



Agenda

DATE 2/1/13 TIME 3:08p

PREPARED BY Yollette Catanach

RECEIVED BY [Signature]

**Group Insurance Advisory Committee  
Wednesday, February 13, 2013  
10:00 a.m. – 12:00 p.m.  
City Councilors' Conference Room  
City Hall 200 Lincoln Avenue**

- 1. Continued discussion of the Employee Self-Funded Health Plan**
  - a. Update with medical plan after second quarter of fiscal year  
Dawn Montano/AON**
  - b. Renewal projection**
- 2. Items/ discussion from Committee Members**
- 3. Adjournment**

Persons with disabilities in need of accommodations, contact the City Clerk's office at  
955-6520, five (5) working days prior to meeting date.



Submitted by  
Victoria Gage  
3/1/13

## CLIENT MEETING NOTES

<b>MET WITH:</b>	<b>CLIENT:</b> YODELL, JILL, MEL, VICKI, COLLEEN, ADAM, NOAH, SUE, PELLY (DAVID), TERESITA <b>AON:</b> DAWN MONTAÑO AND TODD BURLEY
<b>DATE:</b>	FEBRUARY 13, 2013
<b>BY:</b>	DAWN MONTAÑO
<b>REF:</b>	UTILIZATION REVIEW AND 2013 MEDICAL RENEWAL DISCUSSION

### DISCUSSION NOTES:

1. Dawn Montano reviewed the six month flash report with medical data for July 1, 2012 through December 31, 2012.
  - a. The total paid claims were \$7.2 million and equated to \$379.76 per member per month (PMPM). This is 3.8% lower than the 2011-2012 plan year.
  - b. There were four claimants with paid claims in excess of \$75,000. The total paid for these four individuals equated to 8.3% of total paid claims. None of the four large claimants have exceeded the individual stop loss limit of \$250,000.
2. Dawn Montano reviewed the dental utilization data. The current year data included claims for August and September 2012. The prior year data included claims for August 2011 through July 2012.
  - a. For the current year the funding for the two months was \$134,418. The paid claims was \$133,168 and the fixed costs were \$8,921. For this period the plan is running in a deficit of (\$7,671).
  - b. For the prior year the funding was \$795,666. Paid claims totaled \$823,726 and fixed costs totaled \$52,729. The plan for the prior period had a deficit of (\$80,789).
  - c. Pelly asked what needed to be done so the dental plan does not run in a deficit. Dawn Montano stated that at the next meeting Aon could provide recommended funding levels for the dental plan so the plan won't run in a deficit.
  - d. Noah inquired about the possibility of covering the tooth colored fillings. The plan currently only covers the amalgam (silver) fillings. Dawn Montano will work with UCCI to determine what the claims impact would be to add this benefit and bring that information to the next committee meeting.
  - e. The available dental carriers and the RFP process was discussed. It was decided that an RFP would be released in December.
3. Todd Burley reviewed the Navigator MD reports
  - a. The first section of the report is based on paid claims from January 1, 2012 through December 31, 2012.

- i. The Claimant Cost report shows that ½ of the members have less than \$1,000 in claims. There were 30 claimants whose claims accounted for 18.8% to total paid claims.
    - ii. The Diagnosis Categories report shows that the top two diagnostic categories was Orthopedics/Rheumatology and Gastroenterology. There was almost 5 million in paid claims for these two categories.
    - iii. On the Top 10 Procedure Categories page Todd stated that the total for the emergency room visit is not complete. Emergency room claims are split into two categories – facility and non-facility (physician charges). The copay is applied to the facility charges.
    - iv. On the Top 10 Drugs report, the paid amount for oxycodone is not a true number of the total sped for this drug. The data captured is based on the NPR code which is different for the various strengths/dosage available.
    - v. The Risk index summary indicates the overall health of the population.
  - b. Todd reviewed the following reports:
    - i. Compliance summary for preventive screenings
    - ii. Compliance summary for chronic conditions
    - iii. Chronic Disease Compliance Trend – Diabetes Type II
    - iv. Chronic Disease Compliance Trend – Hypertension
    - v. Chronic Disease Compliance and Utilization
    - vi. Chronic Disease Pharmaceutical Compliance and Utilization
    - vii. Aggregate Report (Incurred) for emergency room claims for 2012
    - viii. Top 10 Diagnosis by ICD9 code for the emergency room
- 4. Dawn presented the UHC renewal.
  - a. Administration Fees 3% increase
  - b. Individual Stop Loss 18% increase
  - c. Aggregate Stop Loss 6.1% increase
  - d. Total renewal 7.2%
  - e. Aon will begin negotiations with UHC and have revised renewal for next meeting.

### **DELIVERABLES:**

No.	Action Item	Responsible Party	Due Date
1.	Dental Renewal <ul style="list-style-type: none"> <li>• Present funding to keep plan from running in deficit.</li> <li>• Present costs to include resin fillings</li> </ul>	Aon	March 20, 2013
2.	Trend for Diabetes Claims	Aon	March 20, 2013
3.	How many issues are identified during a routine exam?	Aon	March 2013
4.	Run risk index summary for diabetes	Aon	March 2013
5.	For ER reports, identify number of visits, who is the driver of the costs and multiple visits	Aon	March 2013