#### **Anderson County Board of Commissioners**

#### 6:00 P.M.

Proclamation to Designate October 23<sup>rd</sup> to 31<sup>st</sup> as Red Ribbon Week – by Stacy Pratt
Proclamation for James "Jim" Dodson, 2021 recipient of the Bill Wilcox Bow Tie Award – by
Commissioner Yager

#### 6:15 P.M.

Public Hearing – Rezoning property located at 466 Marlow Circle, Clinton, TN, Parcel 058.00, Tax Map 087. Rezoning I-2 (Heavy Industrial District) to A-1 (Agriculture-Forestry District).

Public Hearing – Amendment to the Anderson County Zoning Resolution regarding Development Standards for Recreational Vehicle Parks and Campgrounds.

#### Consent Agenda Monday, October 18, 2021 @ 6:30 p.m.

- 1. Approval and corrections of September 20, 2021 County Commission Minutes
- **2. Approval of Notary and Bonds**
- 3. Courtesy Resolutions/Proclamations
  - Proclamation Red Ribbon Week
  - Proclamation for James "Jim" Dodson
- 4. Committee Reports
  - ADA Oversight Committee Minutes (9/13/21)
  - AC Employee Insurance Board of Trustees Minutes (10/5/21)
  - AC Conservation Board Minutes (10/4/21)
  - AC Fire Commission Minutes (9/9/21)
  - Tourism Board of Directors Meeting Minutes (9/28/21)
  - AC Civil Service Board Minutes (10/6/21)
  - Veterans Service Advisory Board Minutes (10/4/21)

Respectfully Submitted, Joshua Anderson, Chairman

#### Proclamation to Designate October 23rd to 31st as Red Ribbon Week

**Whereas,** Anderson County, like hundreds of other counties across the country, has felt the many impacts of substance misuse which has been escalated by the COVID-19 pandemic; and

**Whereas,** fatal overdoses across Anderson County increased 82 percent in 2020 compared to an 11.6 percent drop in 2019; and

**Whereas,** prevention measures should be made a priority as substance use in adolescence can affect brain development and lead to long term consequences for individuals and the community; and

Whereas, the ASAP Community Coalition and the ASAP Youth Ambassadors have been working to eliminate stigma, increase knowledge, reduce access and encourage a substance-free lifestyle; and

**Whereas,** the I AM ONE campaign symbolizes the role each of us can play to be proactive against substance misuse; and

**Whereas,** all sectors of the community are encouraged to reach out to ASAP to learn of ways they can find support and support their community; and

**Whereas,** success will not occur overnight, our patience and continued commitment to substance misuse prevention are imperative; and

**Whereas,** the red ribbon was chosen as a symbol commemorating the work of Enrique "Kiki" Camarena, a DEA agent, who was murdered in the line of duty and has come to represent the belief that one person CAN make a difference; and

**Whereas,** the Red Ribbon Campaign was established by Congress in 1988 to promote this belief and encourage a drug-free lifestyle and involvement in drug prevention efforts; and;

**Now, Therefore.** Be It Resolved that We, Anderson County Mayor Terry Frank, and the Anderson County Commission, do hereby proclaim October 23<sup>rd</sup> through October 31st, as Red Ribbon Week in Anderson County, Tennessee and encourage all citizens and sectors to participate in substance misuse prevention activities, not only during Red Ribbon Week, but all year long.

RESOLVED, DULY PASSED, APPROVED AND EFFECTIVE this 18th day of October 2021.

Joshua Anderson, Chairman Anderson County Commission	Terry Frank, Anderson County Mayor
·	ATTEST:
	Jeff Cole, Anderson County Clerk

# Proclamation Anderson County Board of Commissioners Anderson County, Tennessee

WHEREAS, James "Jim" Dodson, is a native East Tennessean with a love for his family, his students, and his community; and

WHEREAS, Jim Dodson is an accomplished and award-winning artist, photographer and musician, who has gone above and beyond in his efforts to provide artistic opportunities to his students, the local community, region, and state, all while sharing his own talents to help benefit numerous local organizations. Jim, himself a graduate of Doyle High School, who holds four degrees from the University of Tennessee, has been an educator in the Oak Ridge Schools since 1987; and

WHEREAS, Jim's hobbies are varied, from being a self-taught harmonica player and a member of The Diablos, a band of Jefferson Middle School teachers, to an award-winning body builder, weight lifter, and personal trainer. Jim also loves science fiction, and appreciates art in many forms; and

WHEREAS, in addition to teaching art and sharing his love of the genre with people of all ages, Jim Dodson serves on the Oak Ridge City Council, the Oak Ridge Municipal Planning Commission, and as the City Council representative on the Oak Ridge Youth Advisory Board. Jim also is a board member for many local organizations, including the American Museum of Science and Energy Foundation, Aid to Distressed Families of Appalachian Counties, Oak Ridge Heritage and Preservation Association, the Oak Ridge Public Schools Education Foundation, the Center for Leadership and Community Development, and the Oak Ridge Arts Council. He also is past president of the Oak Ridge Sunset Rotary Club, past chairman of Explore Oak Ridge, and co-chairs the annual giving campaign for United Way of Anderson County. His professional activities also include serving on a number of local committees to bring more art to public spaces in Oak Ridge.

WHEREAS, while Jim loves art and teaching, he has a deep love for his family, which includes his wife, Becky, whom he married in 1982 while a student at UT-Knoxville, their daughter, Laura Dodson Carpenter, her husband, Joe, and their new infant son, Joseph Brooks Carpenter – making Jim and Becky first-time grandparents!

NOW, THEREFORE, we, Anderson County Mayor Terry Frank and members of the Board of Anderson County Commissioners, in conjunction with the Aid to Distressed Families of Appalachian Counties (ADFAC), do hereby proclaim Saturday, October 23, 2021, as Jim Dodson Day in Anderson County and join ADFAC in honoring Jim as the 2021 recipient of the prestigious Bill Wilcox Bow Tie Award for leading a life of purposeful impact, and his selfless service to the community and a better tomorrow.

IN WITNESS WHEREOF, we have hereunto set our

	hands and caused the official seal of Anderson County to be affixed on this, the 18 <sup>th</sup> day of October, 2021.
Mrs. Terry Frank, County Mayor	Josh Anderson, Commission Chairman
leff Cole, County Clerk	

# LEGAL NOTICE OF PUBLIC HEARING [Published in Compliance with TCA 13-7-105]

# LEGAL NOTICE OF PUBLIC HEARING [Published in Compliance with TCA 13-7-105]

The Anderson County Board of Commissioners will hold a Public Hearing on October 18, 2021 at 6:00 PM in Room 312 of the Anderson County Courthouse, 100 N. Main Street, Clinton, Tennessee to consider an amendment to the Anderson County Zoning Resolution for property located at 466 Marlow Circle, Clinton, Tax Map: 087 Parcel: 058.00. Rezoning I-2 (Heavy Industrial District) to A-1 (Agriculture-Forestry District). A copy of the proposed zoning amendment is available at the office of the Anderson County Planning & Development Department.

Marjorie Pressley,

Anderson County Building Commissioner

**WHEREAS** the Anderson County Regional Planning Commission has reviewed and made recommendations regarding the proposed amendment of the "Zoning Resolution of Anderson County, Tennessee", in accordance with Section 13-7-105 (a) of the <u>Tennessee Code Annotated</u>; and

**NOW, THEREFORE, BE IT RESOLVED** that the Anderson County Board of Commissioners does hereby amend the Anderson County Zoning Resolution.

This resolution shall take effect immediately after its notification and passage, the public welfare requiring it.

ATTEST:	, Chairman
Jeff Cole, County Clerk	
DATE:	

#### **RESOLUTION 21-10-892**

# A RESOLUTION AMENDING THE "ZONING RESOLUTION OF ANDERSON COUNTY, TENNESSEE" BY REZONING PARCEL 058.00; ANDERSON COUNTY TAX MAP 087 FROM I-2 (HEAVY INDUSTRIAL DISTRICT) TO A-1 (AGRICULTURE-FORESTRY DISTRICT)

WHERE AS, The Anderson County Commission, in accordance with Section 13-7-105 of *Tennessee code Annotated*, may amend the zoning resolution and the "Zoning Map of Anderson County, Tennessee" and

WHERE AS, the Anderson County Regional Planning Commission has forwarded its recommendation to the Anderson County Commission regarding the amendment to the "Zoning Map of Anderson County, Tennessee";

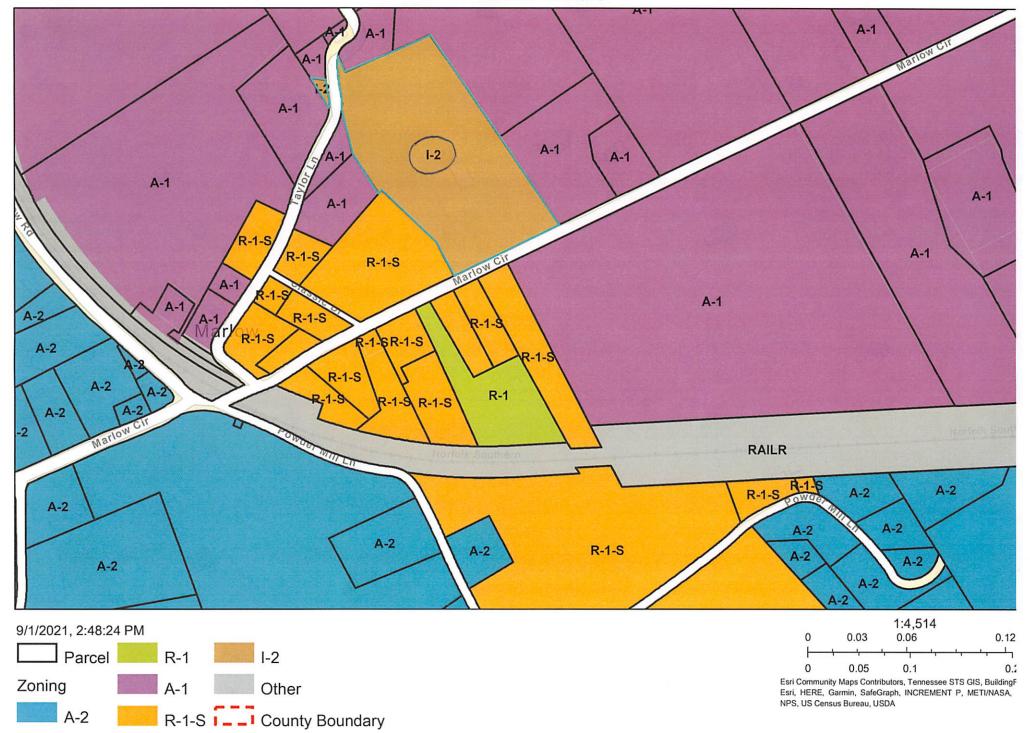
**NOW, THEREFORE BE IT ORDAINED** by the Anderson County Commission of Anderson County, Tennessee that:

**Section 1.** The zoning Map of Anderson County, Tennessee is hereby amended by rezoning Parcel 058.00; Anderson County Tax Map 087 from I-2 (Heavy Industrial District) to A-1 (Agriculture-Forestry District). Said territory located at 466 Marlow Circle, Clinton; and being more clearly defined by the attached map that is made a part of this resolution:

**Section 2.** This resolution shall be effective from and after its passage and publication, as required by Section 13-7-105 (b) of *Tennessee Code Annotated*, the public welfare requiring it.

Adopted this	day of		·
Chairman		Mayor	
Public Hearing Held			
Resolved and Approved			
Clerk			

### Marlow Circle



# LEGAL NOTICE OF PUBLIC HEARING [Published in Compliance with TCA 13-7-105]

# LEGAL NOTICE OF PUBLIC HEARING [Published in Compliance with TCA 13-7-105]

The Anderson County Board of Commissioners will hold a Public Hearing on October 18, 2021 in Room 312 of the Anderson County Courthouse, 100 N. Main Street, Clinton, Tennessee to consider an amendment to the Anderson County Zoning Resolution regarding Development Standards for Recreational Vehicle Parks and Campgrounds. A copy of the proposed zoning amendment is available at the Planning and Zoning Office of the Anderson County Planning & Development Department.

Marjorie Pressley,

**Anderson County Building Commissioner** 

**WHEREAS** the Anderson County Regional Planning Commission has reviewed and made recommendations regarding the proposed amendment of the "Zoning Resolution of Anderson County, Tennessee", in accordance with Section 13-7-105 (a) of the <u>Tennessee Code Annotated</u>; and

**NOW, THEREFORE, BE IT RESOLVED** that the Anderson County Board of Commissioners does hereby amend the Anderson County Zoning Resolution.

This resolution shall take effect immediately after its notification and passage, the public welfare requiring it.

ATTEST:	, Chairman	
Jeff Cole, County Clerk		
DATE:		

#### **RESOLUTION 21-10-894**

#### A RESOLUTION AMENDING THE "ZONING RESOLUTION OF ANDERSON COUNTY, TENNESSEE" BY ESTABLISHING REGULATIONS FOR CAMPGROUNDS, TRAVEL TRAILERS, AND RECREATIONAL VEHICLES WITHIN ANDERSON COUNTY, TENNESSEE

WHEREAS, the Anderson County Board of Commissioners, in accordance with Section 13-7-105 of the <u>Tennessee Code Annotated</u>, may amend the zoning "Zoning Resolution of Anderson County, Tennessee"; and

WHEREAS, the Anderson County Regional Planning Commission and Clinton Regional Planning Commission have reviewed and made recommendations regarding the proposed amendment of the "Zoning Resolution of Anderson County, Tennessee."

**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Anderson County, Tennessee:

**Section 1.** Article 5 is hereby amended by adding the following definitions:

<u>RECREATIONAL VEHICLE (RV) aka TRAVEL TRAILER, CAMPER.</u> A trailer that is towed behind a motor vehicle or a vehicle that is driven and designed and constructed for temporary human occupancy. RVs typically have a built-in kitchen, restroom, sleeping area, and lounging area.

<u>RECREATIONAL VEHICLE (RV) PARK aka TRAVEL TRAILER PARK.</u> A Recreational Vehicle Park is a tract of property containing two (2) or more RV sites and/or tent camping sites for the purpose of short-term rent or lease not to exceed twenty-nine (29) days.

**Section 2.** Article 7 is hereby amended by adding the following subsections:

Sec.045-160. <u>Development Standards for Recreational Vehicle Parks and Campgrounds</u>. The following standards shall apply to all proposed RV Parks and Campgrounds:

- A. Property used for primitive camping is exempt from these regulations.
- B. Parks shall be designed to complement the natural landscape with a minimal of disturbance of the land.
- C. Site Plan Requirement. A site plan is required in accordance with Section 045-130.
- D. Buffering. A minimum ten (10) feet wide natural or planted buffer is required at entrance(s). The buffer shall consist of existing trees and other vegetation or planted cedar or other evergreen trees. Additional landscaping shall be provided at the main entrance(s) to the park.

- E. State License Compliance. All RV Parks shall comply with licensing requirements of the State of Tennessee.
- F. Minimal general parking is required for additional visitors.
- G. On-Site Office Facilities. A bathhouse(s) providing one (1) shower, one (1) commode, and one (1) lavatory for every ten (10) sites for men and women is required to serve the RV Park occupants.
- H. Utilities. The facilities and all R.V. sites shall be provided with water and electric services. The provisions of sewer shall consist of either public sewer (where feasible), septic system (bath house), and/or a sanitary disposal station. Utilities shall be provided by the R.V. Park and shall be underground.
- I. Garbage Collection. At a minimum, a central garbage collection facility to serve all park occupants is required.
- J. Fire Protection. Where available, a minimum six (6) inch water line and fire hydrants shall be installed along drives so that all buildings and R.V.s are within five hundred (500) feet of a hydrant.

#### K. Access Drives.

- 1. Primary access roads to an R.V. Park shall be accessed off of a county road that does not require driving through a residential subdivision.
- 2. Internal Drives shall be designed:
  - a. Internal drives shall be designed with adequate access and drainage.
  - b. Two-way drives within the RV Park shall be ta minimum of twenty (20) feet wide.
  - c. One-way drives shall be a minimum of twelve (12) feet in width.
- L. Storage. Temporary on-site storage is allowed for park occupants only.
  - 1. Total storage building(s) serving the occupants is not to exceed fifty (50) square feet per site.
  - 2. Temporary outdoor storage of boats and vehicles is only allowed for park occupants. Storage areas shall not include space for individual site parking.

Section 3. This resolution shall become effective from and after its passage, the public welfare requiring it.

Approved by the Anderson County Regional Planning Commission:, 2021
Approved/Denied by the Clinton Municipal/Regional Planning Commission:, 2021.
Public hearing held:, 2021.
Date of Adoption by County Commission:, 2021.
Date Received by County Mayor:, 2021

### Anderson County ADA Oversight Committee Minutes for September 13, 2021 meeting

Present: Commissioner Jerry Creasey, ADA coordinator Roger Lloyd, Louise McKown, chair of the committee

#### **Old Business:**

1) Assistive listening devices.

First, I would like to thank County Commissioners and Director of Finance Robby Holbrook for finding money in the budget to pay for the new assistive listening devices.

When the ADA committee met last month, Rex Lynch said they aren't used that much in his juvenile courts. But he added that when they were requested, the courts really needed to have them. That got Louise thinking that people needed them did not realize the Ear sign posted beside the door meant that we have assistive listening devices available to them. She suggested we also need a sign saying that we have them available.

Roger said that they have yet to be installed, but the company assured him it would include signs with the devices. He suggested that we wait until we see what the signs have on them before we create signs that say they are available.

2) Letter to TVA about the need to have Claxton Community Center to remain a polling site that is fully ADA compliant for people with disabilities.

Louise drafted a letter that Commissioner Creasey edited to TVA. It will be sent with photos and descriptions of the ADA work that needs to be done from Cannon and Cannon's transition plan survey. Commissioner Wandell requested the ADA committee write a letter to TVA's Director of Government & Community Relations, Bert Robinson. Commissioner Wandell said Mr. Robinson said then, he might consider it.

The letter has been accepted by the ADA committee. On Wednesday, September 15<sup>th</sup> was sent to Mayor Frank, Law Director Jay Yeager, and Commissioners for Claxton Tracy Wandell and Chuck Fritts for their approval.

#### 3) Courthouse Marble Counter Tops:

Because the counter tops at many of the Courthouse's department offices are too high to meet ADA standards, we thought that we could install pulldown counter tops. Most of these countertops are made of marble that will be hard to cut through and smooth the surface for one portion to be lower. The walls will also need to be sliced into to allow space for knees and foot rests for wheelchair users. After the meeting Louise measured the counter tops and some were not wide enough to meet ADA standards. The Election office width is very narrow now with the much-needed plexiglass that would make it hard to fill out the voter registration form at the office.

On September 2<sup>nd</sup>, Louise took a webinar course on Common Questions about the ADA. She learned that as of the latest 2010 ADA regulations, we are not allowed to install pull-down counter tops, but nowhere in the regulations does it say that.

Before the ADA meeting Louise emailed the Technical Assistant at the U.S. Access board about the problems we would have with the noise of cutting through marble without disturbing businesses at these offices or the court. By the September 13<sup>th</sup>, they had not replied to her.

However, after the meeting, a reply did come in to say yes, before 2010 pulldown counter tops were acceptable for buildings built between 199w and 2012. But not in buildings built before 1990.

However, the technical assistant said government department personnel can still allow to provide "program access" for the public to go into spaces provided by departments to fill out

forms, write checks and look at documents. Our departments have done this in the past, but when Louise contacted another ADA specialist in Nashville, he said often people who had sued entities for not having lower counter tops did win their cases. But that may have been businesses not governments. So, Law Director Yeager opined that we will not have to slice through marble walls and counter tops to lower them.

Louise told the ADA committee members that she will personally pay Commissioner Tim Isbel for the supplies he bought to make the pull-down counter tops. It was her idea that we ask him to do this for the county and he agreed saying it would be a gift he would give the county and did not expect any payment for the work. She has since emailed Tim, but not yet received a reply.

#### 4) Other agenda items:

- A. Roger reported that no one has contacted him from the schools or other sources of work that have been done recently. However, he said that Clay McKamey from Anderson County Schools has touched base with Mayor Frank, but Roger doesn't have specifics of what was done.
- B Louise learned during the forementioned webinar that not every parking space needs a pole sign, but that arrows signs be on the pole showing the spaces that are accessible parking spaces from start and finish. Even though the 2010 regulations state that pavement wheelchair signs are no longer required, Louise said it might be best to have the wheelchair sign on the pavement when each parking space does not have a pole. The Senior Center now has five car accessible spaces marked where this arrow sign could be applicable. Pole signs have yet to be erected there, although the parking lot accessible parking spaces are now marked. The Courthouse new accessible parking area will have four car accessible parking spaces where this could be applicable also.
- C. Louise has sent ADA regulations about pole signs and curb cuts to Lee Greever, maintenance director at National Guard Armory that is a polling site in Clinton. After the meeting she drove by the Armory to see that her letter made it in time before they received funds to surface their parking lot. That is a good thing because the accessible parking spaces are not on a flat surface. Her letter included that they need to make these spaces flat.
- D. Roger reported that two additional accessible drinking fountains with bottle refill units on them have been installed in the Courthouse. We now have two accessible drinking fountains on all three floors and can finally cross that off our list!

#### **New Business:**

This was the first meeting where we were able to meet in Room 118A. Both Louise and Jerry were amazed at how beautiful and big the room is and how comfortable the chairs are that are easily moved.

Roger reported that once all the work for the new entrance and other items on their list inside the Courthouse are completed, they will address ADA work using the same contractor. The transition plan has prioritized that may have some elements that may more expensive time and money wise than others. Right now, he has not developed the list of what will be addressed this fiscal year with Mayor Frank, but assured us it will as soon as they can get the other work down in the Courthouse.

The next meeting will be Monday, October 4<sup>th</sup> at 3 p.m. in Room 118A. Minutes written and submitted by Louise McKown.

# Anderson County Employee Insurance Board of Trustees Meeting Minutes October 5, 2021

Members Present – Mayor Terry Frank, Commissioner Rick Meredith, HR Director Kim Jeffers-Whitaker, Finance Director Robby Holbrook

Members Absent - Tyler Mayes

Others Present – Leean Tupper, Krystal Burkhart, Andrew Stone, Brandon Williams, Randy Walters, CBIZ representatives Seamus McNally, Kari Pressley and Meghan Dougherty, and Premise Health representatives Jodie Miller and Derie Winston

#### Call to Order

Mayor Frank called the meeting to order at 11:07 a.m.

#### Approval of Meeting Minutes

Motion by Commissioner Meredith, second by HR Director Whitaker to approve, as presented, the minutes of the May 13, 2021 meeting. Motion carried by voice vote.

#### Items for Action and/or Discussion

- 1. CareHere's transition to Premise Health HR Director Whitaker presented information about the coming transition of CareHere to Premise Health. (Attachment A)
- 2. Impacts of House Bill 1398 for FY 2022-2023 The Board, as part of maintaining compliance with House Bill 1398, on a motion made by Commissioner Meredith and seconded by Finance Director Holbrook, authorized the implementation of the SaveonSP Program, within the Rx Benefits package that's already in place, effective January 1, 2022. Motion carried by voice vote. (Attachment B)
- 3. Employee Benefit Survey for FY 2022-2023 HR Director Whitaker presented a sample of the employee benefit survey and requested Board member input on the annual survey.
- 4. Wellness Plan HR Benefits Clerk & Wellness Coordinator Krystal Burkhart provided an overview of the county's wellness plan and budget. Director Whitaker requested any input from the Board. None given. Burkhart reported an increase in participation and efforts of continued growth.
- 5. FY 2022-2023 RFPs On a motion made by Finance Director Holbrook and seconded by Commissioner Meredith, the Board authorized the issuance of RFPs for USAble and TASC services and stop-loss coverage, as well as a one-year renewal for CareHere. Motion carried by voice vote.
- 6. Aeromedical Coverage HR Director Whitaker shared information about an option for AirMedCare (UT LIFESTAR) coverage that could be a payroll deduction option for employees who elect the employee-paid coverage for FY 2022-2023.
- 7. COBRA Subsidy via the ARP Act Finance Director Holbrook said the county has paid COBRA benefits (that ended 9/30/2021) on one employee.
- 8. Retiree Benefit information only

9. Current retiree benefit discussion – HR Director Whitaker provided the Board members with member and retiree scenario information prior to the meeting on which she said she will need future input and guidance.

#### **New Business**

1. Emergency Room Copays – Mayor Frank asked, in light of COVID-19, whether the county may be "punishing" employees who may need to visit the emergency room and don't because of the \$500 out-of-pocket expense with the insurance plan. CBIZ representatives noted that prior to May 31, 2021, 100-percent of the cost of any COVID-19-related ER visit was carried by the county's health plan. The Board asked CBIZ to analyze ER usage on the county's current health plan and make some recommendations. On a motion made by Finance Director Holbrook, seconded by HR Director Whitaker, the Board set ER copays at \$500 for Silver Plan and \$250 for Gold Plan, effective October 1, 2021 through June 30, 2022.

#### Old Business - none

The meeting adjourned at 12:08 p.m.

View in browser



Good morning,

In August 2020, we announced CareHere was being acquired by Premise Health. Since then, we have made significant progress toward our goal of completing the integration by the end of Q1 2022, and we want to take a moment to share important updates.

#### **Epic Transition**

The next key step in the integration process is transitioning clients to Epic, the country's leading electronic health record system. Premise has used Epic since 2017, and providers, members, and their families have benefited from its capabilities to facilitate close integration, continuity of care, and clinical excellence. We believe you and your members (eligible employees and family members) will benefit as well. Premise is absorbing the Epic transition cost and you will incur no incremental cost moving to the platform. Clients will go live on a rolling basis starting in Q3, and you will receive detailed communications leading up to your golive date. We are committed to working closely with you to minimize any disruption to your health center during the transition and its associated training.

Included in Epic are many complimentary advances such as Care Everywhere, a feature that enables providers to seamlessly share information with one another to support comprehensive care for members, and <u>Find Help with Premise</u>, a new solution that allows providers to manage social determinants of health as part of a member's care and make seamless referrals to community resources. Also available at an additional cost are <u>Connected Care+</u>, <u>National Virtual Health</u>, behavioral health, and more.

#### **Brand Transition and Account Support**

We will sunset the CareHere name and brand and be known as Premise Health moving forward. In conjunction with implementing Epic, all health centers will transition to the Premise name and brand, a decision we believe will help reduce any confusion in the market and support our overall integration efforts. More

importantly, it will help us drive a seamless, cohesive message to members and their families. Premise will cover the brand integration costs as well and provide training support for your teams to learn and become comfortable with the new brand and Epic platform.

You will continue to have a single point of contact, a director of client operations (DCO), formerly known as the director of clinic services (DCS). The DCO is supported by medical and operations leaders dedicated to specific regions. The Premise regional structure also provides additional dedicated resources, including support from member engagement, HR, finance, and IT, which ultimately results in optimal experiences for you and your members.

#### **Acquisition Update**

When we first shared the acquisition news with you, we expressed our excitement about what the combined scale and expertise of our organizations would enable us to do to better serve you, your employees, and their families. That excitement remains today, and we are more confident than ever that working together will provide exciting opportunities for all of us.

Our number one priority remains ensuring the integration is a smooth process for you and your members. Our team members have dedicated themselves to the transition, and we have successfully integrated nearly all of our teams to-date, along with our back-office technologies. We are continuing to work on integrating most processes and expect that work to last through the end of the year.

Again, we believe you will find great things lie ahead for you and your members. We have your best interests at heart and would like to thank you for trusting us as your healthcare partner. If you have any questions or concerns, please do not hesitate to reach out to either one of us.

We will be in touch soon.

Sincerely,

Ernie Clevenger, President, CareHere, a Premise Health company Beth Ratliff, Chief Operating Officer



### HB 1398 by \*Helton

(SB 1617) by \*Reeves

Insurance, Health, Accident - As enacted, revises various provisions governing pharmacy benefits and pharmacy benefits managers. - Amends TCA Title 4; Title 56 and Title 71.

HB1398 has been assigned Public Chapter Number 569 by the Secretary of State.



#### **FISCAL SUMMARY**

(CORRECTED) Increase State Expenditures – \$1,476,700/FY21-22 \$852,700/FY22-23 and Subsequent Years Increase Federal Expenditures – \$5,851,300/FY21-22 \$2,014,000/FY22-23 and Subsequent Years

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#### **BILL SUMMARY**

This bill revises various provisions governing pharmacy benefits and pharmacy benefits managers, as discussed below.

This bill prohibits:

- (1) Health insurance issuers, managed health insurance issuers, pharmacy benefits managers, and other third-party payers from:
- (A) Reimbursing a 340B entity for pharmacy-dispensed drugs at a rate lower than the rate paid for the same drug by national drug code number to pharmacies that are not 340B entities;
- (B) Assessing a fee, chargeback, or adjustment upon a 340B entity that is not equally assessed on non-340B entities; and
- (C) Excluding 340B entities from its network of participating pharmacies based on criteria that is not applied to non-340B entities; and
- (2) With respect to a patient eligible to receive drugs subject to an agreement under the federal law provisions governing limitations on prices of drugs purchased by covered entities, a pharmacy benefits manager, or third party that makes payment for those drugs, from discriminating against a 340B entity

in a manner that prevents or interferes with the patient's choice to receive those drugs from the 340B entity.

The above provisions will not apply to TennCare, the CoverKids Act of 2006, or the present law Volunteer Rx prescription drug discount program. For purposes of the above provisions, a "340B entity" is a covered entity participating in the federal 340B drug discount program, under the federal Public Health Service Act, including the entity's pharmacy or pharmacies, or any pharmacy or pharmacies under contract with the 340B covered entity to dispense drugs on behalf of the 340B covered entity.

This bill requires a pharmacy benefits manager to permit a person covered under a group medical benefit contract, or a pharmacy benefit contract, that provides coverage for prescription drugs to obtain prescription drugs, including specialty drugs, from a physician's office, hospital outpatient infusion center providing and administering the prescription drug, or pharmacy.

This bill prohibits a pharmacy benefits manager from:

- (1) Imposing coverage or benefits limitations, or requiring a person covered under a group medical benefit contract, or a pharmacy benefit contract, that provides coverage for prescription drugs, including specialty drugs, to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other penalty when obtaining prescription drugs, including specialty drugs, from a physician's office, hospital outpatient infusion center providing and administering the prescription drug, or pharmacy; and
- (2) Interfering with the patient's right to choose the patient's pharmacy or provider of choice, including inducement, steering, or offering financial or other incentives.

This bill requires a pharmacy benefits manager or a covered entity to base the calculation of any coinsurance for a prescription drug or device on the allowed amount of the drug or device. A "covered entity" is a health insurance issuer, managed health insurance issuer, nonprofit hospital, medication service organization, insurer, health coverage plan, health maintenance organization, a health program administered by the state or its political subdivisions, including TennCare, nonprofit insurance companies, prepaid plans, self-insured entities, and all other corporations, entities or persons, or an employer, labor union, or other group of persons organized in the state that provides health coverage to covered individuals who are employed or reside in the state. "Covered entity" does not include a health plan that provides coverage only for accidental injury, specified disease, hospital indemnity, medicare supplement, disability income, or other long-term care.

This bill prohibits a pharmacy benefits manager from charging a covered entity an amount greater than the reimbursement paid by a pharmacy benefits manager to a contracted pharmacy for the prescription drug or device. "Allowed amount" means the cost of a prescription drug or device after applying all pharmacy benefits manager or covered entity discounts.

This bill also:

(1) Specifies that a pharmacy benefits manager has a fiduciary responsibility to report to the plan and the patient any benefit percentage that either is entitled to as a benefit as a covered person;

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- representative of an enrollee, furnish the cost, benefit, and coverage data (described below in (3)) to the enrollee, enrollee's healthcare provider, or authorized representative of the enrollee and to ensure that the data is accurate as of the most recent change to the data that was made prior to the date of request, provided in real time, and provided in the format designated by the requesting party;
- (3) Specifies that a covered entity that receives a request for data that complies with item (2) must provide the following data for each drug covered under the enrollee's health plan:
- (A) The enrollee's eligibility information for the drug;
- (B) A list of any clinically appropriate alternatives to drugs covered under the enrollee's health plan;
- (C) Cost-sharing information for the drugs and the clinically appropriate alternatives; and
- (D) Applicable utilization management requirements for the drugs or clinically appropriate alternatives, including prior authorization, step therapy, quantity limits, and site-of-service restrictions; and
- (4) Prohibits a covered entity that furnishes data as provided in item (3) from:
- (A) Restricting, prohibiting, or otherwise hindering a healthcare provider from communicating or sharing the above-described data; additional information on lower-cost or clinically appropriate alternative drugs, whether or not the drugs are covered under the enrollee's plan; or additional payment or cost-sharing information that may reduce the patient's out-of-pocket costs, such as cash price or patient assistance, and support programs sponsored by a manufacturer, foundation, or other entity;
- (B) Except as may be required by law, interfering with, preventing, or materially discouraging access to, exchange of, or the use of the data including charging fees, failing to respond to a request at the time made when such a response is reasonably possible, implementing technology in nonstandard ways, or instituting enrollee consent requirements, processes, policies, procedures, or renewals that are likely to substantially increase the complexity or burden of accessing, exchanging, or using the data; and
- (C) Penalizing a healthcare provider for disclosing the information described above in (4)(A) to an enrollee or prescribing, administering, or ordering a clinically appropriate or lower-cost alternative drug.

ON MAY 4, 2021, THE HOUSE ADOPTED AMENDMENT #2 AND PASSED HOUSE BILL 1398, AS AMENDED.

AMENDMENT #2 rewrites this bill.

This bill revises various provisions governing pharmacy benefits and pharmacy benefits managers, as discussed below.

This bill prohibits:

(1) Health insurance issuers, managed health insurance issuers, pharmacy benefits managers, and other third-party payers from:

- (A) Reimbursing a 340B entity for pharmacy-dispensed drugs at a rate lower than the rate paid for the same drug by national drug code number to pharmacies that are not 340B entities;
- (B) Assessing a fee, chargeback, or adjustment upon a 340B entity that is not equally assessed on non-340B entities;
- (C) Excluding 340B entities from its network of participating pharmacies based on criteria that is not applied to non-340B entities;
- (D) Requiring a claim for a drug by national drug code number to include a modifier to identify that the drug is a 340B drug; and
- (2) With respect to a patient eligible to receive drugs subject to an agreement under the federal law provisions governing limitations on prices of drugs purchased by covered entities, a pharmacy benefits manager, or third party that makes payment for those drugs, from discriminating against a 340B entity in a manner that:
- (A) Violates the present law prohibitions against health insurance issuers and managed health insurance issuers denying licensed pharmacies or pharmacists to participate as a participating provider in a policy under the same conditions offered to other providers and preventing policy beneficiaries from selecting the participating pharmacy of their choice; or
- (B) Prevents or interferes with the patient's choice to receive those drugs from the 340B entity.
- The above provisions will not apply to TennCare, the CoverKids Act of 2006, or the present law Volunteer Rx prescription drug discount program. For purposes of the above provisions, a "340B entity" is a covered entity participating in the federal 340B drug discount program, under the federal Public Health Service Act, including the entity's pharmacy or pharmacles, or any pharmacy or pharmacies under contract with the 340B covered entity to dispense drugs on behalf of the 340B covered entity.

This amendment requires a pharmacy benefits manager or a covered entity to base the calculation of any coinsurance or deductible (but not copayment) for a prescription drug or device on the allowed amount of the drug or device. For purposes of this amendment, "covered entity" has the same meaning as described in the Bill Summary, and "allowed amount" means the cost of a prescription drug or device after applying all pharmacy benefits manager or covered entity discounts.

This amendment prohibits a pharmacy benefits manager or a covered entity from:

- (1) Requiring a person covered under a pharmacy benefit contract, that provides coverage for prescription drugs, including specialty drugs, to pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or other penalty when obtaining prescription drugs, including specialty drugs from a contracted pharmacy; and
- (2) Interfering with the patient's right to choose a contracted pharmacy or contracted provider of choice in a manner:
- (A) That violates the present law prohibitions against health insurance issuers and managed health insurance issuers denying licensed pharmacies or pharmacists to participate as a participating provider

in a policy under the same conditions offered to other providers and preventing policy beneficiaries from selecting the participating pharmacy of their choice; or

(B) By other means, including inducement, steering, or offering financial or other incentives.

This amendment also prohibits a pharmacy benefits manager from:

- (1) Charging a covered entity an amount greater than the reimbursement paid by a pharmacy benefits manager to a contracted pharmacy for the prescription drug or device; and
- (2) Reimbursing a contracted pharmacy for a prescription drug or device an amount that is less than the actual cost to that pharmacy for the prescription drug or device. This provision will not apply to a pharmacy benefits manager when utilizing a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services. If a pharmacy benefits manager utilizes a reimbursement methodology that is identical to the methodology provided for in the state plan for medical assistance approved by the federal centers for medicare and medicaid services, then the pharmacy benefits manager must establish a process for a pharmacy to appeal a reimbursement paid at average acquisition cost and receive an adjusted payment by providing valid and reliable evidence that the reimbursement does not reflect the actual cost to the pharmacy for the prescription drug or device. Also, the prohibition will not apply to a covered entity or pharmacy benefits manager that establishes a clearly defined process through which a pharmacy may contest the actual reimbursement received for a particular drug or medical product or device. If a pharmacy chooses to contest the actual reimbursement cost for a particular drug or medical product or device, then the pharmacy will have the right to designate a pharmacy services administrative organization or other agent to file and handle its appeal of the actual reimbursement. This amendment provides that a covered entity's or pharmacy benefits manager's appeals process must be approved by the commissioner of commerce and insurance and comply with the timing and notice requirements of the present law provision governing the procedure for appeals by pharmacies of costs of particular drugs or devices on maximum allowable cost list.

#### This amendment also:

- (1) Specifies that a pharmacy benefits manager has a responsibility to report to the plan and the patient any benefit percentage that either is entitled to as a benefit as a covered person;
- (2) Requires a covered entity to, upon request of an enrollee, enrollee's healthcare provider, or authorized third party, furnish the cost, benefit, and coverage data (the coverage data under this amendment is the same as that described in the Bill Summary) to the enrollee, enrollee's healthcare provider, or authorized third party and to ensure that the data is accurate as of the most recent change to the data that was made prior to the date of request, provided in real time, and provided in the same format in which the request is made;
- (3) Requires that a request for coverage data be in a format that uses established industry content and transport standards as published by certain entities or organizations, as identified in this amendment;
- (4) Provides that the following will not be acceptable formats for requests for coverage data under this amendment: a facsimile or use of proprietary payor or patient portal or other electronic form: and

(5) Prohibits a covered entity that furnishes data as provided in item (2) from acts described in (4)(A)-(C) of the Bill Summary, except that this amendment prohibits (unless required by other law) institution of any requirements, processes, policies, procedures, or renewals that are likely to substantially increase the complexity or burden of accessing, exchanging, or using the data, instead of instituting "enrollee consent" requirements, processes, policies, procedures, or renewals that are likely to have such effect.

### HB 1398 by \*Helton

### (SB 1617) by \*Reeves

Insurance, Health, Accident - As enacted, revises various provisions governing pharmacy benefits and pharmacy benefits managers. - Amends TCA Title 4; Title 56 and Title 71.

HB1398 has been assigned Public Chapter Number 569 by the Secretary of State.

### Bill History

HB1398 ACTIONS	DATE
Pub. Ch. 569	06/02/2021
Effective date(s) 07/01/2021, 01/01/2022	06/02/2021
Signed by Governor.	05/26/2021
Transmitted to Governor for his action.	05/14/2021
Signed by Senate Speaker	05/13/2021
Signed by H. Speaker	05/11/2021
Enrolled; ready for sig. of H. Speaker.	05/06/2021
Passed Senate, Ayes 28, Nays 4, PNV 1	05/04/2021
Amendment withdrawn. (Amendment 1 - SA0124)	05/04/2021
Amendment withdrawn. (Amendment 2 - SA0440)	05/04/2021
Senate substituted House Bill for companion Senate Bill.	05/04/2021

SB1617 ACTIONS	DATE
Comp. became Pub. Ch. 569	06/02/2021
Companion House Bill substituted	05/04/2021
Placed on Senate Regular Calendar for 5/4/2021	05/03/2021
Recommended for passage with amendment/s, refer to Senate Calendar Committee Ayes 8, Nays 3 PNV 0	05/03/2021
Placed on Senate Finance, Ways, and Means Committee calendar for 5/3/2021	04/29/2021
Action deferred in Senate Finance, Ways, and Means Committee to 5/3/2021	04/28/2021
Placed on Senate Finance, Ways, and Means Committee calendar for 4/28/2021	04/28/2021
Action deferred in Senate Finance, Ways, and Means Committee to 4/28/2021	04/27/2021

Received from House, Passed on First Consideration	05/04/2021
Engrossed; ready for transmission to Sen.	05/04/2021
Passed H., as am., Ayes 88, Nays 1, PNV 1	05/04/2021
Am. withdrawn. (Amendment 1 - HA0229)	05/04/2021
H. adopted am. (Amendment 2 - HA0458)	05/04/2021
H. Placed on Regular Calendar for 5/4/2021	05/03/2021
Placed on cal. Calendar & Rules Committee for 5/3/2021	05/03/2021
Rec. for pass. if am., ref. to Calendar & Rules Committee	05/03/2021
Placed on cal. Finance, Ways, and Means Committee for 5/3/2021	05/03/2021
Rec for pass if am by s/c ref. to Finance, Ways, and Means Committee	05/03/2021
Placed on s/c cal Finance, Ways, and Means Subcommittee for 5/3/2021	04/28/2021
Placed behind the budget	04/21/2021
Placed on s/c cal Finance, Ways, and Means Subcommittee for 4/21/2021	04/14/2021
Assigned to s/c Finance, Ways, and Means Subcommittee	04/06/2021
Rec. for pass. if am., ref. to Finance, Ways, and Means Committee	04/06/2021
Placed on cal. Insurance Committee for 4/6/2021	03/31/2021

Placed on Senate Finance, Ways, and Means Committee calendar for 4/27/2021	04/22/2021
Rule #83(8) Suspended, to be heard in S. FW&M Comm. 4/27/21	04/22/2021
Recommended for passage with amendment/s, refer to Senate Finance, Ways, and Means Committee Ayes 7, Nays 2 PNV 0	03/23/2021
Placed on Senate Commerce and Labor Committee calendar for 3/23/2021	03/16/2021
Action deferred in Senate Commerce and Labor Committee to 3/23/2021	03/16/2021
Placed on Senate Commerce and Labor Committee calendar for 3/16/2021	03/09/2021
Passed on Second Consideration, refer to Senate Commerce and Labor Committee	02/22/2021
Introduced, Passed on First Consideration	02/11/2021
Filed for introduction	02/11/2021

Tennessee General Assembly Legislation 10/1/21, 8:43 AM

Rec for pass if am by s/c ref. to Insurance Committee	03/30/2021
Placed on s/c cal Insurance Subcommittee for 3/30/2021	03/24/2021
Action Def. in s/c Insurance Subcommittee to 3/30/2021	03/23/2021
Placed on s/c cal Insurance Subcommittee for 3/23/2021	03/17/2021
Assigned to s/c Insurance Subcommittee	03/01/2021
P2C, ref. to Insurance Committee	02/25/2021
Intro., P1C.	02/24/2021
Filed for introduction	02/22/2021

Attach. B

From: Kim Jeffers-Whitaker <kwhitaker@andersoncountytn.gov>

Sent: Monday, October 4, 2021 10:36 AM

To: CC - Rick Meredith < rick@andersoncountychamber.org >; Robby Holbrook

<<u>rholbrook@andersoncountytn.gov</u>>; CC - ZZ Tyler Mayes <<u>tmayes@tnacso.net</u>>; Terry Frank

<tfrank@andersoncountytn.gov>

Cc: Krystal Burkhart < kburkhart@andersoncountytn.gov>

Subject: RE: BOT Meeting 10/5/2021 at 11am

#### Good Morning,

I just received a sample implementation packet for the SaveOnSP program for a bit more details.

- The SaveOnSP program is a copay card maximizer program, and the intent of this program is that the more copay card dollars a member redeems, the less the plan pays for the remaining cost of the drug.
- The program raises the copay for the member to max out the available amount of the copay card, but the member still has a \$0 copay.
- The SaveOnSP program would require Anderson Co to change the current specialty copay to 30% coinsurance, and the 4 members that are currently taking specialty medications would need to enroll in the SaveOnSP program. They would then receive their medication for \$0.
- SaveOnSP would proactively enroll those 4 members before the program goes live they would send a letter explaining the program, there would be calls made to the member and SaveOnSP advocates would help members enroll. If a member chose not to enroll, they would have to pay the 30% copay (current copay is 20% on gold plan and 30% on silver). That's how they drive enrollment and engagement in the program. For most clients, this has been a positive impact on members, but there is a bit of work and communication necessary from the plan so members understand the change.
- There is a 25% shared savings fee, and a \$0.40/claim fee.

# Sample implementation packet Welcome to

## Welcome to SaveonSP®

saveonsp

Congratulations on taking a big step to optimizing your pharmacy benefits with RxBenefits.

The ability to access available funds to ensure you're getting the best price for high cost medications puts the power in the hands of both your plan and your members. Additionally, your current and future members can expect to simply and easily enroll, coordinate, and access manufacturer-sponsored copay assistance.

This packet is designed exclusively to outline the details of SaveonSP, its affects on your plan and members, and breakdown all that the benefits the program will provide.

We look forward to serving you!



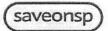
## RxBenefits Clients with SaveonSP 2019 Stats:

- 119 Clients
- **\$31.6M** Assistance Dollars Accessed
- 20K Eligible Claims
- \$29M Gross Savings
- \$21.8M Net Savings

#### Included in this packet:

- Timeline
- Sample SPD/SBC Language
- Member Journeys
  - Pre and Post-Implementation
  - Adjudication Process
- Sample Invoices
- Sample Reporting
- Appendix
  - Sample Member Letters with Member FAQ
  - Sample Outbound Script
  - Client FAQ

# SaveonSP<sup>®</sup> Timeline



Client implementation of SaveonSP from the fully executed business agreement (BA) and Joinder to the first invoice.

Day 90

SaveOnSP Joinder and BAA Execution
Implementation Date Set

**Day 89** 

#### **Update Plan Documents**

(Client's responsibility to complete before go-live; see sample SPD/SBC language in this packet)

Day 60

Initial Member Letter Mailed
Outbound Member Phone Calls

Day 30

Follow-up Letter Mailed

Go-Live

After effective date/go-live, enrollment continues for members who did not pre-enroll or are new to therapy.

-75 Days

#### First Invoice

Dependent on SaveonSP utilization





#### SaveonSP Example SPD/SBC Language

NOTE: The Client is wholly responsible to handle updating the plan document language. Your plan's benefits counsel should recommend and approve specific plan document language. RxBenefits and SaveonSP cannot and are not responsible for this activity. The following language is designed as a reference and to provide a starting point. It is ultimately up to the plan's legal counsel to write that language.

#### Plan Document Guidance

The employer must clearly identify in all plan documentation including, but not limited to, the Plan Document, Summary Plan Description (SPD) and SBC that some specialty pharmacy drugs will not count towards a plan participant's out-of-pocket-maximum or deductible.

#### Plan Document and Summary Plan Description (SPD)

An SPD is a summary of the plan document and must be distributed to participants within 90 days of enrollment. When the plan is amended, the plan administrator must prepare and distribute an "amendment" to the SPD called a summary of material modifications (SMM). The SMM must be distributed within 210 days following the end of the plan year in which the change became effective. If the change is considered a material reduction in benefits (which this likely would be), the SMM must be provided within 60 days following the effective date of the change. Although not required for non-ERISA plans, the Plan Document and SPD are recommended.

To the extent the Plan Document contains detailed information regarding benefit coverages, the plan should be amended to reflect the exclusion of the specialty pharmacy drugs included in the Program from the out-of-pocket maximum and any increase in copays. If the Plan Document incorporates other benefit summaries or documents by reference (such as benefit grids, benefit booklets or coverage summaries), the plan administrator should make sure such documents are amended to reflect the change.

The SMM, like the SPD, is meant to be written in an easy to understand format and provide participants with a clear understanding of the benefits, as well as a participant's rights and responsibilities under the plan. Therefore, the plan administrator may want to include information in the SMM regarding the impact this change will have on participants.

#### Sample Language:

The following language can be used to achieve this result:

- The plan is implementing a specialty pharmacy copay assistance program.
- Certain specialty pharmacy drugs are considered non-essential health benefits under the plan
  and the cost of such drugs will not be applied toward satisfying the participant's out-of-pocket
  maximum (the SMM should list such drugs or direct participants to where the list can be
  accessed like with the plan document, if the SPD incorporates other documents by reference,
  such other documents should be amended to reflect the terms of the Program and distributed
  to participants); although the cost of the Program drugs will not be applied towards satisfying
  a participant's out-of-pocket maximum, the cost of the Program drugs will be reimbursed by
  the manufacturer at no cost to the participant; and

SaveonSP does not provide legal advice. Plan administrators should consult with the plan's legal counsel and advisors prior to implementing the Program and undertaking any amendments to plan documentation.





 Copays for certain specialty medications may be set to the max of the current plan design or any available manufacturer-funded copay assistance.

#### Summary of Benefits and Coverage (SBC)

Plan administrators of self-funded plans are required to prepare and distribute the plan's SBC to eligible individuals and participants at open enrollment, initial enrollment, special enrollment and upon request. Notice of a material modification in any of the terms of the plan that would affect the content of the SBC must be provided, or a revised SBC distributed that reflects the change, at least sixty (60) days prior to the effective date of the change.

The SBC contains a field entitled "What is not included in the out-of-pocket limit or deductible?" Since the Program will now include specialty pharmacy drugs that will be considered non-essential health benefits and not subject to the out-of-pocket limits (both out-of-pocket and deductible), this change will be considered a material modification and require notice of the change.

The SBC also contains a field that requires specific information to be provided regarding "Limitations, Exceptions, & Other Important Information" for specialty drugs. This field should cross-reference the other information provided in the SBC about the Program.

#### Sample SBC Language:

The following are examples of language that can be included within the SBC:

Important Questions	Answers	Why this Matters:
What is not included in the <u>out-of-pocket</u> <u>limit?</u>	Certain specialty pharmacy drugs are considered non- essential health benefits and fall outside the out-of-pocket limits.	The cost of these drugs (though reimbursed by the manufacturer at no cost to you) will not be applied towards satisfying your out-of-pocket maximums.

		What Will You Pay			
Common Medical Event	Services You May Need	Network Provider (You will pay the least)	Out-of- Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information	
If you need drugs to treat your illness or condition				[Complete as necessary for the plan]	
More information about prescription drug coverage is available at www.[insert].com	Specialty Drugs	[Complete as necessary for the plan]		Please see "Important Questions" regarding the plan's out-of-pocket limit.	

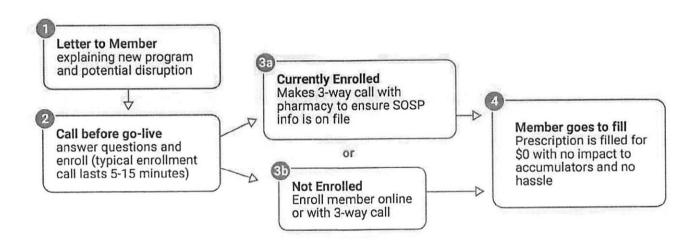
SaveonSP does not provide legal advice. Plan administrators should consult with the plan's legal counsel and advisors prior to implementing the Program and undertaking any amendments to plan documentation.

# **Member Journey Driven & Facilitated** by SaveonSP

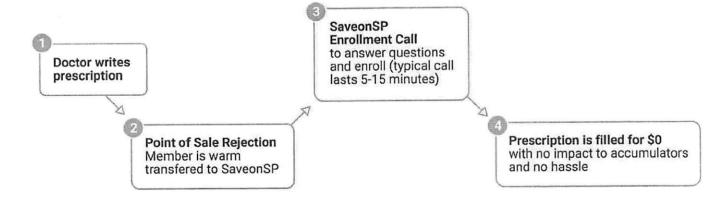
saveonsp

Whether pre-enrolling based on claims history or enrolling during the plan year, a SaveonSP representative will assist with registration via phone to ensure access to available funds.

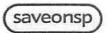
Journey 1 For members who "pre-enroll" before effective date



#### For members who do not pre-enroll or are new to therapy. Journey 2



# SaveonSP® Adjudication Process



### **Claim Adjudication Example**

Total drug cost of \$10,000 per fill SaveonSP drug copay of \$1,000 per 30-day fill (full amount of manufacturer assistance)

#### **Primary**

#### Claim will adjudicate as normal

Plan Responsibility: \$9,000

Member Copay: \$1,000

If member is not enrolled, this will be their cost

SaveonSP claims do not accumulate toward the plan's deductible or out of pocket While all this is happening in the background, enrolled members can fill their medication for \$0 with no impact to accumulators and no hassle.\*

#### Secondary

#### Member copay will then process through manufacturer assistance

Copay Assistance: \$995

Remaining copay for enrolled members processes through SaveonSP billing: \$5

#### Tertiary

Remaining copay for enrolled members processes through SaveonSP billing

SaveonSP will pay & bill plan: \$5

Member Cost: \$0

Amount billed through tertiary will be invoiced back to the plan

<sup>\*</sup>During the claims process, there may be a delay in processing all layers of the claim. The delay may mean a member receives an invoice however it will state "This is not a bill" After all layers of the claim are processed the member cost will be \$0.





### **SaveonSP ACH Wire & Check Instructions**

Please use the following banking information to process ACH payments to SaveonSP, LLC:

Bank Name: Bank of America
Bank City & State: Tampa, FL
Account Number: 483050283656
Routing Number: 021000322

#### For wire transfer payments, please use the following information:

Bank Name: Bank of America
Bank City & State: Tampa, FL
Account Number: 483050283656
Routing Number: 026009593

#### For paper checks, remittance can be made to:

SaveonSP, LLC 611 Jamison Road, Suite 201 Elma, NY 14059





### **SaveonSP Invoicing Details**

Clients will receive two invoices related to the SaveonSP program.

#### **RxBenefits Billing**

Clients are billed the SaveonSP per claim fee (as documented in their Pricing Addendum) in their admin invoice.

#### **SaveonSP Billing**

Clients are billed directly for 25% of the savings AND the tertiary balance.

- Bills are only sent as utilization occurs and may occur well after the claim has processed due to SaveonSP waiting on manufacturer assistance funds.
- The Tertiary balance on SaveonSP invoices is the leftover cost of the medication after the manufacturer coupon and the member copay.

#### INVOICE



SaveOnSP, LLC 611 Jamison Rd, Suite 201 Elma, NY 14059

SAMPLE

trivolce

Duo Dato

Total Amount Due

11108

November 9, 2020

\$2,840.00

Activity	Quantity:	Rate	Amount
Claims Administration			\$2,840.00
Tertiary Balance			\$0.00
y and the second se	A Translation of A C C C C C C C C C C C C C C C C C C	Balance Due	\$2,840.00

Questions? Contact us at: 800-683-1074 or Email at Finance@saveOnSP.com

SavoOnSP 1 HIGHLY CONFIDENTIAL 1 October 5, 2020

#### INVOICE

SaveOnSP

SeveOnSP, LLC 611 Jamison Rd, Suite 201 Elma, NY 14059

SID O			bwoke			Processing Pe September 1, 2		Total Amount Due		
	:			11106	06 September 22, 2020		\$2,840.00			
						45 601	L-L-M			
This e-mell transmission is to inform you that the following are Pharmocy claims Adjudicated through September 22, 2020 which were processed by ESI on your behalf.										
Period	Macufacturer Dollars	Claim Count	Participant Sevings	Copay Testiscy	Residual Tertiary	Gross Savings	Admin Fee Due 25%	Net Savings 75%		
7/28/2020	\$1,000.00	1	\$200.00	\$0.00	\$0.00	\$800.00	\$200.00	\$600.00		
8/11/2020	\$1,000.00	ı	\$200.00	\$0.00	\$0.00	\$600.00	\$200.00	\$600.00		
9/8/2020	\$7,245.00		\$800.00	\$0.00	\$0.00	\$6,445.00	\$1,611.25	\$4,833.75		
9/22/2020	\$3,915.00	3	\$600.00	\$0.00	\$0.00	\$3,315.00	\$828.75	\$2,486.25		
Grand Total	\$13,160.00	9	\$1,800.00	\$0.00	\$0.00	\$11,380.00	\$2,540.00	\$8,520.00		
Definitions: <u>Manufacturer Defing</u> is the total copay adjudicated with Express Scripts, and is amount billed to the <u>Manufacturer</u> . <u>Cayon Count</u> is all claims which adjudicated with savings or reversals through the SeveOnSP program.			YTD Net Program Saving Claim Count	Copsy Credit por Claim	\$ Save per Claim	YTD Not Savings 75%				
9 Reversed C Participant Se Copey Tortian Residual Torti	itaims is the total copsy for re svings is the sverage member y, is the residual copsy requir iary is the remaining drug cos	versed claims adju- r copsy prior to Sav ed by the manufac	dicated through the Sav conSP program implem turer program which is b	eOnSP program. entation illod back to plan.	. •	\$200.00	\$946.67	\$77,310.00		
dalms for inetigible members <u>Gross Savings</u> = Manufacturer \$ MINUS Credit for Prior Copay MINUS Tentary remaining balance MINUS Residual Tentary <u>Admin Fee Due</u> = Gross Savings MULTIPLIED by 25% <u>Net Savings</u> = Gross Savings MINUS Admin Fee				Q Questions?	Contact us at: 800-54	83-1074 Or Email of Fina	nco <b>Q</b> saveonSP.com			

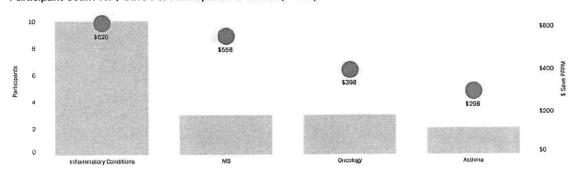
SaveDoSP | HIGHLY CONFIDENTIAL | October 5, 2020

# SAMPLE Savings Report



Therapeutic Category	Manufacturer Dollars	Participant Savings	Total Tertiary	Net Savings 75%	\$ Save per Claim	\$ Save PPPM*	Claim Count	Members
Grand Total	\$120,315	\$17,200	\$35	\$77,310	\$899	\$537	86	18
Inflammatory Conditions	\$76,710	\$10,600	\$0	\$49,583	\$936	\$620	53	10
Oncology	\$14,150	\$1,400	\$0	\$9.563	\$1,366	\$398	7	3
MS	\$21,455	\$3,600	\$0.	\$13.391	\$744	\$558	18	3
Asthma	\$8,000	\$1,600	\$35	\$4,774	\$597	\$298	8	2

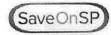
### Participant Count vs. \$ Save Per Participant Per Month (PPPM)



«PPPM – Per Parucipant Per Month

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# Net Save by Drug



Therapeutic Category	Drug Name	Net Savings 75%	Enbrel \$14,963	Stelara \$9,390	Humira \$6,341
nflammatory Conditions	Enbrel	\$14,962.50			
	Cosentyx	\$9,888.75			
	Stelara	\$9.390.00			
	Humira	\$6,341.25			
	Dupixent	\$6,000.00	Cosentyx		
	Otezla	\$3,000.00	\$9,889	Dupixent \$6,000	0tezla \$3,000
AS	Gilenya	\$7,691.25			
	Copaxone	\$4,800.00			
	Tecfidera	\$900.00	Gilenya \$7,691	Xtandi \$7,050	Xolalf \$4,774
ncology	Xtandi	\$7,050.00			
	Fasenra	\$1,725.00			
	Votrient	\$787.50	Copaxone \$4,800	Fasenra	Votrient
Asthma	Xolair	\$4,773.75		\$1,725	\$788

Form (Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do	not leave this line blank.								
	Save on SP, LLC				_					
	2 Business name/disregarded entity name, if different from above									
					_					
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	Elma, NY 14059				_					
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SaveonSP Sample Quarterly Reporting



# Savings Report:

(includes only claims invoiced through the SaveonSP program during the reporting period)

Manufacturer Dollars: Total copay the prescription adjudicated for with Express Scripts, and therefore, amount billed to the manufacturer's copay assistance program

<u>Participant:</u> Patient enrolled in SaveonSP program with a claim filled during the reporting time period

<u>Participant Savings:</u> Average member copay prior to SaveonSP program implementation

<u>Tertiary:</u> Used for residual member cost after copay assistance pays (\$5-\$50 generally), member's 13th fill in the year, or pass thru copays

Net Savings: Program Savings x 75%

Program Savings: (Manufacturer Dollars- Participant Savings – Tertiary)

Confidential Information

3

saveonsp

# SaveonSP® Welcome Kit Appendix

Member Communications: Initial Member Letter





<DATE>

<First Name> <Last Name> <Address>«Address\_2» <City, State, Zip> IMPORTANT!

Information about copayments for your specialty medications.

Get your specialty medications free of charge; call SaveonSP at 1-800-683-1074 by DATE

Dear <First Name>.

Beginning DATE, CLIENT NAME is partnering with Express Scripts' program, SaveonSP, to help you save money on certain specialty medications. Our records show you may be taking a medication on the attached SaveonSP Drug list\* and are eligible for the program.

- If you participate in this program, select specialty medications will be free of charge (\$0).
- Your prescriptions will still be filled through Accredo, your current specialty pharmacy.
- To participate, simply call SaveonSP at 1-800-683-1074 prior to DATE to avoid delays in obtaining your prescription(s) after the program starts.
- Participation is voluntary; if you choose <u>not</u> to participate, you will be responsible for the copay provided on the attached list.
- Whether you participate in the program or not, the copays for these medications will <u>not</u> count towards your deductible or out-of-pocket maximums.\*\*

### Patient Savings Example\*\*\*



Sue ENROLLS in SaveonSP to save on her specialty medications.

Current copay \$100 New Copay \$1,000 Sue's Final Cost \$0

SaveonSP will monitor Sue's account to make sure she incurs no cost (\$0).



Sue DOES NOT enroll in SaveonSP to save on her specialty medications.

Current copay \$100 New Copay \$1,000 Sue's Final Cost \$1,000

SaveonSP cannot monitor Sue's account. She is responsible for the copay amount on the attached list.

If you have any questions or need more information, please call SaveonSP at 1-800-683-1074 Monday – Thursday 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.

Sincerely,

SaveonSP

\*The medications and associated copays included in this program are subject to plan clinical rules and subject to change.

\*\*The medications included in the SaveonSP program are classified as Non-Essential Health Benefits under the Affordable Care Act

\*\*\*This is a general example of patient savings. For your specific medication, see the attached drug list.

In partnership with







### Frequently Asked Questions (FAQ's)

### Who is Eligible?

- Members who are currently taking a medication on the attached Specialty Drug List, or begin taking one these at a later date.
- NOTE: Patients who use Medicare as their primary insurance, are not eligible for this program.

#### What do I need to do to enroll?

- To enroll in this program, you will need to call SaveonSP at 800.683.1074 by December 31, 2017. A customer service representative will answer any questions you may have, as well as help you enroll in the program. They are available Monday-Thursday 8:00am to 8:00pm Eastern and Friday 8:00am to 6:00pm Eastern.
- If you already participate in a manufacturer copay assistance program for a medication on the attached list, please have your program issued ID available before calling. If you do not have that information, a SaveonSP representative can assist.
- After initial enrollment, SaveonSP will only contact you once a year to ensure you are properly re-enrolled in the manufacturer program.

### What is the benefit to me?

Once you are enrolled in the program, you will pay zero dollars (\$0) for the medication on the attached list.

#### When does the program officially begin?

• The program goes into effect on <DATE>, so it is important that you reach out to SaveonSP prior to the end of <MONTH>.

### What happens if I don't enroll?

- SaveonSP will begin contacting individuals currently taking a medication on the attached drug list to discuss enrollment.
- Enrollment in the program is voluntary; however, SaveonSP cannot ensure the application of manufacturer's dollars at the time of purchase for a potential zero (\$) dollar copayment unless you enroll in the program.
- If you choose not to sign up with SaveonSP, your prescription drug copayment will be as stated on the attached drug list. The copay will not count towards your deductible or out-of-pocket maximum, because Non-Essential Health Benefits do not apply to deductibles or out-of-pocket accumulators.



Member Communications: Follow-Up Letter





Important Pharmacy Benefit Information

Date

«Patient\_First\_Name» «Patient\_Last\_Name»
«Patient\_Street\_1» «Patient\_Street\_2»
«Patient\_City», «Patient\_State» «Patient\_ZIP\_Code»

Re: Attention: Specialty Pharmacy Plan Change Effective < Date>

Dear «Patient First Name»,

Beginning < Date>, < Client> is partnering with Express-Scripts' program: SaveonSP, to help you save money on certain specialty medications. If you participate in this program, select specialty medications will be free of charge (\$0). Your prescriptions will still be filled through Accredo, your existing specialty mail pharmacy.

### For example:

If you were on Copaxone, your copay is currently \$70. Effective < Data>, your copay will increase to \$1,000.

- If you participate in the SaveonSP program, your full copay will be paid through the manufacturer copay assistance program and you will pay nothing (\$0).
- If you choose <u>not</u> to participate with SaveonSP, <u>your financial responsibility will be the full \$1,000 copay</u>. In addition, the \$1,000 copay will <u>not</u> count towards your deductible or out-of-pocket maximum, because Non-Essential Health Benefits\* do not apply to deductibles or out-of-pocket accumulators.

We strongly encourage you to review your Summary of Benefits Coverage (SBC) to understand the upcoming changes to your pharmacy benefits effective < Date>.

If you have any further questions or concerns, please contact SaveonSP at 1-800-683-1074 between Monday – Thursday 8:00 a.m. – 8:00 p.m. Eastern and Friday 8:00 a.m. – 6:00 p.m. Eastern or contact RxBenefits' Member Services team at 1-800-334-8134.

Sincerely,

SaveonSP

\*The medications included in the SaveonSP program are classified as Non-Essential Health Benefits under the Affordable Care Act.



### **Outbound to Patient Message/Contact**



### 1. Outgoing Call Voice message prior to Benefit Implementation / Before Go Live Date

Good Morning / Afternoon / Evening, this message is for <members first name only>.

This is <SOSP rep 1<sup>St</sup> name> from SaveonSP. We have been contracted by your employer <name of employer> to assist you with your new pharmacy benefit change effective <*go live date*>. Please contact us at 800-683-1074 Monday through Thursday 8am-8pm Eastern Time and Friday 8am-6pm Eastern Time. Once again that number is 800-683-1074. Thank you!

### 2. Outgoing Call Voice message after Benefit Implementation / After Go Live Date

Good Morning / Afternoon / Evening, this message is for <members first name only>.

This is <SOSP rep 1<sup>st</sup> name> from SaveonSP. We have been contracted by your employer <name of employer> to assist you with your new pharmacy benefit design. Your new Pharmacy Benefit is in affect as of <go live date> and we have not yet heard from you. Please contact us at 800- 683-1074 Monday through Thursday 8am-8pm Eastern Time and Friday 8am-6pm Eastern Time. Once again that number is 800-683-1074. Thank you!

### 3. Outgoing Call 1St time contact

SaveonSP: "This is <SOSP rep 1<sup>st</sup> name> from SaveonSP calling regarding the pharmacy benefit change for <employers name>. Am I speaking with <members full name>? Hi, "before we continue, I need to make you aware that this call may be monitored or recorded for quality assurance and training purposes". You should have received a letter indicating the coming changes in <employers name> pharmacy benefit plan. That letter contained a list of specialty medications. Have you received that letter?

### Patient: Yes (continue) / NO > c. Program Education & Letter contents (Drug List)

- a. Ask for members last name and type it into the search field for CAPTURE. If needed ask for their first name so you can choose the correct member. Two Source Verification: Ask for the members date of birth & address and compare to what we have in CAPTURE. Then verify the patients telephone number/s. Ensure you have the correct member on the screen and all spelling is correct. Go to SaveonSP Program Education
- b. SaveonSP: Our company assists eligible patients by ensuring that you are enrolled in copay assistance which will ensure that you have a \$0 financial responsibility if it is not already.
- c. SaveonSP: Program Education: Your employer <employer name> has contracted with SaveonSP to ensure a smooth transition for you with your new pharmacy benefit. On <go live date> your <eligible drug name> copay will go up to the amount shown in the second column of the drug list you received in the mail (state the amount for that member's medication). However, by assuring that you are on the manufacturer copay program your copay will go to zero if it is not already. Do you have any questions?

Patient: No / Yes (Answer any further questions)

SaveonSP: OK, in order to serve you in this program we need your consent to enroll you. May I have your consent to proceed?

Patient: Yes (Go to scenarios) / No (Answer any further questions)

#### SaveonSP Outbound Script

### **Outbound to Patient Message/Contact**



#### 2 Scenarios

### 3A. Scenario 1 (Currently enrolled in manufacturers copay assistance program):

SaveonSP: Are you already enrolled in the <eligible drug name> copay assistance program?

Patient: Yes (continue) / No (go to scenario 2)

SaveonSP: Great, you are already a step ahead. Do you happen to have your copay card ID #'s handy?

If yes: "Could you please provide them to me so we can document that information" (Obtain the BIN #, Group #, ID # and date enrolled in manufacturers copay program).

**Copay renewals:** Enrollment in our program will always require that you be fully enrolled in the manufacturer's copay program. If your drug copay program requires a re-enrollment it is imperative that we maintain your enrollment in that copay program.

REQUIRED ACTION: Assist patient in manufacturer copay renewal.

Auto pay Credit Card or Debit Card on File?: No – Nothing further is required. Yes – If you have an auto payment approval with your Credit or Debit card on file with your pharmacy we recommend you remove that option so that they contact you directly to approve any charges they want to put on your card. This will remove the possibility of the pharmacy automatically billing your card with a high copay amount without your consent.

**REQUIRED ACTION**: Make a 3-way call to the pharmacy with the patient to remove this option if that is what the patient chooses to do.

SaveonSP Final Explanations: You should always have a \$0 financial responsibility for your <medication name>. If you are asked to pay anything, don't pay it, and call us so we can resolve the issue for you. (Give the patient our company name and phone (SaveonSP / 800-683-1074). Upon "go live" on <state go live date>, if there are any questions or billing issues that arise please call us first and we will resolve the issue for you. (Let the patient state any last questions or comments and thank them).

If no: "If you don't have them, that's not a problem. If you find them, please call us back. If not, we will obtain that information from your pharmacy."

### 3B. Scenario 2 (NOT enrolled in copay assistance program):

SaveonSP: Are you already enrolled in the <eligible drug name> copay assistance program?

Patient: No

SaveonSP: OK, we can enroll you online or make a 3-way call to the manufacturer now. In order to complete the enrollment, the manufacturer will ask your consent to enroll and may ask for your doctor's full name, address, and phone #. Do you have that handy? That call or online enrollment may take about 10 – 15 minutes. Do you have time to do that now?

### **Outbound to Patient Message/Contact**



Patient: Yes (continue) / No (make arrangements for them to call us back at their convenience to complete this process and finalize enrollment)

SaveonSP: Let us go ahead and go online OR make a 3-way call, once completed you will be ensured a \$0 financial responsibility. (Look up the Drug Manufacturer to see if you can enroll them online.

If YES, do it. If NO, Place a Three-way call to the manufacturer rep

Call to Drug Manufacturer: "Hello this is <SOSP rep name> with SaveonSP, and I have a patient on the line with me. We are calling to enroll the patient for the <eligible drug name> copay assistance program. (at this point the patient should provide their information, be sure to obtain the BIN #, RX ID #, RX Group ID #, the date they enrolled in the Copay program)

**Enroll Online**: Once enrolled and all information completed ensure the patient writes down the copay ID #'s for their reference. Any further questions for me?

**Enroll by 3-way call**: Once enrolled and all information is completed ask the manufacturer rep to hang up and the patient to remain on the line to discuss any last questions / comments from the patient. Any further questions for me?

**Copay renewals:** Enrollment in our program will always require that you are fully enrolled in the manufacturer's copay program. If your drug copay program requires a re-enrollment it is imperative that we maintain your enrollment in that copay program.

**REQUIRED ACTION**: Assist patient in manufacturer copay renewal. Process currently in development.

Auto pay Credit Card or Debit Card on File?: No – Nothing further is required.

Yes – If you have an auto payment approval with your Credit or Debit card on file with your pharmacy we recommend you remove that option so that they contact you directly to approve any charges they want to put on your card. This will remove the possibility of the pharmacy automatically billing your card with a high copay amount without your consent.

**REQUIRED ACTION**: Make a 3-way call to the pharmacy with the patient to remove this option if that is what the patient chooses to do.

SaveonSP Final Explanations: You should always have a \$0 financial responsibility for your <medication name>. If you are asked to pay anything, don't pay it, and call us so we can resolve the issue for you. (Give the member our company name and phone (SaveonSP / 800- 683-1074). Upon "go live" on <state go live date>, if there are any questions or billing issues that arise please call us first and we will resolve the issue for you. (Let the member state any last questions or comments, thank them, and terminate the call).





# SaveonSP Copay Assistance Service FAQs for RxBenefits Prospects/Clients

### Q: Is this program fully compliant?

A: Yes. This program is fully compliant with ACA and ERISA laws, so long as the Client follows the Program.

### Q: Can a plan grandfathered under the ACA take advantage of SaveonSP?

A: Implementation of the SaveonSP program requires identifying drugs as non-essential health benefits. This change may jeopardize the plan's grandfather status. The plan should work with their Legal counsel to determine whether they anticipate an impact to their grandfathered status. If they do anticipate an impact, the plan would need to identify the reason they grandfathered and evaluate whether that value prop still exists and outweighs the savings of the SaveonSP program. It is ultimately the plan's legal decision as to whether SaveonSP should be implemented.

### Q: What is the legal basis for this program?

A: SaveonSP helps define "Essential Health Benefits" and comply with this portion of the law.

Plan Sponsors are required to provide a minimum number of drugs in a class as outlined in the applicable State Benchmark plan. SaveonSP reviews your formulary, as designed by the PBM, in conjunction with the State Benchmark, to identify the minimum number of products required in each class. This number identifies how many "essential" products you need to have in each drug class. The number is what's important, not the drug names themselves. By identifying these drugs as "essential", the other products in the class become "non-essential". "Non-essential" products are not subject to ACA requirements and can be removed from established deductible and out-of-pocket benefits. This is important, as many manufacturers provide funds far in excess of the ACA limits.

The FAQs under the ACA provide clear guidance on applying the deductible and out-of-pocket costs when it is a "Non-Essential" benefit. These "Non-Essential" products are still covered by the plan, but no longer apply to the deductible or out-of-pocket accumulations.

### Q: How would a Plan Sponsor go about changing a state benchmark?

A: The State Benchmark impacts all aspects of plan design and administration. Different states have different Essential Health Benefit (EHB) requirements. If a change causes certain coverages/limits/exclusions to no longer be covered or to be impacted in a material way,





there could be notifications required either prior to or within a specified period after such change. A plan should talk to its consultant/third party administrator (TPA) before making such a change to understand the impact. All this analysis and determination should be documented in the event the plan is audited for ACA and ERISA compliance, but there is no specific guidance on filing or formal notification. If a plan must prove it is compliant with EHBs and the ACA requirements for limitations and OOP maximums, it will have to show HHS, DOL and the IRS what benchmark plan was used and how claims were administered. Mid-year changes may be difficult. If, in coordination with the TPA, the plan could be changed mid-year and not be out of compliance, then it could change at any time.

Plans can change the benchmark plan, but it should be done on a prospective basis only. We would recommend it correspond with a new plan year, much like any other design changes.

### Q: What is the cost of the program?

A: Clients are billed the SaveonSP per claim fee (as documented in their Pricing Addendum), plus a percentage of savings based on the actual savings achieved each month.

### Q: Does this disrupt my entire plan membership?

A: The Plan Documents (SPD, SBC, SMM, etc.) may need to be modified for the full population, but the number of patients affected by the benefit change typically represents just half of 1 percent of your covered lives.

### Q: Are all types of benefit plans eligible?

A: Currently, we are not enrolling HSA plans into the Program. Discount programs (including those for prescription drugs) do not necessarily disqualify an individual from being HSA-eligible, but we need to ensure the operational component of this requirement is available. Once we are comfortable with the operational set up, we will update RxBenefits. It is up to each employer group to review the law, regulations, and guidance to make sure they are comfortable with the Program.

Here is the ESI legal stance on copay assistance and first dollar out of pocket:

"We would note that in the IRS's Notice 2004-50 (*link here: http://www.irs.gov/irb/2004-33\_IRB/ar08.html*), the IRS specifically permitted the use of discount cards with high deductible health plans and health savings accounts. The IRS stated that "discount cards that entitle holders to obtain discounts for health care services or products at managed care market rates will not disqualify an individual from being an eligible individual for HSA purposes if the individual is required to pay the costs of the health care (taking into account the discount) until the deductible of the HDHP is satisfied." We believe the discount cards





referenced in this IRS guidance are analogous to other forms of patient assistance, such as manufacturer coupon plans. Notwithstanding, Express Scripts cannot and does not provide tax or legal advice to its clients and you are strongly encouraged to consult with your own advisers.

### Q: What are the drugs included in the program?

A: The drug list includes products in Hepatitis C (Hep C), Multiple Sclerosis (MS), Psoriasis, Inflammatory Bowel Disease (IBD), Rheumatoid Arthritis (RA), Oncology and others. Over 150 products included.

### Q: When do the manufacturers change the programs and will they eventually stop them?

A: Manufacturers review their programs each year and usually publish the new amounts each November. These programs have only gotten richer from when the manufacturer's first introduced Patient Assistance Programs. This is, in part, due to the fact they continue to raise the overall price of the product thus causing a bigger patient responsibility. All products included in this program are in competitive drug classes and manufacturers will not disadvantage themselves by reducing the program. This is not to say in the future things will not change, but there has been an expansion of the programs over the last 7 years.

### Q: Do I need to begin at the beginning of the plan year?

A: No. This program can be started anytime throughout the plan year once the SPD, SBC and plan design changes are made. The implementation process generally takes 90 days.

### Q: Is there any cost to my employee?

A: No. In fact, when they enroll in the program, any copay left over after the manufacturer program, (\$5-\$50) will be paid as well. This ensures there is an incentive for the patient to participate in the program by having a zero copay on these drugs.

### Q: What are the requirements and limitations of SaveonSP?

A: The SaveonSP program requires:

- Self-funded plan
- 90 days for implementation (allow for 30 additional days if client is needing to move to Exclusive Accredo at the same time)
- · Client needs to sign an amendment to the Master Program Agreement between ESI & SaveonSP
  - o SaveonSP-ESI will charge the client a fee for administering the program
- Exclusive Specialty through Accredo
- The plan needs to expressly document the benefit design in their Summary Plan Description (SPD) and/or other plan documentations/communications





- o SaveonSP will provide the plan with model SPD language regarding the program to review with benefits counsel
- o The plan must consult with its benefits counsel prior to approving any specific revisions to the plan documents and communications
- Non-eligible clients
  - o Fully Insured plans
  - o Medicare, Medicaid, EGWP and HRAs set to pay on prescription benefits
  - o Auto-substantiated FSA plans should consult with your Specialty Solutions Director
- Upon initial consultation, there may be additional exclusion criteria outlined by SaveonSP

### Q: How does the SaveonSP Program impact stop-loss?

A: The SaveonSP Program should not negatively impact a plan's stop-loss reimbursement. However, since all stop-loss reimbursement is based upon the terms of the specific stop-loss policy, the plan should review its policy, and consult with its stop-loss carrier and legal counsel, to be certain. SaveonSP does not provide legal advice.

The plan sponsor should also inform the stop-loss carrier of any plan amendments being made to the plan for implementation of the SaveonSP Program, as most stop-loss carriers require approval of plan amendments once stop-loss is obtained.

### Q: Are the SaveonSP program fees reimbursable under a stop-loss policy?

A: Plan sponsors should review their specific stop-loss policy, and consult with legal counsel, to determine how claims expense is reimbursed under the stop-loss policy. The SaveonSP Program fees are tied to specific drug costs and claims. To the extent a stop-loss policy reimburses all claims expense, a plan may be able to obtain reimbursement for the SaveonSP Program fees to the extent such reimbursement is provided for under the terms of the stop-loss policy.

# ANDERSON COUNTY CONSERVATION BOARD MINUTES

October 4th, 2021

### Members Present:

Lewis Ridenour, Scott Burton, Tony Powers, Earl Cagle, Ben Taylor

#### Members Absent:

Chairman Josh Anderson

### Others Present:

Mayor Terry Frank, Jay Yeager – Law Director, Stephanie Wells – Tourism Director, Jason Hollenbaugh, Ron Cromwell, Catherine – Lose Design

Lewis Ridenour called the Conservation Board meeting to order at 5:00pm on October 4th, 2021.

### 1st Item of Business:

Motion by Tony Powers, seconded by Earl Cagle to approve the minutes from the August 2<sup>nd</sup>, 2021 ACCB Meeting.

Motion carried unanimously.

### 2<sup>nd</sup> Item of Business:

Discussion held regarding Blockhouse Valley Landfill.

No motion made.

### 3rd Item of Business:

Presentation by Lose Design related to Anderson County Parks.

No motion made.

### 4th Item of Business:

Request made by Ron Cromwell to hold fundraising event at the park in 2022. Mr. Cromwell will provide further information at following meeting.

Item was deferred to next meeting.

### 5th Item of Business:

Ben Taylor provided the Park Report updating the Board on Parks' activities, including additional lighting to be posted for guests.

No motion required.

### **New Business:**

Discussion held on Gibbs Ferry Pier to replace fishing pier. Ben Taylor will acquire additional quotes on construction of new pier.

Motion made by Scott Burton, seconded by Lewis Ridenour for Ben to proceed with official Pier repair.

Motion to adjourn by Scott Burton, seconded by Tony Powers.

Next meeting scheduled: November 1st, 2021

# **Anderson County Fire Commission**

### September 9, 2021 Meeting Minutes

Meeting called to order by Shain Vowell at 6:30 pm.

Members Present: Ambrea Peters, Jamie Brewster, Dusty Sharpe, Joe Gilliam, Terry Allen, Bradley Allen, Jim Shetterly, Matt Burrell, Travis Solomon, Justin Bailey, Shain Vowell, Denver Waddell, Scott Thomas, Steve Payne, and Scott Vowell.

#### **Old Business**

- Truck Resolution: The mayor has proposed a bulk purchase funding plan to the budget committee for the
  purchase of 10 trucks. This proposal would end the current resolution before Andersonville VFD would receive
  their county funded truck.
  - Motion: Denver Waddell moved to accept the mayor's proposal only if Andersonville VFD can receive their county funded truck under the current resolution (15-7-545); motion seconded; motion carried.
- Dispatch protocols has had no movement. Justin Bailey has reached out with no response.
- Discussion was had in regards to the fire departments being toned before EMS for calls. EMS is in support of this.
   No representation from dispatch at the meeting to further discuss efforts.
- Discussion regarding funds for educational incentive pay. Funds for incentive are on the way to the county.
  - o Discussion for incentives on the county level for volunteer recruitment.
    - Reduction of property taxes
    - Incentives for younger firefighters who do not own property
    - Funding training

### **New Business**

- Ambrea Peters discussed the cost of inflation due to the covid pandemic in purchasing a fire truck.
- Justin Bailey discussed EMS staffing and rumors of EMS stations being unstaffed due to no staffing. Scott Thomas
  addressed this and said there were no issues regarding staffing. Notification of such events was requested and
  Scott Thomas agreed to this. No representation from dispatch to discuss the possibility of notification via Active
  911.
- Justin Bailey discussed ladder testing.

### **Department Reports**

- Andersonville VFD no report
- Briceville VFD no report
- Claxton VFD no report
- Marlow VFD not present
- Medford VFD Chili Supper October 9 at 5 pm

- Anderson County Rescue Squad no report
- Clinton FD no report
- Rocky Top FD Ronnie Spitzer awarded 3 Star of TN. Family received award on behalf.
- Norris FD Matt Burrell has been appointed Asst. Chief
- Oak Ridge FD no report
- Oliver Springs FD 19 firefighters in county attended 16 hour class. 64 hour class coming soon
- Commissioner Shain Vowell no report
- Commissioner Denver Waddell no report
- Anderson County EMS no report
- Anderson County EMA no report
- Anderson County Sheriff's Office not present
- Y-12 no report
- ORNL not present
- Secretary not present

Adjourn



### **Board of Directors Meeting-September 28, 2021**

Location: Clinch River Brewing

Call to Order: Meeting was called to order by Maria Hooks, Chairperson

Members Present: Maria Hooks, Brent Galloway, Jim Folck, Tim Isbel, Amanda Bridges, Rick Meredith, Katy Watt,

Michael Foster, Beth Hickman, Art Miller, Cathy Taylor, Lisa Shirey, and Stephanie Wells

Members Absent: Jason Brown, James Peacock, Veronica Greer, Terry Frank, Robert McKamey and Omer Cox

Guest Present: Chris Folck, Manager at Sequoyah Marina

Approval of Minutes: A motion was made by Katy Watt and seconded by Michael Foster to approve the July 29,

2021 meeting minutes. Motion passed.

**Financial Report:** A motion was made by Art Miller and seconded by Beth Hickman to approve the FY 2022 Quarterly Financial Reports. Motion passed. Report attached.

### **Old Business/New Business**

- A motion was made by Rick Meredith and seconded by Michael Foster to transfer \$111,100 from the fund balance for additional marketing efforts including OTT advertisements, billboard advertisement, a photo shoot, brochures, the Norris Freeway Scenic Byway website and additional digital advertisements. Motion passed.
- A motion was made by Michael Foster and seconded by Katy Watt to partner with the Anderson County Chamber to implement the Three Star grant that includes digital advertisements, wayfinding signage, drink stations and bike racks. Motion passed.
- A motion was made by Tim Isbel and seconded by Michael Foster to transfer \$100,000 to the future building/building repair fund from the tourism fund balance. Motion passed.
- A motion was made by Brent Galloway and seconded by Tim Isbel to deny the request from the Main Street
  Program to provide funding an ice rink in downtown Clinton. Motion passed with a ten to one vote and one
  abstention.

### Executive's Report, given by Stephanie Wells

- The fall digital campaign kicked off in August. The fall video advertisements that will be YouTube pre-roll ads and social media ads can be found at <a href="https://www.youtube.com/c/AndersonCountyTourismCouncilClinton/videos">https://www.youtube.com/c/AndersonCountyTourismCouncilClinton/videos</a>.
- Wells presented the Year-to-Date Website Visitation and Social Media Report (January to September 2021). The
  AdventureAnderson.com website had 93,883 visitors that visited 205,444 pages, which is 1.86 pages per session.
  The YTD website visitation is down 7.63%, which is due to the creation of a new website. The decrease is in organic
  traffic, which is typically down after a new website is launched. The Adventure Anderson Facebook page has
  18,073 total followers, 89,043 engaged users, it reached 273,893 people organically and reached over 2.4 million
  people through paid advertisements. See the attached report for more information.
- The Tourism Council is continuing to produce video blogs (vlogs). This quarter's videos included a video series on Historic Downtown Clinton and the new Main Street program. In October, a video series on Oak Ridge's historical attractions will be posted. All vlogs can be found at <a href="https://www.adventureanderson.com/blog">https://www.adventureanderson.com/blog</a>

- The Tourism Council plans on conducting a yearlong research project on visitors to Anderson County using interns.
- The State of Tennessee Department of Tourism Development issued the Economic Impact on Travel Snapshop for 2020. As expected, there was a decrease in the economic impact numbers. However, if not for taxes generated in 2020 by visitors, Anderson County residents would have paid \$326 more in state and local taxes. Report attached.
- The Norris Lake Cleanup was September 18, 2021 from 9 a.m. to 1 p.m. There were about 40 volunteers that cleaned-up the islands in the Loyston Sea area.
- In the next quarter, the tourism staff will be working on the Norris Freeway Scenic Byway website, the spring advertising campaign, launching the research project and preparing for the winter trade shows.

Adjourn: A motion was made by Michael Foster to adjourn the meeting.

Respectfully Submitted By: Stephanie Wells, Secretary/Executive Director

# **Anderson County Tourism Council FY 2022 Revenues**

Month	FY 2017	FY 2018	FY 2019	FY 2020	FY 2021	FY 2022	Difference FY21-22
July	\$35,390.14	\$39,494.85	\$45,466.42	\$44,642.72	\$32,206.59	\$53,571.31	\$21,364.72
July	\$55,550.14	339,434.63	343,400.42	344,042.72	<del>- 332,200.33</del>	733,37 1.31	Ψ21,304.7 <b>2</b>
August	\$22,676.52	\$32,515.54	\$30,214.80	\$33,517.36	\$27,151.40	\$63,369.03	\$36,217.63
September	\$42,691.73	\$36,006.04	\$36,829.91	\$32,538.64	\$30,404.33		
October	\$41,615.89	\$35,373.27	\$35,463.77	\$39,950.65	\$35,054.20		
November	\$28,667.20	\$29,138.49	\$30,641.21	\$29,271.91	\$26,576.11		
December	\$19,872.15	\$23,969.51	\$22,075.39	\$25,460.57	\$22,471.76		
January	\$18,731.45	\$24,192.95	\$20,274.72	\$18,603.39	\$30,964.83		
February	\$21,020.38	\$22,188.81	\$21,884.48	\$26,901.92	\$30,652.36		
March	\$29,367.17	\$32,488.11	\$20,104.57	\$24,229.62	\$43,680.13		
April	\$31,626.24	\$34,255.78	\$56,253.16	\$7,970.73	\$47,765.56		
May	\$31,210.49	\$37,887.18	\$39,179.70	\$26,298.62	\$48,454.06		
June	\$41,512.55	\$37,337.92	\$37,483.72	\$34,494.12	\$48,583.42		
Misc							
Total	\$364,381.91	\$384,848.45	\$395,871.85	\$343,880.25	\$423,964.75	\$116,940.34	\$57,582.35
Percentage of Change	2.81%	5.62%	2.78%	-15.12%	-20.70%	49.24%	

# Anderson County Tourism Council FY 2022 Financial Report-as of September 20, 2021

### Revenues

Account Number	Description	Budget	Actual Revnues	Balance	% of Budget
128-40220	Hotel Motel Tax	385,000.00		385,000.00	0.00%
128-34535	Transfers from Fund Balance			0.00	
128-46980	State Grants-FY 2020	30,000.00		30,000.00	0.00%
Total Revenues		415,000.00	0.00	415,000.00	0.00%

# **Fund Balance**

Account Number	Description	Beginning Transfer to Operational	Balance
128-34535	Fund Balance	539,812.65	539,812.65
128-34785	Capital Projects	100,000.00	100,000.00

# **Expenses**

Account	Number	Description	Budget	Actual	Balance	
128-58110	105	Director	59,702.00	11,894.48	47,807.52	19.92%
128-58110	162	Clerical	84,506.00	12,528.71	71,977.29	14.83%
128-58110	201	Social Security	8,927.00	1,622.85	7,304.15	18.18%
128-58110	204	State Retirement	4,076.00	667.51	3,408.49	16.38%
128-58110	206	Life Insurance	156.00	26.00	130.00	16.67%
128-58110	207	Medical Insurance	15,720.00	2,620.00	13,100.00	16.67%
128-58110	208	Dental Insurance	572.00	95.24	476.76	16.65%
128-58110	209	Short Term Disability	480.00	72.94	407.06	15.20%
128-58110	210	Unemployment Comp	140.00	0.00	140.00	0.00%
128-58110	212	Employer Medicare	2,088.00	379.51	1,708.49	18.18%
128-58110	302	Advertising	80,000.00	78,617.73	1,382.27	98.27%
128-58110	302 2000	Advertising-State Grant	60,000.00	60,000.00	0.00	100.00%
128-58110	302 4000	Advertising-Move to Anderson	10,000.00	4,500.00	5,500.00	45.00%
128-58110	307	Communication	500.00	0.00	500.00	0.00%
128-58110	307 0100	Cellular Communications	1,600.00	204.18	1,395.82	12.76%
128-58110	307 0200	Internet Communication	2,500.00	769.14	1,730.86	30.77%
128-58110	316	Anderson County Chamber	38,500.00	5,303.56	33,196.44	13.78%
128-58110	320	Dues and Memberships	4,000.00	2,350.00	1,650.00	58.75%
128-58110	335	Maint and Repair-Building	4,000.00	2,240.00	1,760.00	56.00%
128-58110	338	Vehicle-Repair and Maint.	500.00	0.00	500.00	0.00%
128-58110	348	Postal Charges	2,000.00	1,002.71	997.29	50.14%
128-58110	348 4000	Postal Charges-Move to Anderson	2,000.00	51.93	1,948.07	2.60%
128-58110	349	Printing and Stationary	1,000.00	1,000.00	0.00	100.00%
128-58110	349 4000	Printing-Move to Anderson County	1,000.00	0.00	1,000.00	0.00%
128-58110	351	Rentals-Copier	1,560.00	1,560.00	0.00	100.00%
128-58110	355	Travel	6,000.00	400.00	5,600.00	6.67%
128-58110	355 4000	Travel-Move to Anderson	2,000.00		2,000.00	0.00%
128-58110	399	Other Contracted Services	3,000.00	2,500.00	500.00	83.33%
128-58110	425	Gasoline	2,500.00	1,000.00	1,500.00	40.00%
128-58110	435	Office Supplies	2,000.00	1,000.00	1,000.00	50.00%
128-58110	451	Uniforms	500.00	500.00	0.00	100.00%
128-58110	452	Utilities	4,000.00	657.62	3,342.38	16.44%
128-58110	499	Other Supplies	1,000.00	1,000.00	0.00	100.00%
128-58110	502	Bidg and Content Insurance	750.00	750.00	0.00	100.00%
128-58110	506	Liability Insurance	911.00	911.00	0.00	100.00%
128-58110	510	Trustee Commission	3,850.00	1,020.25	2,829.75	26.50%
128-58110	513	Worker's Compensation	259.00	259.00	0.00	100.00%
128-58110	524	Staff Development	1,500.00		865.00	42.33%
128-58110	599	Other	1,027.00	500.00	527.00	48.69%
128-58110	709	Data Processing Equipment	1,000.00	1,000.00	0.00	100.00%
128-58110	799 SDAG	Cares Project-NATS Project	30,000.00	7,945.04	22,054.96	26.48%
Total Expense	es		445,824.00	207,584.40	238,239.60	47%

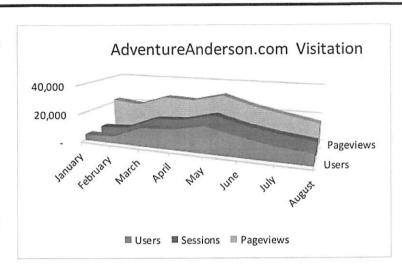


# 2021 Website and Social Media Report As of September 20, 2021

### Visitation to AdventureAnderson.com

Users 93,88	3
Sessions 110,43	3
Page Views 205,44	4
Pages per Sessions1.8	6

2020 YTD Visitation ...... 101,642 7.63% Decrease



### Acquisition

Organic	20,346
Social	29,873
Paid	13,097
Direct	11,892
Referrals	1,573
Display Ads	624
Spotify	945
YouTube	142
Email	1

### **Top 10 Metro Areas**

Knoxville	12,822
Atlanta	12,315
Nashville	12,240
Indianapolis	4,449
Cincinnati	4,159
Charlotte, NC	3,872
Asheville	2,952
Chicago	2,385
Lexington	2,128
Birmingham	2,122

### Top 10 pages

Windrock Listing12,220
Home Page11,449
Things to Do6,587
Norris Lake5,522
Blog-Fishing Norris5,320
Blog-TTD Norris Lake4,591
Where to Stay4,547
Events3,857
TTD Norris Lake3,426
Blog-Rocky Top3,147

Spotify

 Impressions
 573,778

 Reach
 400,047

 Clicks
 1,448

Budget ...... \$13,000/\$0.03 The goal is impressions vs clicks

### **Pageviews**

Blogs	66,432
Things to Do	60,775
Events	8,154
Where to Stay	4,591
Relocation	3,811
Where to Eat	1,230

### **OTT Television**

impressions 555	,000
Completions	97%
Clicks	. 424
Budget\$20,075/\$	0.04
The goal is impressions vs cli	cks

### Confonsing

Impressions....1,000,000+

Geofencing

Clicks.....1,450+/0.13% CTR

46,000 people reached

Budget \$5,675/\$3.92

# 2020



# 2021

112,598

Organic35%
Social13.4%
Paid Search36%
Direct10.7%
Referrals1.5%
Display 2.6%
Other0.2%

- 1. Knoxville
- 2. Nashville
- 3. Atlanta
- 4. Cincinnati
- 5. Detroit
- 6. Indianapolis
- 7. Lexington
- 8. Chicago
- 9. Louisville
- 10.Columbus

\$115,950.52

Users

Acquisition

Top 10 Metros

Spend

121,722

Organic36.9%
Social30.4%
Paid Search17.7%
Direct11.8%
Referrals 1.5%
Display 0.7%
Other1%

- 1. Atlanta
- 2. Knoxville
- 3. Nashville
- 4. Indianapolis
- 5. Cincinnati
- 6. Charlotte
- 7. Chicago
- 8. Asheville
- 9. Lexington
- 10. Detroit

\$181,021.62

# **Facebook**

# **AdventureAnderson**

**18,073 YTD Likes** 

Month	Engaged Users	Organic Page Reach	Paid Page Reach
January	2,432	30,533	12,640
February	2,530	16,248	33,078
March	19,267	35,893	583,133
April	16,869	31,756	581,036
May	27,251	31,282	761,017
June	16,018	31,146	463,757
July	1,825	37,995	11,500
August	2,851	59,040	5,682

# MovetoAndersonCounty

Month	<b>Engaged Users</b>	Organic Page Reach	Paid Page Reach
January	66	611	0
February	58	674	0
March	49	402	0
April	41	390	0
May	40	462	0
June	87	1510	0
July	40	595	0
August	26	540	0

# ANDERSON COUNTY TRAVEL SNAPSHOT

Economic Impact of Travel on Tennessee 2020

Tourism Economics is a new vendor for this report. Economic impacts for all counties for the past 5 years have been adjusted.

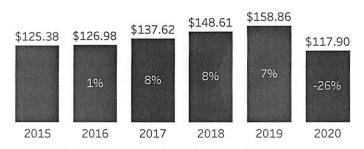
### 2020 ECONOMIC IMPACT

Direct economic impact and percent change over 2019

Direct Visitor Spending (\$millions)	Direct Labor Income (\$millions)	Direct Employment (thousands)	Direct State Taxes (\$millions)	Direct Local Taxes (\$millions)
\$117.90	\$35.35	1.30	\$5.48	\$4.47
-26%	-6%	-18%	-28%	-21%

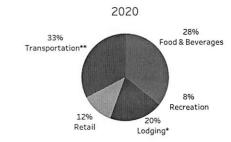
### VISITOR SPENDING OVER TIME

Annual visitor spending (\$ millions) and year-over-year percent change



### VISITOR SPENDING BY INDUSTRY

Percent of total visitor spending by industry



### VISITOR SPENDING BY INDUSTRY OVER TIME

Annual visitor spending (\$ millions) by industry

<sup>\*\*</sup>Transportation includes both ground and air transportation

	2015	2016	2017	2018	2019	2020
Food & Beverages	\$34.19	\$34.94	\$36.41	\$39.56	\$41.58	\$32.47
Recreation	\$12.19	\$13.31	\$14.71	\$14.56	\$15.79	\$9.72
Lodging*	\$24.16	\$24.37	\$26.30	\$28.56	\$33.11	\$23.34
Retail	\$13.59	\$13.93	\$16.60	\$17.64	\$18.18	\$13.93
Transportation**	\$41.25	\$40.42	\$43.59	\$48.28	\$50.19	\$38.44
Total	\$125.38	\$126.98	\$137.62	\$148.61	\$158.86	\$117.90

Source: USTA, Tourism Economics. US Census Bureau. County Snapshots by TN Department of Tourist Development, 8/24/21. Values represent the direct impact of spending, labor income, employment, and taxes for both domestic and international travel. In the transition to Tourism Economics, all counties have experienced an adjustment in overall impact and/or ranking. This report should not be compared with previously published documents due to the changes in vendor and model.

### IMPACT PER DAY

On an average day in 2020, visitor spending in Anderson County generated:

\$322,142 in daily expenditures \$96,598 in daily labor income \$14,964 in daily state taxes \$12,227 in daily local taxes

### IMPACT PER HOUSEHOLD

As a result of taxes generated by tourist activity in Anderson county, each household pays:

\$326 less in state and local taxes \$179 less in state taxes \$147 less in local taxes

### IN OTHER WORDS...

If it were not for state and local taxes generated by tourism, each Anderson County household would pay \$326 more in state and local taxes.

### RANKING

In 2020, Anderson County ranked

18
of 95 counties in visitor spending,

of 95 counties in visitor spending compared to **17** in 2019.



<sup>\*</sup>Lodging includes 2nd home spending

# Anderson County Civil Service Board

101 South Main Street, Suite 400 Clinton, Tennessee 37716 (865) 457-6262 • Fax (865) 457-6243

Mark Weaver - Board Member

Richie Noe - Chairman

Lisa Smith – Board Member

October 8, 2021

Meeting Minutes from October 6, 2021 4:00Pm

Members present:

Mark Weaver, Lisa Smith and Richie Noe

In attendance:

Sheriff Russell Barker, Chief Brian Galloway, Chief Parker, Director Mayes, Captain Vowell, Law Director Jay Yeager and Secretary Kenny Sharp

The meeting was held in room 118A and was called to order at 4:00Pm.

The minutes from the March 12, 2019 meeting were discussed. Richie Noe made the motion to accept the minutes. Lisa Smith second the motion. Motion carried by voice vote.

Since this was the first meeting for Richie Noe and Lisa Smith, Director Tyler Mays introduced the two along with their ties to the community. Law Director explained the role of the board members and his personal role for the Sheriff during board hearings.

Each member was given a handout for review with exits, hires, promotions and demotions for the period of March 4, 2019 to September 29, 2021 and they were discussed.

### **New Business:**

Law Director Jay Yeager discussed a couple changes in the Tenn. Code Ann. 41-4-144 pertaining to jailer qualifications. After July 1, 2006 any person employed as a jail administrator, jailer, corrections officer or guard in a county jail or workhouse shall be at least (18) years of age and must meet other requirements set forth in 41-4-144. (See attachment # 1)

Mark Weaver made the motion to accept the title 41 Corrections Institutions and Inmates: for Jailer qualifications as presented. Seconded by Richie Noe. (Roll call count 3 yes)

### New Business:

Law Director Jay Yeager discussed Tenn. Code Ann. 8-8-419 pertaining to Title 8 Public Officers and Employees Chapter 8 Sheriff's Part 4 County Sheriff's Civil Service law of 1974. Political Activity restricted. This TCA advises No person holding a position in the classified service shall take an active part in any political campaign while on duty and must meet other requirements of this rule. (See attachment # 2)

Mark Weaver made the motion to accept TCA 8-8-419 as presented. Seconded by Richie Noe. (Roll call count 3 yes)

Mark Weaver made the motion to adjourn and the motion was second by Richie Noe. Adjourned at 4:27pm. Motion carried by voice vote.

Firefox Attachment
Lexis®

Document: Tenn. Code Ann. § 41-4-144

### Tenn. Code Ann. § 41-4-144

**Copy Citation** 

Current through the 2021 First Extraordinary and the 2021 Regular Sessions.

TN - Tennessee Code Annotated Title 41 Correctional Institutions and Inmates Chapter 4 Jails and Jailers

### 41-4-144. Jailer qualifications.

- (a) After July 1, 2006, any person employed as a jail administrator, **jailer**, corrections officer or guard in a county jail or workhouse shall:
- (1) Be at least eighteen (18) years of age;
- (2) Be a citizen of the United States;
- (3) Be a high school graduate or possess its equivalency, which shall include a general educational development (GED®) certificate;
- (4) Not have been convicted of, or pleaded guilty to, or entered a plea of nolo contendere to any felony charge or to any violation of any federal or state laws or municipal ordinances relating to force, violence, theft, dishonesty, gambling, liquor, controlled substances or controlled substance analogues;
- (5) Not have been released or discharged under any other than honorable discharge from any of the armed forces of the United States;
- (6) Have the person's fingerprints on file with the Tennessee bureau of investigation;
- (7) Have passed a physical examination by a licensed physician;
- (8) Have a good moral character as determined by a thorough investigation conducted by the sheriff's office; and
- (9) Have been certified by a Tennessee licensed health care provider qualified in the psychiatric or psychological field as being free from any impairment, as set forth in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association at the time of the examination, that would, in the professional judgment of the examiner, affect the person's ability to perform an essential function of the job, with or without a reasonable

accommodation.

(b)

- (1) Requirements for minimum qualifications as set forth in subsection (a) shall be mandatory and binding upon any municipality, county or political subdivision of this state.
- (2) Any person who appoints any applicant who, to the knowledge of the appointor, fails to meet the minimum qualifications as set forth in subsection (a), and any person who signs the warrant or check for the payment of the salary of any person who, to the knowledge of the signer, fails to meet the minimum qualifications as set forth in this section, commits a Class A misdemeanor and upon conviction shall be subject to a fine not exceeding one thousand dollars (\$1,000).
- (3) This section shall not apply to any jail administrator, **jailer**, corrections officer or guard hired by any municipality, county, or political subdivision of this state prior to July 1, 2006.
- (c) Nothing in this chapter shall be construed to preclude an employing agency from establishing qualifications and standards for hiring and training jail or workhouse employees that exceed those set forth in this section.

(d)

- (1) A municipality, county, or political subdivision may contract with a licensed healthcare provider qualified in the psychiatric or psychological field to perform services in fulfillment of subdivision (a)(9). The municipality, county, or political subdivision may make a good faith reliance on the healthcare providers' certification under subdivision (a)(9). The healthcare provider is not an agent of the entity for purposes giving rise to a cause of action against the entity for a civil or criminal action.
- (2) The good faith compliance of a municipality, county, or political subdivision with the requirements set forth in subsection (a) does not give rise to a cause of action against the entity for a civil or criminal action.

	1	_	
н	IST	n	'n

Acts 2006, ch. 849, § 1; 2012, ch. 848, § 38; 2013, ch. 173, § 2; 2021, ch. 359, § 1.

▼ Annotations		
Notes		
Amendments.		

The 2021 amendment added (d).

**Effective Dates.** 

Acts 2021, ch. 359, § 2. May 11, 2021.

### Case Notes

### **NOTES TO DECISIONS**

### 1. Retaliation.

Where a county stated that it terminated a jail employee because the employee failed to produce evidence pursuant to the sheriff's request of proof of an honorable discharge from the military, the employee's retaliation claim failed because the evidence reflected that the sheriff interpreted the state statute as requiring a jail employee to have been honorably discharged, and the county showed an honest belief in its proffered nondiscriminatory reason that the employee did not have the necessary **qualifications** for employment. Amos v. McNairy County, — F. Supp. 2d —, 2014 U.S. Dist. LEXIS 90427 (W.D. Tenn. May 16, 2014) , rev'd, 622 Fed. Appx. 529, 2015 U.S. App. LEXIS 14201, 2015 FED App. 563N (6th Cir. Tenn. 2015) .

### Research References & Practice Aids

Cross-References.

Penalty for Class A misdemeanor, § 40-35-111.

**TENNESSEE CODE ANNOTATED** 

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Content Type: Statutes and Legislation

Terms: qualifications jailer

Narrow By: Jurisdiction: Tennessee

Date and Time: Oct 06, 2021 02:51:41 p.m. EDT







Document: Tenn. Code Ann. § 8-8-419

### Tenn. Code Ann. § 8-8-419

**Copy Citation** 

Current through the 2021 First Extraordinary and the 2021 Regular Sessions.

TN - Tennessee Code Annotated Title 8 Public Officers And Employees Chapter 8
Sheriffs Part 4 County Sheriff's Civil Service Law of 1974

### 8-8-419. Political activity restricted.

(a)

(1) No person holding a position in the classified **service** shall take an active part in any political campaign while on duty.

(2)

- (A) No employee of the **sheriff**'s department shall solicit money for political campaigns; provided, that such restriction shall not prohibit an employee, including a deputy **sheriff**, who is running for an elected office from soliciting and accepting campaign contributions for such person's own election campaign if the person is not on duty or in uniform when such activities occur.
- (B) No employee of the **sheriff**'s office shall make any public endorsement of any candidate in any campaign for elected office; provided that, if an employee or deputy **sheriff** is running for an elected office then such restriction shall not apply to that employee or deputy **sheriff**'s own campaign.
- (3) A deputy **sheriff** shall not use such position to reflect the deputy **sheriff**'s personal political feelings as those of the **sheriff**'s department or to exert any pressure on anyone to influence that person's political views.
- (4) No employee while on duty, nor any officer while in uniform, shall display any political advertising or paraphernalia on such person's body or automobile.
- (b) However, nothing in this part shall be construed to prohibit or prevent any such employee from becoming or continuing to be a member of a political club or organization and enjoying all the rights and privileges of such membership or from attending any political meetings, while not on duty. Such employee shall not be denied freedom in the casting of a vote.

(c) Any person violating this section shall be dismissed from the service of the office of the sheriff.

### History

Acts 1974, ch. 751, § 19; T.C.A., § 8-858; Acts 2010, ch. 1025; § 1.

### ▼ Annotations

### **Opinion Notes**

### Attorney General Opinions.

Political campaigning by sheriffs' employees, OAG 06-093, 2006 Tenn. AG LEXIS 102 (5/17/06).

Deputy **sheriff** as candidate for county commission. OAG 10-08, 2010 Tenn. AG LEXIS 8 (1/25/10).

Deputy sheriff as candidate for political office. OAG 10-29, 2010 Tenn. AG LEXIS 29 (3/10/10).

Acts 2010, ch. 1025 does not apply to fundraising or campaign activities that took place before it became **law**. Retroactive application is inconsistent with the language of the act; nor does the legislative history of the act reflect any intent to apply it retroactively.OAG 10-95, 2010 Tenn. AG LEXIS 101 (8/27/10).

### **TENNESSEE CODE ANNOTATED**

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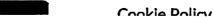
**Content Type: Statutes and Legislation** 

Terms: sheriffs civil service law

Narrow By: Jurisdiction: Tennessee

Date and Time: Oct 06, 2021 02:54:34 p.m. EDT

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# Anderson County Board of Commissioners Veterans Service Advisory Committee Minutes

### Oct 4, 2021

Members Present: Commissioner Tracy Wandell, Michael Vudragovich, John

Aperans, Michael Wagoner and VSO Leon Jaquet

Members Absent: Commissioner Robert McKamey, Commissioner Steve Mead,

**Billy Bates** 

Call to Order: Commissioner Wandell called meeting to order at 6:30 pm.

### **Election of Chairman**

- Motion by VSO – Leon Jaquet, Seconded by Mike Wagoner – for Commissioner Wandell as Chairman, Approved by voice vote

### Approval of Agenda/Prior minutes

- Motion to Approve, John Aperans, seconded by Mike Vudragovich; Approved / accepted by all members

### VSO Report

- Introduce new committee member Mike Wagoner Veteran/Citizen
- Reviewed monthly, quarterly reports
- Discussed 2021/2022 Budget
- Discussed TDVS Training / Annual Training
- Discussed BVA Hearings / Facebook Page
- Discussed Oak Ridge Satellite Office, motion by Mike Wagoner to change Oak Ridge visits to once each month and monitor, Seconded by John Aperans; Approved by voice vote.

### **Old Business**

- Member Resignation Certificate of Recognition
- Veterans Appreciation Breakfast update
- Recapped Veterans Bridge Flag progress, email current drawings
- HonorAir Flight rescheduled Postponed until 2022 All Women Veterans Flight

### New Business

- VA Benefits update: Gulf War Presumptive Period, Emergency Medical Reimbursements, Voc-Rehab vs GI Bill, VA Debt collection resumptions
- Discussed Veteran's Day Parade, Sponsors, date/time
- Veteran Reserved Parking Sign for outside courthouse request it be "Veteran Service Office Parking"
- Advertise for new Committee Member at Veterans Breakfast see if any interest

### Adjournment

- Motion to adjourn, Mike Vudragovich; seconded by Mike Wagoner; adjourned 7:20 pm.

Next Scheduled meeting date Monday Jan 3, 2022 @ 6:30 p.m. Room 118A, Anderson County Courthouse