The County Commission of Upshur County, West Virginia, held a special meeting at the Courthouse Annex on Monday, September 29, 2014, at 10:00 a.m. J.C. Raffety called the meeting to order. There were present J.C. Raffety, Commissioner; Donnie R. Tenney, Commissioner; Kelley J. Cunningham, County Administrator; Carrie L. Wallace, Assistant County Administrator; and Toni C. Newman, Secretary. The meeting began with a moment of silent meditation and prayer followed by the Pledge of Allegiance.

At the request of J.C. Raffety, Kelley J. Cunningham briefly explained the purpose of the meeting was to review the insurance plan and identify issues encountered in the past few months.

Dave Barton, Shenandoah Valley Group (SVG) and Terri Moxley, Employee Benefit Solutions (EBSO), appeared before the Commission to answer questions and provide information related to medical insurance coverage.

Ms. Moxley stated employees need to understand how self-insurance works and offered opportunities for learning, such as such as newsletters, presentations, etc.

The first issue discussed concerned coverage when a physician refers the customer to another facility for lab work, x-rays, etc. Ms. Moxley advised this may be a network vs. out of network problem, which carries a $2000.00 difference in deductible; a deductible issue; or a coding problem. She will research and provide information to the Commission. Ms. Moxley stressed the importance of waiting to pay bills until the explanation of benefits (EOB) arrives and comparing the two, then calling EBSO if there is a discrepancy. The telephone number to call is located in the upper right-hand corner of the insurance card. There is also a list of network providers on the website. In addition, Carol Smith can assist with issues identified. Ms. Smith indicated that all issues brought to her attention thus far had been resolved with exception of one that is still in progress. It was stated that St. Joseph’s Hospital is in network but some physicians, anesthesiologists, etc., are out of network.

Ms. Moxley will send a list of Frequently Asked Questions and the answers for use by employees. She advised the most common question is, “Why was I denied” and further stated that most denied claims are because the bill was sent to the previous insurance provider. A denial does not necessarily mean that the claim will never be paid; more information may be needed to process the claim. The time-frame for filing a claim is generally one year. If the issue has not been resolved an appeal can be filed to extend the time-frame.

Carrie Wallace suggested Department Supervisors meetings and Policy Board meetings would be a good place to share issues that arise, so that everyone can benefit from the information.

Dave Barton then led a PowerPoint discussion regarding the insurance costs and savings, comparison of full-insured and self-insured, and a comparison with the Public Employees Insurance Agency (PEIA) (copies included).

J.C. Raffety requested Mr. Barton and Ms. Moxley provide information to employees on a quarterly or semi-annual basis.

Carol Smith requested information on how to administer the retiree insurance, specifically;

- If the retiree is 65 years old and must take Medicare, what happens to younger dependents?
- Other than Consolidated Omnibus Budget Reconciliation Act (COBRA), if the retiree dies, are dependents still covered?
- What coverage is there for employees who choose to retire before they are eligible for Medicare, for example age 55?

Mr. Barton will have a Medicare expert present at the next Department Supervisors and Policy Board meetings, scheduled for October 16, 2014, to discuss options. Elected officials will forward issues and concerns to Kelley J. Cunningham prior to the meeting. Mr. Barton advised an Other Post-employment Benefits (OPEB) Trust may be a viable option to consider. J.C. Raffety requested additional information be provided.

With no further business, on motion by Donnie R. Tenney, seconded by J.C. Raffety, the Commission adjourned at 1:10 p.m.