

Board of Review Meeting Minutes

Date & Time: 10AM - 3/26/2026
Location: ACCO
Purpose: Special Meeting to Review Financial & Claims Performance

Trustee Attendance:

CJ Rose	Beaver County	PRESENT	Amy Gonzalez	Cimarron County	PRESENT
Tammy Malone	Craig County	PRESENT	Lynn Smith	Ellis County	PRESENT
Steve Stinson	Grady County	PRESENT	Gary Nielsen	Harper County	PRESENT
Kathy Ross	Johnston County	PRESENT	Emily Lee	Kingfisher County	PRESENT
Matt Jacobson	OMAG	PRESENT	Kristen Moles	Pawnee County	ABSENT
Gary Starns	Pontotoc County	PRESENT	Brad Burgett	Pushmataha County	ABSENT
Dana Brown	Seminole County	PRESENT	Dolan Sledge	Texas County	PRESENT
Mitch Antle	Washington County	PRESENT			

Guests Attending:

Jenny Vincent Ellis County

Minutes:

Supporting materials available in the online meeting archive here:
<https://www.opehw1.com/boardmeetingmaterials.html>

There being eight (8) or more Trustees in attendance, a quorum was declared.

Agenda Item 1: Review of Financial Position and Benefit Performance.

Financial Position

The Plan Administrator spoke about the move from Sage accounting software to QuickBooks, and the changes in the look of the financial statements. Ahead of financial statements being officially presented at the next regular meeting, the following adjustments and alterations were requested:

- To create a consistent appearance, expense and income items should always be included even if the value is zero.
- Likewise, bundling (for example showing Marketing instead of its component parts such as: Conference Fees, Organization Memberships, and Conference Materials) should be switched off, and more detailed line-item breakouts show instead.
- Assessment payments be broken out as a separate income line item.
- Investigate January and February anomalies before official presentation.

Special Assessment

The Plan Administrator reviewed a report showing collection efforts for the recent January 2026 Special Assessment. This report indicates amounts paid as of 3/19/26 and was already out of date by the time of the meeting, with 5 of the groups listed as having not paid, now paid in full. At the time of the report's creation, 83.8% or \$4,193,482 of the \$5 million had been collected. With \$806,517 outstanding, of which \$405,589 is due from groups who committed to paying in installments. This meant, the 20 groups who had not paid anything, totaled \$401,298. Finally, the report indicated the administrative process to be used to attempt to collect the outstanding amounts.

Subrogation

The Plan Administrator reviewed a new standard report showing the status of Subrogation collections. The report showed data for February 2026, with 3 cases settled for a total recovery of \$3,209 from claims paid of \$22,071. This equates to a 14% recovery rate. Additionally, the February report indicates 40 additional active cases representing \$447,059 of paid claims. With another 150 potential cases representing \$1,718,942 in paid claims.

Benefit Performance

Claims Performance

A new claims performance report layout was presented. The findings are extremely encouraging. The hard work done last year to change to the Advantage network is performing better than expected.

Plan Year on Plan Year to Date Performance:

- **-18.2% Reduction** in Average Monthly Health Spend Per Member
- **+13.0% Increase** in the Number of Enrolled Members
- **-6.88% Reduction** in Average Monthly Medical Claims Costs
- **-26.6% Reduction** in Average Monthly Rx Claims Costs
- **-3.3% Reduction** in Per Member Fixed Costs

While reviewing the new claims performance report layout, suggestions to the data to include were for additional detail regarding the 2024/2025 plan year Neoplasms (Cancers), and additional monthly claims data detail. Both will be added and included with the report to be presented during the upcoming April 9th, 2026 meeting.

Script Sourcing

A review of the report detailing the implementation and rollout of the new Script Sourcing benefit. To date (2 months since the program started 1/15/2026), 27 prescriptions have been sourced through the Script Sourcing program. Saving the Health Plan \$31,888 during that time, reducing the total cost from \$84,579 to \$52,690. That's a 37.7% reduction. Annually, sourcing these 27 prescriptions will save the Health Plan more than \$300,000. Prior to the Health Plan's recent growth, with several new groups joining between 12/1/25 and 3/1/26, estimates were that 332 prescriptions could be sourced, with an estimated annual savings approaching \$5 million. This is a great start to this program. A program when fully realized will help with building a strong foundation for the long-term future of the Health Plan.

While reviewing the report, ideas to increase the pace of member participation were discussed, such as adding the ability for members to call Script Sourcing to register, instead of waiting for Script Sourcing to call them, an idea the Administration Office will investigate.

Over 65 Active Spouses

Review of a report showing the progress of attempting to offer over 65-year-old spouses an alternative coverage option through a Medicare Supplement policy. Currently, there are 51 individuals who meet the criteria, who last plan year amounted to \$2.75 million in paid medical and prescription claims. While there is no guarantee that the same spend is likely to occur this plan year, the reverse is true, and the total could be much higher. Therefore, removal of these individuals from the self-funded coverage should be a major priority.

The report indicates that all 51 have been contacted, and to date the following outcomes have been achieved:

51 Communications Sent

- 1** Returned Undeliverable - Seeking new address
- 1** Employee is about to retiree, thus ending the end for this action
- 3** Declined to move
- 6** Individuals are in the process of moving
- 40** No response received

There is significant confusion being indicated, with many understandably thinking it is a spam or a scam. Likely too, we are getting lost in all the other Medicare mailings they undoubtedly receive. Additionally, it was pointed out, that some of the groups with the higher counts of over 65 active spouses, are those groups who pay a sizeable portion of the spouse premium. This is likely to complicate and diminish the potential success of this initiative, as the potential for an individual to save is likely to significantly reduced and therefore not appear as enticing.

To maximize our potential for success, it is proposed that the groups themselves become involved in spreading the message. This will require coordination and the development of simple and clear talking-points by the administration office to assist those spreading the word.

[Air Ambulances](#)

Air Ambulance claims continue to be of great concern. February of 2026 saw claims for 7 flights (5 Helicopters and 2 Planes) totaling \$309,700. This amounted to 12.6% of the total medical claims paid in February 2026, and 11 of the top 20 costing claims paid (each flight has two claims, one for the service, and the other for mileage). For the current plan year through February, there have now been 21 flights. With four months of claims remaining for the plan year, it is likely we will set a new landmark total flights count. Currently the plan year record number of flights stands at 24.

Making Healthy Cheaper Zero-Cost Benefits

Review of a new standard report covering all Making Healthy Cheaper benefits, to be presented at all future meetings. This was first look at this reporting package. The purpose of these reports is to provide data and information to determine the effectiveness and value of each Making Healthy Cheaper program. As such the following enhancements will be made to standardize the appearance and data included:

- Add monthly spend data grids for each program
- Add a brief description of what each program does
- Add detail on where to find more information about each program

The reporting package will contain standalone reports for each of the following programs:

- Brain Code: Neuro Pathway Remapping
- Catapult Health: Virtual Check-Up's
- Connect DME: Medical Equipment & Supplies
- Connect DME: Sleep Studies
- Green Imaging: Medical Imaging
- Hinge Health: Muscle & Joint Pain
- Major Medical Care: Transplants, Cancer Care, Maternity Care, Hip & Knee Replacements,
- Heart Surgeries, Back Surgeries, Cellular Immunotherapy
- MDLIVE: Virtual Primary, Pediatric, Psychiatric, and Counseling Care
- Omada Health: Diabetes, Blood Pressure, Cholesterol, Weight Management
- Ovia Health: Women's & Family Support
- Pelago: Alcohol, Tobacco, Vaping, and Opioid Addiction
- Remedy Health: Direct Primary Care
- Virta: Type II Diabetes Reversal
- Vitals: Member Rewards
- Wondr Health: Weight Management

In conclusion, the reports indicate that all Making Healthy Cheaper benefits are providing value for money and member quality of life improvements and should continue. Furthermore, the reports indicate that the most effective way to improve program performance is continued member education and awareness. This report package will be officially presented for the first time at the next regular Board Meeting on April 9th, 2026.

No action was taken.

Chairwoman, Tammy Malone, thanked everyone for attending, and declared the meeting closed at 12:57 pm.

Attestations:

Secretary of the Board of Trustees

Notary Attesting To
My Commission Expires: _____

Chairperson of the Board of Trustees

Notary Attesting To
My Commission Expires: _____