College Benefits Council Meeting Minutes  
January 24, 2014  
1:00 pm - 3:00 pm  
Human Resources Training Room

Members present: Rich Howarth (Chair), Richard Sansing, Tricia Cornelius, Ethan Lewis, Ginny Hazen, Bob Hawley, Kate Soule, Katrina Davis, Andrea Tarnowski, and Ronald Green  
Members absent: Carrie Colla, Allen Gulledge, Patti Bacon and Gwen Williams  
Also present: Rick Mills, Michael Wagner, Lynn Baker, Alice Tanguay, Tricia Spellman and Melissa Miner  
Minutes: Krystal Knowlton

The meeting began at 1:05pm; a PowerPoint presentation was used to guide the meeting.

1. Review and Approval of Meeting Minutes from November 2013  
There was a motion to approve the November 2013 minutes with a correction to Ron Green’s name. The motion was approved.

2. Updates  
The following brief updates were given to the CBC in regards to Gender Reassignment Surgery:

- Gender Reassignment Surgery was added to all Cigna health plans for 1/1/2014.
- This was first discussed with the CBC after a comparison to Dartmouth’s peer group showed all Ivy League peers are currently offering coverage.
- An estimate was given of $50k per surgery; expected to be utilized once every 3 to 5 years.
- Coverage was added to the student health plan for 2013.

The following updates were given to the CBC in regards to New Hampshire Vaccine Assessment:

- The State of NH fee was previously not assessed to self-insured institutions.
- The fee was added for self-insured plans and cost Dartmouth approximately $198k per year.

The following updates were given to the CBC related to the Benefit System Replacement:

- Winston Benefits has been selected as the new benefit system.
- The benefits team is working with the vendor on implementation and the system is anticipated to go live on July 1, 2014.

The following updates were given in regards to Wellness at Dartmouth:

- The 2014 Wellness benefit launched successfully January 1, including an expansion of the benefit.
- Health coaching has expanded and is now available for adult dependents of employees.
- Wellness workshop series and Customized Workshops are now available. Pilates/Yoga and Zumba classes have had positive response.
- Recruitment for Wellness Ambassadors is ongoing. There are currently 38 ambassadors campus-wide. The recruitment of additional members, especially male employees, is ongoing.

The following updates were given in regards to Dartmouth Health Connect:

- Between March and June 2014, Dartmouth Health Connect will likely reach capacity and they will institute a patient wait list.
- The practice has expanded its footprint to other side of the building which allowed a multifunctional room and additional patient rooms.
- Two new staff members joined in the fall: Amanda Rice as Behavioral Health Specialist and Elizabeth Wolfe as an additional PCP.
The CBC has requested additional information related to the impact of Dartmouth Health Connect.

3. Review and Discussion of Topic Specific Meetings
The group has discussed adding International Insurance Coverage over the past year. The following items were reviewed:

- Dartmouth’s previous health insurance with Anthem did include International Coverage.
- The move to Cigna in 2013 removed this benefit and has caused concern for employees due to not being covered under medical insurance when traveling abroad on business.
- A CBC Subgroup met with Cigna in December to discuss the international plans available to Dartmouth. The recommendation would be to add elite coverage.
- Elite International Coverage would provide up to $500k in coverage per traveler for services not planned while overseas and would cost Dartmouth $45k per year to add to the current medical plans. This cost would be shared among all members through insurance premiums (~75% charged to Dartmouth, ~25% charged to employees).
- The CBC members were all in agreement that the Dartmouth population should not have to wait another full year to receive this benefit.
- There was a motion to approve the addition of Elite International Coverage, effective immediately. The motion was approved by all members.

A CBC focus group met with CVS Caremark to discuss four pharmacy programs that will provide savings to Dartmouth College.

The following points were discussed in regards to the Voluntary Maintenance Choice program:

- Under the Voluntary Maintenance Choice program, members would be allowed to fill 90-day prescriptions by mail order or at a CVS retail pharmacy at the current mail order copayment (2 x 30 day copayment).
- Program can be implemented with wrap (members can still use non-CVS pharmacy to obtain 90-day prescriptions but will continue to pay 3 x 30 day copayment) or without wrap (members will have to use mail order or CVS pharmacy to obtain 90 day prescription; members using a non-CVS pharmacy will have to switch or go to 30 day prescriptions).
- Savings to Dartmouth College are estimated at $34k/year if the program is implemented with the wrap and at $108k/year if the program is implemented without the wrap.
- Currently, 52% of members are currently filling at a CVS pharmacy, while 31% are filling at a non-CVS pharmacy.
- Mail order utilization is very low; implementing the Voluntary Maintenance Choice program should increase use of the mail order program for maintenance medications.
- Recommendation is to implement Voluntary Maintenance Choice without the wrap on 1/1/15. This will give Dartmouth ample time to communicate the transition to employees.
- There was a motion to approve without the wrap. One member opposed.

The following points were discussed in regards to the Exclusive Specialty Pharmacy program:

- High cost specialty medication that members are currently taking make up 1.1% of Dartmouth’s prescriptions but account for 34.2% of total cost.
- The use of specialty drugs grew 18.5% from 2012 to 2013 and there is concern this trend will continue.
- Currently, 36% of specialty drugs are being filled at a CVS specialty pharmacy.
• Implementing Exclusive Specialty Pharmacy allows for a single point of service at CVS specialty pharmacies, which should lead to better member adherence and safety for members taking these medications.
• Members would need to fill these prescription drugs at a CVS specialty pharmacy. It is pointed out that the CVS in Hanover is not a specialty pharmacy.
• Moving to the program provides an estimated $16k/year in savings (this number is expected to grow over time). Recommendation is to begin this program on 1/1/15.
• The CBC is concerned about requiring employees to use a CVS pharmacy by implementing this program.
• The CBC would like additional information from CVS including whether it would be possible to grandfather employees or certain medications if Dartmouth decides to implement the program.

The following points were discussed in regards to the Specialty Guideline Management:
• Under the Specialty Guideline Management program, an approval from CVS Caremark will be required prior to starting therapy for selected specialty medicines. Currently the only prior authorization in place is for growth hormones.
• The review of the clinical information can take place while an employee is waiting for a prescription; if the physician is needed for the review but unavailable, the review can take up to 72 hours. There is a full review and exception process if denied a specialty medication.
• The program will ensure the specialty drug is prescribed appropriately and that the medication is used properly by the member.
• The employee pays the copayment and Dartmouth covers cost of medication, same as it happens today. No cost savings to the individual member or to CVS Caremark.
• The CBC members are concerned this will hold up medications from being distributed and gives the power ultimately to CVS rather than a member’s physician.
• CBC requested more information regarding the power of the physician – can the program be adjusted to give more of an advantage to the physician?
• Savings would be an estimated $104k during the first year of the program (or $71k if Dartmouth chooses to grandfather in current users of specialty drugs).

It was decided the review of the Specialty Preferred Drug Plan program would be put on hold until the next meeting.
• Dartmouth College will refer back to CVS Caremark to gather more data before there is further discussion. CBC member's questions listed above will need to be answered before additional decisions are made.

4. Follow Up Items from Previous Meetings
The following items were discussed in regards to Plan Design/Cost Sharing:
• There is a concern that active employees are subsidizing the cost of early retirees on an active health plan. Analysis based on paid claims through October 2013 showed active members averaging $500 per member per month, while early retirees averaged $800 PMPM. However, including these 300 pre-65 retirees along with the active population results in an active rate increase of 2%.
• A comparison was done between Dartmouth's active medical plans to the Health Care Exchange VT Gold plan. After review, Dartmouth's premiums are on average 31 – 35% higher than the VT Gold plan. However, if Dartmouth offered a plan design similar to the VT gold plan the premiums would only be 11-14% higher. The VT Gold plan would be more expensive to
members due to higher deductibles, higher out of pocket maximums, and a more limited provider network. Dartmouth costs are higher because of higher utilization of the Dartmouth population. The exchange premiums are set low due to the expected younger, healthier population. They also may be low to attract enrollment in the first year.

- The Cadillac tax which will begin in 2018 exists to eliminate over insured populations and to pay for overall healthcare. Dartmouth should begin thinking about the implications now; based on assumptions of cost increases between 2014 and 2018, Dartmouth would be assessed at a $1.6 million tax. Due to being self-insured, having a healthier population would lower costs and could allow Dartmouth to avoid the tax. CBC would like to form a subgroup to look at cost sharing and plan design that may help Dartmouth move towards plans that will not be assessed under the tax.

The following items were discussed in regards to Cigna Medical Management:

- A subgroup met to discuss Cigna Medical Management. Much of the discussion revolved around how to better educate employees about health care costs and choices.
- A review with Cigna in late January 2014 will allow a full year (2013) of utilization data to be reviewed. Benefits will share findings with the CBC after the 12 months of data is reviewed.

The following points were discussed related to Value-Based Plan Design:

- A subgroup met to discuss possible opportunities for Dartmouth to educate employees on resources related to their health plans.
- Dartmouth College wants the population to understand there are beneficial resources that can be reviewed, which can lower costs to the member, before they receive a call from Cigna regarding alternatives to MRI or other appointments where they could go to an alternative location and save money.
- With additional locations for care in the community, such as the MinuteClinic in West Lebanon, employees may be able to save money by taking advantage of these locations rather than going to the emergency room for care.

5. Discussion of Next Steps – Formation of Workgroups

- Three additional workgroups are needed to review and discuss the following topics: 1. Plan design, 2. Medical management and employee education, 3. Mental health. CBC members were asked to volunteer for the workgroups. Groups should meet twice before next full CBC meeting at the end of March to discuss the three topics above.
- Changes for 2015 benefits should be made as soon as possible due to new benefit system implementation - plan design changes would need to be known before launch.

The meeting was adjourned at 3:00pm.