

**Clackamas County  
Benefits Review Committee  
Meeting Summary for July 18, 2024**

**This document is intended to be a meeting summary. These meetings are recorded.**

**Voting Members Present:** Robert Skinner, Chuck Kearns, Lauren Haney, Kristi Durham, Ariel Owens, Paula McDonald, Gretchen Pacheco, Rob Sadowsky, Alex Gonzalez, Rachelle Bonsi, Jon Santana, Jennifer Harvey, Deena Mehdikhan

**Voting Members Not Present:** Greta Nickerson, Fred Yungbluth, Darrel Mally, John Lee

**Minutes:** Marybeth Sween

**Facilitators:** Cory Mathews and Billie Hurley

**Attendance and Minutes:**

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

**Kaiser Permanente: Dental Access & Performance Updates for Clackamas County – BRC Meeting:**

**Kaiser Permanente Presenters:** Lilian Belaen, Nick Abraham, Santo Graziano, Ky Thai, Jolene Daniels

1. Overview of dental: 50 years and currently 784 dentists and staff.
2. Member FAQ's: Scheduling a dental appointment, pre-booking next dental appointment at check-out, dental online appointing, wait time for dental services, wait list and dental clinic phone outreach.
3. Clackamas County: Making strategic investments to improve access and enhance services. Members seen within 10 business days as of June 19<sup>th</sup> – Program goals 2023: 55%, 2024: 62%, 2025: 75%
4. Number of Visits by Top 10 Offices: 1,102 for Oregon City, 864 for Clackamas, 298 for Glisan, etc.
5. Access and Service: Making strategic investments to improve access and enhance services. 64% Hygiene and 50% Dentist visits are seen within 10 business days. Implemented Dentist Direct Booking on 04/23/2024 for high-priority patients to be seen within 10 days based on treatment plan. Modified Waitlist Outreach Protocols on 05/14/2024 to two phone outreaches vs. one. Introduced Hygiene Two-Week Appointing on 06/03/2024 to increase appointment availability within 2 weeks to meet patients demand. Creating a pipeline for dental assistants, partnership with Portland Community College. Saturday appointments are offered.
6. Superior Experiences, Higher Engagement & Healthier Outcomes: Online tools offer members an integrated digital experience to manage dental care anytime, anywhere. 4,000 of all monthly dental visits or 12% are initiated online, target 20% by YE 2024.
7. Dental Care Made Easy: 95% of our members would recommend us to family and friends. (According to the Press Gainey survey for January 2023 – December 2023.)
8. Summary & Next Steps: KP Dental tactics to improve the member service and experience for Clackamas County employees. Short Notice Hygiene list reserved for Clackamas County Employees at: Clackamas Dental, Oregon City Dental, and Johnson Creek Dental.

Paula: It is helpful to hear that Kaiser is listening and taking steps to make changes. It appears to be steps in the right direction. I am excited to see when your members (employees) hear about this and what feedback we start to hear from them. I am very excited to hear that staffing has increased. I think that knowing Kaiser has been able to make those changes is good.

Ariel: I second that, Paula, however, I am curious to see how the quality of services will be impacted and the feedback that is provided from our staff. I'm only saying that because I recently had a dentist

appointment and it started about 30 minutes late.

Lilian: Ariel, I'm sorry that your dentist appointment started late. That is something that we are really careful about and I know that it can be an inconvenience in scheduling. If you want us to research more about what was going on that day, I'm happy to circle back with you, but hopefully that is a very rare occurrence. The other thing about the offer on the short notice hygiene appointment list, if you do decide that you do want to go through with it, we will have to have a quick touch base so that we can iron out the details and how we roll that out. We are not turning that on live until we have your approval and we are clear on the next steps.

### **Review and Approval of BRC Meeting Minutes:**

1. No corrections or additions to minutes submitted.

### **VOTING: To accept and approve minutes from BRC Meeting, as written.**

Billie Hurley moves to approve the minutes

Alex Gonzalez and Gretchen Pacheco second the motion

Yay/Nay Count: 12 Yes, 0 Nay

Motion passes to accept minutes

### **2025 Renewal Discussion:**

**Mercer Presenter:** Joe Bober

1. Total medical & pharmacy – YTD June 2024 – summary (cost vs. budget): Loss Ratio was 120% for June 2024. Over a 12 month period, at 94% loss ratio, but trending a little high.
2. Medical & pharmacy by plan: Active Personal Option – About 93% loss ratio over the rolling 12 months and 99% YTD with about 390 EE's as of June. Active Open Option – There are 555 employees and it has been running a little high at 105%, but around 100% for the last 12 months. Retiree Personal Option – There are 25 employees and it's not too bad at 64% YTD. Retiree Open Option – Only 35 employees.
3. Medical large claims – Stop loss level is \$250,000. 1 member is just over that amount and 10 others that are \$100,000.
4. Total dental – Stop loss ratio running at 93% YTD and about 92% for the last 12 months.
5. Dental plan – For the Incentive Plan, there are 451 EE's at about 95%. Preventive Plan has 543 EE's and it's running about 91%. The Constant Plan has 48 EE's with the stop loss about 80%.
6. Total vision – Stop loss ratio is around 80 – 85% since it is fully insured. Loss ratio YTD is 86%.
7. Vision by classes – Active/COBRA is at 85% and the few retirees are at 125%; with only 59 retirees, they are not a huge impact.
8. Renewal exhibits – Medical/Rx Projection: 0% margin Effective 01/01/2025. Focusing on the Combined column, for the last 12 months, July 2023 to June 2024, about \$19.2 million in paid claims. Just under \$470,000 reimbursed by the stop loss carrier. We didn't make any plan changes so our net after the stop loss is just about \$18.7 million. An average of 968 EE's on the plan during that time period, which brings your paid claims by EE per month just over \$1,614. For annual trend, it is about 5.7%. There are 19 months of trend that we have to get through for the next plan year. The extended trend factor is 1.092. That brings our projected claims PEPM (Per Employee Per Month) to \$1,763.25. We are using no margin, 0%, this plan year. Providence Administration (2.9% increase) is \$61.50 PEPM. We have been getting Rx rebates of \$98.38 PEPM. We are seeing a specific stop loss at an estimated 15% increase of \$174.72. Total fixed expenses PEPM is \$137.84 PEPM. Projected total cost (claims +

margin + fixed expenses) PEPM is \$1,901.08. The current budget based on current rates is \$1,856.07, which is a 2.4% increase overall for the two Providence plans.

9. Dental Projection: 0% margin Effective 01/01/2025. \$1.6 million in claims and 4% annual trend, 0% claims margin. Admin fees have a 1.5% increase of \$6.89 combined, which is about 10 cents PEPM. Projected total cost (claims + margin + fixed expenses) PEPM is \$152.98. Slight decrease of -0.3%.
10. Rates & Contributions: We were \$31.08 short so what we did is we put that amount across all 3 plans.
11. Rates & Contributions – alternative method: Personal option your costs go up to 0.9% and open option your costs go up to 2.8% with the county overall is going up 5%. There is almost a \$76 increase per month for the Kaiser folks.
12. Kaiser plan options – rate impact: Effective 01/01/2025. If we increase the deductible to \$350/\$700 & OOP Max to \$1,500/\$3,000 gets us closer to the 5.6% overall.
13. Deductible & Out-of-Pocket Maximum: # of members satisfying. Kaiser CY 2023: 78 per person deductible, 63 per person OOP max, 18 per family deductible, 7 per family OOP max. Providence Open Option CY 2023: 250 per person deductible versus 124 in the Providence Personal Option.

Joe – Any questions?

Paula – I'm trying to remember what the deductible was for Kaiser.

Joe – It was \$250. The Kaiser HMO Option 10/10/1000 gets it to \$250. It could be 10/10/1500 with a \$350 deductible.

Paula – What about for Providence?

Joe – For the Personal Option, it's \$850.00. For the Open Option, it's \$600.00.

Paula – So those haven't changed?

Joe – No, those haven't changed. It was Kaiser because that was the one driving the increase overall.

Billie – A reminder to the committee that on the Kaiser plan the deductible only applies to a limited number of services, mainly in-patient hospital services is where you'll see the deductible applied.

Rob – Will the decision line up so people have time to adjust their FSA if we were to do an adjustment like this?

Billie – Yes. These are the types of changes that we usually communicate during OE so that EE's have the opportunity to adjust their FSA.

Paula – I would agree not to increase the Rx copay. I think it's very important that people get their prescriptions so if we can get some options on deductibles and out-of-pocket max, maybe a copay increase (what would that look like).

Billie – What about the coinsurance? Would anybody be interested in looking at 15%?

Paula – I'm comfortable with that, Billie. I think all the options on the table are with Kaiser so we need to see what we can do to bring that down.

Joe – I'll try to get 2-3 that get us where we need to be.

Kristi – For outpatient surgery for both of the Providence plans, there's a 10% coinsurance and a 20% coinsurance. For Kaiser, it's a \$10 copay. It doesn't matter how much the surgery is, it's just \$10. Maybe it's time to look at a couple of those things.

Joe – For people to understand, if we go to a 15% coinsurance, that's not 5% because not everything is impacted by that. Anything else on there, Kristi?

Kristi – I recently talked with someone where a \$10,000 pharmacy that's the cost per month of supply and they paid \$10, which is fantastic for the individual, but that's \$10,000 that's going to the health plan with a very minimal cost share. We also have to be aware that there's a lot of cost that's being driven in the pharmacy section of the plans.

Jon – I know we don't want to really negatively impact people's pharmacy, but I think it would still be good to see what the options are there.

Kristi – Something I would propose is to get that (prescriptions) priced from Kaiser or something similar where we are doing a percentage if they are able to and then put a cap.

Billie – Based on Kaiser's year after year presentations, we have a high population of generic users.

Kristi – Typically that's when those maintenance meds are coming in.

### **Member Reports:**

Kristi – I'm always for minimal changes and maximum stability. I'll be interested in hearing what Kaiser can do, especially liking the idea of targeting where the primary costs are and potentially doing some things that are pretty small on the impact, but could really help with the stability.

Cory – One opportunity we have this year is that we have these in-person meetings. The whole idea of the in-person meetings is to look at options and be able to brainstorm in person live and we have the opportunity this year to do that.

Jon – I had one follow-up thought on the dental presentation from earlier. The last minute flexible scheduling list for the county, does anyone know if that increases cost at all?

Joe – They did mention an increase in cost.

Kristi – Here's the big caveat with that. Carriers here realize that we have a pain point, they come up with a solution, and then the implementation and consistent application of it is a nightmare. What happens is that they look and they look at the notes for our group and notice we are an exception.

Cory – It is a quick notice for people to be flexible to come in.

Kristi – Basically being on a wait list.

Alex – My concern with that is most of our employee's work Monday through Thursday so they don't have the option if something opens up on Tuesday or Wednesday. We do have some staff that work Monday through Friday so would they be able to schedule something for a Saturday? Are there

exceptions?

Billie – One thing I noticed about their presentations is it seemed like there were a lot of workarounds. It would seem very confusing to our members.

Alex – They don't want to schedule your next appointment while they (the member) is already there and that would eliminate a lot of the problems.

Rob – I think it's also they are having trouble predicting the availability of their providers will be in 12 months.

Ariel – I could see the short term add list being underutilized from my office because when lawyers are in court and they get a call from the dentist, they are not going to leave a sentencing to get their teeth cleaned. There's 105 of us over here.

Toni – I'm not a voting member of this group, but I did notice that it didn't address the pediatric scheduling issues that a lot of you have brought up.

Ariel – That was my concern. These are ongoing issues that have plagued our community for a long time and it's only getting worse. I'm hopeful as I want it to move the needle forward and support us better, but I just don't know.

Jon – I agree with Billie on all those workarounds today. It sounds like the issues with Kaiser have been long standing. What do we do to address these issues aside from hoping to make positive changes? Do we have any levers we can pull to try and improve our member experience?

Joe – We can go back to them, but I don't know what else they can do. They're trying to fix it, but they are trying to do a workaround to fix the problem.

Kristi – I'm wondering, Joe, from your perspective, I'm looking at that slide. I'm starting to calculate: if you have 287,000 dental members and you have 21 offices, that's over 13,000 people a year for one office and that's just straight calculation.

Joe – Right. Not everybody goes.

Kristi – Not everybody goes, but even the people who are going, just looking at capacity and looking at their staffing levels. Patient to doctor ratio is very high. There are hundreds of patients for one doctor and they boost that up by bringing in other support staff. Is this even a realistic level of staff; dentists and staff to 287,000 members? Does that align with Delta Dental? Does that align with other dental carriers?

Joe – You don't get that from Delta Dental because there's so many private practice dentists.

Kristi – If this aligns with this model, then it's just one of the downsides to this model. There are advantages like the way it is integrated with the health record. At the end of the day, if this model aligns with people's needs, then that's great. If not, then going where there's lots of availability would be an option for people. To not be able to schedule while you are there or ahead of time, it has to be a resource issue.

Joe- To your point Kristi, it becomes a manual process. It's not automated.

Kristi – What’s the real experience across the population of Kaiser members? Or we could be really quick about it and in the next 3 weeks, we could get something out, just a real quick survey. We could do 3-4 questions that would be the most relevant and Mercer could help. If it’s pretty significant then maybe the time would be to act now and see if we could do a supplemental dental plan so that people could purchase additional dental.

Billie – They are a low cost plan; it’s a \$5 copay.

Joe – When time is service, they are the lower cost plan.

Billie – With Delta Dental, EE’s are capped at a \$2,000 annual allowance with the exception of the preventative. Whereas Kaiser has a \$5 office visit copay, crowns are \$95, but your tradeoff is the scheduling.

Joe – Right. To your point, with Delta Dental, a crown would be at 50% of the cost up to that max and then the additional amount over.

Kristi – There’s no premium at this time.

Cory – One potential question is whether a survey could go out to members to get people’s experience. We have a clearer picture of people’s experience here (in the meeting). A lot of folks were impacted the last time. Kristi, would this be across the board comparing different dental plans or just targeting Kaiser folks?

Kristi – I think that it’s just Kaiser. We have not heard if there are access to care issues with Delta Dental and to Joe’s point, there are a lot of dental providers and that is a very large network and Kaiser is just smaller.

Cory – What would you need to know in order to proceed with that?

Rob – I would like to see if people are seeing improvements. That would be good to know.

Kristi – Have they noticed a lot of change in access?

Ariel – It seems like they’re problem solving for cancellations and not scheduling so I’m curious to see how soon you’re able to get in on a cancellation rather than a scheduled visit. What does that look like? I want to see that data or ask that question.

Gretchen – With their new 2 week out hygiene appointment, you can set a hygiene appointment within 2 weeks.

Cory – So Kristi, it does sound like there’s support for this idea of a survey.

Kristi – Joe, is that something that you could brainstorm with us, to get a 30 minute call in in the next couple of weeks?

Rob – Is it worth doing a survey that might inform us on choices that would help us lower those rates?

Kristi – We have never done that. We can survey, but will we do anything with it?

Alex – I think the data would be good if we are thinking of finding another provider. The survey data would be helpful for that.

Joe – That model that Kaiser has with the copays, there's only 1 other provider that has a copay model Willamette. Otherwise you're going to a Delta Dental type plan.

Kristi – Could we make Delta Dental available for a fee? Is that even possible?

**Meeting Adjourned:**

Cory Mathews adjourns the meeting.

Next meeting: August 8th, 2024