

BENEFITS ADVISORY COMMITTEE  
MINUTES OF MEETING  
FEBRUARY 17, 2005

[In these minutes: QuickCare, Wellness Update, RFP Bidders Update, Health Plan Reviews]

[These minutes reflect discussion and debate at a meeting of a committee of the University Senate or Twin Cities 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: Gavin Watt (chair), Linda Aaker, William Roberts, Pam Wilson, Karen Wolterstorff, Peter Benner, Jody Ebert, Ronald Enger, Rhonda Jennen for Rita McCue, Penelope Morton, Don Cavalier, Joseph Jameson, Michael Marotteck, Carla Volkman-Lien, Carl Anderson, Carol Carrier, George Green, Richard McGehee, Fred Morrison, Peh Ng, Theodor Litman, Rodney Loper, Dann Chapman

ABSENT: Frank Cerra, Susan Brorson, Keith Dunder

OTHERS: Linda Blake, Karen Chapin, Amos Deinard, Jennifer Durocher, Joe Kelly, Shirley Kuehn, Gladys McKenzie, Kathy Pouliot, Ruth Rounds, Curtis Swenson

I). Gavin Watt called the meeting to order.

II). Employee Benefits' Announcements:

- QuickCare, a clinic for UMD employees and dependents, will open on February 21<sup>st</sup> in the UMD Health Services facility. The grand opening for this facility is scheduled for Tuesday March 1<sup>st</sup> at 11:00. QuickCare will be open from September through May.
- Related to the UPlan Wellness Program, Ruth Rounds shared the following:
  - The second week of Energy Quest is underway and quite a bit of positive feedback has been received about the program thus far.
  - The UPlan Wellness Program will collaborate with the Beautiful U Day Committee to sponsor a Wellness Walk on April 21<sup>st</sup>.
  - The AWG approved Wednesday Walks again this summer from May through September. On the first Wednesday of each month at 1:03 p.m. employees will be permitted to walk for 20 minutes on work time.
  - It is likely that the Minneapolis campus will host a farmer's market this summer. Efforts are underway to finalize the location and other details.

III). Professor Morrison distributed the Medical, Pharmacy and Health Improvement RFP bidders list. He noted that there were six medical/general bidders, Blue Cross Blue Shield (BCBS), Definity Health, HealthPartners, Medica, PreferredOne, Wausau Benefits/Patient Choice. The pharmacy bidders were BCBS, ExpressScripts, Fairview Health Services, HealthPartners, Medco, MedMetrics HP (UMass), RXAmerica and

RXWest. The four bidders for an employer owned and/or preferred pharmacy included HealthPartners, Fairview Health Services, Boynton Health Service, CMG-Meridian. The Wellness bidders (carve-out program) were Cardium, Harris Health Trends, Health Management Corporation, HealthPartners, Matria Healthcare, SHPS, and Staywell.

The RFP Committee will spend a considerable amount of time over the next few weeks doing preliminary selections and conducting vendor interviews. At the next BAC meeting on March 10<sup>th</sup>, the RFP Committee will bring back any major policy issues to the BAC for discussion. The same will hold true at the March 24<sup>th</sup> BAC meeting. Both of these meetings will be closed to the public and only members of the BAC will be allowed to attend.

#### IV). Health Plan Reviews:

University employees were encouraged to submit their comments concerning their particular health plan to a designated BAC representative. The following is a summary of the information collected pertaining to each plan:

HealthPartners - Bill Roberts collected comments about HealthPartners. Based on the comments that were received, he stated that overall HealthPartners respondents appeared to be satisfied with the plan. However, as with all the plans, negative comments were received. Examples of concerns expressed by plan participants included:

- Misinformation being communicated by HealthPartners' employees concerning health club membership discounts.
- Difficult to get a referral to see a specialist.
- Clinic closings.
- Co-pay issues.
- Dissatisfaction with the Riverside Clinic.
- Often unable to see the same physician more than once.

Examples of positive comments included:

- Satisfaction with the Como Clinic.
- Enjoy having access to UMP medical personnel.

Other comments:

- Requests to tie an employee's portion of the premium to salary.
- The plan should include one pair of prescription eyeglasses per year.
- The low-cost health plan is the only option for many of the University's lowest paid workers.

Selected HealthPartners comments, stripped of any identifiers, were distributed to members for their review/information.

PatientChoice: Professor Ted Litman collected comments on PatientChoice. He noted that the level of discontent that was expressed in 2003 had subsided in 2004 as measured by the number of overall comments that he received and the ratio of satisfied customers to dissatisfied customers. A majority of negative comments fell into the following categories:

- Excessive paperwork and documentation required for claims processing.
- Poor customer service – e.g. erroneous information regarding plan benefits.
- Restriction on physician access as physicians move from one tier to the next.
- Dissatisfaction with Wausau Benefits and their administration of the plan.
- Fairly frequent (or what is perceived to be frequent) changes to the formulary without notice.
- Cost of the plan.

Other comments:

- Some respondents requested the UPlan subsidize their membership in a health club.
- Disapproval of a possible change in the UPlan from a cost tier structure to a family tier structure.

PreferredOne: Professor Peh Ng collected responses concerning PreferredOne. This year 32 responses were received, compared to 60 last year. Professor Ng noted that while the number of complaints that were received were relatively few, she believed they were serious enough to share with the Committee. Issues of concern included:

- Chiropractic issues.
- Retroactive claim payment investigation related to a physical therapy claim.
- Communication/customer service – 1 complaint received.
- High cost of co-pays and premiums.
- The cost for diabetic test strips (a DME – durable medical equipment benefit) should be covered as a prescription benefit with a co-pay rather than a DME benefit. The Committee agreed that diabetic test strips should be covered as a prescription benefit. Employee Benefits agreed to look into this matter further. Members also requested to see the DME list to learn what is covered under this benefit.

Professor Ng noted that based on employee feedback she has received over the past few years, numerous PreferredOne participants really like this plan. One of the reasons is that the plan is very portable. She added that she did not receive any complaints regarding PreferredOne's formulary/non-formulary list, as opposed to 2003 when several complaints were received.

Definity Health: Linda Aaker collected feedback on Definity Health, a consumer driven health insurance model. She received 31 responses, which was down considerably from the previous year when roughly 80 comments were received. Although a majority of the respondents indicated they like Definity's plan design and its flexibility in terms of choosing physicians there were areas of concern, which included:

- Poor claims processing.
- Decreased PCA (increased deductible).

To conclude, Dann Chapman reminded members that the University is a very unusual employer in terms of how it constructs its health benefits. The University's base plan, with its high level of coverage, is quite inexpensive. Typically, to buy this level of

coverage, with low co-pays and deductibles, at another employer, the premium would be significantly higher.

Members deliberated on how these review results should be communicated out to the rest of the University community. Members suggested:

- An e-mail should be sent to those that shared feedback on their health plan experiences thanking them for their input. Additionally, this correspondence should include instructions on how plan participants can resolve any outstanding issues and will direct them to either their health plan or Employee Benefits.
- Putting a spot in 'The Brief' directing people to the minutes for additional information concerning plan review summaries for 2004.
- Identify what percentage of members in each health plan responded to the query for comments on their experiences, because otherwise the numbers may give a skewed perspective. Employee Benefits agreed to put together a chart showing responses as a percentage of total enrollment in a particular plan, and, then, break down the responses into positive and negative comments. Once collected, this information would be incorporated into the minutes.

V). Gavin Watt announced that on Friday, February 25 the DeInard Lecture Series will host a lecture entitled '*Over-reading the Human Genome: The Threat to Privacy, Employment, Group Identity and Responsibility*'. For more information regarding this lecture, please visit the following URL:  
[http://www.lifesci.consortium.umn.edu/conferences/ellen\\_clayton\\_2005.php](http://www.lifesci.consortium.umn.edu/conferences/ellen_clayton_2005.php)

VI). Future BAC agenda items include: RFP issues, tiered premiums, compensation based premiums and retiree medical benefits.

VII). Hearing no further business, Gavin Watt adjourned the meeting.

Renee Dempsey  
University Senate