College Benefits Council Meeting Minutes
March 21, 2014
2:00 pm - 4:00 pm
Human Resources Training Room

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

The meeting began at 2:00pm; a PowerPoint presentation was used to guide the meeting.

1. Review and Approval of Meeting Minutes from January 2014

There was a motion to approve the January 2014 minutes with a correction to one minor detail. The motion was approved.

2. Overview of Health Costs

An overview of what is driving Dartmouth's health costs was presented, using data provided by Cigna in an in depth analysis of 2013 costs. The following points were discussed in regards to Dartmouth's health care costs:

- In 2013, the per subscriber per month cost was $13,635 (Dartmouth paid $8,493 of this, which is approximately 65% of total spend). Per subscriber per month cost includes all expenses, including out of pocket costs reduced by pharmacy rebates Dartmouth received.
- Dartmouth has 8,000 covered members, 3,800 of which are subscribers.
- Retirees total cost per subscriber was $5,271 in 2013, which was a 9.6% decrease from 2012.
  - Retiree health care costs are lower due to Medicare coverage. Medicare serves as the primary payer.
  - Adding the SilverScript program provided Dartmouth significant savings in 2013.
- Premiums are discussed at open enrollment time and are an estimate based on the prior year's spend due to Dartmouth being self-insured.
- More discussion circled around what Dartmouth needs to do in order to lower costs as time goes on and avoid the Cadillac tax:
  - Incentivize movement to higher cost sharing plans (e.g. the HDHP)
  - Educate employees the cost of health care and options available
- Premiums at Dartmouth are higher than other Northeast employers, but the plan design is likely different in each of the employers surveyed.
- New Hampshire was found to be the second highest state in regards to health care costs.
- Recent reports have tried to figure out what is causing the high cost of healthcare in New Hampshire:
  - Attributed to a lack of provider and carrier competition
o Carrier dominance
o A trend toward consolidation as hospitals buy up physician practices
o A lack of transparent data regarding health care quality and cost

- The majority of Dartmouth's spend is in outpatient services – inpatient costs have declined as more is done in an outpatient setting.
  o Data from Cigna showed outpatient spend per member per month is 47% higher at Dartmouth compared to the norm (based on Cigna education customers).
  o Dartmouth has lower outpatient utilization than the norm, indicating the price of services is the driver of high cost.
  o 73% of outpatient spend occurred at DHMC which accounted for 51% of utilization.
  o Catastrophic claims accumulate more than $50,000 in cost; Dartmouth was 2% higher than the norm with costs 4% higher than the norm.

3. International Coverage Update

- The addition of International coverage was approved at the January 24 meeting and became effective with Cigna on 2/1/2014.
- Communication will be developed to announce the addition of this benefit to campus.
- Education sessions will be offered to departments with significant international travel.

4. Workgroup Updates

The following updates were given in regards to the Plan Design workgroup:

- Plan design changes to avoid the Cadillac tax do not need to be made in 2015, but a strategy does need to be developed to communicate the coming tax to the Dartmouth community so there is a better understanding regarding plan design changes that will be necessary over the next few years.
- The current focus should be on plan design changes that will allow Dartmouth to move slowly towards avoiding the tax.
- It is worth looking into a relationship with DHMC to see what Dartmouth can do to control costs of services there.
- Dartmouth needs to help educate employees on how to become more informed health care consumers.
- The workgroup would like to see modeling of different deductible and coinsurance levels and how those would impact premiums.
- The workgroup has reviewed alternatives to the plan structure for 2015 and needs to do more work before making a recommendation as to which alternative would be best for Dartmouth in the short term – changes to plan design for 2015 need to be decided by June 2014.
The following updates were given in regards to the Medical Management & Employee Education workgroup:

- Dartmouth needs to work towards simplifying the healthcare experience for employees by educating them on their health plan options and educating on how to make smart choices when receiving services.
- There needs to be additional opportunities to communicate across campus:
  - Forums across campus all year long in addition to open enrollment education to encourage conversation about healthcare.
  - Attend staff meetings across campus to reach employees who may not receive electronic mail.
  - Communication methods that reach all parts of campus and are easy to understand; provide good resources for employees to look back on rather than lengthy email blasts from senior leadership.
- Topics that need to be reviewed further at future workgroup meetings:
  - Emergency room access
  - Unravelling the pharmacy plan
  - Why is Cigna calling me?
  - 27/7 Nurseline
  - Improve website organization for easy navigation
- Sending a health insurance tip of the month should begin in April and run through open enrollment.

The Behavioral Health workgroup has met three times thus far and have next steps including:

- More detailed Literature Review
- Further detailing out the 3 potential models that have been identified
- Writing business case/proposal
- Exploring data available from CIGNA and CVS
- Project plan and financial projections to be completed by fall 2014 looking toward fiscal year 2016 for budget impact

5. Next Steps

- Workgroups will continue to meet with a goal of making recommendations at the next full CBC meeting which will be scheduled for late April.
- A Dartmouth Health Connect update will be given at the next full CBC meeting.
- The CBC will follow up on pharmacy saving programs last discussed in the January CBC meeting to make a recommendation for the 2015 plan year.

The meeting was adjourned at 3:45pm.