

HEALTH, WELLNESS AND INSURANCE COMMITTEE  
MINUTES OF JANUARY 16, 2003

Present: Linda Hamilton, Gardner Umbarger, Karen Wasson, MaryAlice Newnam, John Stewart, Faith Olson, Gaylyn Finn, Scott Lizzi, Josh Kaplan, Emily Monago, Donna Wittwer, Diana Shamp

Absent: Don Boren, Larry Small, KV Rao

**Approval of Minutes**

Minutes of the December 12, 2002 meeting were approved with minor grammatical changes. Faith made motion to approve as corrected, seconded by Karen.

**Caremark – issues and resolutions**

Donna gave members an update on some issues that have occurred during transition from Advance PCS to Caremark, including eligibility of 19 to 23 year old dependents. Due to a coding error in the Caremark system, dependent children over the age of 18 were unable to obtain prescriptions. During resolution of the problem, participants are being told to purchase the medication and when the problem is resolved, they can return to the pharmacy within 14 days of purchase for a refund of what they paid (minus their co-payment or co-insurance amount). Correction to the system was made week of January 20<sup>th</sup>.

There was also some problem with the P00 number being used as an identification number rather than a social security number. Caremark customer service representatives were requesting social security number (which is their norm), rather than BGSU ID number, when employees called in for assistance. In addition, we have had complaints of customer service rudeness when dealing with our employees, pharmacies and the BGSU Benefits Office staff. Our Caremark account representative has taken these issues directly to the Vice President of customer service.

Reordered ID cards (via the phone) are being reissued with the social security number so, at this time, cards must be special ordered by the Benefits Office until the system problem is resolved. Local pharmacies are being sent a letter advising that they must key in the ID number as P, zero, zero, not POO. She has been working closely with BGSU account representative to resolve the problems and indicated that Caremark has been working to correct the problems as quickly as possible.

She also stated that University of Cincinnati and Kent State also both moved to Caremark on 1/1/03 and they also have been experiencing “hiccups” during the transition period. It is not unusual to have things to “work through” when you are changing a large group of covered lives from one carrier to another.

Donna asked members to encourage constituents to sign on the Caremark website and ask for the cost of mail order versus retail pharmacy prescription cost. She noted that employees are seeing a savings in going mail order rather than retail pharmacy for a maintenance medication, and definitely see a cost savings over the mail order option with the previous carrier.

Gaylyn noted that Kroger had transferred participants' information to the new system using social security number and was not requesting individuals to show their card when they purchased medication after January 1, 2003. Donna noted that Meijer had done the same thing, but Rite Aid can't because of their system, so new cards must be presented to the pharmacist to update information. Scott said he had received some complaints of mail order claims being lost and Donna asked that he have those individuals contact the Benefits Office staff regarding the specifics.

### **Consultant meeting – Donna and Gaylyn**

Donna noted that she and Gaylyn were meeting with the consultant on January 18<sup>th</sup> to discuss what are health care trends and what's the health care environment like in northwest Ohio? What's going on in hospitals? Is it time for BGSU to do an RFI (Request for Information) or an RFP (Request for Proposal)? They will also be discussing the UCR payment issues that BGSU is having with the dental plan and whether it is time to look at other dental vendors? Donna noted that the benefit reimbursement payment levels (i.e. 100%, 80%, 50%) for services are adequate, but the UCR reimbursement schedule used by Medical Mutual is a concern. Also, discussion between Medical Mutual and the University regarding the BGSU Health Center as a network provider.

### **Constituent group issues for Committee**

Linda asked members to work with constituents as to issues or concerns that the Committee might need to look at. Donna noted that a lot of area employers are implementing the spousal rule, similar to the one BGSU put in January 1, 2002, as a cost savings measure. Gaylyn noted that paid claims for 2002 were only up by 3% over 2001 claims, resulting in a positive \$350,000 accrual into the reserves. As the reserve account had been dwindling during 2001 because of numerous large claims, the accrual was a good thing. He cautioned, however, that increases for health care in 2003 are projected to be between 15-18%. The changes made by BGSU to the prescription drug plan in January 2002 have helped to slow the escalating projected double-digit rise in medication claims but the University still needs to keep reviewing both the health care and prescription drug plans for ways to improve cost savings.

**Websites: [www.mmoh.com](http://www.mmoh.com) (My Health Plan) and [www.caremark.com](http://www.caremark.com)**

Members were encouraged by Donna to register or sign on both the Medical Mutual and Caremark websites. This would allow members to possibly provide assistance to others who might experience problems accessing information. She also suggested that those enrolled in the state retirement system of OPERS (Ohio Public Employees

Retirement System) look at the information that can be obtained through their newly updated website. Linda and Faith both stated they have experienced some problems in accessing the Medical Mutual site on their Mac computers. Someone suggested using a different browser to possibly resolve the problem.

### **Miscellaneous**

Donna stated that employees need to understand their explanation of benefits (EOB) worksheets received from Medical Mutual when a claim is paid to better understand the level of discounts that the health care plan receives when network providers are accessed for care. These discounts result in a large savings to our health care costs. She noted that her staff is willing to go to individual offices and do presentations to help staff understand. She also noted that non-compliance of a physician's orders is an issue that contributes to escalating costs (i.e. only taking three days of a prescribed 7 day prescription because symptoms have lessened or the patient feels better). She feels major education needs to be done to make individuals aware of the consequences of non-compliance.

Gaylyn also noted that he and Donna are beginning to review policies and procedures for the Tax-Deferred Annuity or 403(b) plan. This plan provides employees with an option to put money aside (in addition to their regular retirement contribution to the state system or an ARP) on a pre-tax basis for retirement. The University currently allows employees to choose from 26 different approved carriers and 872 employees participate. He noted that 10 companies have about 82% of enrollees with the top three companies being TIAA-CREF, VALIC and Franklin-Templeton and there are 15 carriers with 19 or fewer participants. Administrative requests from the companies are on going and becoming more frequent. It's time to review the requirements of an approved carrier and the agreements signed. Deferral limits of the 403(b) plans now increase on an annual basis, and with discussion of offering a 457 plan, in addition to the 403(b), employees will be able to defer substantial amounts for retirement.

John Stewart noted that he will again be the bargaining unit representative as Carl Reuther has accepted another position away from campus.

**Next meeting is scheduled for  
February 13, 2003  
College Park Classroom #1  
3:00 – 5:00 p.m.**

Respectfully submitted,

Diana Shamp  
Secretary

