LMBC Meeting Minutes
February 18, 2025
Zoom Meeting
Compiled by Maria Xiong

LMBC Members:
Tom Armstrong, Mgmt - Present
Jamie Doscher, Labor - Present
Erich Pacheco (Blake Dye) - Mgmt - Present
Vince Elmore, Labor - Present
Kim Epling, Mgmt - Present
Margaret Evans, Mgmt - Present
Leslie Goodlow, Mgmt Co-Chair - Absent
Casey Hettman, Labor - Present
Claire Houston, Labor - Present
Rob Hutchens, Labor - Absent
Lex Jakusovszky, Mgmt - Present
Michele Juon, Mgmt - Present
Nick Kreimeier, Labor - Present
Isaac McLennan, Labor - Present
Nicole Powell, Mgmt – Present
Jenny Scott, Labor - Present
Amy Tuttle, Mgmt - Present
Carolyn Welch, Labor - Present
Rachel Whiteside, Labor Co-Chair - Present
Ron Zito, Mgmt – Present

Aon:
Megan Poppe
Jennifer Weddle
Nicole Persson

Staff:
Michelle Taylor
Santos Aguilar
Maria Xiong

Guest:
Kirk Czonstka, Garner

1. Call to order: Co-Chair Rachel Whiteside called meeting to order 1:32PM

2. Meeting Minutes: Chris Flanary asked for clarification as to why their name was not included in the member list. It was clarified this would be updated once the AFSCME contract had been approved by Council, as the minutes currently indicate voting members. Tom Armstrong recommended a change to the January 21 meeting minutes to show he was absent. Minutes were adopted with this change. After the meeting, Michelle Taylor confirmed Tom Armstrong was present, so minutes remain adopted as presented.

3. Garner Presentation:

Kirk Czonstka, VP of Garner introduced themselves and shared Garner is a data and analytics company focused on identifying the most impactful decisions for managing health care and costs. They emphasized the most significant factor affecting total care costs is not the insurance plan or hospital system but the individual doctor a member chooses. Members often rely on personal networks, insurance directories, and online rankings for healthcare decisions. However, doctors' performance varies significantly, making traditional tools like carrier directories and navigation solutions less effective. Garner's data helps integrate physician ecosystems, as seen in organizations like OptumCare and Mercy Health, which use Garner data to guide referrals and improve patient outcomes.

Garner integrates seamlessly into existing network without disruption, ensuring both affordability and improved healthcare outcomes. It uses data to guide members to top-rated doctors within the current healthcare network while offering financial incentives, such as reimbursing out-of-pocket expenses for those who seek services from Garner recommended providers. With a portfolio of over 500 employers using this model, Garner only gets paid when cost savings are realized.

Kirk continued the presentation stating Garner is multi-mode, available through computer, app, telephonically and chat. Concierge services are available to assist with searching for provider(s) by various demographics or needs, or just for those who would like a more personal experience. Garner's data sources include the CMS QE program, unique third-party partnerships, employers, clearinghouses, insurance companies, and hospital and health plan transparency initiatives. As an independent third party with no ties to insurance, Garner operates objectively to drive better healthcare decisions.

Nicole Powell asked Kirk to clarify whether members can continue to see existing established providers. They indicated it seemed like the Garner provider list/benefit is for new health issues/establishing new care. Kirk indicated folks would be able to stay with and existing primary care physician, pediatrician, or a provider relationship during an ongoing medical need (pregnancy example). Members would need to outreach Garner to indicate they are seeing the provider for Garner to process any reimbursement incentive accordingly.

Chris Flanary asked a question related to the privacy protections afforded to employees and dependents. Kirk confirmed City data is not shared or sold.

Isaac Mclennan asked what the cost is to provide this service and Nick indicated it's $5 per employee, per month. Price guarantee includes the cost of providing services.

Claire Houston asked a question related to how providers of the future are incorporated. Megan Poppe additionally asked how often Garner's data is refreshed to ensure accuracy. Kirk indicated there's a pipeline for new members to be added. Garner specifically requires 18 months of claim data experience so they can review performance. Garner removes doctors from the preferred list when they are no longer accepting new patients, or have moved from the network, or even retired from practice. Information is refreshed at least monthly. The way doctors are measured does not change, so there's minimal concern of providers falling off the preferred list. An example of someone coming off might be a case of an acquisition by a healthcare system which increases the cost of their services. It could be someone moved into a system which performs surgeries at in a hospital setting rather than an ambulatory surgical center.

Garner reviews clinical literature weekly to ensure doctors are providing services in accordance with the most current medical trend.

Nicole Powell asked if all provider types can be Garner recommended providers. Kirk responded Garner data is specific to provider with MD credentials and the only exceptions are for behavioral health.

Rachel Whiteside asked about success of the program with other entities and how the City could ensure members are aware of this offering. Kirk stated their most successful partnerships are with groups who have active education, marketing, and engagement resources. Groups who engage with members year-round are ideal and helps the program be successful.

Garner ended the presentation and thanked committee members for their time. Many committee members thanked Kirk for responses to the questions sent ahead of time and for the information presented today.

4. 2025-26 plan year renewal continuation

Aon quickly moved into updates related to the ongoing renewal continuation conversation. Megan Poppe let the committee know that the City's claims experience has been updated through December, showing minimal changes and confirming that projections remain aligned as expected. Based on feedback from the previous meeting, the slides have been updated to clarify that narrow network references mean a change to the Synergy network.

Aon summarized the items which have been blue flagged to move forward to a vote. These include:

1. Renew Canopy EAP (for PFFA and PPCOA) program with 13 counseling visits. Does not increase renewal projection cost.
2. Renew ComPsych EAP program with 10 counseling visits, add GuidanceEnhanced Plus, Add onsite counseling hours bank. Does not increase renewal projection cost.
3. Keep dental and vision rates flat, moving savings to Moda medial. Does not increase renewal projection cost.
4. Removing the prior authorization for nutritional therapy under Moda Medical. Negligible premium impact.
5. OHSU virtual visit to be replaced by CirrusMD to expand virtual visit access to 24/7. This would keep benefit levels at the same $10 co-pay. There would be a $55 charge to the plan per seven-day incident use and incident does not need to be the same. Negligible premium impact.
6. Moda Dental, Intellectual and Developmental Disabilities, adding sedation services are covered under class II benefits for members with intellectual or developmental disabilities. Negligible claims impact.

Aon noted none of these items impact premiums, so the recommendation is to continue with items that have an impact to achieve the budget goal.

Aon transitioned to items which were previously recommended to not move forward. These may need to be brought back to the table for discussion, if too many items are not supported. Items currently in this category include:

7. Moda Medical EviCore utilization management for musculoskeletal review. 0.1% reduction in premium.
8. Increase employee contribution percentage an employee paying 7% and the City paying 93% or employee paying 8% and the City paying 92% which shifts the cost of contributions.
9. Modify CityCore plan to narrow Synergy network with plan changes of $3,000 deductible and $6,000 out-of-pocket maximum. 10.4% decrease in premium.
10. Adjusts the Kaiser plan and implements a $500 deductible, $3,000 out-of-pocket maximum, three tier pharmacy copay, increase in primary care visit copay after the first three visits, $30 specialty care copay, $40 urgent care copay, 20% cost for outpatient surgery and inpatient services after deductible, $200 copay for emergency room, 20% coinsurance for ambulance after deductible, $20 copay for simple lab/imaging, and $100 for complex lab/imaging. This change decreases the overall renewal by 5.1%.

A request was made to combine items 1 and 2, as they have been grouped together in the past. Item 1 includes the EAP for PFFA and Casey Hettman requested PPCOA be added to this as they're supported by Canopy EAP.

Aon moved on to slide 11, which are pending items. Aon requested we go through these quickly to see if any could be moved into categories.

11. ESI pharmacy, SafeguardRx pulmonary care value – specifically for members with asthma or COPD; designed to help members overcome adherence challenges, prevent symptoms, and avoid exacerbations. 90 members would currently qualify with negligible premium impact.
12. Offer Sword virtual musculoskeletal therapy under Moda medical. This is an alternate (not replacement) program for physical therapy in a virtual setting. The savings would be 0.3%. 836 members eligible.
    OR
13. Offer Hinge Health virtual musculoskeletal therapy under ESI benefits. This is an alternate (not replacement) program for physical therapy in a virtual setting. ESI estimates 812 members would be eligible, and this benefit would result in a 0.6% premium reduction.
14. Offer Virta under Moda medical. Virta is to help members lose weight and ultimately reverse diabetes. This is a voluntary program and charges per year would be per engaged member. Virta aims to help members reverse diabetes through nutrition, counseling, or short-term prescription drugs. The program

helps participants achieve weight loss goals over a period of up to two years. It is designed for individuals who are committed to making behavioral changes and is physician-backed. There is not an expected savings, but there is a return on investment guarantee. Impact is 413 members.

A couple of committee members indicated they reviewed both offerings from Sword and Hinge, finding them to be nearly identical. Megan Poppe recommends considering the affiliations of each item, noting that one is with Moda and the other with Express Scripts, and to review the claims process and savings; one offers a 0.03% savings while the other offers 0.06%. Both services are fully virtual and available throughout the U.S. These savings are calculated per participant, meaning if they are not utilized, the City incurs no cost. Sword operates on a per-participant, per-year basis, while Hinge charges a per-episode engagement fee.

Chris Flanary asked if there was one group that employed more people in the local area, but this information was unknown. Rachel Whiteside asked about the added benefits of virtual physical therapy and Aon responded this could be to supplement current treatment, or even to be used in lieu of more expensive treatment. This offering could support members who are traveling or have in-person physical therapy rescheduled due to weather events, and support members who aren't working a schedule that allows traditional office visits without time off.

Aon moved to slide 12, which covered pending items 15 through 19.

15. Enlists Evicore for utilization management for advanced imaging and cardiology management. Impact is a 0.1% reduction in premium.
16. Implements Transcarent access to surgery Centers of Excellence (COE). Reduces claims costs and improved outcomes. Cost sharing not waived for use of COEs. Fee is $2 PEPM, plus case management fees. 0.3% decrease in premium.
17. Similar option as 16 but does not include any add-ons. Reduced claims cost and improved outcomes through Transcarent COE. Includes member cost-share waived to incent use of COE, which reduces the anticipated premium impact to 0.1% decrease.

Items 16 and 17 are either or. They cannot be combined.

18. Implements Transcarent cancer support package which includes oncology surgeries, chemo/radiation, second opinion services, at-home urgent care, and support for patients, survivors, and caregivers. Reduces claims cost and improves outcomes. $2 PEPM, plus case rate fees. Expected 0.1% decrease in premiums
19. Similar option as 18 but does not include any of the above add-ons, including screenings. $2 PEPM, plus case rate fees. Negligible impact to premium.

Items 18 and 19 are either or. They cannot be combined.

The committee asked about how any kind of implementation of COE would overlap with Garner. Aon responded that Garner could provide more choices and increase access. COEs may also cover centers which are not included in the City's current Connexus network.

Aon moved to slide 13, presenting items 20 through 22.

20. Implement Garner, adding to Moda medical plan to incent members to utilize high quality providers. Implementing with no change to benefit coverage levels and $1,000 incentive would see a 0.6% premium reduction.
21. Increasing CityCore deductible to $750 and out-of-pocket maximum to $2,300. Increasing CityHD deductible to $3,600 and out-of-pocket maximum to $7,200. These changes project a 1.6% decrease in premium.
22. Mirrors the changes outlined in proposal 15 and integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $1,500/$3,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $1,000/$2,000 HRA. This option decreases premium by 2.7%.

Aon moved to slide 14 which covers items 23 and 24.

23. Increasing CityCore deductible to $1,250 and out-of-pocket maximum to $2,800. Increasing CityHD deductible to $2,650 and out-of-pocket maximum to $5,000. These changes project a 2.9% decrease in premium.
24. Mirrors the changes outlined in proposal 17 and integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $2,000/$4,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $2,000/$4,000 HRA. This option decreases premium by 2.9%.

Aon moved to slide 15 which covers items 25 and 26.

25. Increasing CityCore deductible to $2,250 and out-of-pocket maximum to $3,800. Increasing CityHD deductible to $3,650 and out-of-pocket maximum to $6,000. These changes project a 4.8% decrease in premium.
26. Mirrors the changes outlined in proposal 19 and integrates Garner which incents members to use high quality providers within the existing network. The incentive proposed for CityCore is $3,000/$6,000 Health Reimbursement Account (HRA). The incentive proposed for CityHD is $3,000/$6,000 HRA. This option decreases premium by 10.9%.

Items 20 through 26 cannot be combined. Only one can be chosen.

Aon moved to slide 16 which presents items 27 through 29.

27. Freeze the current plan, allowing existing enrollees in the CityCore Connexus plan to stay for a maximum of five years. A new plan would be introduced with the narrow Synergy Network while maintaining the current PPO plan design. The anticipated network savings (not premium savings) was updated to 1.5-3% and dependent upon how the new plan is designed.
28. Introduces a new, narrow network plan offering alongside Connexus. The CityCore Connexus plan would be redesigned to be less rich due to its broader network access. The anticipated network savings (not premium savings) was updated to 1.5-3% and dependent upon how the new plan is designed.
29. Moves the CityCore plan with the current Connexus network to a higher $1,500 deductible and $3,000 out-of-pocket maximum, while introducing a narrower network (Synergy) with the current plan design of the PPO plan. This option would result in a 3.6% decrease.

These options cannot be combined. Aon is unsure if there would be enough incentive for members to choose narrow network Plan Design A over narrow network Plan Design B. If enrollment is sufficient, there could be savings, but it would likely take time.

Since there are no additional updates, the directions remain the same for the LMBC group to work towards recommendations which meet the 8%, 10% and 12% renewal goals.

The committee also discussed the opportunity to extend the March 4 meeting to ensure enough time to go through options ahead of the scheduled March 18 voting meeting. This meeting will also be held in-person with Portland Building Room TBD. Michelle Taylor will update the invite.

5.Other Business: None

6.Public Comment: None

Meeting adjourned 3:02PM