

BENEFITS ADVISORY COMMITTEE (BAC)
February 11, 2016
Minutes of the Meeting

[In these minutes: MN Health Action Group; UHC Global Annual Report; Open Enrollment Review; Employee Benefits Updates; Wellness Program Final Metrics; Plan Reviews]

PRESENT: Tina Falkner (chair), Ken Doyle, Karen Connaker, Karen Ross, Cynthia Murdoch, Pam Enrici, Jennifer Schultz, Jean Abraham, Jody Ebert, Dale Swanson, Teri Wallace, Fred Morrison, Sue Jackson, Joe Jameson, Linda Blake, Amos Deinard, Scott Marsalis, Brenda Reeves, Ted Litman

ABSENT: Karen Ross, Sophia Benrud, Amy Monahan

GUESTS: Carolyn Pare, chief executive officer, MN Health Action Group; Karen Chapin, health programs manager, Office of Human Resources; Kathy Pouliot, benefits services manager, Office of Human Resources; Ryan Reisdorfer, assistant health programs manager, Office of Human Resources; Ken Horstman, director, Office of Human Resources; Doug Swyter, financial analyst, Employee Benefits

1. MN Health Action Group: Tina Falkner, chair, welcomed the committee and asked Karen Chapin, health programs manager, Office of Human Resources (OHR), to introduce Carolyn Pare, CEO, MN Health Action Group, to speak about her organization. Chapin stated that she believes the MN Health Action Group does the most for health care consumers in the region. Pare serves on many national and local boards and organizations advocating for health consumers, Karen said.

Pare proceeded to provide an overview of the Action Group. She said that they are “the only Minnesota organization whose sole purpose is to represent the collective voice of those who pay the bills for health care: employers, public purchasers, and individuals. We drive innovation, collaboration, and engagement in ways that improve health and ensure the economic vitality of all Minnesota communities.” Pare said the Action Group has a lot of members, and a lot of different kinds of members consisting of mid and large-sized organizations. They are a member-led organization, and the board of directors, she stated, includes Ken Horstman and Karen Chapin from the University, as well as representatives from Supervalu, Best Buy, and Wells Fargo, among others.

Pare said that the group understands and addresses “top of mind” business concerns related to health care, including:

- Cost pressure;
- Workplace and community health;
- Legislative burdens;
- Ineffective, confusing, expensive care delivery;
- Value of providing related benefits; and
- Vendor Performance.

They have three different approaches, which Pare described as follows:

- Innovation: These are provider facing strategies, working with the providers to improve patient care. Two examples of this approach are:
 - MN Bridges to Excellence – rewards clinics for meeting or exceeding care standards for patients with diabetes, depression, and vascular disease. In 2006, they awarded nine Achievement Awards for a total of \$96,699. By 2015 that amount had risen to 179 Achievement Awards and 258 Improvement Awards for a total reward amount of \$1,506,110.
 - Learning Networks - works with patients to become better purchasers, to understand how the market works. This originally started at the suggestion of members who participated in the Bridges to Excellence program. A typical Learning Network involves a market assessment, meetings with stakeholders to assess ethical considerations, data, health plan assessments, and the creation of Purchaser’s Guides to provide information and an assessment of the current state of affairs. For instance: how might service be delivered better? What types of procedures actually lead to better health?

Joe Jameson asked if there was an assessment of controls on building new facilities. Pare replied that they talk to providers and asked if there is a way to agree on what they compete on and what they might collaborate on. What if, she said, for particular kinds of treatments we had centers of excellence that were not doctor-based, but condition/patient based? She stressed that this effort has just started, and it involves changing the entire infrastructure.

Amos Deinard asked if the group has started to look at Medicaid or MNCare. Pare said they have not started looking at MNCare but as they build membership by bringing in more counties, schools, and communities, they are addressing some of those issues. Their mantra, she said, is: “We as purchasers need to all be asking for the same thing: high quality, affordable health care.” Bridges to Excellence, she said, does include Medicaid-paid treatment.

- Collaboration: Pare said they call this their “Peer-to-Peer sharing.” They are the only organization that looks at benefits here in MN. They get a broad sample of who is doing what in benefits by looking at members and nonmembers, through an annual health care benefits survey. The Group then compares and summarizes participant views on a number of topics, and discusses whether there are policy issues that need to be addressed.

Through the survey, they have found that while it used to be Minnesota was leading the way in they cost of health care, the state is now slightly higher than national averages. However, she said, Action Group members outperform non-members on cost.

- Engagement: How can outreach to consumer individuals be improved? Choosing Wisely is one program that tries to work with different kinds of doctors to identify which procedures do not really provide added value. The main objective of the program is to promote conversations between patients and physicians to assure treatments are effective and necessary.

Another effort they are engaged with is called OpenNotes, which is a partnership with the Minnesota Alliance for Patient Safety. This is a movement to have doctors open their notes to consumers to assure better communication and better continuity of care.

Consumers sometimes find mistakes in doctor's notes, said Pare, and this allows them to correct those mistakes.

Pare concluded by sharing the Action Group's Goal for Advance Care Planning: "To increase awareness and understanding about advance care planning and end-of-life care so you are better able to calmly and confidently participate in informed, compassionate conversations about these sensitive issues with your loved ones and health care providers before the need arises." In response to questions, she added that they are working to have NDC codes included on claims but it is slow progress; they do not focus specifically on any children's conditions; and the efforts of the Group - including Bridges to Excellence - have expanded to be statewide.

2. UHC Global Annual Report: Ryan Reisdorfer, assistant health programs manager, OHR, provided a report on the Global Medical Assistance Plan, which provides assistance with and medical care for covered individuals when traveling nationally or globally. In 2015, the plan reported 142 cases with a total call log of 164 hours and 43 minutes. The majority of utilization occurred in the United States, says Reisdorfer, and one interesting discovery was that they spent half as much time dealing with international cases this year than they did the year before.

The plan added security and natural disaster coverage recently he said. One nice feature, is the web account option. If an individual has any upcoming travel, the website can provide data and medical information about pretty much anywhere in the world. The [link](#) can be found on the Employee Benefits page, under "Medical Benefits," and then "Additional Medical Benefits." Committee members suggested more advertising for the benefit because it is so useful; one possible place suggested was the University's travel site. Sue Jackson added that for the student plan they do make certain to get the information to students before breaks.

3. Open Enrollment Review: Kathy Pouliot provided open enrollment statistics: she said that open enrollment this past year was quite smooth with a total volume of 6085 calls and emails. She said a lot of the questions were concerned with whether the covered employee needed to make any changes or do anything to maintain coverage. Other questions involved retirees asking about the various plans and benefits. She said that the little YouTube videos provided on the OHR website really helped enrollees.

4. Employee Benefits Update:

- Reisdorfer stated that an email announcement will be sent shortly inviting employees to Retirement Planning Seminars. The first session is in March. He added that the sessions get really popular and fill up fast, but they will also be video-captured so that individuals can watch them at a later date. Ken Horstman, director, OHR added that they are working on sessions for those employees who are not near retirement, but it gets into the larger topic of financial wellness.
- **BAC Subcommittee on ADP:** Reisdorfer stated that the first meeting with ADP will tentatively happen in March and will provide an opportunity to discuss what is and is not working. He said they hope to come out with an action plan for moving forward. In April, he said, ADP will sponsor a webinar for the BAC subcommittee to include an overview of the participant website, from registration through statement review. Another session in May will be a webinar for the BAC subcommittee that provides an overview of the debit card process, a review of the validation request process, and a discussion of

ways to educate participants on the process. The final meeting, in June, he added, will be a phone meeting between ADP and the BAC subcommittee to discuss areas of concern that are still relevant, and next steps. Pam Enrici and Fred Morrison will email their experiences dealing with ADP to Reisdorfer, who can then share specific examples of difficulties with ADP.

- **Pharmacy and Specialty Pharmacy RFP:** Chapin said OHR has finished work on the pharmacy and specialty pharmacy RFPs. More information will be provided at the next meeting.
- **1095 Forms:** Chapin asked if employees received their 1095 forms. Committee members said they had and so she reminded them to retain the form for tax purposes. If someone has not received the form, they should call the Employee Benefits office.

5. Wellness Program Final Metrics: Chapin shared the results of Wellness Program usage and how many people completed different programs by the end of the year. Over the past three years (2013-2015), Wellness Assessment, Biometric Screenings, Telephonic Health Coaching, and Face to face Health Coaching participation has increased significantly, which is what they hoped for. She said that 7162 individuals met the goal of premium reduction, 3854 completed activities but did not earn enough for premium reduction, and 6729 did zero activities to earn points.

Chapin also reported that Hattie Lindahl, former coordinator of the Wellness Program, has accepted a new position at HealthPartners. Any questions related to wellness will still be addressed through Wellness Program email. If there are problems, contact Chapin.

6. Plan Reviews: Falkner reminded the committee that spring is the season of plan reviews. This means all of the University's health vendors present to the committee, so that the committee can know what is on the horizon and what they need to pay attention to for each benefit plan. It is also a time to solicit feedback from plan participants via email and provide that feedback to the vendors. Falkner asked what questions or issues the committee would like the vendors to be prepared to address.

It was mentioned that changing a drug to a generic option should be discussed, as well as the prior authorization process. Falkner suggested going back to last year to see what questions the committee wanted follow-up responses to.

Chapin then asked for volunteers to serve as compilers of feedback for each plan. Karen Ross, Pam Enrici, Terri Wallace, Cynthia Murdoch, and Sue Jackson volunteered to serve this role.

Due to time the meeting was adjourned. Excise tax changes will be discussed at a future meeting.

Patricia Straub
University Senate Office