



Minutes of the Special Meeting of CWPU Unified Insurance Program (UIP) October 10, 2019

The special meeting of the CWPU UIP was held via conference call on October 10, 2019, at 9:00 a.m., pursuant to proper notice thereof.

The meeting was called to order by Chair Conover at 9:00 a.m. The following individuals were in attendance:

<u>Trustees</u>	<u>Alternate Trustees</u>	<u>Administrators</u>	<u>Public Utility District</u>
Melina Conover	Jody George		Benton PUD
Barbara Davis			Douglas PUD
Marilee Kuehne			Ferry PUD
	Brian Johnson		Franklin PUD
Darla Stevens		Diane Moseley	Grant PUD
	Katie Pfitzer		Okanogan PUD
Sarah Holderman			Pend Oreille PUD

Others in attendance:

UIP Benefits Program Administrator: Sylvia Hubbard

Alliant: Kim Chawes

Premera: Carmen Winters

Meeting Minutes

The Trustees reviewed the minutes of the September 12, 2019 special meeting.

Motion was made by Vice Chair Pfitzer and seconded by Trustee Kuehne to approve the minutes of the September 12, 2019 special meeting. Motion passed unanimously.

Summary of Contract Changes

Ms. Winters, Premera reviewed the Summary of Contract Changes (SOC) document that includes certain changes to the medical plan for the 2020 plan year. The proposed changes are made to include plan design changes, clarify, shorten, or simplify benefit descriptions, follow federal and state law or regulations, and align with Premera's policy.

Trustees agreed to the following:

- **Teladoc:**
 - *Effective October 1, 2019, implement general medical and dermatology Teladoc services with a \$10 copay for the PPO plan and CDHP plan.*
- **Specialty Pharmacy:** Premera is removing the two courtesy fills at retail pharmacy and only allow specialty pharmacy be filled by Accredo.

- *Retain the option of two courtesy fills at a retail pharmacy and through Accredo specialty pharmacy thereafter.*
- **Home Sleep Study:** Premera will be covering home sleep studies subject to deductible and co-insurance. Considering that results of the home sleep study are considered the same or better than sleep studies conducted in a sleep center, and given the difference in cost:
 - *Retain the covered in full benefit for the PPO plan and CDHP plan.*
- **Opioid Management:** Premera is offering to monitor the use of opioids through standard or advanced opioid management services.
 - *Effective January 1, 2020, implement the standard opioid management program at \$0.12 PEPM.*
- **Designated Centers of Excellence and Total Joint Replacement Bundle, including travel and care coordination:** Designated Centers of Excellence are providers inside and outside Washington State that offer favorable pricing and quality of service, currently focusing on surgical care. In 2020, several additional specialty areas will be added: total knee and hip joint replacements and cardiac surgery, which are available in various bundled packages to self-funded plans. A medical transportation benefit may be adopted to provide transportation to Designated Center of Excellence.
 - *Opt out and defer to be discussed at an Employee Insurance Advisory Committee meeting.*
- **Chronic Condition Management:** Premera has partnered with Livongo to offer diabetes, pre-diabetes, and hypertension programs. The cost is based on participation and includes coaching and Bluetooth enabled devices to allow for communication with Livongo and participant support.
 - *Opt out and defer to be discussed at an Employee Insurance Advisory Committee meeting.*
- **Over-the-counter RX:**
 - *Some over-the-counter drugs will be removed from the formulary.*
- **Diabetic supplies – CDHP plan:** Ms. Winters explained that in 2018 changes to the CDHP summary plan document were made that changed diabetic supplies to being covered in full. Prior to the change, diabetic supplies were subject to deductible and co-insurance. Because that change was made outside of the annual renewal, Premera’s claims processing system was not coded accordingly and cost-shares for diabetic supplies were applied.
 - *Effective as soon as possible, waive deductible and co-insurance for diabetic supplies and reprocess 2018-2019 claims to cover diabetic supplies in full. A claims impact report will be provided to the Trustees.*
- **Balance Billing Protection Act – 2SHB 1065 (2019):** Ms. Hubbard explained that the Balance Billing Protection Act was recently enacted by the Washington State Legislature and goes into effect on January 1, 2020. The legislation prohibits certain health care facilities and providers from balance billing patients when they receive medical care for an emergency at a hospital and when they have surgery or a procedure in an in-network hospital or ambulatory surgical center but receive surgical, anesthesiology, pathology, radiology, hospitalists or laboratory services from a provider who is out-of-network. In these situations, patients will only pay the amount of cost-sharing, such as copayment or coinsurance, which they would pay if they had been treated by an in-network health care facility or provider. Consumers enrolled in fully insured health plans and in the state’s public employee and school employee health benefit programs are protected under the Act. The Act provides an opportunity for self-funded group health plans to opt-in and participate in certain provisions (sections 6 through 8) of the Act, such as the prohibition of balance billing, additional consumer protections, and out-of-network provider dispute resolution process.

- *Following the intent of the law to protect consumers from surprise medical bills, opt-in and follow sections 6 through 8 of the Balance Billing Protection Act, effective January 1, 2020.*

Motion was made by Trustee Davis and seconded by Trustee Holderman to approve changes to the medical plan as stated above. Motion passed unanimously.

Outcome/Future Action:

- Include Chronic Condition Management and Centers of Excellence to Employee Insurance Advisory meeting topics of discussion.
- Notification to the Office of the Insurance Commissioner of the intent to opt-in and attest that the CWPU UIP will follow sections 6 through 8 of the Balance Billing Protection Act.

Benefits Program Administrator

- **Washington Paid Family and Medical Leave (PFML)**

Voluntary Plan Application – Benton PUD: Ms. Hubbard explained that the short term disability program description was reviewed by Benton PUD’s Human Resources and Accounting staff and that a few revisions were made to the program description following the review. The changes have been captured in the Voluntary Plan Document – Benton PUD document, provided in advance of the meeting. Benton PUD’s application for a voluntary plan was filed with the Employment Security Department on September 24, 2019 and the application fee was paid by Benton PUD.

Proposed Rule - Phase 6 rulemaking: Supplemental leave benefits paid by the employer to the employee to “top off” the paid leave benefit are not considered wages under PFML and therefore employers do not need to report supplemental benefit payments or associated hours to the department.

PERS approved leave of absence: Ms. Hubbard reached out to the Department of Retirement Systems (DRS) to confirm that an employer can designate paid medical leave and/or paid family leave as an approved leave of absence under PERS.

- **Employer Shared Responsibility Payment (ESRP)**

Ms. Hubbard shared that a CWPU utility received a letter from the IRS, assessing an ESRP based on two individuals who have been reported as full time employees but received a premium tax credit in 2018. A response was sent to the IRS, correcting the 2018 1095-C report for those two individuals. Ms. Hubbard offered her assistance should another utility receive a similar letter from the IRS.

- Attended the Premera Employer Council meeting on September 12, 2019 and the HRA VEBA Board meeting, October 2 and 3, 2019.

The meeting was adjourned at 10:32 a.m.

Approved by Trustees on October 23, 2019

x Melina Conover

Melina Conover, CWPU UIP Chair