Missouri Educators Unified Health Plan

A Missouri Non-Profit Corporation www.meuhp.com "For School Districts, By School Districts"



November, 2015 Newsletter

Executive Director's Report November 16, 2015

Our Fall Regional meetings have been well attended and very positive for our organization's transparency and future. Our quarterly meetings are normally held in Boonville, Macon, St. Joe, Warrensburg, Poplar Bluff and Springfield. Our independent actuary presented at the NW and WC Region meetings and answered questions. These meetings are important for me to provide direct, transparent updates to member superintendents and to listen to your suggestions and respond to your questions. I also want to thank our Board members and FTJ Regional Directors for their attendance and input. Note: SC/SE Regions meet on November 19.

The MEUHP is growing! We are excited to welcome another four new districts to the MEUHP since our last newsletter. That makes a total of 11 new districts since July 1 and boosts our statewide total to **123** as of January 1, 2016, with over 11,600 covered lives. Our four new districts are:

- Glenwood R-VIII (SW Region)
- West Plains R-VII (SW Region)
- High Point R-III (Central Region)
- Livingston Co. R-III (NW Region)

Summer Board meeting. The following details a few of the highlights of the summer Board meeting:

- Heard reports from our independent actuary, Anthem's account representative, FTJ, wellness coordinator, and executive director.
- Approved financials.
- Approved the budget for the fiscal year of July 1, 2015-June 30, 2016 showing anticipated receipts of \$52,602,500 with anticipated expenditures of \$51,128,111. The projected amount to be added to the loss fund would be \$1,474,389.
- Passed investment policy to be followed by the executive director.
- Reviewed the timeliness of school districts paying their premiums.
- Approval of new contracts for the third party administrator, Forrest T. Jones and claims administrator and reinsurer, Anthem BCBS.

• Voted to change the MEUHP Annual Membership meeting to January 27, 2016 at the Lodge of the Four Seasons.

Fund balance update. I am pleased to report that since our summer Board meeting our plan reserves have been steadily increasing and MEUHP funds in our Central Bank accounts have consistently been running between \$11-12 million over the past several months. These figures are ahead of the projections provided to the Board by our actuary in March, 2015. We are cautiously optimistic about our July 1, 2016 membership renewal. You can hear more about this topic from our actuary and the Board at our January 27 meeting at the Lodge of the Four Seasons.

Stability. Serving as MEUHP's executive director the past 18 months I can attest that our program has benefited from quality Board members and stable Board leadership. The Board's passion for our program, "For Schools, By Schools," has a direct correlation to the steady growth in membership from 78 to 123 school districts since 2009, the year the MEUHP was formed. One example of the positive results of this leadership is shown by how members continue to embrace Consumer Driven Health Savings Account Plans (HSA) with embedded wellness incentives. **7 in 10 members are covered by HSA eligible plans.** Working together we have made great progress in our first 22+ months as a self-funded plan!

Transparency. The MEUHP Board of Directors are committed to the fact that the financial transactions and fund balances are presented in an accurate and open manner. This is the money you have contributed to cover the claims of your school district and you have a right to know exactly how much money is in the pool to cover claims. There will be no games or "funny" numbers presented to the membership. As executive director, my number one responsibility is to be your fiduciary to manage and wisely invest our reserves on behalf of our members.

Service. The MEUHP Board of Directors are also committed that our member school districts will have best in class service when it comes to any issue related to their health benefit program. If at any time you do not believe you have received the service you expect please feel free to contact me.

I extend to you my best wishes for a good time with family and friends during the Thanksgiving Holiday.

Tom Quinn MEUHP Executive Director



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January 27, 2016 Board Meeting and Annual Member Meeting

Our general Membership Meeting will begin at 12:00 pm, January 27, 2016 at the Lodge of the Four Seasons. Lunch will be served.

Feature Presenter: Dr. Jay Moore, Senior Clinical Officer for Anthem BCBS. Dr. Moore is a graduate of Dixon, Missouri High School and the University of Missouri Medical School.

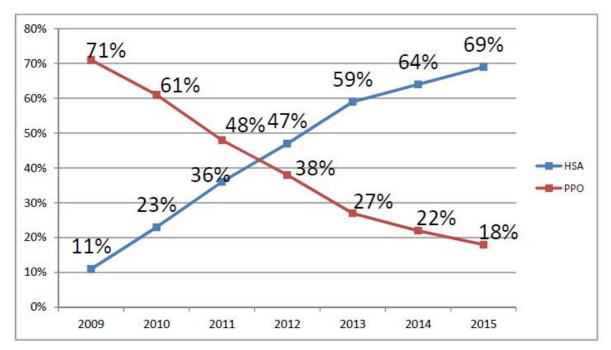
MEUHP financial and program updates will also be presented by Mike Crooks, independent actuary and Tom Quinn, Executive Director. MEUHP Board of Directors meeting begins at 4:00 pm. More information to follow.

Tom Quinn
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Health Savings Account Eligible Plans Cover 7 of 10 MEUHP Members

And the Numbers and the Members Speak for Themselves!

As our program has evolved since inception in 2009, our key focus on long-term stability and sustainability has been on member education and solid budget planning using Consumer Driven Health Plans, Health Savings Accounts and Wellness education with members. As you can see, the percentage of members who have HSA Plans has risen to 69% while the PPO plans have dropped to 18%.



This rise in HSA plan popularity is due in large part to the education you and your FTJ regional directors have provided to your staff members through the years. We continue to enhance our education through the creation of a Member Resources & Wellness position through our Third-Party

Plan Administrator, Forrest T. Jones & Company. Rod Weaver is available to work with MEUHP districts with this new program. Rod is located in Jefferson City and works closely with MEUHP executive director Tom Quinn. Rod welcomes your call to discuss this new service. 417-236-8045.

Hear from one plan member about her experience with HSA.

"This is my 23rd year in the Knob Noster School District. I always signed up for the PPO plan because I thought it was the best plan to use. However, when I changed to the Health Savings Account (HSA) plan two years ago, I found out I was wrong. In our district we are allowed a sum of money towards one of our three choices for health coverage. I chose an HSA that did not cost the entire amount allowed by the district so the remainder went into my health savings account. Therefore, I have not paid anything out of pocket on medical expenses or prescriptions since I switched and I still have a large sum of money in my health saving account."

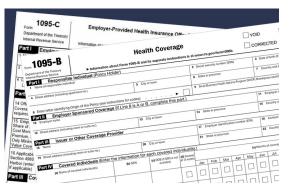
Katie Huntsman Knob Noster School District

ACA Reporting Update for MEUHP Districts

MEUHP member districts have new IRS reporting responsibilities early next year per IRC Sections 6055 and 6056.

Small MEUHP districts (that have less than 50 full-time plus full-time equivalent employees during 2015) are required to prepare IRS form 1095-B. Larger 50+ employee size districts are required to prepare IRS form 1095-C.

An IRS form must be provided to each employee by 1/31/16. A paper IRS filing with all employee information must be submitted by 2/28/16 (or an electronic filing to the IRS is required by 3/31/16 if 250 or more employees are reported to the IRS-a smaller district can file electronically by 3/31/16 if desired).



The IRS forms include a section to list all eligible employees plus covered family members. FTJ, as Third-Party Plan Administrator for the MEUHP, maintains records of all covered plan participants for billing and member eligibility purposes. FTJ has provided a plan membership report in excel to each MEUHP member district via secure email. The member data in the excel file will be in the same format as requested on the 1094/1095 forms.

However, FTJ does not have or provide data for eligible district employees who were offered coverage and chose to waive coverage. Each district will need to identify and report to the IRS any additional required employee information not included in the participant data provided by FTJ.

FTJ has been working with the schools to obtain Social Security Numbers not on record for current plan members (mostly for covered children). If a SSN is missing (shown as 000000000 in the excel file received from FTJ), please try to obtain and add the SSN to the member's information. As a last resort come filing time, the plan member's date of birth may be reported in lieu of a SSN.

Districts across the state have had opportunities to attend ACA seminars sponsored by FTJ, and conducted by Monica Schermier of American Fidelity Assurance. The filing requirements are new and may be time-consuming to complete. We have been working diligently to provide information and data to all MEUHP schools.

Details are posted on the <u>IRS website</u> (www.irs.gov), including the IRS forms, form instructions, publications and FAQ's. You can also visit the <u>HR360</u>, <u>American Fidelity Assurance</u> and <u>Anthem</u> websites for extensive Health Care Reform information.

MEUHP Health Program for Members Not Subject to District Three Year Bidding Requirement

Under Missouri Revised Statutes Section 537.620, it is understood by MEUHP, with guidance from independent legal counsel, that any risk coverages procured thereunder are not deemed to constitute a contract, purchase or expenditure of public funds for which political subdivisions is required to solicit competitive bids. Therefore, in the event that a Board of Education has elected for the District to become a member of MEUHP, any otherwise applicable requirement that the insurance policy be submitted to competitive bidding at least every three years shall not apply.

If you have questions regarding this, please feel free to contact Tom Quinn, MEUHP Executive Director. 573-881-3825 or tquinn@meuhp.com.

How Anthem Cost Compare helped save a member over \$2,500!

One of our MEUHP members from Palmyra R-I used the Anthem Cost Compare tool and here is what he had to say:

"I went to my primary doctor for abdominal pain. She ordered a CT scan of the abdomen and pelvis with contrast and an ultra sound of the upper right quadrant. She was going to set up the tests for me at our local hospital. I asked her if she could just write me a prescription for the tests so that I could "shop around". She said that it was not urgent as long as the pain didn't get worse, and wrote me out the script.

I got on the Anthem website and used the **Compare facility cost and quality** tool to shop for the best price for these two tests. I identified that the service was an outpatient service, the category was radiology, and the procedure was CT scan abdomen and pelvis with contrast. I chose to search for facilities within a 100 mile radius of my zip code. What I found was a range in cost for this procedure from \$342 to \$5,300 within that 100 mile radius. More importantly, the facility that my primary doctor was going to send me to had range of \$2961 - \$3619 for this particular procedure. I chose to drive approximately 80 miles to another facility where the procedure cost me \$379. I contacted the facility and my doctor's office in order to schedule the procedures.

The reality is that by me taking less than 30 minutes to investigate and shop around, I saved myself at the very least, \$2,582 (\$2,961-\$379=\$2582). This is money that would have come directly out of my pocket since I am on a high deductible (\$4,000) HSA plan. I repeated this process for other tests that were later ordered and found large differences in costs as well. I understand that if it is an emergency, you must do what you must do in order to get treatment. But, if you have the opportunity to shop for best price on certain procedures or tests, it is definitely worth your time. The hardest thing for me was asking my doctor if she would write the script for the procedures."

Eric Churchwell, Palmyra R-1 Superintendent

Healthcare Provider Choice is Important to MEUHP Members

MEUHP members use Blue Cross and Blue Shield (BCBS) providers in Missouri and have access to the largest national network of hospitals and doctors through the <u>BCBS Blue</u> <u>Card program</u>. Note:HMO participants do not have access to Blue Card Providers except in emergency situations.



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