Present: Dawn Ann Anderson, Mike Thiel, Niki Dykstra, Anne Castren, Kris Hursh, Alex Schaeffer, Scott Haas, Gwyn Anderson, Tracy Scott, Braumlee Boyce, Paul Dougherty - Chair, Jack Fallon, Ross Gustafson, Randy Smith

Opened at 4:08 PM

**Financials with Gwyn Anderson**

* FLEX/Health Equity
  + Uncovered why we lost money
    - Health Equity withdrew 10% of contributions ($35,000) for pre-funding
    - This will come back in December from Health Equity
      * Now booked as a receivable rather than loss
  + Health Equity is open to re-negotiating with us, perhaps reducing pre-funding to 3%
    - Less pre-funding could mean longer processing times for employees
      * However the vast majority (all but a few) of members on FLEX are certified staff and with how our pay periods function, this longer processing time would probably be unnoticable.
  + Fund is established: claims are paid out and then replenished weekly, up to that 10%--so is the real need for prefunding 3%? 5%? The full 10%?
    - Scott Haas: “If it isn’t a huge burden to go with daily replenishing, go with smaller percentage of pre-funding.”
  + Conference call tomorrow between KPS/USI and Health Equity to sort this out
* USI v. KPS Numbers
  + We live by the numbers from the business office, but we lose nothing by also examining USI numbers.
  + USI numbers are also more accurate than FCH
  + As per our last meeting and due to the limited labor required of USI to process data, no reason to not also examine those.

**First Choice Health Transparency Tool with Randy Smith**

* Randy Smith from FCH explained the potential use of a transparency tool for members to shop for elective services. This online application uses claims data from the larger FCH network to build accurate average and deliver them that information to consumers.
  + Questions from committee:
    - “Will this be customized for negotiated relationships with providers?
    - “Would this tool be free for members?”
      * Should be part of our administration by FCH
  + Transparency tool would bring consumer choices to members as we pursue negotiations with specific providers.
  + The transparency tool differs from Case Management at FCH
    - FCH has nurses on call to help with medical decisions, primarily
    - Transparency tool assists with financial impact
    - As case rates and bundles are established, FCH maybe able to combine the two services into a more concierge style medical advising service
  + Committee expressed skepticism at immediacy of relying on transparency tool as we pursue negotiations.

**Negotiations update with Scott Haas**

* We have more information from hospital
  + Waiting on hospital to complete period of transition before resuming talks in earnest.
  + Is incentivising certain facilities a liability?
    - Really no more than in-network/out-of-network distinction.
      * This just narrows focus of information, without dictating member choice.
* More information forthcoming by next meeting, November 29, 2018

Meeting adjourned at 6:15 PM