

**CLARKSVILLE MONTGOMERY COUNTY EMPLOYEES**  
**INSURANCE TRUST MEETING**  
**March 2, 2015**

The meeting of the Clarksville Montgomery County Employees Insurance Trust was held Monday, March 2, 2015 in the Lecture Hall at Central Office. Members in attendance were Jeanine Johnson, Cydney Miller, Rebecca Jackman, Patricia Bailey, Kathie Betancourt, Tommy Butler, Blake Frerking, Jeff Taylor, Tim Swaw, Jackson Smith, Paula Louder, Kimberly Yarbrough, Jim Young and Charli Hall. Also in attendance were Chris Fessenden and Kim Phelps of Fessenden Consulting Group, Jeanel Kohnen and Amy Wigington from the CMCSS Benefits Office, Kristin Butler from Onsite, Marcia Demorest from Business Affairs, Tom Milan from TrueLifeCare, Larry Wolf a diabetic consultant and Bob Shupe and Brittany Spradling from Employee Security Planning.

The meeting was called to order at 4:19pm by Jeanine Johnson. A quorum was established.

Jeanine Johnson introduced Jackson Smith, he is the newest CMCEIT member. He has replaced Shelly Lazowski who represented classified staff.

Tom Milam from TrueLifeCare gave a PowerPoint presentation outlining the impact of employees with diabetes on the Blue Cross Blue Shield (BCBS) healthcare plan. Incidence and costs of diabetes is steadily rising annually which offsets the wellness and lower costs for those that do not have diabetes. It has been proven that inpatient and outpatient events are three times more likely than those that do not have diabetes. The plan offered by TrueLifeCare has lower than average costs per member.

The purpose of TrueLifeCare is to reduce the costs associated with diabetic individuals. TrueLifeCare provides a personal one on one coaching relationship for individual education and support. The program is persistent and ongoing, thus empowering members with diabetes to sustain improved self-management practices which lead to better health outcomes. If an employee decides to become active with the program TrueLifeCare provides the glucose meter, tests strips, blood pressure cuff as well as meal planning assistance at a lower cost than BCBS.

For more detailed information and hard data produced by TrueLifeCare please see the attached documents. Jeanine Johnson asked the CMCEIT members to review the information provided for discussion at the next CMCEIT meeting.

Tommy Butler has been seeking a consultant to help with the development of a tiered health plan. He asked Bob Shupe a tiered health consultant with Employee Security Planning to answer a few questions for clarification and understanding of a tiered health plan.

Questions:

1. Briefly describe a tiered health care plan model.
  - a. Provides employees with options. What tier an employee is in depends on individual participation.
2. Please discuss your background with development of tiered health care plans to include clients that you have assisted in the development of the tiered health plan.
  - a. Medical costs cannot be controlled through financing it is best controlled by being proactive in personal healthcare. Wilson County Board of Education was the first system that implemented the tiered health care plan. Since then Sumner County Board of Education and the city of Clarksville have started the implementation of a tiered health care plan. The Mayo clinic conducted a study on Wilson County's plan which showed analytical highs.
3. Describe the types of outcomes (clinical, financial, completion of goals, etc.) collected and reported.
  - a. Wilson County's compliance percentage increased drastically in the first year.
4. What hurdles should we expect to face and how can your firm help us overcome these hurdles?
  - a. The biggest hurdle is acceptance of the program. The consultants are successful in implementing these types of programs because the plan is not rushed. They involve employees with the design and discussion along with educational sessions for upper level administrators so they will know how to communicate the plan. Some administrative hurdles include initializing programs, learning the programs and determining if the current system is robust enough to configure all the data.
5. Discuss the legality of an outcomes based tiered health programs- in which benefits may differ based on health outcomes.
  - a. ACA gives the employer ability to give incentives or disincentives to drive wellness.
6. Briefly describe the timeline from contract execution to full implementation of tiered health care plan/program.
  - a. Normally takes from one year to a year and a half to implement. The consultant will be involved for the first year at a base rate. After the first year CMCSS re-evaluates to determine if the consultant is still needed.
7. We have our own onsite clinics- what capacity would needed to be able to appropriately measure and track outcomes if the program was similarly designed to your other clients?
  - a. The system would need to be robust enough to hold all the data. Communication between the doctor and employee play a huge role in data tracking for participation. The consultant will develop forms and other resources needed for tracking.
8. Describe the various types of incentive programs that you helped develop and implement for current and previous clients.
  - a. An example of an incentive is lower monthly premiums.

- b. An example of a disincentive is having an employee pay an extra \$100 a month if they are a tobacco user.

Determination of a consultant will be discussed at the next CMCEIT Meeting.

Minutes from the January 12, 2015 meeting were reviewed. Motion to accept with the correction to Charli Hall's name was made by Tim Swaw. Blake Frerking seconded motion. Motion carried.

Tommy Butler provided a handout showing the total monthly savings for the past 18 months at the Onsite Facility. The total monthly savings for January 2015 was \$82,625. He also showed a video of success stories that CMCSS employees has had with the Onsite Facility/Wellness.

Chris Fessenden gave a healthcare reform update and provided a handout outlining the individual and employer mandates. The Employer Mandate requires large employers to provide medical insurance that is deemed affordable and provided minimal essential coverage. The compliance date for CMCEIT is September 1, 2015.

Marcia Demorest reviewed the Financial Statements for December 2014 and January 2015. Assets are in balance with liabilities. This is a positive statement. The balance has been improving over the past few months but keep in mind that summer is approaching. This means that employees will not be paying premiums into the fund. Motion to accept was made by Rebecca Jackman. Jeff Taylor seconded the motion. Motion carried.

Chris Fessenden presented the medical and dental experience reports for January 2015. The medical plan is in excellent condition. The dental plan looks good as well.

BCBS Blue Perks vs. Blue Fitness was not reviewed at the meeting due to time constraints. This will be put on agenda for next meeting.

Marcia Demorest presented that there will not be a need for a medical premium increase for the 2015-16 school year based on where the trust fund balance is now and the actuarial evaluation. The Fessenden's will continue to monitor the fund. Motion to accept no medical premium increase for 2015-16 was made by Cydney Miller. Tim Swaw seconded the motion. Motion carried.

Cydney Miller reviewed the monthly claims payment history, there were not any large claims to review.

Next Meeting will be held Monday, April 6, 2015, at 4:15 pm at Central Office in the Lecture Hall.

Meeting was adjourned at 5:50 pm.