

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
MARCH 27, 2008

[In these minutes: Medical Evaluation RFP Update, Deadline for Submitting Flexible Spending Account Expenses Approaches, UPlan Pharmacy Update, Wellness Update]

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

PRESENT: Gavin Watt (chair), Linda Aaker, William Roberts, Karen Wolterstorff, Jennifer Imsande, Rhonda Jennen, Joseph Jameson, Michael Marotteck, Carl Anderson, George Green, Amos Deinard, Michael O’Reilly, Theodor Litman, Rodney Loper

REGRETS: Tina Falkner, Jody Ebert, Sandi Sherman, Nancy Fulton, Carla Volkman-Lien, Richard McGehee

ABSENT: Jeremy Mlenar, Carol Carrier, Frank Cerra, Fred Morrison, Dann Chapman, Keith Dunder

OTHERS: Linda Blake, Ted Butler, Karen Chapin, Joyce Carlson, Joe Kelly, Shirley Kuehn, Kathy Pouliot, Kelly Schrotberger, Curt Swenson

I). Gavin Watt called the meeting to order.

II). Employee Benefits' Announcements:

a). Karen Chapin reported that Employee Benefits is in the midst of the Medical Evacuation RFP. The University currently contracts with Medex for this service. Vendor interviews will be conducted this week. As the process advances, Employee Benefits will update the BAC.

b). Shirley Kuehn announced that Monday, March 31, 2008 is the last day for employee's to submit 2007 Flexible Spending Account (FSA) claims. Multiple reminders have been sent out to employees with FSA balances. Ms. Chapin added that it is relatively easy for employees to log into each plan's system and print out their dental, medical and pharmacy co-pay summaries. A member suggested that this information be more widely distributed to employees, as it is likely many are unaware of this.

III). At the request of the committee, Ms. Kuehn noted that Employee Benefits plans to reach out to employees that have elected to waive medical coverage to find out why. A handout to supplement her report was distributed to members.

Currently, 1,232 employees have waived medical benefits. Of this total, 367 are not eligible for the University subsidy because they have a 50 – 74 percent appointment. Of the remaining 865 employees, 90 are out on a leave of absence, which would make them ineligible for the University subsidy; 99 are covered as an eligible dependent under another UPlan employee, which leaves 676 working, eligible employees that have opted out of medical benefits.

Based on this information, Employee Benefits intends to survey these 676 employees to find out why they have decided to opt out. Members' attention was turned to a draft copy of the survey, and their feedback on the survey was solicited.

Questions/comments from members included:

- Is this the first time this type of survey has been conducted by Employee Benefits? Yes, stated Ms. Kuehn.
- Are survey responses being accepted anonymously? Ms. Kuehn stated that decisions on how best to administer this survey are still being discussed. It is likely that the survey will be sent to employee's home addresses because it contains confidential information.
- The term "de-identified" in the first paragraph is awkward; please consider changing.
- Will a self-address, stamped envelope be included with the survey to make it as easy as possible for employees to respond? Ms. Kuehn acknowledged that this would be a good idea.
- The survey should include language, which makes it clear that the Benefits Advisory Committee (BAC) is genuinely interested in knowing why medical coverage has been waived. Also, a link to the BAC website should be included in the survey.
- Has the number of employees who have elected to waive coverage increased over time? Ted Butler reported that this number has remained relatively stable over time.
- Is there a way to know, which employee group survey respondents are from? This question can either be asked or there might be a way to get this information on the survey itself stated Ms. Kuehn.
- Given the list of people that have waived coverage, is it possible that English may not be their first language? Ms. Kuehn stated that upon scanning the names nothing popped out at her that would indicate this. She added that a few years ago, Employee Benefits followed up with all employees who did not make a health benefit election. From this follow-up, Employee Benefits learned that a lot of employees reported having coverage elsewhere.
- Consider changing the preamble so it explains why there is an interest in finding out why employees have elected to waive medical coverage.

Ms. Kuehn thanked the committee for their suggestions, and stated that they will all be taken into consideration as a final draft is prepared. Members volunteered Mr. Watt to review the final draft on their behalf.

IV). Pharmacy update:

a). Ms. Chapin reported that the 3 for Free Program, a prescription savings program, was launched on November 1, 2007. To date, over 130 UPlan members have participated in the program and transitioned from a more expensive brand drug to a generic or over-the-counter alternative. In the previous prescription savings program, Buy 1, Get 3 Free, over 500 people transitioned from a more expensive brand drug to a generic or over-the-counter alternative; thus, saving both members and the UPlan money.

Ms. Chapin stated that the UPlan Pharmacy Program in conjunction with RxAmerica would like to extend the current 3 for Free Program until October 31, 2008 in addition to adding more drugs to the program. Handouts describing the program and listing the additional drugs to be added were distributed to members. The committee's opinion was sought in terms of extending the program and adding additional medications. Members endorsed both of these recommendations.

b). Mr. Watt stated that the Pharmacy Program Work Group on February 28th to talk about whether the UPlan's Pharmacy Program should continue to cover the wide scope of drugs that it currently covers, which is extremely extensive. According to Mr. Watt, Dr. Schondelmeyer, College of Pharmacy, raises the question whether the UPlan should cover, for example, line extension drugs, brand name drugs marketed directly to consumers, e.g. Nexium, the purple pill. Further investigation into this proposal will take place, and any recommendations coming out of the Pharmacy Program Work Group will be brought back to the BAC.

After some discussion, it was agreed that if a decision is made to modify the UPlan's formulary that communication to UPlan members would be critical in terms of explaining why this decision was made. Ms. Chapin stated that it is important to note only a very limited number of drugs are being discussed at this time. Any drug removed from the UPlan formulary would be removed for very specific reasons, and plan participants would be given ample notice that this would be happening so they would have time to transfer to a new drug.

A member suggested that the Pharmacy Program Work Group explore the possibility of instituting a Pay for Performance Program for physicians in the Medica and HealthPartners networks as it relates to their prescribing practices. Ms. Chapin stated that both Medica and HealthPartners have these types of programs in place. She added that it would be fairly difficult for the UPlan to structure this type of program because, unlike Medica and HealthPartners, RxAmerica does not contract directly with the physicians. Mr. Butler noted that RxAmerica, however, does contact providers about their prescribing habits.

V). Ms. Chapin distributed a handout outlining the various UPlan wellness programs. With respect to Fitness Rewards, in January, 3,200 people enrolled, which represents 9.5% of the total University population. Of these 3,200 people, nearly 2,000, or 62% of

those enrolled earned a \$20 credit for visiting a fitness facility at least eight times during the month of January.

To date, approximately 4,900 people have taken the Wellness Assessment, which is down from last year. A member asked whether it is a good investment on the part of the University to reward people for taking the assessment every year. Ms. Chapin noted that by taking the assessment yearly, people can see how their health situation has changed or not changed, and Employee Benefits gets aggregate data from the assessments that it does not get from claims data.

A member voiced concern over the effectiveness of the health coaching. Ms. Chapin reported that Employee Benefits has a researcher who is looking at the return on investment (ROI) of the Wellness Program, and particularly the coaching aspect. Data from this study will be available later this year, noted Ms. Chapin, and suggested before making any changes to the program that this report be reviewed. She added that there is data that demonstrates that taking the Wellness Assessment every year leads to health improvement, particularly when combined with the health screenings.

A member asked what constitutes completion of the coaching. Ms. Chapin stated there are three coaching programs, two lifestyle programs – 6 months and 12 months, and a 12-month disease management program. Generally, those participating in the 6-month program will get approximately 4 calls and those participating in the 12-month programs will get 8 – 10 calls. Payment is based on the year when the person started the program, but it is not paid until the person has completed the program.

In 2007, 750 UPlan members signed up for either the 6 or 12-month lifestyle management health coaching programs and nearly 1,700 people enrolled in the disease management program.

The UPlan Wellness Program has been working to introduce on-site coaching in Duluth, Morris and the Twin Cities to expand the options available to UPlan members who prefer face-to-face interaction for motivation and support when working toward a health behavior change. These health coaches will be qualified dietitians, nurses, and exercise specialists who will be able to provide counseling in areas such as nutrition, physical activity, and smoking cessation.

As of March 1, 2008, over 1,500 UPlan members enrolled in the 10,000 Steps Program. Given the 8-week duration of this program, there is little completion data available at this time.

Boynton Health Service is conducting the UPlan Walk-In Preventative Health Screenings on campus. To date, 500 people have gone through the screenings, which test cholesterol, blood glucose, body composition and body mass index, and blood pressure. For people who cannot attend one of the UPlan screenings through Boynton, MinuteClinic is alternative option and there is no co-pay for UPlan members.

Starting in fall 2008, another program, HealthCare Choices, will be launched. This web-based program will focus on helping UPlan members be better, more educated consumers of their health care. The program has three components:

1. UPlan specific information.
2. General information from the *Taking Charge of Your Health* website, developed by the Center for Spirituality and Healing.
3. Minnesota Community Measurement on-line resource.

Participation in HealthCare Choices will qualify UPlan members for a second \$65 wellness reward, if they have not already received a reward for a 2008 follow-up health improvement program.

The University's Farmers Market will open on Wednesday, July 9th. The market will be open on Wednesdays from 11:00 a.m. until 2:00, and run through Wednesday, October 8th.

VI). Announcements:

a). Mr. Watt noted the plan review schedule, which was outlined on the agenda:

April 17, 2008 – RxAmerica
May 1, 2008 – Healthways
June 5, 2008 – Medica
June 19, 2008 – HealthPartners

b). Jackie Singer, director, Retirement Programs, will be invited to a future meeting to provide information about Health Care Savings Plans.

c). Mr. Watt announced that the April 3rd meeting is cancelled. A notice to this effect will be sent out soon.

d). Ted Litman reported that Humana continues to market to retirees in this area. Since many providers choose not to accept Humana, the University did not accept their RFP offering last year, and are continuing to use Medica, HealthPartners, Blue Cross/Blue Shield of Minnesota, and UCare for retiree medical coverage.

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

Renee Dempsey
University Senate

