

Intergovernmental Cooperative Council Agenda
Washburn University Student Union
Kansas Room
October 18, 2011
7:30 a.m. – 8:30 a.m.

In April of 2010, the ICC adopted the following statement: ***Through the Heartland Visioning process, the Topeka and Shawnee County community has expressed its desire for local government to work cooperatively and collaboratively, resulting in quality services to citizens and responsible stewardship of public resources. Therefore, the ICC as representatives of the taxing entities in Topeka and Shawnee County, will work together to achieve results on those strategies within its authority and purview.***

- 1.) Introductions of members/visitors (sign-in sheet)
- 2.) Review of Sept. 20, 2011 meeting and minutes
- 3.) Presentation from ICC member, Rusty Doty ..."Health Care Reform, 101".
- 4.) Health Care Survey results from ICC membership
- 5.) Draft of brochure describing the history and purpose of ICC
- 6.) What should be our top priority or focus for 2011-2012?**

- 7.) Other ideas and topics for next agenda?**

Topics we have discussed previously...

- Collect data from each organization detailing the dollars spent in Shawnee County with vendors. (several lists have been collected)
- Define the core services we each provide and how those services are funded.
- Return on Investment...can we apply the concept to something specific?

Meeting dates:

Nov. 15, 2011

Jan. 17, 2012Next organization to chair ICC – Topeka, USD 501

Feb. 21, 2012

April 17, 2012

May 15, 2012

Intergovernmental Cooperative Council Minutes

Washburn University Student Union

Kansas Room

October 18, 2011

7:30 to 8:30 a.m.

Present: Dr. Brenda Dietrich (USD 437)
Jim Gartner (USD 437)
Dr. Rob Balsters (USD 345)
Dan Stanley (City of Topeka)
Greg Inkmann (MTAA)
Eric Johnson (MTAA)
Cheryl Trobough (MTAA)
Juanita States (MTAA)
Blanche Parks (W.U.)
Dr. Julie Ford (USD 501)
Hal Gardner (USD 501)
Larry Robbins (USD 501)
Commissioner Ted Ensley (SN County)
Commissioner Shelly Buhler (SN County)
Commissioner Mary Thomas (SN County)
Cyndi Beck (SN County Clerk)
Rusty Doty (Shawnee Heights)
Shirley Martin (Shawnee Heights)
Gina Millsap (TSCPL)
Dan Guenther (TSCPL)
Shelly Buhler (SN County)
Bob Archer (City of Topeka)
Allyn Lockner – Community Member
Lea Billinger– League of Women Voters
June Windscheffel – League of Women Voters

Old Business:

- Introductions of new members and visitors were made.
- We reviewed the minutes of the Sept. 20, 2011 meeting.
- ICC member, Rust Doty, presented information on Health Care Reform. He distributed a handout titled, “**Key Provisions: Insurance Reforms**” which included a timeline of key events. In 2014, health care Exchanges take effect. Small businesses’ tax credits were available retro to January 2010. Small businesses will continue to get the tax credit, but they have to buy through the Exchange. This is a controversial issue. Small employers who choose coverage have some options. The regulations indicate there must be an aggregator for the plan(s). The administrative issue will be a potential hurdle.

-The graph on page 18 of the handout shows 1,090,000 Kansans will be eligible for a subsidy. You could leave your current plan, if eligible, and get a subsidy. How do you keep track of all this administratively?

-**Medicaid** rolls may increase by 50% because of the eligibility changes in household income.

-Dependent definition may be changing.

-**Exchange subsidies** will be based on the federal poverty level. What is 400% of the poverty level? Family of 4 earning \$89,400. It's a federal definition.

- Carriers have to substantiate any rate increases.....there will be a review of “**unreasonable rates**”.
- In 2014, there will be **Guaranteed Issue**. Underwriters cannot rate for anything other than age, location, and tobacco use. Gender and health related issues will not count.
- As of September, 2010 there are no pre-existing conditions for those under 19; Dependents are eligible for coverage to age 26; New criteria takes effect for handling appeals; Counties with high ELL population (greater than 10%) must provide information in other languages.
- MLR = Medical Loss Ratios. If you go above the loss ratio you have to rebate back to the employees.
- No life-time limits.
- **No preventive cost sharing**. HHS has a list of preventive services (see handout, titled, *Preventive Services covered under the Affordable Care Act*). No co-pays.
- **Grandfathered** Plan Attestation. See Handout. If you make no changes in your plan or benefits, you will be grandfathered and can keep benefits. You can make no changes in deductibles or co-pays or co-insurance or contributions. Expect a 1.5-3% increase in premium to cover the lifetime limits and the preventive services costs.
- **Patient protections** are also a new defined regulation. You cannot charge your 64 year old any more than 3x your youngest member. Younger folks will pay a bit more to cover this change.
- **Individual penalty**. In 2014, if you don't have individual coverage, there will be a \$95/yr penalty. In 2017, \$495 penalty.
- **Employer mandates**. Employers with more than 50 employees must provide coverage. You will be fined if you do not provide it. Must provide “essential coverage” with 60% actuarial value minimum. If premium is more than 9.5% of their **household income**, employer could be penalized. How do you find out someone's household income?? Could probably track this through the IRS...Several agencies will have to share information...IRS, Homeland Security, HHS.
- Current litigation may impact today's discussion.

Questions for Rusty....

- 1.) As a group, how can we find out this information and its impact? Can we do anything collectively? What if we pooled together? We all currently have different plans, benefits, providers, and have collective bargaining agreements. The complications are immense.

- 2.) Could we do a follow-up for the next meeting and ask you to answer some key questions or major concerns each of us have now that we have heard this wealth of information?

Rusty agreed to facilitate another discussion and perhaps bring someone with him who is also cognizant of these current and future changes.

He also recommended we visit the BCBS web-site and click on the Health Reform icon for additional information.

New Business

- The Health Care Survey Results collected from the ICC membership was distributed.
- A draft of the brochure describing the history and purpose of the ICC was also presented. Members were asked to review and bring any suggestions for changes or modifications.

Next Meeting: Tuesday, Nov. 15 @ 7:30 a.m.