



Bayfield County Administrator

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Mark Abeles-Allison, *County Administrator*
Kristine Kavajecz, *Assistant*

BAYFIELD COUNTY PERSONNEL COMMITTEE MEETING

Brett Rondeau Tom Gordon
Tom Snilsberg Dennis Pocernich Harold Maki

Dear County Board Members:

This letter is written to inform you of a Bayfield County Personnel Committee Meeting scheduled for, Thursday, May 3, 2018 at 4:00pm, in the Emergency Operations Center (EOC), Bayfield County Annex, Washburn, Wisconsin.

Notice is hereby given that a majority of the Bayfield County Board may be present at the meeting to gather information about a subject over which they have decision-making responsibility. This constitutes a meeting of the Bayfield County Board pursuant to State ex rel. Badke v. Greendale Village Bd., 173 Wis. 2d 553, 494 N.W.2d 408(1993), and must be noticed as such, although the County Board will not take any formal action at this meeting.

AGENDA

1. Call to order
2. Public Comment
3. Election of Chairman and Vice Chairman
4. Discussion and Possible Action Regarding Approval of Minutes of April 5, 2018.
5. Discussion and Possible Action regarding Active Military Duty Service Benefits.
6. Discussion regarding Benefit Adjustments in 2019
7. Discussion regarding Wellness planning / incentives for 2019/2020
8. Reports:

- a. Personnel Financial Reports, end of April 2018.
- b. Health Insurance Utilization
- c. Staffing Update
- d. Next Meeting: Thursday, May 31 (Health Insurance Representative Presentation)

9. The committee may enter in and out of closed session pursuant to Wisconsin Statutes §19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility and to approve Closed Session Minutes of January 4, 2018.

10. Adjourn

Should you have any questions in the meantime, please do not hesitate to contact my office.

Sincerely,

Mark Abeles-Allison

Mark Abeles-Allison

Bayfield County Administrator

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Enc.

Any person planning to attend a Bayfield County meeting that has a disability requiring special accommodations should contact 373-6100, 24-hours before the scheduled meeting, so appropriate arrangements can be made.

cc: Mr. Scott Fibert, Bayfield County Clerk
Bayfield County Board of Supervisors
The County Journal, via fax/email
The Daily Press, via fax/email

PERSONNEL NARRATIVE, May 3, 2018

Item 5: At the last meeting the committee approved drafting language for the personnel manual that would provide continued vacation leave accrual while an employee was on active military leave. A limit of 2 weeks accrual was specified. We propose the following language to be added to the Personnel Manual.

For purposes of vacation benefits, an employee who is deployed for active military duty (not annual training), shall be allowed to accrue up to two weeks of vacation (while on active duty military leave) upon return.

Item 6: The Committee has been and continues to discuss benefit options for 2019. The following topics have been discussed in light of a larger than normal increase in health insurance costs anticipated for 2019. A no increase health insurance year would have an experience ratio of 85-90%, Bayfield County is currently over 110% for the year.

1. HRA carry over, currently 25%, could reduce.
2. Incentives for employees who have other options for medical insurance
3. Health insurance options, county payment of the HMO plan, additional costs for PPO born by employee.
4. Other

Item 7:

To briefly recap, Bayfield County offers a 5% reduction for employees who take the county health insurance if they complete two wellness activities: requirements. An annual physical and completion of a Health Risk Assessment form.

The County is considering additional health incentives to address issues raised by our Health Assessment Management Report. Specifically, they recommend strategies to address:

1. Cardiovascular risk factors
2. Metabolic syndrome (high blood pressure, high blood sugar, excess weight around waist, and abnormal cholesterol or triglyceride levels).
3. Diabetes

Specific recommendations are on the attached sheet. How we incentivize these however is our decision.

Two specific questions were asked regarding wellness planning at the last meeting.

Is the higher Health Insurance utilization due to a handful of large cases, or a result of a broad range of health concerns/conditions?

Responses:

1. Current claims paid of \$2,536,564, for a Medical Loss Ratio of 114.4%, which is down from the prior year of 120.1%.
2. Regarding high cost claimants and the conditions that are being treated. Six individuals account for \$1,364,289 of your total claims, which is over 50%.

What other organizations that have the outcome based programs are offering for incentives and what they are requiring to obtain the incentives?

Pete Morissette researched other organizations groups / here is what he found.

1. Premium Reduction \$500 per person (Subscriber and Spouse) Max of \$1000 for a family

Requirements- HA, Preventive Exam, Meet medical standards for BMI, BP, Glucose, and Cholesterol and be tobacco free. If standards are not met employee has opportunity to complete an alternate standard to earn incentive. (The alternate standard is required by law to be offered)

2. Chance to win \$100 gift cards

Requirements- HA, Preventive Exam. Not tied to premium contribution.

4. HSA Contribution

- Single Total HSA= \$2500 with district automatically contributing \$1500 and the employee can earn \$1000
- Family Total HSA=\$5000 with district automatically contributing \$3000 and the Subscriber and Spouse eligible to earn \$1000 each for a total of \$2000

5. Surcharge \$600 if step 1 & 2 activities are not completed. Subscriber only participation
 - Requirements-Step 1 HA, Step 2 Preventive Exam to avoid surcharge
 - Third step-earn \$600 by completing 2 or more qualifying health goal

6. Premium differential \$600 subscriber only
 - Requirements- HA, Preventive Exam , and set one goal using WebMD's My Health Assistant

ITEM 8 Reports:

- 1. End of April payroll report to be presented at meeting.**
- 2. Health Insurance Utilization.**
- 3. Staffing Update**
- 4. Proposed next meeting, 1 week early, Wellness Rep from Insurance Company can join us.**

VIII. Summary of Amounts Paid

Year Month	Paid in		Incurred in Month			Paid in Month		Incurred in Month	
	Month	Premium	Paid	Allowed	Medical Loss Ratio	Medical	Rx	Medical	Rx
2016-02	\$239,695	\$187,735	\$180,957	\$221,639	96.39%	\$219,166	\$20,530	\$160,436	\$20,521
2016-03	\$175,816	\$189,578	\$279,481	\$322,162	147.42%	\$156,918	\$18,897	\$260,421	\$19,060
2016-04	\$317,795	\$188,441	\$344,265	\$380,751	182.69%	\$293,469	\$24,326	\$320,129	\$24,136
2016-05	\$296,228	\$190,285	\$269,169	\$302,840	141.46%	\$277,800	\$18,428	\$251,267	\$17,902
2016-06	\$268,335	\$194,770	\$243,228	\$280,984	124.88%	\$245,992	\$22,343	\$220,353	\$22,875
2016-07	\$160,989	\$191,103	\$164,606	\$190,678	86.13%	\$139,647	\$21,342	\$143,223	\$21,382
2016-08	\$321,534	\$191,045	\$164,170	\$190,904	85.93%	\$299,630	\$21,904	\$142,277	\$21,893
2016-09	\$137,189	\$191,230	\$118,842	\$143,877	62.15%	\$114,115	\$23,075	\$99,848	\$18,994
2016-10	\$172,614	\$192,722	\$165,716	\$181,973	85.99%	\$155,321	\$17,293	\$144,369	\$21,346
2016-11	\$172,010	\$192,750	\$186,100	\$217,428	96.55%	\$149,872	\$22,138	\$164,110	\$21,991
2016-12	\$121,520	\$192,825	\$280,179	\$306,420	145.3%	\$95,489	\$26,032	\$253,819	\$26,360
2017-01	\$279,873	\$187,712	\$316,131	\$392,354	168.41%	\$259,467	\$20,406	\$295,552	\$20,579
2017-02	\$243,135	\$185,160	\$197,630	\$249,843	106.73%	\$214,621	\$28,514	\$168,930	\$28,700
2017-03	\$187,727	\$184,167	\$211,275	\$274,387	114.72%	\$169,186	\$18,541	\$192,792	\$18,483
2017-04	\$162,189	\$184,167	\$147,299	\$183,099	79.98%	\$148,891	\$13,298	\$134,131	\$13,168
2017-05	\$93,588	\$186,407	\$228,753	\$271,818	122.72%	\$82,326	\$11,262	\$217,815	\$10,938
2017-06	\$433,996	\$182,693	\$160,307	\$189,360	87.75%	\$416,278	\$17,718	\$143,058	\$17,249
2017-07	\$102,407	\$185,627	\$181,071	\$207,775	97.55%	\$93,389	\$9,017	\$171,584	\$9,487
2017-08	\$168,861	\$184,532	\$240,678	\$253,743	130.43%	\$136,979	\$31,882	\$209,156	\$31,522
2017-09	\$214,204	\$184,532	\$221,134	\$247,130	119.84%	\$178,783	\$35,421	\$185,604	\$35,531
2017-10	\$324,546	\$186,351	\$354,777	\$377,000	190.38%	\$285,338	\$39,208	\$315,393	\$39,384
2017-11	\$262,244	\$184,455	\$349,094	\$374,594	189.26%	\$223,021	\$39,223	\$309,830	\$39,264
2017-12	\$320,916	\$184,549	\$186,366	\$205,966	100.98%	\$287,234	\$33,682	\$152,598	\$33,768
2018-01	\$205,450	\$184,218	\$122,097	\$157,928	66.28%	\$178,351	\$27,099	\$95,021	\$27,076
Current	\$2,719,265	\$2,216,858	\$2,600,481	\$3,025,713	117.22%	\$2,414,397	\$304,868	\$2,295,913	\$304,568
Prior	\$2,663,599	\$2,290,196	\$2,712,843	\$3,132,009	118.61%	\$2,406,886	\$256,713	\$2,455,803	\$257,040
Total	\$5,382,864	\$4,507,054	\$5,313,324	\$6,157,653	117.91%	\$4,821,283	\$561,581	\$4,751,716	\$561,608

5.

**Minutes of the
Bayfield County Personnel Committee Meeting
4:30 PM, April 5, 2018
Emergency Operations Center (EOC), Bayfield County Annex, Washburn, WI**

Members Present: Brett Rondeau, Dennis Pocernich, William Bussey, Harold Maki,

Members Excused: Rachel Coughtry

Others Present: County Administrator Mark Abeles-Allison, Kristine Kavajecz-Assistant, Pete Morrissette-Health Educator, John Carlson-Corporation Counsel

Meeting called to order at 4:30pm by Chairman Rondeau

Public Comment: None

Approval of Minutes of March 1, 2018: *Motion Bussey, Pocernich to approve minutes of the March 1, 2018 Personnel Committee meeting. Motion Carried (4-0)*

Wellness planning / incentives for 2019/2020: Abeles-Allison reviewed data received from Security Health regarding the Bayfield County employee health participation. Morrissette reviewed recommendations from Security Health to consider implementing an outcomes based incentive program based on each employee's specific health status. Insurance utilization for 2017 was 125%. Questions from the committee included: is the utilization due to a handful of large cases, or a result of a broad range of health concerns/conditions. Another question was to find out what other organizations that have the outcome based programs are offering for incentives and what they are requiring to obtain the incentives. Morrissette exited the meeting at this time.

Benefits when employee is called to Active Military Duty: This topic was discussed at a previous meeting. Life insurance continues while the employee is on leave. For the Wisconsin Retirement System, the employee has the option to make up the contributions that were missed while they were on leave. If the employee contributes, the county would provide the county's match. The current policy is to not continue vacation allocations while an employee is in unpaid status. The county could consider modifying this policy specific to military leaves. After brief discussion the consensus of the committee is to authorize the County Administrator to draft a policy modification allowing up to an annual 2 week accrual of vacation during military leave.

Benefit Adjustments in 2019: The committee reviewed options that are being considered including: Adjusting the HRA carry-over amount, incentives for eligible employees that do not take county health insurance, county to pay only the base HMO cost regardless of which plan the employee enrolls in.

John Carlson joined the meeting at this time.

Reports:

- a. **Personnel Financial Reports, end of March 2018:** Handout was provided.
- b. **Health Insurance Utilization, end of Nov, Paid through January 2018:** 125%
- c. **Staffing Update:** A list of vacant positions and their associated status was reviewed.

Motion Maki, Pocernich to enter in and out of closed session pursuant to Wisconsin Statutes §19.85(1)(c) to consider employment, promotion, compensation or performance evaluation data of any public employee over which the governmental body has jurisdiction or exercises responsibility and to approve Closed Session Minutes of January 4, 2018. All present were permitted to remain in the closed session. Entered closed session at 5:20pm

Motion Bussey, Pocernich to return to open session. Motion Carried. Returned to open session at 5:30pm

Meeting adjourned at 5:30 pm.

Minutes respectfully submitted by Kristine Kavajecz

SecurityHealth PlanSM

Promises kept, plain and simple.

Recommendations

The combination of the above risk factors increases the risk of metabolic syndrome. Metabolic syndrome is a cluster of conditions—increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels—that occur together, increasing your risk of heart disease, stroke and diabetes. In addition cigarette smoking increases risk as well. Having just one of these conditions doesn't mean you have metabolic syndrome. However, any of these conditions increase your risk of serious disease. Having more than one of these might increase your risk even more. If you have metabolic syndrome or any of its components, lifestyle changes can delay or even prevent the development of serious health problems.

It is recommended strategies be implemented to reduce cardiovascular risk factors and prevent metabolic syndrome, prediabetes and type-2 diabetes. Primary interventions suggest focusing on weight loss and smoking cessation. Even a 5% reduction in weight can help restore the body's ability to recognize insulin and reduce the chance of developing diabetes along with lowering blood pressure and cholesterol.

1. Continue using the premium share reduction as an incentive to encourage employees and spouses to complete a preventive exam and annual health assessment. Benefits of this program design include:
 - Using collected data to track and measure efficacy of interventions
 - Includes the participant's primary care provider in addressing unhealthy lifestyle behaviors and biometric measures outside of range
2. Offer educational opportunities to address weight management and smoking cessation, stress reduction and sleep improvement.
 - Increase employee and spouse awareness and skill development through presentations, challenges, and educational materials. SHP provides two educational opportunities per year which can be tailored to address these concerns.
 - Promote and connect employees and spouses who use tobacco with Security Health Plan's Tobacco Free program or with the State Tobacco Quitline
 - Encourage employees to complete a health assessment review with a Security Health Plan health coach and participate in multiple sessions with a coach to address high risk health behaviors.
3. Seek opportunities to create a culture of wellness in the workplace by making the healthy choice the easy choice.
4. Connect with organizations and programs in the community that focus on health and well-being.

SecurityHealth PlanSM

Promises kept, plain and simple.

2018 Bayfield County Health Assessment (HA) Management Report

Purpose Statement

Provide Bayfield County with a snapshot of major wellness findings, offer evidence-based recommendations, and identify next steps Security Health Plan and Bayfield County can provide to offer employees and spouses with a customized wellness experience.

Demographics

1. In 2016, 204 participants completed the health assessment for an average HA score of 57.5.
2. In 2017, 209 participants completed the health assessment for an average HA score of 58.7.
3. The number of individuals who completed the health assessment in both 2016 and 2017 totaled 186. The data listed below represents this cohort group.

Major Findings

1. Highest risk factors for your organization:
 - Unhealthy weight
 - High blood pressure
 - Elevated cholesterol
 - High blood sugar levels
2. Employees and spouse also reported high levels of stress and sleep difficulties.
3. Cigarette and alcohol use were both up slightly from 2016. Almost four percent (3.8%) of HA participants indicated they use tobacco. By comparison, 6.2% of Preventive Exam Result forms showed employee and spouse tobacco use and 12.4% of the forms did not indicate a patient's tobacco status.
4. As indicated on the Preventive Exam Results form, almost all employees and spouses (99.5%) are up to date, or have been given recommendations regarding immunizations and age and gender preventive screenings (97.3%).
5. Health assessment results show, 26.9% of employees and spouses are not up to date with their preventive health screenings. The discrepancy between the Preventive Exam Results form and HA might be attributed to providers not offering screening based on their patient's medical history or participants not following through with scheduling these preventive screenings.