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**GROUP INSURANCE ADVISORY COMMITTEE**  
**December 4, 2013**

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**MINUTES OF THE UNITED**  
**GROUP INSURANCE ADVISORY COMMITTEE**

**December 4, 2014**

**1. CALL TO ORDER**

The Group Insurance Advisory Committee was called to order by Sandra Perez, Chair, at 1:10 p.m. on this date at the Nambe Room, Santa Fe Convention Center. Fe Convention Center, Santa Fe, New Mexico. The meeting is intended for an update from United Healthcare which included the City's review of the health plan performance report and to discuss ideas for the Wellness Program.

**ROLL CALL**

Roll Call indicated the lack of the presence of a quorum for conducting official business; therefore, an informational meeting was held. This meeting is for informational purposes only.

**MEMBERS PRESENT**

Sandra Perez, Chair, Interim Human Resources Director, City of Santa Fe  
Yolette Catanach, Employee Benefits Administrator, City of Santa Fe  
Cheyenne Autumn, Wellness Director, United Healthcare  
Sue Perry, Wellness Coordinator, City of Santa Fe  
Todd McCoy, Assistant to Wellness Coordinator, City of Santa Fe  
Dawn Montaña, AON  
Todd Burley, AON  
Eric Weinstein, AON  
Colleen Higgins-Vigil, Employee Benefits Administrator, City of  
Santa Fe

Victoria Gage, Human Resources Operations Manager, City of Santa Fe  
Lisa Lesku, Account Management, United Healthcare  
Pelly Hutton, Fire Department  
Pat Marx, United Healthcare  
Cindy Conley, Strategic Account Executive, United Healthcare  
Teresita Garcia, Assistant Finance Director (joined late)

**2. APPROVAL OF AGENDA**

Due to lack of a quorum, no approval was made to approve the Agenda.

**3. APPROVAL OF MINUTES:**

Due to lack of a quorum, no approval was made to approve the Minutes.

**4. NEW BUSINESS**

A. Meeting today for the semiannual report. The purpose of the meeting is to review the Health Plan Performance UHC prepared. Per the request of the City this report will be prepared and presented on a semi-annual basis. The report reviewed at the meeting is based on claims from July 1, 2012 through June 30, 2013, paid through September 30, 2013.

a. Page three of the report illustrates the Modernized Health Plan Continuum. The goal is to see movement from left to right – improve health and reduce costs.

i. UHC highlighted the following points:

1. Enrollment on the CDHP (Core Plan) was 2% of the total enrollment.

2. The City's plan has a 96% actuarial value which is equivalent to a platinum plan on the exchange.
  - ii. Member Hutton stated that the City's plans are designed to attract employees as many employees have to travel to work since they don't live in the Santa Fe city limits. He shared with the group steps the fire department is taking to improve health and get preventing screenings. He would like to work to incorporate these steps into the City's model to provide example of success.
- b. Page 4 of the report illustrates that groups in the accountability stage have lower costs.
- c. The group discussed the massage therapy benefit.
  - i. Member Hutton mentioned employees are having issues finding in-network providers. Most providers require a chiropractic visit in order to provide the massage therapy.
  - ii. Chair Perez mentioned that they sent out an email to clarify the benefit for employees and providers.
  - iii. Staff Member Catanach mentioned calls have increased since the email was distributed. She has received calls from providers who want to drop out of the network. This discussion was tabled as it was not on the Agenda.
- d. Page 6 of the report illustrates that the medical net paid is 4% higher than peer groups. The non-high cost per member per month (PMPM) is significantly higher than the peer group. This is driven by musculoskeletal conditions and holistic health providers. It was noted by Mr. Weinstein with AON that the peer group identified by UHC was not necessarily reflective of a Peer Plan Comparison.
- e. On Page 8 of the report, the influencers of cost were discussed. UHC highlighted the following points:

- i. 8% of members are high risk.
  - ii. Costs are driven by musculoskeletal conditions.
  - iii. There is a high prevalence of diabetes.
  - iv. Estimate half of the emergency room visits could have been treated in an urgent care or primary care physician setting.
    - 1. Member Hutton asked to see data regarding how the City's copays compare to peer groups and would like additional education for employees.
    - 2. AON Mr. Weinstein said AON will be able to provide benchmarking data that would include the copay comparison. This will be presented at a later meeting.
  - v. Network utilization is at 97% and discounts at 42%.
    - 1. The discounts have increased from 40% in prior reports. This additional 2% in discounts has saved approximately \$306,000.
- f. Pages 10 – 15 highlight data illustrating musculoskeletal claims, specifically back and neck, are drivers of costs.
  - i. 80% of the procedures under this category are from holistic health providers.
  - ii. Individuals with back pain make up 40% of claims spent.
- g. Page 16 of the report highlights diabetes compliance.

- i. The report indicates that members with diabetes are not compliant with getting their A1c screening. Staff Member Perry interjected the wellness program's experience with A1c screenings.
- ii. Staff Member Perry asked UHC for a report that identifies employees with gaps in care and described how the wellness program provides information on the condition.
- iii. UHC Ms. Connelly discussed two programs available through UHC to help with diabetes
  - 1. Diabetes Health Plan – program available to help engage members with diabetes to become more compliant. This program is great for a population with access to the internet.
  - 2. Disease management – this program will target at risk individuals and assist them with becoming compliant with their treatment; this is a more personalized program
  - 3. Diabetes Prevention and Control Alliance – this program has 2 elements – prevention and control. Prevention supports pre-diabetics and control assists those diagnosed with diabetes.
- iv. Member Garcia asked if UHC could identify who these programs would benefit and the estimated cost savings.
- v. Member Hutton feels employees don't have access to internet. Would like to see how many employees are utilizing the online services available to them now.

- h. Page 18 of the report illustrates emergency room visits have decreased by 17%. The group felt that the plan changes have had a positive impact to this utilization.
  - i. Member Garcia asked how they can bridge the gap to use urgent care more.
    - 1. Urgent Care has been a challenge in Santa Fe and does impact this data.
    - 2. Employees need to be educated about the costs of going to a physician versus urgent care and the emergency room.
  - ii. The group felt that there is not enough access to other avenues of care when needed to avoid having to utilize the emergency room.
    - 1. Member Hutton asked if providers are required to keep open slots to see sick patients
    - 2. UHC Ms. Connelly stated she has not heard of this type of requirement but UHC is working on contracting to reward providers for efficient treatment
  - iii. Member Hutton asked for the cost difference to be seen by a primary care physician, urgent care and emergency room.
- i. In the recommended solutions on page 23, UHC discussed the following:
  - i. Using Centers of Excellence (COEs). UHC mentioned some groups incorporate incentives to drive employees to use COEs.

1. Member Hutton had the following questions and would like this information before they decide to make any plan changes:
  - a. What are the criteria to be a COE?
  - b. Is the cost savings to use a COE significant compared to a local provider?
- ii. Wellness Strategy – create a long term strategy and work backwards to get to the levels
  1. UHC Ms. Autumn stated groups need to get members to acknowledge the costs of healthcare and the impact the costs have on other items (i.e. ability to give raises)
  2. The group talked about gating the Premium Plan (meaning only allowing employees to enroll in that plan if they complete certain steps).
    - a. Member Hutton stated the union would not agree to that type of system
    - b. Chair Perez stated she is not in favor of that method. She would rather charge employees more for that plan
  3. Member Garcia stated that employees need to be educated of the goals of the wellness program and show the impact of the program. This is a members' plan, self-insured. Never had an annual report that's gone to the employees; they own this plan.

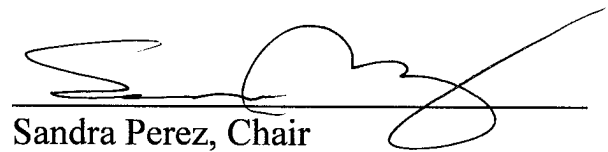


## 5. DISCUSSION ITEMS FOR NEXT MEETING

No.	Action Item	Responsible Party
1.	UHC – send copy of healthy notes, “Why UHC is Calling” flyer	UHC
2.	UHC – cost/benefit analysis for DHP, Diabetes DM and DPCA	UHC
3.	Standard ER copays for both municipalities and UHC book of business	UHC
4.	Confirm A1c>9%, breakdown of Diabetic population by EE, SP, and CH	UHC
5.	Estimated Cost Savings using Center of Excellence	UHC
6.	Criteria to be considered a Center of Excellence	UHC
7.	Benchmark Report	Aon
8.	UHC to provide list of inappropriate ER use	UHC

6. **ADJOURNMENT**

*Having no further business to address, the meeting adjourned at 3:25 p.m.*



Sandra Perez, Chair  
Interim Human Resources Director