MENOMINEE INDIAN TRIBE OF WISCONSIN

P.O. Box 910
Keshena, WI 54135-0910

REGULAR MEETING
BUDGET AND FINANCE COMMITTEE
October 13TH, 2026 - 12:00 P.M.
MTL COMMITTEE ROOM AND MICROSOFT TEAMS

Meeting Minutes

1. **Call to Order & Roll Call:** Chairperson-Joan Delabreau called the meeting to order at 12:00 PM and a Quorum was made.
   Present: Vice-Chair- Dana Waubanascum, Secretary- Eva Johnson, Samantha Grignon, Tasha Caldwell, John O'Kimosh, Gunnar Peters, and Kim Komanekin.
   Absent: None.
   Others Present: Josh Pyatskowit, Brenda Tomow, Rose Simon-Kasik, Richard Lindsley, Stephanie Awonohopay and Joan Boyd (Clerk).

2. **Moment of Silence.**

   Chairperson Joan Delabreau requested a moment of silence. Observed.

3. **Approval of Meeting Minutes**; **September 8th, 2026.**

   Motion by Gunnar Peters to approve the Meeting Minutes dated September 8th, 2026, with corrections. Second by Eva Johnson. Discussion. All those in favor signify by saying Aye. Motion carried. 6 for, 0 opposed, 1 abstention (Grignon), and 0 absent.

   Grignon qualified her abstention as "absent for the meeting."

4. **Strategic Planning Update.**

   Brenda Tomow provided the following up-date. She has new job duties and is now overseeing the grants, as well.

5. **Land Acquisition Discussion.**

   Chairperson Joan Delabreau introduced the Great Bear House resale issue. Proceeds from the Great Bear House sale in the amount of $180,000. The Chair suggested MTL create a line item or earmark the sale proceeds to a dedicated land-acquisition fund rather than the General Fund. The sale has not been finalized. Discussion noted that the money could be used for future purchases. The following motion was made:

Motion by Samantha Grignon to recommend that MTL appropriate the $180,000.00 from the Great Bear House resale directly to Land Acquisition as a line item, rather than placing it in the General Fund. Second by Eva Johnson. Discussion. All those in favor signify by saying Aye. Motion Carried. 7 For, 0 Opposed, 1 Abstention (Komanekin), and 0 Absent.

Komanekin qualified her abstention as "it involves her work."

6. Challenges faced by the MITW Health Benefit Plan-Insurance.

The meeting covered major insurance shortfalls. The self-funded health plan was $1.3M short through August and STD was $200k short. (The cash balance shows $945k negative on the report. There's a large claim concentration with 253 claims with $11M of paid claims in the pool; specialty drugs and several chemotherapy/specialty cases drive high-cost exposures. The Committee agreed to pursue premium adjustments and policy clarifications rather than large deductible increases that would shift costs to the clinic. Rose will model options. There are several finance cleanups required such as reconciliations of clinic third-party transfers, STD receipts, and chart of accounts recodes in some situations (headstart/Daycare and burial judgement funds were flagged).

Self-funded health insurance (MITW plan). The funding gap based on the latest funding analysis through August showed $1.3M shortfall between funding and claims; two months of data are still pending. Claim concentration-The top 253 claims are $11M; there were multiple claims in the $150k-314k rage were highlighted. Note: the reinsurance recoup applies on claims which are more than $2250k; one example will recover $64k. Membership/coverage: 808 plans there are about 330 families and 472 singles. The committee estimated 50-70% of covered lives are contract-health-eligible tribal members. Options reviewed (a) increase premiums. Rose estimated that 10.9% is a stabilizing option vs (b) raising deductible copays which would shift the costs to individuals and the tribal clinic. Rose recommended a premium increase as being less harmful to clinic patients than higher deductibles. The impact of this is that small-per employee monthly changes (singles employee share increases of modest dollars per month at 8-10%. Employer share increases are larger in absolute dollars. Additional recoverables were noted as $719k referenced as potential recoup/adjustment which could reduce the shortfall, plus reinsurance and drug rebates. Historically drug rebates were in the tens of thousands. The committee requested scenario modeling of multiple premium increase levels and employer/employee split options) and confirmation of contract-health-eligible counts before deciding. Rose has been requested to produce comparative models and to provide the information to GAC.

Short-term disability (STD). STD currently shows a deficit (funds/payment mismatch); The committee cited a $200k shortfall on STD from available reports and a longer-term balance issue in packet 945k red figure referenced). There is an increasing number of STD claims. There are recording issues for payroll through deductions, and inconsistent reconciling between payroll and finance. Policy options will be reviewed with committee guidance. Increasing waiting periods (proposed 3-10 weeks for accidents) and switching to workdays were considered non-starters by the committee. Reducing benefit duration from 26 weeks to 12 weeks. A rough estimate discussed was $150k- $200k. But this shifts claimants to long-term disability (LTD) sooner and would disadvantage employees because LTD is employee-paid. The committee asked for impact analysis and counts of cases that

exceeded thresholds. Benefit caps were discussed. The committee noted that a $750 cap would cover over 80% of current recipients but could affect single-parent or low-income households. Our plan has been too generous when it comes to describing STD. Right now we have a look-back period that automatically re-triggers STD benefits on January 1st of the following year. To strengthen and clarify the definition of disability and prevent continued payments after termination or resignation, the committee asked Rose to propose specific policy language. Rose submitted a Short-Term Disability Proposed Changes which is listed in the end note[i]

Clinic, 340B and pharmacy interactions. Several high costs drug treatments were highlighted; many specific drugs flow through the clinic 340B program at a reduced acquisition cost, but the health-plan chargeback amounts do not always reflect 340B pricing. Theis creates apparent claim amounts higher than clinic acquisition costs. Clinic leadership warned that benefit design changes such as higher deductible and reduced coverage will shift the costs and patient demand and may harm clinical retention (RN's Doctors and pharmacists) and patient access. The clinic offered the idea of targeting third-party or 340B-derived funds to offset insurance shortfalls.

Insurance billing practices. Several insurance charges, in the past, sat in the benefits/insurance budget instead of being billed back to entities. Rose reported resuming billing for the following entity premiums (Casino, WRDC, etc.) Medicine Fish, Boys & Girls Club, Boxing Club and others are not considered an entity of the Tribe. Insurance will provide billing details. The committee consensus was to avoid shifting major costs to patients and ultimately the clinic via big deductible hikes, and to prioritize premium increases and rate-split adjustments as primary remedies, paired with reconciliations and recoveries (reinsurance, Medicare, clinic third-party).

Rose was requested to produce premium impact models. She planned to prepare and deliver side-by-side premium scenarios (10%, etc. increases) with employer/employee splits of 85/15, 90/10 80/20. For each scenario show the dollar impact by plan tier (single/family), monthly employee share, employer share, and amount available to reduce the current shortfall. Include could of contract-heath-eligible covered and descendant coverage assumptions. She will deliver this to B&F and provide a briefing to GAC before the next meeting.

In regard to STD analysis and policy options, Rose will provide a detailed report; current cash balance and carryover history, number of claims and average duration, count of cases exceeding 12/18/26 weeks and the fiscal impact of changing benefit duration (12/18/20 weeks), impact of reduce benefit percentage (e.g., 67% to 60%) and $750 weekly cap, and recommended policy language including clarified disability definition and termination/ resignation coverage language. Include estimated annual savings for each option and distributional impacts (single parents, low-wage employees).

Rose will implement and report departmental insurance billing. She will finalize and execute departmental billing for property liability and other premium allocations (October 1 billing cycle referenced). Produce a list of billed entities, billed amounts, and outstanding receipts, identify any departments that require budget amendment support to accept billed charges.

Rose will provide a detailed high-cost claims and recoverable summary. She is to provide an itemized summary of the top high-costs claims (confirm the 253 claims at an $11M figure) with a breakdown by category (pharmacy specialty, chemotherapy, clinic 340B-affected claims) and a list of expected reinsurance and rebates recoverables. Include a reconciliation of clinic 340B acquisition costs vs plan chargebacks to show net impact to the self-funded pool.

7. **Brown Greer Funding Carry-over appropriation.**

   Regarding Brown Greer carryover, Finance is to provide final balances and appropriation requests. The committee requested follow-up after the September closeout.

8. **Monthly Reports:**

   a. **Finance –Audits update.** Richard Lindsley provided a report.
   b. Lending. Eva Johnson provided a report.
   c. Tax Commissioner. Eva Johnson provided a report.

   Motion by Kim Komanekin to accept the monthly reports from Finance, Tax and Lending. Second by Samantha Grignon. Discussion. All those in favor signify by saying Aye. Motion carried. 7 For, 0 Opposed, 0 Abstention, and 0 Absent.

9. **Other Business.** None.

10. **Adjournment. 1:54 PM adjourned.**

    Motion by Kim Komanekin to adjourn. Second by Samantha Grignon. to All those in favor signify by saying Aye. Motion carried. 7 For, 0 Opposed, 0 Abstention, and 0 Absent.

Joan Delabreau/jb
Joan Delabreau, Chairperson
Budget and Finance Committee

[i] **SHORT TERM DISABILITY PROPOSED CHANGES**

1. Amend eligible class to employees who work a minimum of 32 hours per week. Current policy states 30 hours. ACA requires health benefits to be offered for average of 30 hours per week. All other benefits may require 32 hours per week.
2. Increase waiting period for benefits. Currently 3 days for accident/injury and 10 days for illness. Changes waiting period for accident/injury benefits to 10 days to align with illness.
3. Clarify waiting period to workdays to not calendar days. Current plan does not address the issue, just states waiting period. Recommendation would be to use workdays and not calendar days. Disability payments are based on workdays so the waiting period should also be workdays. This is a clarification not a policy change.

4. Decrease benefits time. Currently no cap we pay 67% of gross wages. Currently 26 weeks. Change maximum benefit time to 12 weeks which would be the same as FMLA coverage. Estimated cost savings of $150,000-$200,000 annually.
5. Initiate Benefit caps. Currently no cap we pay 67% of gross wages. Benefit cap of 67% of gross wages but limit maximum weekly payment to $750. Estimated cost savings $50k annually.
6. 6. Re-evaluate the definition of "disability." Current definition is extremely broad. Using the AMA definition and taking into consideration the ADA definition could reduce questionable claims.
7. Discontinue coverage after termination/resignation. Current policy states that only employees that are actively at work are covered under STD. This would not be a policy change, just a clarification of when coverage ends. IN FY26, STD pay was continued to approximately 10 employees who had been terminated at a cost of at least $50,000.
8. Currently policy uses rolling look back to determine if employee has any remaining STD available but starts the coverage every year. Coverage should be determined by rolling look back for 365 days and not automatically set back as of January 1st. This would sync with how FMLA coverage is determined.