

CHURCHILL COUNTY INSURANCE ADVISORY COMMITTEE
MINUTES OF MEETING – September 18, 2012

The meeting was called to order at 1:41 pm by **Geof Stark** at Conference Room 102 of the Churchill County Administrative Complex, 155 N. Taylor Street, Fallon, NV.

Present: Geof Stark Diane Wargo Cindy Wright
Debi Kissick Patti Lingenfelter Lacie McAfee

Absent: Jon Haugen

Others Present: Tim Holland of L/P Insurance Services, Inc.

Posting: **Chairman Stark** verified that the agenda was posted in accordance with the NRS Open Meeting Law; **Debi Kissick** confirmed that it was.

Public Comments: There was no public present.

Review and Adoption of Agenda: **Chairman Stark** asked if there were any changes to agenda; **Debi Kissick** said there were none. **Diane Wargo** moved to accept the agenda as submitted; **Lacie McAfee** seconded the motion and the decision carried unanimously.

Approval of Minutes for the July 17, 2012 Meeting: **Diane Wargo** moved to approve the June 19, 2012 Minutes as written; **Patti Lingenfelter** seconded the motion and the decision carried unanimously.

Review of Monthly Status Report: **Tim Holland** of L/P Insurance handed out copies of the year-end status report for June with Saint Mary's; we had a very good month with a gross paid loss ratio of 62%; giving us a net paid loss ratio of just 74.71% after the \$217,943 in pooled claims was deducted, and net claims paid of \$1,307,985.

At this point we are still waiting for reports from Cigna; it is a standard practice to place a 30-day hold on all claims after the inception of the policy. Then we don't receive information on the claims until 60-days after the claims are received. We are expecting full reports on October 1st. The reports should include monthly enrollment, medical claims, RX claims, in-patient hospital stays, utilization reports, out-patient, lab and X-ray, and ER. A major difference between the reports from Saint Mary's and Cigna is that we always had to wait for Saint Mary's to generate the reports and someone else to scrub them up before they sent them to us. Cigna is going to give us online access so we can pull up the reports anytime. We're hoping they will be able to break down the reports with everything we're asking for—Roger is going to ask for everything possible. The whole thing is to maintain transparency so you know where the dollars have gone, and to get as much information to you as HIPAA will allow.

Insurance Questions from County Employees: **Debi Kissick** indicated that she had heard nothing but positive comments, the EOBs are easier to read and understand.

Diane Wargo asked if anyone else had received an EOB for the dental; she and her husband went to the dentist and had the same exact procedure done, a cleaning, but insurance paid more on his than they did on hers; the charges were identical but they paid more on his than they did on hers. **Mr. Holland** had a feeling the office must have coded the bills differently for that to happen. **Geof Stark** asked if he could see that EOB, just to make sure it gets figured out and taken care of.

Geof Stark noted that there was a situation where a person had a mammogram done and they received a \$20 co-pay for the radiologist to read the mammogram. That should have been 100% covered under preventive care.

General Discussion of Insurance Committee Matters: Chairman Stark noted that Cigna had sent out letters stating they would hold claims for 30 days, surprisingly he only had one employee contact him about that letter. They were holding claims until almost the middle of August before they started paying, but then about a week later he received all of their EOBs in one shot. So he figured everybody must have been paid okay because he hadn't heard anything else.

We have had an issue in that the emergency room was a covered provider, but the doctors in the ER were not on our preferred provider plan. The Churchill Mangat Physician's Group are separate and they do all of their billing separately; they contacted Geof asking for all of the insurance information so they could request to get on the plan. He assumed they were receiving payment as if there were preferred providers since he hadn't heard anything else about it.

Sharon Chicvara was going through the billing with a fine-toothed comb and we've found that they billed us too much for the high deductible health plan, and some other stuff. He had emailed this information to Sarah earlier today and she is already on top of it. And she has a list of current issues (premiums they have billed wrong, etc).

We had some issues with Sun Life for the dental plan, the census data migration from Guardian did not go smoothly. If anyone ever had dependent or family coverage, they showed them all as being on the plan (even though the kids are 30 years old now); or family coverage with no dependent names listed. Some employees' kids were listed as dependents for other employees—it was a mess. At least every employee was covered, if anything, with too much coverage. Now we have to reconcile the bills and go back to make sure everyone is paid back for being overpaid. **Patti Lingenfelter** noted that they had received a card for her step son who has not been on their insurance for a long time.

There are usually some hiccups with conversions, but we had all three policies at the same time, so it was a bit overwhelming. The biggest challenge was the electronic census, anyone who filled out the paperwork did not have issues, just the electronic census. **Mr. Holland** asked if Cigna had sent us any correspondence explaining the online access and how to create a sign on; the committee members were already aware of that, but they weren't sure whether they had received anything from Cigna explaining it.

Public Comments: There were none.

Set Next Meeting Date: The next regular meeting will be on Tuesday, October 16th at 1:30 pm in Room 102.

Adjournment: The meeting was adjourned at 1:51 p.m.

Respectfully Submitted,

Debi Kissick