

**CLARKSVILLE MONTGOMERY COUNTY EMPLOYEES**  
**INSURANCE TRUST MEETING**  
**November 23, 2015**

The meeting of the Clarksville Montgomery County Employees Insurance Trust was held Monday, November 23, 2015 in the Lecture Hall at Central Office. Members in attendance were Jeanine Johnson, Carol Joiner, Danny Grant, Rebecca Jackman, Patricia Bailey, Tommy Butler, Blake Frerking, PT Miller, Jackson Smith, Tim Swaw, Jeff Taylor, Kimberly Yarbrough, and Jim Young. Also in attendance were Chris Fessenden and Kim Phelps of Fessenden Consulting Group, Donna McIntosh and Amy Wigington from the CMCSS Benefits Office, Kristen Butler from Onsite, and Pam Clark from County HR.

The meeting was called to order at 4:15pm by Jeanine Johnson. A quorum was established.

Jeanine Johnson introduced new member, PT Miller to the Trust.

Jeanine Johnson stated that due to having the Tiered Health presentation, we would not get to all the items on the agenda. Items not discussed at this meeting, would be on the next meeting agenda.

Minutes from the October 19, 2015 meeting were reviewed. Motion to accept the minutes was made by Carol Joiner. Kimberly Yarbrough seconded. Motion carried.

Tommy Butler introduced Tiered Health consultants Bob Shupe and Brittany Spradling of ESP Inc. Brittany Spradling gave a power point presentation of the Tiered Health plan. The presentation included the following information. Onsite would conduct the employee HRAs (Health Risk Assessment) and follow up appointments. An employee may choose to have the follow up appointment with their own physician. The health benchmarks are blood pressure <140/90, HgA1c <61, cholesterol <200, BMI <30, and nicotine-none. If an employee has multiple benchmarks to work on, they only have to be working on one at a time. The first year of implementation employee/spouse will be on the preferred plan. Employee/spouse will be re-evaluated each year to determine plan assignment for the next year. The premium will be the same for each plan, with the deductible and out of pocket expense higher for the standard plan. A copy of the power point was emailed to Trust members on November 24, 2015.

Brittany Spradling outlined the following steps for implementation and repeated each year for continued plan assignment.

1. Obtain mandatory HRA-failure to have an HRA will place employee/spouse on the standard plan.

2. Schedule follow up with Onsite or external physician within 60 days. Failure to return for follow up within 60 days will place employee/spouse on the standard plan.
3. Meet with Onsite provider or external physician to discuss HRA results and decide on a plan of care.
4. Participate in agreed upon plan of care. Failure to participate in the agreed upon plan of care or to participate and complete plan of care within 4 months of completed HRA will place employee/spouse on the standard plan.
5. If one or more benchmarks are not met, return to Onsite or external physician 3-4 months following the HRA follow up appointment to discuss plan of care progress.

Trust members asked questions that Bob Shupe and Brittany Spradling answered.

Tommy Butler provided the Trust members with an outline of the impact a Tiered Health plan would have on the Onsite Clinic. The impact to Onsite would include the lab fees and staffing cost for the Biometric Screenings. Increase in wellness appointments that would require additional staffing and expanded use of the satellite clinic locations. All screening data and Onsite wellness visit data are to be automated for the provider and patient use. Software and additional staff would be needed for this program. A part-time Benefits Administrative employee would be needed for implementation and data entry paid for by the Trust. The projected timeline for the Tiered Health plan is:

**2016** Data collection tool identified and implemented, program presentation, marketing of program.

**2017** Program implementation year-initial screening and follow ups, qualifying list submitted for 2018.

**2018** First year of tiered health program in effect based on 2017 qualifying list. Repeat all 2017 screenings, follow ups, and submit qualifying list for 2019.

**2019** on-Repeat each year for qualification

Trust members asked more questions of the tiered health consultants and had discussion. Danny Grant made a motion to approve the 2 tiered plan. Carol Joiner seconded the motion. There was discussion concerning whether to vote or take another month to review the tiered health plan. The motion went to a vote. There were 7 votes in favor, 5 votes not in favor and 1 abstention. Motion carried.

Jeanine Johnson mentioned the compound drug letter had been sent by Blue Cross to impacted members.

Danny Grant presented the Financial Statement for September 2015. Financials for September were made available to the Trust members. The fund has had positive gains and the negative balance will start to decline.

Chris Fessenden presented the medical and dental experience reports for September and October 2015. The experience reports for these months were made available to the

Trust members. Cost exceeded budget, claims can fluctuate, but not a cause for concern at this time.

Jeanine Johnson reviewed the Monthly Claim Payment History. There weren't any large claims to review.

Next Meeting will be held Monday, January 11, 2016 at 4:15 pm at Central Office in the Lecture Hall.

Meeting was adjourned at 5:27pm.