

**WAUNAKEE COMMUNITY SCHOOL DISTRICT  
BOARD OF EDUCATION HUMAN RESOURCES COMMITTEE MEETING.**

Monday, December 2, 2024

5:00 PM

Waunakee Community School District  
905 Bethel Circle  
Waunakee, WI 53597

Members of the public may attend Board of Education meetings in-person, and will be asked to check in with District personnel when you arrive.

Public comments will be limited to 3 minutes. The Board will allow 30 Minutes for public comments.

Public comments may be sent to Rebecca McDonough at [district\\_administrator@waunakee.k12.wi.us](mailto:district_administrator@waunakee.k12.wi.us) up to one hour before the start of the Board meeting. All comments will be reviewed by the Board members. Emailed comments will be reviewed by the board but not read out loud. Emailed comments sent during any part of the board meeting (Board Development, Closed session, Open session) will be forwarded to the board but may or may not be reviewed by the board until after the board adjourns. Comments must include the commentator's name, address, and must identify their connection to the District (if any) and any group they are representing in order to be considered by the Board.

If you would like to address the Board in-person during the public comments section of the meeting, you will be greeted in the lobby of the building, asked to check in with District personnel when you arrive so that you can be recognized and address the Board when your name is called.

A recording of the meeting will be posted on the District webpage within 24 hours of the meeting time.

**AGENDA**

**I. CALL TO ORDER**

**II. ROLL CALL**

**III. APPROVE AGENDA**

**IV. PUBLIC COMMENTS**

**V. ADDING PROVIDER HOURS TO THE WELLNESS CLINIC  
DURING PEAK USAGE**

**3**

Based on 23/24 usage trends, the administration is seeking to add provider hours in the Wellness Clinic on Wednesdays to extend appointment availability.

December - April involves increased acute employee / insured dependents illnesses and health assessment appointments. Noting the 23/24 fill rates and anecdotal evidence of employees having difficulty making appointments during peak months, SSM is partnering to offer a flexible staffing arrangement.

The attached documents demonstrate the need and anticipated return on the investment in the clinic.

**VI. DISCUSSION OF THE DISTRICT INSURANCE COMMITTEES 24.25 PLAN OF ACTION**

The district currently does not have a renewal agreement or rate cap in place with Dean Insurance / SSM. The district insurance committee is reviewing the following aspects of the health plan and preparing for the related actions during the 24.25 school year.

Plan structure - both designation of the base plan and plan components

Plan contribution levels - Employer and Employee

Exploring self-funding

Seeking out proposals from the insurance market

Gathering staff feedback

Clinic offerings / staffing levels

The administration is seeking committee feedback about the different aspects.

**VII. ADJOURN**

“Any person who has a qualifying disability as defined by the Americans with Disabilities Act who requires assistance with access or materials should contact the Waunakee Community School District Office at 849-2000, 905 Bethel Circle Drive Waunakee, WI 53597, at least twenty-four hours prior to the commencement of the meeting so that necessary arrangements can be made to accommodate the request.”



# Waunakee Employee Wellness Clinic Performance Report – May 2024

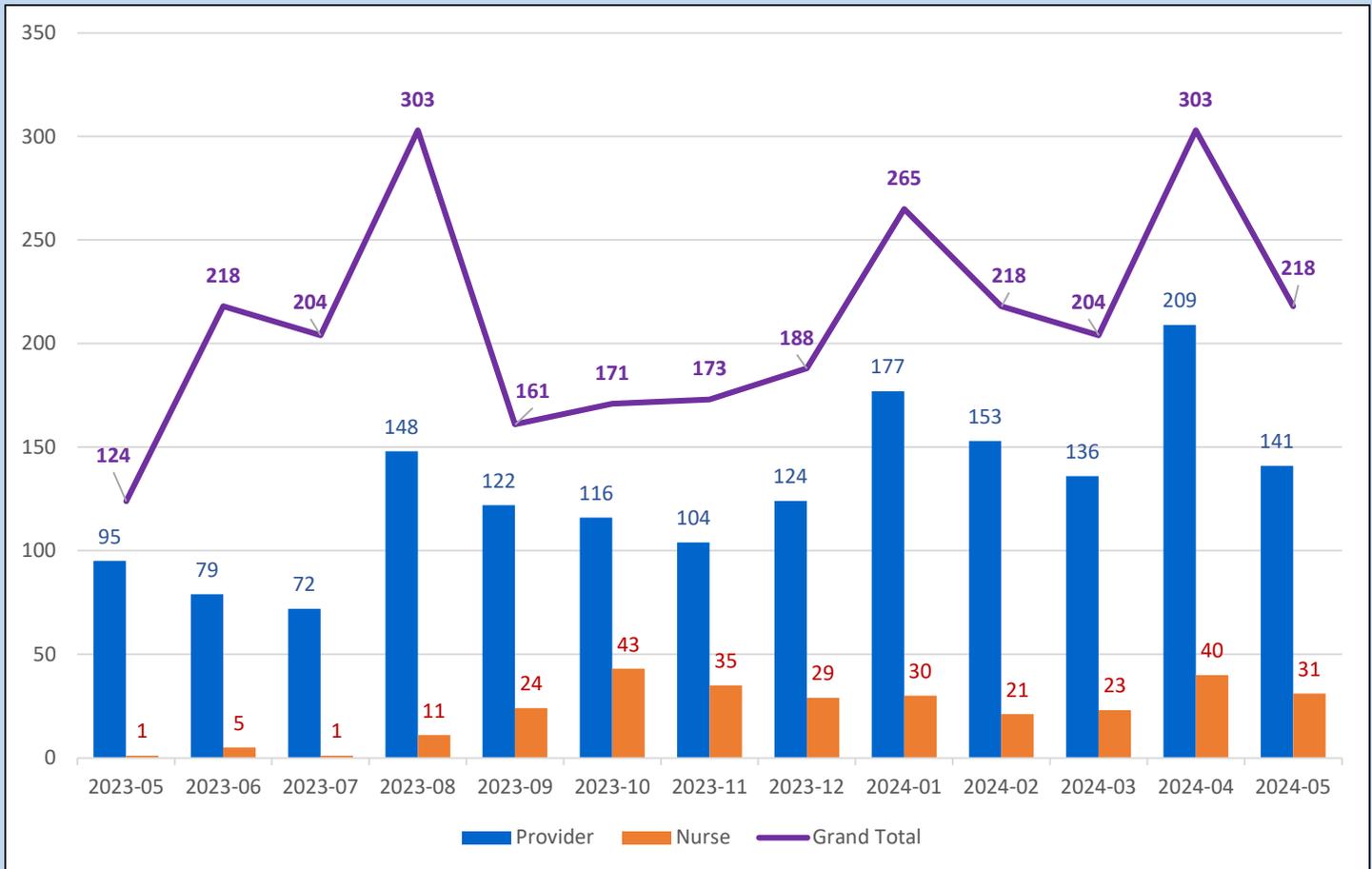


Presented By:  
Deanna Hahn, Director  
Jim Meacham, VP – SSM Health at Work

## Top Reasons for Clinic Visit – May 2024

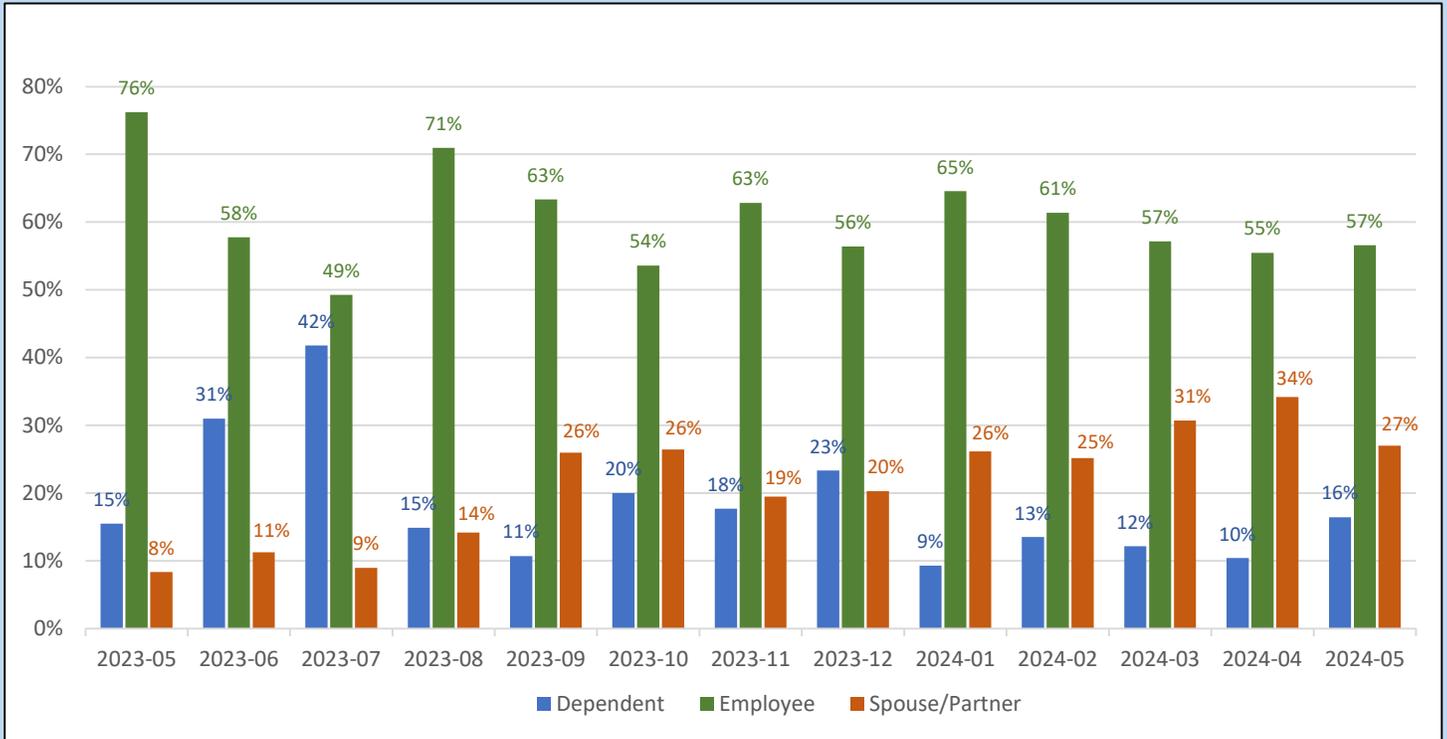
- 1) General Medical Exam
- 2) Pre-Employment Exam
- 3) Dizziness
- 4) Acute Pharyngitis

## Monthly Appointment Volumes – Rolling 13 Months

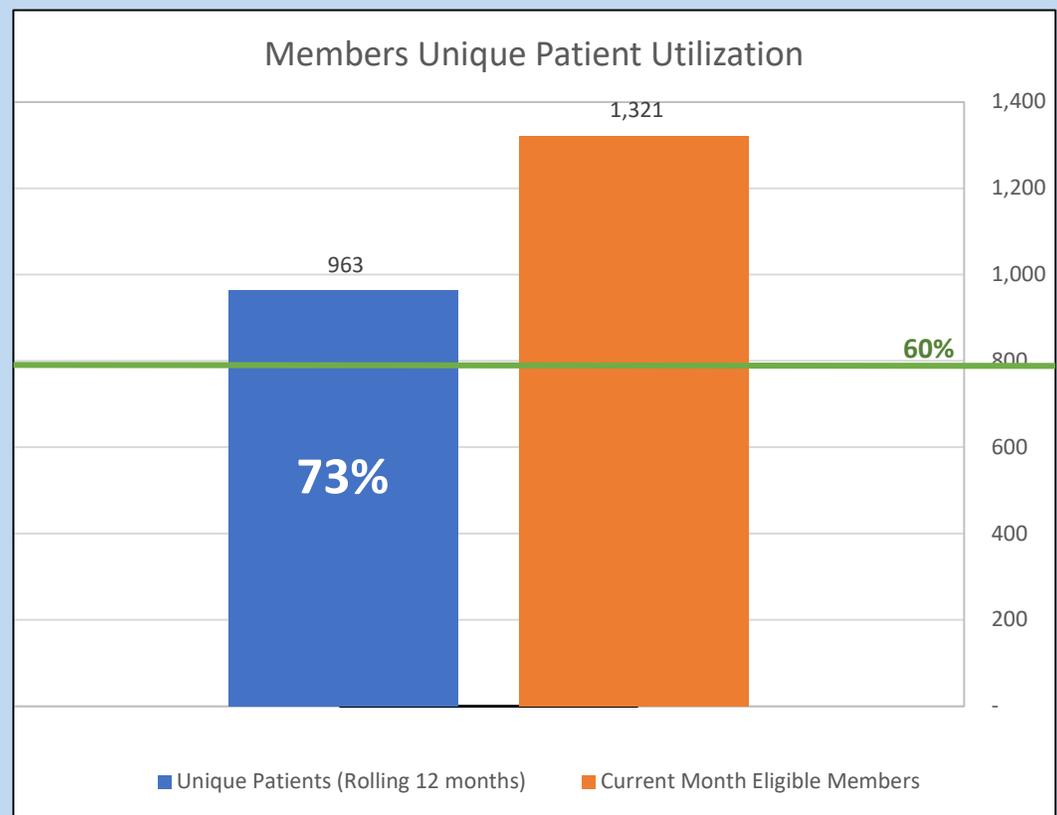


\*Grand Total includes labs

## Utilization by Unique Member Type – Rolling 13 Months



## Unique Patient Utilization – Rolling 12 months

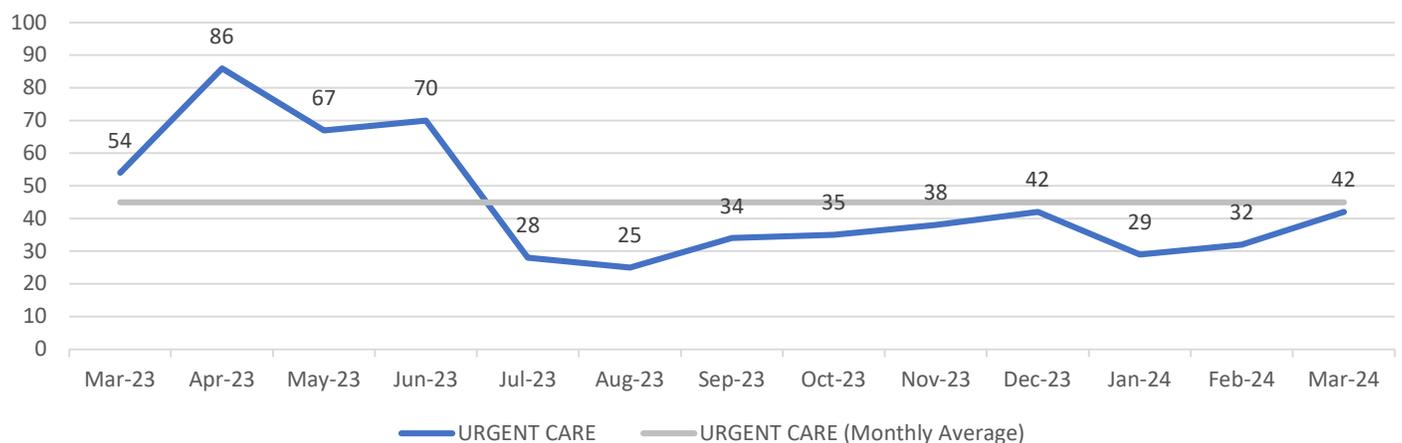
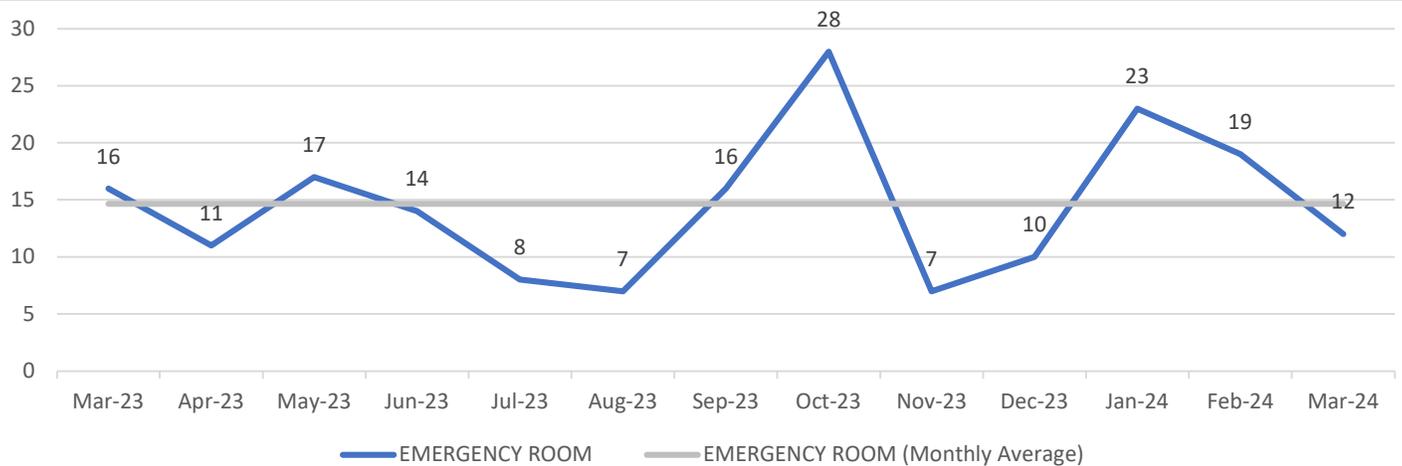


**Unique Patients:**  
Individual members receiving care at the wellness clinic in each reporting period.

## Most Frequent Referrals – Rolling 6 Months

- 1) Digestive Health/Gastro
- 2) Cancer Genetic Counseling
- 3) Sports Medicine
- 4) General Surgery

## Emergency Department and Urgent Care Volume Trends – Rolling 13 Months



Data is pulled from insurance claims metrics. This utilization is not connected to Employer Clinic utilization – but shows a group trend which supports opportunities for additional marketing and education on the right level of care.

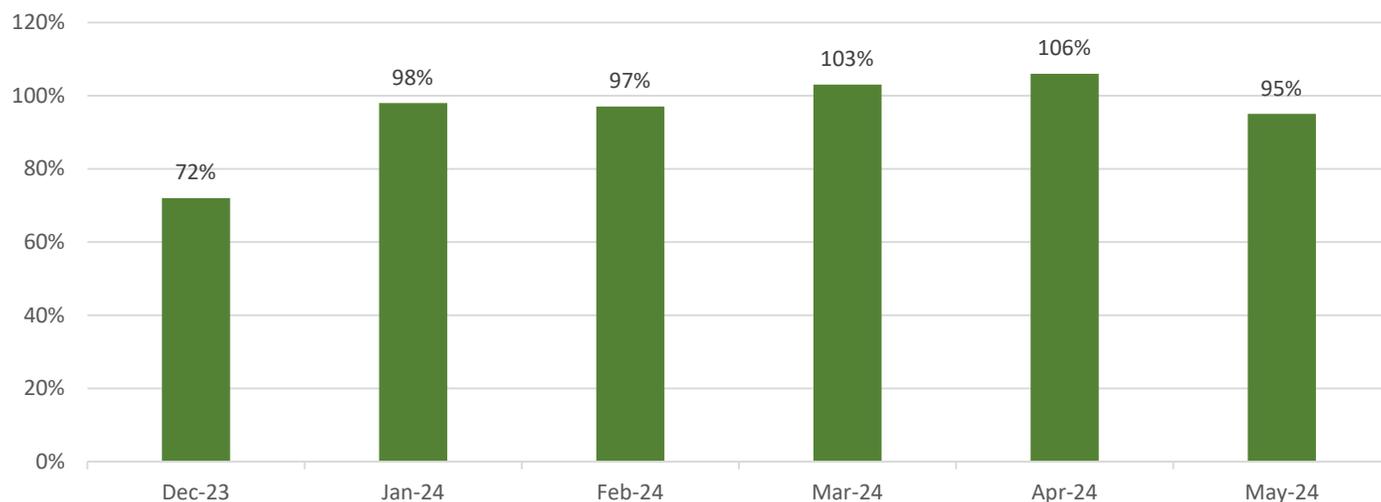
*\*Includes any ED or UC setting – not limited to SSM owned  
**Source:** DHP Claims databased on service incurred date; **group members;**  
 Data is two months behind to allow for claims lag and history may be restated if new claims are received  
**Note:** members with multiple visits for a service in any given reporting period will be counted for each visit (e.g. a member with two separate visits to an Emergency Department in the month of December would be counted for two visits)*

## ROI: Clinic Investment vs Clinic Value – Rolling 12 Months

Primary Care Claims Avoidance =	<b>\$442,498</b>
Occ Health FFS Savings =	<b>\$ 6,711</b>
<b>Total Cost Avoidance =</b>	<b>\$449,209</b>
<b>Total Investment (expense) =</b>	<b>\$268,217</b>

**Total Financial ROI = \$180,992**

## Provider Fill Rates – Rolling 6 Months



## Claim Summary Report – July 2023 to February 2024

### Plan Operating Statement

	<i>Total</i>	<i>PMPM</i>	<i>MLR %</i>
<b>Premium</b>	<b>\$4,856,205.61</b>	<b>\$467.71</b>	
<b>Total Claims Paid</b>	<b>\$6,274,112.03</b>	<b>\$604.27</b>	<b>129.20%</b>
<b>Member Months</b>	<b>10,383</b>	<b>Subscriber Months</b>	<b>3,757</b>

## Claim Summary

Claim Type	Billed	Savings due to Contractual Agreements	Employee Out of Pocket	COB	Paid
Professional	\$6,482,799.51	\$3,757,160.19	\$567,529.43	\$22,662.06	\$2,144,704.25
Outpatient	\$2,467,089.51	\$1,253,409.48	\$91,619.58	\$18,088.24	\$1,131,112.47
Emergency Room	\$584,579.75	\$228,178.99	\$35,004.14	\$291.18	\$352,462.10
Inpatient	\$1,893,016.27	\$647,745.99	\$8,078.48	\$14,815.47	\$1,253,732.99
Other	\$1,824,389.00	\$962,865.30	\$51,257.83	\$110,183.93	\$731,419.59
<b>Total Medical</b>	<b>\$13,251,874.04</b>	<b>\$6,849,359.95</b>	<b>\$753,489.46</b>	<b>\$166,040.88</b>	<b>\$5,613,431.40</b>
Pharmacy	\$2,079,987.33	\$1,316,602.06	\$103,044.64	\$9.64	\$660,680.63
<b>Total Medical &amp; Rx</b>	<b>\$15,331,861.37</b>	<b>\$8,165,962.01</b>	<b>\$856,534.10</b>	<b>\$166,050.52</b>	<b>\$6,274,112.03</b>

## Medical and Rx Claims by Month

Month	Medical Paid	Rx Paid	Total Paid	Subscriber Count	Member Count	Premium
202307	\$572,913.05	\$62,890.84	\$635,803.89	452	1,276	\$596,325.41
202308	\$859,512.48	\$76,721.46	\$936,233.94	454	1,275	\$596,697.63
202309	\$496,857.66	\$87,617.51	\$584,475.17	470	1,295	\$606,602.41
202310	\$833,159.06	\$80,457.07	\$913,616.13	472	1,300	\$607,760.26
202311	\$542,010.15	\$84,991.93	\$627,002.08	476	1,305	\$610,873.56
202312	\$853,858.46	\$102,807.25	\$956,665.71	477	1,309	\$613,472.24
202401	\$754,178.60	\$85,715.03	\$839,893.63	477	1,312	\$611,386.22
202402	\$700,941.94	\$79,479.54	\$780,421.48	479	1,311	\$613,087.88
<b>Sum:</b>	<b>\$5,613,431.40</b>	<b>\$660,680.63</b>	<b>\$6,274,112.03</b>	<b>3,757</b>	<b>10,383</b>	<b>\$4,856,205.61</b>

## Patient Satisfaction

\*Patient Satisfaction data is reported on a quarterly basis

- Two referrals for vBHI – seems to be going well so far and a good resource
- Derm day scheduled for September
- Flu clinics to schedule in October
- Women's health day to be scheduled in November
- Men's health day to be scheduled in January

Additional Provider Hours Investment / Return			
	Flexible Arrangement		
Adding Provider Hours on Wednesdays Dec 16 - April 30			
	12 additional visits per week based on usage trends		
	14 weeks		
	168 additional visits		
Average cost of a visit based on CPT codes (current procedural terminology)			
	\$145		
Anticipated Claim avoidance total			
	\$24,360		
Staffing Expense per week			
	\$600		
Total Staffing expense for 14 weeks			
	\$8,400		
Net return (cost avoidance - expense)			
	\$15,960 ROI = 190%		
Intangible benefits			
	acute visits aren't turned away, staff continue usage patterns		
	urgent care visits are avoided		