

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 Thursday August 27, 2020 at 1:05pm via Virtual Webex meeting.

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

EXCUSED: All Present

Others Present: Chad Weininger, Director of Administration, and Lana Hitner from USI

1. **Call meeting to order.**

The meeting was called to order by Eirk Pritzl at 1:05pm

2. **Roll Call.**

Roll call was taken.

3. **Approve or Modify Agenda**

Motion made by Jason Petrella and seconded by Megan Borchardt to approve. Motion carried unanimously

4. **Approve or Modify Minutes of July 10, 2020 meeting**

Motion made by Janelle Walton Seconded by Jill Bomkamp to approve minutes. Motion Carried unanimously

5. **Approve or Modify Minutes of July 22, 2020 meeting**

Motion made by Megan Borchardt and seconded by Matt Heyroth to approve minutes. Motion carried unanimously.

6. **Election of Chair**

A few concerns were brought to the meeting about timing and availability with being the Chair – after further discussion, Janelle Walton decided to stay on as the Chair member – no further action was taken.

John Vanderleest made a motion to receive and place on file, Megan Borchardt seconded. Motion carried Unanimously.

7. **Update on Medical Funding Analysis (Jan, Benefit Consultant Staff)**

Medical Funding Analysis was presented by Jan – see attached for detail

Motion made by Erik Pritzl to place on file, seconded by Jeff Flynt. Motion carried unanimously

8. **Discuss benefits, recommendations for benefits consultants, potential changes**

Benefit recommendations and potential changes were provided by Jan Stage and discussed amongst the benefits committee members. See attached for detailed documentation. Jan Stage to look into Behavioral Health Services thru Teledoc – asking about a return on investment.

Erik Pritzl made motion to place documents on file, seconded by Jill Bomkamp. Motion carried unanimously.

9. **Schedule Next Meeting**

Meeting scheduled for Wednesday September 23rd at 1:30pm

10. **Adjourn**

Megan Borchartd motioned to Adjourn meeting at 2:05pm, Erik Prtizl seconded. Motion carried unanimously

Respectfully submitted,

Samantha Nikodem
Secretary

Brown County

Group ID: UMR.76010143

Transaction Date: 1/1/2020 through 7/31/2020 (213 days) (Paid Data)



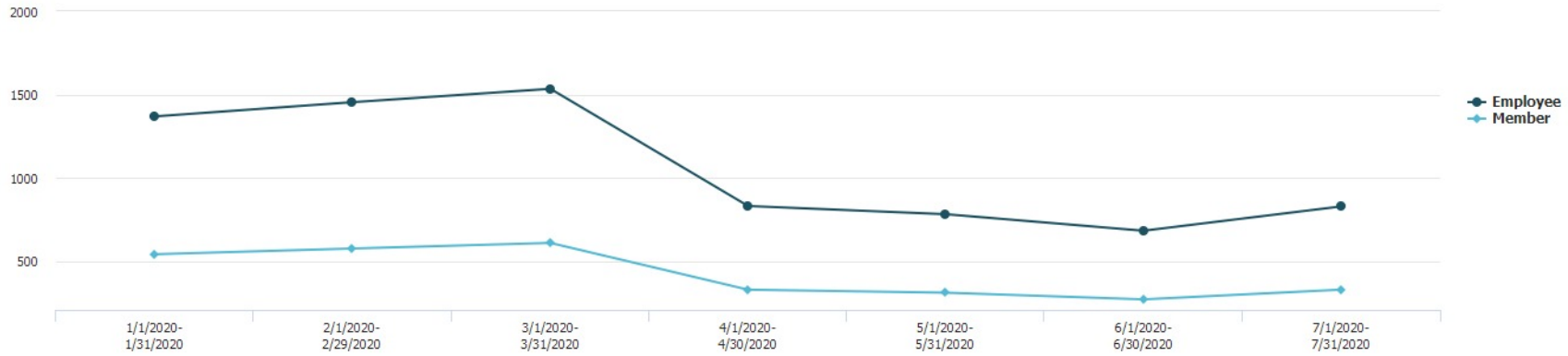
Claim Summary for Overall

Date Range	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	Average/ Total
	1/31/2020	2/29/2020	3/31/2020	4/30/2020	5/31/2020	6/30/2020	7/31/2020	
Total Charges	\$4,073,892.92	\$4,851,338.63	\$4,685,984.33	\$2,674,238.57	\$2,865,845.89	\$2,186,345.60	\$2,315,517.72	\$23,653,163.66
Provider Reductions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee Responsibility	\$299,882.13	\$398,932.53	\$408,835.95	\$181,659.67	\$178,543.43	\$255,953.29	\$194,978.61	\$1,918,785.61
Other Insurance	\$11,050.23	\$18,813.99	\$39,798.60	\$50,407.18	\$103,683.93	\$5,543.47	\$4,292.60	\$233,590.00
Plan Payment	\$1,692,436.25	\$1,797,255.05	\$2,016,254.15	\$1,268,137.02	\$938,777.73	\$1,082,446.26	\$998,984.05	\$9,794,290.51
% of Charges	41.54 %	37.05 %	43.03 %	47.42 %	32.76 %	49.51 %	43.14 %	42.06 %
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$0.00	\$0.00	\$95,560.13
Claims Cost - Total	\$1,692,436.25	\$1,797,255.05	\$1,920,694.02	\$1,268,137.02	\$938,777.73	\$1,082,446.26	\$998,984.05	\$9,698,730.38
Employee	\$689,280.51	\$657,242.30	\$774,663.13	\$466,496.54	\$483,025.31	\$553,022.64	\$533,630.51	\$4,157,360.94
Spouse	\$501,936.43	\$462,255.75	\$566,720.62	\$330,822.03	\$238,002.04	\$303,188.77	\$241,266.36	\$2,644,192.00
Dependent	\$501,219.31	\$677,757.00	\$674,870.40	\$470,818.45	\$217,750.38	\$226,234.85	\$224,087.18	\$2,992,737.57
Total Employees	1,306	1,302	1,315	1,311	1,324	1,319	1,322	1,314
Employee Only	481	484	495	492	502	497	499	493
Family	825	818	820	819	822	822	823	821
Cost Per Employee	\$1,295.89	\$1,380.38	\$1,533.27	\$967.31	\$709.05	\$820.66	\$755.66	\$1,066.03
Claims Processed	6,164	5,674	6,159	3,935	4,061	5,014	4,561	35,568
Average Claim Cost	\$274.57	\$316.75	\$311.85	\$322.27	\$231.17	\$215.88	\$219.03	\$270.22
Services Processed	9,634	8,504	9,270	5,234	5,891	7,008	6,872	52,413
Average Service Cost	\$175.67	\$211.34	\$207.19	\$242.29	\$159.36	\$154.46	\$145.37	\$185.10

Total Cost Summary for Overall

Date Range	1/1/2020	2/1/2020	3/1/2020	4/1/2020	5/1/2020	6/1/2020	7/1/2020	Average/ Total
	1/31/2020	2/29/2020	3/31/2020	4/30/2020	5/31/2020	6/30/2020	7/31/2020	
Plan Payment	\$1,692,436.25	\$1,797,255.05	\$2,016,254.15	\$1,268,137.02	\$938,777.73	\$1,082,446.26	\$998,984.05	\$9,794,290.51
Medical Plan Payment	\$1,447,999.77	\$1,531,012.27	\$1,713,722.20	\$977,332.40	\$644,220.02	\$771,230.20	\$756,496.18	\$7,842,013.04
Rx Plan Payment	\$244,436.48	\$266,242.78	\$302,531.95	\$290,804.62	\$294,557.71	\$311,216.06	\$242,487.87	\$1,952,277.47
Other Expenses	\$97,197.22	\$96,746.90	\$97,502.45	\$97,256.85	\$98,046.52	\$97,782.17	\$97,974.90	\$682,507.01
Administration Fees	\$54,577.74	\$54,410.58	\$54,953.85	\$54,786.69	\$55,329.96	\$55,121.01	\$55,246.38	\$384,426.21
Specific Premium	\$42,619.48	\$42,336.32	\$42,548.60	\$42,470.16	\$42,716.56	\$42,661.16	\$42,728.52	\$298,080.80
Spec Stop Loss Reimb	\$0.00	\$0.00	\$95,560.13	\$0.00	\$0.00	\$0.00	\$0.00	\$95,560.13
RX Rebate	\$1,189.42	\$0.00	\$0.00	\$274,272.00	\$0.00	\$277,772.00	\$0.00	\$553,233.42
Total Plan Cost	\$1,788,444.05	\$1,894,001.95	\$2,018,196.47	\$1,091,121.87	\$1,036,824.25	\$902,456.43	\$1,096,958.95	\$9,828,003.97
Total Cost Per Employee	\$1,369.41	\$1,454.69	\$1,534.75	\$832.28	\$783.10	\$684.20	\$829.77	\$1,069.74
Total Cost Per Member	\$543.27	\$577.44	\$611.02	\$330.64	\$312.58	\$272.73	\$331.01	\$425.53

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	6/1/2020 6/30/2020	7/1/2020 7/31/2020	Average/ Total
Total Plan Cost	\$1,788,444.05	\$1,894,001.95	\$2,018,196.47	\$1,091,121.87	\$1,036,824.25	\$902,456.43	\$1,096,958.95	\$9,828,003.97
Plan Budget	\$1,586,914.83	\$1,577,641.68	\$1,587,309.75	\$1,583,955.54	\$1,594,610.10	\$1,591,650.45	\$1,594,412.73	\$11,116,495.08
Plan Cost Percent of Budget	112.70 %	120.05 %	127.15 %	68.89 %	65.02 %	56.70 %	68.80 %	88.47 %



This report can only be as accurate and complete as the data provided by your insurance companies/TPAs, as some insurance companies/TPAs may not provide data to populate all of the sections of this report. The results can also be impacted by any changes you make to your insurance companies/TPAs during the date range covered by this report, since the first company/TPA may provide different data sets than the second company/TPA. As a result, you should exercise caution in interpreting the report's results, and our legal duty to you is limited to making a good faith effort to follow whatever instructions you give us based on your interpretation of the report.

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 - 25% / Non-preferred Brand - 35% • Preferred Brand will increase to 30% and Non-preferred Brand will increase to 45% coinsurance; Generic 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>	<p>County Board approved change effective 1/1/21.</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>	<p>TBD</p>	
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>	<p>Depends on the number of spouses who transition off the health plan.</p>	
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>	<p>\$100 per month surcharge x 20% of members enrolled in a Family plan = ~\$200,000 annually paid by the employees</p>	



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>	<p>Projected annual savings ~\$75,000</p>	



2021 POTENTIAL CHANGES FOR REVIEW

Item	Comments and Recommendation	Cost Impact	Status
<p>7. Remove coverage for Routine Vision Exams from medical plan</p>	<p>Routine Eye Exams for corrective lens are not standardly covered by medical plans. In addition, there are very few ophthalmologists in the UHC Network. Optometrists at a retail setting such like Shopko, Target, etc. do not participate in the UHC network.</p> <p>Refraction (determination of prescription) is not covered under the medical plan.</p> <p>The County has a Voluntary Vision plan through EyeMed where employees can purchase a vision plan that covers an eye exam, refraction, and covers the cost of glasses or contacts.</p> <p>Pros: Savings to medical plan. If members choose to enroll in the Vision plan, they will have more providers to choose from.</p> <p>Cons: Additional cost to employee if they purchase Voluntary Vision plan.</p>	<p>2019 spend for this benefit was \$69,510. On pace for similar spend in 2020.</p> <p>413 plan members received this benefit in 2019.</p>	
<p>8. Limit the number of visits for Speech, Occupational and Physical Therapy</p>	<p>Currently plan requires a prior authorization for therapy at the 11th visit. Industry standard is typically a visit limit vs. unlimited.</p> <p>In 2019, there were 361 patients with 2,599 visits (chiropractic included). Average visits per patient were 14.</p> <p>To bring the County’s plan in line with industry standard, recommend capping visits at 20-24 visit annually.</p> <p>If therapy services are brought in to the near-site Prevea clinic, then plan members could potentially receive additional physical therapy services.</p> <p>Pros: Limiting the number of visits is more of a cost containment strategy to protect the plan from excessive utilization.</p> <p>Cons: Employee relations.</p>	<p>Overall spend in 2019 was \$30,790. No cost savings projected, but goal is cost containment.</p>	
<p>9. Add Behavioral Health to Teladoc</p>	<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 (fee increasing to \$220 effective 1/1/21) • Psychiatrist (ongoing visit) = \$95 (fee increasing to \$100 effective 1/1/21) • Psychologist, LCSW or therapist (ongoing visit) = \$85 (fee increasing to \$90 effective 1/1/21) <p>Cons: Additional cost of \$0.30 PEPM; but utilization should offset overall cost in the long run.</p> <p>Note: Overall General Medicine Teladoc visits YTD = 191; estimated savings per episode = \$472 (\$90,152 YTD)</p>	<p>Projected annual administration fees are ~\$5,000</p>	



2021 POTENTIAL CHANGES FOR REVIEW

Item	Comments and Recommendation	Cost Impact	Status
10. 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	
11. 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.
12. 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)	





Telehealth Utilization Report

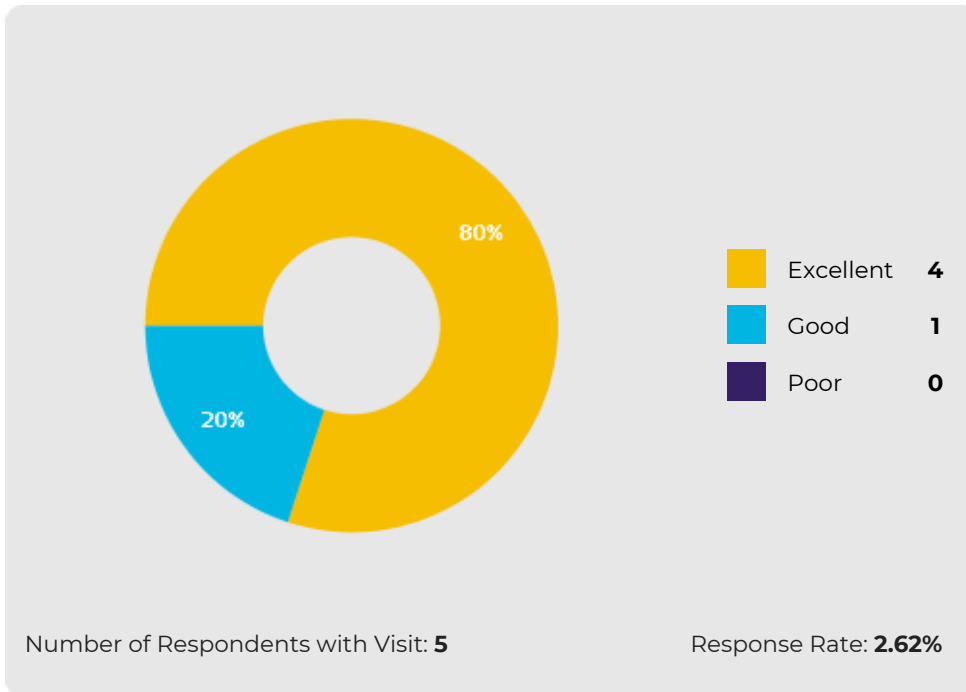
July 2020
Brown County

	Visits		Utilization*
	Report Period	YTD	Annualized
Total General Medical	26	191	24.8%
Total Behavioral Health	N/A	N/A	N/A
Total Dermatology	N/A	N/A	N/A

Total Net Claim Savings



Overall member satisfaction YTD



Gender



* Behavioral Health utilization is calculated assuming 20% of the population needs care in a given year. This is in accordance to a Kaiser Family Foundation Analysis of the 2015 National Survey on Drug Use and Health. Dermatology utilization is calculated assuming a 25% portion of the population needs care. This is in accordance to the American Academy of Dermatology in a 2013 report, Burden of Skin Disease



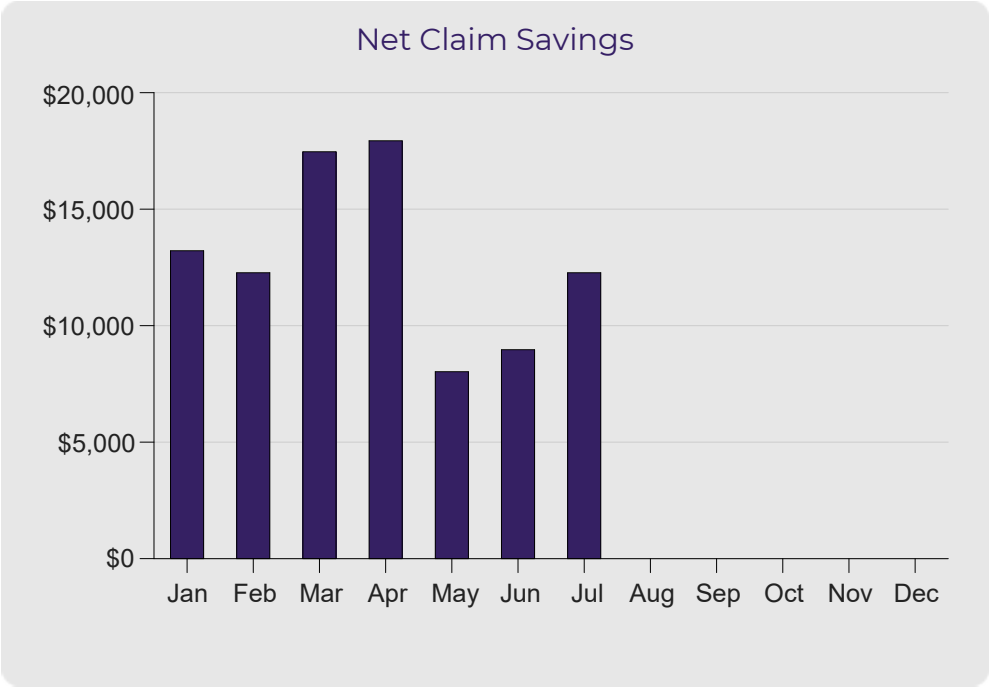
General Medical

Claim savings & utilization

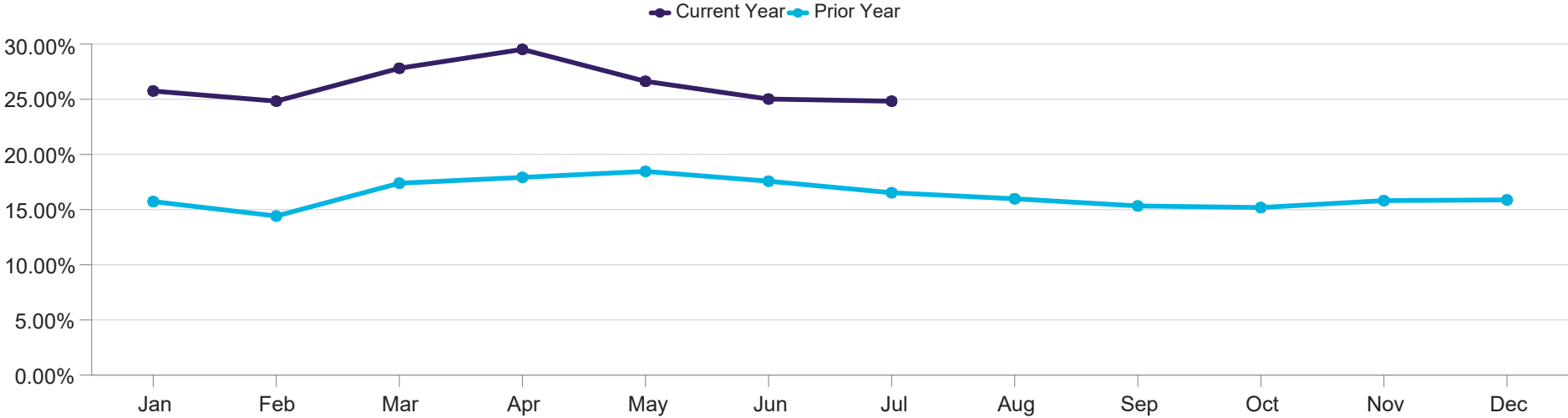
Annualized Utilization
 $\frac{\text{YTD Total Visits} \times 12}{\# \text{ months accrued}} \div \frac{\text{YTD}}{\text{YTD Average Subscribers}}$
24.8%

Claim Savings Per Episode
\$472

Total Net Claim Savings YTD
 $\text{Claim Savings Per Episode} \times \text{Number of Visits YTD}$
\$90,152

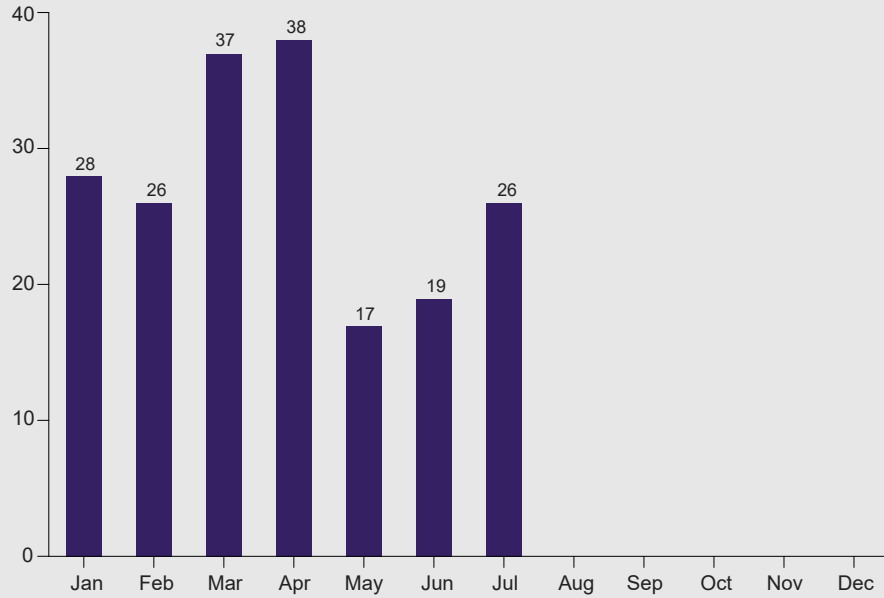


Annualized utilization trend



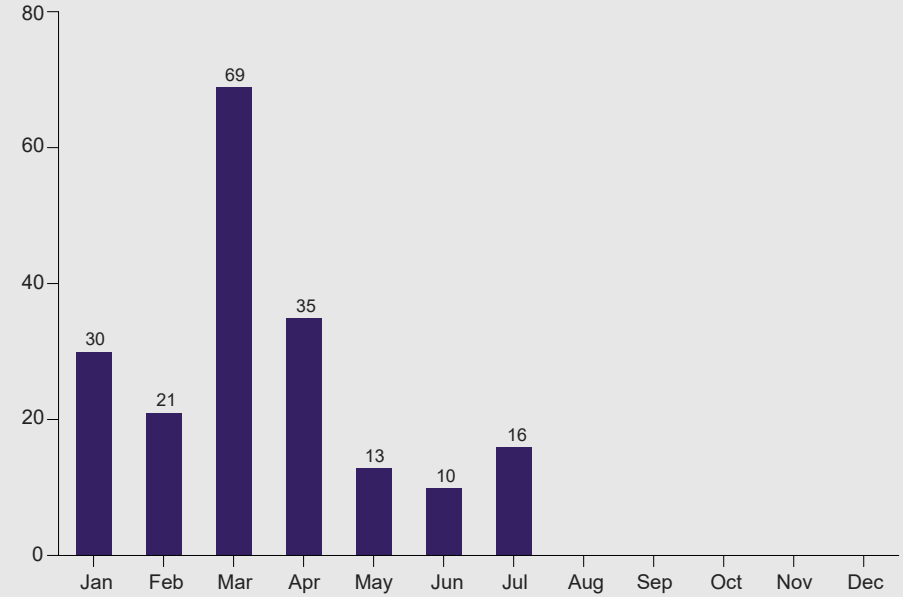
Visits this period **26**

Total Number of Unique Users this period **26**



YTD **191**

Registrations this period **16**



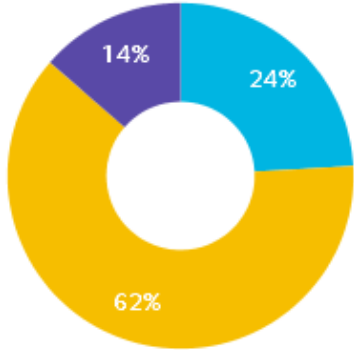
YTD **194**

	VISITS		MEMBERSHIP		REGISTRATIONS		MEDICAL HISTORY COMPLETIONS	
	Report Period	YTD	Report Period	YTD AVG	Report Period	Since Inception	Report Period	Since Inception
Primaries	18	128	1,323	1,319	10	409	8	270
Dependents	8	63	1,994	1,992	6	184	8	155
Eligible Lives	26	191	3,317	3,311	16	593	16	425

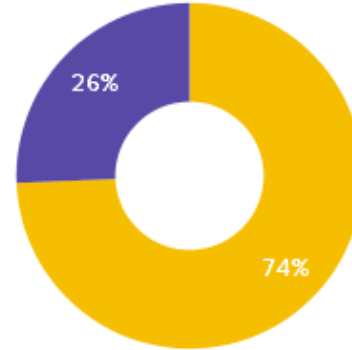
*YTD Average: Sum of each month's eligible lives divided by the number of calendar months the account is effective. Eligible Lives: All members with access to the service (primaries & dependents).

How your members received care YTD

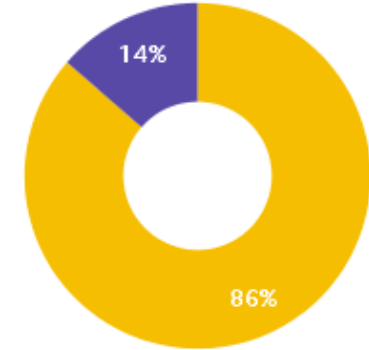
Visit request method



Visit method

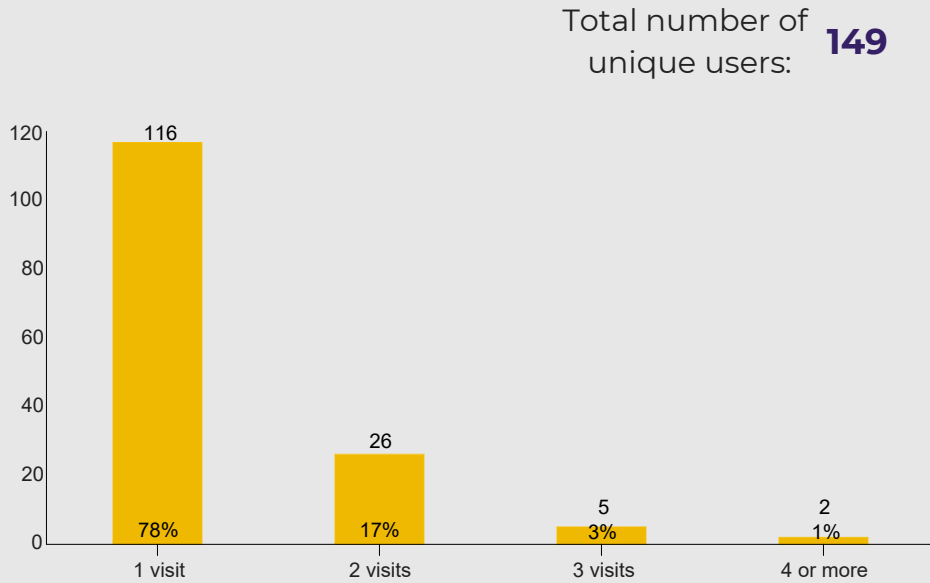


On demand vs scheduled

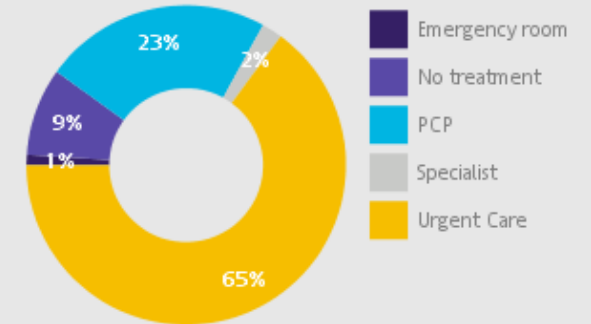


- Website
- Mobile app
- Call center
- Phone
- Visualized
- On demand
- Scheduled

Visit frequency



Where member would have gone if Teladoc were not available



Who received care and when YTD

Gender

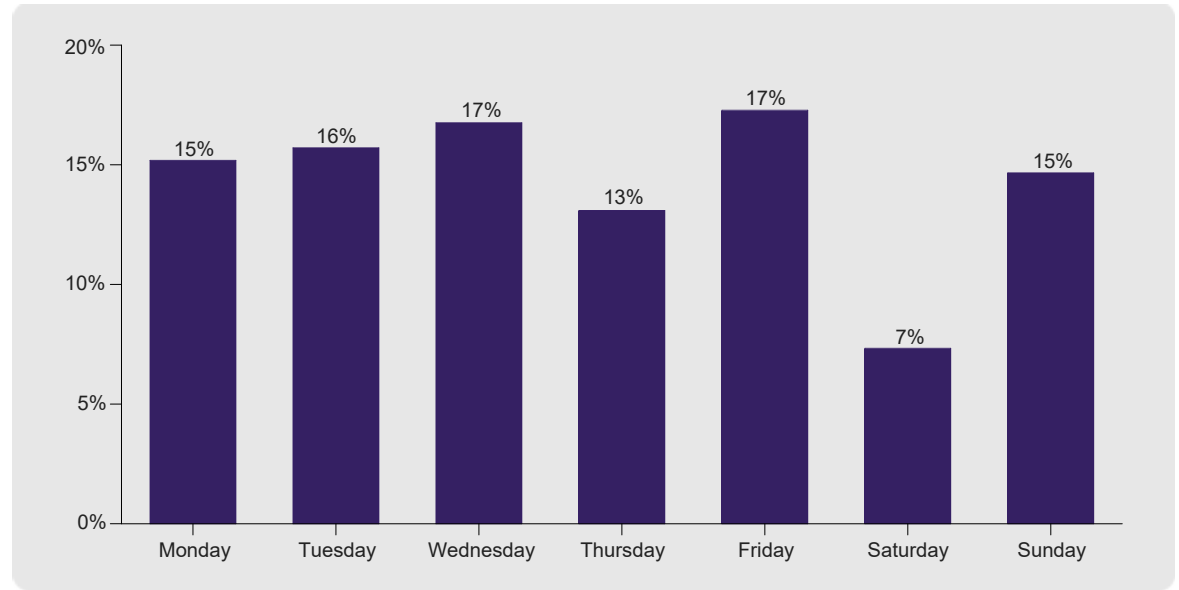


72% Female

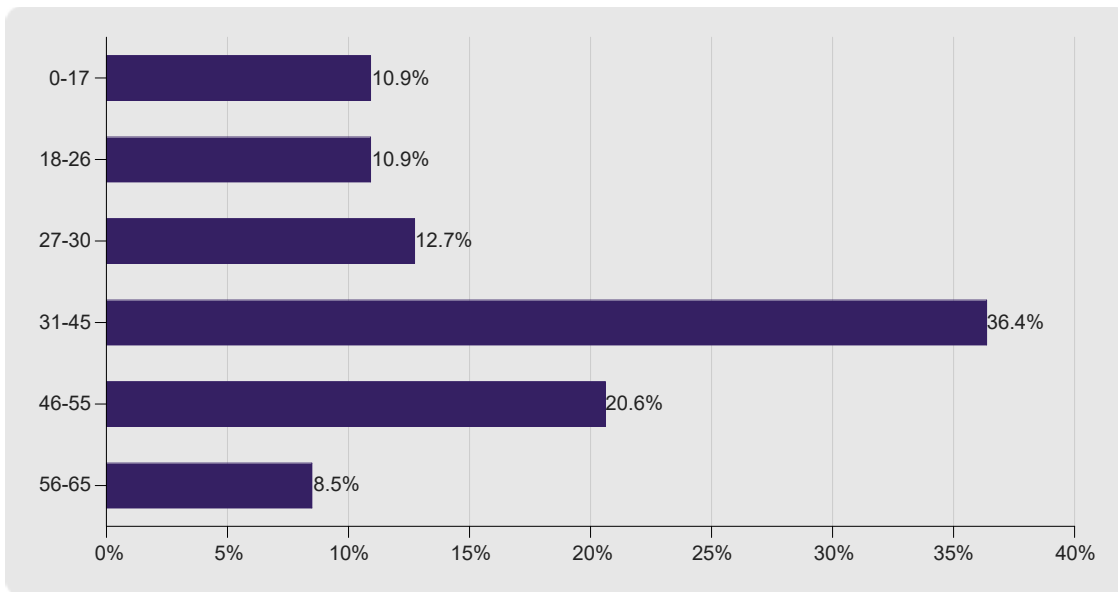


28% Male

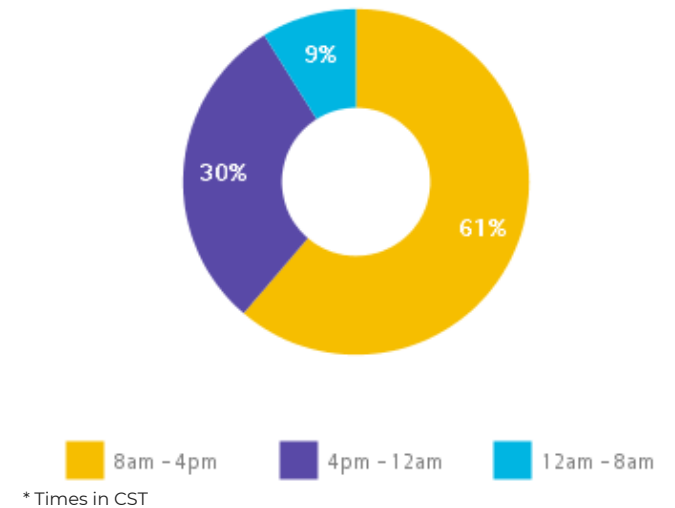
Day of week



Utilization by age



Time of day*





AVERAGE RESPONSE TIME

The time between the visit request and when the physician contacted the member

YTD

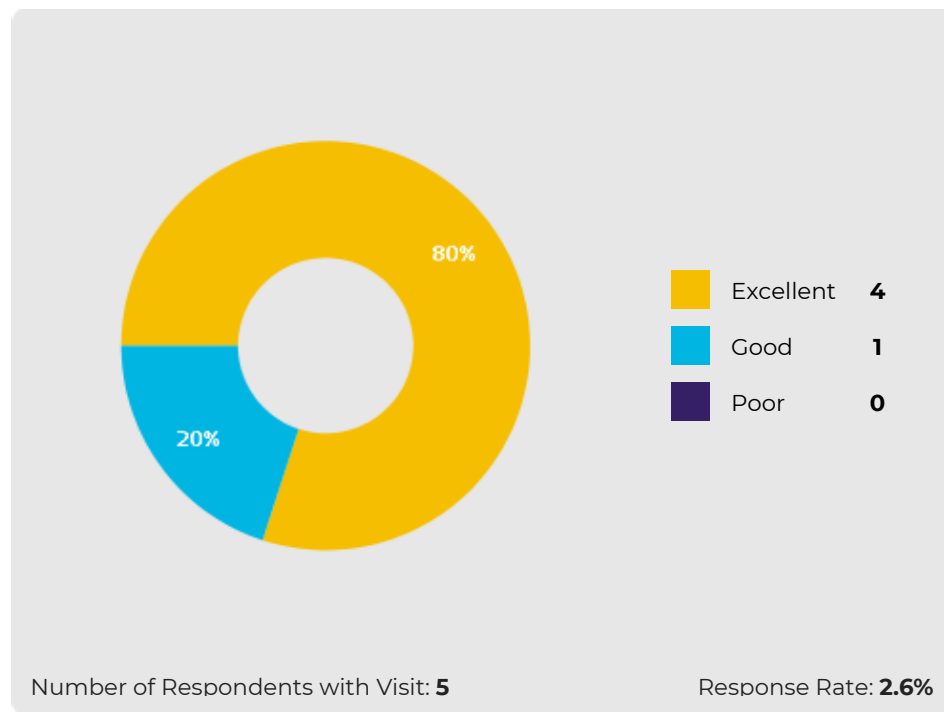
45 minutes

Report Period

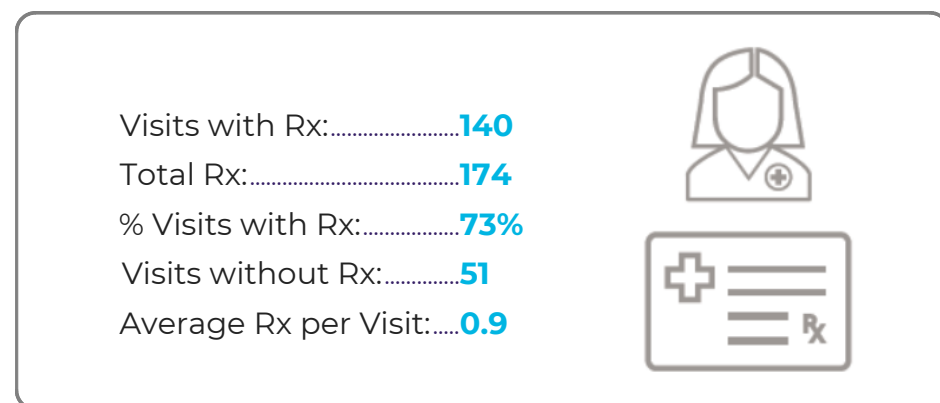
5 min

<u>State</u>	<u>Visits</u>	<u>% Visits</u>
Wisconsin	184	96.3%
Florida	2	1.0%
Tennessee	2	1.0%
California	1	0.5%
Michigan	1	0.5%
Minnesota	1	0.5%

Member satisfaction



Prescriptions by visit



Top diagnoses

Acute sinusitis, unspecified	8%
Acute cystitis without hematuria	6%
Urinary tract infection, site not specified	5%
Acute upper respiratory infection, unspecified	4%
Cough	3%
Rash and other nonspecific skin eruption	3%
Acute maxillary sinusitis, unspecified	3%
Acute pharyngitis, unspecified	3%
Flu due to unidentified influenza virus w oth resp manifest	3%
Acute bronchitis, unspecified	2%

Top prescriptions written

Macrobid macrocrystals-monohydrate 100 mg oral capsule	9%
Amoxicillin-Clavulanate 875 mg-125 mg oral tablet	8%
benzonatate 200 mg oral capsule	5%
PredniSONE 10 mg oral tablet	4%
Azithromycin 5 Day Dose Pack 250 mg oral tablet	4%
predniSONE 20 mg oral tablet	4%
Flonase 50 mcg/inh nasal spray	3%
Tamiflu 75 mg oral capsule	3%
Tessalon Perles 100 mg oral capsule	3%
amoxicillin 500 mg oral capsule	2%