## The Case for Replacing BOE Leadership on May 17

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## Track record since 2011:

- At least $\$ 7.8$ million wasted on healthcare over-spend
- $\$ 20$ million of fund balance depleted to cover operating
- 28 staff cuts needed minimum in 2016 ... many others from prior years
- Credit rating agencies: one rating downgrade, outlook change to "Negative
- Rating action due to structural budget imbalance and management's decision to repeatedly use reserves to fund budget shortfalls
- As the district's credit rating deteriorates, interest rates to borrow in the future will increase ... more of the budget will go to interest payments, less to education
- Compensation \& Benefits growth rate (nearly $80 \%$ of total expense) outpaced revenue growth rate by almost 2:1


## The BCSD Health Care Tax - How it Works

Imagine there are two buying groups that offer discounts to access a network of sporting goods stores to buy equipment for your children. Same stores in both networks.

- Group A has negotiated member discounts of $44 \%$ on everything purchased
- Group B offers discounts of $51 \%$ on everything purchased
(Remember, you can easily join either group and shop at the same stores for the same merchandise in either case)
- You would naturally join group B and get the better discounts, right?

Well, not BCSD ...

## \$7.8 Million Wasted \& The BCSD Health Care Tax How it Works:



Same benefits and provider networks

| In- network average discount: <br> $44 \%$ |  |
| :--- | ---: |
| X-Ray at MKMG |  |
| List Price: $\$ 200.00$ <br> POMCO Discount:  <br> Cost to Health Plan  | $44 \%$ |
| (BCSD taxpayer): | $\$ 112.00$ |

> In - network average discount:
> $51-52 \%$

| X-Ray at MKMG |  |
| :--- | ---: |
| List Price: | $\$ 200.00$ |
| Cigna Discount: | $51 \%$ |
| Cost to Health Plan  <br> (BCSD taxpayer): $\$ 97.60$ $\mathbf{l}$ |  |

Due to an unfavorable third part administrator (TPA) contract with POMCO, BCSD pays almost $15 \%$ more on average than all leading carriers would pay for the exact same medical procedures with the same doctors at the same facilities

| Var. $\$$ | Var. \% |
| :---: | :---: |
| $\$ 14.40$ | $14.8 \%$ |

## The BCSD Health Care Tax - Impact on Budget

|  | $\begin{aligned} & 1990- \\ & 2010 \mathrm{E} \end{aligned}$ |  | 2011 |  | 2012 |  | 2013 |  | 2014 |  | 2015 |  | 2016E |  | $\begin{gathered} \text { Total '11- } \\ \text { '16E } \end{gathered}$ |  | $\begin{gathered} \text { Total 1990- } \\ 2016 \mathrm{E} \end{gathered}$ |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Actual Spend | \$ | 129.9 | \$ | 12.5 | \$ | 13.1 | \$ | 13.5 | \$ | 16.5 | \$ | 15.8 | \$ | 19.0 | \$ | 90.4 | \$ | 220.3 |
| 15\% POMCO Medical Overspend |  | 11.2 |  | 1.1 |  | 1.1 |  | 1.2 |  | 1.4 |  | 1.4 |  | 1.6 |  | 7.8 |  | 19.0 |
| Pro Forma Spend with Cigna | \$ | 118.7 | \$ | 11.4 | \$ | 12.0 | \$ | 12.3 | \$ | 15.1 | \$ | 14.4 | \$ | 17.4 | \$ | 82.6 | \$ | 201.3 |
|  | This analysis does not take into account additional savings that should have been realized through efficient plan design ... potentially another 10\%+ annually |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Medical cost variance is $15 \%$, when all administrative and Medicare B costs are included the variance is
8.6\%

Source: 2011-2016: BCSD presentations, 1990-2010 estimated based on 7\% annual health care cost trend.

