STAYWELL

Mendocino County School Districts Health Plan

Steering Committee (ONLY) Meeting
8:30 a.m. - 9:30 a.m.
Birch Lab 1

Google Meet joining info:
Video call link:
Meeting ID
meet.google.com/xer-iwnc-bqw

Phone Numbers
(
PIN:

AGENDA
STAYWELL COMMITTEE MEETING
Friday, October 25, 2024
MCOE – River Room
2240 Old River Road
Ukiah, CA 95482
9:30 a.m. -12:30 p.m.

I. **Call to Order**
   - **a.** Roll Call
   - **b.** Approval of Agenda
   - **c.** Approval of Minutes (April 26, 2024 & September 6, 2024)
   - **d.** Public Input

II. **Reports**
   - **a.** Steering Committee
   - **b.** 2023-2024 Year-end Claims Update
   - **c.** 2024-2025 Claims Update

III. **Staywell Health Plan Review** – Arrow Benefits (Keith)

IV. **Elect New Steering Committee Member**

V. **ANCILLARY GROUPS** – Open discussion re: allowing Ancillary Groups to have voting rights

VI. **Wellness Program Discussion/Vote**
   - **a. Mobile Mammography Labs**
   - **b. Mobile Blood Draw Labs for Screening**
   - **c. District Based Wellness Programs (discussion only)**

VII. **Bylaw(s) Discussion**

COMMITTEE MEETINGS (page 4)

4. The Staywell Chief Financial Officer's administrative support person shall distribute the meeting agenda no later than 72 hours ~~one week~~ prior to the meeting date (per Brown Act requirements). (Amended 1/25/19) (Discussion 10/25/2024)

ELIGIBILITY – Correct to reflect current assignments (page 8)

1. Eligibility status for July ~~and August~~ coverage shall be determined by the August ~~September~~ assignment. (Discussion 10/25/2024)

ENROLLMENT (page 11)

1. ~~New employees that meet eligibility guidelines to qualify for Staywell benefits will have a 30-day waiting period to qualify for said benefits. Benefits will become effective on the first day of the month following the required 30-day waiting period~~ (Amended 1/22/2021) (Discussion 10/25/2024)

Change to:

1. New employees that meet eligibility guidelines to qualify for Staywell benefits and have a contract begin date that falls between the 1st & 20th of a month, benefits will begin on the 1st day of the following month. If the contract begin date begins on the 21st day of the month through the last day of the month, benefits will begin on the first of the of the month after:

Ex:
Jane Doe's contract begins on 8/17/24, her benefits will begin on 9/1/24.
Joe Smith's contract begins on 8/25/24, his benefits will begin on 10/1/24.

Remove from Bylaws – Out of Date

2. ~~Employees working less than 85% of full time who must pay a portion of their benefits may enroll during the first 31 days of employment with coverage to begin on the 31st day.~~

VI. Adjournment

See next page for important reminders:

STAYWELL

Mendocino County School Districts Health Plan

REMEMBER: The Google Meet virtual option is ONLY available to those that have been pre-approved by the board.

A reminder regarding remote attendance:

AB 2449 Brown Act regulations

- A quorum must participate in person from a singular physical location identified in the agenda, that is open to the public, and within the boundaries of the LEA.
- Individual board members may participate in board meetings remotely, if they notify the Board at their earliest opportunity, and have one of the following:
    - Just Cause: Individual board members can participate remotely when caregiving of a family member, a contagious illness, a physical or mental disability, or LEA-related travel prevents them from appearing in person;
      - May not be used more than two meetings per calendar year per Board member.
      OR
    - Emergency Circumstances: Individual board members can participate remotely when there is a physical or family medical emergency that prevents them from appearing in person.
      - The board member must describe the emergency in approximately 20 words without disclosing any personal medical information.
      - Board must take action to approve the member's request.
      - A board member may not claim emergency circumstances more than three consecutive months OR 20 percent of the regular meetings within a calendar year

Staywell Bylaws Voting Requirements:

- Business transactions require a quorum (51% of eligible voting members)
- Each voting member should have been a participant on the Staywell Board for two meetings of the current contract year when the next year's health contract is approved.

STAYWELL
MENDOCINO COUNTY SCHOOL DISTRICTS HEALTH PLAN

STAYWELL COMMITTEE MEETING
Friday, April 26, 2024
MCOE River Room & Via Google Meet
2240 Old River Road
9:30 a.m. – 12:30 p.m.

PRESENT

Anderson Valley:	Belma Rhoades	Casey Farber	Sara Hayward
Arena Union Elementary:	Bernadette Maul	Kelly Piper	Tansey Leiser
Ft. Bragg:	Dana Waugh	Karen Leland	Wendy Boise
Laytonville:	Jenet Carbaugh	Sarah Davis	Shannon Ford
Leggett:	Alia Schoettgen	Brenda Bullington	
Manchester:	Jennifer Dempsey (remote)		
MCOE:	Craig Perry	Melissa Dale	Mike Nemeth
Pt. Arena Union High:	Dunnell Daleuski	Maria Ortega	
Potter Valley:	Justus Hawks	Krista Looney	
Round Valley:	Barbara Figueroa		
Willits:	Jenni Wyatt	Melissa Coughlin	Melissa Ragsdale
Horicon:	Darshan Hodges	Patti Pomplin Jenifer Holmes*	Stephanie Frazier
MCYP:	Caroline Keller*		
Staywell CFO:	Heather Rantala*		
Staywell Recorder:	Traci Doster*		
Arrow Benefits Group:	Keith McNeil*	John Sarna*	
Others:			

*Non-voting Participants

ABSENT

Leggett:	Ruby Arias			
Manchester:	Denise Mendoza	Stephanie Herrera		
Pt. Arena Union High:	Teppi Canton			
Potter Valley:	Paul Monlux			
Round Valley:	Teddy Dildine	Becky Vordermann		
Charter Academy:	Elna Gordon*			
Others – MCOE*	Heather Rantala*			

DRAFT

CALL TO ORDER

The meeting was called to order by Wendy Boise at 9:32 a.m.

INTRODUCTIONS

Roll call was conducted.

APPROVAL OF AGENDA

MSC Melissa Dale/Patti Pomplin, to approve and adopt the agenda of April 26, 2024. Discussion: Items number two & three will be reversed on the agenda. **Motion carried (28/0)**.

APPROVAL OF MINUTES

MSC Patti Pomplin/Melissa Ragsdale, to approve the minutes from Staywell Meetings of March 22, 2024. **Motion carried (28/0)**.

PUBLIC INPUT

None.

REPORTS

Steering Committee:

The Steering Committee discussed today's agenda.

2023-2024 Claims Update: Keith McNeil: The 2024 FY Claims updated showed a Fund Ending Balance of $12,063,375. The current reserve amount is $12,063,375 however, the plan will be receiving approximately $670,000. The plans fund will indicate a Reserve surplus of approximately $3.7million to 3.8 million once the stoploss funds are received.

STAYWELL HEALTH PLAN REVIEW - DISCUSSION/VOTE: ALL

Staywell Health Plan Review: Keith McNeil

Graph Review: The 2024 FY has four claims over $160K but below $205K and six claims over $205k (one below $250K and five over). Costs are slightly over the Trendline for the year.

Plan Design Options: Will be discussed in the Fall.

Issues to Discuss:

1. **Plan Options to Consider:**
    a. **EAP:** An example of an Employee Assistance Program was provided.
    b. **Dental & Vision:** Dental could use Lucent as the TPA and Anthem as the PPO network (though Anthem has a very small dental presence in our area). Another option that was discussed was to make the plan self-funded where each district could define their own benefits and Arrow Benefits could work as the consultant with each district. The same options were discussed for vision. The Lucent charge for dental administration plus broker fee is $4.00 and the Anthem PPO network access fee is approx. $1.48 PEPM. The Lucent charge for vision administration plus broker fee is $1.55. The VSP PPO network access fee is not known at this time.
    c. **Life Insurance:** Life Insurance was removed from the plan options.
    d. **Mobile Mammography: Update: Nothing new to report:** Alinea. An event would be approximately three days (even at different locations) and would cost approximately $13,810. If there are other clients in the area interested in participating, it might bring the cost down. They would require a minimum of 30 people per site. If daily minimums are not met, Alinea will charge $150 per unfulfilled appointment. Primary care physicians will receive results in about ten days and members in 30-days. No additional charge per person. Results can be supplied to Vital Incite. They need a 30-day lead time, and they will bill our health plan.

e. **Mobile Lab: Update: Nothing new to report:** Prices were provided by myOnsite HealthCare, LLC for various collection types. Staywell can have mobile blood draws at different sites (one per day). The cost per person is $110 plus the costs here, along with some other possible smaller charges. This can include data sent to Vital Incite for review. The key point is that this is for the health of the members and not for statistics for Staywell.
f. Physician approvals would be required for those under age 40 for mammograms. For lab tests: You can order your own blood tests in California, depending on the test. Blood tests for glucose, cholesterol, pregnancy, occult blood and HIV do not require a doctor's order. If Staywell isn't going to count services performed by the mobile provider against the preventive benefit, then nothing would be needed. However, if stable is wanting Lucent to track these mobile services as part of their annual preventive benefit lucent would need some sort of claim file to load. Once a decision is made this can be discussed internally on how Lucent would be involved to meet their needs.

2. **Stop-loss Renewal (Discussion/Vote): MSC Karen Leland/Patty Pomplin** to increase the Stoploss plan deductible from $205,000 to 250,000 per claim thus potentially reducing the overall cost of the annual renewal by .94%. Discussion. **Motion carried (28/0).**

3. **2024-2025 Premium Rates (Discussion/Vote): MSC Justus Hawks/Melissa** to approve the 2024/2025 PEPM annual premium to $1345.52. **Motion carried(28/0).**

4. **One-Time Use of a Portion of The Reserve Amount to Offset the Premium Increase For The 2024/2025 FY (Discussion/Vote): MSC Melissa Dale/Karen Leland** to use 37.59% of the surplus fund for the 2024/2025 FY to keep the 2024/2025 FY premium rates at the current 2023/2024 FY rate of $1,226.64. Discussion regarding the pros and cons of using that much of the surplus in one year. **Motion carried (19/9).**

5. **Vital Insite Review:** Vital Insite shows that mammography still has consistently low compliance. It was noted that the pricing on the Vital Insite report is across the board. The question arose as to whether the costs indicated are for the actual mammogram or for the radiologist that reads the exams. This will be researched further. It was also noted that while members are being encouraged to go to places "other than the hospitals" for these types of examinations, alternative locations are not being provided. Arrow Benefits will look into alternative locations as well as mobile mammography & mobile labs. The possibility of incentivizing the use of other locations or mobile labs will also be discussed.
6. Using wellness money for GoLo, Weight Watchers, etc. - Will hold special meeting in September to discuss.
7. Incentive Members to Not Use Hospital PTs - Will be discussed in the Fall.
8. Require Prior Authorization before MSK Surgery - Will be discussed in the Fall.
9. **Increase Coverage for Allergy choices to 100%?** Arrow Benefits will look at the overall cost of the doctor's visits and the prescriptions to analyze how much it would cost the plan to pay for this service 100%. This item will be brought back in the Fall for consideration.

Claims Informatics: Update: A review of claims incurred from 6/1/2023 through 4/03/2024 shoed that $1.6 million total plan assets were analyzed (1,064 total claims / 4,254 records) and of those analyzed it was found that $48 thousand total plan assets were overcharged. Of the $48K improper payments, Claim Informatics has recovered $13K.

Aware Health Update: Members utilizing Aware Health see their MSK claims costs decrease significantly. The average PMPM for Aware Health users use 73% less than non-users. Items discussed: Aware Health will be sending out emails on how to use their services. The question was asked to the committee, "does StayWell want to allow sending messages by text"? Also discussed was the idea waiving the members deductible if the member agrees to try a course of treatment with Aware Health PRIOR to surgery (and then still has the surgery). Some companies require the use of PT prior to surgery.

CanaRx Update: CanaRx currently has one member enrolled. The plan is seeing a 78.42% savings over the same medication sourced from the United States. The projected annual savings for this prescription is $4,502.17. The net program savings since inception (August 2020) is $18,191.78. That is a 79.97% savings to the plan.

OTHER

Special September Meeting to Discuss Wellness Programs (Discussion/Vote): MSC Shannon Ford/Melissa Dale to hold a special meeting in September to discuss Wellness Programs. Discussion. Traci will send out a survey to determine the best date and location to hold the meeting. **Motion carried (28/0).**

Calendar 2024/2025 FY (Discussion/Vote): MSC Karen Leland/Dunnell Daleuski to approve the Friday option for the 2024/2025 fiscal year Staywell meeting calendar. **Motion carried (28/0).**

Selection of Steering Committee Members (Discussion/Vote): MSC Melissa Dale/Melissa Coughlin to nominate Craig Perry, Shannon Ford and Melissa Ragsdale to the Steering Committee. **Motion carried (28/0).**

ADJOURNMENT

MSC Karen Leland/Dana Waugh to adjourn the meeting. **Motion carried (28/0).** Meeting adjourned at 11:43 a.m.

STAYWELL
MENDOCINO COUNTY SCHOOL DISTRICTS HEALTH PLAN

STAYWELL COMMITTEE
SPECIAL MEETING
Friday, September 6, 2024
MCOE River Room & Via Google Meet
2240 Old River Road
9:30 a.m. – 12:30 p.m.

PRESENT

Anderson Valley:	Kali Johnson	Keevan Labowitz	
Arena Union Elementary:	Bernadette Maul	Tansey Leiser	
Ft. Bragg:	Dana Waugh		
Laytonville:	Jenet Carbaugh	Shannon Ford	
Leggett:	Brenda Bullington		
Manchester:	Jennifer Dempsey		
MCOE:	Becky Jeffries	Craig Perry	Mike Nemeth
Pt. Arena Union High:	Dunnell Daleuski	Karen Randolph	Maria Ortega
Potter Valley:	Justus Hawks	Olivia Andrade	Paul Monlux
Round Valley:	Barbara Figueroa	Teddy Dildine	
Willits:	Melissa Ragsdale		
Horicon:	Jenifer Holmes	Stephanie Frazier	Teppi Cantin
MCYP:	Shelby Ford*		
Staywell CFO:	Heather Rantala*		
Staywell Recorder:	Traci Doster*		
Arrow Benefits Group:	Keith McNeil*	John Sarna*	Emily Wallace*
Others:			

*Non-voting Participants

ABSENT

Anderson Valley:	Sara Hayward			
Arena Union Elementary:	Kelly Piper			
Fort Bragg:	Karen Leland			
Leggett:	Alia Schoettgen	Ruby Arias		
Manchester:	Denise Mendoza	Stephanie Herrera		
Round Valley:	Becky Vordermann			
Willits:	Jenny Wyatt			
Charter Academy:	Elna Gordon*			

DRAFT

CALL TO ORDER

The meeting was called to order by Traci Doster at 9:36 a.m.

INTRODUCTIONS

Roll call was conducted.

STAYWELL HEALTH PLAN REVIEW - DISCUSSION ALL

Staywell Health Plan Review: Keith McNeil

Graph Review: The trendline is edging slightly up - Costs are slightly over the Trendline for the year.

Issues to Discuss:

1. **Mobile Mammograms and Labs – Update**
2. **Wellness Programs – Update**

Mobile Mammograms: Preventive care has long been well under the utilized by Staywell members and is well below the national standards. The Committee has been discussing and considering offering to send Mobile Mammography labs to some of the districts to encourage members to participate in the free preventive care exams. One option brought to the Committee is to have Alinea Medical Imaging conduct one or two "events". An event consists of three consecutive days either at the same location or at different locations. There is a minimum number of 30 members that would need to be processed each day, otherwise, there will be a $150/unfulfilled appointment cost. Each event would cost approximately $14,000. If 30 members participated each of the three days (90 participants), the cost per mammogram would be approximately $155 each compared to the current average cost of $700-$1000 each. The Committee discussed the cost of local mammograms compared to the cost of the mobile option. Based on the data provided by Vital Incite regarding cost and utilization of local services, the mobile option would save the plan a substantial amount of money.

The imaging for the mobile lab is 2D. Members over the age of 40 would be eligible to participate in the mobile lab and the lab would be for preventive care, not diagnostic. If the member wishes to have the results provided to their physician, the results would be sent in about 10 days.

A survey was sent to Staywell members to see if there would be enough interest in proceeding with this option. Over 200 members responded to the survey on the first day and the response was overwhelming, yes.

Mobile Lab: As is the case with preventive mammograms, the same is true for annual preventive care labs. Preventive care has long been well under the utilized by Staywell members and is well below the national standards. The Committee has been discussing and considering offering to send Mobile Labs to some of the districts to encourage members to participate in the free preventive care lab screenings. One option brought to the Committee is to have my Onsite Health Care conduct one or two mobile lab phlebotomy events. The members would be able to select from a series of pre-approved blood draws. This could include Comprehensive Metabolic Panels (CMP), Lipid Panels, HbBA1c & BMI. The cost per person is $110 plus the cost of each test requested. The purpose of this would be for the health of the members and not for statics for Staywell. My Onsite Health Care would require appropriately 100 members to participate.

It was made clear that Staywell will NOT be receiving any of the results from either the mammography or mobile labs. The sole purpose of offering these services is to encourage members to take advantage of the preventive screenings.

Wellness Programs: Keith stated that wellness programs have shifted from cost containment to more along the lines of comradery. The Committee discussed many different wellness programs ranging from wearable wellness trackers to weight loss programs, to smoking cessation programs. It was decided that a single focused program would not benefit the group as a whole and that something else should be considered. One suggestion was that perhaps each district could come up with

proposals as to what would work for them and present them to the board for consideration for funding. For example, one district could focus on walking contests and offer prizes, and another district could focus on weight loss contests and offer prizes for that. The Committee would then consider the request and award a set amount of money. All districts would have an equal opportunity for funding their districts programs.

It was mentioned that Staywell already has several programs in place that offer members the opportunity to participate in their own wellness programs, some at no cost to them. There are programs available though ConnectCare3, Blue Cross, Aware Health & Health Tap & Renalogic. It was requested that Traci create a one page "poster" outlining the available programs to distribute to the districts. It was also suggested that the Committee consider offering incentives for people to utilize the programs that are already available.

Items to bring to the October 25 meeting:

- Mammogram Mobile Lab – Discussion/Vote
- Mobile Phlebotomy Lab – Discussion/Vote
- Wellness Programs – Discussion

ADJOURNMENT

Meeting adjourned at 11:47 a.m.

Next regular meeting: October 25, 2024

Staywell JPA
Activity For Period Ending 6/30/24

	12/31/2023	2/29/2024	3/31/2024	6/30/2024	
Beginning Balance	$ 12,927,518.73	$ 12,927,518.73	$ 12,927,518.73	$ 12,927,518.73	a
Revenues:					
Medical/Rx Premiums	$ 6,957,975.30	$ 9,329,225.20	$ 10,655,049.96	$ 14,392,364.64	
Pharmacy Rebates	$ 179,621.77	$ 350,281.38	$ 350,281.38	$ 475,880.78	
Stop Loss Reimbursements	$ 630,588.32	$ 1,181,668.98	$ 1,181,668.98	$ 1,932,449.43	
Lucent Reimbursements	$ 28,283.97	$ 28,283.97	$ 28,283.97	$ 31,668.35	
Interest	$ -	$ 62,383.57	$ 133,507.16	$ 348,719.46	
Total Revenues	$ 7,796,469.36	$ 10,951,843.10	$ 12,348,791.45	$ 17,181,082.66	b
Expenditures:					
Supplies	$ 206.96	$ 330.01	$ 330.01	$ 423.39	
Professional/Consulting	$ 24,859.56	$ 24,859.56	$ 24,859.56	$ 152,721.78	
Legal Fees	$ 1,625.00	$ 1,625.00	$ 2,437.50	$ 3,520.00	
Admin Fees	$ 1,910,467.45	$ 2,510,484.93	$ 2,816,665.75	$ 3,730,173.30	
Paid Medical Claims	$ 5,555,719.20	$ 8,456,135.25	$ 10,368,642.10	$ 14,678,705.39	
Total Expenses	$ 7,492,878.17	$ 10,993,434.75	$ 13,212,934.92	$ 18,565,543.86	c
Net Increase/(Decrease) in Fund Balance	$ 303,591.19	$ (41,591.65)	$ (864,143.47)	$ (1,384,461.20)	b-c
Ending Balance	$ 13,231,109.92	$ 12,885,927.08	$ 12,063,375.26	$ 11,543,057.53	a+b-c

STAYWELL JPA
STEERING COMMITTEE MEETING - 10/25/2024
RESERVES

FUND BALANCE:

Beginning Balance, July 1, 2023	$ 12,927,519
Net Increase/(Decrease) in Fund Balance	(1,384,461.20)
Ending Balance June 30, 2024	$ 11,543,058

STABILIZATION FUND/ADDITIONAL RESERVE

(Total of 8 months of previous three year rolling average claims)

Year	Total Claims
2020-21	12,159,410
2021-22	12,722,588
2022-23	15,119,635

Stabilization Fund = 2 months of the previous three year rolling average claims

2 months of the average of 21-23 claims: $ 2,222,313

Additional Reserve = 6 months of the previous three year rolling average claims

2020-21 through 2022-23 Rolling Average Claim: $ 6,666,939

Total Reserve based on revised bylaws	*$ 8,889,252*
Current Total Reserve as of 6/30/24	*$ 11,543,058*
Deficit /Surplus	*$ 2,653,806*

STAYWELL JPA
STEERING COMMITTEE MEETING - 06/30/2024
2023-24 CLAIMS & PREMIUMS REPORT

	Paid Medical/ Rx	Medical/Rx
Jul-23	$ 1,097,238	$ 1,128,753
Aug-23	771,596	1,086,833
Sep-23	1,121,963	1,111,824
Oct-23	1,013,912	1,167,020
Nov-23	924,327	1,239,371
Dec-23	626,683	1,224,174
Jan-24	1,457,013	1,155,823
Feb-24	1,443,403	1,215,427
Mar-24	1,912,507	1,325,825
Apr-24	$ 967,657	$ 1,241,265
May-24	$ 1,515,709	$ 1,214,618
Jun-24	$ 1,826,697	$ 1,281,432
Total	**$ 14,678,706**	**$ 14,392,365**

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Staywell JPA
Activity For Period Ending 9/30/24

		9/30/2024	
Beginning Balance	$	11,545,302.45	a
Revenues:			
Medical/Rx Premiums	$	3,530,820.92	
Pharmacy Rebates	$	167,594.79	
Stop Loss Reimbursements	$	665,973.94	
Lucent Reimbursements	$	2,067.55	
Interest	$	-	
Total Revenues	$	4,366,457.20	b
Expenditures:			
Supplies	$	-	
Travel / Mileage	$	97.28	
Professional/Consulting	$	18,643.67	
Legal Fees	$	-	
Admin Fees	$	754,740.16	
Paid Medical Claims	$	3,867,756.52	
Total Expenses	$	4,641,237.63	c
Net Increase/(Decrease) in Fund Balance	$	(274,780.43)	b-c
Ending Balance	$	11,270,522.02	a+b-c

STAYWELL JPA
STEERING COMMITTEE MEETING - 10/25/2024
RESERVES

FUND BALANCE:

Beginning Balance, July 1, 2024	$ 11,545,302
Net Increase/(Decrease) in Fund Balance	(274,780.43)
Ending Balance September 30, 2024	$ 11,270,522

STABILIZATION FUND/ADDITIONAL RESERVE

(Total of 8 months of previous three year rolling average claims)

Year	Total Claims
2021-22	12,159,410
2022-23	15,119,635
2023-24	14,678,706

Stabilization Fund = 2 months of the previous three year rolling average claims

2 months of the average of 22-24 claims: $ 2,330,986

Additional Reserve = 6 months of the previous three year rolling average claims

2021-22 through 2023-24 Rolling Average Claim: $ 6,992,959

Total Reserve based on revised bylaws	*$ 9,323,945*
Current Total Reserve as of 10/31/24	*$ 11,270,522*
Deficit /Surplus	*$ 1,946,577*

STAYWELL JPA
STEERING COMMITTEE MEETING - 10/25/2024
2024-25 CLAIMS & PREMIUMS REPORT

	Paid Medical/ Rx	Medical/Rx
Jul-23	$ 1,526,440	$ 1,150,826
Aug-23	1,765,704	1,140,836
Sep-23	575,613	1,239,158
Oct-23		
Nov-23		
Dec-23		
Jan-24		
Feb-24		
Mar-24		
Apr-24		
May-24		
Jun-24		
Total	**$ 3,867,757**	**$ 3,530,821**

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STAYWELL

MENDOCINO COUNTY SCHOOL DISTRICTS HEALTH PLAN

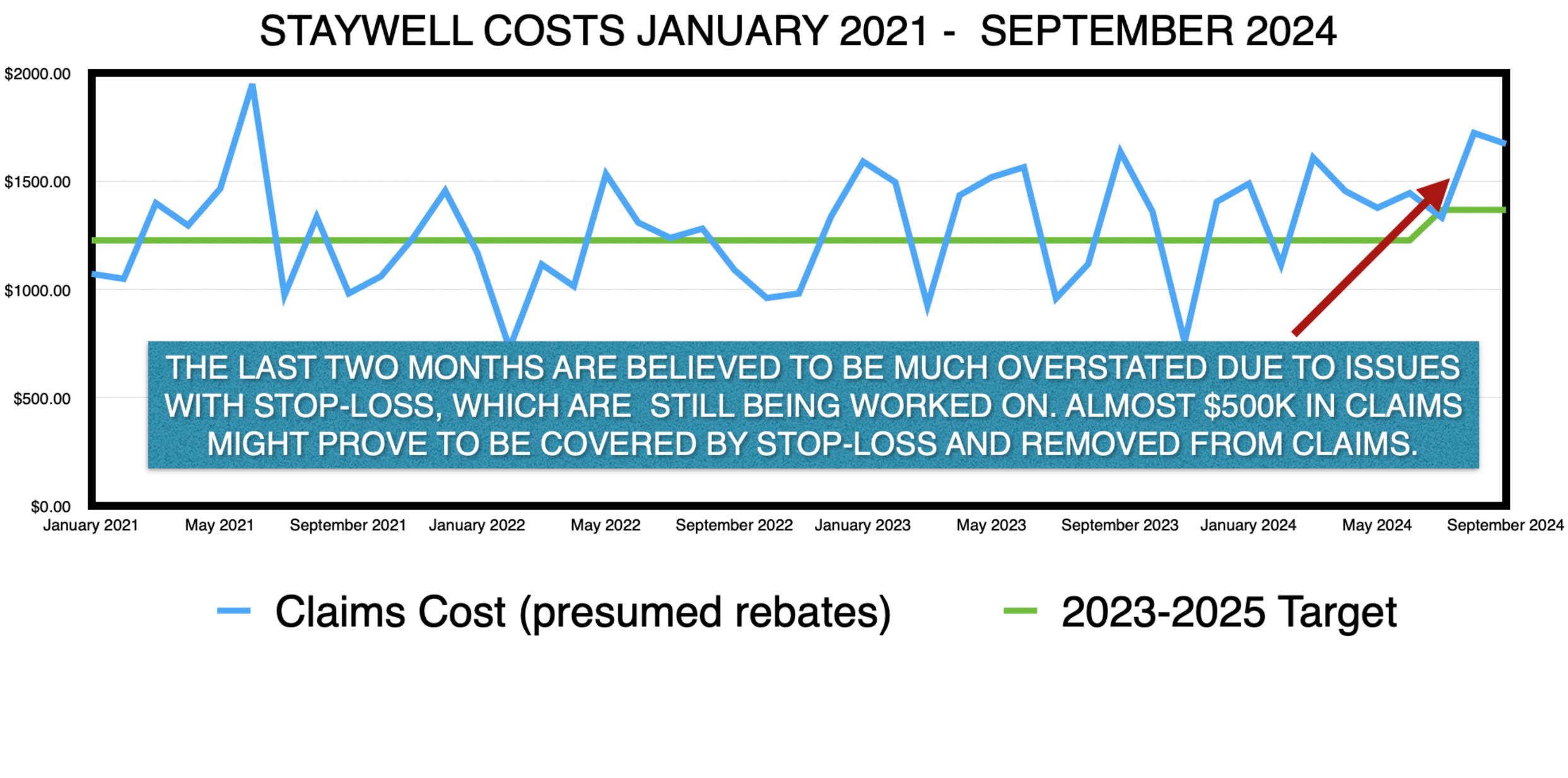
Staywell Health Plan Review

October 25, 2024

Arrow Benefits Group

Complex Questions. Straight Answers.

Here are total plan costs from January 2021 through September 2024.



ISSUES TO DISCUSS

Plan Design Options (One Active Plan vs. Multiple)

Potential Additional Plan Options: **EAP, Dental, Vision, Life**

Mobile Mammograms and Labs

Communication Platform and Targeted Providers

Telehealth: HealthTap versus Teladoc

Mental Health

Quantify JCode drugs

Vital Incite possible employee survey

Mental Health CAA compliance report

Necessary Plan Design Change in 2025 for Medicare Part D compliance?

Costco Switching to Navitus in 2026—Update

Change the plan design to incentivize or require use of vendors' solutions?

——Staywell Plan Choice Primer——

While much has been reported thus far with great details, that level of detail might be too much for a general discussion with District members. A request has been made to provide summary information that might be helpful. Here is a possible summary of what has been discussed:

Single Plan versus Multiple Plans

1] The currrent Staywell plan for active employees is a single plan (no choice) with a single composite rate (the same cost for a single employee or a large family).

2] Most School Districts offer several **choice of plans** but there are pros and cons to doing so:

Pros:
—Some Districts say they need this to compete for talent
—Office visit co-payments could be added to make a new option
—A high deductible Health Savings Account-compatible plan could be offered to make a new option
—The number of options might range from 3-6, depending on the vote of the Staywell committee

Cons:
—For the current plan, the rate will increase if lower cost options are offered
—Slightly increased administrative load, and unions will have to bargain over the employer contribution amount for the different plans
—Aware Health (and perhaps other vendors that are offered in the future) might not be available to those who elect an HSA plan, if offered.

——Staywell Plan Choice Primer——

Here are revised sample plan designs and costs updated using the potential rate for 2024-2025 of $1,377.42.

Staywell Review of Possible July 2024 Plan Designs [Retirees not considered here] using SISC plan designs

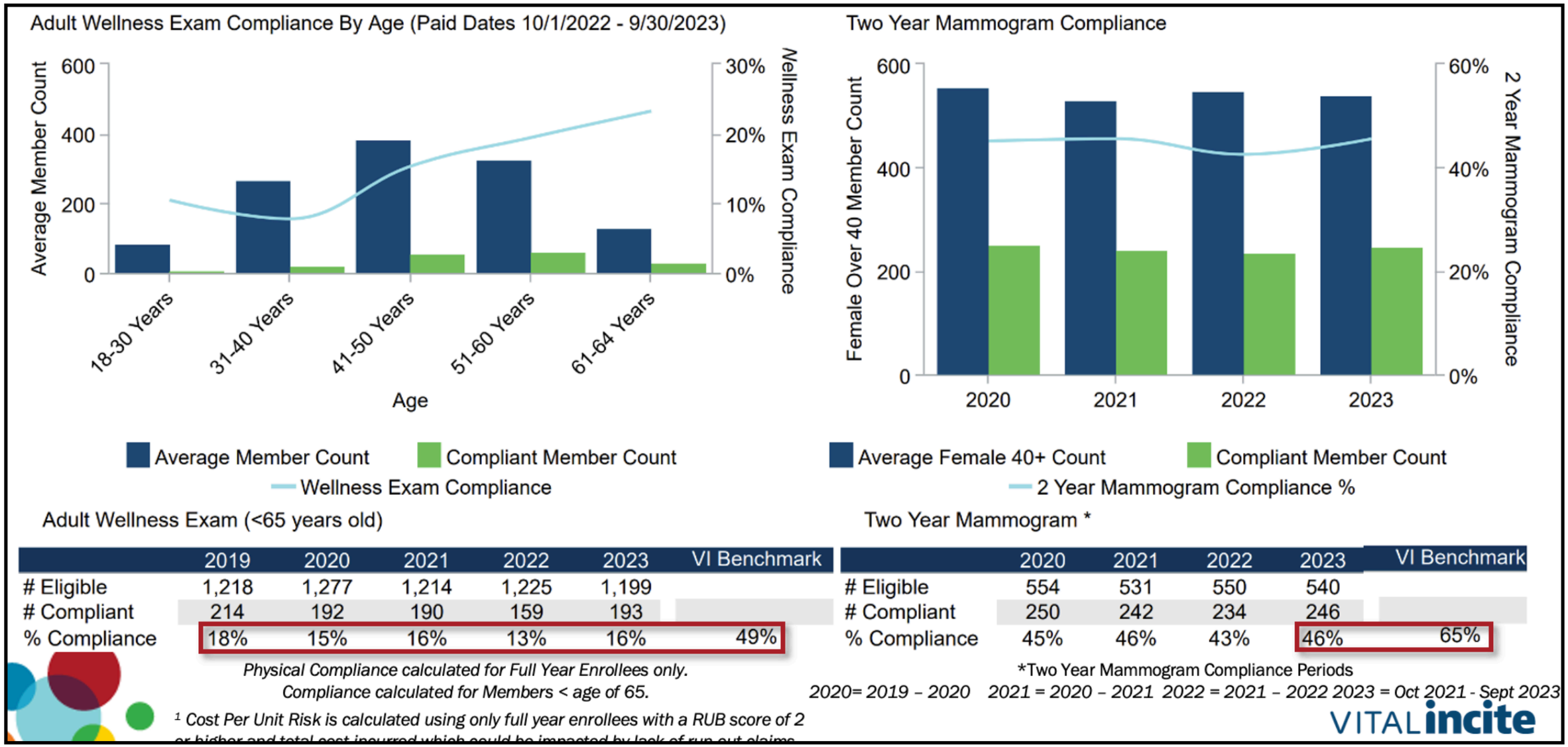
[Note: this uses SISC plans at Ukiah Unified but modifies the OON and some Rx benefits to match Staywell's plan]

	Current Active Plan		Possible Plan 1 [G1]		Possible Plan 2 [G2]		Possible Plan 3 [K]		Possible Plan 4 [M]		Possible Plan 5 [HSA]	
Eligibility Requirement	Any Full-Time Employees		Any Full-Time Employees		Any Full-Time Employees		Any Full-Time Employees		Any Full-Time Employees		Any Full-Time Employees	
	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2	Tier 1	Tier 2
HSA Eligible Plan?	No		No		No		No		No		Yes	
Coverage Tier	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Network	Anthem		Anthem		Anthem		Anthem		Anthem		Anthem	
Must a PCP provide referral to specialist?	No		No		No		No		No		No	
Coinsurance by Member	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%	20%	50%
Individual Deductible	$1,000 + $150 for most branded drugs		$500		$500 + $200 for most branded drugs		$1,000 + $200 for most branded drugs		$3,000 + $200 for most branded drugs		$3,000	
Family Deductible	$1,000 + $150 for most branded drugs		$1,000		$1,000 + $500 for most branded drugs		$2,000 + $500 for most branded drugs		$6,000 + $500 for most branded drugs		$5,200	
Ind. OOP Limit [incl. ded.]	$2,000 Medical | $4,500 Rx		$2,000 Medical | $2,500 Rx		$2,000 Medical | $2,500 Rx		$3,000 Medical | $2,500 Rx		$4,000 Medical | $2,500 Rx		$5,000	
Family OOP Limit [incl. ded.]	$3,000 Medical | $9,000 Rx		$4,000 Medical | $3,500 Rx		$4,000 Medical | $3,500 Rx		$6,000 Medical | $3,500 Rx		$8,000 Medical | $3,500 Rx		$10,000	
Primary Care OV	Ded. + 20%	Ded. + 50% (UCR)	No cost PCP for 3 visits, then $30/visit	Ded. + 50% (UCR)	No cost PCP for 3 visits, then $30/visit	Ded. + 50% (UCR)	No cost PCP for 3 visits, then $30/visit	Ded. + 50% (UCR)	No cost PCP for 3 visits, then $40/visit	Ded. + 50% (UCR)	Ded. + 10%	Ded. + 50% (UCR)
Specialist OV	Ded. + 20%	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$40	Ded. + 50% (UCR)	Ded. + 10%	Ded. + 50% (UCR)
ACA Preventive Care	No Cost	Ded. + 50% [Women's Prev. Care only]	No Cost	Ded. + 50% [Women's Prev. Care only]	No Cost	Ded. + 50% [Women's Prev. Care only]	No Cost	Ded. + 50% [Women's Prev. Care only]	No Cost	Ded. + 50% [Women's Prev. Care only]	No Cost	Ded. + 50% [Women's Prev. Care only]
Hospital Admission	$100 x 3 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	Ded. + 10%	50% up to $1,500
ER Visit	$100 + 20%		$100 + 20%		$100 + 20%		$100 + 20%		$100 + 20%		$100 + 20%	
Mental Health | SA Inpatient	$100 x 3 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	$100 + 20%	50% up to $1,500	Ded. + 10%	50% up to $1,500
Mental Health | SA Outpatient	Ded. + 20%	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$30	Ded. + 50% (UCR)	$40	Ded. + 50% (UCR)	Ded. + 10%	Ded. + 50% (UCR)
Durable Medical Equipment	Ded. + 20% (breast pump free)	Ded. + 50% (UCR) (no breast pump)	Ded. + 20% (breast pump free)	Ded. + 50% (UCR) (no breast pump)	Ded. + 20% (breast pump free)	Ded. + 50% (UCR) (no breast pump)	Ded. + 20% (breast pump free)	Ded. + 50% (UCR) (no breast pump)	Ded. + 20% (breast pump free)	Ded. + 50% (UCR) (no breast pump)	Ded. + 10% (breast pump free)	Ded. + 50% (UCR) (no breast pump)
Chiropractic Care	Ded. + 20%	Ded. + 50% (UCR)	Ded. + 20%	Ded. + 50% (UCR)	Ded. + 20%	Ded. + 50% (UCR)	Ded. + 20%	Ded. + 50% (UCR)	Ded. + 20%	Ded. + 50% (UCR)	Ded. + 10%	Ded. + 50% (UCR)
Chiropractic Care Limit	25 visit max		25 visit max		25 visit max		25 visit max		25 visit max		25 visit max	
Acupuncture Care	Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 20%		Ded. + 10%	
Acupuncture Care Limit	24 visit max		24 visit max		24 visit max		24 visit max		24 visit max		24 visit max	
Six Options:	**Current Active Plan**		**Possible Plan 1 [G1]**		**Possible Plan 2 [G2]**		**Possible Plan 3 [K]**		**Possible Plan 4 [M]**		**Possible Plan 5 [HSA]**	
Sample Staywell costs Using Adverse Selection Adjustment 2024-2025 and Projected Composite Rate of $1,377.42	Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates	
	Composite Rates		Composite Rates		Composite Rates		Composite Rates		Composite Rates		Composite Rates	
Employee :	$1,402.92		$1,297.70		$1,436.41		$1,234.75		$1,020.59		$994.95	
Projected Renewal Rate as just one plan:	**$1,377.42**											
Three Options:	**Current Active Plan**		**Possible Plan 1 [G1]**		**Possible Plan 2 [G2]**		**Possible Plan 3 [K]**		**Possible Plan 4 [M]**		**Possible Plan 5 [HSA]**	
Sample Staywell costs as above but offer only the Current Plan, Plan G1 and the HSA plan	Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates		Three-Tier Rates	
	Composite Rates		Composite Rates		Composite Rates		Composite Rates		Composite Rates		Composite Rates	
Employee :	$1,422.50		$1,518.28								$1,008.82	

This is obviously too small to read but it is here to show that an updated spreadsheet exists. The costs vary depending on how many options are selected, and the cost for the current plan goes up if it is offered alongside lower cost options.

Vital Incite Update

Low Staywell Wellness Compliance



Adult Wellness Exam (<65 years old)

	2019	2020	2021	2022	2023	VI Benchmark
# Eligible	1,218	1,277	1,214	1,225	1,199	
# Compliant	214	192	190	159	193	
% Compliance	18%	15%	16%	13%	16%	49%

Physical Compliance calculated for Full Year Enrollees only.
Compliance calculated for Members < age of 65.

[1] *Cost Per Unit Risk is calculated using only full year enrollees with a RUB score of 2 or higher and total cost incurred which could be impacted by lack of run out claims*

Two Year Mammogram *

	2020	2021	2022	2023	VI Benchmark
# Eligible	554	531	550	540	
# Compliant	250	242	234	246	
% Compliance	45%	46%	43%	46%	65%

*Two Year Mammogram Compliance Periods
2020= 2019 – 2020 2021 = 2020 – 2021 2022 = 2021 – 2022 2023 = Oct 2021 - Sept 2023

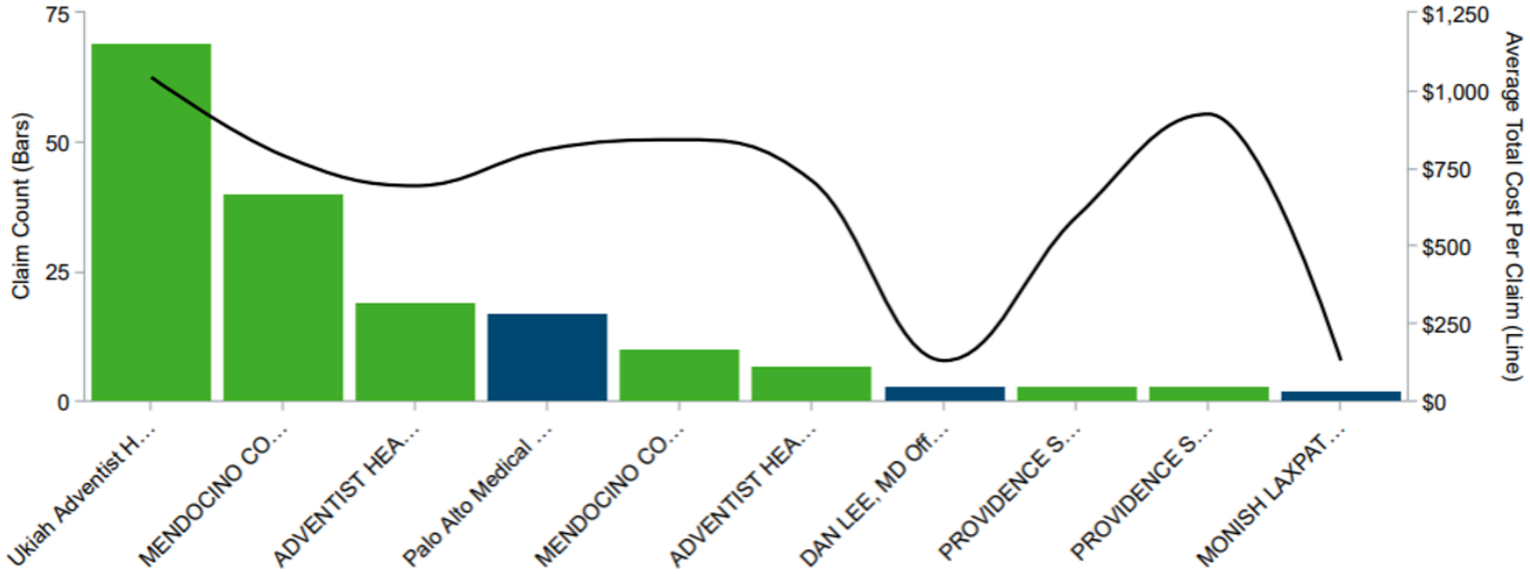
VITAL incite

In 2023 the adult wellness exam compliance under 65 was only 16%, compared to the benchmark of 49%. The mammogram compliance is 46% versus the benchmark of 65%.

Vital Incite Update

Mammogram Efficiency

Would it be viable to have mobile units visit school sites?



Provider Name	Place of Service	Episode Count ↓	Avg Total Cost per Episode	Potential Waste
Ukiah Adventist Hospital	Outpatient Hospital	69	$1,042	$28,755
MENDOCINO COAST HEALTH CA	Outpatient Hospital	40	$789	$7,116
ADVENTIST HEALTH FRANK R HOWARD MEM	Outpatient Hospital	19	$692	$1,396
Palo Alto Medical Foundation	Office	17	$809	$3,136
MENDOCINO COAST DISTRICT HOSPITAL	Outpatient Hospital	10	$840	$2,151
ADVENTIST HEALTH HOWARD MEMORIAL	Outpatient Hospital	7	$707	$575
DAN LEE, MD	Office	3	$128	
PROVIDENCE SANTA ROSA MEMORIAL HOSP	Outpatient Hospital	3	$592	
PROVIDENCE ST JOSEPH HOSPITAL	Outpatient Hospital	3	$923	$893
MONISH LAXPATI M.D.	Office	2	$128	

Confidential: *This report contains information that is proprietary and protected by the carriers. Results can only be shared between Vital Incite, Staywell Health, and Arrow Benefits Group.*

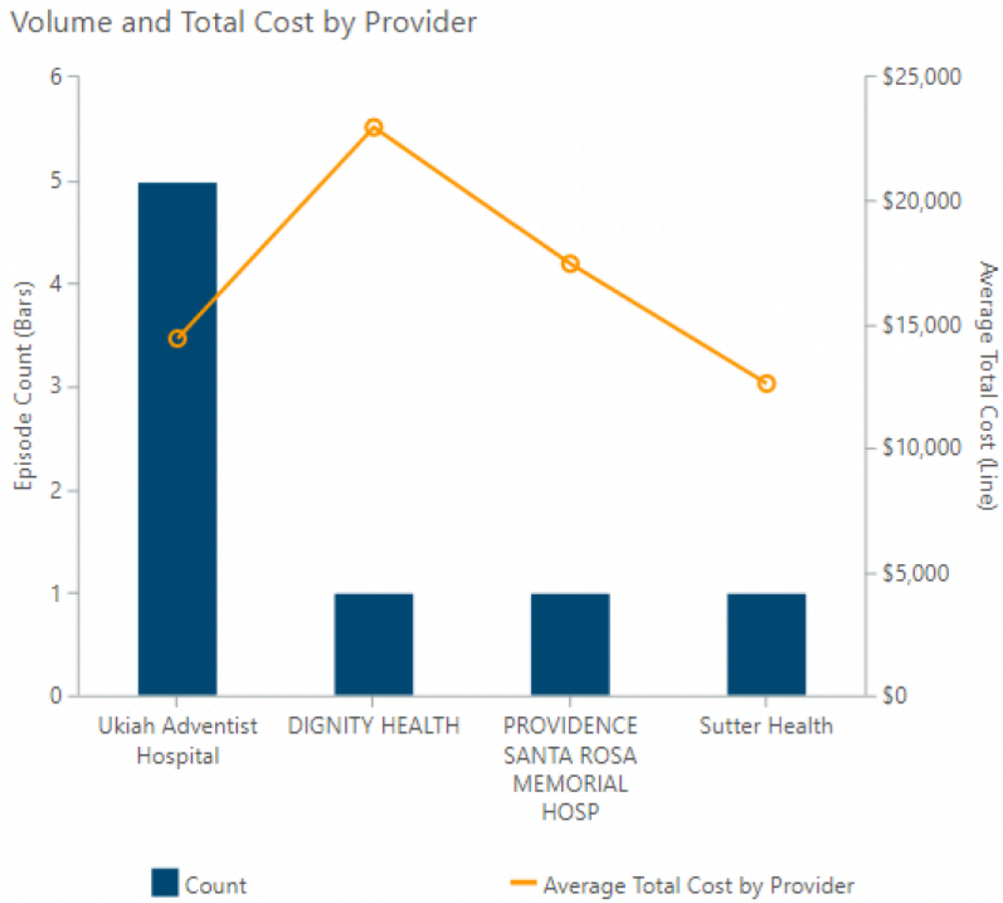
Potential waste calculated as the total cost in excess of 250% expected cost. Mammogram expected cost set at $250.

VITALincite

Vital Incite Update

Pregnancy/Delivery Efficiency

DRG 807 – Vaginal Delivery Without Sterilization or D&C Without CC/MCC



Efficency_DRG HealthSystem_Provider	Count↓	Average Total Cost Per Episode	Average Plan Paid Per Episode	% of Medicare	Total Cost	Potential Waste	% Potential Waste
Ukiah Adventist Hospital	5	$14,430	$13,234	238%	$72,152	$2,417	3%
DIGNITY HEALTH	1	$22,969	$22,246	333%	$22,969	$5,737	25%
PROVIDENCE SANTA ROSA MEMORIAL HOSP	1	$17,455	$17,455	190%	$17,455		
Sutter Health	1	$12,610	$11,672	183%	$12,610		

Confidential: *This report contains information that is proprietary and protected by the carriers. Results can only be shared between Vital Incite, Staywell Health, and Arrow Benefits Group.*

Vital Incite Potential Survey [1]

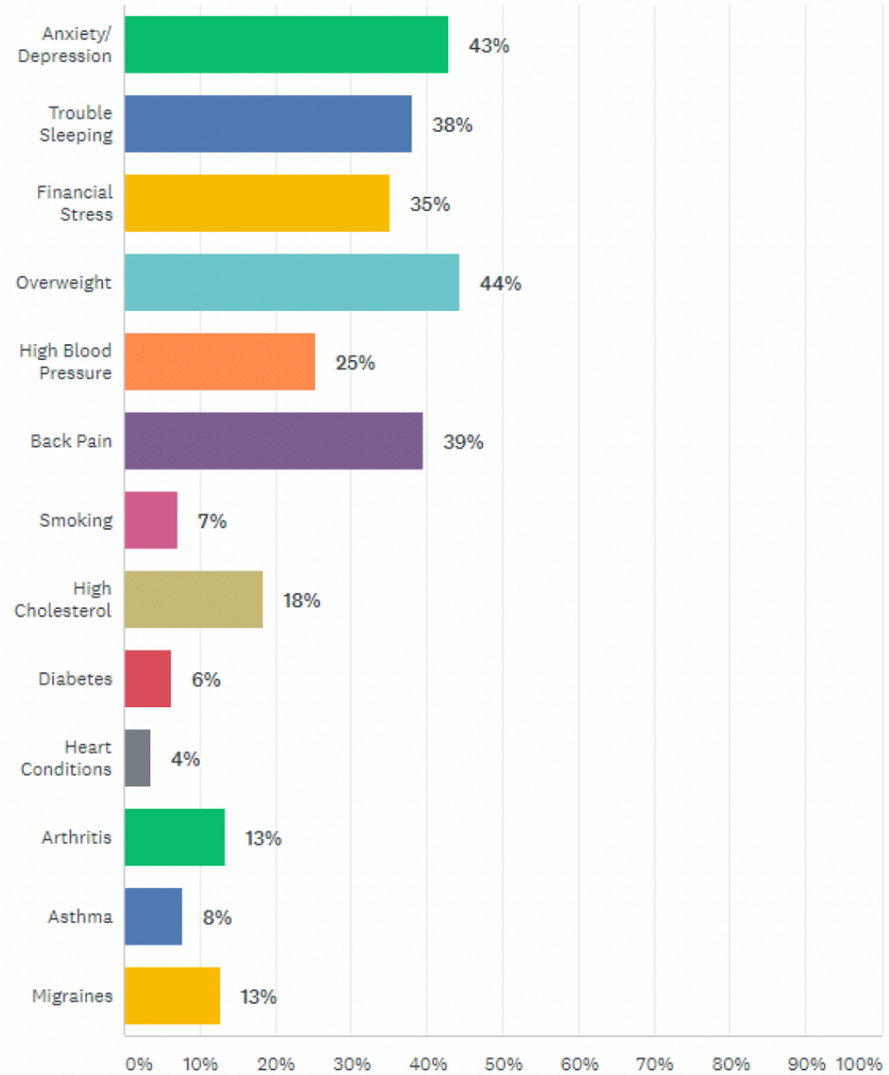
Show option to survey members

I can help you with the process for the survey:
Vital Incite would collect any additional questions or points you would like to have included in the survey process. (A sample of the survey is attached.)
—The client would need to determine the following:

A. Open and close days for the survey. (We would recommend a 7 to 14 day window.)
B. Do they want the survey to be identified (with names) or unidentified?
C. Vital Incite would provide a test link showing what the live survey would look like.
D. After approval, Vital Incite would provide you and your team with a link or QR code for distribution to the client.
E. Members complete the survey.
F. After the reporting window is closed, Vital Incite would prepare a summary report like the attached PDF to review the findings from the survey.

Vital Incite Potential Survey [2]

What health concerns have you faced in the last 12 months? (Q18)



Chronic Condition Identification	Employees	
Condition Name	Number of ID'ed Mbrs	% of Pop ID'ed
DEPRESSION	54	21 %
HYPERTENSION	49	19 %
LIPID DISORDERS	36	14 %
LOW BACK PAIN	22	8 %
PERSISTENT ASTHMA	22	8 %
DIABETES	14	5 %
CONGESTIVE HEART FAILURE	5	2 %
ISCHEMIC HEART DISEASE	3	1 %
RHEUMATOID ARTHRITIS	2	1 %

Note: Members may be identified with more than one condition.

Top areas of concern as ranked by respondents: (Q19)

1) Overweight
2) Anxiety/Depression
3) Financial Stress

Vital Incite Potential Survey [3]

Show option to survey members

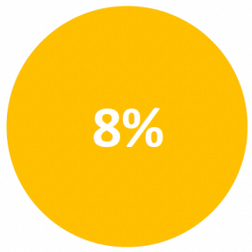
Primary Care & Preventive Screening

Do you and your spouse/partner follow the request of your primary care doctor to receive preventive health services? (Q25)

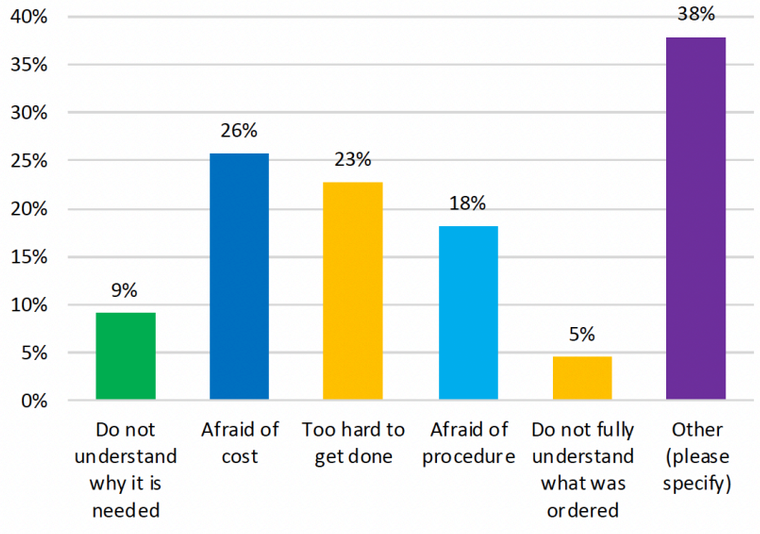
More than 85% of respondents indicate that they are compliant with following requests of their primary care doctor



8% Employer employees and spouses did not utilize healthcare in current risk period (RUB 0)



If you or your spouse/partner weren't "very compliant" with receiving preventive health care services, which reasons explain why you were unsuccessful getting the test or procedure? (Q26)



Other Responses:

- Taking time to find a doctor and do it (annual physical)
- I'm very healthy.
- Just put it off.
- Distrust in healthcare system
- Taking time off work for appointment or making time
- I do what I feel is necessary to maintain my health.
- Laziness
- We haven't been to a primary care doctor.
- Insurance did not cover the procedure
- Low priority and busy
- Disagreed with need
- Simple annoyance at the requirements of health.
- Physical is only thing I have been asked to do
- Very compliant
- For me, I have just never had a recommendation for a primary care doctor.

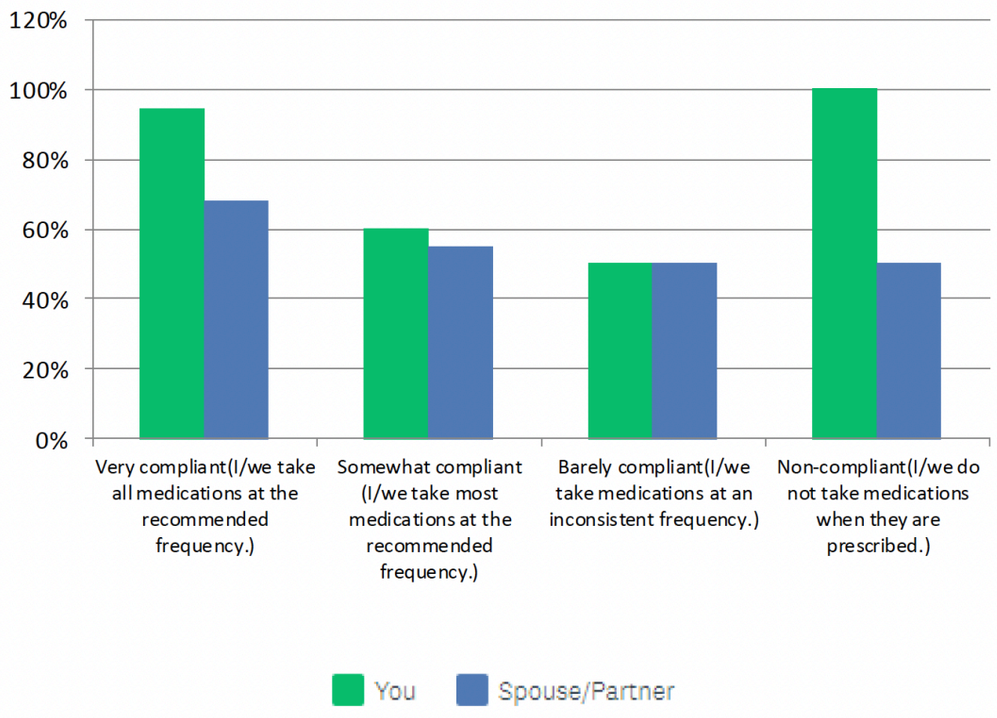
VITALincite

Vital Incite Potential Survey [4]

Show option to survey members

Compliance with Medications

How compliant are you and your spouse/partner with taking your medications as prescribed? (Q27)



Chronic Condition Identification	Employee and Spouse
Condition Name	% w/ 2 or more Rx Gaps
DEPRESSION	11 %
HYPERTENSION	28 %
LIPID DISORDERS	4 %
LOW BACK PAIN	
PERSISTENT ASTHMA	33 %
DIABETES	43 %
CONGESTIVE HEART FAILURE	100 %
ISCHEMIC HEART DISEASE	
RHEUMATOID ARTHRITIS	

If you or your spouse/partner were not "very compliant" with your medications, what are the barriers to being more compliant? (Q28)

- Do not take any medications.
- Medication side-effects
- Forgetfulness
- Time off work for doctor appointments to get prescription refills
- Prefer the holistic way
- Getting them ready each week
- Did not think the medication was working

VITALincite

Telehealth

Staywell has been using **HealthTap** as its telehealth provider for many years, but before that for several years it used **Teladoc**, which is a more widely known solution. The change was made in part because it allowed members to select a telemedicine doctor as an ongoing Primary Care Provider. Since then Teladoc has expanded its services to offer ongoing care from the same provider. It has also expanded its services in the area of Mental Health, etc.

At present the HealthTap plan costs $119/year/family enrolled. If an employee does not sign up, there is no cost to Staywell. The plan selected by Staywell has a $40 copay for Primary Care but the Staywell plan pays that $40. At the last check there were 475 employees who elected coverage. That equates to approximately $4.76 PEPM (but that does not include the cost of Staywell's paying the copay). If hypothetically 300 of the employees had a $40 copay paid by Staywell, that would equate to an additional PEPM cost of approximately $1.00.

Teladoc provides an extremely comprehensive telemedicine solution, including mental health, for $14.25 PEPM. The next page outlines their comprehensive proposal.

A detailed comparison of the two options will be provided in the January 2025 report where the Committee can vote on it. Service problems have been reported with HealthTap, so now is a good time to compare an alternative.

Telehealth

Teladoc Proposal

Whole Person Pricing – Visits Included

Notes:

- Teladoc Health member engagement included
- 40% General Medical utilization cap
- 20% Mental Health utilization cap

Enrolled Employees: 900	Total Monthly Premium:
PEPM: $14.25	$12,825.00
Virtual Care Services	**Visit Fees**
Primary Care Physician	
New Patient Visit	**$0.00**
Annual Check-up and Follow-up appointments with PCP	**$0.00**
Blood pressure cuff, dedicated care team, personalized care plans, care coordination for referrals	**$0.00**
On-Demand General Medical Visits	**$0.00**
Initial Flex Visit	**$0.00**
Mental Health Complete	
Psychiatry – Initial Evaluation	**$0.00**
Psychiatry – Subsequent Visits	**$0.00**
Psychologist, Clinical Social Workers and Other Non-MD	**$0.00**
Mental Health Digital and Coaching	**$0.00**
Dermatology	**$0.00**
Nutrition	**$0.00**
Expert Medical Services	**$0.00**

Effective Date:
01/01/2025

Teladoc HEALTH

Communication Platform and Targeted Providers

At present, the Staywell plan offers different levels of plan guidance and assistance to members, such as when a member calls CC3. However there are vendors that can provide a much expanded range of services, including smart phone apps, the ability to shop for health care (and be rewarded financially for selecting lower cost providers). One example is elective surgery; where current providers charge in the range of $26k to $36k for knee replacement, whereas the packaged bundle would be about $16k.

Because of the transparency laws under the CAA, it is now possible for vendors to show Anthem fees down to each provider (and the variance between Anthem providers can be quite large). This allows the plan, if it so chooses, to provide to members the cost of proposed surgery or other medical care by provider. The plan could reward the members for selecting a lower cost provider. **By providing the vendor with claims history, it can be a report to show possible millions of dollars of savings if hypothetically each member selected a low cost provider**.

In addition, the communication platform could oversee the many Staywell vendors so that a special orthopedic surgeon mentioned about could be tied to Aware Health, so that Aware could refer to that surgeon if necessary.

A more detailed review of these options will be prepared for the January 2025 meeting.

Mental Health

The question has been raised whether Staywell can obtain more robust mental health care. The current plan includes mental health providers with Anthem, but that list might not be adequate. We have explored two different type solutions.

One option is providing enhanced mental health providers through the plan. One company such company that can do this is called Tava Health, which has its own provider list (mostly non-MDs and virtual visits) that should be added to Anthem early in 2025—although it is not necessary to go through Anthem to access care. They would simply charge $115/session with no PEPM or other fee. Enhanced telemedicine solutions can include expanded virtual mental health care.

The other option is through an Employee Assistance Program (EAP). Some Districts have an EAP already and some it appears do not. Staywell could offer an EAP that coveres all members. (Staywell could absorb the cost or it could add the cost to the monthly premium.) One specific top EAP vendor, Magellan, offers up to eight (8) mental health visits built into the cost. It has its own network of providers and some local Mendocino County providers.

A detailed review will be prepared for the January 2025 meeting.

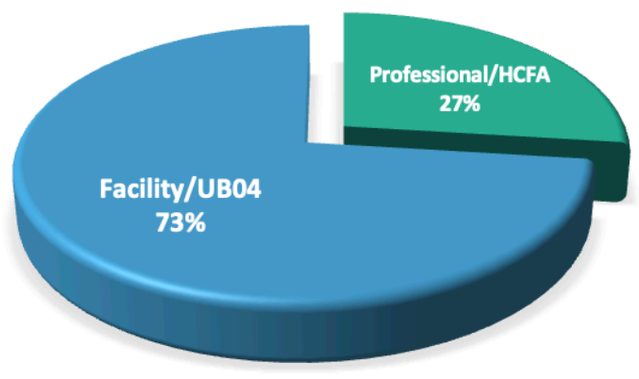
ClaimInformatics Update

Data

Review of claims paid from 10/23/2019 through 09/30/2024- 59 Months

Incurred 10/01/2019 through 09/30/2024

- $56.2 Million
  Total **PLAN ASSETS** analyzed
- $1.7 Million
  Total **MEMBER LIABILITY** analyzed



89,160
Total Claims

186,876
Total Records

ClaimInformatics Update

Findings $3,483,123.20 in Plan Assets and was Error Detected

ClaimIntelligence™ Technology Platform



CI detected Error

Total Error Amount
Plan Assets Overcharged

Total Error Amount
Member Liability Overcharged

ClaimInformatics Update

In Recovery $325,286.70 Plan Asset Overcharge

ClaimIntelligence™ Technology Platform



Total Improper Payments Pursued



Total Amount Recovered

Quantify (JCode Savings Option)



Quantify Specialty Care is partnering with Lucent to offer lower cost infusion care. (These drugs do not get paid through Costco PBM and they do not pay a rebate.)

Quantify

STAYWELL

Mendocino County School District Health Plan

Total Members	Targeted Members	Total Claims Paid Amount	Quantify Rx Savings
336	9	$369,194.13	$145,684.44 39%

Note: while the savings looks good, it does not include the additional fees to the nurses that facilitate the process. It is not clear what that additional cost would be.

Quantify

Quantify Specialty Care

Targeted Member Selection

Targeted Members: 9

Member ID	Claim Count	Total Billed	Total Allowed	% Charged	Quantify Total	Total Savings	% Savings
3124941	6	$262,190.20	$100,762.80	38%	$62,142.54	$38,620.26	38%
321943e	4	$229,352.98	$87,685.67	38%	$54,809.70	$32,875.97	37%
312537e	6	$88,300.98	$87,806.32	99%	$59,305.39	$28,500.93	32%
312433e	3	$58,519.80	$43,286.05	74%	$21,855.56	$21,430.49	50%
313169e	3	$37,238.36	$26,856.27	72%	$12,775.46	$14,080.81	52%
312989e	2	$12,764.28	$10,073.56	79%	$4,730.05	$5,343.51	53%
312488s	3	$12,240.00	$8,018.34	66%	$4,967.47	$3,050.87	38%
3130022	1	$35,042.13	$3,320.92	9%	$1,654.28	$1,666.64	50%
313019s	1	$1,740.00	$1,384.20	80%	$1,269.25	$114.95	8%
		$737,388.73	**$369,194.13**	**50%**	**$223,509.69**	**$145,684.44**	**39%**

Options for Staywell to Consider

EAP: An Employee Assistance Program (EAP) can be used for providing nearly immediate mental health care. Some Districts we understand have their own EAP coverage. By using the size of Staywell, it might be possible to obtain lower cost coverage. It would be possible to have different levels of coverage by District. **If Staywell added this level of coverage, would it increase the cost of Staywell coverage by the amount of the premium?**

Dental: By using the size of Staywell, it might be possible to obtain lower cost dental coverage. It would be possible to have different levels of coverage by District. Coverage would be self-funded. Lucent could the the administrator and Anthem could be the dental PPO, but *other options are available*. **There are significant problems with Delta Dental in Mendocino County and elsewhere, so this is a good time to consider this coverage.**

Vision: By using the size of Staywell, it might be possible to obtain lower cost vision coverage. It would be possible to have different levels of coverage by District. Coverage would be self-funded. Lucent could the the administrator and VSP could be the vision PPO, but other options are available.

Life: By using the size of Staywell, it might be possible to obtain lower cost life coverage. It would be possible to have different levels of coverage by District. Coverage would be fully insured.

Wellness (including mobile mammograms and lab units that could travel to the individual Districts): Other slides provide more information on this option.

These are the only dentists that show up in the Anthem PPO list for Mendocino County

- Mary Ann Gonzalez
- Patrick Henrie
- Wonseok Lee
- Shamir Sevilla Perez
- Mallory A. Stechishin
- Timothy J. Wahle

The Lucent charge for dental administration plus broker fee ($1.00) is $4.00. The Anthem PPO network access fee is about $1.48 PEPM.

The Lucent charge for vision administration plus broker fee ($0.50) is $1.55. The VSP PPO network access fee is not known yet.

Options: Mobile Mammography

Note: Staywell currently has 593 women covered age 40+ | 332 age 50+

alinea
MEDICAL IMAGING
a Rezolut partner

2475 N Garey Avenue Pomona, CA 91767 | P (909) 622-3166 | F (909) 622-8046
2700 N Main Street, #1107 Santa Ana, CA 92705 | P (714) 380-6740 | F (909) 622-8046
alineamed.com

Northern CA Travel/Lodging Fees:

Activity	QTY
Travel (hrs) Hourly rate for Time for 2 Staff members (1 Tech + 1 Tech Assistant)	$40 per hour
Miles	$2 per mile
Lodging Daily expenses for lodging/meals for 2 staff members	$700 per night
Event Fee	$6,250
Daily Minimums - If daily minimums are not met, ALINEA will charge $150/unfulfilled appointment for costs incurred for services.	30/day

Event=three consecutive days, even if different locations. They have other clients in the area which might bring the cost down. **Minimum 30 people per site.** PCPs get results in about 10 days, members about 30 days. No additional charge per person. They do not move to a different location during the day. Attendance results can be given to Vital Incite. They need 30 day lead time, and they bill the health plan.

Breakdown Example:

County	Events	Cost Breakdown/Event	Total
Sac	1 event	Travel (hrs): 14hrs Miles: 800 Lodging: 1 night Event Fee: Daily Min: 30	$560 $1,800 $700 $6,250 $4,500
		Total	**$13, 810**

Presume $13,810 per event

Options: Mobile Mammography

If hypothetically 100 women had mammograms over three events, that would cost an estimated $41,430, which would equate to $414/woman. In comparison, according to the reports seen earlier, the average cost for the Adventist hospitals was $893.

Options: Mobile Lab

myOnsite HealthCare

Quote

myOnsite Mobile Phlebotomy Services			
Per Draw / Collection Charges			
Services	**Notable Details**	**Includes**	**Rate / Draw**
Kit/Phlebotomy Collection	Within 30 miles Round trip of the Requested Location/Nearest Phlebotomist	• Collection • Drop off	**$110**
Swab Collection	If collection is done in the same visit in addition to the blood draw	• Collection	**$25**
	Exclusive for swab collection (If the visit is for swab collection alone - healthcare professional travel cost, handling, labelling risk exposure and time	• Collection • Drop off	**$75**
Self administered Specimens / Data	If collection is done in the same visit in addition to the blood draw (Includes self collection and vitals)	• Saliva/Urine	**$20**
Covid-19 Surcharge (for Active covid patients only)	Risk of getting infected	• Full PPE and protection • Handling of Covid+ve specimens	**$50**

**Note: Any particular IT customizations Integrations / Code changes in software for eConsents / eCRF setup or customized barcode labels, if required will incur charges depending on the requirements and discussions to be held on both sides*

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Options: Mobile Lab

myOnsite HealthCare

Quote

myOnsite Mobile Phlebotomy Services		
Per Draw / Results Charges		
Tests Requested	**Includes**	**Rate / Patient**
Comprehensive Metabolic Panel (CMP)	• Results	**$6.00**
Lipid Panel	• Results	**$9.00**
HbA1c	• Results	**$15.00**
BMI	• Data Collection • Results	**$5.00**

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Staywell can have mobile blood draws at different sites (one per day). **The cost per person is $110 plus the costs here,** along some other possible smaller charges. This can include data sent to Vital Incite for review. The key point is that this is for the health of the members and not for statistics for Staywell.

They have a rough minimum of seeing 100 members in the overall program. The patient would select which lab draws he or she wants from the options approved by Staywell.

Options: Mobile Lab

We asked Lucent about whether physician approvals would be needed for mammograms or lab tests. We understand for mammograms they would only be required for those under age 40. This is what they said for lab tests:

From what I have researched, members do not need a doctor order for lab tests in CA:

Can I order my own lab tests in California?

Yes, you can order your own blood tests in California, depending on the test. **As per a law passed in 2001, Californians do not need a doctor's prescription to get blood tests for glucose, cholesterol, pregnancy, occult blood, and HIV (FDA-approved home-based blood collection kits only).**

If Staywell isn't going to count services performed by the mobile provider against the preventive benefit, then nothing would be needed. However, if Staywell is wanting Lucent to track these mobile services as part of their "annual preventive" benefit, Lucent would need some sort of claim file to load. Once a decision is made we can discuss internally how Lucent would be involved to meet their needs.

Mental Health CAA compliance report

Here is a report from consulting firm Seyfarth Shaw LLP:

Seyfarth Synopsis: The Mental Health Parity and Addiction Equity Act (MHPAEA) requires group health plans and insurers to cover treatments for mental health and substance use disorders in a manner that is equitable to the plans' coverage of medical and surgical treatments. Exactly how that is accomplished and how compliance is proven have been the subject of prescriptive yet ambiguous guidance for several years. The agencies seemingly have been as frustrated as plan sponsors when trying to unearth what plans are, in fact, covering. And, the uncertainty in the area has resulted in numerous lawsuits from legal providers and participants against plans and insurers. . . .

The 2023 Report states that, during the most recent reporting period, none of the comparative analyses initially submitted were sufficient to demonstrate compliance. This is not surprising. Although employers with self-funded plans try to comply with the MHPAEA requirements, they are struggling with preparation of the NQTL analysis. It is difficult to find TPAs, consultants or vendors willing to do the analysis and the ones who will, tend to be extremely expensive. Then, as pointed out in the 2023 Report, the analyses are insufficient. The information needed to perform the NQTL analysis lies with the TPAs for self-funded plans and the TPAs should be performing the analyses.

See the next slide for a quote from the Phia Group:

Mental Health CAA compliance report

PHIA quote through Lucent:

The cost is a pass through fee from PHIA. Lucent is waiving the $250 per hour fee for our portion of the project (5-10 hours). Lucent only uses PHIA for this reporting and can not speak to what other clients are doing. Staywell can choose their own reporting vendor, but I have been advised Lucent would not assist with any of the process.

PHIA quote for the NQTL comparative analysis request. Please see below for details. Staywell would be responsible for **$8,700** for the analysis. If they would like us to proceed, please advise who would sign the contract and we will get the process started.

We have reviewed your NQTL comparative analysis request and have outlined the project details below. Phia partners with MZQ Consulting, LLC in the performance of NQTL comparative analyses, however, all contracted group analyses are performed in-house. Please note that this scope of work is a proposal and does not reflect contractual responsibilities. Please reply to this email with confirmation of approval to proceed.

Provided Documents

- Mendocino County Schools Staywell Active Restated SPD 07.01.2023 EXECUTED (PDF)
- COVID Reverse SMM 2023 (PDF)
- Phia NQTL Analysis Employer Detail Intake Form – Mendocino (PDF)
- NSA SMM NonGr -Trad Plan 7.1.22 (PDF)
- Mendocino County Schools Staywell Retiree Restated SPD 07.01.2023 EXECUTED (PDF)

Purpose

Phia will prepare an NQTL Comparative Analysis inclusive of the following:

1. A written description of specific plan coverage terms including mental health or substance use disorder and medical or surgical benefits, and relevant NQTLs;

2. An analysis of defined factors that the plan uses to determine how NQTLs will apply to mental health or substance use disorder benefits and medical or surgical benefits;
3. A comparative analysis of the processes, evidentiary standards, and other information sources the plan uses in applying NQTLs, whether in writing or in operation only;
4. A report detailing the results of the analysis and comparative testing, which will gauge the Plan's compliance with the MHPAEA requirements for each NQTL; and
5. A list of recommendations to bring the plan into compliance in any category where the analysis reveals an actual or potential MHPAEA NQTL requirement compliance deficiency.

*Please note that information must be supplied to The Phia Group to perform and generate an analysis on behalf of Mendocino County Schools (Staywell JPA). Lucent Health is required to facilitate and provide information from the Plan's vendors, as reasonably possible.

NQTL = Non-Quantitative Treatment Limitations, such as limits on visits, step-therapy requirements, etc.

Costco Announcement on Switching to Navitus in 2026

"As a respected partner, it is our commitment to keep you informed of any changes in a timely manner. To that end, we want to share that we will be taking steps over the next year to more fully integrate our Costco Health Solutions offering into our long standing partner, Navitus Health Solutions. As you might know, Costco is a minority owner of Navitus Health Solutions. Our integration will be complete by January 1, 2026, or client renewal date. Should you choose to remain with Navitus, they will handle all of your PBM functions and a brand name change will be implemented into your member materials for 2026.

Navitus currently supports all back-office pharmacy benefit operations and administrative services for Costco Health Solutions. Because of this, you and your members will not experience changes to eligibility, formulary management, benefit set up or claims processing. You can also expect continued fulfillment of all contracted commitments and seamless delivery of excellent customer service."

We will be having a joint call with Costco and Navitus and will report back at the next meeting on anything new to report.

Possible Plan Design Changes to Incentivize Members

Staywell works with several vendors and in some cases the question has been raised as to whether Staywell wishes to alter the plan design somewhat to incentivize the vendor's solution. Here are possible changes that Staywell may wish to make, presumably for July 1, 2025:

1] Increase the coinsurance payment for Allergychoices to 100% for providers (they are not Anthem providers at present).

2] Incentivize members to not use hospital physical therapy, since it so expensive? (If there is a desire to do so, we would confirm whether Anthem would object to such a move. If they do, it might be possible instead to provide a taxable bonus to the member.)

3] Add a necessary Preauthorization for MSK surgery that requires the member to consult with Aware Health first? (Again, it might be necessary to verify that Anthem would allow this.)

STAYWELL

Mendocino County School District Health Plan

2024-2025 COMMITTEE MEETING

Friday Dates Option Full Committee

October 25, 2024	9:30 a.m. – 12:30 p.m.	In Person
January 24, 2025	9:30 a.m. – 12:30 p.m.	In Person
March 28, 2025	9:30 a.m. - 12:30 p.m.	In Person
April 18, 2025	9:30 a.m. – 12:30 p.m.	In Person
May 30, 2025*	9:30 a.m. – 12:30 p.m.	In Person

*if necessary

Steering Committee

October 15, 2024	8:30 a.m. – via phone	Discuss October Agenda
October 25, 2024	8:30 a.m. - 9:30 a.m.	In Person
January 14, 2025	8:30 a.m. – via phone	Discuss January Agenda
January 24, 2025	8:30 a.m. – 9:30 a.m.	In Person
March 18, 2025	8:30 a.m. – via phone	Discuss March Agenda
March 28, 2025	8:30 a.m. - 9:30 a.m.	In Person
April 8, 2025	8:30 a.m. – via phone	Discuss May Agenda
April 18, 2025	8:30 a.m. - 9:30 a.m.	In Person
May 27, 2025	8:30 a.m. – via phone	Discuss May Agenda
May 30, 2025*	8:30 a.m. – 9:30 a.m.	In Person

*if necessary

Approved
24-25 Calendar td