - True Emergency – Deductible, then 20% member coinsurance after deductible; Non-True Emergency - \$100 copay; then deductible and 20% member coinsurance. • All ER visits subject to \$250 copay; then deductible, and 20% member coinsurance • Convenience care clinics copay, except for Bellin Fast Care, will change from \$15 to \$50. • Urgent Care will change from \$25 to \$50. <p>Pros: Incent use of Prevea clinic. Depending on the change implemented, this should produce savings.</p> <p>Cons: Employee relations</p>	Projected annual savings -\$75,000	

Brown County

Updated: 7/6/20

2021 POTENTIAL CHANGES FOR REVIEW

Item	Comments and Recommendation	Cost Impact	Status
7. Add Behavioral Health to Teladoc	<p>Comments: Provides another access point to care at a lower cost.</p> <p>Pros: Lower cost per visit (plan copay could apply)</p> <ul style="list-style-type: none"> • Psychiatrist (initial visit) = \$200 • Psychiatrist (ongoing visit) = \$95 • Psychologist, LCSW or therapist (ongoing visit) = \$85 <p>Cons: Additional cost of \$0.30 PEPM, but utilization should offset overall cost in the long run.</p>	Projected annual administration fees are ~\$5,000	
8. Continue to allow eVisits and Virtual visits as covered benefits under the medical plan	<p>Comments: Provides another access point to care.</p> <p>Pros: eVisits are typically lower in cost. Member convenience.</p> <p>Cons: None</p>	Neutral at this time	
9. Wellness Program	<p>Comments: Restructure premium incentive and Reasonable Alternative Standard (RAS).</p> <p>Pros: Simplify overall program to provide more opportunities for employee engagement.</p> <p>Cons: Revamping communication and changing the overall program.</p>	Neutral	Review potential restructuring of the wellness program during 2021 to be effective 2022.
10. Rebidding stop loss	<p>Comments: Initial ABRC projections were 25% increase in stop loss. Stop loss is rebid annually and with that we are hoping to reduce the initial projection down to 12% or less.</p>	Projected savings due to market analysis ~\$67,130 (difference from 25% increase to a 12% increase)	