

Clackamas County
Benefits Review Committee
Meeting Summary for February 17, 2022 (Draft)

This document is intended to be a meeting summary. For details regarding the meeting discussions, please reference the meeting transcription document or audio file.

Voting Members Present: Rachelle Bonsi, Chris Dannenbring, Trish Elmer, Jennifer Harvey, Jason Kirkpatrick, Kristi Durham, Deena Mehdikhan, Greta Nickerson, Gretchen Pacheco, Robert Skinner, and David Sohm.

Voting Members Not Present: Christa Bosserman Wolfe, Ed Johnson, Eric Sarha, Fred Yungbluth.

Also Attending: Joe Bober, Keith Storie, Alyssa Smith, Billie Hurley, Gillian Knapp, Cory Matthews, and Jason Morrill.

Minutes: Gillian Knapp.

Cory Matthews, Facilitator, opened meeting at 1:32pm.

Attendance and Minutes:

Voting member attendance was reviewed and is noted above. Jason Morrill discussed that the Benefits team has a number of backlogged meeting summaries for prior Benefits Review Committee (BRC) meetings, but will be working to produce them as soon as possible. They will be beginning with the most recent meeting and working backwards.

Recordings will be provided upon request within one year of the meeting.

BRC Membership Changes:

In the coming months, there will be a number of membership changes on the Benefits Review Committee. The changes are as follows:

- Jenny Helms (representing the Sherriff's Office Command Staff) has left the BRC, and will be replaced by Nancy Artmann (also representing the Sherriff's Office Command Staff), who will be joining in March.
- Christa Bosserman Wolfe is no longer with the County. The individual hired to replace Christa's position will also be filling her role on the BRC.
- Jason Kirkpatrick is no longer with the County, and will be replaced by Lauren Haney on the BRC.
- There are currently two individuals being considered for the open Represented (Housing Authority) and Non-Represented positions, pending a response from their supervisors.

Q4 Experience Report:

Alyssa Smith from Mercer opened the conversation by discussing the Quarter 4 experience report, which examined General County plans from January through December 2021. Overall, the County Medical plans ran well at 89.5% of the budget, leaving a surplus of \$2 million. The 2021 costs showed a slight increase on a per employee/per month basis, but this was to be expected given the COVID-19 trends. The Dental and Vision plans also ran well, at 86.9% and 79.9%, respectively. The positive trends set the County for improved renewal rates in 2022.

Other notable statistics are as follows:

- There were 920 employees enrolled on the self-funded Medical plan in 2021 (figures not including the Kaiser Medical enrollments).
- The County received a \$300,000 surplus on the Dental plans.
- Vision: 80% loss ratio, everything is looking good.
- The Providence Personal Option had the highest enrollment rates for 2021.

Kristi Durham raised a question to Alyssa and Keith Storie regarding whether there were any particularly large claims that the County should be expecting for 2022, based on projections from 2021. Keith responded that we can always expect high numbers of cancer claims, as well as Crohn's and Psoriatic Arthritis, which typically require costly drug interventions for treatment.

2022 BRC Work Plan:

Keith Storie of Mercer presented next on the BRC work plan, which is composed by Mercer to give the BRC members an idea as to what will be discussed throughout the upcoming year.

The first point discussed was the vendor presentations for utilization reports, which Mercer typically leads in April. Keith asked the BRC if they would like to continue holding this event as it has been in the past with two separate sessions, and the BRC agreed that this was best practice.

In June, Mercer will begin planning renewals and discussing any potential plan changes. In July and August, Mercer will go through the carrier contract changes, contribution calculations, and the full renewal process. If this process goes as planned, it might not be necessary to hold all of the meetings currently scheduled for August.

Kristi Durham raised the point that it needs to be clear in documentation that the plan changes decided in August are subject to change based on carrier contract changes requiring BRC vote that are typically not available until September or October.

Keith then brought the question of whether the BRC would like to transition to in-person meetings, or continue with virtual meeting for the time being. The BRC agreed to leave meetings via Zoom, with the possibility of an onsite or hybrid schedule in the future.

Jason Morrill next raised a discussion regarding the additional BRC meetings that are currently scheduled for June 2nd and July 7th. Given the fact that these meetings fall on holiday weeks and have not always been utilized in prior years, it was decided to postpone all of the June and July meetings by one week.

2022 Renewal Priorities:

This conversation was led by the Benefits team, regarding the priorities and plan for the upcoming year. Kristi began the discussion by noting that the BRC made multiple plan design changes at the end of 2021, and it would be worthwhile to review whether they were working well or needed additional adjustments as we move forward.

Discussed first was a proposal to continue working with Mercer (and other Medical care providers) to understand the practicality associated with plan changes that provide access to continuous glucose monitors for diabetic plan members. The BRC agreed that this is something to continue working towards, as they are driving factors to claims and quality of care.

Addressed next was a proposal to identify carrier resources for supporting obesity and disabilities. This raised a discussion from David Sohm, who recently encountered an individual that had successfully treated their symptoms associated with Multiple Sclerosis using alternative

care treatments such as diet and exercise. The BRC members discussed whether a greater emphasis should be placed on promoting alternative care interventions, or if this could cross the line of directing medical care. Billie Hurley raised the consideration that the Get Connected, Stay Connected campaign could assist with this issue, as it helps employees to locate primary care providers that will lead them in coaching and finding care tailored to their individual needs.

Benefits and Wellness Report:

The Benefits team presented the Benefits and Wellness report next. The first topic discussed was regarding out-of-area coverage for dependents on the Providence plan. Jason shared a situation that came about with an employee who inquired as to why the Providence Plan includes specific out-of-area coverage, when dependents should already be able to find a provider through Providence's national network of coverage. This raised a question of whether it is advantageous to include this coverage in our plans moving forward, given the potential redundancy. Jason reached out to one of our Providence representatives to clarify, and she confirmed that this coverage could likely be phased out in the future. The Benefits team will be gathering more information from Providence on this topic, and will revisit during the April BRC meeting before deciding whether coverage should be eliminated.

The next topic discussed was the timing of communications regarding the rate changes for the Employees' Association (EA) and AFSCME groups. These changes came about at the end of 2021, as a result of ongoing contract negotiations. This situation raised a concern from Chris Dannenbring, who felt that the timing of the correspondence from the Benefits team did not leave sufficient time to notify the members of these unions.

Jason presented on the timeline of these events, which began on December 1, 2021 when Employee and Labor Relations contacted the Benefits division with a request to provide detail on the employee cost impacts, in case the union contracts were not settled by the end of the year, so the unions could be made aware of the changes. Over the following three weeks, the Benefits team stayed in contact with Employee Labor and Relations, while conducting the "behind the scenes" work that was necessary to prepare for the changes (drafting correspondence, updating materials, notifying impacted parties within the department, etc.). On December 28, 2021, the Benefits team completed the development of the communications (needed stakeholder reviews, Workforce Data Management (WDM) reviews, employee relations reviews, etc.), and sent the initial communication and draft to the BRC and union leadership on December 29th. After giving these individuals time to review, the final correspondence was distributed to employees on January 3, 2022.

BRC members discussed how to address similar situations in the future. As part of that discussion, Jason explained that the benefits team would assign a team member to communicate with the employee relations team earlier in the year. Kristi also proposed that more caveat language could be included when discussing rate changes at meetings, to make it clear that there is always a chance that decisions may not be finalized until after the first of the year.

Member Reports:

The floor was next opened to the BRC to discuss reports and reviews from members of the unions they represent. No major feedback was noted by the BRC. Kristi asked a question of the Represented individuals, of if it would be helpful to start sending a summary email to the heads of the Represented groups on the BRC informing them of any changes, as well as reiterating what benefits are available to employees. It was agreed upon by the BRC that this could be a helpful tool for the Union representatives to distribute as they see fit.

Draft 2023 Renewal Priorities

The next topic of discussion was the draft priorities list for the 2023 renewal, to discuss what the BRC should be focusing on and addressing moving forward. Kristi suggested that we leave old

agenda items (in their own section) so that we can continue to monitor. While it is early in the year to begin these discussions, it will continue to be a topic of conversation at later BRC meetings. Kristi also suggested that we always monitor chronic condition and mental health categories. The main categories are as follows:

- Diabetes and Obesity:
 - Work with Mercer and the medical plan carriers to understand the practicality associated with plan changes to improve access to continuous glucose monitors for diabetic plan members.
 - Controlling diabetes as a chronic condition.
 - Identify carrier resources for supporting obesity and diabetes.
- Education:
 - Develop and initiate an education campaign in collaboration with plan carriers targeting specific area(s) for improvement.
 - Advertise health coaching and alternative care resources
- High Claims:
 - Controlling Multiple Sclerosis (MS) as a chronic condition.
 - Monitor claims and explore cost containment options for psoriasis and psoriatic arthritis.
- Mental Health:
 - Identify Providence and Kaiser plans to address the growing need for mental health services, including care for children.
- Providence Out-of-Area Coverage:
 - Determine if it is appropriate to continue to offer a separate out-of-area dependent benefit, since Providence already provides a national network of providers through Cigna.

Meeting adjourned at 3:30pm.