

MINUTES OF THE HEALTH BENEFITS COMMITTEE MEETING
HELENA SCHOOL DISTRICT NO. 1, LEWIS AND CLARK COUNTY
December 05, 2024
3:45 PM

The regular meeting of the Health Benefits Committee meeting was called to order in the Superintendent's Conference Room and online via TEAMS at 3:53 PM.

ATTENDANCE - *Present* unless otherwise noted.

Ross Gustafson – Chair	Janelle Mickelson <i>Absent</i>	Emily Rodway
Bridget Butler– Vice Chair	Mark McGuire	Rich Franco
Shannon McNamee	Jessica Freeman	Beth Heiser
Marti Kuntz <i>Absent</i>	Kay Satre	Keri Mizell
Julie McGuire	Kim Barry	

INTRODUCTIONS – (Rich) Welcome to the Health Benefits Committee Meeting 10/05/24. This is the time for comment on public matters that are not on the agenda. Public matters do not include any pending legal matters, private personnel issues or private student issues. Please do not attempt to address such issues at this time or you will be ruled out of order. The Committee cannot enter into a discussion during General Public comment.

Alright, I don't see any public in the meeting so we will go ahead and begin going through our Agenda.


GUESTS – Amber Ireland – Allegiance


ACTION ITEMS: -


None – Meeting Mins will be sent via email

SUBCOMMITTEE REPORTS

 Finance/Benefit Sub-committee: – Schedule a Meeting

 Wellness – Schedule a Meeting

 Appeals – Schedule a Meeting

 Communications – Schedule a Meeting: Comparison for savings, ER vs. Urgent Care and reasons to go to each. Preventive Well-visits, well-child checks, etc.

OTHER:

- Rich – A quick update. The RFP will be going out about 12/15/24 hopefully. January 15th is when we are looking to get the responses. When we get the responses, Alliant will go through all the responses and give us the top 2-3 bidders/vendors. The end of January's (30th) Health Benefit Committee all-day meeting will consist of Alliant going through the expectations, the grading process and any other instructional things we must do. We are targeting the meeting dates, March 27th would possibly be the finalists interviews. Bridget – I'll be gone, it's right before Spring Break so I will be gone. Rich – Sounds like a few of you might be gone, it's not a confirmed date, it's a target date. We will schedule a day you all will be here. Here's the deal, we come back April 7th from Spring Break and we are hoping that week we meet to make a decision on each part of the plan being Medical/Dental and Vision. Also,

that's when I need to begin the financial premium analysis to look at next year's premiums to give time for the Committee (you guys) and the Board to make the decision by June. Once we have the bids in and we will set the dates we need to go over the data and do our grading. I'm guessing when we do our Finalist interview it will be like last time where we will probably have about 1-2 hour interviews I'm guessing, so that might be an all day deal. Shannon – Can you give us an idea of how many full-day meetings we might have? Rich – I would say a minimum of 3 to a max of 5. I am working with Deanna so we can put in the correct coding and the absences will be input so you don't have to worry about that. We will hopefully have a more firm timeline from Alliant in the next week and I will be able to send that out to you guys. Just as a reminder, the health fund will pay for your subs, so you only need to let your Admin know the dates you will be gone all day and that your subs will be covered by the District's health plan. I will send you any instructions you may need. Emily – So can we plan on January 30th for sure? Rich – Yes, grab a sub for that day and I will work with Deanna and let you know what you may need to do if anything. Alliant will go over Quantitative and Qualitative data information so don't worry about that. We also need to setup meetings for the sub-committees, I will send out dates soon. Other than that, I have nothing else, I will pass things along over to Amber to go over the year-end data.

- Amber – PY 23-24 Review, attached PDF of Consultative Analytics. Amber reviewed pages briefly: Amber- as Rich says, your plan isn't doing great, but that doesn't mean the sky is falling. Every self-funded plan in the world goes through peaks and valleys in 3-5 year spans. It's just hard when you have a double-digit hill your climbing. The Executive summary gives the demographics and overall look of your plan. We always look at Demographics because the more you have the more you can disperse the cost amongst the members. What you will really care about though is in the upper-right box, the Medical Trend. Your claims are costing more than what your premiums are coming in. Looking at your Medical Trend it's up 24.7%, which is pretty high. There are some high-cost claimants that are costing the plan. As we go through this, we are talking about the financial aspect of it not the human part of it. We obviously do not want anyone to go through anything like this, but the cost of it is what determines how your plans are doing. Bridget – Quick question, is the utilization going up or just the cost? Amber – Both, and I will explain that as well. We had an employee number decrease, 3% and even that tiny amount will impact your plan. The less people obviously means less people to disperse the cost across. Rich – The other thing you have to remember is that the 3% is when we had to cut positions due to budget, but you have to remember it wasn't high-cost claimants leaving it was healthy people, which makes it harder to deal with. Amber – We have a couple big outliers here, the #6 claimant accounted for 13.5% of Mental Health spend, which being a smaller group 1 person can make an impact that big. If you look at the Executive Summary that is the “meat and potatoes” of your plan. The overall utilization increased 3.7% and those individuals accounted for 6.8% claim increase. On the Medical Spend page, you have an increase of non-catastrophic (outpatient) visits which isn't necessarily a bad thing. That's where you'd rather see the increase instead of the Inpatient. Shannon – so this doesn't include ER right? Amber – It does, ER is outpatient. Looking at your members they are staying in town which is good because it's less cost with travel, and sometimes they have to if St. Peter's doesn't have the care needed. When I look at your plan, I want to see the trend of your plan, where they are going to their Primary Care and more outpatient than inpatient. The Utilization Dashboard you will see that you had 10.3% of ER visits that were potentially avoidable. Those are the ones that they go into the ER at 2pm for an earache instead of Urgent Care. Shannon – does it express how much the money they could save if they went to the Urgent Care instead? Amber – The little thing we provide does explain that in the letter, if we could ever get to the point where we could point out individuals and contact them individually, we would, but due to HIPPA we can't. However, if Rich contacted us about someone that always went to ER and to have us reach out to educate them then we could. The St. Peter's Tier 1 program has saved the plan \$403,348 and member \$547,559 meaning they would've paid more if they went to a different place. Ross: So, it's saving our members but costing the plan. Bridget – what does hard dollar savings mean? Ross – If you combine both numbers that equals the hard dollar savings though. Amber – I will have to look into this to get you guys a better answer to explain the differences and what each piece means. Once I get the information, I will pass it along to Rich for you guys.

- Rich – Ok, is there any other questions? It all looks like we have some good information to intake, but for now we will adjourn. Our next potential meeting will be in the beginning of January, so don't get too excited, it will depend on a couple people and things. This meeting is adjourned! 😊

Next meeting: 1/07 or 9th /25

Meeting adjourned: 5:04 PM