

Minutes from Faculty Benefits & Professional Development Meeting
Thursday, September 23, 2:45-3:30, Haslam 316
Subject: Health Insurance Changes

Present at Meeting (reviewed and approved minutes):

Anne Smith, Chair
Martin Griffin
Brent Mallinckrodt
Lane Morris
Mickey Sims
Jeanine Williamson

Invited Guests:

Robert C. Chance, Director of Payroll
Jamie Wilson, Administrative Coordinator II (Insurance expert)

Not in Attendance:

G. Michael Clark (emailed before meeting)
Jun Lin (emailed before meeting)
Adam Taylor (emailed before meeting)

No longer on our committee (out of Senate?):

Deborah Wooten

Meeting Objective: The intent of this meeting was to learn more about the health insurance changes and to determine if our committee should become more involved in this issue or help disseminate information to faculty about this issue. The chair asked members of the committee to bring concerns from their faculty and staff about the insurance changes to the meeting.

Main action items from this meeting:

Short term: The Faculty Senate committee offered to develop a list of misconceptions about the health insurance changes and send to Jamie Wilson and Rob Chance. Our hope is that these could be checked and modified by the payroll office and then published in Tennessee Today to aid faculty and staff understanding about the health insurance changes. We found the meeting very beneficial and wanted to pass on what we learned to the larger UTK population. *Anne to forward a final list of misconceptions about the health insurance choices to Rob Chance and Jamie Wilson by Wednesday, September 29. [Sent Tuesday, September 28.]*

Long term: Are there other universities in the Top 25 published list that have comparable choices to UTK's health insurance? Partnership? No HMO or PPO without co-pay? Broad question -- Will UTK's health insurance choices hurt future national faculty recruitment? (Auburn's pharmacy plan was mentioned in passing; that UTK had discussed their health plan -- unclear) *Brent Mallinckrodt stated that he would have a graduate student look into this -- Report back at December or January meeting.*

Meeting Summary

We began the meeting with several questions about the health insurance choices and changes. From these questions, it was obvious that there was a lot of confusion about the choices and details surrounding the health insurance choices.

Rob Chance provided an overview of why the health insurance was changed. He explained that UT with its 12,500 employees is part of a large Tennessee state health care pool that covers more than 301,000 public sector employees. He made clear that UTK did not change the plans, but that the State Insurance Committee establishes the plan choices for insurance participants. Higher education does have a representative on this commission, although the current rep is not from the UT system. Rob indicated that over the years, the relationship between UTK and this State Insurance Committee has improved. This is a self-funded plan, and the plan costs have doubled in the past 8 years, with expenses expected to exceed premiums this year. The intent of the new health care Partnership option is to help members get or stay healthy and reduce the need for health care services.

Many of our questions were about the details of the Partnership options – such as confidentiality, the content of the health questionnaire and communication with the doctor. **Overall, there are a lot of details still not worked out, primarily for the Partnership plans.** For instance, the health questionnaire will not be available until early 2011. There are no details available on criteria related to “maintaining a healthy lifestyle,” an appeals process, if age-appropriate screenings (e.g., colonoscopies) will be covered, where/when the testing centers will be available for screenings (if not a personal physician), when the “health assessment form” would be available to take to the doctor for screening, criteria to be dropped from the Partnership plan, interactions with or monitoring by “health coaches,” etc. Rob Chance stated that the Partnership plan is an “effort-based” program but no details are available about what is meant by “effort” and how people will not qualify for the Partnership plan in the future. They did not know if the UT hospital would offer UT employee discounts (like in the past). That decision was made by UT hospitals and the Payroll office is not involved in that decision-making.

Rob Chance indicated to us (and also stated in his presentation to UTC that he sent the Committee Chair) that the Benefits Administration was still working out the rules and changes are occurring frequently. He has been carrying out many meetings at UTK (over 10) during the past month. No more sessions were scheduled.

We asked if the deadline for signing up could be extended to give UTK employees time to consider the options and have more information about the choices. Rob Chance indicated that the deadline could not be pushed back. The payroll office only has three days to process all UTK insurance forms and send them to the State.

Summary: After having our most pressing questions answered by Mr. Chance and Ms. Wilson, we returned several times to the "bottom line" that the most negative outcome of signing up for the Partnership plan, resulting from circumstances such as refusing to complete the questionnaire, or being deemed by one's "coach" to have not making a sufficient effort at improving one's health, is to be switched to the Standard Plan in the following year.

Several questions that were clarified:

- The co-pay is not part of the deductible;
- Children (under 26) do not have to sign to be part of the Partnership (no health forms are needed for children, just adults);
- Employees are not automatically dropped for 2012 from the Partnership plan if they have health issues;
- Rob and Jamie did acknowledge that there have been problems with answers from the 1-800 information line;
- There is no lifetime cap (this appears to be in line with the incoming provisions of the 2010 Affordable Care Act);
- For UTK employees, the Cigna plan costs \$10 more a month in premiums, but it appeared to many around the table that this was the one that most of the doctors were accepting – Rob cautioned that we should check the list of what doctors were in which network (there is a PDF of the 2011 in-network doctors for both insurance companies available online, see below);
- If a UTK employee does not fill out the paperwork, the person will be placed in the Blue Cross Blue Shield Standard Plan insurance.

The bottom line was that UTK employees should sign up the Partnership plan for at least the first year – it is the cheaper option and the worst case is that the enrollee will be dropped from Partnership for 2012. To obtain more information on the insurance plans, he directed us to www.partnersforhealthtn.gov. To sign up go to www.edison.tennessee.gov (UTK employees should have received an individual ID and password in the mail) or mail in forms to payroll office. Any questions – please call 974-5251.

We suggested that given the degree of confusion and unanswered questions that the Payroll Office should reach out during the final 2 weeks (October 1 – 15) via Tennessee Today with a newly cleared-up misconception each day to help UTK employees with their decision-making. We offered to help form a list of 15 or so misconceptions. The appendix is the list of questions we are planning to send to the Payroll office by September 29.

Appendix

LIST OF MISCONCEPTIONS/MYTHS ABOUT UTK INSURANCE CHOICES

1. Misconception #1: "I can't believe UTK is making these major changes to our health care." Reality: Not a UTK choice, but from State Benefits Administration. We are 12,000 or so members of a state health insurance pool of 300,000 people. We do have representation on this commission.
2. Misconception #2: "There must be a fund of millions of dollars that is being built up from our premiums." Reality: Health costs for the state health insurance pool exceeded premiums in 2009. Changes had to be made to bring these in line.
3. Misconception #3: "My 25-year old child will have to have the health screening and be part of the Partnership?" Reality: No child will be required to sign a pledge or have health screenings, only adults (UTK employee and spouse).
4. Misconception #4: "If I don't sign up for anything, I will keep my current plan." Reality: If you do not have the paperwork completed on the forms or online by October 15th, then you will be automatically signed up for the Blue Cross Blue Shield Standard plan.
5. Misconception #5: "There will not be another sign up period." Reality: No the sign-up period will be next year, probably at its usual time in November.
6. Misconception #6: "I'm confused and tried to get some answers from the 1-800 number. Who else can I call?!" Reality: UTK Payroll office has many informed insurance experts. Call 974-5251 for help.
7. Misconception #7: "I hear a lot of doctors are dropping Blue Cross Blue Shield." Reality: Doctors are deciding on plan options along with you. You need to check to see if your doctor is in the list of in-network doctors at [provide http for pdfs of in-network doctors – I could not find a direct link the pdf of the doctor books for 2010.]
8. Misconception #8: "UT Hospital will not accept either insurance plan." Reality: This is not correct. You need to check your providers but UT hospital will be accepting both plans. We do not know, however, if the UT employee discount at the hospital will apply; this is a decision made by the hospital not UTK payroll.
9. Misconception #9: "You have to be thin and healthy to stay on the cheaper Partnership plan." Reality: Not necessarily. Sign up for the Partnership plan at least for 2011. You might be surprised. The intent of the Partnership plan is to help Tennesseans to *become* healthy. Tennessee has one of the highest obesity rates and unhealthy populations in the United States. Our health care costs for the state are going to continue to rise if nothing is done.

10. Misconception #10: “Only the insured UTK employee will be eligible for an annual physical.” Reality: No, the spouse’s annual physical will be covered as well – regardless of which plan (Standard or partnership; Cigna or Blue Cross Blue Shield). Tests involved in a physical (e.g., chest x-ray, blood work) will be subject to deductible.
11. Misconception #11: “The health coach will override my doctor.” Reality: The health coach from APS Healthcare (the State’s health and wellness manager) will confer with your doctor, but your doctor has the final say.
12. Misconception #12: “P, C, S ... what is the Blue Cross Blue Shield plan called?” Reality: Blue Cross Blue Shield’s plan is Network S for Standard. Cigna’s plan is called “Open Access Plus.” Reality: Both companies offer the same benefits but Cigna’s premium will cost \$10 more for employee only coverage and \$20 more for all other levels as compared to Blue Cross Blue Shield’s programs.
13. Misconception #13: “The health questionnaire will ask personal questions.” Reality: The health questionnaire has not been finalized. It should be available online at the beginning of 2011 for all enrollees in the Partnership plan to complete. One strategy to consider if you are concerned about the questionnaire is to sign up now for the Partnership Plan. Later, when the questionnaire becomes available, you can simply refuse to complete it if you have concerns about the questions. In that case you would still benefit from the discounts of the Partnership Plan this year, but you would be switched to the standard plan in 2011-12 because you did not complete the questionnaire.
14. Misconception #14: “I’ve been searching all over the place and can’t find the Health Screening form to send to my doctor.” Reality: It is not yet available. Partnership participants will be contacted with this form.
15. Misconception #15: “I just had my physical last month. Do I have to go back again to get the health indicators required by the Partnership Plan (height, weight, blood sugar, blood pressure, and cholesterol) again?” Reality: No, if you had these health parameters measured after June 30, 2010, your doctor can fill out the health form with the health indicators from your physical in September and mail it in.