

February 28, 2024

1:00 – 4:00 p.m.

MEETING:

**SUPERINTENDENT’S INSURANCE ADVISORY
COMMITTEE (SIAC)**

Location:
ESF Board Room

Meeting called by: Amy Williams (BFT Chairperson)

Type of meeting: Advisory

Minutes by: Annette Spiegel

SIAC Members Present: Amy Norton Williams (instructional personnel/BFT); Anthony Colucci (instructional personnel/BFT); Kyle Savage (Instructional Personnel/BFT); Dr. Neleffra Marshall (School Administrators); Lisa Schmidt (Employee Benefits)

Staff: Katy Campbell (Board Member); Cindy Lesinski (Chief Financial Officer); Dr. Mark Rendell (Superintendent); Antonia Scipio (Director, Employee Benefits & Risk Management); Joseph Strohfus (BPS); Annette Spiegel (Risk Management)

Absent: Dimarcus Simmons (Support Services/Local 1010); Allison Markey (Support Services/Local 1010); Ryan Dufraim (Assistant Superintendent of Human Resources)

Guests: Debbie Poole (Lockton); Preston Pomykal & Dr. Monique Gary (Bexa); Jordan Taradash (PeopleOne)

MINUTES

Welcome and Introductions: Amy Williams called the meeting to order.

Approval of the December 13, 2023 & January 17, 2024, Minutes: No discussion. Minutes approved.

BPS Financial Updates: (Joe, Debbie)

- Joe presented financials for December 2023 and for the calendar year. December finished with an operational balance of \$863K, attributable to a \$1.5 million pharmacy rebate and a \$515K stop loss reimbursement from HM Life. 2023 ended with a \$1.5 million deficit, an improvement from \$2.1 million at the end of 2022.
- 2024’s financial position will improve from the \$600K per month contribution from new board rates coming through payroll.
- The cost of running the clinics in December was \$269K and \$3.2 million for 2023.
- Debbie presented an Executive Summary of claims through December 2023. Enrollment decreased 1.2%, membership decreased 3%, and the loss ratio through December is running at 102.5%. RX claims are 22.3% of total cost. Gross claims increased 13% PEPM.
- Through December, 3 claimants hit the stop loss threshold of \$500K and 14 claimants hit half of the ISL accounting for 8% of total gross claims. Stop loss reimbursements are tracked and reviewed to make sure BPS is accurately receiving what is payable.
- Review of paid claims through December 2023 compared to 2022: total budget up 9.1%, total claims up 11.6%, stop loss reimbursements ran 103.7% (some from prior year), RX rebates ran 37.2%, net claims up 8.9%, fixed costs stable at 1.9%, total plan cost up 8.1% and a 1% improved loss ratio of 102.5% compared to 103.4% in 2022.
- Through December, the Gold Plan ran over budget at 111.5% loss ratio but lower compared to 114.7% in 2022 (12.7% improvement, PEPM). The Silver Plan ran higher at 89.1% compared to 85.7% the previous year.
- Anthony and Kyle respectively, asked for clarification regarding discrepancies in annual clinic costs and the annual budget deficit as stated in the handouts. Debbie will review and bring that information to the next SIAC.
- Debbie presented large claims (14 total through December) and noted that the three largest claims’ spend is now trending slower. Net claims paid = \$5.8 million through December 2023, down from \$8.3 million in 2022.
- Debbie provided detailed information from Inflock, Lockton’s data analytics platform. Highlights include strong compliance with preventive and primary care (attributable to the Wellness Program), favorable to norm results on Emergency Room utilization (attributable to Marathon clinics), and good cancer screening rates (including mammograms). There is room for improvement in preventive care for members with two or more chronic conditions. \$10 million was spent on cancer related experiences though members exceed the 50th percentile of Lockton’s BoB norms in screening rates for early identifiable cancers. Kyle expressed concern for previously discussed cancer data (appeared less significant in the BPS population) vs. data presented “today” that indicates the need for solutions. SIAC members commented that discussion was about concierge cancer services in addition to what CIGNA offers. Debbie completed the Inflock review by category: acute/chronic condition details, emergency room data and prescription drug data. Debbie will provide an updated breakdown of the cancer related “spend” at the next SIAC meeting.
- Debbie updated SIAC on Pediatrics in Brevard (PiB) regarding past “in and out of network and Schedule1/Schedule 2 issues.” Laricia Eason, CIGNA’s on-site representative, can help navigate existing issues from 2022. As PiB is now affiliated with

Health First via Previa, they will be a Schedule 2 provider on the Silver plan. Antonia discussed in great detail that this was a *business decision made by PiB* for their organization and BPS cannot “negotiate” that decision to accommodate our Silver Plan design. That is, *one* Health First provider (PiB) cannot be singled out to be a Schedule 1 provider on the Silver plan. CIGNA’S Network Contracting Representative is now engaged to educate staff at PiB offices about the different provider and benefit tiers/schedules under both BPS plans. This outreach should help prevent future miscommunication to BPS members of PiB’s network status as a Silver plan Schedule 2 provider.

- Kyle questioned if dental data is ready. Antonia discussed a delay in obtaining the data since coverage was split, not always with Humana. Kyle stated he is agreeable with 20 vs. 24 months of data to expedite getting the information. Antonia is hopeful to have data soon.

Bexa Summary: (Preston Pomykal, Chief Commercial Officer, Dr. Monique Gary, Chief Medical Officer)

- The Bexa team discussed early breast cancer detection, current breast cancer data and Bexa methodology. Not anti-mammography. Generally focused on assisting women who do not get annual mammograms or preventive care (and enticing the 20–30-year-old population). Bexa technology is twelve years old; program is three years old. Bexa costs approximately \$250-\$300 per exam and can reduce unnecessary imaging and the expenses encountered with traditional imaging processes and delayed diagnoses requiring cancer treatment. Bexa service is mobile, performed on site. It provides a “respectful, gentle” experience, effective in varied cultural and socioeconomic situations. Bexa can eliminate time and appointment issues and expedite the detection process. Adoption of the Bexa process is high. 91% of women leave the exam with a negative result presented immediately. Bexa’s net promoter score is nearly 99.
- Bexa technology produces a high-resolution map of the breast and identifies abnormal tissue via a handheld device used by certified ultrasound technicians. There is no pain/compression, technique is tactile, results are not distorted due to breast density, there is no radiation or thermography involved. If something is detected, a certified ultrasound tech can follow up immediately with an ultrasound.

PeopleOne Summary: (Jordan Taradash, CEO & Co-Founder)

- Jordan Taradash presented the history of PeopleOne in collaboration with Rosencare. Its vision focuses on service to the community through a network of direct primary care offices and providers. It is a “complete well-being ecosystem.” The concept includes direct primary care, integrated care teams and a service partner network. It’s concierge care.
- Facilities are “one stop” including primary care, generic medications, laboratory services, care coordination, dieticians, health coaches, LCSWs, pharmacists, specialty consults, technology, behavioral health, physical therapy, advanced imaging, cardiology testing, pulmonology services and DME. For patients, there are no copayments, deductibles, coinsurance, paperwork / bills. Optional membership with a pre-negotiated one-rate system.
- Example: The School District of Osceola County has a 3-year savings history of \$41 million over traditional healthcare, but PeopleOne is the only healthcare option for its employees. They have a high preventive care compliance rate among employees.
- 88% of employees’ healthcare needs are satisfied with the PeopleOne plan. Net promoter score is 84, very high vs. industry averages.
- BPS retains its current self-insured healthcare plan for emergencies, surgeries, and other procedures/services not accommodated by PeopleOne.
- PeopleOne is currently communicating with Brevard County to establish 4 locations within the county. To move forward, they are looking to gain commitments from multiple partners (“multiple employer shared facilities”) who will be offering PeopleOne to their employees. Once the commitments are in place between the county and the partners, PeopleOne can move forward in an eight- or nine-month time frame. When operational, the facilities will not only service the employer-partners’ employees but also members of the community.
- BPS pays the (“*health care not health insurance*”) \$1800 membership per employee per year that results in an approximate savings of \$1200-\$2200 per member per year for health care. If the member stops using the services, BPS does not pay the entire \$1800 per year but only \$150 per month for the months the member is active. BPS does not pay for non-utilization of services. Mr. Taradash estimates that BPS’s goal would be 20-30% membership for “year one.” Costs like pharmacy or imaging will never hit the traditional healthcare plan. They are included in the annual membership fee for each member.
- SIAC members Katye and Amy questioned the availability of services and practitioners. Jordan described that each facility accommodates 12,000 members and BPS, as “an early adopter” of PeopleOne, would have options built into its plan to make sure its members are accommodated. Dr. Rendell questioned the 12,000-member capacity of each office at the time enrollees increase. Jordan replied that when they reach 8,000 aggregate members for the 4 locations, PeopleOne will begin to open new offices.
- Kyle asked about pediatrics. PeopleOne membership is for age 2, up. Lisa gained clarification for SIAC regarding the number of M.D. and P.A. visits per day --16 maximum/provider -- for a clinic servicing 12,000 members.

Additional Discussion: (SIAC Members)

- Amy proposed moving the next SIAC meeting from March 27th to March 20th due to spring break. Antonia commented that the next meeting must include addressing the budget and confirmed for Katye that Marathon information would most likely be ready. Joe confirmed financial data through January, not February, would be available. March 20th confirmed.
- Kyle questioned the next steps regarding Bexa and PeopleOne. SIAC discussed the vendors in detail.
- Antonia stated that PeopleOne brought new information to the discussion today (example: “community partners”) not presented at the initial meeting with PeopleOne. She said this raises new questions and concerns that need to be addressed. Further investigation is now needed regarding Rosencare and partnering with Steward Hospital.
- Dr. Rendell would like The School Board of Osceola County to share their PeopleOne experience with BPS.
- SIAC expects information to be available for the March 20th meeting but it’s short notice and may push decisions into April.

- SIAC raised and passed individual motions for both vendors, Bexa and PeopleOne, to be recommended to Dr. Rendell for further investigation and exploration to see if they fit the needs of the district.
- **Next SIAC Meeting:** Wednesday, March 20, 2024, 1:00 p.m. - 4:00 p.m. in the Superintendent's Conference Room.