

[In these minutes: 1. HealtheCare presentation, 2. Retiree and Graduate Student Survey reports, 3. Employee Survey details, 4. Final Report]

## **HEALTH PLAN TASK FORCE (HPTF)**

### **MINUTES**

**THURSDAY, SEPTEMBER 7, 2000**

**10:00 - 12:00**

**210 DONHOWE BUILDING**

[These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Senate or Twin Cities Campus Assembly; none of the comments, conclusions, or actions reported in these minutes represent the view of, nor are they binding on the Senate or Assembly, the Administration, or the Board of Regents.]

**PRESENT:** Dick McGehee (Chair), Linda Aaker, Marjorie Cowmeadow, Amos Deinard, Keith Dunder, George Green, Bev Hall, David Hamilton, Christopher Hulla, Priscilla Pope, Kathryn Pouliot, Gailon Roen, Anna Sommers, Robert Sonkowsky, Larry Thompson, Gavin Watt.

**REGRETS:** Allan Baumgarten, Avner Ben-Ner, Carol Carrier, Bart Finzel, Ron Kubik, Jason Reed, Harlan Smith.

**ABSENT:** Susan Brorson, Robert Fahnhorst, Sue Mauren.

**GUESTS:** Bobbie Lauer, Tom Valdivia.

### **1. HEALTHECARE PRESENTATION**

Bobbie Lauer and Tom Valdivia, representatives of HealtheCare, provided booklets to the task force members and then walked them through the contents. The presentation started with background on the company and the insurance package that they would be providing. The three components of HealtheCare include: 1) a personal care account (PCA) which is funded from the employer that the employee controls, 2) health insurance, and 3) a personal health advocate provided through on-line resources.

Bobbie Lauer then detailed the PCA by saying that the employer funds this account, but can annually set the PCA at what level they choose as well as decide what happens to money not spent at retirement. The employee then controls how money from the PCA is spent for discretionary care. The PCA is tax effective since it is treated like pension.

She then described the personal health advocate web site which allows personalization for each user. The site provides PCA information, medical information, provider and hospital information, doctor searches in and out of the network, drug and procedure pricing information, encyclopedia of medical information, community billboards, news, and upcoming events. She noted that the employer is not able to access to look at employees medical information.

Q: What is the definition used for 'family'?

A: The definition is determined by the employer, so domestic partner benefits would be possible.

Q: What would someone do if they received a wrong bill?

A: They would contact HealtheCare on-line or call customer service. HealtheCare contracts with the providers so they handle all communications and billing problems with the providers.

A member commented that it appears that HealtheCare is good for young people but discouraging for the sick.

Bobbie Lauer commented that it exactly the opposite since the young are healthy and uninterested in this information. People who are older or sicker actually use the web more to find information

## **2. CHAIR'S REPORT**

Dick McGehee said that Carol Carrier, Robert Fahnhorst, Kathryn Pouliot, and himself met with DOER to determine what would be possible if the University stayed with the state. When answers were given, the responses were favorable. These favorable responses included a separate risk pool, graduate assistants in the same plans, offering competing plans to SEGIP, and modifying existing plans. The next step is to get these same answers in writing.

He did note that domestic partner benefits was still not possible at this point if the University remained with SEGIP. MnSCU is working on this problem too and there is hope that the new commissioner will work on this issue also, although the real problem is the legislature.

Q: Would the University be able to offer competing plans from the same providers as SEGIP?

A: This issue might be more of a problem for the state especially since the risk is hard to assess with an unknown pool.

The committee then discussed today's Minnesota Daily article describing how the University was ready to separate from the state. It was decided that Dick McGehee would be the sole spokesperson for the task force. In response to the article, he would contact the writer and try to get a more informed piece printed.

## **3. RETIREES AND GRADUATE STUDENTS SURVEY REPORT**

Chris Hulla distributed a sheet on the highlights of both surveys and went through the results with the committee. From the results, he said that the effect of graduate assistant inclusion in a risk pool under the state plans would need to be addressed.

## **4. EMPLOYEE SURVEY DETAILS**

Chris Hulla then discussed some findings from the surveys:

- Employees covered by State Health Plan and Health Partners are older
- Preferred One has younger users
- 25 - 44 year olds have the highest number of PCP visits
- Specialist use is highest for people over 45 years of age
- Choice of PCP becomes a greater priority as the respondent gets older
- Those under 25 years of age are most satisfied with mental and medical benefits yet least satisfied with dental benefits
- In terms of additional benefits, those over 55 years of age want out-of-area coverage and 25 - 44 year olds want CAM

### **3. FINAL REPORT**

Dick McGehee said that the employee data is considered public and can be shared with constituencies. The executive summary would be available by Saturday. At the next meeting, the task force will need to start work on a final report and determine if separation is recommended or not. At this point, if the state follows through on what it has indicated, it will be hard to recommend separation, except for the case of domestic partner benefits. A committee member then pointed out that the state's credibility is less than perfect and something in writing would be better to base a recommendation on, to which everyone agreed.

Professor McGehee thanked everyone for attending and adjourned the meeting.

Rebecca Hippert  
University Senate