CITY OF LOS ANGELES
JOINT LABOR-MANAGEMENT BENEFITS COMMITTEE

PROPOSED MINUTES
SPECIAL MEETING APRIL 6, 2017 – 9:00 A.M.
CITY HALL, 200 NORTH SPRING STREET, ROOM 1060

Present:

Committee Members

Regular:
Wendy Macy – Personnel Department
Cheryl Parisi – AFSCME, Council 36
Tony Royster – General Services Department
June Gibson – Fire Department
Chris Hannan – Building & Construction Trades Council
Paul Bechely – Laborers’ Local 777

Alternates:
Jeremy Diaz – Building & Construction Trades Council
Ramon Rubalcava – SEIU Local 721

Personnel Department Staff
Jody Yoxsimer – Assistant General Manager
Russell Escueta – Management Assistant
Paul Makowski – Senior Personnel Analyst I
Leonor Gardere – Senior Personnel Analyst I
Daisy Tam – Personnel Analyst II
Steven Montagna – Chief Personnel Analyst
Jenny Yau – Senior Management Analyst II
Ted Vasquez – Management Assistant

Office of the City Attorney
Curtis Kidder – Assistant City Attorney

The Segal Group
Bobby Mitchell

Keenan Associates
Steven Balentine
Laurie LoFranco
1. Call to Order

Cheryl Parisi called the meeting to order at 9:05 a.m.

2. Public Comments

There were no public comments.

3. Minutes

A motion was made by Tony Royster and seconded by Chris Hannan to approve the JLMBC minutes of the March 2, 2017 Special Meeting; the Committee unanimously adopted this motion.


Paul Makowski presented the report. He began by stating that the projects and activities report covers the month of March, with the February report included as Attachment A to the report. He provided an update on Affordable Care Act (ACA) tax reporting, stating that all ACA tax forms were mailed to employees on February 21, 2017, in advance of the March 2 IRS deadline. He additionally stated that postcards and citywide emails were sent to remind employees of the ACA tax forms they would be receiving in the mail. He added that there are no changes in federal law on ACA tax reporting and forms. He then provided updates on LAwell vendors, Mercer and Keenan. He stated that the City’s Third Party Administrator, Mercer, would be closing their Dallas office location and staff assigned to the City’s account will begin working remotely, but only if they meet the requirements of Mercer’s Work from Home policy. He explained that Mercer will continue to provide the same level of service they currently provide to the City. With regards to Keenan, he stated they had entered into an agreement to join AssuredPartners, Inc., and that services provided to the City will be provided by the combined firm.

Tony Royster asked if Mercer’s closing of their Dallas office will be permanent. Mr. Makowski replied it is a permanent change and Mercer has assured the City that there will be no change in the level of service being provided. Steven Montagna indicated that the change was a concern and that staff would monitor the situation closely to assess whether there were any service impacts.

Mr. Makowski next indicated that staff continues to provide new employee orientations as requested by City departments. He introduced Daisy Tam as a Personnel Analyst II taking over the duties previously held by Leonor Gardere, who had moved to another position within the Benefits Division. He also introduced Tameekah Ford as a new Member Services Representative in the Employee Benefits section.

A motion was made by Chris Hannan and seconded by Marleen Fonseca to receive and file the projects and activities reports regarding informational items,
projects update and summary, meeting calendar, and staffing summary for March 2017 and February 2017 (Attachment A); the Committee unanimously adopted this motion.

5. Anthem Blue Cross Plans Update

Kristyn Nelms from Anthem began the presentation. She was joined by Andrew Richards, Dr. David Pryor, medical director for Anthem California, and Dr. Laura Clapper, medical director responsible for Vivity. Ms. Nelms began by stating that Anthem originally quoted City of Los Angeles premiums during the 2016 procurement process based on Anthem including the same networks as Blue Shield plus the Vivity plan option with no additional enrollment requirements. She next stated that the majority of the enrollment remained in the Anthem Narrow Network HMO but PPO enrollment was down slightly for 2017. She noted 75% of the employee population did not make an active election change during Open Enrollment. She also highlighted plan breakdown by age group and enrollment tier. She stated the average age for the City population was higher than Anthem’s book of business. Ramon Rubalcava asked if the book of business information includes only public sector plans or all plan types. Ms. Nelms answered that it includes all plan types. Mr. Richards added that Anthem does not currently have the ability to segment enrollment data by public sector or private sector clients.

Mr. Richards then presented the 2018 rating methodology that would be used to calculate the rate renewal. He stated that rates were developed from data Anthem had received from Blue Shield, since no mature data set had been developed as the plan is only 13 weeks into the calendar year. He stated Blue Shield data was used exclusively as part of Anthem’s agreement with the City. He stated that Anthem had committed to a 9% rate cap plus 3.38% for Affordable Care Act fees. He stated Anthem could conduct a full annual clinical review or quarterly reporting when more credible data had been collected. He then stated a network adjustment was made to the HMO medical claims received from Blue Shield to account for the favorable risk sharing that Anthem has in place with its provider groups. He added within the select network, more favorable provider contracting arrangements translated to an adjustment made by Anthem based on the expectation that claims will be more consistent and contracts will be more favorable moving forward. He explained that the more risk a medical group takes on in claim payments, the more the City’s claims will be stabilized in the long run. Mr. Rubalcava asked if more risk means fully capitated. Ms. Nelms replied that fully capitated means that the medical group takes on the hospital and professional component of the risk and that some medical groups are not fully capitated because they only take on the professional component of the risk. She gave an example of a non-fully capitated arrangement in which an employee may go to the hospital for a high-cost claim but the medical group is not on the hook for the hospital cost, while Anthem is. She stated that to the extent that more contracts are in a fully capitated arrangement by hospital and physician in which Anthem pays the medical group to manage the risk fully, this translates to more pricing stability for the City.
Mr. Rubalcava stated that if medical groups are fully capitated then they have an incentive to take care of their members and make sure they come in, see a primary care physician, and stabilize their health. He asked if there is anything internal that Anthem does to steer members to select the fully capitated medical groups. Mr. Richards answered that the narrow adjustment was made because there are more fully capitated medical groups than was the case with Blue Shield. He stated that cost efficiency is one of the criteria for a provider to be a part of the narrow network, but it does not mean all providers are fully capitated.

Mr. Richards then discussed the claims data. He started by disclosing that Anthem’s claims data is immature because only two months of claims data had been collected. He stated that lack of plentiful data is due to claim run-out, which is the turnaround time for Anthem to receive claims and pay providers. He added that the data is irrelevant because the numbers don’t identify trends. He continued that 12 months of data would be needed to identify trends in the City’s Anthem utilization. He stated that by the 2019 renewal, a full year’s worth of data would be available to provide more meaningful measures on utilization.

Mr. Richards next discussed the Vivity plan. He explained that since Vivity was not a product offered under Blue Shield, a proportion of Blue Shield claims attributable to Vivity members were allocated to Vivity. He added that because the Vivity plan trends lower, it should see a lower rate renewal.

Mr. Richards discussed the paid/loss ratios for the 2016 plan year. He stated that the Narrow Network HMO had an 88% loss ratio and the Full Network HMO had a 102% loss ratio. He explained that many Full Network HMO members transitioned to other plans and only an approximate total of 201 members remained under the traditional HMO plan. He pointed out there is cause for concern in the PPO plan because the loss ratio is at 114% and that there was a spike in the paid/loss ratio from 2015 to 2016. He stated that this population tends to skew older and is about 14% higher than Anthem’s benchmark in terms of age.

Mr. Richards then transitioned to claimant cost categories and pointed out that the PPO plan is the most concerning. Mr. Rubalcava asked if the pooling point is $50,000 for high-cost claimants. Mr. Richards responded that the actual pooling point is $300,000, and that this is a normal pooling point for high-cost claims. Tony Royster asked if the loss ratios are consistent with Anthem’s book of business. Dr. Pryor replied that it is normal for costs to be higher with the PPO since it is an unmanaged plan and members have the option of seeking services wherever they would like. Mr. Royster replied that some people feel they may have more options with a PPO. He asked if any educational outreach is conducted to inform members of better options instead of the PPO plan. Mr. Richards responded that Anthem did not know which members to communicate to since the information received from Blue Shield data was de-identified. He stated that over time, more information will be known regarding the City’s population and member utilization. He stated the Vivity plan can be promoted as an alternative solution for members that are using UCLA or Sedars-Sinai on a PPO plan.
Mr. Richards then discussed high cost claimants and stated that there are 66 claimants over $50,000 who account for $19.6 million of the PPO total spend. He stated this represents 1.4% of the total PPO population accounting for 45% of the total spend which is not normal and above the Anthem benchmark. Cheryl Parisi asked how PPO enrollment in 2016 compared to 2017. Both Mr. Richards and Ms. Nelms answered that enrollments in 2017 trended slightly lower by about 100 members. Mr. Richards also added that from 2015 to 2016, total claimants with claims over $300,000 increased from five to 18 members, which translates in dollars from $4.4 million to $9.4 million. He stated Anthem’s approach to managing the PPO population, which is traditionally an unmanaged product, is based on Anthem’s enhanced personal healthcare program which was launched in 2014. He indicated this program provides shared savings to a healthcare provider for keeping a member well. He explained that once Anthem is able to determine if a member is utilizing a primary care physician through the claims data, it will compensate the primary care physician with a shared savings payment similar to an HMO-fully capitated plan, therefore incentivizing the physician to keep the member well. He further explained there are different quality and outcome metrics that the physician has to meet. He stated that if those metrics are met, then there is a shared savings component within a PPO plan. He added that the City has three major medical groups in the enhanced personal healthcare medical program. He stated that once a member has been identified as being aligned with a primary care physician, that member will have a care team of various doctors involved in constant communication amongst themselves to manage care for the member. He explained that Anthem provides coordination of information gathering and sharing across multiple doctors and facilities to provide the best care for the member. Dr. Clapper added that Anthem works with the medical groups to provide a care team but also provides the data and technology infrastructure to allow Anthem care managers to coordinate care for members.

Dr. Pryor introduced himself as a board certified internal medicine physician who graduated from UC San Diego medical school and also received a Masters in public health from UC Berkeley. He stated that Anthem’s goal is to help City employees and their dependents stay healthy and be productive. Dr. Pryor further stated that Anthem’s goal is to help members access the highest quality care that is clinically appropriate and not wasteful. He briefly discussed utilization management in which doctors authorize surgical procedures and analyze whether that chosen method is the best or most clinically relevant for the member.

Dr. Pryor next discussed case management and described it as follow up with the member at home (e.g. proper medication or follow-up appointments with primary care physician) after a procedure, to ensure the member does not have any complications and to prevent readmissions. He then discussed condition management and stated that Anthem can identify employees with certain conditions and put them into specialized programs to ensure they stay healthy and out of the hospital. He concluded by discussing pharmacy management, which assists with keeping pharmaceutical costs down by attempting to prescribe generic drugs. Mr. Rubalcava asked if the examples listed under condition management were chosen because they are better managed or if
they have a higher propensity toward Anthem’s book of business. Dr. Pryor replied that the conditions were chosen based on higher prevalence of cases and conditions that are manageable. Dr. Clapper added that conditions that are rarer such as multiple sclerosis tend to be related to pharmacy condition programs.

Dr. Pryor next discussed the top 15 highest cost claims in 2016 and highlighted a high burden of cancer cases. He continued by pointing out opportunities for sharing best practice information in care management for diabetes, cancer, coronary artery disease, and cerebral vascular accidents. He stated there isn’t as much consensus in providing a uniform cancer care treatment plan across medical groups. He explained that Anthem’s approach in managing this is to work with top oncologists and healthcare professionals to develop clinical guidelines or pathways for treating a condition which can then be shared with doctors in the community to ensure members are being treated in the most uniform, effective, and cost effective manner. He then highlighted the savings associated with following the clinical guideline or pathway.

Dr. Pryor next discussed condition care programs, which are disease management programs designed to treat conditions such as diabetes, asthma, heart disease, etc. He explained that as part of this program nurses reach out to members telephonically to support them on their treatment pathway. He concluded his presentation by stating that diabetes is prevalent in the City’s population and that Anthem offers a diabetes prevention program called Solera. He stated the 16 week program seeks treatment of pre-diabetic individuals to prevent them from developing diabetes. He stated that approximately 89 million individuals in the US have pre-diabetes and that if these individuals are treated now before they develop diabetes, cost savings could be realized including the benefit to the individual of living a longer and healthier life. Mr. Andrews stated that with regards to the disease care and condition management programs, Anthem has been working closely with the City’s wellness program to assist with reporting and synchronizing efforts to ensure that members are aware of programs such as the diabetes prevention program offered through Solera that are available to them. He then concluded the presentation by indicating that Anthem also offers other programs that help to influence a member’s health in a positive way which in turn reduces costs.

6. Committee Report 17-11: 2017 Open Enrollment Data Review

Jenny Yau presented this report. She stated the attachment to the staff report was prepared by the LAwell Third Party Administrator, Mercer. She then gave a brief overview of the key data and statistical information provided in Mercer’s report. She stated that for Plan Year 2017, most employees passively enrolled into their benefits, with 75% passive enrollment versus active enrollment of 25%. She stated that as is normally the case there was a significant increase in web and call center activity during the last week of Open Enrollment. She added that due to the increase in activity, some calls were not received or answered. She stated that staff worked with Mercer to extend the correction window to the end of November 2016 to address this issue and allow sufficient time for employees to make benefits elections. She stated
that several emails and reminders were also sent to human resources directors to notify employees of the extended correction period.

Ms. Yau next discussed enrollment statistics, stating there was a net gain of 212 members, or slightly less than 1%, moving from Blue Shield/Anthem to Kaiser in 2017 compared to 285 or 1.2% in 2016. In regards to the new Vivity HMO plan, she stated that about 715 employees or 3% enrolled into the plan. In terms of LAwell membership for 2017, the population exceeded 25,000 representing a 4% increase from 2016. She further explained that in 2017, the previous Flex Pay Plan 1 group comprised of MOUs 29 and 31, moved to the Flex Pay Plan 2 group and was eliminated leaving two groups remaining. She mentioned these groups were subsequently renamed LAwell Plan and LAwell Pay Plan and as a result, the LAwell benefits program now consists of these two groups. She then moved on to discuss optional benefits elections and stated that the percentage of employees participating in these benefits – supplemental life, spouse life, child life, disability, and accidental death & dismemberment - remained largely the same from the prior plan year. She added the same also applied to employees participating in the Healthcare and Dependent Care tax advantaged savings accounts.

Wendy Macy asked if there was anything that could be done to incentivize employees to not wait until the last minute to make their elections. Ms. Yau responded that discussion with Mercer was held to send communications to employees to notify them that elections can be done via mobile phone, and not only online or via telephone. Mr. Montagna added that incentivizing employees to pay attention to their benefits all year round starts with building engagement infrastructure and improving that platform over time. He noted once this infrastructure is in place, people will become more engaged and participate actively in electing their benefits and in the City’s wellness program. Mr. Rubalcava asked if most of the corrections were processed over the telephone or online. Ms. Yau replied that during the correction window, employees are allowed to change their elections if they identify an error or change their mind. Mr. Rubalcava asked if employees electing benefits through telephone are through an IVR process or live representative. Ms. Yau responded that it is through a live representative. Cheryl Parisi asked why the number of dependents added in 2017 had increased. Mr. Montagna answered that with more employees being added to the plan, it should lead to more dependents being added. Ms. Parisi asked if there is any utility in continuing to offer the Delta Preventive Dental Plan since there is only 2% enrollment, and suggested it might be something to look at for plan year 2018. Mr. Montagna responded that the enrollment numbers for the Preventive Plan could be reviewed to see what enrollment has been over time and identify trends. Marleen Fonseca asked why the EAA dental plan is identified in the report as having 0% enrollment. Ms. Yau replied that less than 1% of the population elected EAA dental and the percentage of enrollment in the plan was rounded down.

A motion was made by Tony Royster and seconded by Marleen Fonseca to receive and file the staff report regarding the results of the LAwell Civilian
Benefits Program Open Enrollment for Plan Year 2017; the Committee unanimously adopted this motion.

7. Committee Report 17-16: Benefits Third Party Administrator Request for Proposal

Jenny Yau presented this report. She stated the RFP for benefits Third Party Administrator services for the LAwell Program had been completed. She stated that extensive work was required to update the scope of services and the RFP questionnaire to capture changes that have been made since the RFP was last issued in 2008. She stated the Third Party Administrator provides member enrollment, termination, and life event processing, recordkeeping employee and dependent eligibility data, a customized participant enrollment website for members to make benefits elections and report life event changes, a dedicated customer service call center Monday to Friday from 8 am to 5 pm to answer member questions and process benefits elections and changes, and generating various communication notices such as personal enrollment worksheets, confirmation statements, COBRA notices, and reports. She noted the TPA is responsible for administering an enormous amount of complexity as the program is governed by applicable law and regulation and multiple MOUs. She further stated that a high degree of customization is needed to adapt the recordkeeping requirements to the abundant variations that exist within the benefits structure of the City’s workforce.

Ms. Yau indicated that the first two sections of the RFP assess the proposer’s ability to provide organizational research and technical competencies to administer the LAwell program. She explained that the second half of the RFP is framed from a member-based perspective focused on addressing quality of service provided by the call center, capabilities of the member self-service website, and producing outcomes-based educational materials that will reduce communication errors and provide the highest level of customer service to employees.

Ms. Yau stated that consistent with the previous RFPs reviewed and approved by the Committee in 2017, a common structure and form were incorporated into the TPA RFP which includes a detailed plan profile and scope of services, written questionnaire, and performance exams. She continued with staff’s request for the JLMBC to complete pledge forms for the TPA and Wellness RFPs, to ensure fairness and transparency regarding conflicts of interest and confidentiality. Ms. Parisi asked if the RFP allows potential vendors to provide services that may be more robust, but not mentioned in the RFP. Mr. Montagna replied that it is important to be clear on the services requested of vendors and the evaluation criteria in the RFP, but the RFP is written in a broad way where areas of improvements may be suggested. Ms. Parisi asked if that means vendors would not be precluded from offering different or new services. Mr. Montagna replied that the vendor’s proposal would have to stay within the parameters of the RFP. Ms. Parisi highlighted that her only concern is that the technology aspect proposed by vendors is up-to-date or at the level the City requires. Ms. Yau added that part of the RFP illustrates where the City is currently at and where it would like to be in terms of TPA services including adopting technological upgrades.
Mr. Rubalcava asked if any statistics are provided to prospective vendors with respect to enrollment data. Ms. Yau answered that this information is currently being collected and will be provided to the vendor community when the RFP is released. Mr. Rubalcava expressed his concern at the number of corrections that have to be processed and the associated costs. He added that he is interested in knowing what kind of metrics would be available to prospective vendors regarding enrollment and service, since there have been numerous changes in that area of TPA services.

Mr. Royster asked if the RFP includes discussion of transition in the event the current vendor does not win the bid. He stated that his primary concern lies with the vast amount of data that would have to be transferred to a new vendor. Mr. Montagna replied that the Deferred Compensation Plan is currently in the process of transitioning to a new TPA and that sufficient time is required to ensure a successful outcome. He continued that transition requires a multi-team process. Ms. Macy asked if the RFP addresses on-site visits to TPA facilities. Mr. Montagna replied that the RFP includes questions regarding resource locations and reserving an option to visit the vendor on-site.

Mr. Royster asked if it is industry standard for TPA providers to work from home to cut costs and how confidentiality of the City’s records would be protected. Mr. Montagna replied that the RFP includes many questions on confidentiality of records and it is an area that staff intends to vet thoroughly. Ms. Fonseca stated that a vendor could have multiple locations and that consideration be given towards protecting confidentiality. Mr. Royster asked if there is anything in the contract that protects the City and its employees if information is lost or hacked. Mr. Montagna replied that work with the City Attorney has been done on language to include in the contract that provides for protection and responsibility of data breach. Curtis Kidder added that data protection is an evolving area and the key to protection is what happens after data is hacked or leaked. He continued that state and federal statutes address this, but in contracts, there is a confidentiality agreement regarding use of City and personal information and actions for contractors to take following hacking/theft of information. He added that it is difficult to control data disclosure. Ms. Yau stated that with regards to employees working from home, Mercer has a vetting process that involves verifying home addresses of employees and checking that they meet work from home criteria such as having secure access to the website and secure login through VPN. Ms. Fonseca asked what assurances the TPA can provide regarding this area. Ms. Parisi asked if it may be appropriate to consider some additional level of liability insurance due to the change in the business model. Mr. Montagna replied that further evaluation can be done as movement toward a new contract is completed. He further added that it is unknown if there are better models or systems until the RFP is released.

A motion was made by Maritta Aspen and seconded by Tony Royster to approve (a) the proposed Request for Proposal (RFP) for Third Party Administrator (TPA) services for the City’s LAwell Civilian Benefits Program and (b) execution of the “Pledge Form Regarding Conflict-of-Interest,
Confidentiality and Proposer Communications”; the Committee unanimously adopted this motion.

8. Committee Report 17-17: LIVEwell Wellness Program

Ted Vasquez presented the first half of the report by discussing the EyeMed pop-up clinic utilization results. He stated that 103 individuals participated in clinic #4 at City Hall East which amounted to 90% of available clinics, the most successful location of all the pop-up clinics. He continued by highlighting utilization results of the pop-up clinics by location. He noted there were some employees that did not attend their appointments despite receiving three reminders through email. He also added that flyers were posted at worksites where the pop-up clinics were held. He noted that EyeMed will be emailing participants satisfaction surveys two weeks after their appointment to assess the satisfaction with the clinics, as well as any products they may have ordered through the mail. He concluded that the results from the pop-up clinic surveys will be shared at the next JLMBC meeting. Mr. Royster asked if consideration was given to hold pop-up clinics at the Central Library since it is a large location. Mr. Vasquez replied that outreach was done to that location, but there was difficulty in receiving responses from. Joan Centanno added that a proposed location must meet certain criteria for a pop-up clinic to be held, including privacy, security, and size and availability requirements. She continued that the pop-up clinics were a good pilot to test future events and locations for the program.

Ms. Centanno next presented the current state research conducted by staff regarding the wellness program. She outlined the key findings on pages three to four of the report and stated that additional detail regarding the implications associated with each finding is included in Attachment A to the report. She stated that research was conducted on the difference between the terms wellness and wellbeing as requested by the JLMBC at its last meeting. She summarized that wellbeing is a holistic approach to a person’s happiness and is not solely disease oriented. She also noted that wellbeing is determined by a person’s individual choices. She then stated that starting out slowly in building the wellness program is important if the program is going to be successful in influencing behavioral changes. She noted that a five year vision on how to build the wellness program is included in the appendix of Attachment A to the report. She then discussed marketing of the wellness program and stated that it must be constant in order for it to be effective. She explained that leveraging social networks will help to increase participation and create a wellness culture in the City. Mr. Royster indicated that he spoke with GSD staff members regarding wellness and stated that management has to take an active interest in wellness for it to succeed. Ms. Centanno concluded by discussing the status of the wellness survey that was emailed to City staff to complete. She stated that 75 hard copies of the surveys were received and a little over 800 responses in total were received to date.

Mr. Montagna next presented the draft Wellness RFP. He stated that based on the research conducted by staff as mentioned in Ms. Centanno’s report, the RFP is significantly scaled down from its original conception to focus on marketing,
communication, and website/data management services, all of which tie in directly to the mechanisms that were highlighted in Ms. Centanno's report.

Ms. Parisi stated she would like to hear from the Sub-Committee about their thoughts on the RFP. Mr. Rubalcava replied that the prospective vendors for wellness services should work with the health plan vendors to build on the already available data resources and programs from the insurance carriers to direct behavioral changes and outcomes. He further stated that a prospective vendor should understand that they will be engaging with the insurance carriers to help achieve the goals identified by the Sub-Committee for engaging the membership. Ms. Parisi asked if there has been communication held with the health plan carriers to determine what type of data they can provide. Ms. Centanno replied that a few meetings have been held with the health plan carriers to discuss the type of information that can be provided and if regular reporting can be established. She stated there is large amount of information that is available and the challenge is to work with the health plans to standardize the data to be concise and informative. She further stated that once the vendor is selected for data management, they can define what information will be needed, the data format, and the frequency of delivery of the information. Ms. Parisi asked if a committee meeting has been held yet with all of the health plan vendors or if there will be one scheduled. Mr. Montagna responded that it is an ongoing process. He stated that once responses to the RFP are received, there will be a clearer sense of the objectives in terms of reconciling data that is provided by the health plans. Ms. Parisi stated that the health plans are doing a lot and there should be an analysis done on what type of information they can provide. She further stated that it would be beneficial to be as cost-effective as possible and hold discussions to integrate the health plan carriers to work with the wellness vendor to ensure there is no duplication of work efforts. Ms. Centanno replied that the wellness program does not want to be duplicative and that the program is focused on influencing behavior based on analysis of information. She further stated that staff is working with the health plan vendors to engage employees on specific topics and have asked the carriers to provide their engagement calendars. She explained that one of the success factors of the wellness program is that it has to feel City owned so the program cannot be fragmented and have multiple brands. Ms. Parisi asked if would be possible to send targeted communications to both Anthem and Kaiser members related to a general subject area that affects all members, and directs them to resources available under their health plan. She continued that integrating the City’s wellness program with the wellness resources available to members under their health plans is needed. Mr. Montagna replied that the program was doing precisely that and ongoing discussions were being conducted with Kaiser and Anthem to learn about their condition management programs, and to ensure that marketing, messaging, and communication around those resources and campaigns can be coordinated and integrated with the City’s wellness program.

A motion was made by Ramon Rubalcava and seconded by Tony Royster to (a) receive and file the staff report regarding LIVEwell Wellness Program (LIVEwell) development, updates and activities; and (b) approve the proposed
Request for Proposal (RFP) for Wellness Program Services including Event and Engagement Oversight/On-site Engagement Representatives, Marketing Services, and Website Support/Content; the Committee unanimously adopted this motion.

9. REQUEST FOR FUTURE AGENDA ITEMS

Cheryl Parisi requested that the Wellness Sub-Committee begin discussion with LAwell benefits service providers to identify areas of integration for information and communications with the City’s Wellness Program.

10. NEXT MEETING DATE

A meeting was noted for May 18, 2017 at 9:00 a.m.

11. ADJOURNMENT

A motion was made by Tony Royster and seconded by Maritta Aspen to adjourn the Joint Labor-Management Benefits Committee meeting; the Committee unanimously adopted this motion.

The meeting was adjourned at 11:09 a.m.

Minutes prepared by staff member Russell Escueta.