



MARION COUNTY BOARD OF COMMISSIONERS

Board Session Agenda Review Form

Meeting date: August 23, 2017

Department: Business Services Agenda Planning Date: Time required: 5 min

Audio/Visual aids

Contact: Justine Flora Phone: 503-584-7786

Department Head Signature: [Signature]

TITLE: Health Insurance Study Committee Charter

Issue, Description & Background: The attached Health Insurance Study Committee Charter was drafted by the The Marion County Health Insurance Study Committee (HISC), reviewed and edited by the Marion County Board of Commissioners. The intention of this document is to provide guidelines for the functioning of the HISC. HISC members work in a collaborative manner to review and make recommendations to the Marion County Board of Commissioners (the Board) pertaining to the medical, dental, and vision , plans offered to Marion County employees and their dependents.

Financial Impacts: None

Impacts to Department & External Agencies: None

Options for Consideration: 1. Adopt the attached Health insurance Study Committee Charter document (HISC Charter 0817). 2. Do not adopt the attached Health insurance Study Committee Charter document.

Recommendation: 1. Adopt the attached Health insurance Study Committee Charter document.

List of attachments: 1. HISC Charter 0817 (final document) 2. HISC Charter Redline_Final View and Appendix. (for reference) 3. Board Order HISC 0817

Presenter: Justine Flora

Copies of completed paperwork sent to the following: (Include names and e-mail addresses.)

Copies to: Justine Flora

BEFORE THE BOARD OF COMMISSIONERS
FOR MARION COUNTY, OREGON

In the Matter of Adopting Committee)
Charter for the Marion County Health)
Insurance Study Committee.

ORDER No. _____

This matter came before the Marion County Board of Commissioners at its regularly scheduled public meeting Wednesday, August 23, 2017 to consider the adoption of the Marion County Health Insurance Study Committee Charter.

WHEREAS, the board finds it appropriate to adopt the Marion County Health Insurance Study Committee Charter; now, therefore,

IT IS HEREBY ORDERED that Marion County Health Insurance Study Committee Charter, attached hereto, is adopted.

DATED at Salem, Oregon, this _____ day of _____.

MARION COUNTY BOARD OF COMMISSIONERS

Chair

Commissioner

Commissioner

Attachment: Policy/Procedures

Charter

Marion County Health Insurance Study Committee

August 2017

Introduction

The Marion County Health Insurance Study Committee (HISC) members work in a collaborative manner to review and make recommendations to the Marion County Board of Commissioners (the Board) pertaining to the medical, dental, and vision , hereafter referred to collectively as “healthcare” plans offered to Marion County employees and their dependents.

This Charter describes information important to the functioning of the group, which includes the following:

1. Background
2. Composition of the Committee
3. Purpose and Function
4. Meetings and Quorum
5. Facilitation and Recording

At the first meeting of each calendar year, the committee will review this charter and confirm the meeting schedule for the year.

1. Background

- 1.1. The HISC was formed in the fall of 1988 to examine the status of the healthcare plans in place at that time.

2. Composition

HISC is comprised of an equal number of represented members and non-represented, members.

2.1. Represented Members

Each collective bargaining agreement states the purpose, level of participation, and the number of members who may be appointed to serve on the committee. Each union is responsible for appointing members.

2.2. Non-Represented Members

The Board appoints non-represented members. These members represent non-represented and exempt employees on behalf of the Board.

2.3. Non- Voting Participants and Presenters

Non-voting participants and presenters are appointed by the Risk Manager as deemed necessary by job function and expertise. Non-voting participants attend meetings to support the committee’s work and provide subject matter expertise.

2.4. Terms of HISC Membership

Each committee member shall commit to serve for a minimum of two years.

2.5. Attendance

Regular attendance is important to assure each member is informed and ready to make the best recommendations possible. Attendance will be taken at each meeting.

3. Committee Purpose and Function

- 3.1. The Board, and through their collective bargaining agreements, participating unions, have delegated the responsibility of this committee to accomplish the purpose and function outlined in the collective bargaining agreements.
- 3.2. The Board maintains decision making authority for the healthcare plans.
- 3.3. The HISC provides recommendations to the Board.

4. Guidelines

In order to accomplish the HISC purpose and function, the committee agrees to adhere to the following guidelines:

- 4.1. Make sound, cost effective healthcare plan recommendations
Analyze and recommend plans and strategies for the purpose of providing the highest quality and value healthcare plan benefits to Marion County employees and their families.
- 4.2. Recommend high quality healthcare plans
Strive for high quality, equitable, stable, cost-effective, and comprehensive healthcare plans that promote individual wellness and responsible consumer utilization of health care.
- 4.3. Communicate results of the committee's recommendations and the Board's decisions
Assist benefits staff with informing employees of new plan information as well as existing plans. Promote healthful lifestyle behaviors as the foundation of responsible healthcare.
- 4.4. Design and implement Charter work plan
Support HISC as the forum to develop a partnership and collaborative approach within the committee to develop healthcare plan recommendations. Use the Charter as the basis for conflict resolution and problem solving.

5. GROUND RULES

In the decision process, everyone is permitted and encouraged to participate in all discussions. Following a decision, committee members' commitment and follow-through to the groups they represent is to positively present the committee's decisions to their group. If their group does not accept the action of the committee, the member then should bring his/her group's concern to the committee so the committee can attempt to find a resolution.

- 5.1. Promote trust and cooperation among interest groups

Use the Ground rules as the basis of communication among HISC members. Each member shall be accountable for attending meetings and insuring that they obtain the information needed to make recommendations and inform those whom they represent.

5.2. Seek cooperation in making decisions.

This decision making process involves a cooperative effort to find a sound solution acceptable to everyone rather than a competitive struggle in which an unacceptable solution is forced on the losers. This process seeks the “win-win” for all members. Members are encouraged to be direct and honest in their interaction at all steps in the decision-making process.

5.3. Strive to reach consensus

The committee will strive to reach consensus on issues and recommendations. If unable to reach a consensus, the committee will, by three-fourths vote, reach an agreement. If unable to reach an agreement by consensus of three-fourths vote, the Risk Manager will provide recommendations to the Board for adoption by October 1st of the calendar year preceding the benefit plan year.

5.4. To achieve a decision requires skill and commitment to straight communication and working through differences. The following guidelines assist in decision-making:

5.4.1. Remain mindful that this is a cooperative committee.

5.4.2. Only one person talks at a time. No side conversations.

5.4.3. Make your position known - what you think, want or feel.

5.4.4. Take responsibility for what you want/don't want. Be specific.

5.4.5. Ask questions to clarify.

5.4.6. Be respectful of each other.

5.4.7. Listen to the other person's position.

5.4.8. No retribution for stating a position or opinion.

5.4.9. Meetings will loosely follow protocol used in “Roberts Rules of Order”.

6. Meetings and Quorum

Meetings shall be held at least quarterly.

6.1. At least 50% represented and 50% non-represented members must be present for decisions to be made. A proxy does not constitute a quorum for the purpose of decision-making.

6.2. If a member knows they will not be present at a meeting where a decision will be made, the member may appoint a proxy to vote on their behalf (represented proxy to a represented voting member and non-represented proxy to a non-represented voting member.) A copy of the proxy notification will be provided to the recorder for the permanent record.

7. Facilitation and Recording

It is important that each member be as involved as possible in the committee process. Each member is encouraged to volunteer to perform the responsibilities of facilitator. This will help instill the sense of partnership and collaboration that is the backbone of this committee.

7.1. Facilitation

Responsibility for facilitating the committee meetings shall be shared among the members and alternate between represented and non-represented members when possible. The facilitator shall lead the committee discussion through the agenda within the time allowed. At the close of each committee meeting the facilitator shall ask for a volunteer to facilitate the next meeting. If no volunteer is forth coming, then the current facilitator shall assign a facilitator for the next meeting.

7.2. Risk Management Staff Responsibility

Risk Management staff will prepare and distribute meeting notices, agendas and other necessary materials for each meeting.

7.3. Recorder

Risk Management will provide a recorder for each meeting. The recorder will document attendance, agenda items, facilitator, time and location of next the meeting, issues and actions taken as minutes. It is not expected that the recorder note detailed discussion, only identify the action decided on. Draft minutes will be sent to those on the distribution list prior to the next meeting. A vote will be taken at the next meeting to approve or amend these minutes.

Adopted August 23, 2017

Signed by:
MCEA
MCJEA
FOPPO
ONA
BOC

Appendix A

HISC Contract Language

ONA

Section 3. Health Insurance Study Committee.

The purpose and function of the Health Insurance Study Committee will be as follows:

- A. To provide plan design recommendations for health, dental, and vision plans within the County contribution level as closely as possible.
- B. To provide plan design recommendations that provides incentives for employees to be cost-effective health, dental, and vision benefit consumers.
- C. To explore a variety of options and plan designs available at rates within the County contribution level as closely as possible.
- D. To develop recommendations for incentives for employees and families to participate in wellness activities and maintain healthy lifestyles.
- E. To develop recommendations to provide health, dental, vision and wellness communications to County employees and their families to encourage them to be effective medical consumers.
- F. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the benefits and risk manager will provide recommendations to the Board of Commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- G. The committee shall be composed of fourteen (14) voting members: seven (7) representatives from the Employer, four (4) representatives from MCEA, one (1) representative from ONA, one (1) representative from FOPPO, and one (1) representative from MCJEA.
- H. Meetings shall be held at least quarterly. Employees shall be allowed release time in accordance with Article 16. No overtime shall be paid for attendance at these meetings.

Appendix A

HISC Contract Language

MCJEA

Section 3. Health Insurance Study Committee.

The purpose and function of the Health Insurance Study Committee will be as follows:

- A. To provide plan design recommendations for health, dental, and vision plans within the County contribution level as closely as possible.
- B. To provide plan design recommendations that provides incentives for employees to be cost-effective health, dental, and vision benefit consumers.
- C. To explore a variety of options and plan designs available at rates within the County contribution level as closely as possible.
- D. To develop recommendations to provide health, dental, and vision communications to County employees and their families to encourage them to be effective consumers.
- E. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the benefits and Risk Manager will provide recommendations to the Board of Commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- F. The committee shall be composed of equal representation of employees representing associations/unions and management. The Association President shall designate a representative.
- G. Meetings shall be held at least quarterly. Employees shall be allowed release time in accordance with Article 19. No overtime shall be paid for attendance at these meetings.

Appendix A

HISC Contract Language

MCEA

Section 3. Health Insurance Study Committee.

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- A. To provide plan design recommendations for health, dental, and vision plans within the county contribution level as closely as possible.
- B. To provide plan design recommendations that provides incentives for employees to be cost-effective health, dental, and vision benefit consumers.
- C. To explore a variety of options and plan designs available at rates within the county contribution level as closely as possible to include, but not limited to, options that are available through the Public Employee Benefits Board (PEBB) and the Oregon Educators Benefit Board (OEBB).
- D. To develop recommendations to provide health, dental, and vision communications to county employees and their families to encourage them to be effective consumers.
- E. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths (3/4) vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the benefits and risk manager will provide recommendations to the Board of Commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- F. The committee shall be composed of fourteen (14) voting members with equal numbers representing the Employer and the unions, with at least four (4) members representing MCEA.
- G. Meetings shall be held at least quarterly. Employees shall be allowed release time in accordance with Article 19. No overtime shall be paid for attendance at these meetings.

Appendix A

HISC Contract Language

FOPPO

Section 6. Health Insurance Study Committee.

- A. Purpose: The purpose and function of the committee shall be as follows:
1. To provide plan design recommendations for health, dental and vision plans within the county contribution level as closely as possible;
 2. To provide plan design recommendations that provide incentives for employees to be cost-effective health, dental and vision benefit consumers;
 3. To explore a variety of options and plan designs available at rates within the county contribution level as closely as possible;
 4. To develop recommendations for incentives for employees and families to participate in wellness activities and maintain healthy lifestyles; and
 5. To develop recommendations to provide health, dental, vision, and wellness communications to county employees and their families to encourage them to be effective consumers.
 6. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the business services director will provide recommendations to the board of commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- B. Committee: The committee shall be composed of equal numbers of representatives of labor and management. The Federation President shall designate a representative to serve on the committee.
- C. Meetings: Meetings shall be held at least quarterly. Employees shall be allowed work release time to attend such meetings, but no overtime shall be paid for attending such meetings.

|

Charter

Marion County Health Insurance Study Committee

|

DRAFT

~~Revision Date~~ August 2017

Introduction

The Marion County Health Insurance Study Committee (HISC) members work in a collaborative manner to review and make recommendations to the Marion County Board of Commissioners (the Board) pertaining to the medical, dental, and vision , hereafter referred to collectively as “healthcare” plans offered to Marion County employees and their dependents.

This Charter describes information important to the functioning of the group, which includes the following:

1. Background
2. Composition of the Committee
3. Purpose and Function
4. Meetings and Quorum
5. Facilitation and Recording

At the first meeting of each calendar year, the committee will review this charter and confirm the meeting schedule for the year.

1. Background

1.1. The HISC was formed in the fall of 1988 to examine the status of the ~~health~~ healthcare plans in place at that time.

~~1.2. The Marion County Board of Commissioners (The Board) maintains decision making authority for the healthcare plans. The HISC provides recommendations to the Board.~~

Comment [JF1]: Move to Purpose and Function

2. Composition

HISC is comprised of an equal number of represented members and non-represented, members.

2.1. Represented Members

Each collective bargaining agreement states the purpose, level of participation, and the number of members who may be appointed to serve on the committee. Each union is responsible for appointing members.

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The Board appoints non-~~represented members~~ represented members. These members represent non-represented and exempt employees on behalf of the Board.

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Non-voting participants and presenters are appointed by the Risk Manager as deemed necessary by job function and expertise. Non-voting ~~members~~ participants attend meetings to support the committee’s work and provide subject matter expertise.

2.4. Terms of HISC Membership

Each committee member shall commit to serve for a minimum of two years.

2.5. Attendance

Regular attendance is important to assure each member is informed and ready to make the best recommendations possible. Attendance will be taken at each meeting.

3. Committee Purpose and Function

3.1. The Board, and through their collective bargaining agreements, participating unions, have delegated the responsibility of this committee to accomplish the purpose and function outlined in the collective bargaining agreements.

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Comment [JF2]: Moved from Background

4. Guidelines

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Support HISC as the forum to develop a partnership and collaborative approach within the committee to develop healthcare plan recommendations. Use the Charter as the basis for conflict resolution and problem solving.

5. GROUND RULES

In the decision process, everyone is permitted and encouraged to participate in all discussions. Following a decision, committee members' commitment and follow-through to the groups they represent is to positively present the committee's decisions to their group. If their group does not accept the action of the committee, the member then should bring his/her group's concern to the committee so the committee can attempt to find a resolution.

5.1. Promote ~~Trust-trust~~ and ~~Cooperation-cooperation among~~~~Between-between~~ Interest interest Groups/groups
Use the Ground rules as the basis of communication among HISC members. Each member shall be accountable for attending meetings and insuring that they obtain the information needed to make recommendations and inform those whom they represent.

5.2. Seek cooperation in making decisions.~~A majority vote will decide an issue~~
This decision making process involves a cooperative effort to find a sound solution acceptable to everyone rather than a competitive struggle in which an unacceptable solution is forced on the losers. This process seeks the “win-win” for all members. Members are encouraged to be direct and honest in their interaction at all steps in the decision-making process.

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~~5.3-5.4.~~ To achieve a decision requires skill and commitment to straight communication and working through differences. The following guidelines assist in decision-making:

- ~~5.3.1-5.4.1.~~ Remain mindful that this is a cooperative committee.
- ~~5.3.2-5.4.2.~~ Only one person talks at a time. No side conversations.
- ~~5.3.3-5.4.3.~~ Make your position known - what you think, want or feel.
- ~~5.3.4-5.4.4.~~ Take responsibility for what you want/don't want. Be specific.
- ~~5.3.5-5.4.5.~~ Ask questions to clarify.
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- ~~5.3.7-5.4.7.~~ Listen to the other person's position.
- ~~5.3.8-5.4.8.~~ No retribution for stating a position or opinion.
- ~~5.3.9-5.4.9.~~ Meetings will loosely follow protocol used in “Roberts Rules of Order”.

6. Meetings and Quorum

Meetings shall be held at least quarterly.

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Adopted (DATE)

Signed by:
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Charter

Marion County Health Insurance Study Committee

August 2017

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Appendix A

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ONA

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HISC Contract Language

MCJEA

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- A. To provide plan design recommendations for health, dental, and vision plans within the county contribution level as closely as possible.
- B. To provide plan design recommendations that provides incentives for employees to be cost-effective health, dental, and vision benefit consumers.
- C. To explore a variety of options and plan designs available at rates within the county contribution level as closely as possible to include, but not limited to, options that are available through the Public Employee Benefits Board (PEBB) and the Oregon Educators Benefit Board (OEBB).
- D. To develop recommendations to provide health, dental, and vision communications to county employees and their families to encourage them to be effective consumers.
- E. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths (3/4) vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the benefits and risk manager will provide recommendations to the Board of Commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- F. The committee shall be composed of fourteen (14) voting members with equal numbers representing the Employer and the unions, with at least four (4) members representing MCEA.
- G. Meetings shall be held at least quarterly. Employees shall be allowed release time in accordance with Article 19. No overtime shall be paid for attendance at these meetings.

Appendix A

HISC Contract Language

FOPPO

Section 6. Health Insurance Study Committee.

- A. Purpose: The purpose and function of the committee shall be as follows:
1. To provide plan design recommendations for health, dental and vision plans within the county contribution level as closely as possible;
 2. To provide plan design recommendations that provide incentives for employees to be cost-effective health, dental and vision benefit consumers;
 3. To explore a variety of options and plan designs available at rates within the county contribution level as closely as possible;
 4. To develop recommendations for incentives for employees and families to participate in wellness activities and maintain healthy lifestyles; and
 5. To develop recommendations to provide health, dental, vision, and wellness communications to county employees and their families to encourage them to be effective consumers.
 6. The committee will try to reach a consensus on recommendations for medical, vision and dental plan designs. If unable to reach a consensus, the committee will, by three-fourths vote, reach agreement on recommendations. If unable to reach agreement by consensus or vote, the business services director will provide recommendations to the board of commissioners for adoption by October 1st of the calendar year preceding the benefit plan year.
- B. Committee: The committee shall be composed of equal numbers of representatives of labor and management. The Federation President shall designate a representative to serve on the committee.
- C. Meetings: Meetings shall be held at least quarterly. Employees shall be allowed work release time to attend such meetings, but no overtime shall be paid for attending such meetings.