

CLARKSVILLE MONTGOMERY COUNTY EMPLOYEES
INSURANCE TRUST MEETING
January 22, 2013

The meeting of the Clarksville Montgomery County Employees Insurance Trust was held Tuesday, January 22, 2013, in the Lecture Hall at Central Office. Members in attendance were Jeanine Chester, Cydney Miller, Danny Grant, Erinne Hester, Patricia Bailey, Tommy Butler, Blake Frerking, Kathie Betancourt, Paula Louder, Shedrich Webster, Kimberly Yarbrough, and Jim Young. Also in attendance were Chris Fessenden, and Kim Phelps of Fessenden Consulting Group, Todd Hodge of BCBS, Jennifer Hood and Deanna Moore from County HR, Brandy Johnson from the OJI Department, and Amy Wigington and Donna McIntosh from the CMCSS Benefits Office.

The meeting was called to order at 4:15 p.m. by Jeanine Chester. A quorum was established.

Todd Hodge, Account Executive with BlueCross BlueShield, made a presentation to the Trust concerning Disease Management and Pharmacy Manager Changes. Todd provided packets to the Trust and gave a summary of the information in the packet. The Disease Management report is activity and data based. Disease Management is a case management program with a whole person approach that focuses on individuals with chronic conditions. A health coach is provided to help the individual. The health coach does not take the place of a physician. The health coach helps facilitate what is prescribed by the physician. Claims data drives this program. This will be helpful in planning and implementing the Wellness Program. The cost for this program is \$3.25 per contract per month, approximately \$139,000 per year. Todd then addressed the Pharmacy Manager changes. As of January 1, 2013 Express Scripts replaced Caremark as the Pharmacy Manager. Better pricing drove the decision to change Pharmacy Managers. The transition goal was to get every member moved over 1-1-13 with everything they had prior to 1-1-13 intact. One big change with ExpressScripts is that Walgreens is not in the Plus90 network. Meaning 30 day prescriptions can still be filled at Walgreens as an in-network pharmacy, but 90 day supplies cannot. However, better pricing is received by participating Plus90 pharmacies because Walgreens is not in the network.

Minutes from the November 13, 2012 meeting were reviewed. Cydney Miller made the motion to accept the minutes. Kimberly Yarbrough seconded. Motion carried.

Tommy Butler gave a summary of the On-Site RFP results. There were 4 bids. Chris Fessenden handed out summaries of those bids. One of the bids was an in-house bid from Tommy Butler of the CMCSS Risk Management Department. Chris stated that some of the advantages to managing the On-Site clinics in-house would be that Tommy already has daily contact with the clinic and their operation. Also, outside vendors do not know the Trust like Tommy does. Tommy gave a presentation on the risks, advantages, implementation, and cost of operating On-Site in-house. These were under

the headings of Completed Research and Due Diligence, In-House Option Advantages, Risk, Implementation Next Steps, Marketing, Startup Cost, Pricing and Cost Comparison. The implementation date upon receiving a favorable vote from the Trust would be August 1, 2013. There was discussion among Trust members. Danny Grant made the motion to accept the in-house proposal to include the wellness program. Cydney Miller seconded. More discussion and Cydney gave some information on the wellness program. Danny Grant amended his motion to accept the in-house proposal as provided by the Risk Management Department, addressing the wellness component later. Cydney Miller seconded. Motion carried.

Jeanine Chester gave a BCA lawsuit update. Both parties have filed their legal briefs. On February 20, 2013 the attorney for each party will have 15 minutes to argue their case. Carol Joiner, attorney for CMCSS, will argue that the Circuit Judge's ruling was correct. It will be a few weeks after February 20, 2013 before the results will be known.

Cydney Miller gave a Wellness update. The details and logistics are still to be determined, but a tiered approach is what is being looked at. There would be a premium and a standard premium (cost) for employees who are on the medical. Everyone would be given a year to work on their 5 health assessments. The health assessments are bmi, cholesterol, blood pressure, blood sugar, and smoking status. At the beginning, employees on the medical insurance would be placed on the "premium" plan. If at the end of that year, an employee does not meet the criteria of the 5 health assessments, then they would be moved to the "standard" plan which will have an increased premium. The intention is to provide every vehicle possible to help employees qualify for the premium plan. Detailed information will be presented at the next Trust meeting.

Danny Grant presented the November 2012 Financial Statement. News continues to be good, the fund balance is stable and on sound financial footing. Erinne Hester made the motion to accept the financial statement. Tommy Butler seconded. Motion carried.

Chris Fessenden presented the experience report for November 2012. The medical loss ratio is good. The medical is a self-insured plan, with the insurance year beginning in September. So we are 3 months into the plan year. Chris reminded everyone that the dental is a fully-insured plan, with a plan year that begins in January. The dental loss ratio was also good.

Jeanine Chester referenced the Premium History handout that was provided to Trust members. Jeanine stated we may reference this information later, when looking at premiums for the new plan year.

Cydney Miller reviewed large claims and the monthly claims payment history. Cydney reminded Trust members of the confidentiality of health information.

Discussion was held regarding the next meeting time. Meeting was scheduled for Monday, March 4, 2013, at 4:15 p.m.
Meeting was adjourned at 5:50 p.m.

