

BCC INFORMAL REGULAR SESSION

DATE: Wednesday, August 07, 2013

<u>NAME</u>	<u>TITLE</u>	<u>AFFILIATION</u>	<u>PHONE/EMAIL ADDRESS</u>
1. <u>Brenda Schubert</u>	<u>Latrim Director</u>	<u>JFS</u>	<u>7327212 gireh@odjfs. state.oh.us</u>
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3. <u>Joan Schretz</u>	<u>Director - OMB</u>	<u>OMB</u>	<u>732 7986</u>
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5. <u>Bob Swell</u>	<u>—</u>	<u>—</u>	<u>—</u>
6. <u>Heeme Smith</u>	<u>Benefits Coord.</u>	<u>HR</u>	
7. _____	_____	_____	_____
8. _____	_____	_____	_____
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12. _____	_____	_____	_____

Workforce One Investment Board of Southwest Ohio Updates

August, 2013

1. HB-1: Requiring local workforce investment areas to:

- Use OhioMeansJobs: State mandated and area's only job placement system
 - Ohio's job matching system to aid employers in finding qualified talent and providing job seekers the ability to locate employment throughout the state.
 - Programs and partners under contract with ODJFS funding are required to utilize OMJ for all labor exchange and job placement activity for state of Ohio.
 - No additional workforce funds shall be used to build or maintain any job placement system that is duplicative to OMJ.
- Rebranding One-Stops : OhioMeansJobs Clermont County
 - Six-months to make changes after policy initiated (one year to discontinue co-branding).
 - Branding Guide forthcoming detailing branding specifications.
 - Use of America's Job Center tagline will be decided in Fall.
 - WIB name and website do not have to change to OMJ.
 - Area 12 will receive \$20,000 (State total = \$594,000). *See Exhibit A.*
 - \$6,000 per one stop for signage, business cards, stationary, etc. plus \$2,000 per system for phone messaging, website changes, etc.
 - Will it be enough funding? Per OWD, discussions may need to be held regarding additional funding.

2. HB-2: Requiring Unemployment Claimants to:

- Register with OhioMeansJobs to be eligible for UI benefits.
- Contact a local One-Stop beginning with eighth week of applying for UI to receive services.
 - Eighth week activities required by UI claimants not determined yet.
 - OWD working on policy to help reduce/alleviate increased One-Stop traffic.

3. Ohio Works Incentive Program (OWIP):

- Program to further assist Ohio Works First (OWF) recipients in achieving and maintaining unsubsidized employment (move off cash assistance/PA).
- State's corrective action plan to U.S. Dept. of Health and Human Services notification of state's failure to meet both two-parent and all family work participation rates for FFY2007 and potential penalty to TANF (State Family Assistance Grant).
- Joint ODJFS – OWD program: ODJFS wanted to engage expertise of Ohio's Workforce Investment community to expand job placement and retention for OWF recipients.
- WIB submitted application on behalf of all three counties June 25.
 - Area 12 received award letter July 30 approving application/participation.
- \$150,000 to administer program through invoicing for immediate cash need and ongoing cash need for duration of 2-year grant (PY2013 – PY 2015).

Workforce One Investment Board of Southwest Ohio Updates August, 2013

- Performance base program for meeting placement and retention milestones.
 - Two financial tracks. *See Exhibit B.*
 - Placement/Retention incentive payments will be dispersed to county that earned the incentive.
 - Contracting for services was considered, but decision made to keep all program and incentive money within area (Area 12 PY2013 allocation: 12.2% reduction).
- Program will be retroactive to July 1, 2013, but will not officially begin until state has issued their PO (purchase order).
 - OWIP incorporated into the recently approved SFB 2013-2015 Subgrant Agreement.
- Two webinars offered to help train area staff (fiscal process and case management system process).

4. WIB Restructuring

- January 17, 2013 Leadership Team met to review Strategic Plan.
 - Discussion evolved into analysis regarding WIB structure, function and workforce investment area role.
 - One-Stops good at what they do and provide.
 - How can the WIB increase alignment with business workforce needs, increase engagement, solicit private funding sources to offer additional/value add workforce initiatives?
 - Central questions became who are we, what do we sell, and what's our process?
- February 7, 2013 WIB authorizes formation of Restructure Committee to benchmark promising WIB models and provide findings/recommendations.
- June 13, 2013 WIB authorizes Restructure Committee to pursue formation of a non-profit entity separate from WIB.
 - Two project areas established:
 1. Programming design
 - a. Business Plan sub-committee
 2. MOU (between WIB and new entity)
 - a. Organizational Status sub-committee: 501(c)(?)
- Restructuring Committee meeting next week to discuss progress of sub-committees.

5. Clermont County Appointments to WIB:

- Two business member vacancies.
 - Economic Development, Chamber of Commerce, WIB business members, One Stop staff, and WIB Director: concerted effort to identify prospective members.
- WIB CBO/CSBG vacancy.
 - Clermont County Services, Inc. Executive Director, Billie Kuntz applying for BOC appointment as WIA mandated required entity.

ODJFS Office of Workforce Development
 Proposed Allocation of Branding Funds - SFY 14

Area #	# of Sites	Methodology: Itemization (\$6,000 per one stop for signs and business cards plus \$2,000 per system for phone messaging, website changes, etc.)
1	4	\$ 26,000
2	2	\$ 14,000
3	2	\$ 14,000
4	1	\$ 8,000
5	1	\$ 8,000
6	2	\$ 14,000
7	43	\$ 280,000
8	4	\$ 26,000
9	1	\$ 8,000
10	2	\$ 14,000
11	1	\$ 8,000
12	3	\$ 20,000
13	1	\$ 8,000
14	3	\$ 20,000
15	4	\$ 26,000
16	4	\$ 26,000
17	2	\$ 14,000
18	1	\$ 8,000
19	3	\$ 20,000
20	5	\$ 32,000
Total	89	\$ 594,000

Note: 30 Systems (and Level 2 sites); 59 Level 1 sites.

Track	Placement or Earnings Increase	Retention – 90 days	Retention – 180 days
A (OWF Recipients)	\$1,000 1 - Receiving Ohio Works First with initial placement in unsubsidized employment or on-the-job training.	\$1,500 2 – Receiving Ohio Works First working in unsubsidized employment for 90 consecutive calendar days.	
B (No longer OWF Recipients because of earned income)	\$ 1,500 3 – Income from on-the-job training or unsubsidized employment leads to customer no longer being eligible for Ohio Works First.	\$2,000 4 – Remains in unsubsidized employment and off of Ohio Works First for 90 consecutive calendar days.	\$1,000 5 – Remains in unsubsidized employment and off of Ohio Works First for 180 consecutive calendar days.

Payment Requirements

1. In order for a Workforce Area to earn an incentive payment, the individual must be an Ohio Works First recipient at the time of initial work, as verified by the county agency.
2. Payments in the 90 or 180 day retention categories cannot be achieved while an individual is still assigned to on-the-job training. These incentive payments are not available until the on-the-job training has ended and unsubsidized employment has been maintained for 90 or 180 days from the initial hire date.
3. Payments to Workforce Investment Boards will be made through an invoicing process and will be considered non-reimbursable (NRB) funds. Workforce Areas may co-enroll program customers in WIA programs.
4. Multiple placement pay points may be achieved for the same individual for the same track and/or for individual’s crossing over both tracks; however, all cases are subject to review and each placement must be made to move the individual toward self sufficiency.
5. Retention means retention in unsubsidized employment but that does not necessarily mean employment with the same employer.
6. Placement payment requests may be made no sooner than the completion of the first week of employment.

The pilot program will run from July 1, 2013 through June 30, 2015, based upon the availability of funding.



Clermont County
2014 Renewal Presentation
August 7, 2013

Judi Meyer, Sr. Vice President/Account Manager
Steve Ashe, CEBS, Account Manager

Projections and Renewal

- HORAN and Humana

Fixed Costs Proposal

- MMO, UMR/UHC and CDB/Healthspan
- CEBCO

Total Costs All Carriers (Carrier Projections)

- Humana, CEBCO, MMO, UMR/UHC and CDB/Healthspan

Guarantees & Network Disruption

- Humana HMO X & Mercy Preferred

30 minutes

Milliman Study

20 minutes

Onsite Clinic

10 minutes

Discussion

CLAIMS EXPERIENCE

Claims Experience

	Enrolled (A)	Medical Claims (B)	Rx Claims (C)	Total Claims (D) = (B+C)	Fixed Costs (E)	Claims PEPM (D/A)	Total Cost PEPM (D+E/A)
Jan-13	1036	\$516,035	\$115,425	\$631,460	\$104,139	\$610	\$710
Feb-13	1037	\$946,582	\$104,843	\$1,051,425	\$104,239	\$1,014	\$1,114
Mar-13	1041	\$850,751	\$120,316	\$971,067	\$104,641	\$933	\$1,033
Apr-13	1049	\$613,476	\$112,800	\$726,276	\$105,445	\$692	\$793
May-13	1058	\$1,351,000	\$121,510	\$1,472,510	\$106,350	\$1,392	\$1,492
Total	1044	\$4,277,844	\$574,894	\$4,852,738	\$524,815	\$929	\$1,030
Specific Deductible Reimbursement (\$200,000)				\$979,670	Specific Deductible Premium (\$200,000)		\$302,714
Net of Claims Over Specific Deductible (\$200,000)				\$3,873,068	\$524,815	\$742	\$842

- During the first 5 months of the 2013 plan year the County has experienced high volatility in claims. This is largely the result of one particular high claimant - \$1,074,184.
- The County budgeted \$10,000,000 in claims expense and claims are slightly ahead of budget.



Large Claims – Claims over \$100k 7/1/2012 – 6/30/2013 – most current 12 months

Relationship	Medical & RX Paid Net
Child	\$1,070,184
Spouse	\$433,158
Child	\$292,941
Child	\$226,007
Child	\$174,517
Spouse	\$156,079
Spouse	\$106,256
Total	\$2,459,142

Includes claims paid over the specific deductible, \$200,000, by stop loss carrier

Benchmark: On average for a group this size, with a \$200k specific deductible, two claims exceed this deductible. Large claims are unusually high.

There are 10 additional claims between \$50k-\$100k equaling, \$969,096. Six of these claims are employees, three are spouses and one is a child.

MEDICAL PLAN PROJECTIONS & RENEWAL

2014 Medical Claims Projections

- Projection *does not* take into consideration Health Care Reform taxes and fees
 - Estimated HCR taxes and fees (PCORI & TRP) = \$166,465

- The current NPOS plans include medical coinsurance in the out of pocket maximum. The medical deductible, medical copays, drug copays and drug coinsurance does not apply to the out of pocket maximum.

- Health Care Reform requires each benefit plan to have a true maximum out of pocket (MOOP) to include medical and prescription drug copays. The County's HDHP is compliant and has a true MOOP.

- The traditional plans do not have a true MOOP and the claims for each plan will increase to keep the same out of pocket maximum. This was not included in the HORAN projection. We are working with Humana to understand how this will be administered and impact claim costs for 2014.

2014 Medical Claims Projections

Based on claims data from May 2012 through April 2013 (matching carrier data used) and 8.6% trend from the Segal Health Plan Survey, HORAN’s claims projection is an 8.8% increase. Humana uses a higher trend number (10.3%) and their projection is a 14.4% increase:

	2013 Budgeted Claims	2014 HORAN Projected Claims	2014 Humana Projected Claims
Total Claims (based on 1,058 Enrolled)	\$10,000,000	\$10,882,544	\$11,443,413
% Change	N/A	+8.8%	+14.4%

- HORAN’s projection with data through May is an 16.3% increase. We have requested each carrier provide updated projection based on data through May.
 - May claims were the highest they have been in 2013 at \$1,472,510.

Medical Fixed Costs – Renewal

Carrier	Total Fixed Costs	% Change	Stop Loss (SL) Specs at \$200,000
Current Humana	\$1,283,312	N/A	Annual Max: Unlimited Contract: Paid Aggregate SL: 120%
Renewal Humana	\$1,467,912	+14.4%	MATCHED CURRENT

- Fixed costs includes claims administration, specific and aggregate stop loss premiums. This does not include the HCR MOOP requirement.
 - Administration makes up 39% of fixed costs and Stop Loss premium 61%.
- Humana’s increase to fixed costs is largely driven by an increase to the specific stop loss premium. The stop loss premium increased due to large claimant activity:
 - Specific Stop Loss Premium YTD (May) = \$302,714
 - Specific Stop Loss Reimbursement YTD = \$979,670
 - Loss Ratio = 324%

Total Medical Costs – Renewal

Carrier	Total Costs (claims + fixed costs)	% Change	Stop Loss (SL) Specs at \$200,000
Current Humana (using Clermont County Budgeted number of \$10,000,000)	\$11,283,312	N/A	Annual Max: Unlimited Contract: Paid Aggregate SL: 120%
Renewal Humana HORAN Projection	\$12,350,456	+9.5%	MATCHED CURRENT
Renewal Humana Humana Projection	\$12,911,325	+14.4%	

MEDICAL & PRESCRIPTION DRUG RFP

Medical and Prescription Drug Request for Proposal

- HORAN has sent to Market the Medical and Prescription Drug RFP. There are three components:
 - Medical claims administration with a network of medical providers
 - Specific and aggregate stop loss insurance
 - Prescription claims administration with a network of pharmacies

- Request sent to:
 - **Humana, incumbent – Administrative Services**
 - **Anthem through CEBCO (The County Employee Benefits Consortium of Ohio)**
 - **Medical Mutual of Ohio (MMO)**
 - **UMR, a third party administrator owned by UnitedHealthcare**
 - **Custom Design Benefits, third party administrator quoting Health Span network (owned by Mercy)**

Medical Fixed Costs – Proposals

- Fixed costs vary based on Stop Loss contract quoted
 - The County has an unlimited specific deductible maximum. Some carriers quoted \$5,000,000 which cost less but is still appropriate coverage.
- All Stop Loss quotes include medical and prescription drug
- Stop Loss quotes are not guaranteed. Some Carriers will require data through September/October to lock in rates so premium may change.
- Carriers matched administrative and disease management services except CDB who did not provide a 24 hour nurse line service.
- Fixed costs account for approximately 10-11% of Clermont County's total medical spend. Claims account for the remaining 89-90%.

PLAN DESIGN:

- Clermont County can continue to offer the same plan benefits. Please note: Some underlying services will change based on carrier system limitations/capabilities if a carrier change is made.

If the County changes stop loss carriers, they must change from a Paid contract for the first year to a contract that offers stop loss protection for Humana run-out claims. The County will pay three months of administration fees to Humana (**estimated fees are \$142,863**) in 2014 for the processing of run-out claims. So there are double administration fees for first three months in 2014.

Changing stop loss carrier requires the first year contract to provide run-out claims protection from prior plan year. There are two types of contracts that have been quoted:

- **15/12:** Offers 3 months of run-in protection. Claims incurred and paid between 10/1/13 and 12/31/14 will be covered under the new stop loss contract. Example: Claim incurred in September 2013 and paid in January 2014 will not be covered under stop loss.
- **18/12:** Offers 6 months of run-in protection. Claims incurred and paid between 7/1/13 and 12/31/14 will be covered under the new stop loss contract. Example: Claim incurred in December 2014 and paid in July 2014 will not be covered under stop loss.

Medical Fixed Costs – Proposals

Carrier	Total Fixed Costs	% Change	Stop Loss (SL) Specs at \$200,000
Current Humana	\$1,283,312	N/A	Annual Max: Unlimited Contract: Paid Aggregate SL: 120%
Renewal Humana	\$1,467,912	+14.4%	MATCHED CURRENT
MMO	\$1,310,166	+2.1%	Annual Max: Unlimited Contract: 18/12 Aggregate SL: 120%
UMR/UHC	\$1,469,435	+14.5%	Annual Max: Unlimited Contract: 18/12 Aggregate SL: 125%
CDB/Healthspan & Mercy Preferred	\$1,187,546	-7.5%	Annual Max: \$5,000,000 Contract: 15/12 Aggregate SL: 125%

County Employee Benefits Consortium of Ohio (CEBCO) was formed by the County Commissioners Association of Ohio (CCAO) in response to the rising cost and unpredictability of the health insurance market for county government. Their goal is to provide benefits for county employees that are comprehensive in nature.

- Matched current plans as closely as possible. Clermont County must offer plans that CEBCO offers.
- CEBCO charges a flat monthly premium based on benefit plan, tier and enrollment counts.
- Clermont County must offer either 2 tier or 4 tier rates. Cannot offer both.
- Rates are not guaranteed until CEBCO receives claims data through August (available in October). HORAN will negotiate with CEBCO to guarantee rates earlier if they are selected as a finalist.
- CEBCO does not offer stop loss coverage for claims incurred under Humana in 2013 and paid in 2014.
- CEBCO requires a three year contract.



Medical Proposals – CEBCO (Anthem)

	Current Humana			CEBCO Anthem		
	NPOS 1	NPOS 2	HDHP	NPOS 1 - 2b	NPOS 2 - 3b	HDHP
Rates						
Employee Only	-	-	-	\$551.88	\$534.90	\$430.22
Family				\$1,454.76	\$1,410.00	\$1,134.06
Combined Est. Monthly	\$940,276			\$1,071,513		
Combined Est. Annual	\$11,283,312			\$12,858,161		
Percentage Change From	-			14.0%		
Annual Dollar Change From	-			\$1,574,849		
Benefits	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
What type of medical plan is this?	PPO	PPO	HDHP	PPO	PPO	HDHP
Deductible						
Year?	Calendar	Calendar	Calendar	Calendar	Calendar	Calendar
Individual/Family	\$500/\$1,000	\$750/\$1,500	\$2,500/\$5,000	\$500/\$1,000	\$750/\$1,500	\$2,500/\$5,000
Coinsurance	90/10	80/20	100/0	80/20	80/20	80/20
Out-of-Pocket Maximum						
Deductible Included?	Yes	Yes	Yes	Yes	Yes	Yes
Individual/Family	\$1,500/\$3,000	\$2,750/\$5,500	\$2,500/\$5,000	\$2,000/\$4,000	\$2,500/\$5,000	\$5,000/\$10,000
Lifetime Maximum	Unlimited	Unlimited		Unlimited	Unlimited	Unlimited
Emergency Room	\$150 copay	\$150 copay	Ded. 100/0	\$200 copay	\$200 copay	Ded. 80/20
Urgent Care	\$35 copay	\$35 copay	Ded. 100/0	\$50 copay	\$50 copay	Ded. 80/20
Office Visit						
Visit	\$15/\$30 copay	\$20/\$40 copay	Ded. 100/0	\$20/\$40 copay	\$20/\$40 copay	Ded. 80/20
Wellness	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Prescription Drugs						
Deductible	None	None	Medical	None	None	Medical
Tier 1/Tier 2/Tier 3/Tier 4	\$10/\$30/\$50/25%	\$10/\$30/\$50/25%	Ded. 100/0	\$4/\$25/\$40	\$4/\$25/\$40	Ded. 80/20
Mail-Order	\$20/\$60/\$100/25%	\$20/\$60/\$100/25%	Ded. 100/0	\$10/\$50/\$80	\$10/\$50/\$80	Ded. 80/20



2014 Fixed Costs + *Carrier Claims* Projection + HCR Fees

	Humana Current (based on Clermont budgeted)	Humana Renewal	CEBCO Anthem*	MMO	UMR/UHC	CDB Healthspan
Total Cost	\$11,283,312	\$12,911,325	\$12,858,161	\$13,313,346	\$12,564,850	\$12,665,746
3 Mos. of Humana Administration	N/A	N/A	\$142,863	\$142,863	\$142,863	\$142,863
HCR Taxes & Fees*	N/A	\$166,465	Included in CEBCO rates	\$166,465	\$166,465	\$166,465
Total Cost	\$11,283,312	\$13,077,790	\$13,001,024	\$13,622,674	\$12,874,178	\$12,975,074
% Change from Current	N/A	+15.8%	+15.2%	+20.7%	+14.1%	+15.0%
\$ Change from Current	N/A	\$1,794,478	\$1,717,712	\$2,339,362	\$1,590,866	\$1,691,762

*Estimated Health Care Reform Fees & Taxes

Claims thru April used in projections. May claims were high and will increase projections. Each carrier developed their own claims projections with their own trend and methodology. Projections will be updated by August 15th.

Guarantees

Humana	CEBCO Anthem	MMO	UMR/UHC	CDB Healthspan
<p>Admin guarantee: 4% cap for 2 years (The county will receive no more than a 4% increase in administration fee in 2015 and in 2016)</p> <p>Offered discount guarantees</p>	<p>Admin guarantee: None</p>	<p>Admin guarantee: 3 years</p> <p>Offered a \$10,000 wellness budget</p>	<p>Admin guarantee: 2 years; 5% cap year 3</p> <p>Contingent upon being a finalist: Performance Guarantees, Wellness Budget w/ Clinical Services Account Manager</p>	<p>Admin guarantee: 2 years; 5% cap year 3</p> <p>One time set-up fee of \$3,500</p>

- **Large Networks:** Humana NPOS, Anthem Blue Access, UHC Choice Plus, Health Span
 - Large national networks that will provide little member disruption to current providers being utilized
 - Healthspan is a State of Ohio network. Out of state access to providers is offered through leased wrap networks with different discounts.

- **Narrow Networks** - Mercy Preferred and Humana X
 - Smaller networks will cause provider disruption to some members. Mercy and Humana have developed narrow networks with lower cost provider contracts. By offering narrow networks both Clermont County and members can save money.
 - **Mercy Preferred** - made of all Mercy owned hospitals and providers (Allied Physician partnership to fill in the gaps)
 - **Humana X** - made up of St Elizabeth system in Northern Kentucky and TriHealth system in Cincinnati

Carrier	In-Network Match	Out-of-Network Disruption
Humana NPOS	95%	5%
Humana HMOX	50%	50%
CDB/Healthspan	94%	6%
CDB/Mercy Preferred	58%	42%

- Humana and Healthspan used specific Clermont County providers information for their analysis.
- CEBOC/Anthem and UMR/UHC networks will show similar network penetration as Humana. If we proceed to finalist stages, a disruption analysis will be provided.

Mercy Preferred:

- If you offer this network as a sole option, the projected savings to claims is 5-7%.

Humana HMO X:

- If you offer this network as a sole option, the projected savings to claims is 10-12%.
- Humana is working on a cost guarantee and additional financial information about this option.

Milliman Purpose and Objectives

- Purpose: Clermont County is interested in evaluating a partnership with Mercy Clermont and Anderson because of proximity of these facilities to the County and the number of members that seek care from these facilities.
- CHP owns Healthspan Preferred network and Mercy Preferred network. These networks would replace the Humana NPOS network. Custom Design Benefits will administer the claims.
- To evaluate the cost impact of utilizing these networks and/or member steerage to these facilities, billable charges and facility/provider allowable charges are required. The only data accessible today is the Humana claims data which includes billable charges and Humana negotiated allowable charges.
- HORAN engaged Milliman, a third party actuarial and consulting firm specializing in health care to complete a narrow network analysis based on Mercy inpatient and outpatient facilities. Two years of Clermont County's claims data was utilized to conduct this actuarial analysis.

- Clermont County Facility Billed Charges:
 - Mercy facilities make up 33.3%
 - Other facilities (mostly The Christ Hospital, Good Samaritan, Bethesda and University) make up 53.9%
 - Children's Hospital Medical Center make up 12.8%
- For the purpose of the steerage analysis the information for the following facilities was utilized: Mercy, TCH, Good Sam, Bethesda and University.
- 61% of Clermont Claims are made up of inpatient and outpatient claims.

Milliman Results

- Based on Humana's contracted and negotiated discounts, if Clermont County incents employees to seek care at a Mercy facilities it would increase claims .8% - 1.2%. This is based on 100% steerage to these facilities utilizing the Humana network.
- Mercy has a 10-20% lower billable charge for inpatient services and a 1-10% lower billable charge for outpatient services than most non-Mercy facilities utilized by Clermont County members. Healthspan has communicated but not provided the data to document a 57% average facility discount. If the Healthspan network is utilized, a 57% discount is achieved, steerage to these facilities will result in lower facilities cost for Clermont County and its members.
- Healthspan has communicated but not provided data to document a 35-45% physician discount. Today, Humana physician discounts are 45.2%. The physician costs to members and Clermont County could be higher with Healthspan. A 35-45% discount could achieve a \$0 - \$600,000 increase in cost to Clermont County.

Medical RFP Next Steps

- Renew with Humana OR Select finalists to conduct additional analysis and present to Clermont County.

- Network Options:
 - Does Clermont County want to offer a narrow network as the only network option?
 - Does Clermont County want to offer a narrow network and larger network and have employees choose?
 - Does Clermont County want to offer a large network only?

If finalist are selected require finalists provide the following:

- Clermont County claims re-pricing of 24 months of claims to understand network differential costs with standardize methodology
- Network disruption analysis (if not already completed)
- Detailed benefit analysis to indicate any differences and member impact
- Prescription drug analysis to indicate any different in preferred drug list and member impact

Medical Total Cost Summary

	Humana Current (based on Clermont budgeted)	Humana Renewal	CEBCO Anthem*	MMO	UMR/UHC	CDB Healthspan
Total Cost	\$11,283,312	\$13,077,790	\$13,001,024	\$13,622,674	\$12,874,178	\$12,975,074
% Change from Current	N/A	+15.8%	+15.2%	+20.7%	+14.1%	+15.0%
\$ Change from Current	N/A	\$1,794,478	\$1,717,712	\$2,339,362	\$1,590,866	\$1,691,762

This summary includes administration, quoting carriers costs reflecting three months of additional administration to pay run out claims, estimated HCR taxes and fees, stop loss premiums and carrier projected claims.

Timeline

Dates	Renew with Humana		Select Finalists
Aug 28	Commissioners Decision	Aug 28	Commissioners Decision
Sept 3 – Sept 30	Advisory Committee Meetings Benefit Plan Decision Contribution Strategy Decision	Sept 3 – Sept 6 Sept 3 – Sept 12	Finalists Meetings Results of Network Claims Re-pricing Network and Benefits Disruption Analysis
Sept 30 – Oct 27	Online enrollment system updated and tested Develop Communication Schedule EE Meetings	Sept 13 Sept 16 – Sept 30	Decision on Plan Administrator Advisory Committee Meetings Benefit Plan Decision Contribution Strategy Decision
Oct 9	Commissioner Final Approval	Sept 30 – Oct 27	Online enrollment system updated and tested Develop Communication Schedule EE Meetings
Oct 28 – Nov 8	Open Enrollment	Oct 9	Commissioner Final Approval
Jan 1, 2014	Effective Date	Oct 28 – Nov 8	Open Enrollment
		Jan 1, 2014	Effective Date

ONSITE CLINIC RFP

Onsite Clinic Request for Proposal (RFP)

- Employers goals for the onsite health center model:
 - Control and reduce health care costs through accessibility and affordability
 - Measurably improve worker productivity
 - Provide an employment benefit that compares favorably to other employers

- Execution varies by employer:
 - Onsite full service clinic
 - Near site full service clinic
 - Shared full service clinic centrally located
 - A physician or nurse onsite regularly at different buildings with limited services
 - A current provider site that is open to public with limited services

- RFP sent to the following:
 - Activate Health
 - CareHere
 - Concentra (owned by Humana)
 - Mercy
 - Novia Care

- Clinics can be onsite, near site and/or shared.
- Activate, CareHere, Novia Care and Concentra core business
- Typical services first year:
 - Health Risk Assessment
 - Annual Physical/Biometric Testing
 - Health Coaching
 - Urgent Care
 - Chronic Care Management
 - Dispensing of generic drugs (generally top 20 to 30 utilized drugs for short term illness and chronic conditions)
- Shared Clinic:
 - Activate, CareHere and Novia Care will initiate contact with other employers in Clermont County to provide information and promote the shared clinic. This will reduce operating costs.
 - Concentra will work with Clermont County to evaluate potential employers for a shared clinic but Clermont County is responsible for identifying other employers and initiating process.

* Wellness return in second year

	Activate	CareHere	Concentra	Novia Care
Years in Business	3	9	19	7
Number of Clinics in Operation	15	136	276	40
Electronic Medical Record System	Yes	Yes	Yes	Yes
Can Provide Health Risk Score for Population	Yes	Yes	Yes	Yes

Onsite clinic carriers provided in their quote cost/savings projections. These vary greatly among carriers because the numbers are based on member engagement with the clinic. Each carrier used a different percentage of member engagement.

Onsite Clinic Recommendations:

- Given the variety of locations and geography of Clermont County, we suggest our existing Mercy Health facilities located in Clermont County are well placed to provide the desired services at very competitive rates. This provides an excellent opportunity to not only improve the health and wellbeing of Clermont County employees and its health plan members, but also promotes use of resources within the county itself.
- Mercy Health Physicians operates eight primary care practices in the Clermont County area, along with an Urgent Care and Occupational Health facility.
- No financial cost or savings information provided.

Patient-Centered Medical Homes

- By January 2014, more than 90% of Mercy Health Primary Care Physician practices will be Level 3 NCQA-certified Patient-Centered Medical Homes. Patients who are part of Medical Homes receive coordinated care that addresses acute and chronic health conditions. Patients have access to same-day appointments, and through the electronic health record, physicians have all patient information at their fingertips. Whether the patient was seen in a Mercy Health Emergency Department, hospital or by a Mercy specialist, the primary care physician will see all of the details so the best care is provided without repeating tests or waiting for results.

Onsite Physician or Nurse Services

- Mercy can provide onsite physician or nurse services for care coordination, chronic condition management, and health promotion/education. Packages can be developed on a set number of days per week or hours per location that are desired. It is important to have an end goal in mind and a specific review of health plan experience, worker's compensation data, short-term and long-term disability data can help identify areas of need.
 - Other services commonly provide onsite:
 - Biometric screening
 - Influenza and/or pneumonia vaccines
 - Work-related physicals
 - No financial cost or savings information provided

Decide on “clinic” model: (Select finalist for meeting to provide additional information)

- Onsite full service clinic
 - Near site full service clinic
 - Shared full service clinic centrally located (will reduce administration costs)
 - A physician or nurse onsite regularly at different buildings with limited services
 - A current provider site that is open to public with limited services
 - Onsite clinicians or promote Patient-Centered Medical Homes by mandated or incenting employee to have a physical with primary care physician
-
- **Select a clinic “vendor” for finalist meetings to better understand the value proposition and the impact to Clermont County.**

 - **Implementation some time in 2014.**