

**HEALTH CARE COMMITTEE
COUNTY BOARDROOM
WEDNESDAY, MARCH 14, 2018
3:00 PM
AGENDA**

- 1. Call to Order.**
- 2. Roll Call.** Melissa Andrews (ch), Doug Mullen, Janet Gibbs, Dustin Schulz, Mandy Campbell (vc), Mary Bell, Lisa Jording, Stan Glazier, Richard Hill, Doug Huser, Joe Soto and Jay Shreffler
- 3. Approval of Minutes**
 - a. Approval of January 10, 2018 Minutes
- 4. Public Input**
- 5. Report of Fund Balances**
- 6. Appointments**
- 7. Old Business**
- 8. New Business**
 - a. Approval of County of Woodford - Exhibit A - 2018 Fee Agreement with CorSource
 - b. Annual Summary Report from TRIA Health
- 9. Other**
 - a. County Board Action Follow-up (Monthly item)
 - b. Monthly Update/Quarterly Report from Snedeker's
- 10. Executive Session (if necessary)**
- 11. Any Action Coming Out of Executive Session**
- 12. Set next meeting date**
 - a. Next meeting will be April 11, 2018 at 3pm
- 13. Adjournment**

**HEALTH CARE COMMITTEE
COUNTY BOARDROOM
WEDNESDAY, JANUARY 10, 2018
3:00 PM
MINUTES**

1. Call to Order.

2. Roll Call. Melissa Andrews (ch), Doug Mullen, Janet Gibbs, Dustin Schulz, Mary Bell, Stan Glazier, Doug Huser all present. Richard Hill arrived at 3:05. Mandy Campbell was excused, Jay Shreffler and Joe Sotoe were absent.

3. Approval of Minutes

a. Approval of November 15, 2017 Minutes

Motion to approve November 15, 2017 minutes made by Glazier, seconded by Bell. *Motion passed.*

4. Public Input

5. Report of Fund Balances

Premium & Claims Reserve Fund	\$441,581.42
Health Care Plan Fund (as of Jan. 10)	\$ 25,958.37
Total of two funds	\$467,539.79

Our goal is to have half a million dollars, so we are maintaining our goal. Tomorrow the first payroll payment will be made for this year and the county match will go in. In 2nd payroll in December the new monthly premiums went into effect, so employees saw an increase in their portion of health insurance cost.

6. Appointments

a. Appointment of Lisa Jording to the Health Care Committee for a three year term, expiring the 1st Monday in December, 2020.

Certificate were presented to Mr. Huser and Ms. Gibbs. Ms. Andrews reported that Matt Smith requested to not be reappointed to the Health Care Committee at the November meeting. Ms. Jording has volunteered to serve on the Committee. Motion to appoint Lisa Jording to the Health Care Committee for a three year term expiring the 1st Monday in December, 2020 made by Glazier, seconded by Hill. *Motion passed.*

7. Old Business

8. New Business

9. Other

a. County Board Action Follow-up (Monthly item)

No meeting in December, but in November the Board approved the two appointments from November and also approved the Plan Design Document and Questionnaire.

b. Monthly Update/Quarterly Report from Snedeker's

Jason Booth from Snedeker's provided a report that showed the total cost and the total reimbursements & contributions for the year. While there was a negative balance of \$24,124.28, Snedeker's was happy with the amount as they anticipated that deficit to be around \$85,000. Mr. Booth also provided a copy of a

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comparison of cost, enrollment, contribution, and cost per employee from 2010 to 2017 for insurance benefits.

Mr. Huser inquired if these charts would be included in the Board packets. He stated that there is a possibility of saving some money by only have 1 Board member attend this committee instead of three. There was discussion as to why three Board member were on the committee, and if the committee would be in agreement to lower the Board participation to 1 person. Ms. Andrews stated that the Unions would also have to approve only having 1 Board member on the Committee. This will be put on the January Board agenda and discussed there.

10. Executive Session (if necessary)

11. Any Action Coming Out of Executive Session

12. Set next meeting date

- a. Next meeting will be February 14, 2018 at 3pm.

TRIA usually comes in February and provides a report. TRIA works with insured employees who have chronic medical problems and take multiple medications.

13. Adjournment

Motion to adjourn made by Hill, seconded by Mullens. *Motion passed.*

Submitted by: Deb Breyman

Melissa Andrews, Chairman
Health Care Committee

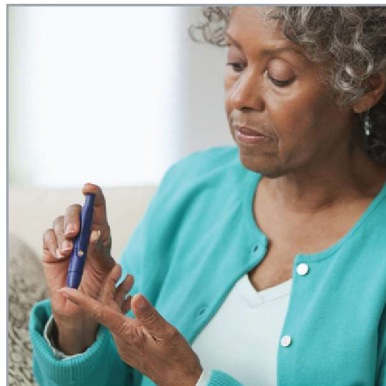
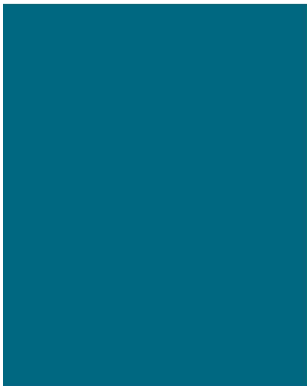
Date

Tria Health Summary Report



WOODFORD COUNTY

Report Period: January 01, 2017 - December 31, 2017



Report Contents:

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Patient Success Stories

Patient #1 - Follow Up Consultation - 11/29/2017

Problem(s) Identified:

Unnecessary drug therapy - duplicate therapy

Intervention:

A 63 year old patient with diabetes, COPD, high blood pressure, high cholesterol, and GERD had an appointment with Tria Health in November 2017. The patient reported numerous recent adjustments to their diabetes regimen including switching from Levemir insulin to Lantus insulin and finally to Soliqua. Soliqua is a combination injectable medication and includes Lantus insulin plus lixisenatide. The patient was unaware that Soliqua contained Lantus and was continuing to use Lantus insulin. Due to this duplication of therapy, Tria recommended to stop Lantus and continue treatment with Soliqua and their physician agreed with this recommendation.

Impact/Benefit:

RX drug discontinuation

- Annual cost of Lantus: \$9182.88

Investment & Savings Summary

Total Amount Invested: **\$3,630**

Total Annualized Savings: **\$31,368**

Financial outcomes: Rx Savings

Category of Health Care Savings	Estimated Cost	Occurrences	Cost Savings
PA: Generic Substitutions	\$1,800 per Switch	0	\$0
PA: Less Expensive Substitutions	\$240 per Switch	0	\$0
PA: Discontinued Medications	\$1,000 per Discontinuation	2	\$2,000
Affordable Med Program Switches	\$1,800 per Switch	0	\$0
Total Net Rx Savings:			\$2,000

Financial outcomes: Health Care Savings ¹

Category of Health Care Savings	Estimated Cost	Occurrences	Cost Savings
ER Visits Avoided	\$821 per visit	0	\$0
Outpatient Clinic Visits Avoided	\$182 per visit	14	\$2,548
Specialists' Visit Avoided	\$564 per visit	1	\$564
Lab Monitoring Services Avoided	\$50 per service	1	\$50
Urgent Care Visits	\$182 per visit	3	\$546
Hospital Admission Visits Avoided	\$29,046 per visit	0	\$0
Total Estimated Health Care Savings:			\$3,708

Financial outcomes: Compliance Saving ²

Chronic Disease Category	Estimated Cost	Occurrences	Cost Savings
Diabetes	\$3,756.00	2	\$7,512
Heart Disease	\$7,823.00		\$0
High Blood Pressure	\$3,908.00	4	\$15,632
High Cholesterol	\$1,258.00	2	\$2,516
Respiratory	\$3,000.00		\$0
Osteoporosis	\$1,000.00		\$0
Total Compliance Savings			\$25,660

¹ AHRQ-Agency for Healthcare Research and Quality, Rockville, MD 20850, MEPS-Medical Expenditure Panel Survey, 2008
<http://www.meps.ahrq.gov/mepsweb/> and <http://www.ahrq.gov/browse/hospital.htm>

² M. Christopher Roebuck, Joshua N. Liberman, Marin Gemmill-Toyama and Troyen A. Brennan. Medical Adherence Leads to Lower Health Care Use and Costs Despite Increased Drug Spending. Health Affairs, 30, no.1(2011):9199.
 Doi:10.1377/hlthaff.2009.1087 .<http://content.healthaffairs.org/content/30/1/91.full.html>.

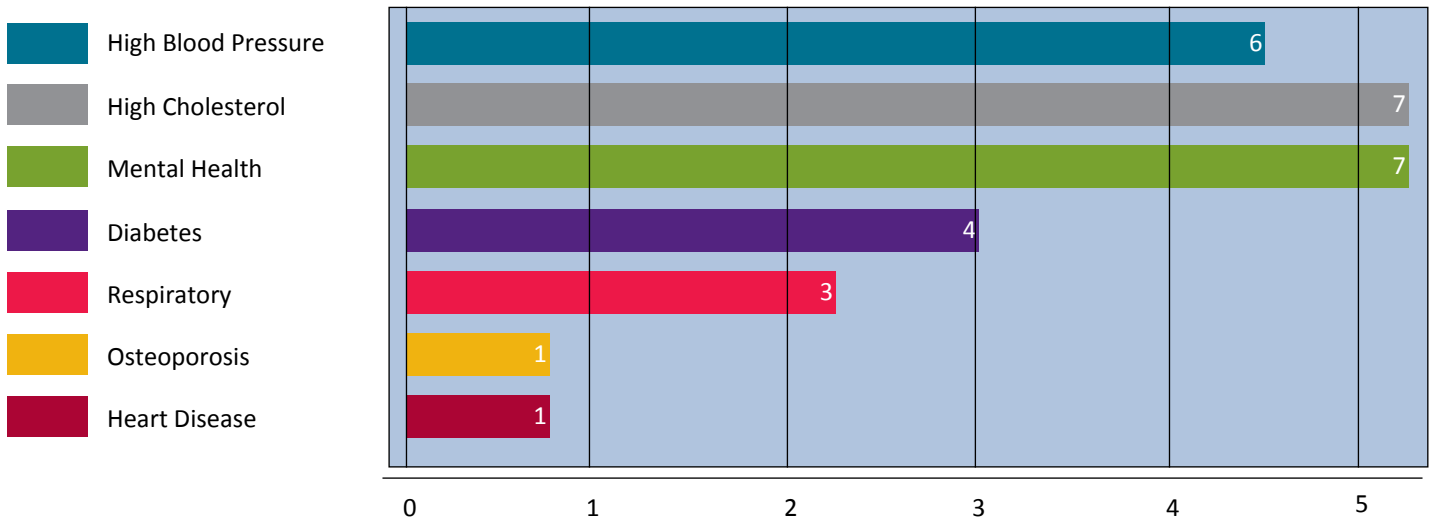
Pharmacy Advocate Program Overview

Number of Engaged Members: 14

Patient Demographics	%	Count
Female:	57%	8
Male:	43%	6
Average Age:	56	

Patient Data	
Total Number of Identified Drug Therapy Problems:	16
Total Number of Drugs Reviewed:	187
Total Number of Conditions Reviewed:	123

Number of Engaged Members by Targeted Conditions

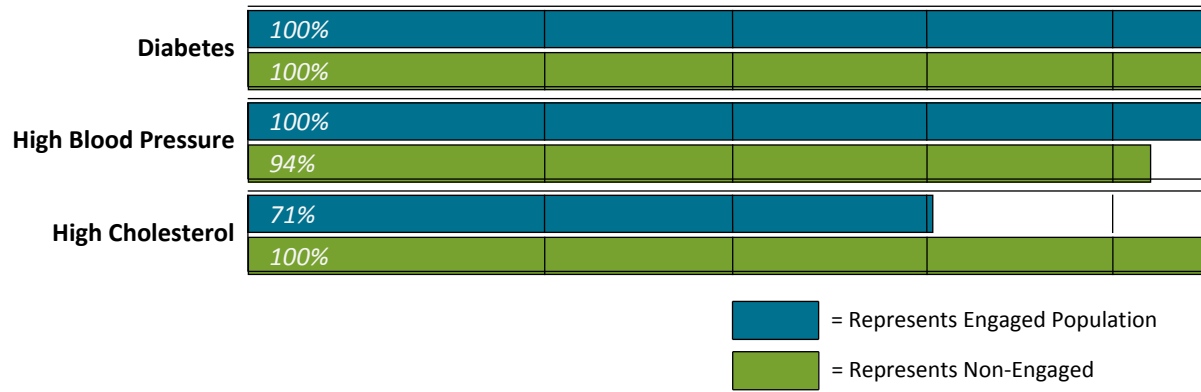


Drug Therapy Problems Identified

Category of Drug Therapy Problem	Total Occurrences
Adverse Drug Reaction	3
Different Drug Needed	1
Dosage Too low	5
Needs Additional Therapy	5
Unnecessary Drug Therapy	2
Total Drug Therapy Problems	16

Member Compliance Report

Reflects compliance in the Pharmacy Advocate participants as compared to all non-engaged members on your plan.



Health Outcomes

Each condition has unique measurement criteria that is clinically based on HEDIS® (Healthcare Effectiveness Data & Information Set) and/or specific disease state standards of care as defined by the governing body for the condition specified. The percentages listed represent the percent of patients at goal for that measurement criteria. The measurements include patients engaged with Tria Health at a client level versus patients engaged with Tria Health across all clients.

Condition	Tria Engaged - At Goal	Book of Business - At Goal
Asthma		
Steroid inhaler	100%	98%
COPD		
Long acting anticholinergic	100%	90%
Coronary Artery Disease		
Aspirin	100%	98%
Blood pressure	100%	93%
Statin	100%	90%
Diabetes		
Blood pressure	100%	96%
Dental Exam	93%	85%
Foot Exam	100%	97%
HbA1c	13%	60%
Retinal Eye Exam	67%	86%
Statin	62%	85%
High Blood Pressure		
Blood pressure	94%	94%
Hypercholesterolemia		
Statin	90%	96%
Osteoporosis		
Calcium-vitamin D	100%	86%
Preventative Measures		
Breast cancer	83%	89%
Cervical cancer	91%	96%
Colon cancer	64%	82%

Rx Plan Protection Suite

Affordable Med Switches: 0

Affordable Med Letters Sent: 1

Members receive access to education about generic medications and co-pay waiver programs, informing them about lower cost alternative drugs and potential health care savings. Our Tria Pharmacists offer comprehensive guidance and assistance in helping members switch from high cost brands to lower cost generic alternatives.

Med Safety Alerts: 0

Tria Health Clinical Pharmacists educate members and physicians about potential drug-to-drug interactions, adverse drug reactions and duplicate therapies.

Clinical Alerts: 8

Tria Pharmacists evaluate prescription profiles of all individuals and identify gaps in care based on current treatment guidelines. These individuals receive education regarding the condition and the opportunity to speak with a pharmacist for additional information.

Compliance Alerts: 8

Targeted communication is provided for individuals who are identified as being non-compliant with their chronic medications based on their prescription profiles.

Help Desk Calls: 2

All members have access to the toll-free Tria Help Desk, which allows them to contact one of our Clinical Pharmacists directly to seek answers for questions regarding medications.

Categories of Drug Therapy Problems

Adverse Drug Reaction:

A response to a drug that is harmful and unintended that occurs at doses normally used for prevention, diagnosis, or treatment of disease. ADRs can be caused by one or more of the following: drug-drug or drug-food interactions, improper administration, or inappropriate medication choices.

Compliance:

The extent to which a patient takes their medications as prescribed by their health care provider. Reasons patients are unable to take their medications as directed include: inability to afford or obtain drug products, unable to correctly administer, poor understanding of instructions, and intentionally choosing to omit or forgetting to take a medication.

Different Drug Needed:

Current medication use is not meeting the desired goals of therapy and a recognized change is indicated. Reasons to consider changing to an alternative medication include: inappropriate dosage form, condition is resistant to current treatment, drug is not indicated for condition, a more effective medication is available, or a more cost-effective medication is available.

Dosage too High:

Medication is improperly prescribed, taken too often or via the wrong route, duration is too long, or it interacts with another drug resulting in an increased risk for undesirable outcomes without added benefit.

Dosage too Low:

Medication is improperly prescribed, taken too infrequently or via the wrong route, duration is too short, or it interacts with another drug resulting in less effective treatment of a patient's medical condition and higher occurrence of signs and symptoms of disease.

Need Additional Drug Therapy:

Another medication is needed in combination with the current regimen to optimize treatment or prevention of a patient's medical condition.

Unnecessary Drug Therapy:

Medication is determined to treat a condition that is no longer active, it is treated with another similar medication, or therapy with a non-drug approach may be more effective.

EXHIBIT A

INSTALLATION, ADMINISTRATIVE AND ADDITIONAL SERVICE FEES

Term: effective from January 1, 2018 through December 31, 2018

COUNTY OF WOODFORD

1. The following information is being provided to the undersigned pursuant to Prohibited Transaction Class Exemption 84-24 issued by the U.S. Department of Labor in order to exempt the proposed transactions between the Plan, Plan Sponsor and Plan Supervisor from any applicable prohibited transaction or provisions of ERISA. The following information is being provided to permit Plan Sponsor, as Plan Administrator to determine the compensation received by Plan Supervisor in the form of commissions, service fees and other similar payments is reasonable, that the services provided are necessary for the operation of the Plan and the provision of services by Plan Supervisor is in the best interest of the Plan.
2. The commission, installation, service fees, compensation arrangements and other similar payments to be provided under the Agreement are as set forth below. It is understood, however, that PPO Access Fees and other vendor fees, if applicable, are subject to the terms and conditions of the underlying agreement and may be subject to change at times other than the renewal date of this Agreement.
3. Pursuant to the Agreement for Plan Supervisor, Plan Sponsor shall remit to Plan Supervisor the following administrative fees and other costs:

Description of Service for the Woodford County Health Care Plan.

- Medical Administration Fee \$26.15 per employee per month
- Dental Administration Fee \$ 2.50 per employee per month
(applies if elected as Dental only)
- Vision Administration Fee \$ 1.50 per employee per month
(applies if elected as Vision only)

4. In addition to the basic administrative services listed above, Plan Sponsor has agreed that the following services are to be performed by Plan Supervisor pursuant to the terms and conditions set forth in the applicable Addendum, or other description of services:

- Claim Appeal Determination Addendum** No Charge
- COBRA Administration Services Addendum**
Description of Fee
 - COBRA Administration Fee Included in Medical Administration Fee
- Health Care Management Services Addendum**
Description of Fee
 - Review (CoreSource) \$3.45 per employee per month
(Includes Inpatient U/R, Large Case Mgt., Special Delivery)
- Health Reimbursement Arrangement Addendum**
Description of Fee
 - HRA Administration Fee \$5.15 per participant per month
- Additional Cost Containment Services** **Total Fee** **Fee to Vendor**
Description of Fee – % of savings
 - Out of Network Claim Review (MultiPlan)
 - Complementary Network Discounts 30% 7.50%
 - Negotiated Discounts/Data iSight 30% 7.50%
 - Advanced Fraud, Waste and Abuse
 - Fraud Services (CoventBridge) Hourly Rate (based on review/service)
 - Waste & Abuse Services (Change Healthcare) 30% 22%
 - Subrogation (Conduent Payment Integrity Solutions fka Xerox) 30% 20%
 - Medical Bill Review (HHC Group)

- o Line Item Bill Review 30% 20%
- o Medical Record Review 30% 25%
- o Claims Negotiation (if not eligible for Medical Bill Review) 30% 15%

Note: Any of the above vendors may be used to provide services.

Preferred Provider Arrangement (Plan Sponsor Contracts) – per employee per month

Description of Fee

- HealthLink OA III \$5.25

Preferred Provider Arrangement (Plan Supervisor Contracts) – per employee per month

Description of Fee

- PHCS Healthy Directions Wrap **Total Fee** 25% of Savings **Fee to Vendor**

Network Providers are solely responsible for the provision of medical care to Participants and exclusively maintain the physician/hospital-patient relationship with Participants. Plan Supervisor is neither directly nor indirectly a provider of medical services, and Plan Supervisor does not certify or guarantee the care or quality of care rendered by any network provider.

Golden Triangle Dialysis Network Total Fee Fee to Vendor

Description of Fee – % of savings

- Golden Triangle Access Fee 30% 15%

Simplicity Services –(Applies to PHCS Participants Only) No additional Charge

- A) Plan Sponsor agrees to the release and transfer of Participants’ eligibility and claims data, maintained by Plan Supervisor to Simplicity Payment Association (“SPA”) and its subcontractor, ECHO Health, Inc., in order to facilitate the provision of SPA services and the SimpleRewards program. Plan Sponsor agrees that SPA services are part of the Plan.
- B) SPA services include Simplicity, a service which prefunds eligible Participants’ deductible and co-insurance payment obligations under the Plan to certain PPO providers at the time of benefit payments. SPA shall offer payment plans to eligible Simplicity Participants who need additional time to pay such obligations in full.
- C) SPA offers the SimpleRewards program to Participants who meet certain criteria while using Simplicity. The SimpleRewards program provides certain rewards that may be used by certain Participants to pay future Plan year bills from SPA and is subject to provisions of the SimpleRewards program. SPA will select, fund and distribute the awards directly to certain eligible Participants without any direction or decision making from Plan Sponsor and that SimpleRewards are subject to taxation.

Simplicity Payment Association shall issue a Form 1099 on SimpleRewards that exceed \$600.

CoreSource On-Line Payment Manager No Additional Charge

CoreSource On-Line Payment Manager enables Participants to pay their own out-of-pocket obligations directly to providers. Plan Sponsor agrees that the CoreSource On-Line Payment Manager services are part of the Plan.

As of 1/1/18, SimpleRewards will no longer be earned for future payments made through the Online Payment Manager. SimpleRewards earned prior to 1/1/18 may be used until 12/31/19 subject to the rules of the program.

Relay Services No additional charge

Plan Sponsor agrees to the release of eligibility data to Relay Network, LLC to provide telephonic messaging, including text messaging, to Participants who opt into the service. Such messaging shall include, but not be

limited to, services and benefits available under the Plan, reminders on preventive care, surveys, and educational information.

- ☑ **ACA Section 1557 Anti-discrimination Services** \$0.30 per employee per month
Description of Fee
 - Federal anti-discrimination notice and taglines in Plan document, attached to EOBs and benefit letters (including COBRA, if purchased).

- ☑ **Escheat Services**
Description of Fee
 - Escheat services for non-ERISA self-funded clients No Charge

- ☑ **Other Services and Expense Reimbursements**
Description of Fee
 - SPD Amendments and Restatements \$ 500.00 for initial document;
\$150.00 for subsequent years
 - Summary of Benefits and Coverage (SBC) Fee \$ 500 per initial SBC;
\$150.00 for each additional SBC
 - Run-Out Claims Fee 125% of the current Medical Administration Fee per month for the first three months, payable in advance; \$20 per Explanation of Benefits thereafter
 - CoreReport Fee** Included in Medical Administration Fee

***If Plan Sponsor is given access to Verscend Health, Inc. (“Verscend”) reporting it may use such Verscend reporting only for Plan Supervisor’s/Plan Sponsor’s own internal use to manage the cost of its Plan and not for the use or benefit of any other third party. Plan Sponsor shall maintain the confidentiality of the Verscend reporting and not reverse engineer, modify or change such Verscend reporting. Plan Sponsor shall limit access to the Verscend reporting to those employees that have a reasonable need for such access and will inform the employees who are allowed such access of the restrictions contained in this Agreement.*

- Physician Reviews (medical/dental) Actual Cost
- American Dental Examiners Actual Cost
- Medical Records Fees Actual Cost
- Printing Costs Actual Cost
- Postage Costs Actual Cost
- Identification Cards \$0.50 per card plus postage
- Other Miscellaneous Expenses Actual Cost
- Funding Delinquency Notice \$ 5.00 per letter

The Plan Supervisor may assign or subcontract a portion of its duties to others, including an affiliate, Trustmark Insurance Company.

5. Commissions/premiums on insurance policies are payable as set forth below.

	Premium	Commissions Payable To:	
		Plan Supervisor	Broker
Specific Stop Loss Employee	N/A		
Specific Stop Loss Employee & Spouse	N/A		
Specific Stop Loss Employee & Child(ren)	N/A		
Specific Stop Loss Family	N/A		
Aggregate Stop Loss	N/A		
Other Insured Coverages	N/A		

ACKNOWLEDGMENT AND APPROVAL

The undersigned Plan Sponsor hereby certifies that he/she (1) is authorized to sign on behalf of the Plan Administrator and the Plan, (2) acknowledges receipt of the foregoing explanation of services and fees and has read and understands it, and (3) approves the purchase of such insurance (if applicable) and the payment to Plan Supervisor of such sales commissions, service fees and other compensation arrangements as listed. The addenda attached hereto are hereby incorporated into the Agreement.

PLAN SPONSOR & PLAN ADMINISTRATOR

CORESOURCE, INC.

Signature

Signature

Print Name

Print Name

Title: _____

Title: _____

Date: _____

Date: _____