

TC BOE Joint Insurance Committee

July 26, 2016

Enfield Room

4:30 pm

Called to order at 4:37 pm

Attendance: John Wilcox, Chris Drezek, Lisa Daley, Sue Wilson, Carol Hall, Mark Gaglarti, Bryan Kurbeck, Mike Ludwick, Walter Kruzel, William Edgar, Bryan Chodkowski, Tina LeBlanc, Steve May, Walter Gobst, Judy Zaylor

Absent: Steve Bielenda

New Business:

Cigna invited in in order to give the committee an update on the status of the claims. What will the July 1 rollover look like?

Introductions.

Sales and Client management Vice President Brian Kurbeck, has responsibility for current client satisfaction.

Mark Gaglarti Director of Client Engagement will update on post 7/01

Biggest mistakes made in 25 years because of coding last year that became very evident after the first of the year.

Accumulation period was calendar instead of fiscal.

There were not only questions but serious concerns. Implemented intake into one person (Mark) for questions. Was able to be here on site Tuesday and Thursday of the week prior.

True impacted people were 200 employees.

Since mid-June 2 key contact people (Brianna Young) appointed but given the magnitude of the problem, Mark takes the intake calls and Brianna getting the information relayed so that employees aren't talking to multiple Cigna employees and there is a little bit more control over the issue.

43 intake calls, 22 completed. 21 still open and actively in process. The majority involve duplicate payments-overpayment to the healthcare providers.

Each provider has been contacted by Cigna with the amount of the reimbursement to the customer.

Brianna is focused on only Enfield at this time.

As of 7/1 a significant amount of testing was done in real time to make sure that everything is working.

January 1, testing will resume to make sure that the deductible does not reset.

Complete to Cigna means paid, repaid, customer is satisfied and feedback is received.

What is being done for the customers that have not requested meetings? Cigna doesn't know who they are and are assumed to be alright.

Weekly reporting will be done through the week. Communication can be provided and they can proactively reach out to the 160.

The 22 people that Cigna says are closed need to be reconfirmed that they are all set- self-proclaimed - no message.

Claims that were least in dollar amount were taken first, which created problems because claims were taken out of date order.

Customer Service issues-can a TOE or BOE customer that calls in be directed to Mark or Brianna? It would be more efficient to narrow the contacts so that customers did not have to tell their story multiple times.

Were claim reports received during the winter? Yes, but they had shut down the HSA portion. The projections were thankfully not based on those reports. There are no individual HSA account fund reports. There are bank account summary reports, utilization claim data, claim charge and offsetting debit/credit available. Outstanding take-away-did the Town fund anything they were not supposed to?

How do we find the 160 other people who had issues? Cigna will find out and can share with the Town. What is the statute of limitations for them to bring a claim or complaint? None.

All collection notices have been resolved.

Will putting a refund back in the HSA affect the limit amount? It may push them over. Depends on Fiscal vs. Calendar year.

Table 3b-Budget Policy for Health Insurance and make it the agenda item for the next meeting.

A narrative will be provided ahead of time in order to be more efficient at the meeting.

Conversation about how the entire issue has not been handled appropriately by Cigna.

Conversation about how to run a successful RFP in March 2017.

Next meeting August 30.

Adjourn 5:45