

BENEFITS ADVISORY COMMITTEE
MINUTES OF MEETING
MAY 7, 2009

[In these minutes: MTM Update, Wellness Assessment Update, Farmer's Market Update, Medica Annual Review]

[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), Dale Swanson, Jody Ebert, Jennifer Imsande, Rhonda Jennen, Sara Parcells, Sandi Sherman, Nancy Fulton, Michael Marotteck, Carla Volkman-Lien, Carl Anderson, Judith Garrard, Richard McGehee, Theodor Litman, Rodney Loper

REGRETS: Tina Falkner, William Roberts, Karen Wolterstorff, Joseph Jameson, Amos Deinard, Dann Chapman

ABSENT: Carol Carrier, Frank Cerra, George Green, Fred Morrison, Michael O'Reilly, Keith Dunder

OTHERS ATTENDING: Linda Blake, Ted Butler, Karen Chapin, Joyce Carlson, Betty Gilchrist, Shirley Kuehn, Kathy Pouliot, Kelly Schrotberger, Sheri Stone, Curt Swenson, Jill Thielen

GUESTS: Medica representatives – Charlie Fazio, M.D., chief medical officer and senior vice president; Christine Finn, vice president, Strategic Accounts; Lynn Altmann, vice president, Customer and Provider Service; Judy Reger, senior strategic account executive; Christel Webber, senior strategic account manager

D). Gavin Watt called the meeting to order.

II). Employee Benefits' announcements:

a). Kathy Pouliot reported that, to date, 150 people from the Twin Cities and Duluth have enrolled to participate in the Medication Therapy Management (MTM) program.

b). Jill Thielen announced that nearly 11,000 UPlan members took the Wellness Assessment, which was approximately 900 more than in 2008.

c). Jill Thielen reported that the University of Minnesota Farmer's Market will be open Wednesdays starting July 8 through October 7 from 11 a.m. – 2:00 p.m. on Church Street.

III). Gavin Watt welcomed Chris Finn, and her colleagues from Medica. Ms. Finn began by introducing her colleagues, Dr. Charlie Fazio, Lynn Altmann, Judy Reger, and Christel Webber. Then, Ms. Finn outlined the agenda for today's presentation:

- Customer Service overview and statistics
- Commitments to cost and quality
- Enrollment and cost summary
- Commitment to Business and Community Economic Development (BCED)
- UPlan member feedback

First, Lynn Altmann provided the committee with an overview and statistics for Medica's Customer and Provider Service Department as it relates to the UPlan. Highlights from her presentation included:

- The University of Minnesota team is made up of 9 designated senior level Customer Care Professionals plus a team lead, a designated University of Minnesota Client Specialist, and a designated supervisor.
- All Customer Care Professionals must go through an extensive 8 – 10 week training session, plus take ongoing "just in time" training sessions.
- Customer Care Professionals are rewarded for call quality, availability to employees and overall average speed of call answer, first call resolution rates, and customer satisfaction rates.
- The mission of the Customer and Provider Service Department is to provide unparalleled service to all customers, and to help customers get the most value from their health plan.

To enhance the experience of its members, Medica is undertaking the following initiatives for 2009:

- Implementation of P.L.E.A.S.E. – personalize, listen, educate, acknowledge, solve, and empathize with each call.
- The Changing Perceptions Work Team will be piloting different ways to enhance members' experiences.
- A new survey tool, which provides immediate feedback to the call center agent, has been implemented.
- Continue to increase the number of first call resolution rates.
- Enhance issue resolution process.
- Improve upon data analysis.
- Enhance call center agent training.

A member asked why Medica's call center agents are unable to give members a definitive answer as to whether, for example, a doctor is in network or a particular procedure is covered. Ms. Altmann stated that all call center agents should be able to definitively tell members whether a doctor is in network. From a claims perspective, however, it depends on how the provider codes the procedure as to whether or not it is covered. Dr. Fazio then provided a couple of extreme examples to illustrate why Medica does not commit over the phone to paying for a claim. He noted that over the phone, without knowing a member's medical history, Medica cannot commit that it will pay a claim. Ms. Finn

added that it would be very unusual, however, for Medica's call center not to be able to let members know who is and is not in network, and validate what is and is not covered. Call center agents have all of the UPlan plan documents available to them to answer these types of questions.

Next, Dr. Fazio provided utilization trend information. Highlights from his presentation included:

- In terms of demographics, the University has more females covered under the UPlan than males. In addition, the age concentration of those covered under the plan is adults between 30 – 65 years old.
- There was a slight increase from 2007 to 2008 in cost distribution for UPlan outpatient services, which is attributable to chemotherapy delivered by infusion. UPlan members also go to see their physicians, on average, slightly more than Medica's aggregate – 47% compared to 44%. UPlan inpatient services, on the other hand, are lower than Medica's aggregate, 22% compared to 28%.
- The top 10 diagnostic categories by cost are musculoskeletal, neoplasms, nervous system, cardiovascular, injury/poison, mental health, digestive, genitourinary, respiratory, and pregnancy.
- Medica has a health risk score for everyone covered by their health plan. This data is used to populate programs that provide outreach services such as care management. The University's health risk profile is very similar to the Medica aggregate.
- 2008 UPlan chronic conditions included asthma, arthritis, chronic heart failure, COPD, chronic renal failure, depression, diabetes, hyperlipidemia, hypertension, ischemic heart disease, and low back pain. Medica offers programs specifically designed to reach out to people with these and other chronic conditions.
- A chart with high claims data was shared with the committee. The UPlan's high claims figures are very similar to the Medica aggregate. A number of people with claims over \$50,000 may not have been in the hospital. This is because outpatient therapies are becoming increasingly expensive.
- Medica sends out personalized preventive annual health reminders. Of those members receiving a reminder, roughly half went on to get the service.
- Medica provides an outreach service, total health management, for those people who need regular, ongoing access to the health system, e.g., head injury, transplant.
- Medica has pilots underway to try and change the support and payment incentives for care, away from doing more medical procedures to doing things that are more apt to keep people healthy. Examples of these pilots include the DIAMOND initiative, pay for performance, etc.

A member asked whether the total health management service provided by Medica is the same as the disease management service provided by Healthways. No, stated Dr. Fazio, disease management helps individuals to improve their health status, but they do not need a high level of access to the health system. The total health management service is designed for people that need to access the system a lot.

Moving on, Judy Reger provided members with enrollment and claims cost information as it compares to Medica's aggregate. She began by reporting that enrollment through Medica continues to increase. There was a 7% increase in enrollment from March 2008 to March 2009. All of the plans increased in enrollment except for Insights, which went down slightly.

Using bar charts, Ms. Reger provided annualized per member per month claims costs for each of the plans comparing 2007 data with 2008 data, and first quarter 2009 per member per month claims costs by plan.

In 2008, an average of 2,633 members were enrolled in Medica's Fit Choices Program during each month. For 2008, noted Ms. Reger, enrollees that exercised 8 times or more per month averaged 50%, and this is comparable to Medica's aggregate.

Next, Ms. Finn shared information concerning Medica's ongoing partnership with the University's Office for Business and Community Economic Development (BCED). Since the inception of Medica's contract with the University, there has been a significant degree of success around this program and a great deal of alignment between Medica and the University. Medica's commitment to the University related to BCED includes:

- Promoting and advancing the development of health care leaders.
- Providing continuing support for community and economic development.
- Focusing on the health care needs of Greater Minnesota and other community priorities such as improving behavioral health care and access, health care literacy, healthy living, establishing partnerships to encourage prevention, reducing racial and ethnic disparities in health care.

Ms. Finn went on to highlight Medica's accomplishments as it relates to the BCED from 2006 – 2008. In terms of commitments for 2009, Medica intends to:

- Pledge \$30,000 in grants to support health care related research.
- Offer community internships (\$48,709).
- Provide health care scholarships to graduate students in the schools of Public Health, Medicine, and Social Work (\$65,000).
- Host the annual scholarship luncheon and produce BCED marketing materials.

Ms. Finn stated that the underlying message behind sharing information about the BCED with the committee is to demonstrate Medica's ongoing commitment to partnering with the University, and its contributions to the community.

Lastly, Ms. Reger shared member feedback statistics with the committee. One hundred and seventy two UPlan members submitted their comments on Medica for 2008. Of the 172 comments, 103 or 60% of members were satisfied with the plan. Other comments had to do with issues members experienced and these were classified into the following categories – billing/claims (2%), communication/product knowledge (9%), network access (9%), request for additional facilities for fitness program (3%), referral problems (5%), miscellaneous (12%). With respect to these comments, Medica has taken action by:

- Continuing to expand the fitness facilities.

- Re-designed the Explanation of Benefits (EOB) format in April 2006 with further enhancements scheduled for 2009.
- Re-designed the “Find a Doctor” website, and worked with the University to design a customized enrollment website that contains benefit summary information.
- Continuing to evaluate the network for behavioral health and research gaps in coverage. Expansion of the chiropractic network in 2008 resulted in 2008 resulted in over 200 new chiropractors.

For members who had specific/unique issues, Medica is more than happy to follow-up with individuals to make sure they are satisfied with the resolution of their issue.

In closing, Ms. Reger highlighted Medica’s 2009 commitments to the University:

- Quarterly meetings with the University’s benefits team.
- Conduct a member satisfaction survey.
- BCED.
- Expand the number of facilities in the Fit Choices Program.
- Continue joint Medica/University customer service training.
- Continue partnership with University 2009 and beyond.

Questions/comments from members included:

- Why doesn’t Medica cover acupuncture asked a member? Ms. Reger stated that Medica does cover acupuncture as long as it is administered by a medical doctor or under their supervision. Members can call customer service to help them find an acupuncture provider.
- The significant number of positive comments about members’ experiences with Medica was encouraging and surprising. Oftentimes people do not take the time to share positive comments, only negative.
- Members should be given the opportunity to receive EOBs electronically versus in the mail. Ms. Reger stated that Medica will explore whether this is an enhancement that they can offer. In the meantime, she encouraged Medica members to join mymedica.com, which provides members with a lot of useful information, e.g., Summary of Benefits, claims data.

IV). Gavin Watt announced that the next BAC meeting will be held on Thursday, May 21, 2009. Hearing no further business, Gavin Watt adjourned the meeting.

Renee Dempsey
University Senate

