

Meeting Date	Site	Meeting Location	Name	Employee Type	Organization, Agency or Employer	Subject of Concern	Comments
1/4/2016	DelTech Terry Campus	Dover	Tandi Cook	Active Employee	Cesar Rodney School District	Final Report Comments	<p>Not aware could print out the report. Commented on the DelaWELL incentive of \$100/\$200, it was very difficult to meet that incentive; it was very hard to meet with those people because you're working & have to talk to them on the phone to come up with a plan. I walked into it and brought my A1C down from 11 to 8.4 which is really great. Don't agree with giving people monetary incentives to get things done. Ms. Cook asked if the Obama Care services that have been required now that weren't before have an effect on what services people are using now.</p> <p>>> Obama Care has been in place since 2010 and believes no impact made from 2010 to most of 2014 since there were no significant change in the per member per month cost. Asked if the slide where it shows the State invested \$47.1M into the State Healthcare if this was an increase from previous year.</p> <p>>> during some years, this was zero since there was a surplus or able to find other savings. That was the highest allocation since I've been in this position for almost ten years.</p> <p>Ms. Cook shared a previous experience in the past couple of years where she saw a foot doctor who diagnosed her and recommended foot surgery. The insurance company denied the MRI; then sent to a pain management provider and received injection which aggravated both legs and the pain. This ended up being a back issue not a foot; then saw a chiropractor, walking with no pain and no surgery. The cost savings of seeking a natural healer versus surgery adds up. Recommended to focus more on the preventative with natural or holistic healing versus surgery and take some steps before a person gets into that surgery area.</p> <p>Ms. Cook expressed concern on the recommendation of going to LabCorp versus going to the hospital as the hospital can draw the blood the first time. The quality of service received from some of these labs who hire whomever that don't know how to take blood is tremendous. I do take a little insult when we are told we don't know what it costs – we do know what it costs – we can't afford it. That's why we're scared, why I'm sitting here because I'm afraid my insurance is going to be \$700 a month with a \$7,000 co-pay where I don't even spend \$7,000 a year in health costs. I use the ASIFlex, and this should be promoted more as my co-workers don't know what this is. If you make us go to another hospital, are we may end up out of state.</p> <p>3rd Comment > Asked if going to do a survey on exactly what you're paying to the hospitals or whatever providers to find out what paying for each service</p> <p>>> Currently hospitals are billing for an aspirin, x-ray, therapy, etc and we are trying to get these services bundled.</p>
1/4/2016	DelTech Terry Campus	Dover	Diana Maurer	Active Employee	DHSS-DPH	High Risk Claims	<p>When speaking of the claims versus premiums, then you stated we are benchmarking the plans and the cost – it appears to me the primary cause is the claims, why are we not focusing more on why we have higher amount of claims, what is the reason for those claims, the hospitals are charging a much higher rate and heard it said that we have a higher risk score. My thinking is to focus more in that area to figure out why we have such a high risk and claims.</p> <p>>> There is information out there saying Delaware has a higher risk score, not just the health care plan, but Delaware as a whole. We need to try and make sure people are using the tools they need whether it's weight management, stop smoking, stress relief, etc as we like to give you those tools to manage those. If you visit the SBO website, in either the October 25th or September 24th meeting, there is a Trend Driver Analysis by Truven that you can view. This looked at the differences in the medical and prescription costs for FY14 and FY15 which we are continuing to focus on.</p> <p>When you do data mine from the prescriptions, does that drill down to the exact diagnosis.</p> <p>>> yes, this tells us if we need to focus more on diabetics, on anti-depressants, cancer drugs.</p> <p>Is the problem this takes a while to do this data mining and there has to be a quick fix.</p> <p>>> there is no quick fix. Information must be looked at and determined what is the best way to try and resolve the problem. Sometimes the methods offer up to try and resolve the problem, may meet resistance in asking members to do certain things and may not want to do. The program was scaled down this year but there's no money to pay the \$100/\$200 incentive.</p> <p>Ms. Maurer commented she did do the DelaWELL program for two years and did not experience any problems.</p>
1/4/2016	DelTech Terry Campus	Dover	Suzanne Mihok	Active Employee	DHSS-DPH	Presentation Comments	<p>For slide 10 or 11, do you know what led the spike.</p> <p>>> Yes, there was about a 30% increase in high cost claimants which are people that had severe illnesses who were in the hospital longer than normal. Between FY14 Q3 and Q4, there was a huge increase. From FY14 Q3 to FY15 Q3 that's were the really steep line appears and this is the area we were focusing on. A lot of high cost claimants, severe diagnosis, out-patient surgery are services that not only the State of Delaware was seeing. The economy was getting better, and those who may have put off elective surgeries could do now. The pharmacy increase was huge.</p> <p>2nd Comment: there is a huge opportunity to educate the employees, comparing the price of a knee replacement here to there. Thought DelaWELL was pretty easy to use. Never heard of The Centers for Excellence. Education is a primary driver to know there are these big differences.</p> <p>3rd Comment: non-Medicare retirees are a much smaller piece of the pie, so if you average them in with the actives, which is what is done to determine the rates, those bars will be closer.</p>

Meeting Date	Site	Meeting Location	Name	Employee Type	Organization, Agency or Employer	Subject of Concern	Comments
1/4/2016	DelTech Terry Campus	Dover	Wanda Pfeiffer	Retiree		non-Medicare Retirees	<p>Asked for options for the non-Medicare retirees and why are they being considered to separate from the plan and where does it go from here.</p> <p>>> If you look at all of the presentations from the Task Force meetings, these reviewed plan design changes, splitting the premium cost share differently, changing things for retirees and really these were all options that the consultant felt obligated to present to the Task Force to consider as there are a lot of companies are switching their retirees to exchanges or as seen on the slide with the graph, the middle two bars show the NM retirees. They pay the same premium as our active employees but as seen, the red bar represents their claims which are significant higher than the premiums, that has always been the case and the State has taken the position to not change it. It is something that needs to be considered. The report went to the Governor and to the Legislators who will consider the information of the findings and recommendations as some of the changes will require legislation if they choose to pursue those items. Some of the changes can be approved by the State Employees Benefit Committee (SEBC).</p> <p>Ms. Pfeiffer commented she understands State employees have been sent emails about all of this but as a retiree, not sure if retirees know about this as she did not know until recently.</p> <p>>> notices should have come from the Pension Office and we will check on this.</p> <p>2nd Comment: When they took that 8%, will they look at the total cost of health care. Then took non-Medicare retirees out of that group, what's the cost savings from that and is it significant enough to separate the non-Medicare retirees out.</p> <p>>> there would be a cost savings to the State if the non-Medicare retirees were looked at separately, but their premium and rates would be higher.</p>
1/4/2016	DelTech Terry Campus	Dover	Patty Shockley	Active Employee	DHSS-DPH	Primary Drivers	<p>Asked for confirmation of the primary drivers of the claims which is what we're paying for whether it's hospitalization, prescriptions, chronic illnesses versus people getting elective surgeries.</p> <p>>> what we are looking for is what is reasonable to ask of our member population to try and stay healthy and there are a lot of things outside of your control, but for those things in your control, we are asking to work together to improve on this.</p>
1/4/2016	DelTech Terry Campus	Dover	Joseph Shockley	Active Employee	DNREC	non-Medicare Retirees	<p>I'm a little confused by the Per Capital Claims vs Premiums on non-Medicare retirees which is only 8% of the population sample where the other 73% is much lower, that skew should balance out in the long run.</p> <p>>> this does balance out if you put the two together.</p>
1/4/2016	DelTech Terry Campus	Dover	Randy Cook	Spouse		non-Medicare Retirees	<p>Asked if chart shown is for non-Medicare retirees for this past year</p> <p>>> it is for FY15.</p> <p>Then asked if we have information for previous years</p> <p>>> yes, would not see the red bar higher than the blue bar as for most years claims did not exceed the premiums. This is why we are here tonight, because our claims were so much higher than the premiums.</p> <p>Mr. Cook shared his concern that people wear out, depending on the type of work done, people may wear out quicker. We should honorably take care of our people that have worked 25 years plus. A lot of this, we know it's expensive or we wouldn't have insurance and just pay for it ourselves. We have not seen the list of excellent care facilities & need this available. Should negotiate as SOD is the largest employer in the State.</p> <p>>> More information will be posted like where to go for certain services. The Centers of Excellence depends upon the type of service with many different stipulations; trying to keep people in the SOD; there are some limitations.</p>
1/4/2016	DelTech Terry Campus	Dover	Jerry Platt	Active Employee	DOS	Medical & Prescription Drivers	<p>Inquired if known the breakdown of each for medical and prescriptions and which is the biggest cost driver.</p> <p>>> medical is about 70% and prescription is 30% with prescription moving to a higher percentage every year.</p>
1/4/2016	DelTech Terry Campus	Dover	George Yocher	Active Employee	DHSS	Task Force Suggestion Mailbox	<p>Asked if the Suggestion Mailbox is still available >> mailbox still open through June 2016.</p>
1/4/2016	DelTech Terry Campus	Dover	Melanie Rapp	Active Employee	DNREC	Next Steps	<p>Asked what are the next steps and what is the timeline.</p> <p>>> the timeline will depend upon what the item is. There may be items that SEBC can act upon before next spring. Some items are more long term and may require legislation. There will be momentum to look at more analysis of what's causing the cost drivers, how do we address them whether with more education.</p>
1/4/2016	DelTech Terry Campus	Dover	Jane Lane	Active Employee	DTCC-Terry Campus-Benefits	non-Medicare Retirees	<p>How many non-Medicare retirees are outside of the State of Delaware (California or Florida)</p> <p>>> not a lot as there is a small percentage that move outside of Delaware.</p>