

BAC  
January 19, 2006

**PRESENT:** Gavin Watt, Chair; Fred Morrison

Jody Ebert, Amos Deinard, Dann Chapman, Bill Roberts, Joseph Jameson, Ted Litman, Michael Marottek, Karen Chapin, Carla Volkman-Lien, Ron Enger, Curtis Swenson, Nancy Fulton, Jackie Singer, Ted Butler, Shirley Kuehn, Betty Gilchrist, Joe Kelly, Kathy Pouliot, Jon Steadland, Linda Blake, Ime Ecpenyong, Meng Yang, Linda Aaker, George Green.

## **1. UPLAN 2006 VS. UPLAN 2005 – MEDICAL/DENTAL ENROLLMENT**

Ted Butler distributed a handout detailing the Medical and Dental plan enrollment figures for 2006, and the comparison to 2005 figures. He walked the committee through the handout, noting the following statistics:

- Tight network enrollment increased 25 percent
- HealthPartners lost 19.1 percent, most of which went into Medica Elect and Essential
- Tiered networks lost 60.1 percent, which was not unexpected since most had access to the same clinics through the Medica base plan
- PPO plan increased 25.2 percent, due to transfers from the Consumer Driven plan
- Consumer driven plans dropped 74 percent; the University realized that there would be some migration
- There was a low level of waivers
- Positive enrollment period and public relations
- Some people appear to be unwilling to leave HealthPartners, which might relate to continuity of care
- Enrollment remained stable with the start of Medicare Plan D
- Dental runs on a two-year cycle; this enrollment period there was a gain in Delta Dental and a decrease in waivers
- Employees who had not enrolled during the open enrollment period were called and emailed to make sure that they were requesting a waiver
- Family coverage increased but there was a significant decrease in spousal coverage

Members then made the following comments:

- University is different in its offerings than other national or private companies
- If University wants the consumer driven plans to succeed, there cannot be any other choice
- Consumer driven plans are less successful because of the high University contribution to health care
- Employee Benefits used a high level of communication with opt-outs to make sure that they were not accidental

## **2. BOARD OF REGENTS POLICY: EMPLOYEE HEALTH AND RELATED BENEFITS**

Nan Wilhelmson said that she is working with the Regents to revise and create human resource policies. The new policies will have a broader scope with more detail contained in administrative procedures documents. During this review process, it was discovered that the Regents do not have a policy that covers health care and related benefits. This new policy is intended to bridge this gap.

Dann Chapman said that the Regents have talked with BAC many times about guiding principles for health care, which have been incorporated into this policy. The views expressed in Regental policy should be ones that do not need to be altered frequently.

Members then made the following comments:

- Current charge satisfies consultation and the principles match what BAC has put forward
- Evaluation of plan does not note whether this is structure or design
- Seek advice leaves it open-ended
- Section II, subdivision 2 defines the term base plan but then the term is not used again in the document
- Policy does not state that the University will cover the cost of the base plan with employees paying the increased cost for other options
- Policy should state that all areas of the state have a base plan offering
- Delegation of authority in the policy seems to imply that the delegate can sign contracts but not manage the plan
- Dental should be added to the policy to mandate cover at the Regental level
- BAC should be utilized to put the guiding principles in action
- Pharmacy and wellness should be included
- Related benefits, such as life and dental, are not defined in the policy
- Commit to a health plan does not mean that it must be provided
- Policy provides no direction for implementation
- Compulsory use of programs is very different from it will be offered
- Controlling health care costs for the University and employees should be added
- Language regarding reasons to have health care should be included

Q: Why are there no specifics in this policy?

A: That is the format of all Regents policies. They are meant to outline core principles with more specifics addressed in administrative procedures, which are easier to change.

Nan Wilhelmson said that she would rework the policy and bring it back to the committee. At this time it is slated for review by the Regents on February 9.

Gavin Watt said that review of the revised policy will be added to the February 2 committee agenda.

### **3. WELLNESS – NEW HEALTHCONNECTIONS PROGRAM**

Karen Chapin said that an email and flyer to a home address have been sent with information on the new wellness plan. As of last Friday 1338 people have taken the assessment. Contact with life style coaches and chronic condition monitoring will start within the next few weeks.

For those who complete the assessment, \$65 payments will start by mid-March. Employees need to complete the assessment by the end of April to collect the first payment. The second part will be a six to twelve month lifestyle coaching program provided by Harris Health Trends.

The Mayo nurse line has also started. It has received good feedback from 105 users.

### **4. UPLAN 20006 CONVERSION**

The following information was provided about conversion efforts:

- Medica conversion has gone extremely well
- Retiree implementation with Medicare Part D has not been an issue
- Blue Cross/Blue Shield could not issue pharmacy cards; letters were issued but this has not been working for all people; there is also a narrower formulary; the plan has significant savings of \$90-190 per month
- Summary of benefits is available on the web; a printed version will be provided to those who request it

The committee then discussed issues with RxAmerica with two representatives from the company. Problems have been:

- Home delivery has had issues with no mail order phone service available until 9 AM Utah time and the web site was not running last Thursday or Friday
- Web version of home delivery directs a person to search for a pharmacy
- The link to the formulary also takes a person to the find a pharmacy site
- For three consecutive days there were many calls regarding step therapy or prior approval; the web has not been working and the fax line was down; people who got through on the phone were given random answers
- Some calls have been transferred to Escalante

To fix these issues, a dedicated team has been established with all other employees being trained so that everyone can answer questions. An issue regarding contraceptives has been addressed. Daily meetings have also been established to help with communication

Q; How will step therapy and prior authorization be explained to patients?

A: Individual letters will be sent to people based on claim history. The letter will explain their options. A letter will also be sent to doctors with a authorization form. New patients will be identified each week, with the first series of letters being sent next week.

## **5. OTHER BUSINESS**

With no further business, Gavin Watt thanked all members for attending and adjourned the meeting.

Becky Hippert  
University Senate