Staff Senate Minutes  
Wednesday, May 16, 2012  
9:00 – 11:00 a.m.  
SUB Room 232

**Attendance Code Key:**  
X = Attended  
A = Apologies for Absence

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<td>Ron Brekke, Benefits</td>
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<td>Shari Curtis, Budget Council</td>
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<td>Mandy Hansen, UFPB</td>
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<td>Neil Jorgensen</td>
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<td>Carol Shannon, Benefits</td>
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<td>Julie Heard, Benefits</td>
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**Committee Reports and Old Business**

**I. Call to Order**

The meeting was called to order by chair, Kevin Thane. Guests from Montana University System Benefits office, Connie Welsh, Director of Benefits; Mary Lachenbruch, Associate Director of Benefits; Chelsi Dupler, Benefits Specialist; and Carol Franco, Benefits Specialist were in attendance. Also, in attendance was Linda Roberts and Susan Alt.

**II. Approval of Minutes**

The minutes were approved with corrections.

**III. Election Results**

Results from the spring elections are Tech/Paraprofessional, Sylvia Sparkman; Off Campus, Deb Harrison; and Service Maintenance, Linda Roberts. Their three-year terms begin July 1.

**IV. Nominating Committee**

The committee did not meet. The committee (Kevin Thane, Deb Harrison, Julie Heard, and Mike Hansen) requested names be submitted prior to the June 20th Senate meeting for chair and vice chair.

**V. Committees with terms ending June 30, 2012**

A. Budget Council – Shari Curtis is serving a partial term completing Sheron Mclhattan’s term. Shari expressed an interested in serving a two-year term ending 6/30/14. Senators unanimously agreed and approved.

B. Facilities Services Advisory Committee – Kevin Thane completed his term and did not seek a second term. Justin van Almelo expressed an interested in serving a two-year term ending 6/30/14. Senators unanimously agreed and approved.

C. MSU Benefits – Ron Brekke completed his term and wished to seek a second three-year term ending 6/30/15. Senators unanimously agreed and approved.

**VI. Committee Reports and Old Business**

Committee reports and old business were tabled to accommodate the guest speakers.

**VII. Guest Speakers**

A. Connie Welsh, MUS Director of Benefits introduced her staff. Mary Lachenbruch oversees the daily operation of all the group health plans. She insures that all the vendor partners are working for the insured plan members and works on any performance, guarantee, and/or benefit design issues for either individuals or groups with any of the vendor partners. Carol Franco is frontline on the phone and performs contract monitoring and on time contract bidding. Chelsi Dupler is the accounting and finance as well as eligibility reconciliation. Connie began by giving some background information regarding MUS Benefits. MUS Benefits is with the Office of the Commissioner of Higher Education under the operation of the Board of Regents. State law places Benefits under the Regents operation. The 24-member (1/2 represent labor and 1/2 represent management) Inter-Units Benefit Committee is advisory to the Commissioner of Higher Education.

**Question 1:** “At one of this year’s CHOICES presentations it was mentioned that our medical benefits are essentially the same for each health provider that supplies like services, for example, The Blue Cross Traditional Plan carries the same benefits as the Allegiance Traditional Plan; Blue Choice Managed Care plans carry the same benefits as the Pacific Source Plan etc. aside from the very small differences in provider lists in MT and the out of state networks. What is the benefit of having multiple plan...
administrators, administering the same medical plans? What are the drawbacks of having multiple plan administrators? Would MUS pay fees to administer our medical benefits if we contracted with a single plan administrator?” Per Connie there are differences in doctors and hospitals between the plans but not a lot of differences. The main differences are behind the plans. Each provider negotiates with doctors and hospitals what they are going to pay or allow for payment of services. For in-state networks, BCBS mainly establishes the rate they will reimburse physician services and the other insurers follow with slight dollar differences. Out-of-state networks, however, are where the biggest differences are and where the biggest differences in rates are. BCBS has the most established nationwide system of network hospitals. Connie cited a claim for $1.7 million on which MUS Benefits only had to pay $700,000 due to BCBS negotiated payment schedules. Each provider has its own claims systems are not equal from provider to provider. Claim systems try to catch double billing when hospitals bundle services in a procedure and bill some items separately. They also try to catch double coverage. This can affect what MUS pays for claims. At the time of CHOICES, if you know you’re going to need a planned surgery during the new plan year, it is a good idea to call MSU Benefits. They can help direct you to the best and most cost effective CHOICES plan for the service. However, there is not a one size fits all. A recommendation for a Billings employee would not necessarily work for a Missoula person. Mary noted that having multiple providers has a competitive advantage. For example, she has been able to control administrative costs. If a provider wants a 4% increase she can negotiate with the knowledge that other plan providers are holding to a lesser percentage and get that provider to lower their increase request. It also gives her the opportunity to negotiate on individual claims and get reductions. Per Connie, there would not be a significant saving if the plan had only one provider.

**Question 2:** “Constituents are experiencing slow responses and slow payments from Delta Dental is this a wide spread problem and is being addressed?” In the fall 2010 Delta Dental converted to another customer service system and did not do a good job. The contract with Delta Dental includes methods of measuring performance, such as average number of days to pay new claims, percentage of claims processed within 15 days and financial accuracy of claims paid. It is a self-audit; however external audits are also conducted. One of the problem areas is when a member signs the benefit form they may be filling in a block which permits the provider/dentist to receive the funds, even though the member has directly paid the dentist. Out-of-network dentists provide a challenge to Delta Dental because the standard payment procedure is to pay the dentist, not the member.

**Question 3:** Many of the classified employees that we represent are entry level workers being hit hard by increased health costs. Has any consideration been given to the possibility of adjusting health care costs – both premiums and out of pocket expenses so that those at entry level wage rates are not hit as hard? Can the coverage be adjusted so that if a person has a large medical expense happen near the end of the plan year that continues into the next plan they aren’t hit with double the out of pocket expenses in a short period? Can you provide statistics that show how many people are using Healthy Montana Kids compared with the number who had used the Dependent Hardship Waiver? Connie noted that the $500 pay increase was to help pay for the increase in health care costs. The employer contribution of $733 is set by the state legislature. The IRS regulations do not allow that to occur. Connie was unable to provide this information. However, 44 families who were not eligible or denied the HMK, 40 were approved by our Benefit Plan for the Waiver.

**Question 5:** Unused funds in Flexible dollars don’t carry forward to the following year. Can this be changed? IRS regulation does not allow this. Connie noted that discussion at the federal level is to discontinue Flex dollars. She also noted that in the future we may be paying taxes on the employer contributions.

**Question 6:** Is anything under consideration for making Student Health Facilities available to employees for preventative healthcare services? It seems that although it would require some initial investment it would result in cost savings similar to the savings being proposed by the Governor in the creation of the Health Service for state employees. Connie reported that the state will be getting some clinics for the state employees. She is keeping an eye on them and their operation. Currently, MSU Bozeman doesn’t have the capacity for a clinic and would need another building/location.

**Question 7:** Constituents have seen values out-of-range from recent blood screen results at WellCheck, when compared to previous results. The accuracy of the previous or current lab vendor is being questioned. Connie noted that each lab vendor may have established slightly different range of values. The member may want to consider those values which are ‘significantly’ out-of-range.

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**VIII. Motion to Adjourn**

A motion to adjourn was made at 11:00 a.m.

*Next meeting, June 13, from 9:00 to 11:00 a.m. Wilson Hall, Math Sciences meeting room 2-224.*