

Minutes  
**HEALTH PLAN TASK FORCE**  
Tuesday, February 17, 1998  
10:00-11:00  
238 Morrill Hall

**Present:** Richard McGehee (Chair), Linda Aaker, Avner Ben-Ner, Keith Dunder, Robert Fahnhorst, David Hamilton, Matt Maciejewski, Robert Sonkowsky

**Absent:** None

**Regrets:** Amos Deinard, Judith Gaston, Bart Finzel, Richard Purple, Harlan Smith, Mary Yamashita

**Guests:** George Hon

**Others:** None

[Meeting topics: Mental Health, Dental Coverage]

**Chair's Report**

The Health Plan Task Force (HPTF) report has been presented to the Senate Committee on Faculty Affairs (SCFA), the Faculty Consultative Committee (FCC), and the American Association of University Professors (AAUP). It was well-received by all groups.

Professor McGehee, along with Frank Cerra and Carol Carrier, gave an update to the Board of Regents' Faculty and Student Affairs Committee.

Issues discussed at a recent Joint Labor Management Committee (JLMC) meeting include:

- Deloitte and Touche being hired by the State to price the various options that are being considered.
- The possibility of developing a long range system to measure quality of health care, which the HPTF should consider as well.
- The idea that a more pro-active approach should be taken by implementing preventative practices instead of waiting to provide care once a severe-illness has set in.
- The deliverance of quality.
- The option the State will ultimately choose will be determined by DOER and AFSCME.

The HPTF will have to begin pricing options for the University, but what coverage is most important for the University should be determined before that happens.

**Mental Health**

People who will be invited to a HPTF meeting to discuss mental health coverage will include:

- Tom McKenzie or Paula Clayton, Department of Psychiatry
- Bob Kane or Jon Christianson, School of Public Health
- Jim Meland, Office of Employee Assistance
- Susan Wolfe, Law School

### Presentation by Bob Fahnhorst

Five years ago there was great concern at the State level due to the high increase in utilization of mental health care and chemical dependency treatment. Employers asked medical plans to reduce cost or deter utilization so the health plans developed a small, restricted network of providers which created discounts.

The State Health Plan and State Health Plan Select administer mental health and chemical dependency services through Behavioral Health Science Incorporated. Employees can self-refer to any of the providers in the large network.

Health Partners Classic has five primary care groupings and employees can self-refer to one of the four indicated clinics within the network.

Health Partners has nine primary care groupings, and employees can also self-refer to one of the indicated clinics within the network.

Medica Primary uses United Behavioral Systems to provide mental health services, and United Behavioral Systems charges Medica a flat fee to provide these services. However, those who have Aspen as their primary care clinic under Medica Primary may only use the Aspen mental health clinic. Others who do not have Aspen as a primary care clinic may go through United Behavioral Systems or the Aspen clinics.

Last year the State developed a small working group to consider mental health issues because there was concern with the inconsistency in the care that was provided by each plan. A pamphlet was developed by the working group that addresses questions and issues that employees may have.

Care providers have stated that coverage depends on the way services are requested. Therefore, someone seeking marriage counseling will not be covered by their insurance, but someone seeking counseling because they are depressed, and their marriage is suffering because of it, may receive coverage.

Referrals are almost always given to people who would like to see a special type of counselor . However, there is a shortage of certain types of special counselors.

The State has mandated that mental health care and chemical dependency treatment must be provided in a manner similar to other medical services.

There are two reasons why providers are not covered under certain networks: the networks are very small so there is not enough room for many providers and providers do not want to be a part of network because of the discounts they must offer when they are.

The University does have an employee assistance program that can help those who have questions.

### Comments and Concerns

- University psychiatrists are not part of the Fairview referral system or any of the health plans available at the University for its employees.
- It is not clear if a referral for mental health care must come from the primary physician or counselor.
- Services that are not covered by health plans may be purchased directly by the individual.
- Health Plans have stripped coverage for mental health care and chemical dependency treatment in order to contain costs and there may be other services that are stripped in the future.
- Washington lawmakers have been working towards eliminating the discrimination of coverage for mental health care versus other types of health care coverage.

### Dental Care Coverage

#### Presentation by Bob Fahnhorst

A few years ago health care providers were not providing care to medical assistance patients because they were not getting enough of a reimbursement. However, the State made it mandatory for a medical or dental provider to provide care to a certain level of medical assistance patients if they want to provide care to any State employee. If they are unwilling to participate, they are unable to be part of any network.

Currently, Delta Dental is informing 121 dentists that are not following the State mandate that they must agree to serve medical assistance patients or they will be removed from the network. A list of those dentists will be made public once the deadline for response has been reached. However, the majority of these dentists are in the outstate area so it will not affect the majority of University of employees.

Even though the Department of Employee Relations does not agree with employee benefits dollars being used to enforce the law, this is still being done. Some employees may have to find new dentists in April.

Participation levels at the University:

- Delta Dental: 9,700
- Health Partners: 3,200

- Prudential DMO: 512
- Blue Plus: 1,000

There is a separate Delta Dental plan for the State and the State would like to reduce the Delta Dental network so higher standards can be set and discounts can become greater.

At this time, the University pays the entire employee rate for all of the dental plans, but the State is considering only covering the cost of the low-cost provider so employees will have to pay the difference if they want a more expensive dental plan.

## **Future Agenda Items**

### Legislation

- The task force should discuss legislation with a lawyer at a future meeting to understand the limitations the law may impose.
- Legislation was recently passed that made continuity of care mandatory, which means the new health plan must provide coverage at a person's former plan if they are in the middle of treatment. However, coverage at the old health plan will only be provided until the transition to the new health plan can be made. The various health plans discussed this issue during Open Enrollment.

### Budget

- The task force must determine how much it will cost to obtain demographics of University employees as well as having different health plan options priced out.
- The President is requesting the budget be forwarded to him so it should be finalized as soon as possible.

### Task Force Membership

- Currently, groups that are not represented on the task force include: UMD, UMC, AFSCME, and Teamsters.
- The task force agreed to appoint a UMD representative to the group and to seek an AFSCME representative.

## **Adjourn**

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