

ST. LOUIS COUNTY
HEALTH INSURANCE COMMITTEE

The St. Louis County Health Insurance Committee met on Wednesday, May 17, 2023 at 9:00 a.m. in the Lake Superior Room and via Webex. The meeting was called to order by Jim Gottschald, Committee Co-Chair.

Members Present: Ashley Lehmann Tom Stanley
Jim Gottschald Stephanie Lundgren
Krista Shopp Kevin Gray
Kim Maki Gordy Halverson
Nancy Nilsen Judy Wahlberg
Katie Finc Jolene Jamnick
Leanne Barker for Sasha Lehto
Alyssa Schlichting for Michael McDougall

Others Present: Jeff Coenen Tiffany Kari Cizmas
Beth Menor Dave Kuschel
Ben Martin Roseann Hines
Narina Farber Colleen Effinger
Arnie Zopfi Betsey Dahl
Chelsea Dummer Chris Thomas
Jessica Martensen Katie Haas



The December and February minutes were approved by consensus with no requested changes (0:3:45).

PRESENTATIONS

1. The first item from the agenda under Presentations was the Health Care Insight Report from the BlueCross and BlueShield of Minnesota (BCBSM) team of Narina Farber, Arnie Zopfi and Chris Thomas (0:5:45).

Chris Thomas stated the insights report uses **Reporting** (incurred January 2022 through December 2022, paid through February 2023), **Comparison** (incurred January 2021 through December 2021, paid through February 2022), and **Prior** (incurred January 2020 through December 2020, paid through February 2021) time periods. He added that the **benchmark** uses the comparison time period and includes all BCBSM self-insured plans with over 500 employees. Finally, **high costs claimants** are those with over \$75,000 in plan spend within the indicated time period. He went on to highlight the following from the report:

- Overall plan paid per member per month (PMPM) was \$720 at 5% trend, benchmark was \$492 at a 3% trend
- High-cost plan paid PMPM accounted for \$250 (at 11% trend) of the \$720 total PMPM, high-cost benchmark was \$191 at 5% trend
- Utilization exceeded benchmarks on all fronts including preventative services
- The top 5 areas of spend were 1)Orthopedics/Rheumatology, 2)Neoplasms, 3)Gastroenterology, 4)Endocrinology and 5)Psychiatry which together accounted for 57% of all plan spend
- 1,490 members received Orthopedic or Rheumatology(RA) treatment for a total of \$5.6 million or 17% of plan spend with an 11% trend
- Ortho/RA trend was not due to an increase in utilization but rather unit cost as 17 of 19 high cases fell in this category
- Adult and Juvenile RA spend were 167% and 853% respectively above benchmark
- Behavioral health is being treated early and accounts for 8% of total spend
- Substance Abuse high cases fell to zero from three
- Chemical Dependency spend fell below benchmark
- Diabetes spend increased by 38% while member count decreased by 5% (down to 212 members) due to one high case member
- 72 high-cost claimants accounted for 35% of total spend under the top practice categories of Neoplasms, Orthopedics, Rheumatology, Gastroenterology, and Endocrinology
- There were 8 additional high cases with \$821,000 additional spend

Narina Farber provided additional details on the high cases:

- Employees accounted for more of the high cases than did their dependents
- Seven of the high-cost members had terminated coverage
- \$3.6 million or 32% of total high-cost spend originated from the top 10 cases
- 16 Neoplasm claimants accounted for 28% or \$3.1 million of total high-cost spend

- 19 Ortho & Rheumatology claimants accounted for 19% or \$2.1 million of total high cost spend
- 11 Gastroenterology claimants accounted for 15% or \$1.7 million of total high cost spend

Arnie Zopfi provided details about pharmacy spend:

- Membership decreased by 3.4% but scripts increased by more than 1,000
- Overall Trend was 8.8%, benchmark was 11%
- Diabetic and Growth Hormone spend increased
- PMPM was \$154.02, benchmark was \$121.67
- Flex access program has saved \$465,000 in first quarter of 2023

See Appendix A transcript entries 26 through 427 for additional detail.

2. The next item from the agenda under Presentations was the Rheumatoid Arthritis Management Program from the Essentia Health team of Jessica Martensen, Betsey Dahl, Chelsea Dummer and Katie Haas (1:02:20).

Beth Menor and Tiffany Kari Cizmas reported 18 months of collaboration with Essentia Health (EH) on evaluating current EH disease management programs and creating a new program designed around RA. Their recommendation was to adopt the RA program and eliminate the pediatric asthma program.

Chelsea Dummer provided an overview of the causes and drivers behind RA and shared that the St. Louis County health plan had 21 members with RA who also had a primary doctor at Essentia Health. She also shared that 50% of these members take specialty medications.

Betsey Dahl stated the proposed RA program goals of improved health and lower costs. Some of the tools used to accomplish these goals include the DAS28 questionnaire to track metrics, a designated nurse care manager and medication review with a pharmacist as detailed by Katie Haas.

Jessica Martensen quoted a cost of \$50 per member per month for the RA program. She also recommended the elimination of the pediatric asthma program given this group's long-standing stability and their continued management through new contracting with BCBSM.

Jim Gottschald requested Essentia add access to their wellness centers as part of the RA and other disease management programs. Jessica Martensen agreed to bring this request back to Essentia Health leadership.

See Appendix A transcript items 428 through 621 for additional detail.

OLD BUSINESS

3. The only item from the agenda under Old Business was an update by Beth Menor on the Request for Proposals (RFP) for health plan administration (1:39:15).

Beth Menor reported that our Procurement Manager, Donna Viskoe, posted the RFP ahead of schedule in late April where it will remain posted until June 2nd. There was already interest and inquiries from four parties. The RFP selection committee will meet on June 12th to evaluate written proposals and June 28th to interview finalists and propose their choice to the committee at the July meeting. The selection committee includes Beth Menor for HR, Jim Gottschald for Administration, Stephanie McKinnon for Auditors, Donna Viskoe for Purchasing, and Sasha Lehto for the Committee.

See Appendix A transcript items 622 through 631 for additional detail.

NEW BUSINESS

4. The first item from the agenda under New Business was a vote on adopting the RA Disease Management Program with Essentia Health (1:41:40).

Jim Gottschald gave a history of how we entered into direct disease management with Essentia Health. Beth Menor gave a history of how RA was considered and stated that total cost of the EH program if all 21 members participated would be approximately \$12,000/year. She added that the reporting today showed \$2.1 million spent on RA in 2022. Any action was tabled pending the EH response to access to their wellness centers and access by patients of other health systems.

See Appendix A transcript items 632 through 722 for additional detail.

5. The next item from the agenda under New Business was a Wellness Program update from Tiffany Kari Cizmas (1:58:30).

Tiffany Kari Cizmas shared that to date we have had 471 members enroll in Omada for Prevention and 29 members enroll in Omada for Diabetes. We had an 88% enrollment rate which landed above the benchmark of 79%. In an effort to increase participation in the Omada for Diabetes program, Tiffany will send a communication targeted directly to this population.

Tiffany shared a data slide to show we have a 10.2% engagement rate year-to-date with Learn-to-Live (L2L), our behavioral virtual program. She announced two new L2L programs designed around panic and resilience.

See Appendix A transcript items 723 through 897 for additional detail.

6. The next item from the agenda under New Business was the Auditor's Financial Report from Nancy Nilsen (2:19:45).

County Auditor Nancy Nilsen's report projected the 2023 year-end health fund balance to be \$22,209,364, a net gain of \$3,582,988 from the year prior. Kevin Gray stated that we could have the same claims as last year and the fund would still retain its balance. Nancy Nilsen and Kevin Gray expressed satisfaction with the fund balance.

OTHER BUSINESS

7. The first item under Other Business was a question on if our medication therapy management (MTM) program was being duplicated under another program (2:25:14). Jim Gottschald answered that Beth Menor said that the only area of duplication would be for Diabetes where the philosophy was to utilize all tools in the toolbox given its prevalence and high likelihood to be a comorbidity.

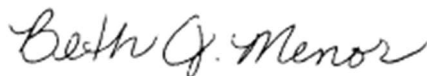
See Appendix A transcript items 914 through 937 for additional detail.

8. The next item under Other Business was a request for BCBS to report back on the cost of care differentiation between our geographic area and the rest of the state (2:30:01).

See Appendix A transcript items 938 through 963 for additional detail.

With no further business the meeting was adjourned.

Respectfully submitted,



Beth J. Menor
Senior Benefits Advisor

Appendix A

Health Insurance Committee Meeting Transcript

8:45 am - 11:36 am Wednesday, May 17, 2023 | (UTC-05:00) Central Time (US & Canada)

1

Duluth GSC Lake Superior Room 00:03:28.100 --> 00:03:45.300

Okay, alright, good morning everyone, and I'm going to call our meeting of the same old County Health Insurance Committee today is Wednesday, May seventeenth nine AM we have a combination of.

2

Narina Farber 00:03:46.020 --> 00:03:46.660

Any.

3

Duluth GSC Lake Superior Room 00:03:46.660 --> 00:04:05.220

Since we have a handful of individuals who are joining in person, We're in the, to Louis Government Service Center and the like, superior room and we have another handful of people who are joining virtually, so I understand, I think our plan was to kind of have virtual meetings at least for the time.

4

Narina Farber 00:04:05.220 --> 00:04:06.500

Being then.

5

Duluth GSC Lake Superior Room 00:04:06.500 --> 00:04:24.580

What we're gonna do going forward so before we jump into anything on the agenda why we just take a quick swinger on the room for introductions just so people online know who is here, cause we can see all of your names, but you guys were online may not know who's in the room.

6

Narina Farber 00:04:25.180 --> 00:04:26.340

You know.

7

Duluth GSC Lake Superior Room 00:04:26.980 --> 00:04:40.420

Camera if the camera tracks us or if you have to physically or manually move the camera from this, this camera to that camera. So I'll just start Jim Gotcha from HRS here and.

8

Duluth GSC Lake Superior Room 00:04:40.420 --> 00:05:00.900

I'll go to my left from HR Christer Shop civil service basic Stephanie, longer in social service supervisors. You'll see Nilson to call me editor Beth manner the committee clerk

and Ashley is at CPA. The confidential Public Employee Association.

9

Duluth GSC Lake Superior Room 00:05:01.540 --> 00:05:14.980

If, what is our, my division called ESS Economic Services and supports yes, well your civil service spacing.

10

Duluth GSC Lake Superior Room 00:05:16.260 --> 00:05:17.980

Okay, I think.

11

Duluth GSC Lake Superior Room 00:05:19.460 --> 00:05:39.940

All right, all right. We can see who's online. I think everybody has their name up with their screen. So with that, you'll just take the role. We do have a court, your evenings after you, maybe won't see that in the recording. We won't see the names on the screen. So we have Arnie.

12

Duluth GSC Lake Superior Room 00:05:41.220 --> 00:06:01.060

Prime Therapeutics, Alyssa liketing with the Deputy Sheriff's Judy Walbery with retirees Tom Stanley at the attorneys. Can you fince the investigators? Jeff coun, our health insurance consultant, clean finger with HR Norina.

13

Duluth GSC Lake Superior Room 00:06:01.060 --> 00:06:10.540

If the county attorney does anyone.

14

Duluth GSC Lake Superior Room 00:06:12.580 --> 00:06:13.700

Thomas.

15

Duluth GSC Lake Superior Room 00:06:15.140 --> 00:06:29.860

Oh, sorry, Chris. Your name was your name kind of blended in, with your background there. I agree. Chris Thomas is with Blue Cross Blue Shield as well. Correct, yep, okay, Leanne is up there too. She raised.

16

Duluth GSC Lake Superior Room 00:06:31.140 --> 00:06:31.780

Yes.

17

Duluth GSC Lake Superior Room 00:06:31.780 --> 00:06:33.900

And Liam Barker as well.

18

Duluth GSC Lake Superior Room 00:06:34.980 --> 00:06:54.820

Your name faded in with your background too, anybody else. Okay, alright, and again, we do have a quorum. So the first item of business is gonna be approval of the

February minutes. Does anyone have any comments corrections for the Mets?

19

Duluth GSC Lake Superior Room 00:06:56.740 --> 00:07:03.180

All right, hearing none was our hand up. I didn't see no, I, my.

20

Duluth GSC Lake Superior Room 00:07:04.420 --> 00:07:24.900

The December minutes weren't approved either because the February meeting, cause we didn't have the management forum in February. So got it. Alright, thanks, Beth. did anyone have any corrections or comments on the December minutes? So hearing no objections we will accept the December and the FEB.

21

Duluth GSC Lake Superior Room 00:07:24.940 --> 00:07:30.020

Ury minutes as submitted to us. Thank you.

22

Duluth GSC Lake Superior Room 00:07:31.300 --> 00:07:51.780

Next on the agenda, we have presentations and we're gonna start off with a HECT and report. This is our annual year- end review presentation from Blue Cross and it's just kinda, it's kind of the beginning of the process that we use with, for our rate setting, and this year is gonna be.

23

Duluth GSC Lake Superior Room 00:07:51.780 --> 00:08:12.260

A little bit of an anomaly we've been in this situation before where we will not have a preliminary renewal meeting with Blue Cross because of the request for proposals that the county is going through. So this is probably gonna be the, the line share the information that we'll have to use for rate setting for twenty- twenty- four. So with that.

24

Duluth GSC Lake Superior Room 00:08:14.820 --> 00:08:35.300

Turn it over to Chris. Okay, so Chris, Chris Thomas is gonna present our insight report and I'm assuming this means that he's kind of taken over for Charlie Hopkins, right? No, Chris is from Prime. Oh, okay, yeah. So, so we're gonna start with, we're gonna start with the Prime thirsies and Chris Chris is with Bluepross Arnie's with Prime, but Chris work.

25

Duluth GSC Lake Superior Room 00:08:35.300 --> 00:08:44.900

Is in a different division that is specific to the INC insight report. Okay, got it. Yeah, alright, Chris, I will turn it over to you...

26

Chris Thomas 00:08:44.900 --> 00:08:46.180

All right, yeah, thank you very much.

27

Duluth GSC Lake Superior Room 00:08:46.300 --> 00:08:46.820

Thank you.

28

Chris Thomas 00:08:46.820 --> 00:08:50.660

Shall I be sharing my own screen or is our.

29

Duluth GSC Lake Superior Room 00:08:50.660 --> 00:08:51.300

Presentation.

30

Duluth GSC Lake Superior Room 00:08:51.940 --> 00:08:57.060

You can share your screen and bring up the presentation so you can move through the slides yourself.

31

Chris Thomas 00:08:57.700 --> 00:08:58.340

Alright.

32

Chris Thomas 00:09:01.540 --> 00:09:02.180

Tell you attempt to do.

33

Duluth GSC Lake Superior Room 00:09:02.180 --> 00:09:09.340

Do this, there is a icon with a box and an up arrow.

34

Chris Thomas 00:09:15.660 --> 00:09:16.260

Come.

35

Duluth GSC Lake Superior Room 00:09:20.100 --> 00:09:22.020

We see something.

36

Chris Thomas 00:09:22.660 --> 00:09:25.220

I'm trying to bear with me here.

37

Chris Thomas 00:09:44.420 --> 00:09:45.060

Is it poss?

38

Duluth GSC Lake Superior Room 00:09:46.980 --> 00:09:48.900

Yes, it is now ye.

39

Chris Thomas 00:09:49.540 --> 00:09:50.180

It is okay.

40

Chris Thomas 00:09:50.820 --> 00:09:52.740

Yep, you're up. Alright.

41

Duluth GSC Lake Superior Room 00:10:03.080 --> 00:10:04.360

I, I.

42

Chris Thomas 00:10:04.360 --> 00:10:07.560

I'm not sure how to put it into presentation mode here.

43

Chris Thomas 00:10:09.480 --> 00:10:10.120

Is it.

44

Chris Thomas 00:10:10.120 --> 00:10:10.760

Approval.

45

Duluth GSC Lake Superior Room 00:10:12.040 --> 00:10:17.400

How does it look on lion? I mean, we, we had big screens in this row. How does it look online? You guys.

46

Chris Thomas 00:10:19.080 --> 00:10:19.720

Okay.

47

Duluth GSC Lake Superior Room 00:10:19.720 --> 00:10:20.360

Looks good.

48

Chris Thomas 00:10:20.360 --> 00:10:21.000

Alright.

49

Chris Thomas 00:10:21.640 --> 00:10:22.280

Cause we can get started.

50

Duluth GSC Lake Superior Room 00:10:22.280 --> 00:10:22.920

Ed, then.

51

Chris Thomas 00:10:23.240 --> 00:10:25.480

MS mentioned I'm, Chris Thomas, I'm with Blue Cros.

52

Chris Thomas 00:10:25.480 --> 00:10:26.120
Zield.

53

Duluth GSC Lake Superior Room 00:10:26.200 --> 00:10:26.760
Ah.

54

Chris Thomas 00:10:26.760 --> 00:10:29.960
An employer insights reporting analytics team. I work.

55

Duluth GSC Lake Superior Room 00:10:29.960 --> 00:10:30.600
In conjunction with.

56

Chris Thomas 00:10:30.600 --> 00:10:31.240
Marty Traver.

57

Chris Thomas 00:10:31.240 --> 00:10:32.520
Who you may have met with.

58

Chris Thomas 00:10:32.520 --> 00:10:42.760
Last to go through similar data. So today we'll be looking at the twenty- twenty- two
year- end plan performance review just to kind of touch base on what we'll be looking at
to.

59

Duluth GSC Lake Superior Room 00:10:42.760 --> 00:10:44.040
How this will be.

60

Chris Thomas 00:10:44.040 --> 00:10:48.520
A calendar year, two thousand twenty- two with two months of paid claims run out, So
that'll run through.

61

Duluth GSC Lake Superior Room 00:10:48.520 --> 00:10:50.440
Through February of twenty...

62

Chris Thomas 00:10:50.440 --> 00:10:51.080
Twenty- three.

63

Duluth GSC Lake Superior Room 00:10:51.080 --> 00:10:51.720
Did.

64

Chris Thomas 00:10:51.720 --> 00:10:52.360
Keep comparison.

65

Duluth GSC Lake Superior Room 00:10:52.360 --> 00:10:53.000
With prior pair.

66

Chris Thomas 00:10:53.000 --> 00:10:59.400
Periods structured very similarly, so that'll comprise calendar year, twenty- twenty one and twenty- twenty with the same two months.

67

Chris Thomas 00:10:59.400 --> 00:11:00.040
And on al.

68

Chris Thomas 00:11:00.680 --> 00:11:05.800
The entire county population is included our benchmark values, which will be comparing.

69

Chris Thomas 00:11:06.440 --> 00:11:07.080
View to.

70

Duluth GSC Lake Superior Room 00:11:07.080 --> 00:11:07.720
Er, or...

71

Chris Thomas 00:11:07.720 --> 00:11:08.360
The size of the.

72

Chris Thomas 00:11:08.360 --> 00:11:09.640
Prosper shield, Minnesota.

73

Chris Thomas 00:11:09.640 --> 00:11:12.200
Commercial clients only, exclusion is.

74

Duluth GSC Lake Superior Room 00:11:12.240 --> 00:11:14.120
Er, any members over the age of six.

75

Chris Thomas 00:11:14.120 --> 00:11:17.960
Five, during the reporting period, those benchmark values will be orange Througho.

76

Duluth GSC Lake Superior Room 00:11:17.960 --> 00:11:19.240
Throughout the presentation.

77

Chris Thomas 00:11:19.320 --> 00:11:19.880
High cost.

78

Chris Thomas 00:11:19.880 --> 00:11:23.080
Twenty minutes push we'll talk about a decent amount today.

79

Duluth GSC Lake Superior Room 00:11:23.120 --> 00:11:23.720
Our, our.

80

Chris Thomas 00:11:23.720 --> 00:11:25.640
Are defined as any members with seventy- five thousand.

81

Duluth GSC Lake Superior Room 00:11:25.640 --> 00:11:27.560
Thousand dollars per, in.

82

Chris Thomas 00:11:27.560 --> 00:11:35.240
Plans spent in one of the periods noted above, and then the final thing to mention the
pharmacy dollars, which Arnie will walk you through those.

83

Duluth GSC Lake Superior Room 00:11:35.240 --> 00:11:37.160
Experience included in our total plan page.

84

Chris Thomas 00:11:37.160 --> 00:11:39.720
PM values that will walk through here today.

85

Duluth GSC Lake Superior Room 00:11:39.720 --> 00:11:41.120
Today, so.

86

Chris Thomas 00:11:41.640 --> 00:11:43.560
Before we get into the numbers, any, any initial.

87

Chris Thomas 00:11:43.560 --> 00:11:44.200
Put.

88

Duluth GSC Lake Superior Room 00:11:46.760 --> 00:11:47.400
Or.

89

Chris Thomas 00:11:47.400 --> 00:11:48.040
All right.

90

Duluth GSC Lake Superior Room 00:11:48.040 --> 00:11:51.240
So we should have business method, so.

91

Chris Thomas 00:11:51.240 --> 00:11:52.520
First look at the twenty.

92

Duluth GSC Lake Superior Room 00:11:52.520 --> 00:11:53.160
Twenty- two.

93

Chris Thomas 00:11:53.160 --> 00:12:07.240
New county performance. What we saw last year was an overall five percent trend in comparison to our benchmark, it was slightly higher than benchmark trend, which came in at three and we'll take a look as we go through here today.

94

Duluth GSC Lake Superior Room 00:12:07.240 --> 00:12:08.520
Today and, you know.

95

Chris Thomas 00:12:08.520 --> 00:12:10.440
Components are the factors that.

96

Chris Thomas 00:12:11.720 --> 00:12:24.520
In pricing the overall PM PM. so if we look at the bar chart on the right, you can see the overall Pms in comparison to our benchmark county came in.

97

Duluth GSC Lake Superior Room 00:12:24.520 --> 00:12:25.160
In as.

98

Chris Thomas 00:12:25.160 --> 00:12:31.560
Plus forty- six to the bunch more population with an overall PM, PM of seven hundred and twenty dollars, the light and dark.

99

Chris Thomas 00:12:31.560 --> 00:12:32.200

Blue Radiu.

100

Duluth GSC Lake Superior Room 00:12:32.200 --> 00:12:32.840

When are going to p.

101

Chris Thomas 00:12:32.840 --> 00:12:33.480

Go to.

102

Duluth GSC Lake Superior Room 00:12:33.480 --> 00:12:34.120

High cost.

103

Chris Thomas 00:12:34.120 --> 00:12:36.040

And the non- high cost population.

104

Duluth GSC Lake Superior Room 00:12:36.040 --> 00:12:36.680

Ation, so.

105

Chris Thomas 00:12:36.680 --> 00:12:52.040

High cost population came in at two hundred and fifty dollars had an overall eleven percent trend. So really was the primary trend driver there, the non- high case population had a trend increase of about two point, three percent that was roughly fifty-one percent.

106

Duluth GSC Lake Superior Room 00:12:52.040 --> 00:12:52.680

And above the.

107

Chris Thomas 00:12:52.680 --> 00:12:53.960

Mark value there.

108

Chris Thomas 00:12:54.160 --> 00:12:57.160

When we look at your population, looked like they were.

109

Duluth GSC Lake Superior Room 00:12:57.160 --> 00:12:58.280

Were.

110

Chris Thomas 00:12:58.440 --> 00:12:59.720

Good Googler.

111

Duluth GSC Lake Superior Room 00:12:59.720 --> 00:13:00.360

The good.

112

Chris Thomas 00:13:00.360 --> 00:13:09.960

Benefits that they have. We saw seven percent, No services rate. So that's good to see when members are, you know, in need of care, whether it's preventive anything routine or.

113

Duluth GSC Lake Superior Room 00:13:09.960 --> 00:13:10.600

Or it's.

114

Chris Thomas 00:13:10.600 --> 00:13:13.160

Some more serious, you know, certainly looks like they are.

115

Chris Thomas 00:13:13.160 --> 00:13:17.000

Keeping the care taking advantage of the benefits offered to them. So over...

116

Duluth GSC Lake Superior Room 00:13:17.640 --> 00:13:18.280

The, the.

117

Chris Thomas 00:13:18.280 --> 00:13:20.840

End, you know, roughly in line with what we're seeing in our bench.

118

Duluth GSC Lake Superior Room 00:13:20.840 --> 00:13:21.960

Population.

119

Chris Thomas 00:13:22.320 --> 00:13:24.680

Any questions on the overall fi.

120

Duluth GSC Lake Superior Room 00:13:24.680 --> 00:13:25.960

Financial performance before we.

121

Chris Thomas 00:13:25.960 --> 00:13:27.880

Move on and take a look at some of the, the.

122

Duluth GSC Lake Superior Room 00:13:27.880 --> 00:13:28.520

Factors.

123

Chris Thomas 00:13:28.520 --> 00:13:29.800
Through the overall PM, PM.

124
Chris Thomas 00:13:32.360 --> 00:13:33.000
Okay.

125
Duluth GSC Lake Superior Room 00:13:33.640 --> 00:13:34.280
Two.

126
Chris Thomas 00:13:34.280 --> 00:13:36.200
First, so the first look is gonna show you.

127
Duluth GSC Lake Superior Room 00:13:36.200 --> 00:13:36.840
How, how.

128
Chris Thomas 00:13:36.840 --> 00:13:38.760
All utilization patterns.

129
Chris Thomas 00:13:39.400 --> 00:13:40.040
You know, a trend.

130
Chris Thomas 00:13:40.040 --> 00:13:42.840
Standpoint and event comparison standpoint...

131
Duluth GSC Lake Superior Room 00:13:43.240 --> 00:13:43.880
Six, six.

132
Chris Thomas 00:13:43.880 --> 00:14:04.200
Kind of main focus areas that we have are medical office visits, mental health visits, preventive office visits, er, inpatient and outpatient. So in general, we saw upward movement from the county membership. The exceptions would be impatient admissions and outpatients.

133
Chris Thomas 00:14:04.360 --> 00:14:24.840
Patient or ASC surgeries. So good to see decreases there and when we look at the utilization on a, per thousand members basis, in comparison to our membership or to our benchmark population, we see the, the St. Louis County membership is higher utilizers there, which, you know, in itself is not a negative, they're, they're taking advantage.

134

Chris Thomas 00:14:24.840 --> 00:14:45.320

Of the benefits that they have. So overall I would say, you know, generally positive story here and if we look at the top row specially, you know, the medical office visits, mental health visits, which will talk about more on another slide and preventive, you know, very good to see the results there, and then we saw the decre.

135

Chris Thomas 00:14:45.320 --> 00:15:05.800

This is an impatient emissions and decreases in, in our patient surgery. So overall, I'd say positive story here and in keeping in mind, you know, with the preventive care, the next look that we wanted to show you was the amount of the, the percentage of your membership receiving their preventive office visits. So this is going to look at a two year period of.

136

Chris Thomas 00:15:05.800 --> 00:15:25.880

Claims for all categories, except the concer screenings that will look at four years worth of claims data, but in general, what we saw is, is fantastic here across the board upward movement year over year and across the board, exceeding the reference population, four percentage of membership re- receiving each of these.

137

Chris Thomas 00:15:26.280 --> 00:15:46.760

Prevent a visit. so fantastic to see here, the next look is going to be that high case population that I mentioned. So the, the high case population was comprised of seventy- two members that are accumulated seventy- five thousand dollars or more and spend last year accounted for thirty- five.

138

Chris Thomas 00:15:46.760 --> 00:16:07.240

Percent of your total plan spend, which is below the benchmark average of thirty- seven percent. So of the seventy- two cases we roll them into the major practice category where the member received or accumulated the, the highest amount of spend. So these members may be treated for multiple conditions, but we'll roll it into the major practice.

139

Chris Thomas 00:16:07.240 --> 00:16:27.720

Category with the most dollars tied to it. So if we look at a top line, for example, with Neoplasms or your cancer cases, we had sixteen of them last year accumulated just over three point, one million dollars and spend, and then the difference column that's highlighting the additional two cases that we saw versus twenty- twenty- one. The additional four hundred and.

140

Chris Thomas 00:16:27.720 --> 00:16:48.200

Forty- seven thousand dollars and spent. So we look at that for each major practice category where we had a high case and a role that up into the total line on the bottom. So overall eight additional cases, eight hundred and twenty- one thousand additional spent. So with that, I can turn it over to Narina far.

141

Chris Thomas 00:16:48.200 --> 00:16:53.960

BER and she will walk you through some additional detail on the, on the high case population.

142

Narina Farber 00:16:53.960 --> 00:17:14.439

Thank you, Chris. Good morning everybody. I'm Maureen Farber. I'm a clinical account manager here at the Blue Cross Blue Shield of Minnesota. I will be presenting with more details on your high cost population AC, Chris provided a high level overview what we will be doing here with you is just reviewing some of the details of the spend drivers.

143

Narina Farber 00:17:14.439 --> 00:17:35.520

So, with this said with an increase of eight cases and spending increase of eight hundred twenty thousand dollars in twenty- twenty- two, you had seventy- two high cost claimants who are counted for eleven point two million dollars in spend that spend was driven primarily by employees followed by dependence and spouses.

144

Narina Farber 00:17:35.560 --> 00:17:56.680

Seven of the seventy- two members germinated coverage from the plan, so there will be no future cost associated with these members. The top ten key spend total three point, six million dollars or thirty- two percent of the high cost spend if we look at the top three spend driving categories, those would be new plasms.

145

Narina Farber 00:17:56.680 --> 00:18:17.160

Fourthpign and rmatology and guest interrology representing seven million dollars in spent or sixty- two percent of the overall high cost spend looking at the new applause. First you had sixteen high post cleans representing three point one million dollars in spend, it's nearly thirty percent of.

146

Narina Farber 00:18:17.160 --> 00:18:37.640

Overall spend we're seeing an increase of two cases and a spent increase of four hundred and fifty thousand dollars there. The breast cancer is the most prevalent diagnosis again, just like Chris said your population is doing their diligence getting their screening memograms on time, what I did notice of the.

147

Narina Farber 00:18:37.640 --> 00:18:58.120

Eight members was breast cancer at six were diagnosed at the age below the recommended for screen mamograms, which is age fifty, four cases were in the top ten case suspend and we have members with Colin cancer Rectal cancer skin.

148

Narina Farber 00:18:58.120 --> 00:19:18.600

Answer and leukemia member number seven with rectal cancer terminated coverage

from the plan. So there will be no future spend associate with this member. Member number three is member number three has diagnosis of Appendice seal cancer, which is the cancer of.

149

Narina Farber 00:19:18.600 --> 00:19:39.080

Appendix and with metastasis to multiple organs, including the colon or large intest and small and testing retropuitine liver and member required surgical interventions such as removal of part of large and small testing and creation of iliastime removal part of the stomach.

150

Narina Farber 00:19:39.080 --> 00:19:58.920

Removal of the Goldbater and removal of the cancers tissue in the abdomen again, although this member had cancer of appendix as their primary diagnosis, but that spent was primarily driven with intervention.

151

Narina Farber 00:19:59.560 --> 00:20:20.040

Around removal of that affected part of the column, those member recently, Anna went Aliaster revision imaging revealed no presence of the disease progression and remember appears to be clinically stable with no ongoing medical management of cancer at this time, The oncologist recommends.

152

Narina Farber 00:20:20.040 --> 00:20:20.680

Close

153

Narina Farber 00:20:20.840 --> 00:20:41.960

So we do anticipate decline and spend, however, just members still at risk for cancer re- recurring within the next twelve months, member number nine is a member with recurrent skin cancer underwin removal of lymph nodes.

154

Narina Farber 00:20:41.960 --> 00:21:02.440

And chemotherapy treatments was managed on immunotherapy infusions within through December of last year, these immotherapy can the immotherapy was administered in the clinic setting, which is the last costly compared without patient hospital setting it.

155

Narina Farber 00:21:02.440 --> 00:21:22.920

Appears that the member completed therapy whiskey Trudor and their currently no ongoing cancer treatments member has regular follow- up appointments and had a two week brief in patient admission in October of last year, for a blood infection. So we're doing anti- speed decline and spent as their.

156

Narina Farber 00:21:22.920 --> 00:21:43.400

Currently no ongoing treatments for the skin cancer. Remember number ten is a member with Leukemia who is managed on oral chemotherapy medication called to signal, which will continue driving to spend member is clinically stable at her into the medication with no emergency department.

157

Narina Farber 00:21:43.400 --> 00:22:03.720

MENT visits or inpatient admissions, so we do anticipate ongoing spend was to signal internal pharmacist consultation was obtained and paid amount for the medication appears to be appropriate, based on the average, wholesale price, the prescription is filled with the preferred pharmacy. So the pricing has been up optimized.

158

Narina Farber 00:22:04.520 --> 00:22:08.360

Any questions on any of these members or neoplasms.

159

Narina Farber 00:22:12.200 --> 00:22:30.760

All right, moving on to Orthopyx and you have nineteen high cost claims representing two point one million dollars in high cost spend. We've seen an increase of six cases here and spent increase of eight hundred thousand dollars, adult arthritis is the most problem diagnosis followed by.

160

Narina Farber 00:22:30.760 --> 00:22:51.240

Joining of the back and arthritis. So what we see here is a lot of bad luck cases. We do know that Rheumatoid Arthritis whether it's Juvenile in children or adults is caused by immune system attacking joints, so.

161

Narina Farber 00:22:51.240 --> 00:22:57.000

These members are typically managed on immunosuppressants and drugs such as.

162

Narina Farber 00:22:58.920 --> 00:23:20.040

Er, remicade sync to slow down the progression of the disease is the pain and improve quality of life of these individuals. So these medications are either, especially to mitigations that either being managed for medical and the pharmacy side, such as human Andro.

163

Narina Farber 00:23:20.040 --> 00:23:21.160

And.

164

Narina Farber 00:23:22.600 --> 00:23:38.320

Influx Map is managed on the medical side by our utilization management department. No cases were in the top ten spend any questions on that Orthopedics and rheumatology.

165

Narina Farber 00:23:41.800 --> 00:24:01.000

All right, the last categories gastrology, you have eleven high cost clemens representing one point, seven million dollars in spend we're seeing an increase of five keys and spent increase of seven hundred ninety thousand dollars. again, influencer evolve disease, which is the, your.

166

Narina Farber 00:24:01.000 --> 00:24:21.480

Owns and all sorts of galides cases again, bad luck cases autom diseases amongst the most frequently accured and diagnosis. here, one case is in the top ten spent, and it's a member with also to Colitis who.

167

Narina Farber 00:24:21.480 --> 00:24:41.960

Had multiple impatient admissions and emergency department visits related to flare ups of the all sorts of colitis and required medical management with steroids antibiotics, even a suppressive influx map infusions and eventually partial removal of the large and test and, and react them and aliastime creation recently.

168

Narina Farber 00:24:42.080 --> 00:25:02.440

In February of this year, twenty twenty- three, this member underwent I asked me reversal currently appears to be clinically stable Attempt attempts follow up appointments regularly. So we do anticipate decline and spend at this time. High complexity manager was engaged with members parents assessed for.

169

Narina Farber 00:25:02.440 --> 00:25:19.040

Needs effort support upon the search from the hospital, reviewed the medications educated and red flags to monitor to prevent reh hospitalization assured that the member had follow up appointments in place and had access to own medical records.

170

Narina Farber 00:25:20.360 --> 00:25:24.760

Let me know please if you have any questions on guest interrology.

171

Narina Farber 00:25:28.680 --> 00:25:47.240

All right, moving on to the next slide, then we'll talk about the overall engagement experience among your population, identified nine percent of your total members for case management outreached that's three hundred and twenty- seven members. Eighty of those members.

172

Narina Farber 00:25:47.240 --> 00:26:05.160

Were identified as low risk and were targeted via educational mailing, sixty- nine members were identified as moderate risk and received interactive which recording for case management opportunity for members received support over their engagement with one of our nurse.

173

Chris Thomas 00:26:05.160 --> 00:26:05.800
Side.

174

Narina Farber 00:26:05.800 --> 00:26:21.800
Hundred and forty- four members were identified at as high risk and were targeted via telephonic approach for case management opportunity. We were able to reach sixty- three members and engage thirty- three of those. So fifty two...

175

Duluth GSC Lake Superior Room 00:26:21.800 --> 00:26:22.440
Percent.

176

Narina Farber 00:26:23.080 --> 00:26:25.000
Reached in English.

177

Duluth GSC Lake Superior Room 00:26:25.000 --> 00:26:25.640
Management.

178

Narina Farber 00:26:26.920 --> 00:26:31.240
We let me know if you have any questions on the overall engagement experience.

179

Duluth GSC Lake Superior Room 00:26:31.400 --> 00:26:33.320
Hi Nona, can you hear us?

180

Narina Farber 00:26:33.320 --> 00:26:34.600
I can hear you.

181

Duluth GSC Lake Superior Room 00:26:34.600 --> 00:26:41.000
Okay, but the, the equipment just automatically muted our room. Once you started.

182

Narina Farber 00:26:41.000 --> 00:26:41.640
Oh.

183

Duluth GSC Lake Superior Room 00:26:41.640 --> 00:26:45.360
Oh, I, and my question is actually on the slide prior.

184

Narina Farber 00:26:45.480 --> 00:26:46.120
Sure.

185

Duluth GSC Lake Superior Room 00:26:49.320 --> 00:26:58.920

I'm wondering if that numbers in parentheses after neoplasms or mytology and gaster internology are those the number of cases or what are those numbers?

186

Duluth GSC Lake Superior Room 00:26:59.560 --> 00:27:00.200

Remember what we.

187

Narina Farber 00:27:00.200 --> 00:27:02.760

To you mean influencer about dise.

188

Duluth GSC Lake Superior Room 00:27:02.760 --> 00:27:03.400

Eight.

189

Narina Farber 00:27:03.440 --> 00:27:07.240

I got removed. I'm sorry, this eight is that what you're referring to.

190

Duluth GSC Lake Superior Room 00:27:07.280 --> 00:27:10.440

No, I'm referring to the three boxes in the title.

191

Narina Farber 00:27:11.080 --> 00:27:13.640

Yeah, that's the total number of.

192

Duluth GSC Lake Superior Room 00:27:13.640 --> 00:27:17.480

Claimants claimants, okay, so in that case claimants, okay, great.

193

Narina Farber 00:27:18.760 --> 00:27:27.080

Many cases on the Claimans, we're, we use those terms into changeably. Those are the members who were impacted by sixteen members were diagnosed.

194

Duluth GSC Lake Superior Room 00:27:27.120 --> 00:27:27.720

Or.

195

Narina Farber 00:27:27.720 --> 00:27:29.000

During your.

196

Narina Farber 00:27:29.640 --> 00:27:36.040

Cancer spent in a new classes nineteen in or the eleven in guest intrology.

197

Duluth GSC Lake Superior Room 00:27:36.680 --> 00:27:37.320

Thank you.

198

Narina Farber 00:27:37.360 --> 00:27:37.960

Yep.

199

Narina Farber 00:27:37.960 --> 00:27:39.880

You're welcome any other.

200

Narina Farber 00:27:46.920 --> 00:27:48.840

Alright, that was my last.

201

Duluth GSC Lake Superior Room 00:27:48.840 --> 00:27:49.480

Slide, I.

202

Duluth GSC Lake Superior Room 00:27:50.120 --> 00:27:50.760

No, I.

203

Narina Farber 00:27:50.760 --> 00:27:53.320

Hi, I have one more slide for you to utilization manage.

204

Duluth GSC Lake Superior Room 00:27:53.320 --> 00:27:53.960

Management program.

205

Narina Farber 00:27:53.960 --> 00:27:54.600

Program outcomes.

206

Narina Farber 00:27:55.880 --> 00:28:06.120

Will this program for the ensuring that your members are receiving appropriate care such as the right here at the right time at the right place, and at the right cost, we have a team.

207

Narina Farber 00:28:06.760 --> 00:28:09.320

Process registered nurses for review.

208

Duluth GSC Lake Superior Room 00:28:09.320 --> 00:28:09.960

View.

209

Narina Farber 00:28:10.000 --> 00:28:15.080

Er, freedposition requests and post- service claims to determine.

210

Duluth GSC Lake Superior Room 00:28:15.080 --> 00:28:15.720

Ine that.

211

Narina Farber 00:28:15.720 --> 00:28:16.360

Open the.

212

Duluth GSC Lake Superior Room 00:28:17.000 --> 00:28:17.640

So.

213

Narina Farber 00:28:17.720 --> 00:28:27.240

Ah, services with this sad hundred sixty- five of those members of your members were impacted by Utilization Management program.

214

Narina Farber 00:28:27.880 --> 00:28:28.520

Very, very.

215

Narina Farber 00:28:29.160 --> 00:28:29.800

Here, I mean.

216

Narina Farber 00:28:30.440 --> 00:28:31.080

Locations.

217

Narina Farber 00:28:31.080 --> 00:28:31.720

Did it.

218

Narina Farber 00:28:32.360 --> 00:28:33.000

Great, great.

219

Narina Farber 00:28:33.640 --> 00:28:36.840

And sixty seven first things with.

220

Narina Farber 00:28:36.840 --> 00:28:39.560

Seventy- five percent approval rate.

221

Narina Farber 00:28:43.920 --> 00:28:44.520
Anything.

222

Duluth GSC Lake Superior Room 00:28:44.520 --> 00:28:45.160
Answered a question.

223

Duluth GSC Lake Superior Room 00:28:45.800 --> 00:28:46.920
Yes.

224

Chris Thomas 00:28:52.840 --> 00:28:53.480
Alright.

225

Duluth GSC Lake Superior Room 00:28:53.480 --> 00:28:54.120
Thank you.

226

Narina Farber 00:28:54.120 --> 00:28:54.760
I'm thank you to.

227

Chris Thomas 00:28:54.760 --> 00:28:55.400
Thank you.

228

Chris Thomas 00:28:56.320 --> 00:28:56.680
Of.

229

Duluth GSC Lake Superior Room 00:28:56.680 --> 00:28:57.960
So just a couple more.

230

Chris Thomas 00:28:57.960 --> 00:28:59.880
Five slides for me, and so here.

231

Duluth GSC Lake Superior Room 00:28:59.880 --> 00:29:01.160
Here is where we'll look at.

232

Duluth GSC Lake Superior Room 00:29:01.160 --> 00:29:01.800
You know, some of the top.

233

Chris Thomas 00:29:01.800 --> 00:29:22.280

Political drivers and then dive deeper into a couple of the categories and this is going to look at the membership as a whole. So not limited to the high case population as Marina just mentioned, but when we look at the population as a whole, the top five areas of spend, which were oncology and neoplasms, gastro, androchronology.

234

Duluth GSC Lake Superior Room 00:29:22.280 --> 00:29:22.920
Logy and.

235

Chris Thomas 00:29:22.920 --> 00:29:23.560
Psychia.

236

Duluth GSC Lake Superior Room 00:29:23.560 --> 00:29:24.680
RY.

237

Chris Thomas 00:29:24.840 --> 00:29:31.880
Fifteenth fifty seven percent of the total plan spent marina covered three of them with you. High cost cases are, are.

238

Duluth GSC Lake Superior Room 00:29:31.880 --> 00:29:32.520
The.

239

Chris Thomas 00:29:32.520 --> 00:29:33.800
Overall primary driver.

240

Chris Thomas 00:29:33.800 --> 00:29:34.440
Whether the increases.

241

Chris Thomas 00:29:34.440 --> 00:29:35.080
Es we're seeing.

242

Chris Thomas 00:29:35.120 --> 00:29:39.560
Er, pretty much across the board and on the next three sides, I'll walk you through.

243

Duluth GSC Lake Superior Room 00:29:40.200 --> 00:29:42.760
MEX from Apology detail Diabet.

244

Chris Thomas 00:29:42.760 --> 00:29:47.240
ES, which is one of the drivers in ando chronology and then take a look at behavior of health.

245

Duluth GSC Lake Superior Room 00:29:47.240 --> 00:29:48.520
Alth, as well.

246

Chris Thomas 00:29:48.520 --> 00:29:49.800
So first of those.

247

Duluth GSC Lake Superior Room 00:29:49.800 --> 00:29:50.440
Looks, is that.

248

Chris Thomas 00:29:50.440 --> 00:29:53.000
Number one, major practice category on the.

249

Chris Thomas 00:29:53.720 --> 00:29:55.560
That's orthopedics rematology.

250

Chris Thomas 00:29:56.200 --> 00:30:03.240
So we saw bottom eleventh percent trying to increase their accumulated above five
point, six million dollars in spend in an.

251

Chris Thomas 00:30:03.880 --> 00:30:09.640
Nine hundred and ninety- members received treatment. So nineteen of those members
as Marina mentioned.

252

Duluth GSC Lake Superior Room 00:30:09.640 --> 00:30:10.920
Created accumulated seventy- five.

253

Chris Thomas 00:30:10.920 --> 00:30:11.560
Five thousand dollars.

254

Chris Thomas 00:30:12.200 --> 00:30:12.840
Spent.

255

Duluth GSC Lake Superior Room 00:30:13.520 --> 00:30:14.120
And what we.

256

Chris Thomas 00:30:14.120 --> 00:30:34.600
Discuss the components of the trend here we actually saw utilization decrease slightly

went down about two percent on a Claimus per thousand basis, but the unit cost is, is where we saw the increase, so that went up about thirteen percent and a large contributor. There is, is, you know, effectively the extra eight hundred thousand dollars or so in the.

257

Chris Thomas 00:30:34.600 --> 00:30:35.240

Quite case

258

Chris Thomas 00:30:35.820 --> 00:30:56.300

Well, we look at the top five episode treatment groups or conditions that are comprising this category represents about fifty- six percent of the total ortho spend those are listed in the table on the bottom right, seventeen of the nineteen high cost cases were in those categories.

259

Chris Thomas 00:30:56.300 --> 00:31:11.140

IES, so Maria covered those won't won't repeat what she said, but is there any questions on, on ortho, you know, more specific to the, than the, the high high case population or the utilization we are seeing here.

260

Thomas Stanley 00:31:12.300 --> 00:31:32.780

Th- this is Tom Stanley. I have a question. The unit cost paid for reclaimer are, were much higher than the benchmark and as you indicated, it has to do, I guess with the number of high cost members that were involved in that category. Is there a particular reason.

261

Thomas Stanley 00:31:32.780 --> 00:31:53.900

Why someone becomes a high cost person, like, is it not trying to figure out is it a long term, lack of care that has led to a situation where someone suddenly needs a lot of care and it costs a lot or is it just something that happens or occurs naturally like, why we're so much higher than the benchmark.

262

Thomas Stanley 00:31:53.940 --> 00:31:54.540

Yeah.

263

Chris Thomas 00:31:54.540 --> 00:32:15.020

So a couple components there, you know, you're certainly right there, there is some very variability into why unit cost. I guess high level your, your plan design is a contributor there as well. So when we look at member Causher, we see the Louis County plan coming in.

264

Chris Thomas 00:32:15.020 --> 00:32:35.500

Five percent of, of cost paid by members versus by the plan where our reference

population, which is, you know, where we're getting that twenty- three forty- seven unit cost in Ordo has a fifteen percent cost share. So that's a component there, and then like, w, I guess to answer the second portion of your question, what can drive a claimant to.

265

Chris Thomas 00:32:35.500 --> 00:32:55.980

Become, you know what we would call a high case, generally it's going to be surgery or a, or an inpatient hospitalization or high cost drugs, you know, often in the case of adutra or even some of the Junile RA, but typically in, in this category, it would be a, a surgery which would.

266

Chris Thomas 00:32:56.620 --> 00:32:57.900

Where to accumulate that cost.

267

Narina Farber 00:32:57.900 --> 00:33:18.260

Yeah, Chris, this is Marina. I would like to add to, for a, those joined generation whether it's back me and that those are typically driven by surgery. Electric said for Neam lower like it's typically the near replacements for back and neck are the fusion.

268

Narina Farber 00:33:18.380 --> 00:33:26.300

Surgeries to stabilize the spy as for a dot rawmatory authoris and Junile rematode authorities.

269

Narina Farber 00:33:28.020 --> 00:33:48.460

Arthritis affects people differently. So in autom disease, it's when the ones, the person's immune system attacks their body and some may start with mild or moderate information affecting their joints. Some start more severe and, or affect.

270

Narina Farber 00:33:48.460 --> 00:33:49.740

GEOR joins.

271

Narina Farber 00:33:51.660 --> 00:34:12.139

Ha happens sometimes as these members would try less costly medications and fail until they are prescribed medications such as Humira, which is a special to medication and is more expensive than some initial line of treatment medications. I hope.

272

Narina Farber 00:34:12.139 --> 00:34:13.540

This helps.

273

Thomas Stanley 00:34:15.980 --> 00:34:17.139

Thank you.

274

Chris Thomas 00:34:21.100 --> 00:34:24.780
Any other questions on Orthopox rmatology?

275

Chris Thomas 00:34:26.860 --> 00:34:47.340
Okay, so the next look is at behavioral health. So this is going to be a combination of both psychiatry as well as chemical dependency. Overall, the, the combination of the two categories amounted to about eight percent of your total spend very much in line with what we are seeing for, for.

276

Chris Thomas 00:34:47.340 --> 00:35:07.820
Our benchmark population at seven percent. Fourteen percent of the total PM PM in these two categories was tied to high cost cases. Overall, that's a pretty good number to see, and, and I guess there's a couple explanations of why we're seeing good results here. So if we look in the bottom right, for.

277

Chris Thomas 00:35:07.820 --> 00:35:28.300
Example, we break down the spend by place of service, the patterns that we are seeing are the breakdown we are seeing with your membership. I would, I would classify as ideal the majority of the spend is taking place in the office setting. So that's more of the, you know, routine visits or preventive if you will where these conditions are.

278

Chris Thomas 00:35:28.300 --> 00:35:48.780
Been treated while they're still relatively mild and I hate to put it that way, but still manageable, you know, without a hospitalization or impatient type treatment. So that's really good to see and what we look at the bar chart on the right, your utilization has increased year over year.

279

Chris Thomas 00:35:48.900 --> 00:36:09.260
And overall in, in general, you know, with, with the sales county membership and, and the reference population, it, it is a really good thing to see this is an area that's received a lot of potential recently. a lot of increase in utilization and cost. I- there's about a thirty-five percent increase in cost.

280

Chris Thomas 00:36:09.260 --> 00:36:30.380
Across the board. So throughout reference population, since twenty nineteen, it's just been an area where, you know, it's been given more attention and more treatment has been sought so that, so what we are seeing within your plan, I, I, you know, I would say is very positive here. I'll, I'll point to the, the bar chart in the middle with the plan spent breakdown, the dark blue being chemical dependenc.

281

Chris Thomas 00:36:30.380 --> 00:36:50.660

ENCY and the, the light blue being the, the behavior health or the psychiatry component of it. You're below the benchmark in, in chemical dependency, there were three high cost cases there last year, zero this year. So, so that's fantastic and then with the utilization increase, you know, it increased.

282

Chris Thomas 00:36:51.500 --> 00:37:11.340

About seven percent in the cost followed so overall, you know, positive picture that we are seeing here and when we look at the utilizers in this area on your plan, dependence are dependence on the plan are making up the largest proportion at forty- six percent of the total, which.

283

Chris Thomas 00:37:11.340 --> 00:37:31.820

ES is also pretty normal with what we are seeing through our reference population. The, the, the younger population is, is being impacted more in this area, but I don't want that takeaway from, you know, this, this is a, a, a positive members are receiving the help that, that they're needing, you know, and, and it surely sh- certainly appears, you know.

284

Chris Thomas 00:37:31.820 --> 00:37:42.020

From the data that they're receiving it when they need it before develops into something more severe. So overall good news here. Any questions on the behavioral health.

285

Duluth GSC Lake Superior Room 00:37:43.980 --> 00:38:04.460

Chris, this is Chance. So I, I do have a question so I see that we are, are utilization is considerably higher than the benchmark, What that doesn't show is with the benchmark group to spend by place of service. What are we seeing in the benchmark group as far as the, the mix of office versus.

286

Duluth GSC Lake Superior Room 00:38:04.460 --> 00:38:06.620

All patient versus impatient.

287

Chris Thomas 00:38:07.020 --> 00:38:27.500

Good question, and I, okay, so I will apologize in advance. I don't have the exact numbers in front of me or memorize, but very comparable to what we are seeing with your membership, if anything your membership may have slightly more outpatient treatment and, and slightly less office visit, but I know.

288

Chris Thomas 00:38:27.500 --> 00:38:43.540

Benchmark, I'm gonna provide you a range, but I think it's between like ten and eleven percent of the spend is, is tied to impatient. So your plan is very much in line with what we are seeing through the reference population by places service.

289

Chris Thomas 00:38:44.780 --> 00:38:45.900

Okay.

290

Chris Thomas 00:38:47.980 --> 00:38:49.420

Does that help?

291

Duluth GSC Lake Superior Room 00:38:50.540 --> 00:38:55.660

So, yeah, that, that does help the reason why I asked the question is, we were early adopter have learned to live, We.

292

Chris Thomas 00:38:55.660 --> 00:38:56.300

Doub.

293

Duluth GSC Lake Superior Room 00:38:56.300 --> 00:39:17.420

A lot of work to try to de- stigmatize the utilization of behavior, how services and I mean, this, we, we wanna characterize this is probably a good spend much like preventative care, and so, I mean, while the utilization looks considerably higher than the benchmark, you know, that could be, that could be favorable for the group.

294

Duluth GSC Lake Superior Room 00:39:17.420 --> 00:39:27.540

Too, because we're hopefully addressing male healthcare when it's more treatable before we have the real high costs in patient services.

295

Chris Thomas 00:39:27.660 --> 00:39:48.140

There you can go exactly right exactly exactly, right? And the, the PM PM, you know, you look at that and the, the cost is higher, but your benefits are, are a lot more generous than what our benchmark population sees. So that's a component there, but you're exactly right? You're, you're utilization is fantastic and if we remember back to one of the first slides we looked at with the utilization.

296

Chris Thomas 00:39:48.300 --> 00:40:02.300

The mental Health office visits was one of the areas where, you know, your membership was taken advantage of the, the benefits that they're offered at a much higher prevalence than the benchmark population is, which is good, which is great.

297

Chris Thomas 00:40:03.500 --> 00:40:23.980

And it's a- exactly, you know what the AIM is to avoid, you know, those dollars shifting into a, you know, very expensive inpatient setting or, you know, gender resulting in the high cases and from the high case perspective, you're slightly below what we would see from the reference there about seven.

298

Chris Thomas 00:40:23.980 --> 00:40:31.980

Teen percent or so of the total behavioral health would, would be typically tied to, you know, members with seventy- five thousand dollars or more.

299

Chris Thomas 00:40:41.100 --> 00:40:59.660

So the last area that I have for us to look at today before we turn it over to Army Arnie to walk through the pharmacy data is diabetes, so overall diabetes trended up thirty- eight percent in cost, if we, if we shipped over to the, the medical.

300

Chris Thomas 00:40:59.660 --> 00:41:09.780

Versus RXPM PM breakdown, you can kind of see where that cost increase or what was driving that trend? It was on the medical side, which is.

301

Chris Thomas 00:41:11.180 --> 00:41:31.660

It's not the good spin, the pharmacy spend, you know, is where, where you want these dollars tied when it comes to diabetes, there was a one- one high cost case tied to diabetes there. So that's what, what really drove the trend, but overall your, your medical versus pharmacy Breakd.

302

Chris Thomas 00:41:31.660 --> 00:41:52.140

Down is not too far out of line with what we are seeing through the reference population about two thirds of the total spend was tied to the drug management, which is what you want. The diabetics managed with medication rather than hospitalizations. We actually saw the number of members with diabetes on the plan decrease by about five.

303

Chris Thomas 00:41:52.140 --> 00:42:02.380

Five percent last year, and when we look at the diabetics on your plan about sixty- eight percent of them are the employees twenty- seven percent spouses in five percent.

304

Chris Thomas 00:42:03.020 --> 00:42:04.140

Dependence.

305

Arnold Zopfi 00:42:04.940 --> 00:42:05.580

Those.

306

Chris Thomas 00:42:05.580 --> 00:42:06.220

All.

307

Chris Thomas 00:42:07.500 --> 00:42:11.340

Diabetes say for that one high case to be very much in line with our.

308

Arnold Zopfi 00:42:11.340 --> 00:42:11.980
Our, our bench.

309
Chris Thomas 00:42:11.980 --> 00:42:12.620
Population.

310
Arnold Zopfi 00:42:12.620 --> 00:42:13.260
Aton.

311
Chris Thomas 00:42:13.420 --> 00:42:20.020
And there was no high case members last year Tied to diabetes, hence the, hence the spike.

312
Thomas Stanley 00:42:22.860 --> 00:42:29.100
This is Tom Stanley. I have a quick question on this though. Do these costs include Omarta spend.

313
Chris Thomas 00:42:29.900 --> 00:42:34.940
Yes, yeah, a lot is, is built as a, as a claim, so it would yep.

314
Thomas Stanley 00:42:36.300 --> 00:42:42.740
Is that, is that medical then, or like, how would you categorize that part of the spending.

315
Chris Thomas 00:42:45.900 --> 00:42:54.380
Yes, that would be a part of the medical cost come through as a, as a medical claim.
Yes.

316
Chris Thomas 00:42:58.700 --> 00:43:04.860
All right, anything else on the medical side of the plan before we turn it over to Arrie.

317
Chris Thomas 00:43:06.420 --> 00:43:09.460
Okay, alright.

318
Arnold Zopfi 00:43:15.340 --> 00:43:17.540
Can everyone hear me?

319
Narina Farber 00:43:20.460 --> 00:43:23.980
I can now we can't.

320

Arnold Zopfi 00:43:44.780 --> 00:43:49.940

Can everyone wait for some reason, my Keith going on mute. Can everyone see my screen?

321

Arnold Zopfi 00:43:52.460 --> 00:43:53.100

And.

322

Tiffany Kari 00:43:53.100 --> 00:43:54.380

Yes, yes.

323

Arnold Zopfi 00:43:54.380 --> 00:44:14.860

Okay, can you hear me okay? Okay, cause I can't see what I'm sharing. So if you go... let's see now that's the problem I can't see what screen run, if we go. Do you see that as I'm moving it right now. So I make sure I'm on the correct screen.

324

Arnold Zopfi 00:44:14.860 --> 00:44:15.980

Screen.

325

Tiffany Kari 00:44:16.780 --> 00:44:17.900

Yep.

326

Arnold Zopfi 00:44:18.060 --> 00:44:38.540

So the first screen we're looking at is really the top six categories that we like to start out with as far as how your utilization and pharmacy is doing, and if you look across in the top left hand corner, your PM PM went up about nine percent. This is largely due to a number of things. One is the number of scripts.

327

Arnold Zopfi 00:44:38.540 --> 00:44:58.660

When up over a thousand scripts in two thousand twenty- two and the membership, however, went down. So if the increased cost and your P- and your membership goes down, naturally, you're good. A higher PM PM for that year. overall drop cost went up about.

328

Arnold Zopfi 00:44:59.020 --> 00:45:19.500

Three hundred and fifty thousand while you're planned paid went up about three hundred and thirty- seven thousand in two thousand twenty- two. This is mostly due to an increase in diabetes spend, which Chris talked about earlier, which in many cases is a good thing on the pharmacy side for.

329

Arnold Zopfi 00:45:19.500 --> 00:45:39.980

Saint County and you did see an increase in a gros, which will get into later on, on how much you did see that increase the generic utilization is doing really well at almost eighty seven percent. You're above the benchmark. It went up about a percentage point, your member.

330

Arnold Zopfi 00:45:39.980 --> 00:46:00.460

Contribution went down a little bit. You were at fifty five point five percent now you're at five, four point four. I, I would say as the benchmark, it's pretty close to what I'm usually seeing between eight to fifteen percent as far as member contribution, the next slide really tells a story a little bit.

331

Arnold Zopfi 00:46:00.460 --> 00:46:20.940

What we've talked about for years is your member, your percentage of specialty of all claims, which is at fifty- eight percent of all claims are, especially, which is less than one percent of your claims and your PM PM is about eighty nine, forty- two. This is really.

332

Arnold Zopfi 00:46:20.940 --> 00:46:41.420

Due to some of the cost of especially drugs and the type of social drugs that are to be in dispensed that were dispensed in twenty two. So your plant paid claim was about a hundred and fourteen dollars last year in two thousand and twenty- one it was about a hundred and eleven, so it's up about three percent.

333

Arnold Zopfi 00:46:41.500 --> 00:46:45.500

But still you're just above the benchmark of a hundred and seven.

334

Arnold Zopfi 00:46:46.540 --> 00:47:05.580

And your last one, especially cl plan per game per claim. This is pretty even you're at seven thousand two hundred and thirty- seven and twenty- one and now you're seven thousand, three hundred and eighty four and twenty- two. So we have, you went up about two percent and you're right around the benchmark.

335

Arnold Zopfi 00:47:08.940 --> 00:47:27.500

The next slide is your transline, which is at eight point seven percent and as you can see, for the most part, it was a, it was pretty even across the board, but traditional had your biggest trend as far as increase. We're not used to seeing that with St. Louis County. Usually it's the specially.

336

Arnold Zopfi 00:47:27.500 --> 00:47:44.180

And this is largely due to the increase in diabetes spend in twenty- two overall you're at eight point seven percent and the benchmark is eleven and this is all groups similar in size with blue Crosby Shield in Minnesota to St. Louis County.

337

Arnold Zopfi 00:47:48.620 --> 00:48:05.900

The next slide is looking at both pharmacy. I mean, both traditional and especially spend we talked a little bit about this, your membership went down about a hundred and thirty- three people average in twenty- two, your drug cost went up about three hundred.

338

Arnold Zopfi 00:48:05.900 --> 00:48:26.380

Er, forty- nine thousand while your drugs plan paid went up about three hundred and thirty- seven thousand in two thousand twenty- two. This is in combination with, as we talked about diabetes, which we'll talk about in a little bit as well as growth hormones and you did increase over a thousand claims compared.

339

Arnold Zopfi 00:48:26.380 --> 00:48:46.860

And a couple of things to highlight here you're average claims per member per year is at sixteen point one where our benchmark is thirteen point sixth year, roughly about two and a half scripts higher than our benchmark, which is pretty much we've seen in the past couple of years with St.

340

Arnold Zopfi 00:48:46.860 --> 00:49:07.980

St County, but the other thing I wanna highlight is, you did see an increase in mail slight increase in mail and it did see a slight CR increase in ESN, which is ninety day retail, which is a good thing. That's what we want to see more members using these ninety- day supplies for maintenance types medication. So that's good to see.

341

Arnold Zopfi 00:49:07.980 --> 00:49:12.300

That going up for St. Lost County.

342

Arnold Zopfi 00:49:13.740 --> 00:49:14.380

I.

343

Thomas Stanley 00:49:15.660 --> 00:49:18.220

Question on the ninety- day supply, how.

344

Arnold Zopfi 00:49:18.220 --> 00:49:18.860

People get.

345

Thomas Stanley 00:49:18.860 --> 00:49:39.340

How do people get signed up for that? So if you're going to Walgreens for instance, and they're just calling you every month and saying we gotta refill for you. Can you get the ninety day through Walgreens or do you have to go through a specialty group and does Blue cross do anything to reach out or, or primer whoever to reach out to our members to say, Hey, we see that you've been gett.

346

Arnold Zopfi 00:49:39.340 --> 00:49:39.980

Getting this.

347

Thomas Stanley 00:49:39.980 --> 00:49:46.380

Every month for the last twelve months that, you know, you could get a ninety- day supply by using a different source.

348

Arnold Zopfi 00:49:46.380 --> 00:50:06.860

Yeah, that's a good question. A couple of things I would say that most physicians know that if they're taking a high cholesterol high blood pressure depression m- most of them know that a ninety day is a way to go when prescribing these types of medications number two.

349

Arnold Zopfi 00:50:07.620 --> 00:50:16.060

I don't believe that either Prime nor Blue Cross sends out an alert to say, Hey, why are you getting a thirty day supply?

350

Arnold Zopfi 00:50:18.020 --> 00:50:38.220

Instead of a ninety- day supply for these types of medications, that's something we don't do. I can tell you that if you would like, we have done this in the past where we've looked at your utilization and identified members that are getting a thirty day supply. Let's just say Avator Statin and we.

351

Arnold Zopfi 00:50:38.220 --> 00:50:59.340

Actually do a mailing to them a letter sent to them, inform them that there is these two options to you, if you wanted to get a ninety- day supply, it's a cheaper way to go from both the, the plan and the member. So that's available as well. We've done this in the past for a F.

352

Arnold Zopfi 00:50:59.340 --> 00:50:59.980

Couple groups

353

Arnold Zopfi 00:51:00.980 --> 00:51:20.780

And just let me know if you'd like to do that. We'll run a report to see how many actually members are doing this on a maintenance type medication, but overall we don't some groups just actually put it on their website. A conversation piece to let them know about the.

354

Arnold Zopfi 00:51:20.780 --> 00:51:25.980

Ninety- day retail and, or measure way at Amazon.

355

Arnold Zopfi 00:51:29.100 --> 00:51:30.380

Does that help?

356

Thomas Stanley 00:51:31.020 --> 00:51:32.300

As thank you.

357

Arnold Zopfi 00:51:34.220 --> 00:51:52.780

I just wanted to put the next slide in here as, you know, you guys implemented flex access in two thousand and twenty- three and I wanted to show you a little bit of first quarter two thousand twenty- three and what the impact of flex access has.

358

Arnold Zopfi 00:51:53.060 --> 00:52:13.260

For St. Louis County. The thing I want to really look at, if you look at the planned paid and you look at the top, this is your overall spend, which we just got done looking at and as you can see your overall plan paid spend went down twenty- one percent, roughly three hundred and seventy thousand.

359

Arnold Zopfi 00:52:13.260 --> 00:52:33.740

Dollars compared to the year before, if you look at the specially slide, which most of these drugs are, your drug cost went down your, especially cost went down about four hundred and sixty- five thousand compared to the year before. So I just wanted, let's let you know that this program is working.

360

Arnold Zopfi 00:52:33.740 --> 00:52:54.220

Is how we talked about at the end of the year, last year that I think this is gonna be a good product and a good program, which I think you expected to get out of this program in twenty three Now, as time goes on wi- with two thousand twenty- three, we'll see all this works out, but right now, and I can tell you.

361

Arnold Zopfi 00:52:54.220 --> 00:53:07.860

I, I ran it quickly forward to through April and it's doing the same, so it's working very good and as far as decreasing the cost on specially and in the overall spend for Sainty.

362

Arnold Zopfi 00:53:10.220 --> 00:53:12.260

Any questions on that?

363

Arnold Zopfi 00:53:14.700 --> 00:53:15.820

Okay.

364

Arnold Zopfi 00:53:17.900 --> 00:53:37.740

Then we'll get into the specialty spin as you can see your overall specialty spend actually went up about seventy- eight thousand compared to the year before and your planned paid went up about seventy- nine eighty thousand, which is not too bad. I'm with.

365

Arnold Zopfi 00:53:37.740 --> 00:53:58.220

Claims being about the same, but as you can see on the far, right, your biggest increase was growth hormones and auto immune, which is very high utilize utilizing category and went up about seventy- five thousand, but you did see a drop in cancer anti- convol.

366

Arnold Zopfi 00:53:58.220 --> 00:54:17.900

Ence hepsies, cystic fibrosis and MS in twenty two. So, as I said, the claim remained pretty flat at five hundred and forty- four and that's mainly because the decrease, you know, in some of these categories and the increase in others, so overall.

367

Arnold Zopfi 00:54:19.340 --> 00:54:26.100

Your drug spend, especially went up slightly to, about seventy- eighty thousand dollars.

368

Arnold Zopfi 00:54:30.220 --> 00:54:47.700

The next category is the non- specialty and as you can see, you went up about two hundred and seventy thousand and spend about two hundred and fifty- seven and plan paid, and this is mostly due in the diabetes category.

369

Arnold Zopfi 00:54:50.060 --> 00:55:08.620

It was, if you look at the diabetes categories, it's Osappic Charty is, and Victosa, I can't tell you and I think Beth and I had a conversation on this is that you cannot get which is your number one. Diabetic drug, you see it on TV a lot.

370

Arnold Zopfi 00:55:08.620 --> 00:55:29.100

You cannot get that for weight loss. That was one of the concerns out there about members reading or watching TV and some people say, Hey, I'm taking those epics just for weight loss you cannot get those epic through prime Therapeutics and the Blue Cross for weight loss. It has to be for type.

371

Arnold Zopfi 00:55:29.100 --> 00:55:49.580

Two diabetes now weight loss is a part of that, which includes the purpose of a drug, but you can't get it for just weight loss and so I just want you to inform that, and the other thing I wanted to say in combination to the specialty, as well as the GLP one diabet.

372

Arnold Zopfi 00:55:49.580 --> 00:56:10.060

Diabetic medications is that on your top twenty FI or top twenty drugs, which is in the addendum. Everyone has a prior off and a QL associated with. So if the member has to

get it has to meet the criteria number one, so maybe a zeppic is doesn't fit the criteria and another.

373

Arnold Zopfi 00:56:10.060 --> 00:56:30.540

Drive better drug does, and then the second part of that is that they have to meet the quantity level limit recommended by the man drug manufacturer or the FDA. So most of these drugs as we talked about specially in non- specially, not necessarily, you know, adh, I think there.

374

Arnold Zopfi 00:56:30.540 --> 00:56:51.020

There's a quiet level limit on ADH, but there are a lot of, um, programs on these medications and these categories, the other thing I wanna say is that working with Blue Cross, you know, we send data to them on all pharmacy drugs, and the other thing is that we.

375

Arnold Zopfi 00:56:51.020 --> 00:57:11.500

Work on our, um, programs when we review a, let's say a member for a room Chartis for camera that is a cost in most cases from other vendors around forty- to sixty dollars per review when we review these types of drugs for St. Louis County, MI.

376

Arnold Zopfi 00:57:11.500 --> 00:57:31.980

Crosby Shield in Minnesota does not charge you for these reviews, and these could be, you know, into the thousands of dollars that are not charged back to Stust County because Minnesota and private made a decision not to charge their clients for these types of reviews. So I just wanted let you know that, that is in place today.

377

Arnold Zopfi 00:57:33.260 --> 00:57:36.780

Okay, any questions on that?

378

Duluth GSC Lake Superior Room 00:57:38.380 --> 00:57:58.860

Couple of a couple questions. Yeah, okay, can you just give us a general idea on the increase in diabetes this year about how much, what percent was medical and what percent was RX and then do how many new claimates do we have in twenty- twenty-two?

379

Arnold Zopfi 00:57:59.500 --> 00:58:00.780

I'd have to look at it up.

380

Duluth GSC Lake Superior Room 00:58:00.780 --> 00:58:01.420

Stuff as far as...

381

Arnold Zopfi 00:58:01.420 --> 00:58:02.060
Complaintments.

382
Arnold Zopfi 00:58:02.700 --> 00:58:04.620
In micro, find that out for you.

383
Arnold Zopfi 00:58:05.260 --> 00:58:06.860
I don't know.

384
Duluth GSC Lake Superior Room 00:58:07.820 --> 00:58:08.460
And.

385
Arnold Zopfi 00:58:08.460 --> 00:58:09.100
Chris, Chris.

386
Arnold Zopfi 00:58:09.780 --> 00:58:11.660
I would say, and I gra.

387
Arnold Zopfi 00:58:11.660 --> 00:58:14.860
He had in his presentation that the majority.

388
Arnold Zopfi 00:58:14.860 --> 00:58:15.500
Spend.

389
Duluth GSC Lake Superior Room 00:58:15.500 --> 00:58:16.140
Between.

390
Arnold Zopfi 00:58:16.140 --> 00:58:16.780
Political.

391
Arnold Zopfi 00:58:16.780 --> 00:58:19.260
In, in pharmacies, mostly pharmacy.

392
Arnold Zopfi 00:58:21.260 --> 00:58:22.540
Yes, slide on that.

393
Duluth GSC Lake Superior Room 00:58:22.540 --> 00:58:25.740
She did, but it was a little bit too small for me to read.

394

Arnold Zopfi 00:58:25.740 --> 00:58:26.380

Size.

395

Duluth GSC Lake Superior Room 00:58:27.020 --> 00:58:28.140

So.

396

Duluth GSC Lake Superior Room 00:58:29.580 --> 00:58:50.060

What I'm looking for, we had an increase in diabetic spect in twenty- twenty- two. So we wanna try to kind of narrow that down. Is it because we had more people diagnosis diabetes in twenty- twenty two? Is it because there is a big campaign going on with Ocampic and a social media camp.

397

Duluth GSC Lake Superior Room 00:58:50.060 --> 00:59:10.020

Mpaign about, hey, this is a great wait last drug and so people who are already diabetic are running to their doctor's office to get Osempic or is this just in general inflation or new mats coming to the market or what, what changed about diabetes?

398

Duluth GSC Lake Superior Room 00:59:11.180 --> 00:59:30.700

In twenty- twenty- two, that made it jump up for us because we've called it, we decreased it a good chunk probably about five years ago and we've been doing a good job at holding it down, so we really wanna kinda try to pinpoint where that increases coming from, so we can target our wellness initiatives in that direction.

399

Duluth GSC Lake Superior Room 00:59:31.020 --> 00:59:31.660

Thank you.

400

Chris Thomas 00:59:32.300 --> 00:59:35.500

Chris, I think I can answer some of those questions for you.

401

Duluth GSC Lake Superior Room 00:59:35.500 --> 00:59:39.340

Okay, and it, and then Chris has a question when, when you're done.

402

Chris Thomas 00:59:39.980 --> 01:00:00.460

Okay, so, and maybe it will coincide, so we actually saw less members being treated for diabetes last year. There was a decrease of five percent in overall members treated, and when we look at the, the diabetic cost increase so that the increase was thirty- eight percent overall and when we look at the components.

403

Chris Thomas 01:00:00.460 --> 01:00:12.100

Of the trend, the medical costs or the primary driver, they increased approximately fifty percent, whereas we saw about seventeen percent increase in overall drug cost.

404

Duluth GSC Lake Superior Room 01:00:15.820 --> 01:00:24.140

Okay, go ahead Christi. Thanks Chris. That's exactly what I was looking for just an observation with the diabetics that can you, can you hear that? Can everybody hear Crysta?

405

Chris Thomas 01:00:24.140 --> 01:00:24.780

Yeah.

406

Duluth GSC Lake Superior Room 01:00:25.420 --> 01:00:45.260

Yeah, and observation with the diabetics that with the new drugs like that you go from having one perhaps medication to them adding a medication to an existing medication. So one doesn't get replaced with the other, you add to an existing so that could also be driving Diabet.

407

Duluth GSC Lake Superior Room 01:00:45.260 --> 01:00:49.100

Expand is, I went from one medication to two. Okay.

408

Arnold Zopfi 01:00:49.100 --> 01:00:50.380

Okay, which is true.

409

Arnold Zopfi 01:00:50.380 --> 01:00:51.020

Which happens.

410

Duluth GSC Lake Superior Room 01:00:51.020 --> 01:00:53.300

A lot of governments. Yeah.

411

Duluth GSC Lake Superior Room 01:00:55.500 --> 01:01:04.660

And then my other question for you, Arnie was, do we have a number of hormones category that increased significantly last year.

412

Arnold Zopfi 01:01:05.520 --> 01:01:06.800

You cut out it ran.

413

Duluth GSC Lake Superior Room 01:01:06.800 --> 01:01:14.320

In the beginning, sorry, looking for that number of claimants in new claimants in that growth homer category.

414

Arnold Zopfi 01:01:14.480 --> 01:01:15.760

Yeah, I can check that for you. Y.

415

Duluth GSC Lake Superior Room 01:01:15.760 --> 01:01:17.920

Yeah, for sure. Yup.

416

Arnold Zopfi 01:01:18.320 --> 01:01:19.720

No problem.

417

Arnold Zopfi 01:01:25.520 --> 01:01:41.360

Okay, good questions. On the last thing, a couple things with time is, which is the formulary saved about a hundred and fifty- two thousand dollars in twenty- two, the classic net.

418

Arnold Zopfi 01:01:41.360 --> 01:01:47.640

Work which basically eliminates CBS out of the network, say about a hundred and seven thousand.

419

Arnold Zopfi 01:01:49.040 --> 01:02:09.520

Especially accumulator program that was in place in twenty two, which is now Flex access was around five thousand dollars, which only thirty- seven members used. I wasn't surprised by the, the low cost there and your prior authorization, which we talked about with your, um, programs. You can't quite level.

420

Arnold Zopfi 01:02:09.520 --> 01:02:30.000

ENCE and step therapy. Now this is looking at any rejection for a PA- a quantity level limit or a step therapy type product. The savings there was about over eight hundred thousand dollars and what we look at there is what was the claim that was dispensed and the rejection, and then what was filled.

421

Arnold Zopfi 01:02:30.000 --> 01:02:48.560

So if it was filled with a, you know, the recommended, let's say quantity level limit, we take that adjust that cost off the, the first claim and that's your savings. So with all that said you saved about eight hundred thousand dollars with just, um, type programs in place.

422

Arnold Zopfi 01:02:50.560 --> 01:03:10.320

And then lastly, I just wanted to show you something cause this is gonna get more and more is the biosimilars which are coming to market and these, these are a lists of some of them that are hitting gonna hit soon, which Blue Cross and Prime will work together to dis, you know.

423

Arnold Zopfi 01:03:10.320 --> 01:03:30.800

Know, make a decision on each of them, like they did with Lantis, which is this one on the far left, which they took off the formulary and added two biosimilars and what happened we did. I did a graph to show you that in two thousand two in two thousand twenty- two, of course, there's no.

424

Arnold Zopfi 01:03:30.800 --> 01:03:51.280

His claims, there's sixty- six percent symbol claims and thirty- four percent insulin garten that were dispensed and as you can see on the, the right side, the average cost in two thousand and twenty for Lances was five eighty one. The average cost in two thousand and twenty- one was two four hundred and seventy- seven and the average.

425

Arnold Zopfi 01:03:51.280 --> 01:04:10.320

Cost in two thousand and twenty- two for the bio- similars with three hundred and sixty- nine. So it kinda shows you the advantages of when Latis went off the formulary and the two biosimilars were added. So I just thought I'd throw that into the exhibit.

426

Arnold Zopfi 01:04:13.040 --> 01:04:14.280

Any questions.

427

Arnold Zopfi 01:04:16.880 --> 01:04:18.840

Okay, thank you.

428

Arnold Zopfi 01:04:47.600 --> 01:04:48.240

Second.

429

Duluth GSC Lake Superior Room 01:04:49.520 --> 01:04:51.440

Arnie and Chris, can you mute?

430

Duluth GSC Lake Superior Room 01:04:55.920 --> 01:05:07.320

All right, any feedback for virtual if you're having feedback, just let us know in the chat. I think Arnie still needs to mute.

431

Duluth GSC Lake Superior Room 01:05:08.720 --> 01:05:29.200

I mute him got it. Alright, he's got. Alright, so are we reading one next item on the agenda is a presentation from Esan Health Rue Earthrtis management program. I guess this is very timely given the updates that we receive.

432

Duluth GSC Lake Superior Room 01:05:29.200 --> 01:05:49.680

From Blue Cross as this is a continuing growth area of claims and utilization. So do we have someone to call from, I'm in the queue, this one up and then I'm gonna turn it over to Jessica. Can you give me a thumbs up Jessica. If you can hear me right? Okay, you can bring your.

433

Duluth GSC Lake Superior Room 01:05:49.680 --> 01:05:55.160

Your, your presentation up or, or Chelsea can thank you.

434

Duluth GSC Lake Superior Room 01:05:56.720 --> 01:06:17.200

So, so Tiffany and I have been working with Essential for probably the last maybe year and a half on a couple of projects and one of them has been to review our disease management programs that we currently have with them. We have three, one is.

435

Duluth GSC Lake Superior Room 01:06:17.200 --> 01:06:37.680

Heart disease one is pediatric asthma and one is diabetes and given our, actually the results from our twenty- twenty- one health insights reports that we got last year, we, that came up as the big driver.

436

Duluth GSC Lake Superior Room 01:06:37.680 --> 01:06:58.160

Spend, and so we started working with essential Health on developing a disease management program around our RA or room charters and so we've been working with Jessica and Wendy and Chelsea and Betsy and Vivint Fabulous and they've gone to their clinical staff and their clinical.

437

Duluth GSC Lake Superior Room 01:06:58.160 --> 01:07:18.640

Staff has put together a wonderful disease management program that our employees could have access to, and in reviewing the existing programs, we had, we discovered that the pediatric asthma program probably didn't have much of a need any longer and I'm gonna let the assigned.

438

Duluth GSC Lake Superior Room 01:07:18.640 --> 01:07:39.120

Staff going to a little bit more detail, but why that is, so Tiffany and I are proposing that we would adopt this RA program with the, and that we would replace the pediatric ASPR program and so we're gonna learn a little bit more about that from the essential staff.

439

Duluth GSC Lake Superior Room 01:07:39.120 --> 01:07:41.600

Any questions before we get started?

440

Duluth GSC Lake Superior Room 01:07:42.960 --> 01:07:47.360

All right, awesome. I'm gonna turn it over to Jessica.

441

Jessica Martensen 01:07:48.720 --> 01:08:09.200

Good morning everyone. Jessica Martinson here. I am the vice president of Cure Management Programs here at the central. So very pleased to be with you. I have a, a team with me today just to help with answering questions and really to review the proposal. I wanna start out by saying thanks.

442

Jessica Martensen 01:08:09.200 --> 01:08:29.680

To Beth and Tiffany. I think we've had great collaboration calls. We wanna thank you as well for being willing to partner with us over the years. So we've had many years of partnership where we've worked together to develop programs such as collaborative Karen and really county with Blue Cross was.

443

Jessica Martensen 01:08:29.680 --> 01:08:50.160

Was one of the first pairs that really allowed additional payment and a structure to support members as they were seeking care, specifically for behavioral health at their primary care provider, and we know that there's a significant mental health crisis and in the primary.

444

Jessica Martensen 01:08:50.160 --> 01:09:10.640

Care office, this program allows the primary care provider to reach out to a mental health provider to obtain additional consultation and really to get patients the right care at the right time and reduce cost overall. So like bottles like the collaborative care model that we've partnered together on or.

445

Jessica Martensen 01:09:10.640 --> 01:09:31.120

Or opuate work that we've done together over the years. This is a new care management program that we're really bringing forward. We know that health care costs continue to increase overall with specialty medications and we know with many conditions including rumatory dortis. That's an auto.

446

Jessica Martensen 01:09:31.120 --> 01:09:51.600

Immune condition that there are ways that members can actually approach their health and be engaged in their healthcare overall and that can help reduce costs and improve overall outcomes so that it's not just the medication, but it's really engaging in their care plan.

447

Jessica Martensen 01:09:51.600 --> 01:10:12.080

And doing things differently to improve work. We know that a goal of all of ours is, especially a condition like this that affects people in their working age. We want them to be at work and to be able to contribute and really reduce the symptoms of an auto immune condition such as.

448

Jessica Martensen 01:10:12.080 --> 01:10:32.560

Remember I, so this presentation today is going to go over a high level overview of what room toy arthritis is, and some of the long term outcomes, what we're trying to prevent or slow down, talk a little bit about the population within St. Louis County and the employees and family members, what we know about them, and then.

449

Jessica Martensen 01:10:32.560 --> 01:10:41.480

Bring forward the proposal and talk about how it differs from current state with our care management programs with that. I'll turn it over to Chelsea.

450

Chelsea Dummer 01:10:43.440 --> 01:11:03.920

Hi everyone, thanks for Amy. My name's Chelsea Dumer. I'm a program manager with Jessica's team and population care management. I'll be starting off the slides and then I'll queue the next person and so, again, I'm just kind of doing an overview of the discussed proposal about a rematoyed arthritis cure management.

451

Chelsea Dummer 01:11:09.140 --> 01:11:29.620

Remember for the following slides. So, ARI, it's the most common informatory athritis effects about point five to one percent of the population worldwide seeing higher prevalence in northern European and Native American ancestry and understanding the cause really is been seen right?

452

Chelsea Dummer 01:11:29.620 --> 01:11:50.020

Now, to be both genetic and environmental environmental forty percent here is the most important respector we've been working closely with our rheumatologists and rmatology team and really just emphasizing to see smoking in the population that's diagnosed with racupational exposures.

453

Chelsea Dummer 01:11:50.740 --> 01:12:10.580

LBCD and then actually they've seen two, like with many things is increasing physical activity may reduce risk for RA. There's some long term outcomes of rain and reduce mobility, forty percent disabled from work within ten years. So when Jessica mentioned, just the.

454

Chelsea Dummer 01:12:10.580 --> 01:12:31.060

Impact of RA. I'm a working population again, just understanding RA in just a long term impact. We're talking even forty percent within just a small, ten year time frame joint destruction, twenty- five percent of those with RA need joint replacement within twenty years, inflammation to.

455

Chelsea Dummer 01:12:31.060 --> 01:12:51.540

Other organs, everything from heart lung cancer depression has been seen with those authori and overall premature mortality, especially those with heart and lung diseases

that have been so shown associated as long- term outcomes of RA. So like is done with.

456

Chelsea Dummer 01:12:51.540 --> 01:13:08.660

Part of the care management programs and really again, talking about this kickoff and proposal with your population and reviewing, specifically yours twenty- one Saint's County employees with RA, there are twenty one St Los County employees with RA and.

457

Chelsea Dummer 01:13:10.740 --> 01:13:30.580

On fifty percent of them are on specialty medications, right? So the ultimate proposal, you know, Bath and Jessica did a great introduction in summary of kind of the work that's been discussed and talked about, but really saying since your employees have a high prevalence of.

458

Chelsea Dummer 01:13:30.580 --> 01:13:47.860

RA, you wanna ultimately propose implementing a specific RA program through our essential Care management service team. So what is this team and service on tail and care management pharmacy, rheumatology and primary care.

459

Chelsea Dummer 01:13:50.420 --> 01:13:56.020

And from here I will transition it over to Betsy to talk about the goals.

460

Chelsea Dummer 01:13:59.380 --> 01:14:00.500

Anything.

461

Betsey 01:14:00.660 --> 01:14:21.140

So this gives us a few of the goals that we would work on for the care management program, reducing the number of patients using those high cost specialty drugs and just reducing health care costs. Er, visits inpatient stays the risk scores. There's a question here that we do.

462

Betsey 01:14:21.140 --> 01:14:41.620

Do it to evaluate their symptoms and so we would work on education and hopefully helping to reduce those risk scores and then improving health for the RA patients potentially reducing long- term outcomes and then the next slide here is just kind of an overview of our.

463

Betsey 01:14:41.620 --> 01:15:02.060

Management program that we have, We would initially outreach all of those patients that's on that list to offer the care management to them, and should they accept care management. We do a full assessment on them for their initial visit, so that includes.

464

Betsey 01:15:02.740 --> 01:15:22.580

Overall health community resources that they may need along with their rap. Once that is completed, we do a monthly outreach either by phone or through my chart to contact those patients, and then we do that questionnaire, this is a specific questionnaire for.

465

Betsey 01:15:22.580 --> 01:15:43.060

Symptoms that would be done quarterly to assess where they're at medication review by the pharmacist and then we are in collaboration with their specialty providers, their primary care messaging them setting up appointments that they may need referrals that they may need to get.

466

Betsey 01:15:43.700 --> 01:15:45.700

Further care specialty.

467

Chelsea Dummer 01:15:48.180 --> 01:15:49.460

Thank you Betsy.

468

Betsey 01:15:49.460 --> 01:15:50.100

Yeah.

469

Chelsea Dummer 01:15:50.100 --> 01:15:51.380

And Jessica.

470

Jessica Martensen 01:15:53.300 --> 01:16:13.140

So I think one of the most important portions of this program is really our engagement with the pharmacy care management team and we have a couple of them on the call today and they'll review some of their role in the benefits of enrollment and it's really that partnership looking at medication, so it's not only their end- doing education.

471

Jessica Martensen 01:16:13.140 --> 01:16:33.620

On obesity and smoking cessation, as well as just overall health and goal setting, but it's really that partnership with our pharmacy and engagement of the specialists along the way. So we, as Beth mentioned at the beginning, we have provided a few different.

472

Jessica Martensen 01:16:33.620 --> 01:16:53.780

Types excuse me of conditions that we've offered care management too. So the heart failure program diabetes and pediatric asthma, and as we've looked at the population itself and looking at the Pediatric asthma program, we've seen a pretty stable population.

473

Jessica Martensen 01:16:56.660 --> 01:17:13.860

Excuse me and the majority of these patients are at therapeutic standards meeting that they've not had an ED visit or overnight hospital stay related to their pediatric asthma. We also do review closely that they have filled their medications.

474

Jessica Martensen 01:17:14.580 --> 01:17:35.060

So as maybe a number on the call know that ensuring patients have not only a, a controller medication so that treats the immediate symptoms, but they have a long term medication that helps them manage it over time. Both are important and so we do have.

475

Jessica Martensen 01:17:35.060 --> 01:17:55.540

Overview process where we look at that over time as well. So, for this population, at one point, it was a significant risk factor for Saint Lois County and Blue Cross members, but we've really found that the majority of the pediatric patients with asthma have had their asthma control and I think we'll continue to watch this over time to make sure that it.

476

Jessica Martensen 01:17:55.540 --> 01:18:16.020

It, it doesn't bump back up, but we're proposing that we set this program into focus more of our program on conditions such as Rhyter arthritis and diabetes, which know are significant cost drivers and really we have more opportunities to provide education.

477

Jessica Martensen 01:18:16.020 --> 01:18:22.140

Ation wrap around support and really engage them the member in their healthcare overall.

478

Chelsea Dummer 01:18:26.260 --> 01:18:28.340

Thank you and Katie.

479

Katie Haas 01:18:30.740 --> 01:18:51.220

Hi, I'm Katie has the population health pharmacist with the SANCHA with medication being such an intergal part of our management. Our pharmacy team was asked to be involved with this pilot, so we started by creating a set of questions for Q managers to review with patients that are really focused on several medication experience aspects that.

480

Katie Haas 01:18:51.220 --> 01:19:11.700

That we're able to help with, and those are listed here. So things like costed adherence being able to get your medication being able to take your medication. things like that, based on what's identified, we'll, we'll take action with those things as needed, but we'll also be reviewing patient charts to ensure that clinically appropriate.

481

Katie Haas 01:19:11.700 --> 01:19:32.180

Cost effective therapy is being used. Any areas of potential intervention that we identify regarding if effectiveness or changes in therapy would be recommended in triage to primary care or rheumatology based on who is managing the patient, but with that, we also have the resource of an opportunities to partner with our specialty pharmac.

482

Katie Haas 01:19:32.180 --> 01:19:52.660

Y- who's largely involved with our rmatology department in those prescriptions. So help coordinate care for those patients and we can refer to our medication therapy management team of pharmacist in the clinic, if there's other concerns that are identified with medications that may need to be addressed the care management team will also be focusing on.

483

Katie Haas 01:19:52.660 --> 01:20:08.660

On disease state education and providing patients with resources that they need to be successful. So, encouraging tobacuation vaccine status, so ensuring that they're immunized according to guidelines and addressing any other symptoms as needed.

484

Jessica Martensen 01:20:11.860 --> 01:20:20.500

Getting, we should talk a little bit about the descalation in therapy just to define that term in what we're talking about there.

485

Katie Haas 01:20:20.820 --> 01:20:41.300

Yeah, great question. Thanks Jessica, so okay with, with some of these special team medications, you know, frequency can be increased if it's maybe in every eight week medication and we're not seeing a proper responsive therapy, maybe a level is drawn which isn't necessarily routinely done, but.

486

Katie Haas 01:20:41.540 --> 01:21:01.780

That can be done, and if it's low, you know, the frequency might be increased to every six weeks every four weeks. So patients are getting more medication than, than maybe they, they should be, and the de- escalation that Jessica is referring to is, you know, reevaluating that where they're at in therapy is, is.

487

Katie Haas 01:21:01.780 --> 01:21:22.260

Is the increase frequency effective for disease state management? Maybe it's not, and we need to de- escalate and try something different, you know, are they very well managed and we can try going back to, you know, what is approved Indication and frequency. So taking a look at, at frequency of therapy and, and just, you know, number.

488

Katie Haas 01:21:22.260 --> 01:21:22.900

Number of therap

489

Katie Haas 01:21:23.220 --> 01:21:39.220

General to ensure that their frequently being addressed and being addressed promptly because sometimes that is easy for those things to fly under the radar and just kind of keep going as is versus reevaluating that's a great point.

490

Chelsea Dummer 01:21:44.980 --> 01:21:56.580

Thank you, Katie. The last two slides we have questions and are just some proposed next steps, but to hear from this group, what questions do you have?

491

Duluth GSC Lake Superior Room 01:21:59.060 --> 01:22:17.620

Alright, I have a question. I probably should know, but I just don't remember at the top of my head. Can you just remind me Justica? Just because our report today from Blue Cross that we had three cases and children, This disease management program is this just for adults.

492

Duluth GSC Lake Superior Room 01:22:20.820 --> 01:22:21.460

Yeah.

493

Jessica Martensen 01:22:21.460 --> 01:22:32.820

I think we have historically focused on it, but KD, do you have any feedback on that? I know other care management programs, we do really span the entire lifespan.

494

Katie Haas 01:22:37.460 --> 01:22:46.020

I think our focus right now is just on the adult population there hasn't been any mention of bringing pediatrics into it a point.

495

Jessica Martensen 01:22:47.060 --> 01:22:54.980

But we can definitely engage our specialist and just see where they'd like to take that if that's something else that we could address great question.

496

Duluth GSC Lake Superior Room 01:23:01.140 --> 01:23:20.980

Okay, Stephanie has a question. Go ahead, one question is just on slide eight, what is PM PM stand for regarding the program cost, And then my second question is connected to slide four. Were you say how many current employees are followed by Central? is this program for other.

497

Duluth GSC Lake Superior Room 01:23:20.980 --> 01:23:26.300

Our employees eligible who are not followed by a primary care provider through essential.

498

Jessica Martensen 01:23:28.020 --> 01:23:48.500

That's both great questions. So I'm sure you have this in your programs as well where you start using acronyms and then you just don't even recognize so PM PM means per member per month. So those are engaged people a charge per member per month. So thank you so much for calling that out.

499

Jessica Martensen 01:23:49.140 --> 01:24:08.980

And then secondly, because our care management program is based on our epic record and we don't have access to additional patient records that may not for people who may not be seeing a central health providers. So if they are.

500

Jessica Martensen 01:24:08.980 --> 01:24:29.460

Seeking care at essential health and followed either by rumatology or a primary care provider. We're able to engage with that person, but we wouldn't have information on someone outside of those parameters. It would include not only employees, but really covered members under Stuis County health plan.

501

Jessica Martensen 01:24:29.460 --> 01:24:30.580

Plan.

502

Duluth GSC Lake Superior Room 01:24:32.020 --> 01:24:52.500

I'm gonna add to that. We don't have any anybody from Blue Cross in the room anymore to ask this question of, but I know they had said nineteen or the claimants in the RA category that Marina talked about today, which was a question mark for me because.

503

Duluth GSC Lake Superior Room 01:24:52.500 --> 01:25:01.460

I know that essentially you have identified twenty- one patients. Let's just go to Accenture that have RA in our, that are in our health plan. so.

504

Duluth GSC Lake Superior Room 01:25:03.380 --> 01:25:19.940

You know, I think that this is the majority of our radiosis and our health plan are at Accenture. In fact, their number seems to be two more than a Blue Cross has, so I think we're pretty much gonna hit the entire population.

505

Duluth GSC Lake Superior Room 01:25:21.300 --> 01:25:41.780

Of essential health, but I will follow up with Blue Cross and just ask them about that nineteen number wasn't that high spend cases nineteen. Well, subject said also in that box that none of them were in the high case. Oh yeah, so it's, there's a dis, there's something I don't understand about that right there. So I'll follow up with after the meeting and get some.

506

Duluth GSC Lake Superior Room 01:25:41.780 --> 01:25:50.260

Clarification on that, but it, it appears that this will be the bulk of our ratios at essential.

507

Jessica Martensen 01:25:55.860 --> 01:25:59.940

I do see a hand- up or at least I think there's a hand up.

508

Jessica Martensen 01:26:01.620 --> 01:26:02.740

Okay.

509

Thomas Stanley 01:26:02.900 --> 01:26:13.340

I get, this is Tom's only. I have my hand up. I had two questions and I, the first goes to, I guess what you were just talking about. So if someone is.

510

Thomas Stanley 01:26:14.420 --> 01:26:34.900

Like, well, I guess it, it's a two- part, two part for part question one, and then just one part for question two, but relative to someone, let's say in hiping, if they have a rmatologist through the fairview system, there can, they still be part of this program? Is this a delude- based program or is.

511

Thomas Stanley 01:26:34.900 --> 01:26:41.300

Is it throughout the county? I'll just, I'll wait for the, the answer and that, and then I'll just follow up with a second one.

512

Jessica Martensen 01:26:41.940 --> 01:27:02.420

It would be throughout the county, but it would require that the member be seeking some type of care either through rhematology or primary care through essential health, because again, otherwise we wouldn't have access to their medical records or a way to communicate with them and really our agreement was for patients that.

513

Jessica Martensen 01:27:02.420 --> 01:27:05.220

Are seeking care at the Central Health.

514

Thomas Stanley 01:27:06.260 --> 01:27:26.740

Okay, and then I guess to the second part, I'm somewhat ignorant in terms of what would be involved in the special dypes of programs and so on the cost structure page, there's a difference in cost between say, the diabetes program and the program, and I'm curious as to what the drivers are.

515

Thomas Stanley 01:27:26.740 --> 01:27:43.300

That make a difference in that cost structure, cause it seems to me that diabetes is the lifestyle change that would involve a lot of hands on kind of thing. whereas routed Arthrtis is more of an adjustment to medications, but it again, ignorance and I don't, I

don't know.

516

Jessica Martensen 01:27:44.020 --> 01:27:48.620

Any question and appreciate the call out. So.

517

Jessica Martensen 01:27:50.420 --> 01:28:10.260

For the pilot, really what we're proposing is that both of them would have active, not only active pharmacy medication management and review and partnership with the patient, but both of them have lifestyle changes involved. So we talked early on that rumator arthritis and really any auto.

518

Jessica Martensen 01:28:10.260 --> 01:28:30.740

Immune condition is significantly impacted by lifestyle choices, so including smoking including obesity, including compliance to medication and really the proposal is that this program would have active member engagement coordination of care as well as.

519

Jessica Martensen 01:28:30.740 --> 01:28:47.180

Medication management along the way. So hopefully that helps explain it, we can certainly work with Beth more closely to detail that out and, and be more specific on the, the roles and engagement of the member in this space, a great question.

520

Thomas Stanley 01:28:49.300 --> 01:28:51.860

Can I get Ozepic for weight loss through the.

521

Thomas Stanley 01:28:52.500 --> 01:28:53.780

Ray program.

522

Jessica Martensen 01:28:55.700 --> 01:28:58.140

That would be a no, right.

523

Duluth GSC Lake Superior Room 01:29:00.180 --> 01:29:19.380

Okay, I just got this job. So of the twenty- one and I believe what we're saying is Seatless County health plan participants, they may be employees, they might be spouses. They might be dependents. We presume that.

524

Duluth GSC Lake Superior Room 01:29:19.380 --> 01:29:39.860

If we're following them that they are paired with a, a rheumatologist from essential health. so I have a two- part question question. Number one is what are examples of services that they would receive through this program that they currently don't receive what their Regul.

525

Duluth GSC Lake Superior Room 01:29:39.860 --> 01:30:00.340

Real recurring visits now off their, you know, once a year visits or twice a year visits where, with the rubotologist, which, you know, we presume, they are reviewing the, the effectiveness of the therapeutic treatment. They are taking measurements of the presence of the arthritis and their joints and things like that. So what are example.

526

Duluth GSC Lake Superior Room 01:30:00.340 --> 01:30:09.260

Examples of services we get under the program that we don't get with our current primary care physician or rheumatologist appointments.

527

Jessica Martensen 01:30:10.580 --> 01:30:17.620

I think it's a great question. I'm gonna take the first part of it, and then I'm gonna turn it over to our pharmacy colleagues on the.

528

Duluth GSC Lake Superior Room 01:30:17.620 --> 01:30:18.260

Hall here.

529

Jessica Martensen 01:30:18.260 --> 01:30:18.900

Just to help.

530

Duluth GSC Lake Superior Room 01:30:18.900 --> 01:30:19.540

And answer some of...

531

Jessica Martensen 01:30:19.540 --> 01:30:27.860

Other questions on the medications. So similar to diabetes when we start talking about obesity.

532

Duluth GSC Lake Superior Room 01:30:27.860 --> 01:30:29.140

ITY and smoking sensation.

533

Jessica Martensen 01:30:29.140 --> 01:30:31.700

Certainly, those are being addressed at.

534

Jessica Martensen 01:30:31.700 --> 01:30:34.260

Primary care level, where the.

535

Duluth GSC Lake Superior Room 01:30:34.300 --> 01:30:34.900

Of.

536

Jessica Martensen 01:30:34.900 --> 01:30:38.100
Provider or the rumatologist is talking about ob.

537

Duluth GSC Lake Superior Room 01:30:38.100 --> 01:30:38.740
lty city.

538

Jessica Martensen 01:30:38.740 --> 01:30:40.500
Speaking about smoking.

539

Jessica Martensen 01:30:41.300 --> 01:30:41.940
Looking at...

540

Duluth GSC Lake Superior Room 01:30:41.940 --> 01:30:44.500
At their health status, but this would really be.

541

Jessica Martensen 01:30:44.500 --> 01:31:04.980
Particular to diabetes and intensive program where we would be looking at it and partnering with the patient goal setting using a questionnaire to really see how their symptoms are controlled or not, or an escalate questions to the, the provider sooner than the patient, maybe having those symptoms.

542

Duluth GSC Lake Superior Room 01:31:04.980 --> 01:31:06.900
And not not mentioning it.

543

Jessica Martensen 01:31:06.900 --> 01:31:07.540
Or, or.

544

Jessica Martensen 01:31:08.180 --> 01:31:09.460
All of us, right? All of us.

545

Duluth GSC Lake Superior Room 01:31:09.460 --> 01:31:10.740
Know that we should.

546

Jessica Martensen 01:31:10.740 --> 01:31:14.580
Probably be eating differently and exercising more, but this is really just.

547

Duluth GSC Lake Superior Room 01:31:14.580 --> 01:31:15.860
Just similar to.

548

Jessica Martensen 01:31:15.860 --> 01:31:17.780

Diabetes, someone engaging you along the.

549

Duluth GSC Lake Superior Room 01:31:17.780 --> 01:31:19.700

Way and.

550

Jessica Martensen 01:31:19.700 --> 01:31:23.540

Judy, if you're still on the call, would you talk a little bit about the.

551

Duluth GSC Lake Superior Room 01:31:23.540 --> 01:31:24.180

Back

552

Duluth GSC Lake Superior Room 01:31:24.100 --> 01:31:24.740

With.

553

Jessica Martensen 01:31:24.740 --> 01:31:30.500

From mythology and the specialty pharmacy and really address that pharmacy component component that.

554

Duluth GSC Lake Superior Room 01:31:30.500 --> 01:31:31.780

Better than the patient.

555

Jessica Martensen 01:31:31.780 --> 01:31:33.620

Action would receive typically.

556

Katie Haas 01:31:34.340 --> 01:31:36.260

Oh, of course. So our.

557

Duluth GSC Lake Superior Room 01:31:36.260 --> 01:31:37.540

Specialist is looking. Does work...

558

Katie Haas 01:31:37.540 --> 01:31:39.460

Closely with, through my collology...

559

Katie Haas 01:31:40.740 --> 01:31:43.940

Pretty prescription that comes from.

560

Duluth GSC Lake Superior Room 01:31:43.940 --> 01:31:45.220
Ture remologist.

561

Katie Haas 01:31:45.220 --> 01:31:46.500
Does go to our specialty.

562

Duluth GSC Lake Superior Room 01:31:46.500 --> 01:31:47.140
Y- department.

563

Katie Haas 01:31:47.340 --> 01:31:47.780
M- for.

564

Duluth GSC Lake Superior Room 01:31:47.780 --> 01:31:48.420
Quick.

565

Katie Haas 01:31:48.420 --> 01:32:08.900
Political clinical review. Coordination of benefits. If the patient is choosing to fill with our essential specialty pharmac, this is routinely done throughout the year and they're consistently followed by our specialty pharmacy team who again works very closely with our Roomtology Department, if the patient is choosing to fill at an outside specialty pharma.

566

Katie Haas 01:32:08.900 --> 01:32:29.380
You see then it's just the initial review that's done when, when the medication is prescribed in general, pharmacy consults are available to essential patients anytime free of charge whether or not patients know about that service. I think is the, the main driver here. So really with.

567

Katie Haas 01:32:29.380 --> 01:32:49.860
This program we wanted to ensure that pharmacy was involved upfront and that it's made well known to the patient that this is something that's always available to them. Should they choose to speak with the pharmacist, but again, even having that, that background review and, and things that can be addressed here, maybe that the patient hasn't identified as a problem.

568

Katie Haas 01:32:49.860 --> 01:33:08.780
Problem or, you know, that they may not have time to review in their, every six month or once a year visit with the, so we wanted to ensure that pharmacist was involved to really focus on certain aspects that may fall through the cracks during other less frequent visits.

569

Duluth GSC Lake Superior Room 01:33:12.260 --> 01:33:32.100

So I, I wanted to add to that cause thanks for asking that question Jim, cause I asked that same question our last meeting with essential Health and I just wanted to add that there's another layer that I thought was very valuable that the standard already patients at Essentia. don't get that R- Ra patients. Well.

570

Duluth GSC Lake Superior Room 01:33:32.100 --> 01:33:52.580

Business program and that is a care manager, a nurse care manager in besty might wanna add more to what I'm gonna say, but that is somebody who you can call when you are having an issue with maybe a new medication with questions when you're next visit with your.

571

Duluth GSC Lake Superior Room 01:33:52.580 --> 01:34:13.060

Primary, your RA might not be for another month or two. So it's an additional resource and it's a person with a name that, you know, and can dial directly so that, and that's also a person who's going to help you remain adherent to your care program. So if you didn't schedule that follow up program.

572

Duluth GSC Lake Superior Room 01:34:13.060 --> 01:34:33.540

Appointment that your doctor told you to schedule on your way out of the, your last clinic visit this nurse care manager is gonna follow up with you and say, hey know this, the doctor's note said you should be having another visit in three months. They don't see anything up here for you. Can we get you on the calendar, Those types of things and I, and I told them on the last meeting, I'm like, maybe that's why our pediatric.

573

Duluth GSC Lake Superior Room 01:34:33.540 --> 01:34:54.020

Customer does so well, because, you know, you never forget to schedule the appointment follow appointment for your kid, right? But do we want for yourself is just a little bit harder. So, so that was something that was shared on our last meeting. That was an additional benefit of this program, and I'm Jim has another question, but I just wanna see if.

574

Duluth GSC Lake Superior Room 01:34:54.020 --> 01:34:58.180

Best, he wants to add anything to that first because she is a care manager.

575

Betsey 01:34:59.140 --> 01:35:19.620

Yeah, and I think you've covered it. Well, Beth, I was gonna just add that once Katie was done that they actually have a contact person, they have my direct phone number, they can, my chart message me directly and they get response as much quicker, and then you're not talking to a different nurse each time as well who may not.

576

Betsey 01:35:19.620 --> 01:35:31.340

Know your history. So once you get comfortable with that person and, you know, all of that background, you can just provide much better care for them for these. that come up.

577

Duluth GSC Lake Superior Room 01:35:32.420 --> 01:35:52.260

Awesome, thank you. Okay, so really the, the question behind the question that I have is, you know, if we're meeting with a care manager or wherever the, the treatments specialist is if, if I am a non- smoker and I am satisfied with the.

578

Duluth GSC Lake Superior Room 01:35:52.260 --> 01:36:12.740

Therapeutic treatment that I'm receiving our experience is typically people once they find a therapeutic treatment that is, that is affective in treating their, their condition, especially when we're dealing with specialty pharmacy infusions injections, it's not a, it's not like we're gonna start trying different.

579

Duluth GSC Lake Superior Room 01:36:12.740 --> 01:36:33.220

Things to see if we can find something cheaper, you know, every quarter. I mean, the reality is once you find something that helps put your Rtis in a slower acceleration or even in Resion, you typically won't change that therapy. So I don't know how often, you know, it's good that we do the, the therapeutic review, but I also think.

580

Duluth GSC Lake Superior Room 01:36:33.220 --> 01:36:53.700

You know, the, the therapy review by the rmatologist is also gonna check that box. So if we're, if we're not, if for a non- smoker for a smoker, we refer to a cesation program, The medication review, diet, you know, really exercise the physical activity that's listed on, on the form, you know, maybe this is.

581

Duluth GSC Lake Superior Room 01:36:53.700 --> 01:37:14.180

Another area where this program can offer value that they don't already get from their, their meetings with their primary care physician and rheumatologist essential help with the new campus down here in Deluth. They have a campus at the Miller Mall. They have a campus in Hermantown. All.

582

Duluth GSC Lake Superior Room 01:37:14.180 --> 01:37:34.660

Lot of these have fitness centers, maybe there's plans to do something in the northern half the county. if physical activity is something that would help people with the condition, is that something that could be put on the table, either a reduction in monthly program costs or could be part of the program.

583

Duluth GSC Lake Superior Room 01:37:34.660 --> 01:37:54.380

If we enroll them in, in the rue Arthuries and this may not be limited to just the RA, maybe this is part of the, the heart disease and diabetes would essential health be willing to put their wellness centers also on the table as possible options, because I

think.

584

Duluth GSC Lake Superior Room 01:37:55.140 --> 01:38:15.620

In Tiffany, our Tiffany would also say physical activity is a key component to all of these conditions, and so anything we can do to add physical activity for this, and the other programs we would be very interested in that, and I, we think that he sends your health is very well positioned to Prescrib.

585

Duluth GSC Lake Superior Room 01:38:15.620 --> 01:38:28.580

Be exercise and to provide a location to get, you know, fill your prescription, is that something that essential health for this and the other programs would be willing to consider.

586

Jessica Martensen 01:38:31.620 --> 01:38:34.820

We can definitely take that back. I know that a lot.

587

Duluth GSC Lake Superior Room 01:38:34.820 --> 01:38:35.460

Lot of.

588

Jessica Martensen 01:38:35.460 --> 01:38:38.020

Ence, do you have some type of benefit and I don't know.

589

Jessica Martensen 01:38:39.300 --> 01:38:40.580

Probably packed up about this, but.

590

Duluth GSC Lake Superior Room 01:38:40.580 --> 01:38:42.500

Would I would presume that your, or.

591

Jessica Martensen 01:38:42.500 --> 01:38:43.140

May or.

592

Duluth GSC Lake Superior Room 01:38:43.140 --> 01:38:43.780

Organis.

593

Jessica Martensen 01:38:43.780 --> 01:38:45.700

Does as well to.

594

Duluth GSC Lake Superior Room 01:38:45.700 --> 01:38:46.340

Inventivize.

595

Jessica Martensen 01:38:46.340 --> 01:38:46.980

Et that we can.

596

Jessica Martensen 01:38:46.980 --> 01:38:53.380

Can definitely take that back to the team and just see how else may we consider partnering in this space?

597

Jessica Martensen 01:38:54.020 --> 01:38:55.940

Appreciate the comment.

598

Tiffany Kari 01:38:56.580 --> 01:39:01.060

Got, and yeah, just really quick, this is Tiffany here. I'll, we do have a lot of.

599

Duluth GSC Lake Superior Room 01:39:01.060 --> 01:39:01.700

Different like...

600

Tiffany Kari 01:39:01.700 --> 01:39:03.620

Programs, but, or.

601

Tiffany Kari 01:39:03.620 --> 01:39:24.100

Country, what am I trying to say? Well, yeah, programming And not an opportunities, but I think the more the better, right? Cause not everyone fits other folks, so this would be different in a sense from what we, we have as an opportunity to come from a different lens, possibly so employees may feel more engaged or want to be more engaged in it. So.

602

Tiffany Kari 01:39:24.740 --> 01:39:29.460

Yeah, anything we can get back. Great, the love that you're looking into.

603

Duluth GSC Lake Superior Room 01:39:33.060 --> 01:39:50.540

Okay, and Jim, one me to mention that Blue crossage does not do that. The GM membership reimbursements anymore. It's instead just a fitness, just focused incentive that's not about it revolves around fitness centers.

604

Duluth GSC Lake Superior Room 01:39:54.180 --> 01:39:59.220

Okay, any other questions for essential?

605

Duluth GSC Lake Superior Room 01:40:15.300 --> 01:40:15.940

Thank you.

606

Jessica Martensen 01:40:16.580 --> 01:40:18.500
For the opportunity and.

607

Jessica Martensen 01:40:21.700 --> 01:40:23.620
Questions, I'm not hearing anyone. So.

608

Duluth GSC Lake Superior Room 01:40:23.620 --> 01:40:24.740
No.

609

Duluth GSC Lake Superior Room 01:40:26.180 --> 01:40:27.300
Okay.

610

Duluth GSC Lake Superior Room 01:40:39.620 --> 01:40:55.620
Okay, alright, alright we are going to ask you to come back with decision on the fitness piece before we take a vote today and.

611

Duluth GSC Lake Superior Room 01:40:55.620 --> 01:40:57.820
Moving forward with the program.

612

Jessica Martensen 01:40:58.180 --> 01:41:10.980
Okay, and maybe Beth, we can spend a bit more time just being specific on what the request is so that we can present it. Well, but great sounds good. Happy to do that.

613

Duluth GSC Lake Superior Room 01:41:10.980 --> 01:41:13.180
Great, thank you so much.

614

Jessica Martensen 01:41:13.540 --> 01:41:15.260
Have a good day.

615

Duluth GSC Lake Superior Room 01:41:15.460 --> 01:41:35.940
And I think Chelsea's already gone, but thank you Betsy and Katie and Jessica, Yep, and same question. Well, I, I always I was just going to conclude of the thanks and while we have some questions, I, I just wanna say how much we appreciate the effort, you know, several of you on, on the line today.

616

Duluth GSC Lake Superior Room 01:41:35.940 --> 01:41:36.580
The

617

Duluth GSC Lake Superior Room 01:41:36.780 --> 01:41:57.260

Lot of work and fight that you're putting into patient care and to the relationship with St. Louis County. So there's a couple open questions, it sounds like a great possibility and I really appreciate the time and the quality efforts you put into all that, the two percent in today. So on behalf.

618

Duluth GSC Lake Superior Room 01:41:57.260 --> 01:41:59.860

Of the entire committee. Thank you so much.

619

Jessica Martensen 01:42:01.100 --> 01:42:01.740

Thank you.

620

Duluth GSC Lake Superior Room 01:42:01.780 --> 01:42:02.380

Have a good day.

621

Duluth GSC Lake Superior Room 01:42:02.420 --> 01:42:03.540

Day.

622

Duluth GSC Lake Superior Room 01:42:11.980 --> 01:42:32.140

All right, moving on to old business. We have one item and that is an update from Beth on the status of the request for proposals on the health plan administrator. Yeah, so this will just be really quick. You might remember from the February meeting that we are going out for bid on health plan administrative services.

623

Duluth GSC Lake Superior Room 01:42:32.460 --> 01:42:52.940

This year or for twenty- four. So, just an update we did post our proposal out on the demand star website on believe we wanted to have it up by me first, but we actually got it out a couple of days earlier than that, and the good news is, we got immediately.

624

Duluth GSC Lake Superior Room 01:42:53.580 --> 01:43:14.060

Some questions and more data requests, so there's interest, which is awesome. So we've already heard from at least four different entities with follow- up questions based on other proposal. So it's gonna close on June first or second, and then we will be meeting the selection.

625

Duluth GSC Lake Superior Room 01:43:14.060 --> 01:43:34.540

Committee will be meeting on June, twelfth to do the evaluation of the written proposals will identify the finalists and then we're going to enter them on the twenty- eighth of June, and then we will come to the July Health Insurance Committee meeting on section committee. Well, with.

626

Duluth GSC Lake Superior Room 01:43:34.540 --> 01:43:40.380

A proposal for the final candidate.

627

Duluth GSC Lake Superior Room 01:43:42.860 --> 01:44:02.060

The selection committee is going to be myself from HR Jim from administration, Stephanie Mckin, from the auditors and Donna Visco from purchasing and then Sasha Lado from the Health Insurance Committee. So.

628

Duluth GSC Lake Superior Room 01:44:02.060 --> 01:44:05.180

We should have an update for you next time. Any questions.

629

Duluth GSC Lake Superior Room 01:44:09.740 --> 01:44:27.020

All right, thanks Bethan and I, I really wanna give a shout out to Beth and, and to Donna, as well as you can imagine when we put something like this out for competitive bid, the companies that are out there that do health insurance, they have great questions, they.

630

Duluth GSC Lake Superior Room 01:44:27.020 --> 01:44:47.500

Require pulling data and really synthesizing through the health plan. So it's a lot of work. It's not a matter of just putting this out there waiting for the process to close because they wanna know what they're bidding on. They wanna know what are the current rates that we pay for various programs, sort of different programs that are in place and it's, it's largely.

631

Duluth GSC Lake Superior Room 01:44:47.500 --> 01:45:07.980

Ly a ton of work that falls on best shoulder. So there's a reason why we only do this once every five years, and thank you Beth for all the work that you've done and, and thanks to Donna Visco as well. Moving on to new business. The first item we had was voting on adopting the thread is disease management program. So I hope the group.

632

Duluth GSC Lake Superior Room 01:45:07.980 --> 01:45:28.460

US is okay that we have a question for essential health to, to ponder before we take action on this and again, you know, a lot of the, you know, these product disease categories that we have within our health plan.

633

Duluth GSC Lake Superior Room 01:45:28.460 --> 01:45:48.940

It's greats that we have options to try to have better adherence to treatment, but we wanna make sure that we're getting something back out of the program and, and I think with Rhematitis, there's a pretty high likelihood that the, the members are very engaged with their, their specialists who's treating their.

634

Duluth GSC Lake Superior Room 01:45:49.580 --> 01:46:10.060

There adherent to their therapist, you know, their therapy, their medications that they take, and so, you know, the case care management is certainly an added component, but it would be nice if we could do something to help people with physical activity that are at programs and if we can't do it.

635

Duluth GSC Lake Superior Room 01:46:10.060 --> 01:46:30.540

Through our health plan, maybe even if they will put something on the table, like a discount or something that kinda syncs up with their own fitness centers, at least that's something that we get. So if we can delay that to the July nineteenth, I think it'd be worth hearing the response to that question. Jim. I got a question on that.

636

Duluth GSC Lake Superior Room 01:46:30.580 --> 01:46:51.020

Is this a program that has SMDC Came to us with. Did we ask them for to bring us something how did this come about? Well, it came about that. We have regular meetings with essential because we already have existing disease management programs with them, and so in through discussions, we.

637

Duluth GSC Lake Superior Room 01:46:51.020 --> 01:47:11.500

We realize that some of these programs, maybe we're ready to be sunset, but then we knew ARI was our number one spend last year, so we, so Tiffany and I brought the subject of ARI with Essentia and said, what do you think about doing a management program around Max and they brought it back to their clinical staff and their clinical staff was thrilled. It was kind of like.

638

Duluth GSC Lake Superior Room 01:47:11.500 --> 01:47:22.540

Dreaming it was like, creating their own dream program, you know, without I suppose your, your boss, do it this way or do that, make it actually create what they wanted to create.

639

Duluth GSC Lake Superior Room 01:47:24.300 --> 01:47:43.460

Can I ask a question when I bring us back to our membership, I guess will be helpful for me to know. Maybe future topic is what disease management programs are available for non- accenture patients. We don't have any disease management programs with Fairview or Saint Loops. We have reached out to them in the past, but.

640

Duluth GSC Lake Superior Room 01:47:44.140 --> 01:48:04.620

They haven't been very receptive their, their, they've been a little bit difficult to engage and they just think it's that they're smaller entities and they just don't have as much staff as essential has as my guess, and I don't think it's that there's not a desire there. I just think they don't have the, the s- the person.

641

Duluth GSC Lake Superior Room 01:48:04.660 --> 01:48:25.100

L- and, you know, available to work on programs like this looks right now, doesn't even have an end. They had only would have an Indo chronologist into Louth. So, and Stephanie and I would add Blue cross blue Shields and their competitors they do have care management programs for various chronic diseases. So.

642

Duluth GSC Lake Superior Room 01:48:25.100 --> 01:48:34.620

Why did we get into a program that's unique to Central Health and this really goes back a couple of decades with the.

643

Duluth GSC Lake Superior Room 01:48:36.620 --> 01:48:56.460

Majority of the county membership in our health plan, utilizing areas and, and that the luth clinic back in the day in which still holds true today. We estimate quite close to sixty percent or more of all the participants in our plan. They have a primary care physician.

644

Duluth GSC Lake Superior Room 01:48:56.460 --> 01:49:16.940

Had essential health, we wanted to get something a little bit more in terms of, of discounting because we had so many people going there. The trade off was what if, with the county be willing to create a diabetes program and it was hard.

645

Duluth GSC Lake Superior Room 01:49:16.940 --> 01:49:37.420

SE disease or was it COPD made with COPD diabetes and pediatric asthma, and so we agreed for the members that are attributed to Booth clinic and, and St Mary's now he sent you health that they would charge the county a little bit additional to actively.

646

Duluth GSC Lake Superior Room 01:49:37.420 --> 01:49:57.900

Manage those members and, and we probably spend as it like thirty thousand a year or something like that on this program and, and theory you get a good return because they're making sure that people who are being treated for diabetes that they are testing their blood sugar levels that they.

647

Duluth GSC Lake Superior Room 01:49:58.540 --> 01:50:19.020

Counseling them on their diets, People who have COPD that they're adherent to the therapies that they're receiving. So there is additional handling that in theory, results it better care management, we get that from Blue Cross and then there are some instances, In fact, I think we worked up with Blue Cross back in the day when they had care managers.

648

Duluth GSC Lake Superior Room 01:50:19.020 --> 01:50:39.500

Certain programs that the people who are being treated at Essentia for the same conditions we wanted Blue Cross to let those people go and not charges for those people. cause we're already paying for it somewhere else. So there was some duplication services with kind of worked that over the years, so there is like a model that

exists at Essentia.

649

Duluth GSC Lake Superior Room 01:50:39.500 --> 01:50:59.980

It just doesn't exist with St. Loos in Fairview and this is good that we have more engagement from the primary care physicians because these are the people that are, are members trust their, their doctor. So trying to do a care management, they called it, but, you know, people don't want their.

650

Duluth GSC Lake Superior Room 01:50:59.980 --> 01:51:20.460

Care managed by their insurance company, you know, they wanna, they want it by their medical provider, so we do have heart disease. We added heart disease when we saw the cases at our high cases and just overall utilization in that area. We did that probably about eight, nine years ago, more recently we did the mental health and this.

651

Duluth GSC Lake Superior Room 01:51:20.460 --> 01:51:25.700

Seems to be going much better than we even anticipated. So.

652

Duluth GSC Lake Superior Room 01:51:26.860 --> 01:51:47.980

Anything we could do to have the primary care physician treatment team, at least associate with that healthcare system more more closely aligned with the members being treated for the chronic conditions. You probably get better outcomes and so we could, it have these discussions with the essential health and they've been willing to go down these rabbit holes with us. So that's kind of the, the back story and how we got to where we were today.

653

Duluth GSC Lake Superior Room 01:51:51.480 --> 01:52:11.960

Fifty dollars or whatever it is, they charge for everybody or just the people who are actively enrolled in the program and so we have to, even if you have movement toward our frame this, if you don't enroll on this program, then we don't, and, and I just did the math and if every single person enrolled, it would be.

654

Duluth GSC Lake Superior Room 01:52:11.960 --> 01:52:26.000

Thousand twelve thousand dollars a year and you saw the slide today was two point. One million is what we spent on Ruma Charter arthritis. So I think there's probably a hundred and one percent chance. We'll get our twelve thousand dollars.

655

Duluth GSC Lake Superior Room 01:52:29.240 --> 01:52:36.120

All right, so is, do we have consensus on delaying this vote until July nineteenth?

656

Thomas Stanley 01:52:36.920 --> 01:52:38.840

This is time I had a question. I had.

657

Thomas Stanley 01:52:38.840 --> 01:52:39.480
Didn't end up.

658

Thomas Stanley 01:52:40.120 --> 01:52:40.760
Just.

659

Duluth GSC Lake Superior Room 01:52:40.760 --> 01:52:43.200
As getting Tom, sorry.

660

Thomas Stanley 01:52:45.240 --> 01:52:45.880
Really.

661

Thomas Stanley 01:52:45.880 --> 01:52:53.560
It is related to the ask, I guess from Essentia and I didn't quite hear an answer to, you know, how this.

662

Duluth GSC Lake Superior Room 01:52:53.560 --> 01:52:54.800
Be handles the people on the.

663

Thomas Stanley 01:52:54.840 --> 01:52:55.480
Range and maybe.

664

Duluth GSC Lake Superior Room 01:52:55.480 --> 01:52:56.120
Maybe the one.

665

Thomas Stanley 01:52:56.120 --> 01:52:58.880
Paying attention closely enough, but.

666

Thomas Stanley 01:52:59.960 --> 01:53:01.880
Is it possible that affect?

667

Duluth GSC Lake Superior Room 01:53:01.880 --> 01:53:02.520
Connects an idea.

668

Thomas Stanley 01:53:02.520 --> 01:53:14.680
As to how this would work for somebody in hiving or somebody in Virginia or what they would have to do to take advantage of the program and what that would look like, but also, whether or not they can coordinate if somebody is.

669

Duluth GSC Lake Superior Room 01:53:14.680 --> 01:53:16.600
Is in every location.

670

Thomas Stanley 01:53:16.600 --> 01:53:17.240
Has.

671

Duluth GSC Lake Superior Room 01:53:17.240 --> 01:53:17.880
APPRO.

672

Thomas Stanley 01:53:17.880 --> 01:53:19.160
Inary care position.

673

Duluth GSC Lake Superior Room 01:53:19.160 --> 01:53:19.800
With.

674

Thomas Stanley 01:53:19.800 --> 01:53:21.080
Different system.

675

Thomas Stanley 01:53:21.080 --> 01:53:26.200
Or say a rheumatologist with the difference system, whether or not they can work with
the.

676

Duluth GSC Lake Superior Room 01:53:26.200 --> 01:53:27.480
Outside Retur.

677

Thomas Stanley 01:53:27.480 --> 01:53:28.760
lty of this, it's still allow.

678

Duluth GSC Lake Superior Room 01:53:28.760 --> 01:53:29.400
Allow number.

679

Thomas Stanley 01:53:29.400 --> 01:53:30.680
Ture to take advantage of the program.

680

Duluth GSC Lake Superior Room 01:53:30.680 --> 01:53:31.320
Program.

681

Thomas Stanley 01:53:31.320 --> 01:53:31.960
If that works.

682

Duluth GSC Lake Superior Room 01:53:31.960 --> 01:53:33.080
Works.

683

Duluth GSC Lake Superior Room 01:53:35.800 --> 01:53:55.000
All right, the program, my understanding is the program's gonna work exactly the same whether you're in Virginia or that doesn't matter where you're location is if you are doctoring at an essential clinic, which is one in Eli, there's one mountain is it, or is that Virginia? Yeah, there's one hiping tool and Inhib.

684

Duluth GSC Lake Superior Room 01:53:55.000 --> 01:54:06.680
Yeah, so it should work exactly the same as it would anywhere else as it would in luth as far as from a member experience and then.

685

Duluth GSC Lake Superior Room 01:54:07.800 --> 01:54:26.560
N- no, I don't think essentially you would have to be a patient with essential in order to, so the, they're gonna have to have, if your primary care is at Luke's, you would have to have a doctor at Assencia to, for Essentia to be able to build this program to us.

686

Duluth GSC Lake Superior Room 01:54:27.640 --> 01:54:45.560
So anybody could choose to treat their RA at Essentia and then enroll in this program, but if they wanted to stay with their ARI doctor at Saint Luke's, then they wouldn't be eligible for this unless we can get to do something similar. Does that make sense? Or does that answer your question?

687

Thomas Stanley 01:54:45.560 --> 01:55:06.040
Well, yeah, but it, it, I mean, my primary care doctor is with St. Luc. I've had surgery at a Sancha, There's not any problem between them communicating with my primary care position, they send the records back and forth. I've had an orthopoedic surgeon from Essential MRI that was taken at Luke. So all of those records are there in an Interch.

688

Thomas Stanley 01:55:06.040 --> 01:55:06.680
Changeable.

689

Duluth GSC Lake Superior Room 01:55:06.680 --> 01:55:07.960
For that, if they want...

690

Thomas Stanley 01:55:07.960 --> 01:55:15.000

Want to, it's just having this opportunity. It, it's a personal decision for somebody to choose their physician.

691

Thomas Stanley 01:55:15.640 --> 01:55:18.200
Saint Luke's position because.

692

Thomas Stanley 01:55:18.200 --> 01:55:18.840
Years ago...

693

Duluth GSC Lake Superior Room 01:55:18.840 --> 01:55:19.480
Ago.

694

Thomas Stanley 01:55:19.480 --> 01:55:31.640
SAIN Luke's was the low cost provider in the area. We've had the bargain with Essentia to get them to be the lower cost provider at the same time. The University of Minnesota was doing similar things.

695

Duluth GSC Lake Superior Room 01:55:31.640 --> 01:55:32.920
Things and the statement.

696

Thomas Stanley 01:55:32.920 --> 01:55:49.560
With the low cost provider, then all of a sudden they switch programs and now they've got a lower cost insurance plan where if you go to Accenture, you're fine, but in the meantime, you're taking people and you're driving them into a different system based on what the cost categories are at a point in time. So if.

697

Thomas Stanley 01:55:50.200 --> 01:55:50.840
Today until they got.

698

Duluth GSC Lake Superior Room 01:55:50.840 --> 01:55:51.480
Got like a.

699

Thomas Stanley 01:55:51.480 --> 01:56:03.000
Primary care position. Should I be telling them go to Assencia because we like them now and we're dealing with them a lot and they're cooperating with us and their costs are gonna be the same as Saint Luke's or do I say it's still.

700

Duluth GSC Lake Superior Room 01:56:03.000 --> 01:56:03.640
Cheaper help.

701

Thomas Stanley 01:56:03.640 --> 01:56:04.280
Plan.

702

Duluth GSC Lake Superior Room 01:56:04.280 --> 01:56:04.920
To, to.

703

Thomas Stanley 01:56:04.920 --> 01:56:05.560
Had you.

704

Duluth GSC Lake Superior Room 01:56:06.200 --> 01:56:10.040
System and that has the benefit of some reason.

705

Duluth GSC Lake Superior Room 01:56:11.960 --> 01:56:31.160
So I think the patient should go where the patient wants to go that's at the patient's D-
you know, that's up to a patient where they should go. This is just an opportunity for us
to be able to with essential. We had two goals with this program. One was to reduce
total cost of care for RA.

706

Duluth GSC Lake Superior Room 01:56:31.800 --> 01:56:52.280
The second goal was to improve quality of life for our patient and our member, our
employee or employee family member. So those are the two goals, and so this is just an
opportunity for us to be able to do that with some patients. So this shouldn't be
something that should drive, you know, our members to go somewhere else or.

707

Duluth GSC Lake Superior Room 01:56:52.280 --> 01:57:12.760
Choose a different doctor. It's just a sense. You can't operate this, this, this
management program if you don't have a doctor at essential, you're either gonna have
to, like, she said have a. R- A doctor or a primary care, so you could still have your
primary care at Saints and be seeing an RA at the, and then you could participate in this
program.

708

Duluth GSC Lake Superior Room 01:57:13.400 --> 01:57:30.880
And we can reach out to stups and fair view and ask them again, if they have any
economic appetite to do something like this, but this was kinda like a value added by the
healthcare system, not something that we're trying to create to funnel people to one
provider over another.

709

Thomas Stanley 01:57:31.360 --> 01:57:32.600
Yeah, I understand.

710

Thomas Stanley 01:57:32.600 --> 01:57:38.360

Understand that I guess the, really the question is why can't essential work with the doctor. That's not.

711

Duluth GSC Lake Superior Room 01:57:38.360 --> 01:57:39.640

Part of their system.

712

Thomas Stanley 01:57:39.640 --> 01:57:41.560

Will allow somebody to take advantage of this program.

713

Duluth GSC Lake Superior Room 01:57:41.560 --> 01:57:42.840

Program and.

714

Thomas Stanley 01:57:42.840 --> 01:57:43.480

Whether that.

715

Duluth GSC Lake Superior Room 01:57:43.480 --> 01:57:44.120

You know.

716

Thomas Stanley 01:57:44.120 --> 01:57:51.880

Paper assignment of a primary care position for the purposes of being in the program, but the matologist to some place else.

717

Duluth GSC Lake Superior Room 01:57:52.440 --> 01:57:54.120

We can ask them.

718

Duluth GSC Lake Superior Room 01:57:55.640 --> 01:58:01.480

Well, what will ask Jessica when we connect with her after the call after the meeting.

719

Duluth GSC Lake Superior Room 01:58:04.600 --> 01:58:23.160

They may not be interested in doing this if they're not having the patient to tributed to their healthcare system. So it's, it's, it's more of a value added than er, a, you know, a profit center, I think for the, for the healthcare provider.

720

Duluth GSC Lake Superior Room 01:58:24.440 --> 01:58:26.560

But we can ask them.

721

Duluth GSC Lake Superior Room 01:58:28.920 --> 01:58:32.040

Other questions, thanks Tom.

722

Duluth GSC Lake Superior Room 01:58:34.680 --> 01:58:40.960

All right, hearing none. We are gonna move on to a wellness update from Tiffany.

723

Duluth GSC Lake Superior Room 01:58:43.640 --> 01:58:44.760

No.

724

Duluth GSC Lake Superior Room 01:58:47.480 --> 01:58:48.600

Getting.

725

Tiffany Kari 01:58:50.040 --> 01:58:51.320

So I'm gonna.

726

Duluth GSC Lake Superior Room 01:58:51.320 --> 01:58:51.960

I.

727

Tiffany Kari 01:58:51.960 --> 01:58:52.600

Who are.

728

Tiffany Kari 01:58:52.600 --> 01:58:53.880

That, that already has that.

729

Tiffany Kari 01:58:53.920 --> 01:58:54.520

Omar.

730

Duluth GSC Lake Superior Room 01:58:55.160 --> 01:58:55.800

Share with that too.

731

Tiffany Kari 01:58:55.800 --> 01:58:56.440

So, so.

732

Tiffany Kari 01:58:57.160 --> 01:59:00.280

As our diabetes prevention program and.

733

Duluth GSC Lake Superior Room 01:59:00.280 --> 01:59:00.920

An outst.

734

Duluth GSC Lake Superior Room 01:59:01.560 --> 01:59:02.200
In's.

735
Tiffany Kari 01:59:02.200 --> 01:59:04.120
Started with just prevention.

736
Duluth GSC Lake Superior Room 01:59:05.400 --> 01:59:06.040
Was.

737
Tiffany Kari 01:59:06.040 --> 01:59:06.680
Said that we also.

738
Tiffany Kari 01:59:06.680 --> 01:59:07.960
Have the, the main.

739
Tiffany Kari 01:59:07.960 --> 01:59:08.600
Piece as well.

740
Duluth GSC Lake Superior Room 01:59:08.600 --> 01:59:09.240
Well.

741
Tiffany Kari 01:59:09.320 --> 01:59:09.880
On.

742
Tiffany Kari 01:59:09.880 --> 01:59:13.720
We'll have this program. We have good news to share that. We actually have...

743
Duluth GSC Lake Superior Room 01:59:13.720 --> 01:59:15.640
Have five hundred...

744
Tiffany Kari 01:59:15.640 --> 01:59:16.920
OOD in role.

745
Duluth GSC Lake Superior Room 01:59:16.920 --> 01:59:17.560
Group...

746
Tiffany Kari 01:59:17.560 --> 01:59:20.760
The same as county and throughout since we started with.

747

Duluth GSC Lake Superior Room 01:59:20.760 --> 01:59:21.400
Program...

748

Duluth GSC Lake Superior Room 01:59:22.040 --> 01:59:23.320
Remember her employees.

749

Tiffany Kari 01:59:23.320 --> 01:59:25.240
She anticipated and these are not.

750

Duluth GSC Lake Superior Room 01:59:25.320 --> 01:59:25.880
Two.

751

Tiffany Kari 01:59:25.880 --> 01:59:26.520
Duplicate.

752

Duluth GSC Lake Superior Room 01:59:26.560 --> 01:59:27.160
Participa.

753

Tiffany Kari 01:59:27.160 --> 01:59:28.440
Publication, they'll.

754

Duluth GSC Lake Superior Room 01:59:28.440 --> 01:59:29.080
Process per second.

755

Tiffany Kari 01:59:29.080 --> 01:59:30.360
Percent of your round, if you wanna.

756

Duluth GSC Lake Superior Room 01:59:30.360 --> 01:59:31.000
Or you or.

757

Tiffany Kari 01:59:31.000 --> 01:59:31.640
If you can...

758

Duluth GSC Lake Superior Room 01:59:31.640 --> 01:59:34.200
Book the room, which we're getting that.

759

Tiffany Kari 01:59:34.200 --> 01:59:54.680

Because the room isn't needed. So since the inception of this program, we have five hundred that have enrolled and this isn't repeat enrollments once an employee enrolls, they can't actually enroll again, they can drop out of the program for a few months and come back in, but there's.

760

Tiffany Kari 01:59:54.680 --> 02:00:15.160

Once they're not active, but I think it was about three months, They actually don't have access anymore and that's something Beth and I have brought up and, and asked more about because we would love to be able to allow employees to like, jump back jump back in, right? We've had a lot of for a while and, you know, how it is any of you out there that had any goal.

761

Tiffany Kari 02:00:15.160 --> 02:00:35.640

Event any program? It kinda takes sometimes more than once, right? And you would mind jumping back in cause been a great success for so many. So loving that we did have six hundred and thirty- seven actually fill out the application to try to get appropriate modes that gives you an idea of how many.

762

Tiffany Kari 02:00:35.640 --> 02:00:56.120

Many did not qualify, and that would be, they just didn't fall into the lines of either having their requirement of where they would have diabetes or be pro- pre- diabetic and we do have many other programs out there for these employees. What might be great is if we, and I don't think we'll ever be able to find. Yeah, we can't really find out who.

763

Tiffany Kari 02:00:56.120 --> 02:01:16.600

These spokes are, if there was a way at some point we knew who wasn't qualifying, it would be great to be able to say, Hey ch or have, you know, Mada, the rep or whoever reach out and be like, check with your employer on other programs because we have that behavioral change coaching program for those in the total wellness program where they can choose from different.

764

Tiffany Kari 02:01:16.600 --> 02:01:37.080

Different programs that are all about healthy behavior change and we can reimburse up the two hundred and fifty dollars a year, so they can repeat and do that and sometimes programs are more, but that's great. It's a good chunk. We're paying out, right? And they can put some skin in the game too. So that might be something that we, we ask about if there's a way we can, even if it's not.

765

Tiffany Kari 02:01:37.080 --> 02:01:57.560

Coming from us, but there could be when someone from St. Louis County doesn't get in Omada a message pops up. This says reach out to Tiffany or something, right? And because they have some other programs, you may be interested in that you may fit in. So all right, the benchmark Omar's mark, it's seventy- nine percent were above it at

eighty eight.

766

Tiffany Kari 02:01:57.560 --> 02:01:58.200

Percent

767

Tiffany Kari 02:01:58.440 --> 02:02:18.880

So that's great. Let's see, we have four hundred and seventy- one of those five hundred are in the prevention program and we have twenty- nine in the maintenance program. So there might be more, I feel like maybe some aren't really aware maintenance came later.

768

Tiffany Kari 02:02:19.560 --> 02:02:39.400

And some may not fully understand yet that they can actually jump into this even though they have diabetes, they may not have, you're just used to seeing it as a pre- preventative measure, so we can do probably more communicating on that as well, but I'd also love to be able to allow employees to jump back in if we could do that someday. I think we can move.

769

Tiffany Kari 02:02:39.400 --> 02:02:45.160

On, from this to learn to live. So I guess is that comes back.

770

Duluth GSC Lake Superior Room 02:02:45.160 --> 02:02:45.800

Just put this.

771

Tiffany Kari 02:02:45.800 --> 02:02:46.440

Because you have.

772

Tiffany Kari 02:02:46.440 --> 02:02:49.640

Side it's not a big deal be having or not, and I'll give you the numbers.

773

Tiffany Kari 02:02:52.200 --> 02:02:52.840

Yup.

774

Duluth GSC Lake Superior Room 02:02:52.840 --> 02:03:13.320

Tell just good one second. I just wanted to add one thing on the slide. I just wanted to say, you know, and part of this is Kudostifany, the number in the top, the four hundred and sixty was our enrollments as of February, twenty- twenty- three and we got this report in April and we were up to.

775

Duluth GSC Lake Superior Room 02:03:13.320 --> 02:03:33.800

Five hundred and just two months, we jumped up forty- participants in the amount of program. So I- we're not exactly sure what happened there, but for some reason outside him, we've had pretty steady enrollment for the last year or two, but I was in a big push there, so maybe it was all those emails that you religiously send out Tiffany that.

776

Duluth GSC Lake Superior Room 02:03:33.800 --> 02:03:35.080

Did the.

777

Tiffany Kari 02:03:35.080 --> 02:03:35.720

Run.

778

Tiffany Kari 02:03:37.120 --> 02:03:39.560

I have to say it's great, it's being able to get in fron.

779

Duluth GSC Lake Superior Room 02:03:39.560 --> 02:03:40.200

Ative employ.

780

Tiffany Kari 02:03:40.200 --> 02:03:40.840

lon again.

781

Duluth GSC Lake Superior Room 02:03:41.080 --> 02:03:41.480

If.

782

Tiffany Kari 02:03:41.480 --> 02:04:01.960

Especially in person with new employee and we, there's more opportunities coming up to educate supervisors tomorrow. I'm in a management meeting where I get to share all of our resources again because I like, you know, I think it's hard to keep track of them all and then, you know, and be able to share those with, with staff and such. So I think that'll help us where fine tuning our.

783

Tiffany Kari 02:04:01.960 --> 02:04:09.000

Forts to get the word out more, right? And we'll always have work to do on that, but we're moving forward there, so yeah, okay, let's look.

784

Duluth GSC Lake Superior Room 02:04:09.000 --> 02:04:09.640

Learn.

785

Duluth GSC Lake Superior Room 02:04:09.640 --> 02:04:10.920

If Nancy has a question.

786

Tiffany Kari 02:04:10.920 --> 02:04:12.840
I'll okay, I don't.

787

Duluth GSC Lake Superior Room 02:04:12.840 --> 02:04:33.320
But program I had gone to the initial, the initial prevention and was basically told no, you've already got diabetes on this. Isn't a program for you. So I just kinda forgot all about it didn't really pay the attention didn't even know you have that maintenance part of it. I don't unders, I don't know what.

788

Duluth GSC Lake Superior Room 02:04:33.320 --> 02:04:39.880
Maintenance of what that program is. Can you send me some information on that?

789

Tiffany Kari 02:04:40.360 --> 02:04:41.000
Yep.

790

Tiffany Kari 02:04:41.000 --> 02:04:41.640
And that...

791

Duluth GSC Lake Superior Room 02:04:41.680 --> 02:04:42.280
Do you.

792

Tiffany Kari 02:04:42.920 --> 02:04:51.080
Know, one question. I'm not sure and Beth, you may be able to answer this. It hasn't come up if I would assume that despite.

793

Tiffany Kari 02:04:52.520 --> 02:05:13.000
Let's, I'm just wondering if someone at one point doesn't have diabetes yet. Let's just say they are pre- diabetic and they now wanna go back into the program. Can they only do either, or I'm just curious do you know that, like, could they go back in for the maintenance program?

794

Tiffany Kari 02:05:13.000 --> 02:05:18.120
I'm most familiar with the, with the preventative program as I talk.

795

Duluth GSC Lake Superior Room 02:05:18.760 --> 02:05:20.040
In, in the legal group.

796

Tiffany Kari 02:05:20.040 --> 02:05:21.560
Were you were.

797

Duluth GSC Lake Superior Room 02:05:21.960 --> 02:05:32.200

So, yes, they're two different programs, so you could theoretically participate in both of them. You can only be eligible for one at a certain time. You know, you can be eligible for both at the same time.

798

Duluth GSC Lake Superior Room 02:05:33.480 --> 02:05:53.320

It's the same link Nancy. It's just when you, it's the same one minute quiz that you take, and it's the same questions, so I'm just trying to get it a little bit more information, which is kind of indicative, it's like how many people.

799

Duluth GSC Lake Superior Room 02:05:53.320 --> 02:06:08.560

Are hope they're like me who don't have any understanding of this maintenance program that you even have available, so it will just when you take the quiz, if you already have diabetes, it'll ask you that and it'll, it'll just automatically.

800

Duluth GSC Lake Superior Room 02:06:10.600 --> 02:06:17.000

How do I get if you can send it to you and it's on our website and I think you just sent out an- a moder email, didn't youtubh, like.

801

Tiffany Kari 02:06:17.000 --> 02:06:17.640

Yeah.

802

Duluth GSC Lake Superior Room 02:06:17.640 --> 02:06:38.120

Last week we were told you don't qualify for this like that's not on my read out anymore, right? That, how did I just went? Yeah, I am qualified for this. Yeah, you do. I was in the preventative program and when I tried to move to the maintenance program, it kept telling me, I wasn't eligible, they actually had to delete.

803

Duluth GSC Lake Superior Room 02:06:38.120 --> 02:06:45.720

My old preventative account to move to the maintenance account. Okay, that doesn't surprise. Okay, first.

804

Tiffany Kari 02:06:46.440 --> 02:07:06.920

Yeah, yeah, a little bit more Nancy on the program itself. It'll be like a similar feel as if you did become familiarized with what the preventative program may have been way back. you may not even remember, but you're going to have the weekly there'll be a coach and lessons and you'll get to pick and choose how you wanna move through the program, but yeah.

805

Tiffany Kari 02:07:06.920 --> 02:07:08.760

Yeah, we'll get you that information.

806

Thomas Stanley 02:07:12.040 --> 02:07:32.520

Okay, question, then I'm a little cynical. I will say that due to Blue cross- owning Omarta or it seems and all of the emails that they send to push people into the program, I'm curious as to what the cost structure is for this, cause our diabetes spend was up and how much distributed to that.

807

Thomas Stanley 02:07:32.520 --> 02:07:41.360

Diabetes spending increase, but also how the cost compares to the essential program that we just learned about. Thanks.

808

Tiffany Kari 02:07:42.120 --> 02:07:44.160

And I have no idea.

809

Duluth GSC Lake Superior Room 02:07:45.320 --> 02:08:05.800

That, so the central program is fifty dollars thirty dollars Part of me thirty dollars per month. Yeah, for the diabetes and thirty dollars, and I are talking to each. Yes, it is, Chris, it's thirty dollars per member per month with the Sunsha and then the Omad.

810

Duluth GSC Lake Superior Room 02:08:05.800 --> 02:08:08.880

Program is milestone payments.

811

Duluth GSC Lake Superior Room 02:08:10.280 --> 02:08:30.120

Three different time periods. So I believe the first one is after you've been enrolled for four weeks, there's a payment. is it seven hundreds of dollars? Jim, do you the rest of your head? And then there's a, there's three payments and if you collected all three of them.

812

Duluth GSC Lake Superior Room 02:08:30.120 --> 02:08:50.600

I wanna say it was probably at U- one was a hundred and thirty- one dollars. U- two was a hundred and seventy- five. U- three was three, oh, six and U- four it was eighty seven, so it was like, if you completed nine of sixteen sessions, you got to the yout.

813

Duluth GSC Lake Superior Room 02:08:51.240 --> 02:09:11.080

Which was the hundred and seventy- five dollar threshold or the, the payment for that if you attended nine of the six session sixteen sessions, U- three is if you had a five percent reduction in fifty- two weeks, it was three, oh, six and then if, if you had a ten percent reduction.

814

Duluth GSC Lake Superior Room 02:09:11.080 --> 02:09:21.960

Tion in fifty- two weeks, they got the last eighty seven fifty, so I think I straight around seven hundred dollars now. Yeah, Paul in. So.

815

Duluth GSC Lake Superior Room 02:09:23.240 --> 02:09:43.720

Yeah, so that's per participant. So it's about seven hundred dollars per participant, but it's tied to milestones. It's a tied to accountability. It's not just, you are enrolled in the program. You did not opt out so we charged in our fifty dollars a month. So that's the inherent accountability of OMAD.

816

Duluth GSC Lake Superior Room 02:09:44.360 --> 02:09:47.800

Is what drives the return on an investment there.

817

Duluth GSC Lake Superior Room 02:09:48.840 --> 02:09:57.680

What were you going to say before Tom asked this question? I think with the auditor is trying to say is, so.

818

Duluth GSC Lake Superior Room 02:10:00.400 --> 02:10:20.840

And so I, I, since we still have the floor in the room here, yeah, I believe what the auditor was trying to say is Tiffany, if, when we do our next Omar blast, the people who tried the program and were told they didn't qualify, somehow we need to catch their attention in the subject matter, like.

819

Duluth GSC Lake Superior Room 02:10:20.840 --> 02:10:34.960

ADA, if you've been told you didn't qualify or something like that. read this email, right? So we need to capture the attention of people who I know Mada, I don't qualify delete, right? We need to capture those.

820

Duluth GSC Lake Superior Room 02:10:36.200 --> 02:10:38.640

Giving you well.

821

Duluth GSC Lake Superior Room 02:10:41.960 --> 02:10:43.960

Tom, did you have anything else?

822

Thomas Stanley 02:10:45.160 --> 02:10:46.440

No, no, thanks jim...

823

Duluth GSC Lake Superior Room 02:10:46.440 --> 02:10:50.720

Okay, alright, Tiffany back to you.

824

Tiffany Kari 02:10:51.560 --> 02:10:53.480

I'm moving on to learn to live.

825

Duluth GSC Lake Superior Room 02:10:54.120 --> 02:10:56.040
Very, very soon you need to.

826

Tiffany Kari 02:10:56.040 --> 02:10:57.320
Run overviewer more of.

827

Duluth GSC Lake Superior Room 02:10:57.320 --> 02:10:57.960
Idea.

828

Tiffany Kari 02:10:58.640 --> 02:10:59.240
The.

829

Duluth GSC Lake Superior Room 02:10:59.240 --> 02:10:59.880
A larger picture.

830

Duluth GSC Lake Superior Room 02:11:00.520 --> 02:11:02.400
Back in twenty- twenty.

831

Tiffany Kari 02:11:03.080 --> 02:11:03.720
Program.

832

Duluth GSC Lake Superior Room 02:11:03.720 --> 02:11:04.360
Our.

833

Tiffany Kari 02:11:04.360 --> 02:11:05.000
Fail.

834

Duluth GSC Lake Superior Room 02:11:05.000 --> 02:11:08.200
This is what five percent the next year.

835

Tiffany Kari 02:11:08.200 --> 02:11:08.840
Year after.

836

Tiffany Kari 02:11:08.840 --> 02:11:09.480
Twenty- two.

837

Duluth GSC Lake Superior Room 02:11:10.760 --> 02:11:12.040
Create Craz.

838

Tiffany Kari 02:11:12.240 --> 02:11:13.320
M- has.

839

Duluth GSC Lake Superior Room 02:11:13.320 --> 02:11:13.960
Twenty- twenty.

840

Tiffany Kari 02:11:14.600 --> 02:11:15.880
Here we're at.

841

Tiffany Kari 02:11:15.880 --> 02:11:17.160
Fourteen point, two.

842

Duluth GSC Lake Superior Room 02:11:17.160 --> 02:11:17.800
So.

843

Duluth GSC Lake Superior Room 02:11:18.440 --> 02:11:19.080
Today.

844

Tiffany Kari 02:11:19.080 --> 02:11:40.200

So, so we're just getting going, we're already at ten point two percent, which that is, we are told wonderful. Yeah, that is gonna keep growing as people, you know, we'll jump in throughout the year. So we're, we're at a, a good place right now. I'm seeing a good trend there. Really good utilization. I thought it might be interesting to know that seventy- eight percent are women in twenty- two percent are.

845

Tiffany Kari 02:11:40.200 --> 02:12:00.680

Men and I do like these numbers. I think if we were to be having this, this discussion ten years ago, in this room, we might not even have those numbers for men yet, right? And I'd love to see a change where we're getting more, but I think we're doing a good job. We just have to keep talking about it. Leadership needs to keep saying things about about it and, and mental wellbeing.

846

Tiffany Kari 02:12:00.680 --> 02:12:01.320
Right

847

Tiffany Kari 02:12:01.580 --> 02:12:21.140

We're, we're on our way. So the average is forty- five point four and our top categories, and if you look on the chart on, that's that has up here. So we are the larger, the top, the older bar that goes around if you look at the top part of that.

848

Tiffany Kari 02:12:22.060 --> 02:12:42.540

Handout or whatever you want to call here that's displayed here, and so in the, in the orange, that's where we're most at risk. So below is the comparison group we are the bigger the larger arch and so our number one program is actually, we're most at risk It shows with social anxiety employees are taking part.

849

Tiffany Kari 02:12:42.540 --> 02:13:03.020

More, so in that program, next Insomnia, then anxiety itself, depression and substance use coming in after that. So also you may not know or may not remember that learn to live. Now has two new programs that they're offering a panic program.

850

Tiffany Kari 02:13:03.020 --> 02:13:23.500

And a resilience program, which I'm very excited about because I- it provides employees with a, and now another step to move forward to even enhance your lives more maybe after they focused on one of these other areas or they're just looking for a rounded program that just bring more quality help.

851

Tiffany Kari 02:13:23.500 --> 02:13:28.660

Change perception for them in their day- to day. That's what I got.

852

Duluth GSC Lake Superior Room 02:13:30.540 --> 02:13:33.180

Alright, any questions for Tiffany?

853

Duluth GSC Lake Superior Room 02:13:36.300 --> 02:13:55.500

So, so Jim, maybe an observation and, and I should probably be using this program because I think that's my profile up there, probably especially the social anxiety part, but an alternative side, it's, it's kind of overwhelming as we look at.

854

Duluth GSC Lake Superior Room 02:13:55.500 --> 02:14:15.980

ADA and specially management programs, and I, I feel like I've got a lot information overloaded as an average employee that doesn't isn't as familiar with the, we're the health plan, actually I should be more familiar with it. So just a thought, thinking up loud for the future.

855

Duluth GSC Lake Superior Room 02:14:15.980 --> 02:14:36.460

's, how do we kinda repeat the message because it gets overwhelming sometimes you tune out sometimes you don't the, the, the volume of options is both great and a little bit anxiety or like I, I throw up my hands. I like how many websites can I go to, and I.

856

Duluth GSC Lake Superior Room 02:14:36.460 --> 02:14:56.940

Like, enter you have a, a desktop computer, so I know, you know how to log onto something, so technology wise. I'm deficient **- We've got lots of good Steve rolling and obviously many employees have figured this out and that's a really good thing and it's a growing trend, but how do we make it.

857

Duluth GSC Lake Superior Room 02:14:56.940 --> 02:15:17.020

Digestible for, and, and you don't need to answer, I'm just thinking out loud and whenever Jim hears me say that phrase he gets nervous, but it's a lot to, to kind of absorb and so I could be in therapy through working with you while I'm on the treadmill.

858

Duluth GSC Lake Superior Room 02:15:17.420 --> 02:15:37.900

Talking to Essentia through my fairview physician if I have fourteen links and, and I may have a piece that I'll pull out a pieces together and, and I'm being a little bit face facious here, but I think our goal will be to make the digestable and therefore continue to track people.

859

Duluth GSC Lake Superior Room 02:15:37.900 --> 02:15:58.380

Say, myself for a little bit challenged on or maybe more than a little bit challenged on just embracing what we have or under it's a lot to digest and I, I, this insurance committee has the benefit of these discussions, but to me, as an attendee and part of the insurance committee, I'm still a little bit on overwhelm thinking I have.

860

Duluth GSC Lake Superior Room 02:15:58.380 --> 02:16:12.860

Started on this, but when am I gonna find time to, to, to research it and put it all up there. So anything we can do to simplify it and keep it in front of folks. That is probably a long term communication goal, just my thought off the top. Ed.

861

Tiffany Kari 02:16:13.100 --> 02:16:13.740

Yeah.

862

Duluth GSC Lake Superior Room 02:16:13.740 --> 02:16:14.380

Maybe no.

863

Duluth GSC Lake Superior Room 02:16:14.380 --> 02:16:34.860

Okay, I was just the same. Thank you Tiffany for kind of being the, you know, Tiffany and Beth, Our front people with message in here and I, and I would add one other thing if I could the focus from a Wellnet through a wellness lens on mental health and behavior health and substance abuse, you know, we've.

864

Duluth GSC Lake Superior Room 02:16:34.860 --> 02:16:55.340

So far from fitness on it, not to forget the fitness is so critical in, in many respects, just outstanding work to keep up with, with the real needs of an opportunities for our employees. So outstanding work either if I'm having tough time catching up to it, that's on me, Not I.

865

Duluth GSC Lake Superior Room 02:16:55.340 --> 02:17:15.820

But, but you get it that this is really great, then I, I think as an employer and as a health insurance committee, we should really feel very good about these options in an awareness that these are the, the cha times and challenges that we have. So I, I really tip my hand to the insurance committee to, as well.

866

Duluth GSC Lake Superior Room 02:17:16.460 --> 02:17:19.460

You and Beth on, on this front. Thank you, so much...

867

Tiffany Kari 02:17:20.300 --> 02:17:20.940

Yeah, i...

868

Duluth GSC Lake Superior Room 02:17:20.940 --> 02:17:21.580

Just wanna say...

869

Tiffany Kari 02:17:21.580 --> 02:17:22.860

Thank you, have it.

870

Duluth GSC Lake Superior Room 02:17:22.860 --> 02:17:24.139

Z, thank you, Nancy.

871

Tiffany Kari 02:17:24.139 --> 02:17:24.780

Thank you.

872

Duluth GSC Lake Superior Room 02:17:24.780 --> 02:17:27.980

Great, please keep it away. We can get the information.

873

Tiffany Kari 02:17:27.980 --> 02:17:31.820

Information out or if there's something a program you haven't heard about in a while, obviously.

874

Tiffany Kari 02:17:31.820 --> 02:17:32.460

Probably the others probably.

875

Duluth GSC Lake Superior Room 02:17:32.460 --> 02:17:33.099
Have easier, right?

876

Tiffany Kari 02:17:33.099 --> 02:17:33.740
Right, that was.

877

Duluth GSC Lake Superior Room 02:17:33.740 --> 02:17:36.940
Point in and I will work on it communications there to.

878

Tiffany Kari 02:17:36.940 --> 02:17:39.500
Okay, by the way we have a maintenance program.

879

Duluth GSC Lake Superior Room 02:17:39.500 --> 02:17:40.139
Program, it's.

880

Tiffany Kari 02:17:40.139 --> 02:17:42.059
Different French, you may, you know, if you have dia.

881

Duluth GSC Lake Superior Room 02:17:42.059 --> 02:17:42.700
Diabetes.

882

Tiffany Kari 02:17:42.700 --> 02:17:43.340
Like.

883

Duluth GSC Lake Superior Room 02:17:43.340 --> 02:17:43.980
Look here.

884

Tiffany Kari 02:17:43.980 --> 02:17:45.260
Right, wanna say.

885

Duluth GSC Lake Superior Room 02:17:45.260 --> 02:17:45.900
Hat.

886

Tiffany Kari 02:17:45.900 --> 02:17:46.540
Last thing I.

887

Tiffany Kari 02:17:46.540 --> 02:17:48.460

Trying to say to try to.

888

Duluth GSC Lake Superior Room 02:17:48.460 --> 02:17:49.099

Help it's.

889

Tiffany Kari 02:17:49.099 --> 02:17:49.740

One, one.

890

Duluth GSC Lake Superior Room 02:17:49.740 --> 02:17:50.380

Way way.

891

Tiffany Kari 02:17:51.019 --> 02:18:11.500

ES, as I did fill a lot of time into a, a new training on employee, well, being that has to do with all of these wellness resources, that's the point of it, where I, I talk about some buckets of wellness and, and I, I employees assess kind of where they're at, and then I share these resources and, and they're repetitive, right? Maybe cause.

892

Tiffany Kari 02:18:11.500 --> 02:18:31.980

Some that are under social connection or mental health also fit under fitness, right? or nutrition. So it's kind of a nice repetitive training that, that moves through. Anyway, I prisonated only one, but I was really amazed at how people seem very blown away by it. That's what is that The clerical conference up in Chism.

893

Tiffany Kari 02:18:31.980 --> 02:18:53.099

And I did bring all the handouts as well because I knew it's a lot of information overload so they can grab the hand or to what they are. what program they think they're interested in or need to learn more about and there are people scrambling up there grabbing like, pretty much all the handouts they brought. I mean, that was great to see, and it was also, like, wow, there's a need here, so I'm gonna try to contin.

894

Tiffany Kari 02:18:53.099 --> 02:19:13.179

Continue to work to find opportunities that get in front of people at least that way in, in person and share that training where I'm reiterating all that we have to offer everything that we have to offer wellness wise, so any other ideas always let me know Cause we have more work to do than just that. So thank you.

895

Duluth GSC Lake Superior Room 02:19:17.420 --> 02:19:37.260

All right, thanks, Jeff and thanks Kevin for those kind words. I, and we continue to hear whether it's from Blue Cross or just our color parts around the state of Minnesota. We hear that when it comes to health plans and wellness programs. Saint Louis Connie is really the gold standard and, and that is largely.

896

Duluth GSC Lake Superior Room 02:19:37.260 --> 02:19:57.740

Attributed to the work that happens in these meetings and the support we get from our board. So thank you everyone while we're just kinda recognizing the work that we do moving onto the next item under new business is fast report from our auditor. It's looking very good, obviously when you see those numbers.

897

Duluth GSC Lake Superior Room 02:19:57.740 --> 02:20:18.220

Up there I do wanna make note though this difference between that sixteen and the twenty- two at the bottom for the net assets, does this does not include the negative one million five and the negative six fifty for the budget. So it's still not quite as big of a difference, but it still.

898

Duluth GSC Lake Superior Room 02:20:18.220 --> 02:20:38.700

Is looking very good. So I was, I'm very excited to see that that we've been really holding the line here, especially after last year when we decided to not increase it was like, well, is that gonna take us down? That was, I'm really nervous. I was really nervous about doing that, but it was like, given the financial situation that we everybody was in, it was.

899

Duluth GSC Lake Superior Room 02:20:38.700 --> 02:20:49.820

Was, you know, kinda skeptical. So I'm of course, anxious to see as we go along throughout the year, but as of right now we're doing good. So, so our claims are.

900

Duluth GSC Lake Superior Room 02:20:50.860 --> 02:21:11.340

Better than what we typically would, you know what we projected to be happening as of this end of the first quarter. So testing that the dental is up is a little higher, not a lot, but still that's just a little bit up up from what we have budget and last year, for.

901

Duluth GSC Lake Superior Room 02:21:11.340 --> 02:21:31.820

Never matter, Kevin, do you have a question? No, I, I'm, I, Nancy and I have had this conversation, I've always been more optimistic about the health of the fun balance, but I would say that through the auditors lens and the work that they do, and this committee once again, I mean, we're really diligent about ENS.

902

Duluth GSC Lake Superior Room 02:21:31.820 --> 02:21:52.300

Ensuring that we have a, a healthy ro a robust and sustainable fine balance because obviously it's a self- insured plan that's more than important, but more significantly, it just builds confidence in, in our benefit program and, and that's so important, but.

903

Duluth GSC Lake Superior Room 02:21:52.300 --> 02:22:12.780

I'm kinda checkling cause I'm, I'm always on the end of. Oh, it's going to be closer to twenty- twenty, you know, one million and, and I was proving partially wrong last year so

I have to give Nancy and stuff credit on that, but so reason we don't budget for an RX, is that occasional or is that an annual thing? So when we do the budget.

904

Duluth GSC Lake Superior Room 02:22:14.000 --> 02:22:34.480

The most conservative claims thing and it doesn't have any reflection for what I think is isn't that an annual or is that just a temporary rxing. So we can't plan it. That is an annual, and I think we could budget for it. It doesn't have to budget at the two million level, but, you know, some numbers seems to be more realistic as we set the, the budget.

905

Duluth GSC Lake Superior Room 02:22:34.480 --> 02:22:54.960

Where we don't kind of look at it say, Oh, we're going to be down two million bucks, so we know we average a million two or a million. So something just for the budget we obviously will refle do reflect that in the estimate and my other point on, on this is with this great to have this tool look at and the work.

906

Duluth GSC Lake Superior Room 02:22:54.960 --> 02:23:15.440

Stuff that Stephanie does to keep it up to date is much appreciated, even if claims weren't halfway back to where they were, we'd still be in a, a growing fund bounce. So that's really comforting and if claims all the way to where they were last year, we'd be break, even we'd still be at.

907

Duluth GSC Lake Superior Room 02:23:15.440 --> 02:23:33.840

The eighteen and a half million approximately. So lots of good news that, that's to the extent you can, you know, you could have a major claimant in August, you know, something like that or two would, so it's never a failsafe, but this is this when I came on board.

908

Duluth GSC Lake Superior Room 02:23:35.280 --> 02:23:37.320

Many years ago now.

909

Duluth GSC Lake Superior Room 02:23:38.480 --> 02:23:58.920

Talking were talking about, you know, four or five, six million and it kinda warned it down purposely and I got too low and then it EPS and flows, but I think we have a genuine comfort level question factor now in our find balance that reflects arguably more than we need, but.

910

Duluth GSC Lake Superior Room 02:23:58.960 --> 02:24:19.440

It's very solid. So I'm pretty pleased with these numbers and I think that's reflection on our, all our employees. I think we are being more consumer conscious and, and the good work we're doing with great discussions with our providers. We did have a hundred and ten thousand that we did bill out through the, from co.

911

Duluth GSC Lake Superior Room 02:24:19.440 --> 02:24:39.920

Covid, that was helpful. And I, I do believe that that was the right thing to do as well in the SIM a little bit more towards the other side. I like to have more money at end of the account and so Kelvin and I are already always bantering as to what side what's, but what I mean I was having a nervous breakdown and we were done into that four or five.

912

Duluth GSC Lake Superior Room 02:24:39.920 --> 02:25:00.400

I mean, that was raising the flag on doing something that we gotta do something. So I feel much better, you know, where, where we're at. We still have claims of seven hundred and fifty thousand, six, twenty- one, five, fifty, five and six fifteen last month. So they're in April. Yeah, that's month. So, I mean there's still some good healthy claims that are coming through.

913

Duluth GSC Lake Superior Room 02:25:02.960 --> 02:25:10.800

So, so good news anyway, any other questions for the auditor on the financial report.

914

Duluth GSC Lake Superior Room 02:25:14.480 --> 02:25:23.120

All right, hearing none. We'll move on to our last item on the agenda on your business, and that's does anybody have anything else for the group?

915

Duluth GSC Lake Superior Room 02:25:24.720 --> 02:25:25.360

Six.

916

Thomas Stanley 02:25:25.360 --> 02:25:26.640

Let's just.

917

Duluth GSC Lake Superior Room 02:25:26.640 --> 02:25:27.280

I know it's surpri.

918

Duluth GSC Lake Superior Room 02:25:27.280 --> 02:25:28.400

Surprised.

919

Thomas Stanley 02:25:28.560 --> 02:25:30.480

She can't say it wasn't engaged today.

920

Duluth GSC Lake Superior Room 02:25:30.480 --> 02:25:31.600

Okay.

921

Thomas Stanley 02:25:32.400 --> 02:25:52.880

The, I have two, two questions or a comment. I guess one do we still use the Medication Therapy management program and, you know, I'm assuming that if somebody goes into one program, they don't necessarily overlap in another program for paying for them to be in something. I'm just wond.

922

Thomas Stanley 02:25:52.880 --> 02:26:13.240

Onding, if there's ever a need to simplify our offering or if they all hit different categories, but then the second thing is related to something that Arnie said when he was doing his presentation on benchmarking and I think it would be interesting to know instead of necessarily.

923

Thomas Stanley 02:26:13.360 --> 02:26:33.840

Comparing plan spend to a benchmark of other planned spends when there are different deductibles, different things. So, to me, that's a little bit apples to oranges, but it would be nice to know if someone was going to adopt in delude.

924

Thomas Stanley 02:26:34.480 --> 02:26:54.320

What the total cost of that visit is whether it's the contribution from the, from the patient and the plan to that cost, how that compares to other places to kind of get a sense as to whether or not we're more expensive than other places, cause I, I think when we're looking at the, the.

925

Thomas Stanley 02:26:54.320 --> 02:27:14.800

Comparable plan, so if we wanna compare our plan to another county plan someplace numbers, like this, many people participated in this program and those percentages, those are all really easily comparable, but I'm struggling trying to find the, meaning, in the, how much the plan is spending compared to.

926

Thomas Stanley 02:27:14.800 --> 02:27:23.160

How much another plan is spending is being valuable for us in terms of analyzing our costs and where the money is going.

927

Thomas Stanley 02:27:24.400 --> 02:27:26.040

That's a.

928

Duluth GSC Lake Superior Room 02:27:29.520 --> 02:27:50.000

So to answer your first question, yes, we still do medication therapy management. We feel that there's still a, a need for that because not all of the of the sessions are tied to people of chronic disease. There might just be people who have multiple conditions taking.

929

Duluth GSC Lake Superior Room 02:27:50.000 --> 02:28:10.480

You know, a therapeutic treatments that may be prescribed by different physicians, so we still offer that we still feel that there's a, a benefits to making that available and, and I do think that that's largely the main stay most health plans do offer medication therapy management. We were an early adopter so we probably caught in, on some early savings, but.

930

Duluth GSC Lake Superior Room 02:28:10.480 --> 02:28:30.720

I think it's a pretty standard offering at this point, Beth, is there anything you wanna add to that? Yeah, that's funny. asked that time because I couldn't remember if I was in MTM that was exacts thought I had, I know, like I need to go look and see if we're gonna have duplicate services here, once you mentioned that MTM visits at the pharmacist.

931

Duluth GSC Lake Superior Room 02:28:30.960 --> 02:28:51.440

Such a Galky did, so I did check in and it is not arthritis is not in the MTM programs. So the only, I think places where we duplicate is diabetes and I, I don't remember who I said this to. I said, but my philosophy on diabetes is throw everything you have in, in your.

932

Duluth GSC Lake Superior Room 02:28:51.440 --> 02:29:11.920

From everything you could, possibly can, so, so we haven't really held back on any opportunities for treatment programs for diabetes just because it's such a high cost area for us, but other than that, no, we have mental health with LTL learned to live. We have.

933

Duluth GSC Lake Superior Room 02:29:13.200 --> 02:29:32.400

This ARI one is new. We have had the pediatric aspire will for at least the time being, and other than that, I don't think Tiffany do you can you think of any, any place else where there's duplication if Dr and demand that's been changed.

934

Tiffany Kari 02:29:32.400 --> 02:29:33.680

Ah, not that I can.

935

Tiffany Kari 02:29:33.680 --> 02:29:34.320

Thank you.

936

Duluth GSC Lake Superior Room 02:29:37.520 --> 02:29:55.000

We have duplicate, I guess we have fitness discounts that are, you know, you could get fitness discounts through Blue three sixty- five, you get fitness discounts through share care, so there's, you know, but if that again is probably a good thing.

937

Duluth GSC Lake Superior Room 02:29:58.640 --> 02:30:00.760

Did that answer your question?

938

Duluth GSC Lake Superior Room 02:30:01.840 --> 02:30:22.320

First question, and then like on your second, Alpha was a question or more of just sharing an observation we could ask Blue Cross if they could run some reporting for us to give us just cost of care differentiation between, you know, the northeastern Minnesota and other regions of the state. I mean.

939

Duluth GSC Lake Superior Room 02:30:22.320 --> 02:30:42.800

Our experience has been at because of our location and who our options are. I mean, it's, it's probably the second most expensive treatment area in the state Minnesota, second only to southeastern Minnesota, which is largely male clinic, so we, we know that.

940

Duluth GSC Lake Superior Room 02:30:42.800 --> 02:31:02.280

That is there, and so I, what I hear you saying Tom is it would be interesting if they could illustrate that as well because our benchmarks are other cities and counties which are eighty seven counties and over four hundred cities around the state of Minnesota.

941

Duluth GSC Lake Superior Room 02:31:03.920 --> 02:31:23.760

Some of the higher cost attribute us might be because of the location and where we receive our services from, but those are things that we have less control over because there's no level of, I guess there is some education we could do between St Luc.

942

Duluth GSC Lake Superior Room 02:31:23.760 --> 02:31:28.720

CIA, we've done that before we don't necessarily see huge.

943

Duluth GSC Lake Superior Room 02:31:30.160 --> 02:31:50.640

Transition from one healthcare system to another. In fact, the pushback we got from our employees was, we just need to make sure my doctor, my healthcare system is available, so we've worked on the other side of the ledger, which is trying to negotiate better pricing with essential health as a healthcare provider, but you're right. I mean, that is part.

944

Duluth GSC Lake Superior Room 02:31:50.640 --> 02:32:11.120

Part of the probably, what does explain some of the benchmark differentiation, which is why it's helpful that already provides other analytics, like just comparing the, the cost sharing arrangement plan to plan as a percentage of your, whether it's upables.

945

Duluth GSC Lake Superior Room 02:32:11.120 --> 02:32:31.600

Your co- pays your call insurances, they do provide us, those are things we do have control over at the plan level, so we can ask Blue Cross Tom, if that's your, if there is an ask behind the comment we can ask Blue Cross to give us an update on what is the

average differential that we pay more of a premium because of.

946

Duluth GSC Lake Superior Room 02:32:32.600 --> 02:32:33.720

So.

947

Thomas Stanley 02:32:34.520 --> 02:32:35.160

That would be great...

948

Duluth GSC Lake Superior Room 02:32:35.160 --> 02:32:35.800

Great, thanks.

949

Duluth GSC Lake Superior Room 02:32:36.440 --> 02:32:56.920

Yeah, so for July and Jim or bet, did I hear speaking Blue Cross? Did I hear that? We were well below, and I think in a positive way, the benchmark in terms of we are at five percent in the benchmark was fifteen percent. That was that the cost of, of member costs or something like that. And one of the.

950

Duluth GSC Lake Superior Room 02:32:56.920 --> 02:33:17.400

Presentations they reference at the benchmark was fifteen percent and we were at only five percent, right? And it, we're gonna be unique complier that we don't have a high deductible health plan option. Most employers have, I think we also have a benefit rich plan like ours, but then they'll also have a.

951

Duluth GSC Lake Superior Room 02:33:17.400 --> 02:33:37.880

Idable health plan for employees to choose from, and so whenever you're getting into a high deductible health plan, that's when you're getting closer to that fifteen percent member cost shared. I, I'm just saying that our cost shares at five percent, the benchmarks at fifteen, that's a reflection of a lot of work here to keep our costs to members down.

952

Duluth GSC Lake Superior Room 02:33:37.880 --> 02:33:58.360

In some fashion and, and if this committee wants to go to Hai doctable different plan, that's a, a, I think the cost shift would be very different, so it's kinda the other side of the ledger from where Tom is coming from. what are the costs of the access and provider care networks.

953

Duluth GSC Lake Superior Room 02:33:58.360 --> 02:34:18.840

And in this case, I think what costs are, are we contributing and that's the theme that we wanna continue. Cause that's pausing for all of us and I would add to that Kevin, specifically between Blue Cross and essential healthcare system, our same loose. County plan pays on average about six.

954

Duluth GSC Lake Superior Room 02:34:18.840 --> 02:34:39.320

Teen percent less than what other blue cross plans pay because we have a tiered plan design, they're at risk of being assigned to a higher cost here we gave them incentive to reduce the cost that's charged to our members. So I average, and we'll.

955

Duluth GSC Lake Superior Room 02:34:39.320 --> 02:34:59.800

Let's, we have, we have to recognize that the state of Minnesota both are state employee group insurance program and the public employee insurance program peep that they make available. They also have a tiered plan design. They also negotiate with essential health, but all the other cities and counties and townships and even privately ensured.

956

Duluth GSC Lake Superior Room 02:34:59.800 --> 02:35:20.280

Plans through Blue Cross. We pay less per visit because we negotiate additional discounts that other groups don't, but that still might be higher than what we pay on average compared to a group that's down in Oka County or a down in Washington County because.

957

Duluth GSC Lake Superior Room 02:35:20.280 --> 02:35:24.280

There's more competition that they have to be a little more.

958

Duluth GSC Lake Superior Room 02:35:25.400 --> 02:35:33.320

They, they have to chen their pencils on their charges to the health plans down there that doesn't exist here.

959

Duluth GSC Lake Superior Room 02:35:36.920 --> 02:35:40.760

Other comments questions under other business.

960

Duluth GSC Lake Superior Room 02:35:43.960 --> 02:36:02.520

Alright, everyone, thank you so much for your time this morning we have our next meeting. It was July nineteenth, we'll have an updates on the RFP process. We'll probably know, you know, how the interviews went and things like that and we.

961

Duluth GSC Lake Superior Room 02:36:02.520 --> 02:36:08.240

We will not have a preliminary renewal with Blue Cross because.

962

Duluth GSC Lake Superior Room 02:36:10.200 --> 02:36:30.040

Er, you know, they don't wanna share all their secrets with their competitors and it's all gonna be built into their proposal. So the years that we do with these Rfps, we don't typically get up pre- renewal, we may or may not have a final renewal in September. It depends on how far the process we are, but it might be a short meeting in, in July.

963

Duluth GSC Lake Superior Room 02:36:30.040 --> 02:36:32.520

Thank you, thanks everyone.