



Agenda
Thursday, May 1, 2014

8:30-10:00am

ADM 204

Access Number: 1-907-786-6755

Passcode: 83249

- I. Call to Order
- II. Introduction of Members, New Members, and Guests

2013-2014 Classified Council Membership

Tamah Haynes, President*	12-14	Amie Stanley	13-15
Kathy Smith, Co-Vice President*	13-15	Susan Moran	13-15
Louise Kempker, Co-Vice President**	12-14	Janelle North	13-15
Sarah Pace, Secretary*	12-14	Ryan Buchholdt	13-15
Ashlyn Antonelli	13-15	Elizabeth Winfree*	12-14
Bobbie Farfalla-Ivanoff (Kodiak)	13-15	Fannie Slaten	12-14
Dave Robinson	13-15	Kim Heidemann	12-14
Rebecca Huerta*	13-15	Maureen Hunt (Mat-su) *	12-14
Vacant (KPC)	13-15	Nancy Hall**	12-14
Wendy Goldstein (PWSCC)	13-15	Katalin Frost	13-15
Dana Collins	13-15	Chris Triplett	13-15
Jamey Cordery	13-15		

*Assembly Reps **Alternate Assembly Reps

2014-2015 Classified Council Membership

Kathy Smith	13-15	Katalin Frost	13-15
Ashlyn Antonelli	13-15	Chris Triplett	13-15
Bobbie Farfalla-Ivanoff (Kodiak)	13-15	Elizabeth Winfree	14-16
Dave Robinson	13-15	Keri Shoemaker	14-16
Rebecca Huerta	13-15	Caitlin Poindexter	14-16
Vacant (KPC)	13-15	Kim Heidemann	14-16
Wendy Goldstein (PWSCC)	13-15	Marie Williams	14-16
Dana Collins	13-15	Maureen Hunt (Mat-su)	14-16
Jamey Cordery	13-15	Fannie Slaten	14-16
Amie Stanley	13-15	Nancy Hall	14-16
Susan Moran	13-15	Pending Position (Write in)	14-16
Janelle North	13-15	Pending Position (Write in)	14-16
Ryan Buchholdt	13-15		

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- III. Approval of Agenda (pg. 1-3)
- IV. Approval of Summary (pg.4-7)
- V. Reports
- A. **Prioritization** – *Ryan Buchholdt*
 - B. **President** – *Tamah Haynes*
 - C. **Staff Alliance** – *Tamah Haynes* (pg. 8-11)
www.alaska.edu/governance/
2nd Tuesday of the month, 10am – Noon, Google Hangout
 - D. **Staff Health Care Committee** – *Tamah Haynes* (pg. 12-136)
Chair: *Monique Musick* (SW)
Members: *Gwenna Richardson* (UAS), *Melodee Monson*, & *Tamah Haynes* (UAA)
Ashlyn Antonelli (alternate) and *Betty Hernandez* (alternate)
 - E. **Staff Compensation Committee** – *Tamah Haynes*
Google Hangout
Chair: *Brad Krick* (UAF)
Members: *Alex Amegashie* (SW), *Monique Musick* (SW), *MaryAlice Short*, *Dave Robinson* (UAA), *John Moore* (UAA) and *Tamah Haynes* (UAA), *Dayna Mackey* (UAS), *Gwenna Richardson* (UAS), and *Mike Cox* (UAF)
 - F. **UAA Assembly** – *Liz Winfree* (pg. 137-138)
www.uaa.alaska.edu/governance/assembly/index.cfm
Meets 2nd Thursday 1:00-3:30 pm, LIB 302A (open)
President - *Elizabeth Winfree*
Members: *Tamah Haynes*, *Rebecca Huerta*, *Maureen Hunt*, *Sarah Pace*, *Kathy Smith*
Alternate: *Nancy Hall* and *Louise Kempker*
 - G. **Joint Health Care Committee** – *Tamah Haynes* (pg. 12-136)
www.alaska.edu/benefits/joint-health-care-committ/
Voting Members: *Monique Musick* (SW) & *Gwenna Richardson* (UAS)
Alternate: *Tamah Haynes* (UAA)
 - H. **Diversity Action Council** – *Jamey Cordery* (pg. 139-143)
www.uaa.alaska.edu/dac/
2nd Friday of the month, 9:00-10:30 am, Student Union, Lyla Richards Rm 103 (open)
 - I. **Campus Safety Committee** – *Fannie Slaten* – alternate (pg. 144-145)
www.uaa.alaska.edu/safety
www.uaa.alaska.edu/students/campussafety.cfm
www.uaa.alaska.edu/students/drugfreeschoolsreport.cfm
www.uaa.alaska.edu/students/drugfreeschoolsreport.cfm
Risk management: www.uaa.alaska.edu/EHSRMS/risk/
 - J. **Classified Council Social Committee** - Chair: *Rebecca Huerta* (pg. 146)
Members: *Susan Moran*, and *Fannie Slaten*

- K. **System Governance** – *Liz Winfree* (pg. 138)
 - L. **Development Day Committee** – *Kathy Smith, Tamah Haynes, Janelle North, & Chris Triplett*
 - M. **Faculty & Staff Convocation Committee** – *Tamah Haynes*
 - N. **Planning and Budget Advisory Council (PBAC)**- (ex-officio) *Tamah Haynes*
www.uaa.alaska.edu/pbac/
 - O. **APT/Classified Council Marketing and Communications Committee** (pg. 147-148)
APT Members: *Betty Hernandez and Kathy McCoy*
CC Members: *Ashlyn Antonelli, Janelle North, and Katie Frost*
- VI. Old Business
- VII. New Business
- A. 2014-2015 Membership List (pg. 149)
 - B. Officer and Committee Elections
 - i. Officer Positions
 - 1. President
 - 2. Vice President
 - 3. Secretary
 - ii. University Committee Positions
 - 1. University Assembly (5 members: CC President, 1 Community Campus representative, remainder Anchorage, 1 alternate)
 - 2. Campus Safety Committee
 - C. Certificates of Appreciation
- VIII. Informational Item
- A. UAA/APU Consortium Library Yard Sale (pg. 150)
 - B. UAF Cooperative Extension Service – Roberts Rules booklet
<http://www.uaf.edu/files/ces/publications-db/catalog/cred/CRD-00018.pdf>
- IX. Adjourn



Summary
Thursday, April 3, 2014

8:45-9:20am

ADM 204

Access Number: 1-907-786-6755

Passcode: 83249

- I. Call to Order 8:35am
- II. Introduction of Members, New Members, and Guests

2013-2014 Classified Council Membership

X	Tamah Haynes, President*	12-14	X	Amie Stanley	13-15
X	Kathy Smith, Co-Vice President*	13-15	X	Susan Moran	13-15
E	Louise Kempker, Co-Vice President**	12-14	X	Janelle North	13-15
E	Sarah Pace, Secretary*	12-14	X	Ryan Buchholdt	13-15
X	Ashlyn Antonelli	13-15	X	Elizabeth Winfree*	12-14
X	Bobbie Farfalla-Ivanoff (Kodiak)	13-15	X	Fannie Slaten	12-14
X	Dave Robinson	13-15	X	Maureen Hunt (Mat-su) *	12-14
X	Rebecca Huerta*	13-15	X	Nancy Hall**	12-14
E	Teena Dyer (KPC)	13-15	X	Katalin Frost	13-15
	Wendy Goldstein (PWSCC)	13-15	X	Chris Triplett	13-15
X	Dana Collins	13-15			
X	Jamey Cordery	13-15			

*Assembly Reps **Alternate Assembly Reps

- III. Approval of Agenda (pg. 1-3)
Approved
- IV. Approval of Summary (pg.4-7)
Approved

V. Reports

- A. **Prioritization** – *Ryan Buchholdt*
- B. **President** – *Tamah Haynes*
- C. **Staff Alliance** – *Tamah Haynes* (pg. 8-10)
www.alaska.edu/governance/
2nd Tuesday of the month, 10am – Noon, Google Hangout
- D. **Staff Health Care Committee** – *Tamah Haynes* (pg. 11-46)
Chair: *Monique Musick* (SW)
Members: *Gwenna Richardson* (UAS), *Melodee Monson*, & *Tamah Haynes* (UAA)
Ashlyn Antonelli (alternate) and *Betty Hernandez* (alternate)
- E. **Staff Compensation Committee** – *Tamah Haynes* (pg. 47-52)
Google Hangout
Chair: *Brad Krick* (UAF)
Members: *Alex Amegashie* (SW), *Monique Musick* (SW), *MaryAlice Short*, *Dave Robinson* (UAA), *John Moore* (UAA) and *Tamah Haynes* (UAA), *Dayna Mackey* (UAS), *Gwenna Richardson* (UAS), and *Mike Cox* (UAF)
- F. **UAA Assembly** – *Liz Winfree*
www.uaa.alaska.edu/governance/assembly/index.cfm
Meets 2nd Thursday 1:00-3:30 pm, LIB 302A (open)
President - *Elizabeth Winfree*
Members: *Tamah Haynes*, *Rebecca Huerta*, *Maureen Hunt*, *Sarah Pace*, *Kathy Smith*
Alternate: *Nancy Hall* and *Louise Kempker*
- G. **Joint Health Care Committee** – *Tamah Haynes* (pg. 11-12 and 17-46)
www.alaska.edu/benefits/joint-health-care-committ/
Voting Members: *Monique Musick* (SW) & *Gwenna Richardson* (UAS)
Alternate: *Tamah Haynes* (UAA)
- H. **Diversity Action Council** – *Jamey Cordery* (pg. 53)
www.uaa.alaska.edu/dac/
2nd Friday of the month, 9:00-10:30 am, Student Union, Lyla Richards Rm 103 (open)
- I. **Campus Safety Committee** – *Fannie Slaten* – alternate
Rescheduled to Friday, April 18, 2014 from 9:00-10:00am.
www.uaa.alaska.edu/safety
www.uaa.alaska.edu/students/campussafety.cfm
www.uaa.alaska.edu/students/drugfreeschoolsreport.cfm
www.uaa.alaska.edu/students/drugfreeschoolsreport.cfm
Risk management: www.uaa.alaska.edu/EHSRMS/risk/
- J. **Classified Council Social Committee** - Chair: *Rebecca Huerta*
Members: *Susan Moran*, and *Fannie Slaten*

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- K. **System Governance** – *Liz Winfree* (pg. 54)
- L. **Development Day Committee** – *Kathy Smith, Tamah Haynes, Janelle North, & Chris Triplett* (pg. 55-56)
- M. **Faculty & Staff Convocation Committee** – *Tamah Haynes*
- N. **Planning and Budget Advisory Council (PBAC)**- (ex-officio) *Tamah Haynes*
www.uaa.alaska.edu/pbac/
- O. **APT/Classified Council Marketing and Communications Committee** (pg. 57)
APT Members: *Betty Hernandez and Kathy McCoy*
CC Members: *Ashlyn Antonelli, Amie Stanley, and Katie Frost*
- VI. Old Business
- A. Weapons on Campus – SB 176 and HB 335 – Resolution passed (pg. 58)
- B. Dean Survey – Addressing in Joint meeting
- C. Staff Council (merging CC/APT) – Addressing in Joint meeting
- VII. New Business
- A. Care Team Presentation, Lisa Terwilliger, 9:00-9:15am
The three main focus points for the UAA Care Team are:
- i. **SAFETY**
- *Individual Care—Reach out, offer solutions*
 - *Community Safety—Solutions focus on the balance community needs*
 - *De-escalate situations quickly*
- ii. **PREVENTION**
- *Address underlying causes of concerning behavior*
 - *Catch the problem before it becomes bigger*
 - *Create Bystander Awareness vs. Big Brother Mentality*
- iii. **RESPONSE/RESULTS**
- *Increase reports, increase response*
 - *Increase response, decrease escalating behavior*
 - *“Carefrontation” with lower risk cases = Prevention*
 - *“Sense Something...Say Something...Do Something”*
- If you have an informal or direct report or concern about a student please contact:*
- *Dean of Students office: 786-1214*
 - *Careteam Office: 786-6065 in PSB 119 or at care@uaa.alaska.edu*
 - *DOS Counselor: 786-6158*
- A. Discuss Suggestions to be brought to Chancellor Case, Vice Chancellor Bill Spindle and/or President Gamble.

VIII. Informational Items

- A. Classified Council Elections Timeline (pg. 59-60)
- B. The Joint APT-CC Special Budget Meeting with Vice Chancellor Spindle will be held on Wednesday, April 16th from 1:30-2:30pm in LIB 307.
- C. UAF Cooperative Extension Service – Roberts Rules booklet
<http://www.uaf.edu/files/ces/publications-db/catalog/cred/CRD-00018.pdf>

IX. Adjourn 9:20am



UNIVERSITY
of ALASKA
Many Traditions One Alaska

Staff Alliance
Minutes
Tuesday, April 8 2014
Via Google Hangout

Call to Order and Roll Call

Monique Musick called the meeting to order at 10:00 a.m. on Tuesday, April 8, 2014.

Voting Members Present:

Monique Musick, Vice Chair, Staff Alliance 2013-14; Vice President, SAA 2013-14
Tamah Haynes, President, UAA Classified Council 2013-2014
Gwenna Richardson, President, UAS Staff Council 2011-2014
Dayna Mackey, Vice President, UAS Staff Council 2013-2014
Brad Krick, President, UAF Staff Council 2013-2014
Ashley Munro, Vice President, UAF Staff Council 2013-2014

Voting Members Absent:

Carey Brown, Chair, Staff Alliance 2013-14; UAA APT Council 2013-2014
Alex Amegashie representing Dory Straight, President, SAA 2013-2014

Staff Present:

LaNora Tolman, Executive Officer, System Governance
Joseph Altman, Coordinator, System Governance

Agenda Adopted and Minutes Approved

Ashley Munro moved to adopt the agenda as presented and Tamah seconded. None opposed.
Motion: “The Staff Alliance adopts the agenda as presented. This motion is effective April 8, 2014.”

Brad Krick moved to approve the March 12, 2014 minutes seconded by Dayna Mackey. None opposed.

Motion: “The Staff Alliance approves the March 12, 2014 as presented.”

Staff Alliance Chair’s Report

Monique Musick emailed a copy of the Board of Regents report. She took Carey Brown’s place at the April Board of Regents’ meeting in Kodiak and gave the Staff Alliance Governance Report. The BOR approved the Shaping Alaska’s Future draft. The draft metrics matrix was currently under discussion. Staff were directed to send feedback through the Governance Office to Vice President Dana Thomas. The board also passed the system wide common calendar and general education requirements.

Staff Governance Reports

- UAS Staff Council: Gwenna Richardson
 - Staff Development Day on May 14
 - Who will win the Staff Excellence Award under discussion – received 35 nominations – online form seemed to go more smoothly than the Staff Make Students Count pdf form
 - Biometric screening is set up
 - Nominations for new Staff Council president were under way

- UAA APT Council and Classified Council: Tamah Haynes
 - *Classified* had a Care Team presentation from Lisa Terwilliger with the three main points being Safety, Prevention, and Response/Results
 - Conducted a joint APT and Classified Council meeting which heard from the following presenters:
 - Erika Van Flein, Director of Benefits on the upcoming benefit changes and the Healthyroads
 - Larry Foster on the Deans Survey – request Staff Councils consider making Staff Dean Survey
 - Susan Kalina and Megan Carlson on the Accreditation Update
 - Unanimously approved for the 2014-2015 academic year APT and Classified Council will do a test run of four separate and four combined meetings

- UAF Staff Council: Brad Krick
 - A resolution passed asking the chancellor to bring the bullying training onboard and make it mandatory for supervisors by July 1 and all employees by Dec. 1
 - A new safety training started
 - Staff Council was invited to the executive leadership meeting (deans/directors) to discuss the budget issues

- Statewide Administration Assembly: Monique Musick
 - Core Values first draft was ready to submit to SAA at the next meeting. The list of values includes integrity, respect, service, and innovation.
 - Nominations and elections were in process

Staff Alliance Committee Reports

- Staff Health Care Committee and Joint Health Care Committee: Monique Musick
 - Next SHCC meeting was scheduled for April 24
 - Next JHCC meeting was scheduled for April 18
 - Discussion about the rebate and biometrics. Questions asked, what is the criteria? What fits the UA population?
 - Erika Van Flein to provide examples at the next meeting. Staff are the largest group and should be included in the discussion

- Compensation Working Group: Brad Krick
Brad met with SW HR about last year's proposals and received answers to questions. He stated he would send notes to the alliance. The quick draft rewrites will be submitted at their next meeting. Errors of fact were being corrected. There were misunderstandings about how the money was allotted.

External Administration Committee/Council Reports

- IT Executive Council – ITEC: Monique Musick
ITEC was still asking for agenda items.
- Student Services Council: Dayna Mackey
 - Discussed BOR regulations and reviewing for changes
 - Discussed UA Scholarship reception and who pays
 - Discussed concealed weapon issue re: SB 176
- Tuition Task Force : Dayna Mackey
Recruiting new students can be difficult. Out-of-State Tuition rates were discussed – BOR policy allows the chancellors to set those rates – mixed ideas on whether the rates should be a dollar figure or a percentage. Saichi Oba was sending his recommendation to President Gamble and the BOR.
- Hotline Committee: Monique Musick
The committee was working on language and categories and talking about how to get immediate feedback. They also discussed a retaliation policy.

The Ally, Staff Alliance's Blog

Monique posted the BOR Governance Report.

New Business

- Personal Services Budget for FY15
LaNora shared how the \$15,000 payout to the chair works and asked the alliance to look at how to spend the dollars. Ongoing discussion to be included on next month's agenda.
- Motion: Tabled until next meeting - Potential motion on BOR Policy and UA Regulations in insuring the support of supervisors in the role of governance
- August Retreat Dates

The Coalition of Student Leaders retreat is scheduled for Friday and Saturday, August 15 and 16. Will be discussed at the May meeting.

Ongoing Business Topics

- Constitution and Bylaws – adding secretary and treasurer officers (Monique Musick to draft descriptions)

Monique said that adding a secretary and treasurer would take more time. She noticed the chair is in the constitution and the vice chair is listed in the bylaws. It will take a major draft to add the changes. Everyone was asked to look at it and compare it to their own constitution and bylaws and to send Monique suggestions.

- SB 176 Update: Monique Musick
Information is updated on the State Relations website. There was a CSSB, and committee substitute re-write. Staff Alliance supported the UA

Other Items of Concern or Comments

Monique Musick updated the group on the Legislative Session, which ends on April 20. Staff salaries are in the operational budget for 2% increase and 1 day extra personal leave for both non-exempt and exempt.

Agenda Items for May 13, 2014 Meeting

- Personal Services Budget
- Motion re: shared governance support from supervisors
- Finalize August retreat dates
- Constitution and bylaws review with secretary and treasurer additions
- Legislative Session update – ask Chris Christensen or Michelle Rizk
- Shaping Alaska's Future – How staff fit in to the effects
- Academic Calendar Update

Adjourn

Gwenna Richardson moved to adjourn with a second by Brad Krick. The meeting was adjourned at 11:53 a.m.

Minutes taken by LaNora Tolman



University of Alaska JHCC Meeting

September 19, 2013



LOCKTON[®]

14

Lockton Dunning Benefits

Meeting Objectives

OBJECTIVES

SECTION 1 FY 13/ FY 14 Enrollment Migration & Financials Recap

SECTION 2 FY 13 Utilization

SECTION 3 Healthcare Reform Update

SECTION 4 Premera Programs

SECTION 5 Wellness Plan

SECTION 6 Vendor Summit

APPENDIX



Section I: FY 13/ FY 14 Enrollment Migration & Financials Recap

FY 14 Enrollment & Costs

FY 14 Enrollment Summary

- ❖ FY 14 Recap - Eliminated the 500 plan and added CDHP with HSA
- ❖ Enrolled headcounts decreased 2.8% from June 2013 to July 2013
- ❖ Estimated 150 individuals would enroll in the CDHP with HSA and 490 actually enrolled in the plan
 - 430 individuals setup an HSA
- ❖ HDHP enrollment decreased 22% and the 750 plan enrollment decreased 1.7%

FY 14 Costs

- ❖ Overall budgeted aggregate costs decreased \$1M or 1.6% from FY 13 at \$65,700,000 to \$64,700,000 for FY 14
- ❖ Budgeted Per Employee Per Year (PEPY) costs increased 1.2% from FY 13 to FY 14 from \$16,696 to \$16,900
- ❖ Budgeted Employee Contributions decreased from \$13,900,000 to \$11,500,000
 - The \$11,500,000 is 18% of the budgeted funding rates. Overall FY 14 claims experience will determine the final FY 14 over or under recovery

FY 14 PEPY Cost & Employee Contributions

	Funding Rates		FY 13 (July 12 to June13)	FY 13 (July 13 to June 14)	FY 13 (July 12 to June 13)	FY 14 (July 13 to June 14)
	FY13	FY14	June 2013 Headcounts	July 2013 Headcounts	July 2012 Cost - June 2013 Ees	July 2013 Cost
500 Plan						
EE	\$923.10		53	0	\$48,924	\$0
EE+SP	\$1,846.18		50	0	\$92,309	\$0
EE+CH	\$1,661.58		10	0	\$16,616	\$0
EE+FAM	\$2,584.68		27	0	\$69,786	\$0
Total			140	0	\$227,635	\$0
750 Plan						
EE	\$789.21	\$823.72	694	699	\$547,712	\$575,780
EE+SP	\$1,578.40	\$1,635.54	449	473	\$708,702	\$773,610
EE+CH	\$1,420.57		251		\$356,563	
EE+FAM	\$2,209.78		471		\$1,040,806	
EE + 1 Child		\$1,129.63		147		\$180,756
EE+2 CH		\$1,554.36		69		\$107,251
EE+3 or more CH		\$1,797.90		23		\$41,352
EE,Spouse, 1 CH		\$2,041.44		163		\$332,755
EE,Spouse, 2 CH		\$2,366.17		158		\$373,855
EE, Spouse, 3 or more CH		\$2,609.71		101		\$263,581
Total			1,865	1,833	\$2,653,783	\$2,648,939
HDHP Plan						
EE	\$721.30	\$757.22	725	567	\$522,943	\$429,344
EE+SP	\$1,442.57	\$1,502.52	377	311	\$543,849	\$467,284
EE+CH	\$1,298.33		202		\$262,263	
EE+FAM	\$2,019.63		626		\$1,264,288	
EE + 1 Child		\$1,129.87		87		\$98,299
EE+2 CH		\$1,427.99		55		\$78,539
EE+3 or more CH		\$1,651.59		22		\$36,335
EE,Spouse, 1 CH		\$1,875.18		177		\$331,907
EE,Spouse, 2 CH		\$2,173.30		197		\$428,140
EE, Spouse, 3 or more CH		\$2,396.89		87		\$208,529
Total			1930	1503	\$2,593,342	\$2,078,377
CDHP Plan						
EE		\$691.66		176	\$0	\$121,732
EE+SP		\$1,371.41		70	\$0	\$95,999
EE+CH					\$0	\$0
EE+FAM					\$0	\$0
EE + 1 Child		\$1,031.53		15		\$15,473
EE+2 CH		\$1,303.43		16		\$20,855
EE+3 or more CH		\$1,507.36		5		\$7,537
EE,Spouse, 1 CH		\$1,711.28		84		\$143,748
EE,Spouse, 2 CH		\$1,983.18		77		\$152,705
EE, Spouse, 3 or more CH		\$2,187.11		47		\$102,794
Total				490	\$0	\$660,842
Monthly Total			3,935	3,826	\$5,474,761	\$5,388,158
Annual Total					\$65,697,128	\$64,657,898
PEPY					\$16,696	\$16,900

- Overall headcounts decreased 2.8%
- HDHP Plan headcounts decreased 22%
- Overall gross cost decreased 1.6%
- PEPY costs increased 1.2% from FY 13 to FY14

EE Contributions
\$13,886,982

EE Contributions
\$11,532,548

FY 14 Enrollment Summary

EMPLOYEE COUNTS

500 Plan

	FY 13	FY 14		
Plan Name	500 Plan	500 Plan	# change	% Change
# of Employees	140	0	-140	-100%
<p>Plan no longer offered for FY13 112 people went to 750 Plan 8 people went to HDHP Plan 7 people went to CDHP Plan</p> <p><u>From FY 13 to FY 14</u> 13 people dropped from the census who were enrolled in the 500 plan (deduct)</p>				

750 Plan

	FY 13	FY 14		
Plan Name	750 Plan	750 Plan	Change	% Change
# of Employees	1,865	1,833	-32	-2%
<p>Decreased 32 people 112 people from 500 plan (add) 150 people from HDHP plan (add) 133 people went to HDHP Plan (deduct) 96 people went to CDHP Plan (deduct)</p> <p><u>From FY 13 to FY 14</u> 104 people dropped from the census who were enrolled in the 750 plan (deduct) 39 people added to the census who enrolled in the 750 plan (add)</p>				

FY 14 Enrollment Summary

HDHP

	FY 13	FY 14		
Plan Name	HDHP Plan	HDHP Plan	Change	% Change
# of Employees	1930	1,503	-427	-22%
<p>Decreased 427 8 moved from 500 Plan (add) 133 people from 750 Plan (add) 150 people went to 750 Plan (deduct) 359 people went to CDHP (deduct)</p> <p><u>From FY 13 to FY 14</u> 111 people dropped from the census who were enrolled in the HDHP (deduct) 52 people added to the census who enrolled in the HDHP (add)</p>				

CDHP

	FY 13	FY 14		
Plan Name	CDHP Plan	CDHP Plan	Change	% Change
# of Employees	0	490	490	N/A
<p>28 new enrollments into the CDHP 7 people moved from 500 plan 96 people moved from 750 Plan 359 people moved from HDHP</p>				

Opt-Outs

	FY 13	FY 14		
Opt-outs	Opt-outs	Opt-outs	Change	% Change
# of Employees	623	633	10	2%
<p>607 continued Waivers from FY 13 to FY 14 26 New waivers for FY 14</p>				



Section II: FY 13 Utilization

Premera Medical – Inpatient & Outpatient

❖ Inpatient

- Paid claims per member per month (PMPM) for inpatient services increased from \$79.03 for FY12 (7/11-6/12) to \$93.21 for FY13 (7/12-6/13)
- The average length of stay for inpatient services increased from 4.22 days to 5.77 days and FY13 was above the Premera Norm of 4.93 days
- Paid claims per admissions increased from \$18,966 for FY12 to \$22,934 for FY13

❖ Outpatient

- Paid claims PMPM for outpatient services decreased from \$92.00 for FY12 to \$83.53 for FY13 and was below the Premera Norm of \$84.88
- Outpatient services per 1,000 members decreased from 4,200 for FY12 to 3,835 for FY13

Norm is based on Premera's Alaska large group book of business

Medical Utilization

Utilization Category	FY12	FY13	% Change over FY12	Norm
Inpatient				
Paid Claims Per Member Per Month	\$79.03	\$93.21	18%	\$82.41
Admissions Per 1000 Members	50	49	-2%	57
Days Per 1000 Members	211	281	33%	282
Average Length of Stay	4.2	5.8	37%	4.9
Paid Claims Per Admission	\$18,966	\$22,934	21%	\$17,265
Outpatient				
Paid Claims Per Member Per Month	\$92.00	\$83.53	-9%	\$84.88
Visits Per 1000 Members	1,114	1,036	-7%	998
Paid Claims Per Visit	\$991.39	\$967.43	-2%	\$1,020.55
Services Per 1000 Members	4,200	3,835	-9%	3,950
Services Per Visit	3.8	3.7	-3%	4.0
Paid Claims Per Service	\$262.86	\$261.38	-1%	\$257.86
ER Utilization: Paid Claims PMPM	\$16.34	\$16.35	0%	\$19.10
ER Utilization: Visits Per 1000 Members	150.52	148.08	-2%	202.97
ER Utilization: Paid Claims Per Visit	\$1,302	\$1,325	2%	\$1,130
Professional Provider				
Paid Claims Per Member Per Month	\$192.11	\$193.27	1%	\$167.08
Services Per 1000 Members	16,569	16,191	-2%	16,083
Paid Claims Per Service	\$139.14	\$143.24	3%	\$124.66

Adult preventive visits – FY 12 – 3,790 and FY 13 – 3,574
 Norm is based on Premera's Alaska large group book of business

Premera Medical – Emergency Room & Large Claims

❖ Emergency Room

- ER paid claims per visit slightly increased from \$1,302.47 for FY12 to \$1,324.85 for FY13, and was above the Premera Norm of \$1,129.52
- Visits per 1,000 members for ER services decreased from 150.52 for FY12 to 148.08 for FY13 and was below the Premera norm of 202.97

❖ Large Claims

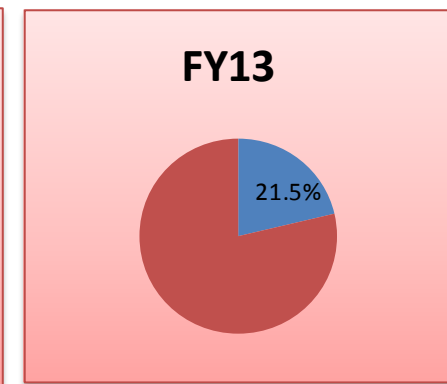
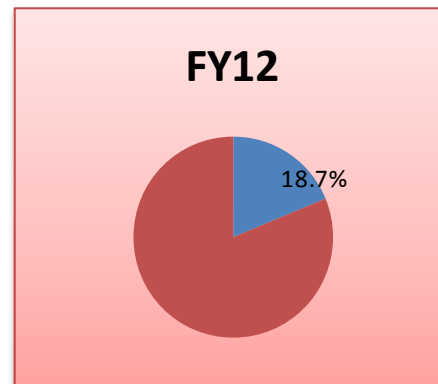
- The number of large claims decreased from FY12 compared to FY13 but the severity & aggregate dollar amount of the large claims increased for FY13
 - ❖ 59 large claimants over \$100k for FY13
 - Five were over \$400k with largest being a Bone Marrow Cancer at \$775,478
 - \$11,953,122 total paid in claims over \$100,000
 - ❖ 64 large claimants over \$100k for FY12
 - Two were over \$400k
 - \$10,911,862 total paid in claims over \$100,000
 - ❖ We would anticipate 54 claims over \$100,000
 - ❖ Average claim over \$100,000 in FY12 of \$170k compared to FY13 of \$186k
 - ❖ Large claimants as a % of total paid costs increased from 18.7% to 21.5%

Norm is based on Premera's Alaska large group book of business

Large Claims Analysis – FY12 vs. FY13

	FY12	FY13
Medical & Rx Spend	\$58,330,732	\$56,024,847
Average Monthly Employees	49,568	47,664
PEPM Cost	\$1,177	\$1,175
% Change Over Previous Fiscal Year		-0.1%
Total Paid for Large Claimants (Over \$100k)	10,911,862	11,953,122
# of Large Claimants (Over \$100k)	64	59
Average Large Claimant	\$170,498	\$186,355
% Change Over Previous Yr		9.3%
Without large claims	\$47,418,870	\$44,071,725
PEPM Cost	\$106	\$103
% Change Over Previous Yr		-3.3%

Large Claims above \$100k as a percentage of Total Medical & Rx Claims



Top 25 Claimants – FY13

Claimant	Diagnosis	Paid Claims
1	Bone Marrow Cancer	\$775,478
2	Arteries and Arterioles Disorders	\$754,736
3	Twin Birth, Mate Liveborn	\$469,365
4	Chronic Liver Disease and Cirrhosis	\$450,929
5	Acquired Hemolytic Anemias	\$432,401
6	Malignant Neoplasm of Pancreas	\$378,478
7	Malignant Neoplasm of Brain	\$342,933
8	Twin Birth, Mate Liveborn	\$304,545
9	Child Birth (No Complication)	\$289,128
10	Chronic Renal Failure	\$279,509
11	Lipoid Metabolism Disorders	\$258,739
12	Secondary Malignant Neoplasm	\$251,751
13	Cerebral Laceration and Contusion	\$239,499
14	Functional Dyspepsia	\$221,138
15	Malignant Neoplasm of Trachea, Bronchus, and Lung	\$213,676
16	Malignant Neoplasm of Colon	\$212,472
17	Malignant Neoplasm of Uterus	\$202,825
18	Malignant Melanoma of Skin	\$200,561
19	Vascular Insufficiency of Intestine	\$199,682
20	Malignant Neoplasm of Stomach	\$197,828
21	Intestinal Obstruction	\$196,139
22	Respiratory System and Chest Symptoms	\$193,617
23	Acute Myocardial Infarction	\$185,805
24	Malignant Neoplasm of Stomach	\$179,562
25	Osteoarthritis and Allied Disorders	\$178,205

\$7,608,999

Top 25 Claimants –FY12

Claimant	Diagnosis	Paid Claims
1	Chronic Renal Failure	\$731,172
2	Metabolic Disease	\$483,990
3	Other Complications of Internal Prosthetic Device, Implant, and Graft	\$358,115
4	Malignant Neoplasm of Colon	\$298,381
5	Malignant Neoplasm of Stomach	\$263,438
6	Chemotherapy	\$245,526
7	Migraine	\$243,490
8	Septicemia	\$232,189
9	Postoperation Infection	\$231,921
10	Malignant Neoplasm of Oropharynx	\$228,895
11	Cardiac Dysrhythmias	\$220,737
12	Complications of Devices, Implants, and Grafts	\$219,401
13	Congenital Anomalies of Heart	\$211,275
14	Malignant Neoplasm of Bone and Articular Cartilage	\$196,495
15	Chronic Renal Failure	\$191,112
16	Chronic Ischemic Heart Disease	\$174,963
17	Malignant Neoplasm of Ovary and Other Uterine Adnexa	\$174,074
18	Heart Failure	\$174,052
19	Bulbus Cordis Anomalies and Anomalies of Cardiac Septal Closure	\$171,154
20	Malignant Neoplasm of Prostate	\$165,373
21	Malignant Neoplasm of Colon	\$165,273
22	Multiple Sclerosis	\$165,067
23	Chronic Ischemic Heart Disease	\$161,545
24	Malignant Neoplasm of Stomach	\$160,936
25	Sarcoidosis	\$156,285

\$6,024,860

Major Diagnostic Category

Major Diagnosis Category	7/1/2011 - 6/30/2012			7/1/2012 - 6/30/2013		
	Paid PMPM	Total Paid Claims	Percentage of Overall Total	Paid PMPM	Total Paid Claims	Percentage of Overall Total
Health Status & Services	\$46.77	\$5,432,093	10.95%	\$67.79	\$7,322,315	15.36%
Musculoskeletal System	\$70.71	\$8,212,927	16.56%	\$60.27	\$6,510,459	13.66%
Other	\$39.14	\$4,546,663	9.17%	\$38.22	\$4,128,143	8.66%
Neoplasms	\$36.50	\$4,239,693	8.55%	\$34.48	\$3,724,914	7.81%
Circulatory System	\$27.64	\$3,211,001	6.48%	\$31.70	\$3,424,766	7.18%
Ill-Defined Conditions	\$28.65	\$3,327,320	6.71%	\$30.96	\$3,344,436	7.02%
Injury and Poisoning	\$25.26	\$2,933,702	5.92%	\$29.50	\$3,186,069	6.68%
Digestive System	\$24.54	\$2,850,120	5.75%	\$28.19	\$3,044,929	6.39%
Nervous System	\$24.55	\$2,851,141	5.75%	\$20.49	\$2,213,329	4.64%
Genitourinary System	\$25.42	\$2,953,117	5.96%	\$19.83	\$2,141,896	4.49%
Mental Disorders	\$17.14	\$1,990,946	4.01%	\$16.66	\$1,799,249	3.77%
Pregnancy and Related	\$13.76	\$1,598,515	3.22%	\$14.14	\$1,527,515	3.20%
Endocrine, Metabolic and Immunity	\$12.59	\$1,462,295	2.95%	\$14.02	\$1,514,825	3.18%
Respiratory System	\$15.12	\$1,756,301	3.54%	\$12.14	\$1,311,329	2.75%
Blood	\$2.07	\$239,874	0.48%	\$5.69	\$614,183	1.29%
Skin and Tissue	\$6.95	\$807,392	1.63%	\$5.21	\$562,495	1.18%
Infectious and Parasitic	\$3.40	\$394,367	0.80%	\$4.60	\$497,355	1.04%
Perinatal	\$0.91	\$105,548	0.21%	\$4.13	\$445,669	0.93%
Congenital Anomalies	\$5.80	\$673,391	1.36%	\$3.27	\$352,831	0.74%
Injury and Poisoning External Causes	\$0.01	\$1,328	0.00%	\$0.01	\$1,550	0.00%
Total	\$426.91	\$49,587,733	100.00%	\$441.29	\$47,668,258	100.00%

- Musculoskeletal System moved from #1 to #2
- Health Status & Services moved from #2 to #1

Member Responsibility

	FY 12
Allowed Charges	\$75,875,773
Employee Out of Pocket	
Deductible	\$4,958,672
Copays	\$1,242,744
Coinsurance	\$7,412,915
Member Responsibility	\$13,614,331
Member Cost Share (% of Allowed Charges)	17.9%

	FY13
Allowed Charges	\$77,758,389
Employee Out of Pocket	
Deductible	\$4,847,192
Copays	\$1,148,796
Coinsurance	\$8,565,571
Member Responsibility	\$14,561,559
Member Cost Share (% of Allowed Charges)	18.7%



Caremark - Pharmacy



Pharmacy Observations

- ❖ The total gross costs decreased \$386,410 from FY12 to FY13 from \$8,742,999 to \$8,356,589
 - PEPY decreased from \$884 to \$813
- ❖ The percent of mail order scripts/claims decreased from 19.8% to 18.2% for FY13
- ❖ The generic dispensing rate increased from 70.8% to 75.0%, a 5.9% increase
 - Caremark's Colleges and Universities book of business is 78.5%
- ❖ Specialty drug costs increased 22.1% from FY 12 to FY 13
- ❖ In FY13, 0.9% of the University's membership accounted for 21.3% of total gross drug spend
 - Specialty drugs for Caremark's Colleges and Universities book of business account for 21.5% of total Rx spend

Pharmacy FY 12 to FY13 Comparison

Eligibility	Jul-Jun 12	Jul-Jun 13	% Change
Average Eligibility Members per Month	9,886	10,270	3.9%
Average Monthly Utilizers as % of Members	27.0%	25.1%	-7.2%
Average Member Age	35.8	36.3	1.4%
Cost			
Total Gross Cost	\$8,742,999	\$8,356,589	-4.4%
Total Net Cost	\$7,565,759	\$7,269,549	-3.9%
Drug Mix			
% Single Source Brands	26.8%	22.6%	-15.8%
% Multi Source Brands	2.3%	2.4%	2.0%
Generic Dispensing Rate	70.8%	75.0%	5.9%
Utilization			
Total Prescriptions	82,461	78,868	-4.4%
% Retail Prescriptions	80.2%	81.8%	2.0%
% Mail Prescriptions	19.8%	18.2%	-8.1%
Specialty			
Specialty Total Gross Cost	\$1,460,397	\$1,783,081	22.1%
Specialty Utilizers as % of Employees	0.9%	0.9%	-1.7%
Specialty % of Total Gross Cost	16.7%	21.3%	27.7%

Top 25 Drugs by Gross Cost

BOB Rank*	Prior Rank	Current Rank	Drug Name	Dispense Type	Therapeutic Class	Percent AWP Change	Generic Launch Date**	Gross Cost	Total Utilizers
1	1	1	Humira	Specialty	Analgesics - Anti-Inflammatory	14.8%	NA	\$337,788	23
2	3	2	Nexium	Brand	Ulcer Drugs	9.2%	Q2-2014	\$195,167	156
7	5	3	Copaxone	Specialty	Psychotherapeutic And Neurological Agents	16.2%	Q3-2015	\$194,499	6
6	6	4	Cymbalta	Brand	Antidepressants	19.5%	Q4-2013	\$167,127	107
396	0	5	Kuvan	Specialty	Endocrine And Metabolic Agents - Misc.	0.0%	NA	\$145,274	1
4	8	6	Crestor	Brand	Antihyperlipidemics	15.6%	Q2-2016	\$141,283	137
5	10	7	Atorvastatin Calcium	Generic	Antihyperlipidemics	2.4%		\$127,583	385
9	9	8	Abilify	Brand	Antipsychotics/Antimanic Agents	17.3%	Q2-2015	\$120,509	36
8	7	9	Advair Diskus	Brand	Antiasthmatic And Bronchodilator Agents	10.5%	NA	\$115,954	117
28	12	10	One Touch Ultra Tes	Brand	Diagnostic Products	7.0%	NA	\$98,170	148
12	24	11	Lantus Solostar	Brand	Antidiabetics	13.8%	NA	\$90,693	62
27	15	12	Rebif	Specialty	Psychotherapeutic And Neurological Agents	28.4%	NA	\$81,578	3
3	13	13	Enbrel	Specialty	Analgesics - Anti-Inflammatory	13.5%	NA	\$79,949	6
18	0	14	Montelukast Sodium	Generic	Antiasthmatic And Bronchodilator Agents	0.0%		\$79,573	234
13	14	15	Celebrex	Brand	Analgesics - Anti-Inflammatory	18.0%	Q4-2015	\$76,827	118
47	19	16	Valacyclovir	Generic	Antivirals	2.9%		\$71,807	265
32	16	17	Lovaza	Brand	Antihyperlipidemics	12.1%	Q2-2015	\$71,721	75
24	35	18	Lyrica	Brand	Anticonvulsants	18.2%	NA	\$67,795	49
14	56	19	Escitalopram Oxalate	Generic	Antidepressants	3.6%		\$67,501	204
11	23	20	Januvia	Brand	Antidiabetics	12.8%	NA	\$65,955	38
193	49	21	Temodar	Specialty	Antineoplastics And Adjunctive Therapies	-46.8%	Q3-2014	\$63,167	2
65	17	22	Restasis	Brand	Ophthalmic Agents	8.2%	NA	\$59,450	98
37	42	23	Nasonex	Brand	Nasal Agents - Systemic And Topical	11.1%	Q3-2014	\$58,192	195
10	55	24	Novolog	Brand	Antidiabetics	12.1%	NA	\$57,669	29
34	33	25	Victoza 3-Pak	Brand	Antidiabetics	12.8%	NA	\$56,797	19

6 out of the top 25 are Specialty Drugs

Top 25 Drugs by Script Count

BOB Rank*	Prior Rank	Current Rank	Drug Name	Dispense Type	Therapeutic Class	Total Gross Cost	Total Utilizers
2	4	1	Atorvastatin Calcium	Generic	Antihyperlipidemics	\$127,583	385
1	1	2	Lisinopril	Generic	Antihypertensives	\$20,112	402
8	5	3	Hydrochlorothiazide	Generic	Diuretics	\$5,005	230
6	2	4	Levothyroxine	Generic	Thyroid Agents	\$4,140	313
3	3	5	Simvastatin	Generic	Antihyperlipidemics	\$38,588	214
7	9	6	Omeprazole	Generic	Ulcer Drugs	\$52,962	286
24	45	7	Escitalopram Oxalate	Generic	Antidepressants	\$67,501	204
9	8	8	Metformin Hcl	Generic	Antidiabetics	\$16,148	182
5	16	9	Levothyroxine Sodium	Generic	Thyroid Agents	\$6,753	240
32	0	10	Montelukast Sodium	Generic	Antiasthmatic And Bronchodilator Agents	\$79,573	234
37	11	11	Bupropion Xi	Generic	Antidepressants	\$43,813	173
6	2	12	Synthroid	Brand	Thyroid Agents	\$22,120	313
23	12	13	Zolpidem Tartrate	Generic	Hypnotics	\$16,884	311
4	17	14	Amlodipine Besylate	Generic	Calcium Channel Blockers	\$11,931	140
12	13	15	Sertraline Hcl	Generic	Antidepressants	\$16,972	175
18	10	16	Nexium	Brand	Ulcer Drugs	\$195,167	156
10	14	17	Metoprolol Succinate	Generic	Beta Blockers	\$17,392	135
11	15	18	Crestor	Brand	Antihyperlipidemics	\$141,283	137
22	19	19	Lisinopril-Hydrochlorot	Generic	Antihypertensives	\$7,673	127
15	21	20	Losartan Potassium	Generic	Antihypertensives	\$31,210	124
42	23	21	Venlafaxine Hcl Er	Generic	Antidepressants	\$41,927	116
28	20	22	Fluoxetine Hcl	Generic	Antidepressants	\$13,780	133
17	22	23	Fluticasone Propionate	Generic	Nasal Agents - Systemic And Topical	\$22,123	335
33	24	24	Cymbalta	Brand	Antidepressants	\$167,127	107
21	30	25	Citalopram Hbr	Generic	Antidepressants	\$6,682	124



Section III: Healthcare Reform Update

University Compliance with Healthcare Reform

- ❖ The University of Alaska complied with all mandatory healthcare reform changes on July 1, 2011:
 - Replaced \$2M Lifetime Maximum with Unlimited Lifetime Maximum
 - Permit dependent child on plan until age 26
 - Removed pre-existing condition on children under age 19
 - No cost share or maximum on preventive care
 - In and out-of-network covered the same for emergency services
 - Appeals process with third party external review

- ❖ July 1, 2013
 - Reduced FSA maximum to \$2,500
 - Reporting Medical plan values on W-2s (January 2013)
 - Summary of Benefit Coverage Notices sent to all employees

A Quick Update

2013

- ❖ Employers provide written communication to employees regarding exchanges (October 1, 2013)

2014

- ❖ Initial Comparative Effectiveness Research Fee payment due July 31, 2014 for 7/2012 to 6/2013
- ❖ Benefit/administrative mandates and taxes
 - OOP limit of \$6,350 (including co-pays)
 - No Pre-ex
- ❖ Individual mandate
- ❖ Health insurance exchanges
 - Individuals self-report eligibility

2015

- ❖ Automatic enrollment – U of Alaska already has in place
- ❖ *Employer “play or pay” mandate*
 - *Requirement of 30 hours*
 - *Affordable & Qualifying*
- ❖ *Employer reporting obligations**
- ❖ Pharmacy copays accrue to out-of-pocket maximum

2018

- ❖ Cadillac Tax

*As of July 2, 2013, the enforcement of the mandate via financial penalties has been deferred until 2015

HCR Impacts & Issues

- ❖ What will the University do with Temporary employees and Adjunct Professors?
How to track their hours and credit hours taught?
 - Majority of Variable hour employees are Adjunct
 - What will be the measurement period?
 - Individuals working less than 30 hours need to remain under 30 hours
 - ❖ As of July 2012, 395 individuals working less than 30 hours and enrolled in the benefits plan
 - The University will need to make sure full-time and part-time classifications are correct
- ❖ Will Employer mandate happen on January 1, 2015 or July 1, 2015? Still waiting on clarification from the government
- ❖ July 1, 2015 all Rx copays will accumulate to the out-of-pocket maximum
 - Affects the 750 and HDHP
- ❖ Run a new Healthcare Reform modeler with new plans and enrollment

Individual Mandate

All Individuals Must Have “Minimum Essential Coverage”

“Minimum Essential Coverage” is a relatively low bar. Can be met through:

- ❖ Medicare
- ❖ Medicaid
- ❖ Some limited medical plans
- ❖ CHIP
- ❖ TRICARE
- ❖ VA coverage
- ❖ Any employer’s medical plan, OR
- ❖ Any public exchange-based plan

Individual Mandate Tax/Penalty: The Greater of A or B

Tax Year	A	B		
	% of Income	Per Adult	Per Child	Family Cap
2014	1%	\$95	\$47.50	\$285
2015	2%	\$325	\$162.50	\$975
2016	2.5%	\$695	\$347.50	\$2,085

Affordability: 9.5 Percent Illustration

Basis	W-2 Pay	Maximum Affordable Contribution per month
2013 750 Plan Contributions	\$21,812 /yr	\$ 172.68
2013 HDHP Plan Contributions	\$14,024 /yr	\$ 111.02
2013 CDHP HSA Plan Contributions	\$12,452 /yr	\$ 98.58
University of Alaska Employee Grade 71 (\$9.95 per hour)	\$15,552/yr	\$ 122.88
University of Alaska Student Rate (\$8.50 per hour)	\$13,260/hr	\$ 104.98

- CDHP design and contribution meets the Healthcare Reform's requirement for qualifying and affordable; therefore no employee/student would qualify for a subsidy in the exchanges in 2015
- Maximum Employee Only CDHP contribution of \$105 per month to avoid subsidy

Wellness Plans & HCR 9.5% Affordability

- ❖ Tobacco Credits DO NOT count as part of the employee only contribution to determine affordability of the plan
 - Non-Tobacco employee only contribution of \$98.58 per month
 - Tobacco employee only contribution of \$198.58 per month
 - 9.5% affordability test based on the \$98.58 per month
- ❖ Wellness activities that increase the employee only contribution DO count as part of determining affordability of the plan
 - Wellness Activity completed employee only contribution of \$98.58 per month
 - Wellness Activity not completed employee only contribution of \$198.58 per month
 - 9.5% affordability test based on the \$198.58 per month regardless of whether or not the employee completed the activity

Sample Qualified Plans

Actuarial Value	90%	80%	79%	75%	70%	68%	60%
Exchange Metal	Platinum	Gold	750	HDHP	Silver*	CDHP	Bronze
Deductible	\$300	\$1,000	\$750	\$1,250	\$1,500	\$1,250	\$4,000
Family Deductible	\$600	\$2,000	\$2,250	\$3,000	\$3,000	\$2,500	\$8,000
OOP Max (Includes Deductible)	\$1,800	\$4,000	\$4,250	\$5,000	\$5,000	\$5,000	\$6,250
Family OOP	\$3,600	\$8,000	\$9,250	\$11,000	\$10,000	\$11,000	\$12,500
Employee Coinsurance	10%	20%	20%	20%	20%	20%	40%
PCP Co-pay	\$15	\$30	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.	40% After Ded.
Specialist Co-pay	\$25	\$55	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.	40% After Ded.
ER Co-pay	\$100	\$200	20% After Ded.	20% After Ded.	20% After Ded.	20% After Ded.	40% After Ded.
Rx Deductible	\$0	\$100/\$200	None	None	Combined with Medical	Combined with Medical	Combined with Medical
Generic Co-pay	\$10	\$15	\$5	\$5	20% After Ded.	20% After Ded.	40% After Ded.
Preferred Brand Co-pay	\$25	\$40	\$25	\$25	20% After Ded.	20% After Ded.	40% After Ded.
Non-Preferred Co-pay	\$40	\$60	\$50	\$50	20% After Ded.	20% After Ded.	40% After Ded.

*Embedded deductible without HSA



Section IV: Premera Programs

3 Tier Network

- ❖ Premera's three levels of facility contracts
 - Preferred – Negotiated
 - ❖ Providence & All other hospitals except Alaska Regional
 - Participating – Hold harmless with no balance billing
 - ❖ 1 Ambulatory and Alaska Regional
 - Non-Participating
 - ❖ Alaska Native Medical
- ❖ Right now providers are either preferred or non-participating
- ❖ Goal is to move non-participating to participating or participating to preferred
- ❖ Premera's Fully-Insured BOB for facilities started March 2012
- ❖ Premera's Fully-Insured BOB for providers started on January 1, 2013
- ❖ Plan Design Options
- ❖ Standard – Preferred 20%, Participating 40% and Non-Participating – 60%

3 Tier Network – University of Alaska

- ❖ University of Alaska could implement 3 tier network for the CDHP HSA plan
 - Preferred – 20% employee coinsurance
 - Participating – 30% employee coinsurance
 - Non-Participating – 40% employee coinsurance
- ❖ Estimated savings based on Premera book of business for the CDHP plan of \$352 per employee per year
 - Based on 400 employees in the CDHP plan a savings of \$140,800

Specialty Network Reduction

- ❖ Reduction in number of specialty providers in Anchorage (Not in Fairbanks or Juneau)
 - Targeting Gastroenterologist, Ear/Nose/Throat & Orthopedics
- ❖ Goal is to create leverage and have providers negotiate
- ❖ No movement yet but have 9 doctors in negotiations with Premera
 - 3 Orthopedics
 - 5 Gastroenterologist
 - 1 ENT
- ❖ This program is being done on behalf of all of Premera's clients

Prior Authorization

- ❖ Prior authorization required on inpatient and outpatient services on Premera's fully-insured BOB on January 1, 2014
 - Exclusions are child birth and emergency
 - Not determined as of yet if Advanced Imaging will remain on the prior authorization list
- ❖ Premera Fully-Insured BOB penalty for no prior authorization is 50% of the allowed amount up to \$1,500
- ❖ For the University, prior authorization will be in place on July 1, 2014 and the University will have the option to apply or not apply a penalty for no pre-authorization of services
 - Regardless of whether is a penalty or not, prior authorization will begin July 1, 2014
- ❖ Premera will issue new ID cards to employees prior to July 1, 2014 which will contain the prior authorization phone numbers
- ❖ Additional communications to the providers will be the following:
 - News Flash to Providers, Update to Provider Portal, Individual calls to Providers, Quarterly Provider Workshops
- ❖ Premera will also provide an employer template so the University can communicate the change



Section V: Wellness Plan

What are other Universities doing?

- ❖ College and University Professional Association (CUPA) Survey
 - 70% of institutions offer a wellness program
 - ❖ 55% offer access to biometric screenings
 - 47% of institutions have a separate wellness budget
 - ❖ Median budget size of wellness programs is \$30,000
 - 16% of institutions provide employees a discount on their health insurance premiums for participating in their wellness program
 - 59% of institutions expect to see lower health care costs due to wellness program

Source: 2012 College and University Professional Association for Human Resources

FY 2015 – July 1, 2014

- ❖ Introduce new streamlined number of activities to help improve members health
- ❖ July 1, 2014 employee contributions based on submitting biometric values & Health Risk Assessment to HealthyRoads for Employee & Spouse
 - Onsite screenings January to March 2014
 - ❖ Biometrics reported via screening events or doctor form
 - Actual Credit to be determined (E.g. \$75/\$150 per month credit for completion of biometrics)

FY 2016 – July 1, 2015

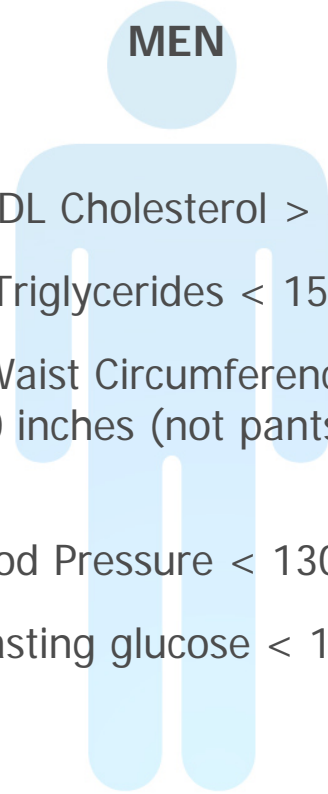
- ❖ July 1, 2015 employee contributions based on submitting biometric values & Health Risk Assessment to HealthyRoads for Employee & Spouse
 - Onsite screenings January to March 2014
 - ❖ Biometrics reported via screening events or doctor form
 - Actual Credit to be determined (E.g. \$100/\$200 per month credit for completion of biometrics)
 - Reopen discussion on Non-Tobacco Credit

FY 2017 – July 1, 2016

- ❖ Implement Metabolic Syndrome & Non-Tobacco Outcomes based Wellness plan
 - Communicate in FY 2016
- ❖ Employee contributions for FY2017 (July 1, 2016) - Achieve 3 out of 5 Wellness Categories
- ❖ Components
 - Collection of Biometric Data September/October 2015 – Set baseline
 - Collection of Biometric Data April 2016
 - Collect thru On-site events, vouchers, and doctor visit
 - Vendor aggregates information and provides file to the University of who achieved 3 areas for July 1, 2016 Employee Contributions
 - Continue Non-Tobacco user credit of \$100 per month for either employee or spouse

Proposed FY 2017 U of Alaska Outcomes Biometric Standards

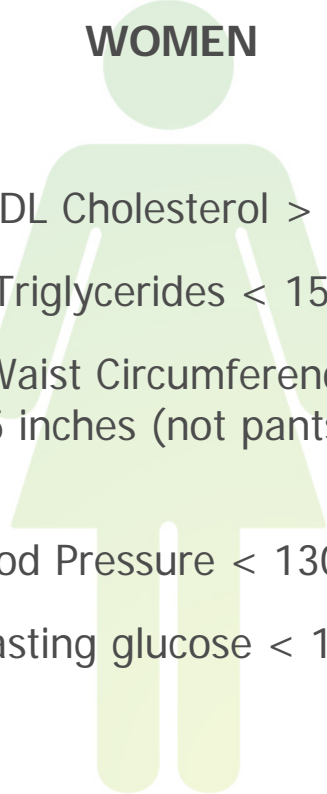
MEN



HDL Cholesterol > 40
Triglycerides < 150
Waist Circumference
< 40 inches (not pants size)

Blood Pressure < 130/85
Fasting glucose < 100

WOMEN



HDL Cholesterol > 50
Triglycerides < 150
Waist Circumference
< 35 inches (not pants size)

Blood Pressure < 130/85
Fasting glucose < 100



Section VI: Vendor Summit

Vendor Summit

❖ November 22, 2013 in Anchorage

❖ Vendors:

- Premera – Medical, Rx, Dental & Disease Management
 - ❖ EXEC SUMMARY - Medical travel to Seattle, Networking (3 tier & Specialty), Prior Authorization
 - Contracting Individuals
 - ❖ Rx program – Express Scripts
 - ❖ DM – Manager
 - ❖ Integration with VSP
- VSP – Vision
 - ❖ FY 13 utilization, Disease Management exchange with Premera
- HealthyRoads – Wellness
- ComPsych – EAP
 - ❖ FY 13 utilization & new programs
- Best Doctors
 - ❖ Integrate with Premera



Appendix

Medical Utilization Definitions

- ❖ Contract Months – Number of enrolled employees for a 12 month period
- ❖ Medical Total PMPM – Total medical cost on a per member per month basis
- ❖ Inpatient – Services provided to patients who are hospitalized
- ❖ Outpatient – Hospital based services where the employee is not admitted
- ❖ Professional – Primary Care or Specialist Care Physician services
- ❖ Average Contract Size – The average number of dependents (Spouse and Children) for each enrolled employee

Major Diagnostic Code Definitions

III Defined category	<p>The Major Diagnostic categories are aligned with the major sections of the ICD9-CM. In general, categories 780-796 include the more ill-defined conditions and symptoms that point with perhaps equal suspicion to two or more diseases or to two or more systems of the body, and without the necessary study of the case to make a final diagnosis. Practically all categories in this group could be designated as "not otherwise specified," or as "unknown etiology," or as "transient."</p> <p>Examples: Fever, Convulsions, Chest Pain, Abdominal Pain.</p>
Other	<p>The Major Diagnostic categories are aligned with the major sections of the ICD9-CM. The "Other" category consists of claims with diagnoses that don't map to the ICD9-CM, mostly Rx and Dental claims. Excluding those benefits from the Benefit checkbox list will usually reduce "Other" to a negligible amount.</p>
Health Status and Services	<p>Also known as "V-Codes" (i.e., V70.0) Usually used as a secondary diagnosis, but sometimes appears in the primary. Full details available in the ICD9 diagnosis book. General Medical Examination is common</p> <ol style="list-style-type: none"> 1. Non-sick persons encountering the system (donors, family doc counseling, vaccines, etc) 2. Sick person encountering the system for treatment of a known (ongoing) disease or injury. 3. When a circumstance or problem is present that influences the patient's health, but isn't itself an illness (personal or family history health hazards, circumstances related to reproduction and development, etc)
Injury & Poisoning	<p>Factures, Wounds, Burns, Poisoning by Drugs, Medicinal and Biological Substances (DX Code 800 - 999)</p>
Injury & Poisoning External Causes	<p>Factures, Wounds, Burns, Poisoning by Drugs, Medicinal and Biological Substances (DX Code E800 - E999)</p> <p>Transport accidents (E800-E848) include accidents involving:</p> <ul style="list-style-type: none"> aircraft and space craft (E840-E845) watercraft (E830-E838) motor vehicle (E810-E825) railway (E800-E807) other road vehicles (E826-E829)

Our Mission

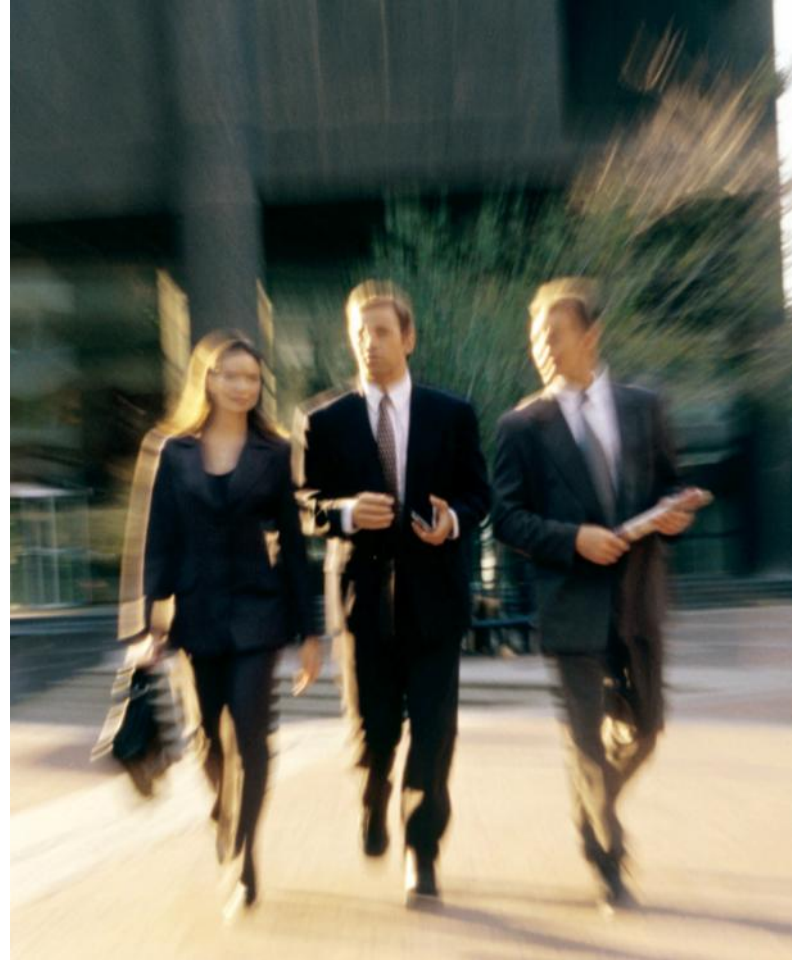
To be the worldwide value and service leader in insurance brokerage, employee benefits, and risk management

Our Goal

To be the best place to do business and to work



www.lockton.com



University of Alaska - JHCC Meeting
FY 2014 Plan Design Ideas
October 16 & 17, 2012





FY 14 Plan Design

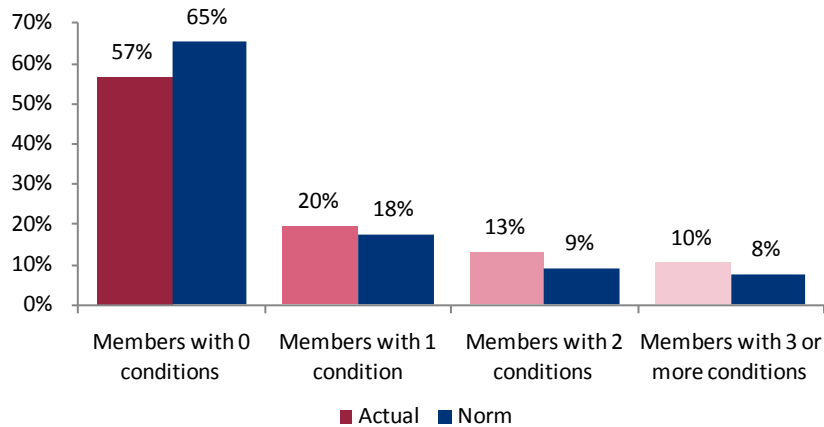


Plan Design FY 14 - Wellness Plan

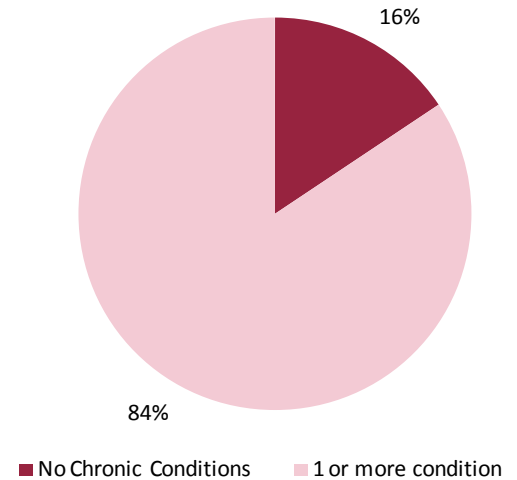
- ❖ Participants must have “skin in the game” through active engagement and financial accountability
 - Incentives should drive participation and reward those who do achieve results
- ❖ Integrated claim and Biometric data establish the Risk Profile and allow for continuous program measurement
 - Targeted and population based
 - Integrated with plan design and outcomes based
- ❖ Outcomes should be tracked by improving aggregate health status:
 - BMI, Blood Pressure, Cholesterol/Fasting Glucose and Tobacco Use
- ❖ Long-term health improvement and cost reduction can only be achieved with:
 - High member engagement (80% over 3-5 years)

Chronic Conditions per Member – University of Alaska July 2011 to June 2012

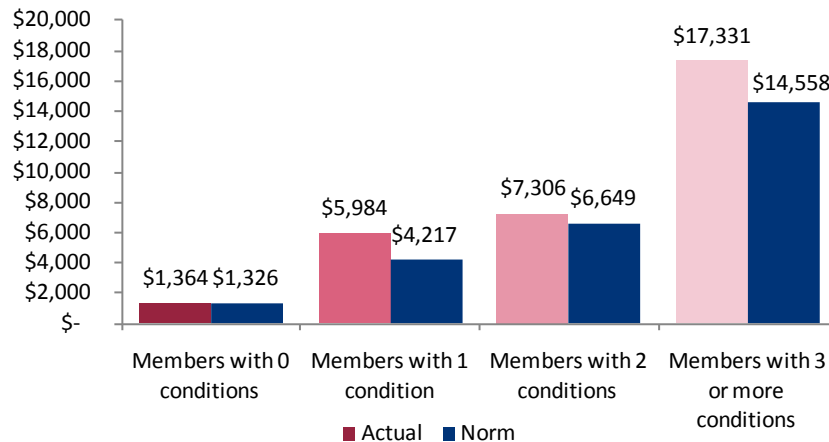
Chronic Conditions per Member



Paid Amount by Number of Chronic Conditions



PMPY by Number of Chronic Conditions



Proposed Wellness Strategy

FY 2014 – July 1, 2013

- ❖ Preferred Employee Pricing with Biometric Screening and Health Risk Assessment (HRA) completion for employee and spouse
 - Biometrics reported via screening events or doctor form
- ❖ On-site biometric screening events from January to April 2013

FY 2015– July 1, 2014

- ❖ Completion of Biometrics and Health Risk Assessment required to be eligible for accumulation of points and employee preferred pricing
- ❖ Employees and Spouses achieve point level that determines FY 2015 (July 1, 2014) employee preferred pricing
- ❖ Introduce new streamlined number of activities required to get points

Incent Healthy Behaviors – FY 2015 (Example)

Program Participation Activities	Activities	Points
	Employee Completes HRA	50
	Spouse Completes HRA	50
	Employee Biometrics Submitted via Mass Screening, Doctor Affidavit	300
	Spouse Biometrics Submitted via Mass Screening, Doctor Affidavit	300
	Employee Flu Shot	50
	Spouse Flu Shot	50
	Employee receives annual physical	100
	Spouse receives annual physical	100
	Employee Non-Tobacco user	200
	Spouse Non-Tobacco user	200
Complete Tobacco Cessation Program	200	

Total Potential Points - Employee Only

700

Total Potential Points - Employee & Spouse

1,400

Points to Preferred Pricing – FY 2015

	Employee Only Points	Employee + Family Points	Preferred Pricing
Program Participation	Greater than 600	Greater than 1,200	\$100/\$200
	0 to 599	0 to 1,199	\$0

Outcomes based Wellness Strategy – FY 2016

FY 2016 – July 1, 2015

- ❖ Implement Metabolic Syndrome & Non-Tobacco Outcomes based Wellness plan
 - Communicate in FY 2015
- ❖ Employee contributions for FY2016 (July 1, 2015) - Achieve 4 out of 6 Wellness Categories
- ❖ Components
 - Collection of Biometric Data September/October 2014 – Set baseline
 - Collection of Biometric Data April/May of 2015
 - Collect thru On-site events, vouchers, and doctor visit
 - Vendor aggregates information and provides file to the University of who achieved 4 areas for July 1, 2015 Employee Contributions

Wellness Categories

Men's Wellness Categories
Non-Tobacco Use
HDL Cholesterol > 40
Triglycerides <=150
Waist Circumference <=40 inches (not pants size) or BMI >= 25
Blood Pressure <=130/85
Fasting Glucose <=100

Women's Wellness Categories
Non-Tobacco Use
HDL Cholesterol >50
Triglycerides <=150
Waist Circumference <=35 inches (not pants size) or BMI >= 25
Blood Pressure <=130/85
Fasting Glucose <=100

Must achieve 4 out of the 6 measures

Recommendation - Wellness Plan

Implement Biometric Screenings & Health Risk Assessment with Preferred Pricing for FY 2014 EE Contributions

❖ Advantages

- Reward individuals for being active in Wellness Plan and provide incentive for participation
- Biometric Screenings & HRA data coupled with InfoLock provides Health Risk Profile of University population
 - ❖ Proactively reach out to high risk individuals
- Set baseline for measurement of effectiveness of Wellness Plan
 - ❖ Reduction in health risk factors year over year with cohort group

❖ Disadvantages

- Employee dissatisfaction with contributions

Plan Design Ideas for FY 14 – 500 Plan & HSA Qualified Plan

❖ Eliminate 500 Plan

- Less than 4% of enrolled employee population
- Loss of employee contributions = \$423,350, if just eliminate 500 plan and move membership to 750 plan
 - ❖ Employee contributions would need to be redistributed in other plans
- No estimated savings due to loss of excess contributions

❖ Add HSA Qualified plan

- FY 13 1250 plan per employee per year medical budgeted claims cost of \$14,462 (no administration cost)
- 1,870 employees enrolled in the 1250 plan
- Estimated plan design differentials
 - ❖ Current 1250 Plan
 - ❖ 1250 w/ HSA Qualified (Aggregate Family Deductible & Rx subject to Medical Deductible)
 - ✦ Save approximately \$752 per employee moving from 1250
 - ❖ 1500 w/ HSA Qualified (Aggregate Family Deductible & Rx subject to Medical Deductible)
 - ✦ Save approximately \$926 per employee moving from 1250
 - ❖ 1750 w HSA Qualified (Aggregate Family Deductible & Rx subject to Medical Deductible)
 - ✦ Save approximately \$1,080 per employee moving from 1250

Plan Design Ideas for FY 14 – 500 Plan & HSA Qualified Plan

❖ HSA considerations

- Real-time connectivity between Medical and Pharmacy vendor
- Communications
 - ❖ Other Coverage (Medicare/Tricare/Spouse FSA) Precludes participation
- University Contributions
- Banking & Maintenance Fees
- Limited FSA

Recommendation – Add HSA Qualified Plan and Eventually eliminate 500 plan

❖ Advantages

- Remove 500 plan with small population
- HSA contributions are employee owned and roll over year to year

❖ Disadvantages

- HSA Qualified plan has aggregate family deductible and Pharmacy is subject to medical deductible with no copays
- Loss of employee contributions associated with 500 plan that will need to be distributed over the other plans
- HSA Qualified plan restrictions with other coverage e.g. Spouse FSA

Plan Design Ideas for FY 14 - Spousal Surcharge

❖ Working Spouse Surcharge

- An effective strategy to limit enrollment of a spouse who has access to coverage through his/her own employer
- \$100 per month surcharge (2,120 spouses)
 - ❖ 25% working with access to coverage – 20% of those pay the surcharge and remainder come off the plan with \$3,000 in claims cost savings per spouse
- Estimated net savings of \$337,080 (Surcharge & Claims)
 - ❖ Estimated lost employee contributions of \$167 per month per spouse
 - ❖ Gross savings for \$1,399,200

Note: Many employers require proof of other (spouse) coverage before allowing spousal opt-outs

Recommendation - Implement Spousal Surcharge

❖ Advantages

- Reduced costs – FY 11 per Spouse per Year cost of \$7,056
- Defensive play against 20% State of Alaska plan

❖ Disadvantages

- Employee dissatisfaction with contributions
- Limitations on knowing who has other coverage

Plan Design Ideas for FY 14 – Opt Outs

❖ Eliminate Opt-Outs

- 110 additional opt-outs for FY 13
 - ❖ \$469,286 in lost employee contributions for FY 13
 - ❖ 7/11 to 6/12 - \$1,197,896 in claims (18% is \$215,621)
 - ❖ 7/10 to 6/11 - \$2,154,124 in claims (18% is \$387,742)
- State of Alaska doesn't allow opt-outs –
<http://doa.alaska.gov/drb/ghlb/employee/health/overview.html#choose>

Recommendation – Eliminate Opt-Outs

❖ Advantages

- Increase in employee contributions (employees receive 100% of contributions) with possible reduction in cost (employees only share 18% of claims cost)

❖ Disadvantages

- Opt-outs may not be low claim cost individuals and increase plan costs

Plan Design Ideas for FY 14 – Part-Time EEs

- ❖ Redefine Part-time employees as employees working less than 30 hours
 - Healthcare Reform requires that all employees working over 30 hours receive healthcare
 - Based on the July 2012 census, 395 individuals are working less than 30 hours and enrolled in the plan
 - ❖ \$5,229M in U of Alaska estimated budgeted funding cost
 - ❖ \$1,443M in Employee contributions
 - *50% of institutions allow part-time faculty and 56% of part-time staff to enroll in benefits

Recommendation – Redefine Part-time employee definition to 30 hours

- ❖ Advantages
 - Reduction in costs
 - Possible reduction in costs with assumption that opt-outs have lower claim costs
- ❖ Disadvantages
 - Lost employee contributions
 - Loss of healthcare coverage and
 - In 2014 go to exchanges for coverage

*Source: 2011 College and University Professional Association for Human Resources

Plan Design Ideas for FY14 - Expanding Coverage Tiers

- ❖ Employee contributions based on number of children up to 3
 - EE, ES, ES+1C, ES+2C, ES+3C, E+1C, E+2C, E+3C
 - Current counts (from July Census): EE- 1,426; ES- 965, ES+2C- 410, ES+3C- 745, E+2C- 190, E+3C- 193
- ❖ Prevalence of multiple coverage tiers is growing (and trend accelerated after Health Reform)

TIERS	PREVALENCE*
Two tiers: EE and Family	15% of large employers
Three tiers: EE, EE+1, Family	32% of large employers
U of Alaska → Four tiers: EE, EE+SP, EE+CH, Family	48% of large employers
Other tier approach	5% of large employers

- ❖ A small number of employers have expanded tiers to price for large families (e.g., EE+3, EE+4, EE+5, etc.)
 - More complex IT resources required

* Source: 2010 Mercer Survey of Employer-Sponsored Health Plans

Plan Design Ideas for FY 14 – Expanding Coverage Tiers

Relationship	Per Member per Year (7/10 to 6/11) – InfoLock Data
Employee	\$9,290
Spouse	\$7,056
Dependent	\$3,443

Recommendation – Expand to multiple tier contribution strategy (capping at 3 or more dependents)

❖ Advantages

- Employees with additional dependents pay more for coverage
- Employee surveys and blogs have supported the change in coverage tiers

❖ Disadvantages

- Increased IT resources required



Telemedicine



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Plan Design Ideas for FY 14 - Telemedicine

❖ Value Proposition

- On-demand access to doctor for low consultation fee
- Reduce barrier to care for high deductible HSA plan & Out-of-Area Population
- Reduce emergency room visits (1,244 visits in FY 11) and urgent care utilization
 - ❖ 32% of the University's ER visits are on the weekend
 - ❖ The University had 92 members that had 3 or more ER visits in FY 11
 - ✦ 38% of these members had visits on the weekend

❖ Overview

- 24 x 7 x 365 access to doctor
- Members login to their account or call vendor to request a phone or online video consultation with a doctor
- Consultation expected within 1 hour of request – Average wait times of 15 to 30 minutes
- A U.S. board-certified doctor or pediatrician licensed in your state reviews your Electronic Health Record (EHR), then contacts you, listens to your concerns and asks questions.
- The doctor recommends an appropriate treatment for your medical issue. If a prescription is necessary, it's sent to the pharmacy of your choice
- Member pays a consultation fee of \$38 to \$40.
 - ❖ qualified medical expense for HSA and FSA
- Employer pays a pepm fee for access to system

TeleMedicine

❖ Conditions Treated

- Sore Throat & Stuffy Nose
- Sinus problems
- Bronchitis
- Allergies
- Cold & Flu symptoms
- Urinary tract infection
- Respiratory infection
- Pink Eye
- Ear infection
- Pediatric care
- Minor burns
- Sprains/Strains
- Stomach Ache/Diarrhea

TeleMedicine

	MDLiveCare	TelaDoc	Consult A Doc
Mobile App	Q4 2012	Q1 2013	Yes - iDr 24/7
Access to Doctor	Telephonic & Online Webcam	Telephonic & Online Webcam	Telephonic & Online Webcam
Guarantee	1 hour	1 hour	1 hour
Client Rx Formulary Loaded	Yes	No	Yes
Consultation Fee	\$38	\$38/\$40 @ 1/1/2014	\$38
Monthly Fee (PEPM)	\$1.00	\$1.10	\$1.25
Setup Fee (One Time)	\$1.50 per employee	No Setup Fee	No Setup Fee
Year 1 Cost	\$54,000	\$52,800	\$60,000

Fees are based on 4,000 employees

TeleMedicine Strategy

- ❖ Utilize TeleMedicine Vendor to provide a consultation fee option
 - Reduced barrier to receiving care
 - Reduced Urgent and Emergency visits
 - Consultation fee is paid to TeleMedicine Vendor
- ❖ Consultation fee of \$38 compared to Deductible & Coinsurance for Office Visit
 - Average paid per office visit of \$139 (U of Alaska)
 - ❖ Employee saves approximately \$101 per office visit (fee does not accumulate towards deductible)
 - Average paid per Emergency Room visit is \$1,300 (U of Alaska)
 - Urgent Care cost of \$250 (Lockton)
- ❖ University Yearly cost of \$52,000 to \$60,000
 - Break-even point is re-directing approximately 374 office visits or 40 ER visits (3% of ER visits)
 - The University is insulated from additional cost due to increased utilization with pepm financial arrangement & the member pays the cost of the consultation

Recommendation

RFP for TeleMedicine Vendor

❖ Advantages

- \$38 Consultation fee compared to Deductible & Coinsurance
- Reduced barrier to receiving care
- Reduced Urgent and Emergency Room visits
- University is insulated from additional cost with increased utilization

❖ Disadvantages

- Not available in Oklahoma
- For HSA Qualified plan, would need to work with Telemedicine vendor and Medical carrier if fee would apply to in-network or out-of-network deductible and out-of-pocket maximum



Domestic Medical Tourism



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Plan Design Ideas for FY 14 - Domestic Medical Tourism

- ❖ Lack of physicians and contracted physicians in Juneau and other parts of Alaska
- ❖ Ability to reduce costs thru travel to Seattle for certain procedures and services
- ❖ Utilization of Premera Centers of Excellence to drive quality outcomes and reduction in cost
- ❖ Provide travel benefit to member and companion as incentive to utilize Seattle facilities
 - Determine which facilities treat certain procedures to maximize outcomes and efficiency

Premera (BCBS) Centers of Excellence

- ❖ Blue Distinctions (BD)- is a nationally recognized designation based on objective, evidence-based selection criteria established in collaboration with expert physicians and medical organizations
- ❖ BD's goal is to raise the overall level of care delivered by focusing on quality
- ❖ Designation is contingent on ongoing compliance, subject to a thorough investigation
- ❖ More than 1700 Blue Distinction Centers (BDCs) across 6 specialty areas
 - ❖ Bariatric Surgery
 - ❖ Cardiac Care
 - ❖ Complex and rare cancers
 - ❖ Knee and hip replacement
 - ❖ Spine Surgery
 - ❖ Transplants
- ❖ Proposed Plan Design
 - Domestic Tourism – where cost of travel is paid by University to a Center of Excellence

Premera (BCBS) Centers of Excellence

❖ Seattle based Centers of Excellence

Cardiac Care	Bariatric Care	Knee/Hip
Overlake Hospital Medical Center	Evergreen Hospital Medical Center	Overlake Hospital Medical Center
Swedish Medical Center	Overlake Hospital Medical Center	Swedish Medical Center
Virginia Mason Medical Center	Virginia Mason Medical Center	Virginia Mason Medical Center
St. Joseph Medical Center		

* Rare & Complex Cancers and Transplants at Seattle Cancer Care Alliance and Seattle Childrens

Premera (BCBS) Centers of Excellence

Services	Centers of Excellence Difference from Providence Alaska	
	<u>Decrease</u>	<u>Increase</u>
Bariatric	(\$3,520)	\$11,134
Coronary Artery Bypass Graft Surgery (CABG)	(\$16,131)	\$15,428
Coronary Angioplasty (Cardiac PCI)	(\$12,397)	\$5,020
Total Hip Replacement	(\$8,209)	\$5,352
Total Knee Replacement	(\$8,578)	\$8,403
Spine: Disectomy wo/compression	(\$2,828)	\$4,154
Spine: Decompression wo/fusion	(\$9,859)	\$3,905
Spine: Primary Fusion	(\$11,720)	\$9,161
Spine: Revision Fusion	(\$3,858)	\$3,905

Cost savings are for facility only and don't include provider savings
Costs include cost of travel, lodging, car and food

Recommendation

Implement Domestic Travel Policy / Investigate Premera Domestic Tourism Program

❖ Advantages

- Reduced cost of care
 - ❖ Determine the facility to use for each procedure
- Utilize Centers of Excellence for better outcomes and cost efficiency
- Increased access to care

❖ Disadvantages

- Complications & additional time in out-of-state facility
- Follow-up care could be disrupted



International Medical Tourism



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Plan Design Ideas for FY 14 - International Medical Tourism

- ❖ **Global Healthcare:** Assessing foreign healthcare providers for medical services. Global Healthcare is (and has been for decades) a fundamental aspect of employee benefits plans designed for expatriates, missionaries, and international business travelers.
- ❖ **Medical Tourism:** The choice to seek care outside of one's home or assigned country, often necessary or appropriate due to issues within home country of access, quality and/or price.
- ❖ Global Healthcare and Medical Tourism include **employer sponsorship with steerage** through plan design or incentives
- ❖ **Companies:** Satori, Companion Health, BridgeHealth, PlanetHospital, MedicalView, & MedRetreat

Services Provided

- ❖ High Dollar procedures over \$20,000
 - Orthopedic
 - ❖ Hip, Knee, Spine, Shoulder
 - Cardiac
 - ❖ Bypass, Valve Replacement, Pacemaker
 - Bariatric
 - Men & Women
 - ❖ Prostatectomy & Hysterectomy
 - Spine
- ❖ No Chronic Care or End of Life Care
 - Vendor determines fitness to travel

Where are Services Provided

- ❖ Costa Rica, India, Mexico, Singapore, Thailand, Turkey
- ❖ Affiliations – John Hopkins, Harvard International, Methodist International, Cleveland Clinic and Mt. Sinai Medical Center, FL

What Drives Participation

The Right Incentives

- ▶ Waiver of deductible and out-of-pocket costs
- ▶ Shared savings
- ▶ Travel/lodging costs
- ▶ Companion travel
- ▶ High comfort level
- ▶ Post-treatment care

Increased Level of Confidence

- ▶ Credentialed providers
- ▶ Travel insurance
- ▶ Complications coverage

Quality of Care

- ❖ U.S. has high medical care standards, yet positive outcomes vary widely
- ❖ Many top-level international facilities offer a better level of care than the average U.S. community hospital
 - Affiliations with prestigious universities and health systems
- ❖ Joint Commission International (JCI) and International Society for Quality in Healthcare (ISQua) hospital accreditation:
 - Clinical guidelines
 - Care management plans
 - Information technologies
 - Outcome measures
 - Recruitment and training
 - Data warehousing
- ❖ Onsite Visits with Doctors doing Procedure
- ❖ Physician credentialing

Employer Considerations (U.S.)

- ❖ Foreign facility become “in-network”; steerage through incentive/plan design may increase employer risk exposure.
- ❖ Travel expenses for patient/companion are tax free to the employer only if services are considered medically necessary
- ❖ Medical Malpractice
 - Patients may have adverse medical outcomes under any circumstance anywhere in the world
 - Foreign laws may not be as strict and awards less generous
 - Injured patients may have no right to sue
 - Medical tourist may have no recourse through home country court system

- ❖ Global health network comprised of 30 International Centers of Excellence in 9 countries
- ❖ Satori operates much as other medical tourism companies do by arranging for the procedure, travel, and follow-up care
- ❖ Value Proposition
 - Savings of 40-80% off 74 surgical procedures
 - No pepm fee or monthly access fee
 - No cost to employee 100% benefit plus taxable payments
 - ❖ HSA plans – 100% once deductible is met
 - Claims run thru TPA
 - ❖ United and Aetna have arrangement
 - ❖ CIGNA and BCBS don't have arrangement but working on it
 - ❖ The stop loss attachment point is \$50,000 per surgical episode, and covers the next \$100,000 of necessary medical expense
- ❖ **Satori is running feasibility and cost savings analysis for University**

Cost Saving Example – Hip Replacement Surgery

- ❖ Assume an employee, John, needs hip replacement surgery. His surgery would cost \$60,000 on average in the US; including hospital & physician services paid at PPO discounted prices. However if John chooses one of Satori's International Centers of Excellence, John and the University of Alaska can expect a total all inclusive claim cost of \$22,000 – saving the University of Alaska \$31,750 (net of patient share of cost if surgery is performed domestically and cash incentive) – and providing John, based on his existing plan design and a projected Satori incentive level, \$4,250 in economic benefit.

Impact on U of Alaska		Impact on John		
	Cost		PPO	Satori
US Procedure Cost (MD & Hospital)	\$60,000	Deductible	\$750	\$0
Satori (All Inclusive)	\$22,000	+ Coinsurance	\$3,500	\$0
Gross Savings	\$38,000	= Out of Pocket	\$4,250	\$0
Patient Share of Procedure Cost & Incentives	\$6,250	Saved Out of Pocket	\$0	\$4,250
Savings	\$31,750	Employer Incentive	\$0	TBD
		Cash Flow		\$4,250

Recommendation

Explore cost savings associated with International Medical Tourism

- ❖ Advantages

- Cost savings for high cost procedures
- Small to no cost for employees

- ❖ Disadvantages

- Need to overcome fear of care in foreign facility for program to be effective



On-site Medical Clinic



Plan Design Ideas for FY 14 - On-site Medical Clinic

- ❖ Typically need 1,000 employees in a single location for feasibility
 - 60% of usage/capacity is breakeven
- ❖ Two Models
 - University of Alaska Staffs – PAs, Nurse Practitioner, Medical Assistant, Receptionist
 - ❖ PAs, Nurse practitioner, Family Practitioner – need backups
 - ❖ Nurse Practitioner - \$125 per hour (full benefits)
 - ❖ Family Practitioner - \$225 per hour (full benefits)
 - ❖ Need staff to do front and back end paperwork
 - ❖ Malpractice Insurance & cost could be significant
 - ❖ Build out
 - Turnkey
 - ❖ Vendor setups up clinic, hires the staff and runs clinic

On-site Medical Clinic - Savings

- ❖ Where do savings come from?
 - Control of the prescription drugs with generics
 - Reduces the specialist medical visits and tests
 - Hours of operation could reduce emergency room visits
 - Referrals to “right” doctor
 - Opportunity for coaching of behavior modification and disease management
 - Productivity

- ❖ Additional Opportunities
 - Premera Providence clinic for UAA
 - Use of PA school for rotations to the clinic and reduction in operating cost

InHouse Physicians – Onsite Clinic & Telemedicine

- Services provided
 - ❖ Onsite clinic for UAA employees only and Telemedicine for all other employees & Dependents
 - ❖ Acute, Episodic Care
- Onsite Clinic
 - ❖ Minimum of 550 – 600 sq ft., running water and electricity
 - ❖ 1 exam room per 1,000 employees
 - ❖ 14 to 16 weeks to implement
 - ❖ University assists in selection of staff
- Additional Services Provided
 - ❖ Patient Advocacy and Price Transparency
 - Price Transparency tool
 - ❖ Telemedicine
 - Telephone and web-based consults
 - ❖ Health coaching

InHouse Physicians – Onsite Clinic & Telemedicine

➤ Cost

- ❖ Estimated Monthly Cost for On-site Clinic & Telemedicine - \$58,600 (\$703,000 annually)
- ❖ One time Setup fee of \$35,000
 - Medical Equipment, Supplies, Diagnostics
 - Electronic Medical Record system
 - Administrative
- ❖ Lab cost billed as a pass through cost
- ❖ Telemedicine consultation fee of \$35 paid by employee/dependent

Recommendation

Longer Term consideration with possible significant U of Alaska cost

❖ Advantages

- Control of prescription drugs
- Possible reduction in specialist, Urgent care and Emergency Room visits
- Convenience & Increased Productivity
- Ability to coach behavior modification & disease management

❖ Disadvantages

- Significant implementation and ongoing cost
- Building constraints
- Staffing constraints - turnover
- Malpractice insurance costs and liability



Price Transparency & Patient Advocacy



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Plan Design Ideas for FY 14 - Price Transparency and Patient Advocacy

- ❖ There are many vendors operating in this space
 - Castlight, Compass, PatientCare
 - Price Transparency
 - ❖ Vendor provides cost comparison information on procedures and services
 - ✦ MRI, CAT Scans, Mammograms, Colonoscopies
 - Patient Advocacy
 - ❖ Assist employees with Explanation of Benefits or Benefit Issues
 - ❖ Appeals/Grievances, Authorization Issues
 - ❖ Benefit Questions & Education
 - ❖ Claims/Billing Issues & Eligibility Issues
- ❖ Employer pays a pepm fee for the service - \$2.00 - \$4.00 PEPM
 - ❖ Estimated annual cost of \$96,000 to \$192,000
 - ❖ One time setup fee of \$5,000 to \$10,000
- ❖ Estimated Savings of \$49,941 to \$101,035 for four (4) Procedures
- ❖ Lockton is developing Price Transparency Tool
 - We anticipate 5% to 10% engagement based on incentives and plan design

Colonoscopies & Mammograms

Colonoscopies

Area	Potential Individuals for Change	Cost Difference	Savings – 25% Change	Savings 50% Change
Fairbanks	17	\$778	\$3,112	\$7,002
Anchorage	78	\$750 to \$1,021	\$17,710	\$35,420
Possible Savings			\$20,822	\$42,422

Mammograms

Area	Potential Individuals for Change	Cost Difference	Savings – 25% Change	Savings 50% Change
Fairbanks	590	\$3 to \$47	\$5,123	\$10,433
Possible Savings			\$5,123	\$10,433

Data from July 1, 2010 to June 30, 2011

MRI & CT Scans

MRI

Area	Potential Individuals for Change	Cost Difference	Savings – 25% Change	Savings 50% Change
Fairbanks	92	\$417	\$9,591	\$19,182
Anchorage	61	\$424	\$6,360	\$13,144
Possible Savings			\$15,951	\$32,326

CT Scans

Area	Potential Individuals for Change	Cost Difference	Savings – 25% Change	Savings 50% Change
Anchorage	126	\$236 to \$265	\$8,045	\$15,854
Possible Savings			\$8,045	\$15,854

Data from July 1, 2010 to June 30, 2011

Recommendation

RFP for Patient Transparency & Advocacy

❖ Advantages

- Provide cost information for employees - consumerism
- Provide advocacy services – billing & appeals

❖ Disadvantages

- Members may not change locations for procedure – no cost savings
- Lower than anticipated member engagement



Appendix



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July 1, 2013 Enrollment

University of Alaska

	Funding Rates		FY 12 (July 11 to June12)	FY 13 (July 12 to June 13)	FY 12 (July 11 to June12)	FY 13 (July 12 to June 13)
	FY12	FY13	June 2012 Headcounts	July 2012 Headcounts	June 2012 Cost	July 2012 Cost
500 Plan						
EE	\$806.36	\$923.04	74	59	\$59,671	\$54,460
EE+SP	\$1,612.70	\$1,846.07	65	49	\$104,826	\$90,457
EE+CH	\$1,451.44	\$1,661.47	12	11	\$17,417	\$18,276
EE+FAM	\$2,257.80	\$2,584.51	50	31	\$112,890	\$80,120
<i>Total</i>			201	150	\$294,803	\$243,313
750 Plan						
EE	\$689.46	\$789.15	840	708	\$579,146	\$558,719
EE+SP	\$1,378.90	\$1,578.28	649	502	\$894,906	\$792,296
EE+CH	\$1,241.02	\$1,420.46	255	205	\$316,460	\$291,195
EE+FAM	\$1,930.48	\$2,209.61	738	494	\$1,424,694	\$1,091,548
<i>Total</i>			2,482	1,909	\$3,215,207	\$2,733,757
HDHP Plan						
EE	\$630.17	\$721.24	479	659	\$301,851	\$475,296
EE+SP	\$1,260.32	\$1,442.45	317	414	\$399,521	\$597,176
EE+CH	\$1,134.30	\$1,298.22	111	167	\$125,907	\$216,803
EE+FAM	\$1,764.47	\$2,019.46	504	630	\$889,293	\$1,272,261
<i>Total</i>			1,411	1,870	\$1,716,573	\$2,561,536
Monthly Total			4,094	3,929	\$5,226,583	\$5,538,606
Annual Total					\$62,719,000	\$66,463,278
PEPY					\$15,320	\$16,916

- Overall headcounts decreased 4.0%
- HDHP Plan headcounts increased 32.5%
- Overall gross cost increased 6.0%
- PEPY costs increased 10.4% from FY 12 to FY13

What are other Universities doing?

❖ Mainstream

- Flu Shots
- Access to campus gyms
 - ❖ Faculty only hours
- Smoke free buildings
- Health Risk Assessment
 - ❖ Incentive is less than \$100
- Weight Watchers

❖ Best In Class

- Biometric Screenings
 - ❖ Completion of biometric screening reduces monthly employee contribution
 - ❖ Results-based incentive on the horizon
- Wellness is Core part of University Culture
 - ❖ Key – Senior level support and action
 - ❖ Wellness is incorporated into all activities
- Dedicated Wellness person to run the program (UA does not have)
 - ❖ Run health screenings
 - ❖ Establish local partnerships

Source: Aetna College and University book of business

What are other Universities doing?

- ❖ College and University Professional Association (CUPA) Survey
 - 63% of institutions offer a wellness program
 - ❖ 53% offer access to biometric screenings
 - 43% of institutions have a separate wellness budget
 - ❖ Median budget size of wellness programs is \$36,000
 - 13% of institutions provide employees a discount on their health insurance premiums for participating in their wellness program
 - 59% of institutions expect to see lower health care costs due to wellness program

Source: 2011 College and University Professional Association for Human Resources

INFLUENCE the economic behavior of your population

Defining Success



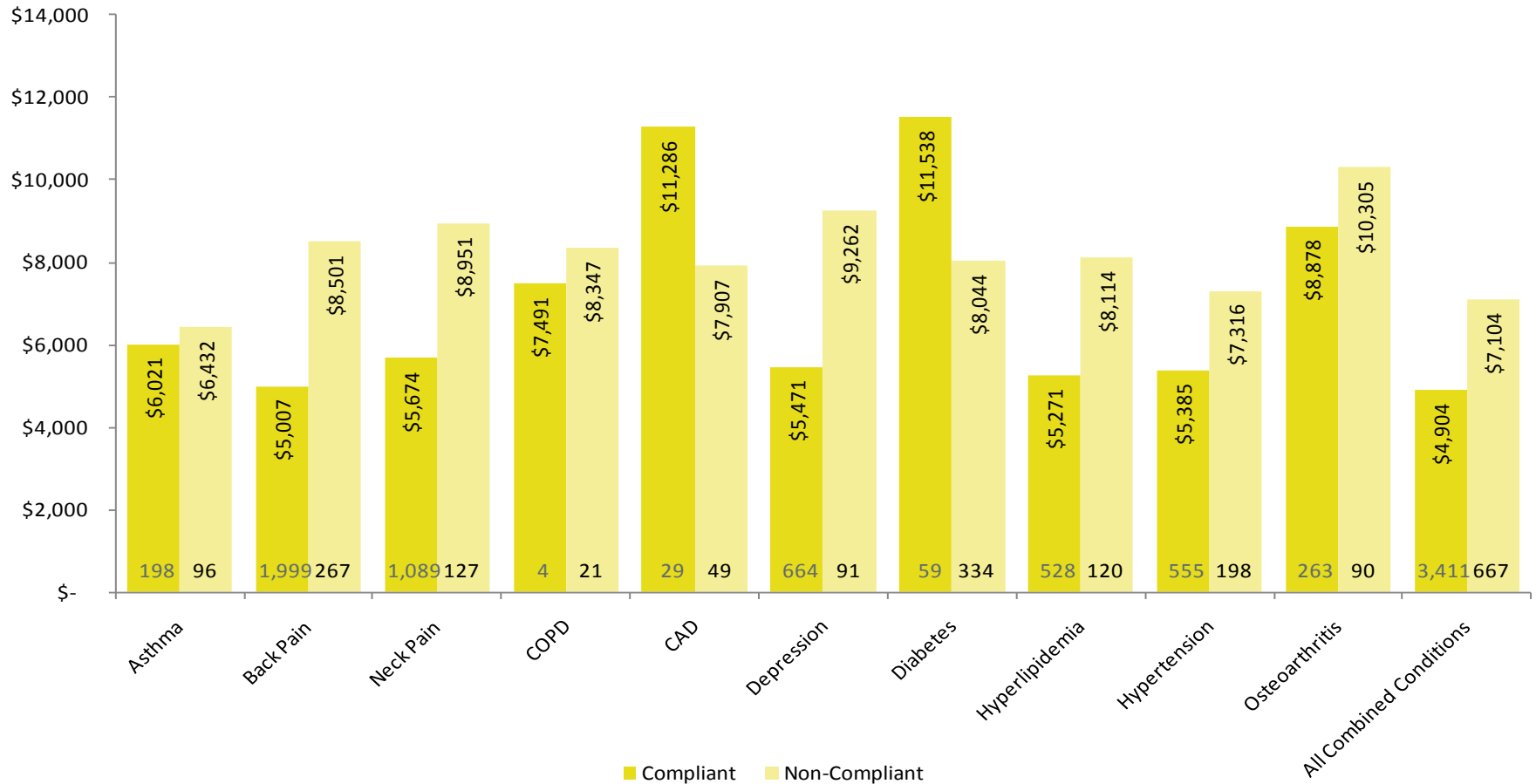
Incentive	Employee Engagement <i>How are you driving participation?</i>	Disincentive
No	Tie to Employee Contributions <i>Are you linking to your health plan?</i>	Yes
<10% of the cost of the health plan	Incentive/Disincentive <i>How large is your incentive/disincentive?</i>	>10% of the cost of the health plan
Participation	Participation/Outcomes <i>How are you measuring success?</i>	Achieving Health Outcomes

U of Alaska - Utilization Metrics by Claims Based Population Risk – July 2011 to June 2012

Current Year Metrics	Low Risk	Moderate Risk	High Risk
Number of members	7,117	1,176	878
% of members with no claims	20.3%	0.6%	0.0%
% of members with no medical claims	23.4%	0.6%	0.1%
% of members with no Rx claims	49.4%	17.7%	13.3%
Utilization Metrics			
ER Visits/1000	82	257	493
Office Visits/1000	3,548	11,894	14,955
Prescriptions/1000	4,251	14,097	19,997
Preventive Care			
Adult Preventive Exam	27.7%	38.9%	35.7%
Well Child Exam	44.3%	64.8%	58.8%
Mammogram	41.8%	47.7%	57.1%
Pap Smear	50.1%	58.8%	59.0%
Colorectal Screening	27.8%	46.6%	45.4%

Cost of Non-Compliance – University of Alaska July 2011 to June 2012

PMPY Costs by Chronic Conditions



This exhibit excludes high cost claimants. PMPY costs include comorbidities. Only members with at least one chronic condition are included. Does not include adjustment for Alaska cost

Incentives and Participation Rates

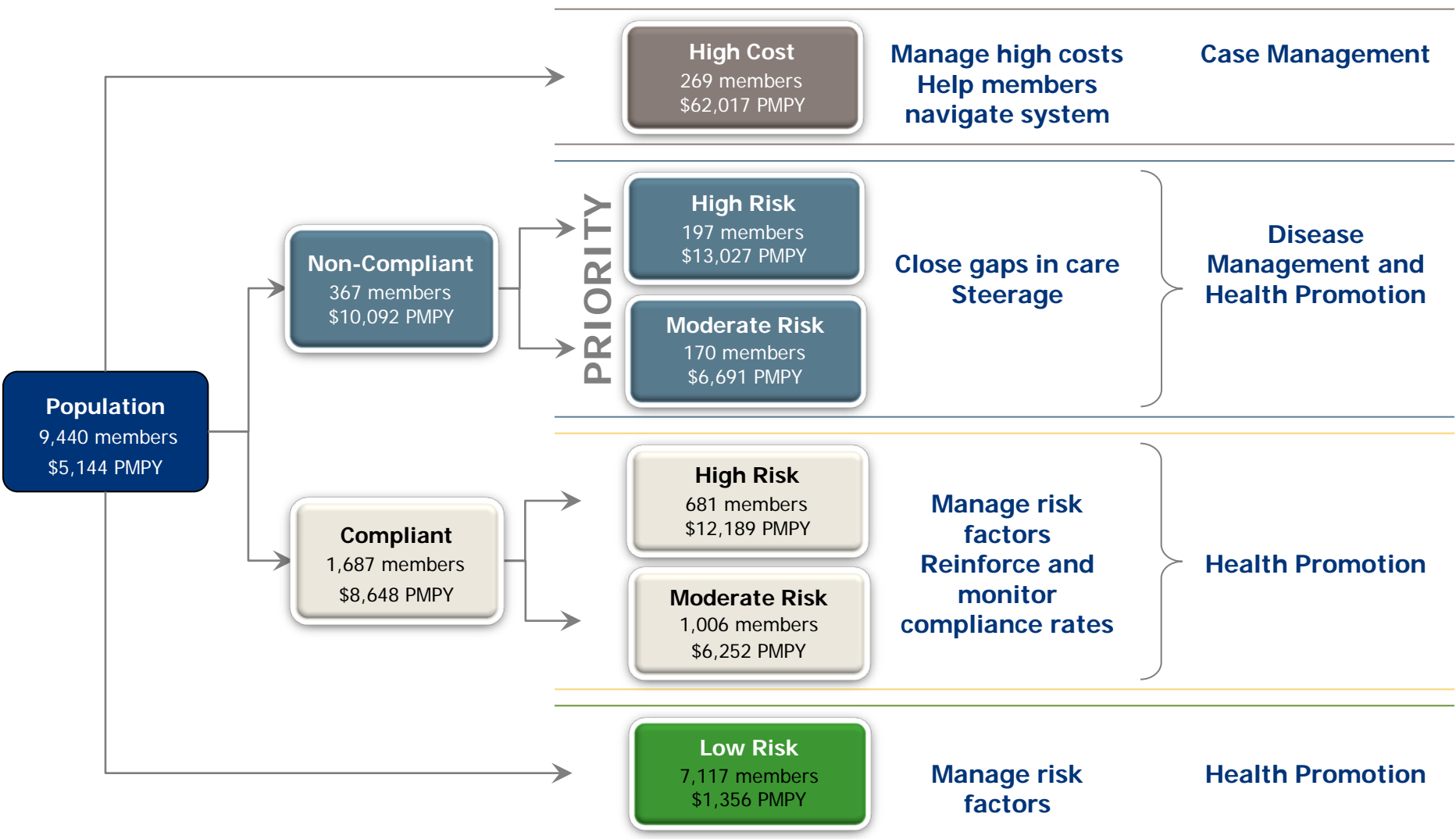
	Value Benefits Incentives per Year	Participation Rates Annual Program
	\$0 - \$10	< 20%
	\$10 - \$25	< 20%
	\$25 - \$50	< 20%
PWP & GTP	\$50 - \$100	15 - 25%
	\$100 - \$150	20 - 35%
	\$150 - \$200	25 - 50%
	\$200 - \$300	40 - 75%
	\$300 - \$600	50 - 90%

- ❖ In 2010, PWP participation was 33% for Employees and Spouses
 - \$100 for employee and \$100 for spouse
 - 2,259 participants = \$225,900
 - Discontinued in 2011 and no incentive for 2012 and only have less than 2% participation
- ❖ In 2012, Get the Point participation was 17% for 2 month prizes and 14% for 4 month prizes
 - ❖ 584 participants in the 4 month category received \$107,875

U of Alaska Claims Based Population Stratification

Goal

Intervention



Population Risk

- ❖ High Risk members and high cost claimants made up 12.1% (1,147) of the population and accounted for 64.9% of the costs
 - High Risk- Non-Compliant member on average cost \$2,494* more per year than Compliant members
- ❖ Moderate Risk members made up 12.5% (1,176) of the population and accounted for 15.7% of the costs
 - Moderate Risk- Non-Compliant member on average cost \$439* more per year than Compliant members
- ❖ Low Risk members made up 75.4% (7,117) of the population and accounted for 19.4% of the costs
- ❖ The top 5 chronic conditions are: back pain, neck pain, hypertension, depression, and hyperlipidemia
- ❖ 10% of the University's population has 3 or more chronic conditions with the norm at 8%
 - University PMPY cost for these members is \$17,331 compared to adjusted norm of \$14,558

* Norm from the Lockton InfoLock Book of Business

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UNIVERSITY OF ALASKA

FY14 UTILIZATION REVIEW

7/1/2013 TO 3/31/2014



Lockton Dunning Benefits



Premera- Medical



Premera Medical – Inpatient & Outpatient

❖ Inpatient

- Paid claims per member per month (PMPM) for inpatient services decreased from \$88.58 for FY13 (07/12-3/13) to \$70.06 for FY14 (07/13-3/14)
- The average length of stay for inpatient services decreased from 5.6 for FY13 to 4.6 days and was below the Premera Norm of 4.7 for FY14 Q3
- Paid claims per admission decreased from \$20,636 for FY13 Q3 to \$20,178 for FY14 Q3

❖ Outpatient

- Paid claims PMPM for outpatient services increased from \$77.04 for FY13 Q3 to \$88.08 for FY14 Q3 but was below the Premera Norm of \$90
- Outpatient services per 1,000 members decreased from 3,778 for FY13 Q3 to 3,598 for FY14 Q3

Norm is based on Premera's Alaska large group book of business

Medical Utilization

Utilization Category	FY13 Q3	FY14 Q3	% Change over FY13	Norm
Inpatient				
Paid Claims Per Member Per Month	\$88.58	\$70.06	-20.9%	\$89.92
Admissions Per 1000 Members	52	42	-19.9%	53
Days Per 1000 Members	289	193	-33.1%	247
Average Length of Stay	5.6	4.6	-17.1%	4.7
Paid Claims Per Admission	\$20,636	\$20,178	-2.2%	\$20,451
Outpatient				
Paid Claims Per Member Per Month	\$77.04	\$88.08	14.3%	\$89.99
Visits Per 1000 Members	1,023	945	-7.6%	921
Paid Claims Per Visit	\$904	\$1,118	23.7%	\$1,172
Services Per 1000 Members	3,778	3,598	-4.8%	3,713
Services Per Visit	3.7	3.8	3.0%	4.0
ER Utilization: Paid Claims PMPM	\$16.42	\$18.44	12.3%	\$19.12
ER Utilization: Visits Per 1000 Members	152.75	141.97	-7.1%	179.37
ER Utilization: Paid Claims Per Visit	\$1,288	\$1,558	21.0%	\$1,279
Professional Provider				
Paid Claims Per Member Per Month	\$185.62	\$202.68	9.2%	\$173.88
Services Per 1000 Members	15,957	16,465	3.2%	15,784
Paid Claims Per Service	\$139.59	\$147.72	5.8%	\$132.19

Norm is based on Premera's Alaska large group book of business

Premera Medical – Emergency Room & Large Claims

❖ Emergency Room

- ER paid claims per visit increased from \$1,288 for FY13 Q3 to \$1,558 for FY14 Q3, and was above the Premera Norm of \$1,279
- Visits per 1,000 members for ER services decreased from 153 for FY13 Q2 to 142 for FY14 Q3 and was below the Premera norm of 179

❖ Large Claims

- The number of large claims increased from FY13 Q3 to FY14 Q3, but the severity decreased
 - ❖ 40 large claimants over \$100k for FY13 Q3
 - Two were over \$400k
 - \$7,856,273 total paid in claims over \$100,000
 - ❖ 51 large claimants over \$100k for FY14 Q3
 - One over \$400k
 - \$8,785,916 total paid in claims over \$100,000
 - ❖ Average claim over \$100,000 in FY13 Q3 was \$196k compared to FY14 of \$172k
 - FY14 Q3 large claim severity decreased
 - ❖ Large claimants as a % of total paid costs increased from 21.5% to 24.6%

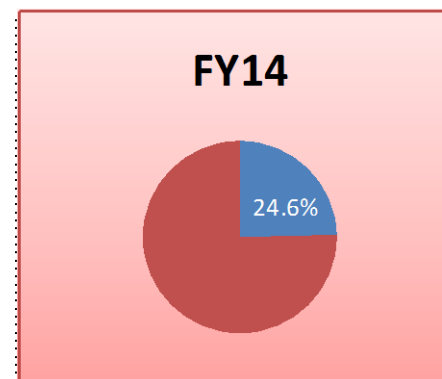
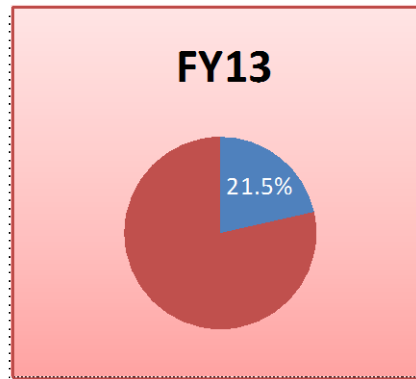
Norm is based on Premera's Alaska large group book of business

Large Claims Analysis – FY13 Q3 vs. FY14 Q3

University of Alaska Claimants Over \$100,000 Comparison Large Claims

	FY13 Q3	FY14 Q3
Medical & Rx Plan Spend	\$36,598,489	\$35,684,516
Average Monthly Employees	3,971	3,948
PEPM Cost	\$9,216	\$9,039
% Change Over Previous Fiscal Year		-1.9%
Total Paid for Large Claimants (Over \$100k)	\$7,856,273	\$8,785,916
# of Large Claimants (Over \$100k)	40	51
Average Large Claimant	\$196,407	\$172,273
% Change Over Previous Yr		11.8%
Without large claims	\$28,742,216	\$26,898,600
PEPM Cost	\$804	\$757
% Change Over Previous Yr		-5.9%

Large Claims above \$100k as a percentage of
Total Medical & Rx Claims



Top 25 Claimants – FY14 Q3 (July 2013- March 2014)

Claimant	Diagnosis	Paid Claims
1	Single Liveborn	\$469,515
2	Fracture of Tibia and Fibula	\$353,460
3	Malignant Neoplasm of the Anus	\$311,564
4	Malignant Neoplasm of Trachea, Bronchus, and Lung	\$306,866
5	Malignant Neoplasm of Colon	\$289,222
6	Back Surgery	\$281,955
7	Neoplasms of the Cranial Nerves	\$255,949
8	Spondylothisthesis	\$249,434
9	Malignant Neoplasm of Esophagus	\$244,636
10	Gastroparesis and Paralytic Ileus	\$228,102
11	Malignant Neoplasm of Prostate	\$225,808
12	Malignant Neoplasm of Female Breast	\$206,100
13	Hemolytic Anemias	\$195,855
14	Malignant Neoplasms of Lymphoid and Histiocytic Tissue	\$189,332
15	Fracture of Vertebral Column without Mention of Spinal Cord Injury	\$186,926
16	Malignant Neoplasm of Uterus	\$171,520
17	Malignant Neoplasm of Female Breast	\$167,191
18	Regional Enteritis	\$161,493
19	Osteomyelitis and Periostitis	\$158,967
20	Inpatient Mental Health Facility	\$158,541
21	Burn of Face, Head, and Neck	\$157,514
22	Pneumonia, Organism Unspecified	\$157,356
23	Malignant Neoplasm of Trachea, Bronchus, and Lung	\$157,186
24	Malignant Neoplasm of Female Breast	\$153,043
25	Malignant Neoplasm of Stomach	\$149,783

\$5,587,319

Top 25 Claimants –FY13 Q3 (July 2012- March 2013)

Claimant	Diagnosis	Paid Claims
1	Unspecified Anemias- Claimant Termed 8/31/12	\$775,478
2	Other Disorders Of Arteries And Arterioles	\$716,907
3	Twin Birth, Mate Liveborn	\$326,110
4	Disorders Of Mineral Metabolism	\$288,686
5	Chronic Renal Failure	\$273,252
6	Malignant Neoplasm Of Pancreas	\$271,504
7	Malignant Neoplasm Of Brain	\$270,883
8	Cerebral Laceration And Contusion	\$236,743
9	Malignant Neoplasm Of Trachea, Bronchus, And Lung	\$212,381
10	Disorders Of Lipoid Metabolism	\$208,576
11	Digestive Disorder	\$189,880
12	Melanoma	\$189,721
13	Disorder Of Cervical Region	\$189,471
14	Acute Myocardial Infarction	\$185,341
15	Vascular Insufficiency Of Intestine	\$185,056
16	Malignant Neoplasm Of Stomach	\$181,247
17	Malignant Neoplasm Of Rectum, Rectosigmoid Junction, And Anus	\$159,964
18	Care Involving Use Of Rehabilitation Procedures	\$157,872
19	Osteoarthritis And Allied Disorders	\$157,405
20	Open Wound Of Other And Unspecified Sites, Except Limbs	\$151,969
21	Secondary Malignant Neoplasm Of Other Specified Sites	\$151,867
22	Malignant Neoplasm Of Stomach	\$150,775
23	Fracture Of Tibia And Fibula	\$150,261
24	Malignant Neoplasm Of Brain	\$147,906
25	Central Pain	\$140,252
		\$6,069,508

Major Diagnostic Category

Major Diagnosis Category	7/1/2012-03/31/2013			7/1/2013-03/31/2014		
	Paid PMPM	Total Paid Claims	Percentage of Overall Total	Paid PMPM	Total Paid Claims	Percentage of Overall Total
Musculoskeletal System	\$55.93	\$4,532,773	14.59%	\$69.78	\$5,527,100	18.01%
Health Status & Services	\$62.10	\$5,033,604	16.20%	\$57.56	\$4,559,199	14.86%
Neoplasms	\$37.12	\$3,008,511	9.69%	\$40.54	\$3,210,654	10.46%
Ill-Defined Conditions	\$30.98	\$2,511,142	8.08%	\$29.83	\$2,362,678	7.70%
Injury and Poisoning	\$29.61	\$2,399,841	7.73%	\$28.97	\$2,294,500	7.48%
Circulatory System	\$32.20	\$2,609,727	8.40%	\$26.93	\$2,132,730	6.95%
Digestive System	\$23.25	\$1,884,043	6.07%	\$25.83	\$2,045,926	6.67%
Genitourinary System	\$19.06	\$1,545,199	4.97%	\$19.54	\$1,547,786	5.04%
Mental Disorders	\$15.70	\$1,272,405	4.10%	\$17.35	\$1,374,155	4.48%
Nervous System	\$19.60	\$1,588,469	5.11%	\$15.30	\$1,211,847	3.95%
Respiratory System	\$11.61	\$941,047	3.03%	\$13.63	\$1,079,868	3.52%
Pregnancy and Related	\$15.71	\$1,272,922	4.10%	\$13.09	\$1,037,091	3.38%
Endocrine, Metabolic and Immunity	\$13.43	\$1,088,856	3.51%	\$11.28	\$893,383	2.91%
Skin and Tissue	\$4.54	\$367,768	1.18%	\$4.71	\$372,660	1.21%
Blood	\$1.60	\$129,690	0.42%	\$4.44	\$351,835	1.15%
Congenital Anomalies	\$2.53	\$205,088	0.66%	\$3.53	\$279,626	0.91%
Infectious and Parasitic	\$4.23	\$342,958	1.10%	\$3.52	\$279,007	0.91%
Perinatal	\$3.94	\$318,981	1.03%	\$1.64	\$129,833	0.42%
Other	\$0.10	\$8,302	0.03%	\$0.02	\$1,621	0.01%
Injury and Poisoning External Causes	\$0.02	\$1,550	0.00%	(\$0.00)	(\$371)	0.00%
Total	\$383.26	\$31,062,874	100.0%	\$387.50	\$30,691,127	100.0%

Member Responsibility

	FY 14 Q3
Allowed Charges	\$51,823,239
Subrogation, COB, Etc.	\$2,410,583
Employee Out of Pocket	
Deductible	\$4,218,292
Copays	\$670,911
Coinsurance	\$5,591,125
Member Responsibility	\$10,480,328
Member Cost Share (% of Allowed Charges)	20.2%

	FY 13 Q3
Allowed Charges	\$52,342,818
Subrogation, COB, Etc.	\$2,543,801
Employee Out of Pocket	
Deductible	\$4,065,676
Copays	\$912,654
Coinsurance	\$5,351,808
Member Responsibility	\$10,330,138
Member Cost Share (% of Allowed Charges)	19.7%

Member Responsibility includes Medical/Rx/Dental/Vision



Caremark/Premiera/ESI - Pharmacy



Pharmacy Observations

- ❖ The total gross costs decreased \$832,001 from FY13 Q3 to FY14 Q3 from \$6,457,471 to \$5,625,470
- ❖ The percent of mail order scripts/claims decreased from 20% to 16.7% for FY14
- ❖ The generic dispensing rate increased from 70.1% to 79.6%, a 9.5% increase
- ❖ Specialty drug costs increased from \$1,056,143 in FY13 to \$1,227,133 in FY14 and made up 24.5% of total gross pharmacy costs

Pharmacy FY 13 to FY14 Comparison

Cost	FY13 Q3	FY14 Q3	% Change
Total Gross Cost	\$6,457,471	\$5,625,470	-12.9%
Total Net Cost	\$5,535,614	\$4,993,390	-9.8%
Drug Mix			
% Single Source Brands	27.6%	19.0%	-31.2%
% Multi Source Brands	2.3%	1.4%	-39.1%
Generic Dispensing Rate	70.1%	79.6%	13.6%
Utilization			
Total Prescriptions	60,923	48,408	-20.5%
% Retail Prescriptions	80.0%	83.3%	4.1%
% Mail Prescriptions	20.0%	16.7%	-16.5%
Specialty			
Specialty Total Gross Cost	\$1,056,143	\$1,227,133	16.2%
Specialty % of Total Gross Cost	16.4%	24.5%	49.4%

Top 25 Drugs by Gross Cost

Rank	Drug Name	Specialty	Drug Chapter	Plan Cost
1	HUMIRA	Yes	Rheumatological Agents	\$222,397
2	TECFIDERA	Yes	Neurological Therapy	\$118,003
3	SOVALDI	Yes	Antivirals	\$112,811
4	ENBREL	Yes	Rheumatological Agents	\$109,785
5	REBIF	Yes	Interferons	\$109,598
6	NEXIUM	No	Proton Pump Inhibitors	\$102,549
7	ABILIFY	No	Antipsychotics	\$91,560
8	COPAXONE	Yes	Neurological Therapy	\$88,758
9	KUVAN	Yes	Phenylketonuria Agents	\$88,123
10	CRESTOR	No	Lipid/Cholesterol Lowering Agents	\$77,043
11	LANTUS SOLOSTAR	No	Insulin Therapy	\$64,450
12	CYMBALTA	No	Antidepressant Agents	\$58,177
13	XENAZINE	Yes	Neurological Therapy	\$53,342
14	ATORVASTATIN CALCIUM	No	Lipid/Cholesterol Lowering Agents	\$49,340
15	TRUVADA	No	HIV/AIDS Therapy	\$49,256
16	XYREM	No	Psychotherapeutic Agents	\$48,876
17	ONE TOUCH ULTRA TEST S	No	Blood Glucose Monitoring Devices & Supplies	\$47,497
18	CELEBREX	No	NSAIDs/COX-2 Inhibitors	\$42,133
19	RESTASIS	No	Ophthalmologics	\$41,397
20	CAYSTON	Yes	Anti-Infectives	\$41,180
21	DULOXETINE HCL	No	Antidepressant Agents	\$39,498
22	AVONEX	Yes	Interferons	\$39,472
23	LANTUS	No	Insulin Therapy	\$38,497
24	SYMBICORT	No	Pulmonary Agents	\$37,667
25	HUMALOG	No	Insulin Therapy	\$37,503

Top 5 are Specialty Drugs

Top 25 Drugs by Volume

Rank	Drug Name	Generic / Brand	Total Net Paid
1	LISINOPRIL	Generic	\$ 8,399
2	LEVOTHYROXINE SODIUM	Generic	\$ 5,324
3	HYDROCODONE-ACETAMINOP	Generic	\$ 7,654
4	ATORVASTATIN CALCIUM	Generic	\$ 49,340
5	HYDROCHLOROTHIAZIDE	Generic	\$ 1,155
6	OMEPRAZOLE	Generic	\$ 14,645
7	ESCITALOPRAM OXALATE	Generic	\$ 31,297
8	SYNTHROID	Brand	\$ 1,772
9	AZITHROMYCIN	Generic	\$ 10,318
10	ZOLPIDEM TARTRATE	Generic	\$ 5,865
11	SIMVASTATIN	Generic	\$ 15,597
12	METFORMIN HCL	Generic	\$ 8,445
13	AMLODIPINE BESYLATE	Generic	\$ 6,626
14	BUPROPION XL	Generic	\$ 20,252
15	MONTELUKAST SODIUM	Generic	\$ 33,500
16	FLUTICASONE PROPIONATE	Generic	\$ 7,700
17	SERTRALINE HCL	Generic	\$ 7,779
18	ALPRAZOLAM	Generic	\$ 828
19	LOSARTAN POTASSIUM	Generic	\$ 9,271
20	FLUOXETINE HCL	Generic	\$ 6,117
21	VALACYCLOVIR	Generic	\$ 21,578
22	AMOXICILLIN	Generic	\$ 1,040
23	VENLAFAXINE HCL ER	Generic	\$ 15,088
24	PROAIR HFA	Brand	\$ 9,555
25	METOPROLOL SUCCINATE	Generic	\$ 12,271



Appendix



LOCKTON[®]

Lockton Dunning Benefits



Medical Utilization Definitions

- ❖ Contract Months – Number of enrolled employees for a 12 month period
- ❖ Medical Total PMPM – Total medical cost on a per member per month basis
- ❖ Inpatient – Services provided to patients who are hospitalized
- ❖ Outpatient – Hospital based services where the employee is not admitted
- ❖ Professional – Primary Care or Specialist Care Physician services
- ❖ Average Contract Size – The average number of dependents (Spouse and Children) for each enrolled employee

Major Diagnostic Code Definitions

III Defined category	<p>The Major Diagnostic categories are aligned with the major sections of the ICD9-CM. In general, categories 780-796 include the more ill-defined conditions and symptoms that point with perhaps equal suspicion to two or more diseases or to two or more systems of the body, and without the necessary study of the case to make a final diagnosis. Practically all categories in this group could be designated as "not otherwise specified," or as "unknown etiology," or as "transient."</p> <p>Examples: Fever, Convulsions, Chest Pain, Abdominal Pain.</p>
Other	<p>The Major Diagnostic categories are aligned with the major sections of the ICD9-CM. The "Other" category consists of claims with diagnoses that don't map to the ICD9-CM, mostly Rx and Dental claims. Excluding those benefits from the Benefit checkbox list will usually reduce "Other" to a negligible amount.</p>
Health Status and Services	<p>Also known as "V-Codes" (i.e., V70.0) Usually used as a secondary diagnosis, but sometimes appears in the primary. Full details available in the ICD9 diagnosis book. General Medical Examination is common</p> <ol style="list-style-type: none"> 1. Non-sick persons encountering the system (donors, family doc counseling, vaccines, etc) 2. Sick person encountering the system for treatment of a known (ongoing) disease or injury. 3. When a circumstance or problem is present that influences the patient's health, but isn't itself an illness (personal or family history health hazards, circumstances related to reproduction and development, etc)
Injury & Poisoning	<p>Fractures, Wounds, Burns, Poisoning by Drugs, Medicinal and Biological Substances (DX Code 800 - 999)</p>
Injury & Poisoning External Causes	<p>Fractures, Wounds, Burns, Poisoning by Drugs, Medicinal and Biological Substances (DX Code E800 - E999)</p> <p>Transport accidents (E800-E848) include accidents involving:</p> <ul style="list-style-type: none"> aircraft and space craft (E840-E845) watercraft (E830-E838) motor vehicle (E810-E825) railway (E800-E807) other road vehicles (E826-E829)

University Assembly:

From Provost & Executive Vice Chancellor Bear Baker: *Board of Regents passed one policy and one resolution concerning course schedules and time periods. Classes will start and end at the same time across the three MAUs and there will be a common alignment with GER programs. These common goals must be established in a proposal brought forward for fall 2016 implementation.*

The Regents also gave final approval to the crossing bridge from the new Engineering building to the new Health building.

The Marriage and Family Counseling certificate for certified counselors has been approved and now needs funding.

Vice Chancellor of Advancement Megan Olson: the grand opening for the Alaska Airline Center is moving forward. The Annual Scholarship celebration will be held on April 11th 2014. Commencement is Sunday, May 4th – Honorary degrees will be given on Saturday, May 3rd.

Moving forward for the grand opening of the Alaska Airlines Center.

Student Affairs: *Dr. Lacey Karpillo spoke about Student Access, Advising, and Transition (SAAT) which focuses on increasing student access to UAA, improving student retention, and developing a sense of belonging for all new students. They work to connect students with appropriate resources such as advising, testing, recruitment, etc. The Mandatory Advising and Orientation Pilot was a success and generated valuable information. The ultimate goal is focused on helping students get started, stay on track, and retention.*

Governance Reports

1. System Governance Council

- **Staff Alliance:** Looking at retreat dates for August, personal service budget for Governance, decided that the Constitution and Bylaws need to be revised to include a treasurer and secretary; discussed the impacts of direct deposits for employees.

- **Classified Council:** Held a joint meeting with APT Council and unanimously approved that four of the eight meets for next CY will be combined meetings to best look at common topics; Erika Van Flein discussed Healthyroads and the health benefits (via teleconference); Lisa Terwilliger presented on the UAA CareTeam.

- **APT Council:** discussed SB 176 and HB 335 – decided that a resolution could not be found as a group and acknowledged many various concerns and options.

- **Union of Students / Coalition of Students:** student elections will be posted by 5pm Monday (April 14th) – had the largest voter turnout with 1,290 votes. Work to be done drafting a resolution for the Smoke Free Initiative as well as the outdoor recreation fees. Doesn't have a resolution on SB 176 because had already presented it.

2. New Business

- Accreditation Update; Vice Provost for Undergraduate Academic Affairs, Susan Kalina and Assistant Vice Provost and Accreditation Liaison Officer, Megan Carlson,
*Currently preparing for the 7-Year report which is 4 years away.
There will be a change in approach that is largely focused on resources and capacity, as well as looking at facilities, programs, and academic policies.
This is important in relation to the updated Master Plan and the shift in Accreditation status for UAA to be a doctoral granting institution.
Looking into and preparing for how structures stand for assessment for the 7 year report*

and visitation site visit on October 29th – 30th.

- Board of Regents Unified Calendar and Unified GER Programs Discussion
 - Calendar Reference 8; [Regents' Policy Revisions 10.04.100](#)
 - General Education Requirement Programs; Board of Regents Policy 10.04.040
 - Board of Regents Motions Page <http://www.alaska.edu/bor/agendas/2014/apr-3-4/>

 - *The Board of Regents approved a jointed calendar and schedule motion as well as a jointed GER motion across the three MAUs.*
 - *The unified calendar and schedule will encompass 50 weeks of instruction and 800 minutes of credit hours. All three universities will start and end on the same day and will recognize the same holidays. Daily schedules will be the same across the three universities.*
 - *A unified GER program will be implemented, individual programs will no longer be accepted.*

University Assembly will next meet on Thursday, May 8, 2014 from 1:00-3:30pm in ADM 2004

System Governance

This month (unlike last month) there was a voting quorum. The discussion centered around the Constitution for System Governance – after a lengthy discussion it was voted to change the Constitution (6 Yea/3 Nay/1 Abstain).

The change is in composition of the board: there will only be 2 members each from each governing body (Faculty Alliance, Staff Alliance, Student Coalition and Alumni Association) – the chair and one other. No longer will the President of the University Assembly at UAA sit as a voting member on the board.

Diversity Action Council and Faculty Senate Diversity Joint Meeting with Chancellor Case

Thursday, April 10, 2014

9:30 a.m. to 10:30 a.m.

ADM 204

In Attendance:

Chancellor Tom Case

DAC Members: Bruce Schultz, Marva Watson, Willy Templeton, Andre Thorn, Natasa Masanovic, E.J. David, and Jazmine Williams

FSDC Members: Gabe Garcia, Michihiro Ama, Hermina Din, Rebeca Maseda-Garcia, Rena Spieker, Maria Williams

Not In Attendance:

DAC Members: Anel Quiroz, Jon Deisher, Ruddy Abam, Carey Brown, Robyn Gallacher, Paul Landen, , Jamey Cordery, Elizabeth Sierra, Don Rearden, Ron Kamahela,

FSDC Members: Yong Cao, Song Ho Ha, Wei-Ying Hsiao, Paul Landen, Sean Licka, Marc Robinson, Mary Weiss, Yelena Yagodina

AGENDA

- **Welcome**

The meeting was called to order by B. Schultz

- **Introductions: DAC/FSDC**

Those who attended the meeting including all DAC and FSDC members, stating their name and respective positions and/or departments, made introductions

- **Overview: DAC & FSDC Mission**

DAC Mission: *The UAA Diversity Action Council resolves to nurture an environment where: the diverse cultures and beliefs of all people are acknowledged; diversity is respected; and all people are valued. As a resource committee to the Chancellor, the Diversity Action Council is charged with developing a diversity action plan that includes specific action steps to support UAA goals; and to advise and recommend to the Chancellor courses of action that address campus-wide diversity issues and that create an inclusive and respectful campus environment.*

The DAC is also active in promoting activities and programs throughout the campus that effectively address issues related to diversity, recognizing, and honoring exemplary actions that contribute to a supportive campus climate.

FSDC Mission: *The Mission Statement of the University of Alaska Anchorage Faculty Senate Diversity Committee is to assist faculty members across the UAA and the extended colleges to heighten their awareness of the importance of the individual and their culture to the students, faculty, staff, and administration of the University. Additionally, we believe that we can act as a conduit for all of the above to access resources, which can facilitate the inclusion of diverse cultures, ideas, and background to strengthen the overall educational value at UAA and the extended colleges.*

- **DAC & FSDC AY 14 Priorities**

DAC

Design and implement a collaborative and comprehensive Diversity Action Plan for the University of Alaska Anchorage.

- The Chancellor's Cabinet supported and approved collaboration of the Diversity Action Plan spring 2013
- In partnership the FSDC, they are currently seeking faculty to lead the initiative, with a nomination due date of Friday, April 11.
- DAC & FSDC is seeking to obtain Faculty leadership to start summer 2014 and develop the Diversity Action Plan through AY2014-2015.

Support UAA's commitment to attract, recruit and retain a diverse faculty and staff.

- The DAC support group wants to increase the presence of UAA, attract and recruit diverse faculty and staff.
- The DAC support group has found a need to develop a Faculty Diversity Recruitment video
- The Faculty Diversity Recruitment video would serve as a short recruitment tool to share information with potential candidates and new faculty about the UAA & Anchorage community in relation to diversity.

Focus with intentionality, DAC's support of diverse campus programming.

- The purpose of this support group is to provide clear understanding about what DAC can do for diversity initiatives on campus.
- The aim is to connect UAA alumni, student, faculty, and staff on campus and in the community through meaningful means of communication, mainly through social media.
- With the chancellors support the committee would like to develop a diversity link and blog on the UAA home webpage, as presented by Natasa Masanovic in the displayed Diversity Landing Page.

* The Chancellor expressed his support of this moving forward, and its goal of increasing diversity and cultural awareness of UAA.

Student Diversity Awards

- The leadership of the Student Diversity Awards has been Andre Thorn who presented on the 2013/2014 awards, with support of Willy Templeton.
- The goal of the awards are to support diverse students of UAA who are in need of financial resources, and looking at how students have been supporting diversity on campus
- For AY 2013-2014, there have been approx. \$10,000 worth of financial awards given to students
- The development of the way students can apply or seek interest of obtaining the Student Diversity Awards has since been changed to reach a greater population of students, through a web-based system.

FSDC

- FSDC has been influential in searches, prioritization, and the Diversity Action Plan Initiative
- Have instated Diversity Dialogue/Diversity Talks
- Looking to integrate more dialogue with junior faculty of color and their experiences within the next year
- FSDC has collaborated with the Indigenous & Alaska Native Faculty Subcommittee through representative Maria Williams.
- A part of the Alaska Native Heritage Month celebrations, FSDC facilitated a Diversity Dialogue of Alaska Native Faculty & Staff, to discuss their experiences, views, and opinions; for the most part being a sole member of their department of Alaska Native decent.

• Diversity Dialogue

In response to the following diversity dialogue questions, conversations took place for implementation of following ideas, programing, and vision of diversity of UAA.

Diversity Dialogue Questions:

1. *What do you need to see to fully know that diversity is appreciated and valued on campus?*

2. *What steps can we take at UAA to achieve or at least make significant progress in that direction?*

Looking into Curricula across Campuses

- Curricula across campuses should integrate diversity
- Diversity should be integrated across campus and departments through embracing culture
- Promote one year research – “How to Change You Curriculum to Embrace Diversity”

*Chancellor Case: Faculty evaluations have room to increase the evaluation criteria to include diversity

Social Inclusion & Equity Training

- Coming from diverse backgrounds and experiences, it would be beneficial for the campus to learn how to interact with multicultural staff, faculty, and students
- The campus would benefit from social inclusion and equity training

Student Success Rates

- Putting a team together to assess the gaps in success rates of students of color
- How to address those student’s needs, and reach beyond just the narrowing of gaps between populations

*Chancellor Case: Possibly track and provide outreach efforts of k-12 for the specialized groups that see lower level success rates

New Faculty Orientation

- Diversity should be included into New Faculty Orientation process
- Potentially half day at Alaska Native Heritage Center and participation in Cultural Awareness Course
- Class called “Multicultural Anchorage”
- On-Board Framing

Diversity Action Plan Faculty Liaison

- Ensure the faculty liaison for the Diversity Action Plan makes goals for the university to be able to be measure on an annual basis
- 30% student diversity on UAA – Anchorage campus should be recognized and marketed to new and potential faculty.

Recruitment of Alaska Students

- Losing diverse students because UAA is not recognized for what they do – not well known to the Alaska population
- Work on retaining potential students from Alaska and promoting what UAA has to offer

Retaining Diverse Faculty

- UAA works hard to recruit faculty, and should work hard to retain faculty
- Work on way to all for Jr faculty to connect with mentors
- Providing a safe place of Jr faculty to share their experiences on a social basis – promotes healing

Promote Overseas Exchange Programs

- Current Japanese exchange program in place
- Some issue with transfer equivalency
- If issues can be addressed, use of overseas exchange programs to increase student participation

Travel Abroad Programs

- Embrace expansion internationally
- Faculty research and faculty connections to faculty outside of the US
- Faculty research collaboration programs
- Joint degree program collaborations
- Current international connections
(1) College of Business and Public Policy & China

- (2) Confucius program globally
- Diversity page would influence retaining of diverse candidates nationally and internationally

UAA Reflective of Anchorage Population

- The student population is already diverse and the questions should be answered:
Is faculty reflective of our community?
Is curriculum reflective of our community?
- UAA should reflect the Anchorage community including increasing cultures and diverse population

Outside Student Recruitment

- Institutional goal to increase student life & housing to attract outside students
- New Student Recruitment is currently developing a way to train faculty, staff, and students to attend last minute recruitment events

More Connection with Community

- More connection with community groups and organization in a positive manner in order to promote diversity
- Identify UAA departments and task them with the responsibility of reaching out to specific community groups -- Centralized but delegated responsibility

- **Closure**

Chancellor Case:

- Faculty & staff composition should match the composition of the student population.
Influential factors of increasing diverse faculty and staff include:
(1) Recruiting
(2) Growing faculty from UAA students
- The UAA website should be reflective of the Diversity of UAA as well as the Anchorage, and Alaska community
- In full support of putting together an action plan and having more than just the platform of supporting diversity, but to include additionally the ability to solidify our efforts with facts and statistics.

- **Certificates of Appreciation**

Presentation of Certificates of Appreciation to those DAC/FSDC members who were in attendance

* Certificates for those who were not present will be distributed through their respective DAC or FSDC leadership

Diversity Action Council Meeting Report April 11th, 2013

There was a meeting of the Council, with the Chancellor that included the Faculty Senate Diversity Committee on April 10th 2013. Unfortunately, I was unable to attend.

The DAC did not have a quorum; there was no business to discuss. The few members who able to meet with the Chancellor reviewed what was discussed at that meeting. Overall, the members who met with the Chancellor felt that he was really listening. During this discussion, it became apparent that when discussing hiring and retention of faculty and staff, the focus was solely on faculty. I reminded them that staff was to be included in any program set forth for the hiring and retention of faculty and staff. I gave a few examples of the inequality of the various staff treatment.

I have attached the minutes from the meeting with the Chancellor.

Respectfully submitted,

Jamey L. Cordery

EARTHQUAKE READINESS- U.A.A. AY2013-14



Training, Exercises, and Outreach:

- Campus-CERT formed at Anchorage and Soldotna student housing
- Created 2 new CERT instructors
- FEMA Incident Command System (ICS) training system-wide
- Incident Management Team (IMT) G367 training to campus leadership
- UAAalert “sender” training to all campuses
- Continuity of Operations Plan (COOP) initial steps for critical functions
- Community College Citizen Preparedness Programs (3CP2) to students
- Fire awareness and response training to Housing student leaders
- Quake Cottage at Student Union as part of UAA Safety Awareness Month
- “Emergency Response Guidebook” to new employees, small groups
- Mass alert drills (phone paging on campus) part of Great Alaska ShakeOut
- Full-scale sheltering and Emergency Operations Center (EOC) exercise- Valdez campus
- Full-scale response and coordination exercise- Anchorage and Soldotna campuses
 - o Search, rescue, triage, treatment, accountability, damage assessment, power
 - o Crisis communication
 - o Incident management
 - o Disaster documentation

Survival and Recovery:

- Planning discussions on sheltering and feeding with Muni, NMS, DHS&EM, and APU
- Emergency food supplies for 1,200 for 3 days, and portable lighting
- Portable 2-stage water filtration up to 75 gallons/hour
- American Red Cross pre-staged supplies
- Student Housing pre-staged supplies
- MedSled emergency evacuation devices and training
- Virtual EOC software, and redundant EOC-in a Bag
- AlertUS technology



Social Committee Report – May 1, 2014

Thank you to everyone who participated in the April 16th joint meeting with Bill Spindle. It was informative and there were some great discussions had.

Though we will not be able to fulfill another activity in May, we did accomplish both our service function (Foundations for Success) and our joint social event (High Tea). Both were considered great successes.

Don't forget that the 24th annual Staff Development Day will be taking place Thursday, May 15th this year. Volunteers are always welcome: if anyone is interested contact Melodee Monson at mamonson@uaa.alaska.edu

It has been a pleasure serving as the head of the Classified Council Social Committee for the past season. I look forward to seeing you all at Development Day and hope you all have a beautiful and enjoyable summer!

-Rebecca Huerta

Marketing Committee Update and Accomplishments for FY14

The committee met various times during this academic year and set goals to accomplish on increase growth and awareness.

Committee Member Changes

Ashlyn Antonelli- Classified Chair
Betty Hernandez- APT Chair
Katie Frost
Janelle North
Kathleen McCoy

Facebook

- Revived the Staff Governance Facebook page
- Slowly increasing our followers (However we have doubled the FB following since Dec 2013)
- Posted Staff Governance events, bios and upcoming campus activities

Brochure

- Updated existing brochure
- Printed 1,000 (but we received 2000)
- Distribution of brochures will be:
 - o Development Day
 - o Staff Events
 - o New Employee Orientation packets

Pens

- 1,000 pens ordered
- Pens were ordered and will be distributed at registration and available at table during the fair at Development Day
- Note we will also be creating a tracking system that keeps track of who get the Governance marketing materials.

Development Day

- APT and Classified Council Presidents will welcome employees to Development Day at the opening ceremony
- Give away item at registration
- Table during the Fair (To be manned by Katie and Ashlyn for both lunches)

APT and Classified Council Website

- More uniformity between both council sites (posted on both sites)
- Online Nomination Form created (posted on both sites)
- Online Feedback/Concern Form created (posted on both sites)

Newsletter

- Working with University Relations on layout
- Targeting quarterly distribution – August/November/February/May

*The Marketing Committee will meet over the summer to establish new goals for the next academic year and present at the first meeting for FY15.

*Thank you to Amie for your service on the Marketing Committee, best of wishes in your new endeavors.

Athletics Marketing Discussion with the Presidents

- Working closely with Athletics on events via FB to keep staff update on events (cross marketing)-Ash
- Reprising Green and Gold Friday's and events like (free tickets and possibly free UAA swag) for representing our colors-Ash
- Open discussion on the facilities use fees-Tamah
- Discussions on using the facility to bridge the gap for the lack of in person training and work out sessions
- Good news is that the new walking track will be an open use track with no fees-Tamah
- The good news is that Keith is willing to look into our ideas and will try to assist in bridging these gaps-Tamah
- Please let us know if you have questions or suggestions, these are on-going discussions. There is another scheduled meeting with Keith on May 19,2014-Tamah

**Classified Council
Membership List & Meeting Schedule
2014-2015**

Name	Position	Phone	Fax	Email	Term
Kathy Smith	Program Assistant <i>School of Nursing</i>	786-4802	786-4559	khsmith@uaa.alaska.edu	13-15
Ashlyn Antonelli	Fiscal Officer <i>University Police Department</i>	786-1116	786-6111	apantonelli@uaa.alaska.edu	13-15
Bobbie Farfalla-Ivanoff	Administrative Assistant <i>Kodiak – Academic Affairs</i>	486-1215		bfarfallaivanoff@uaa.alaska.edu	13-15
Dave Robinson	WOLFCard Services Coordinator <i>Financial Services</i>	786-4684	786-4682	derobinson@uaa.alaska.edu	13-15
Rebecca Huerta	Agency Technician <i>Financial Services</i>	786-1477	786-1262	rlhuerta@uaa.alaska.edu	13-15
Wendy Goldstein	Coordinator of Whitney Museum <i>Prince William Sound Community College</i>	834-1689	835-1692	wgoldstein@pwsc.edu	13-15
Dana Collins	Administrative Assistant <i>School of Engineering, Facilities</i>	786-5475	786-1079	dacollins@uaa.alaska.edu	13-15
Jamey Cordery	BS/MS Administrative Secretary <i>School of Nursing</i>	786-4587	786-4559	jlcordery@uaa.alaska.edu	13-15
Amie Stanley	Assistant Debate Coach <i>Seawolf Debate</i>	786-4354	786-4190	astanle6@alaska.edu	13-15
Susan Moran	Assistant to the Dean <i>College of Education</i>	786-4613	786-4445	samorán@uaa.alaska.edu	13-15
Janelle North	Administrative Specialist <i>Office of the Registrar</i>	786-1069	786-1581	jmnorth@uaa.alaska.edu	13-15
Ryan Buchholdt	Business Manager <i>Facilities & Campus Services</i>	786-1206	786-4901	rbuchholdt@uaa.alaska.edu	13-15
Katie Frost	Administrative Assistant <i>Health Sciences Department</i>	786-6540	786-6572	krfrost@uaa.alaska.edu	13-15
Chris Triplett	Development & Scholarships Specialist <i>University Advancement</i>	786-1265	786-1957	ctriplett@uaa.alaska.edu	13-15
Fannie Slaten	Faculty Support – Accounting <i>Business Administration Department</i>	786-4133	786-4115	flslaten@uaa.alaska.edu	14-16
Kim Heidemann	Administrative Assistant Radiologic Tech <i>Medical Imaging Sciences</i>	786-4930	786-6938	klheidemann@uaa.alaska.edu	14-16
Maureen Hunt	Administrative Assistant <i>Mat-Su College – Academic Affairs</i>	746-9339	746-9303	mehunt@matsu.alaska.edu	14-16
Nancy Hall	Program Coordinator <i>WWAMI School of Medical Education</i>	786-4789	786-4700	nancy@uaa.alaska.edu	14-16
Liz Winfree	Workforce Development Program Administrator <i>Center for Human Development</i>	264-6239	274-4802	liz@alaskachd.org	14-16
Keri Shoemaker	Administrative Assistant <i>Mechanical Engineering</i>	786-1973		klshoemaker@uaa.alaska.edu	14-16
Caitlin Poindexter	CPDS Department & Academic Support Advisor <i>Community and Technical College</i>	786-6045		cjpoindexter2@uaa.alaska.edu	14-16
Marie Williams	Administrative Assistant <i>Bookstore</i>	786-4759	786-4790	mtwilliams5@uaa.alaska.edu	14-16

* University Assembly Representative **University Assembly Alternate

Scheduled Meeting Dates 8:30 – 10:00 a.m. ADM 204	
2012	2013
September 4	February 5
October 2	March 5
November 3	April 2
December 4	May 7

Governance Office	Phone	Fax	E-mail
Kimberly Swiantek, Governance Coordinator	786-1994	786-6123	kswiante@uaa.alaska.edu
Harley Hedlund, Administrative Assistant	786-1945	786-6123	UAA_gov@uaa.alaska.edu



Yard Sale to benefit UAA/APU Consortium Library,
Saturday, May 17, 2014
9:00 AM - 2:00 PM
UAA/APU Consortium Library Plaza

Rain or shine, Library employees and friends are having a yard sale on the UAA/APU Consortium Library Plaza on Saturday, May 17th. At least 10 percent of the total proceeds will go to the Library. There will be lots of different treasures so come shop and support the Library.

Clean out your home closets and join the yard sale (advance notification is required to participate) for more information, contact Dawn Harrison at 907-786-1870 or dmharrison2@uaa.alaska.edu.

