

Faculty Welfare Committee

September 26, 2013, 10am-11am

Carr 200B

Meeting Minutes

Members in attendance: Donna Bickford, Timothy Ives, Holning Lau, Christine Stachowicz

Members absent: John Clarke, Kelly Giovanello, Deborah Stroman

Others in attendance: Prof. Jan Boxill, Chair of the Faculty; Anne Whisnant, Deputy of the Secretary; Katie Turner, Executive Assistant; Shauna Stackhouse, HR Benefits

Prof. Boxill led the group in a round of introductions. She decided to reconstitute the Faculty Welfare Committee because of changes in benefits and salary increase procedures that have occurred as a result of budget cuts. She read the charge to the committee members and explained that some faculty have concerns about changes to the State Health Plan. They are particularly concerned about questions on the health assessment. She said that Faculty Assembly is also discussing the health plan changes.

Shauna Stackhouse, HR Benefits Manager, said that the September informational sessions have been well attended.

Prof. Boxill said that in addition to the State Health Plan changes, another issue is the impact of massive open online courses (MOOCs) and e-learning on faculty welfare. She said that she found a resolution from 1999 when Prof. Steve Bachenheimer was chairing the Faculty Welfare Committee. It proposed a task force to study the impact of online learning on faculty welfare.

Prof. Boxill nominated Prof. Tim Ives to serve as chair of the committee. The committee confirmed this appointment.

Ms. Stackhouse gave an update on the Affordable Care Act (ACA) and the plan changes that will be effective 1/1/14. She said that informational resources can be found on the State Health Plan website. She said there is information about the ACA, wellness and preventive services. There is a “newsroom” section with resource links at <http://statehealthplan.state.nc.us/>.

Ms. Stackhouse said that the “play or pay” penalties for employers will be delayed until 1/1/15. She said that it is good to have the extra time because UNC system schools are now faced with the challenge of how to count hours for adjunct faculty. According to the “play or pay” mandate, employers must offer coverage to full-time employees who work 30 hours a week or .75 FTE. She said the university will need to examine certain populations to see if they are eligible for coverage, including adjunct faculty, temporary employees, students, post-doctoral fellows, and rehired retirees. She said the extra year will give a little more time to determine how those hours are going to be counted.

Ms. Stackhouse said that the university will also have to define what its “control group” is. She explained that the “control group” is the group of people who the rules apply to from a plan and employer

perspective. She said the control group could be at the employer level or the system-wide university level. She believes that it is likely the control group will be defined by group number under the State Health Plan. Once the control group is determined, the party that the group falls under will be responsible for calculating the number of hours worked by adjuncts and other populations.

Dr. Donna Bickford asked if the method for counting hours could differ between system schools.

Ms. Stackhouse said that it is possible. She said it is currently being discussed at the system level. Currently, the number of hours adjuncts work is calculated by multiplying the number of credit hours in class by the same number of hours of work outside of class. For a 3 credit hour class, 3 hours per credit hour of outside work is counted so that an adjunct teaching one 3 credit course works 9 hours per week.

Dr. Anne Whisnant pointed out that 9 hours per week does not come close to the 30 hours per week requirement to be considered full time.

Prof. Ives asked how “adjunct” is being defined. He said that in Health Affairs there are some clinical professors who may be considered adjunct, but who work over 40 hours per week.

Ms. Stackhouse said that she does not know exactly how adjuncts are defined, but she will find out.

Prof. Boxill said that across departments and schools adjuncts do very different work.

Dr. Bickford said that she and Dr. Whisnant have looked at the Board of Trustees definition of adjuncts and it is broad.

Prof. Ives said that there are some clinical professors who could be considered adjuncts.

Ms. Stackhouse said that the question is on the table for discussion. She said she did not think there has been a new definition proposed.

Prof. Boxill asked about visiting faculty. She said that the University won't give healthcare to visiting temporary faculty. In her department, they give a stipend so that the individual can purchase health insurance. She said that most departments do not offer than option.

Ms. Stackhouse explained that the individual penalty assessment is still in place for 1/1/14, despite the year extension on the “play or pay” penalty. She said that reporting will be done through the income tax return. If an individual is not covered through an employer plan, s/he can purchase health insurance on the health care marketplace at Healthcare.gov. Ms. Stackhouse said that the site is easy to navigate.

Prof. Ives said that he thought the State Plan website is not easy to navigate and it depends on the user.

Ms. Stackhouse continued explaining the wellness incentives that are currently offered for two of the State Health Plan options. She said that in order to receive a premium discount, a Primary Care Physician (PCP) must be designated. She said that the PCP designation can be done now, along with the health assessment. The third incentive, a tobacco use attestation, cannot be done until annual enrollment begins in October. The PCP designation list links to a network of Blue Cross/Blue Shield (BCBS) providers.

Prof. Ives asked how many people designate a PCP who is out of network.

Ms. Stackhouse said that she doesn't have the numbers. She said the directory only has in network providers.

Prof. Boxill asked if an individual could still get the premium discount if they designate an out of network provider.

Christine Stachowicz said that the "Find a Doctor" feature on the site is confusing.

Prof. Boxill asked if an individual can designate a family practice as their PCP.

Ms. Stackhouse said that you can designate a physician in a practice, and that any of the doctors working in that practice qualify for the discounted copay.

Kathryn Turner asked if the PCP is pre-populated online under "My doctors" do people still have to designate a PCP to get the premium discount.

Ms. Stackhouse said that a PCP should be designated, even if the State Plan is aware of your physician. She explained that under the consumer directed and Enhanced 80/20 plan, if you visit Blue Options designated specialist, you receive further discounts off copay.

Prof. Ives pointed out that if you injure yourself while traveling, the closest facility may not be a Blue Options facility. He said that people need to know which hospitals are in their umbrella.

Prof. Boxill asked if the committee wants the State Plan Options discussed at the October 4th Faculty Council meeting.

Prof. Ives said that if it is presented at Council it would have to be in October before the end of enrollment.

Prof. Boxill said that a brief PowerPoint might be appropriate.

Ms. Stackhouse clarified that the Faculty Council meeting is on October 4th, 3-5pm.

Dr. Whisnant said she would put the item on Monday's Agenda Committee agenda.

Prof. Ives said it would be helpful to provide some FAQs.

Prof. Boxill said she would encourage the Council members to look at assessment before the Council meeting

Ms. Stachowicz asked if there are informational sessions scheduled for October.

Ms. Stackhouse said they are planned through the end of September. The State Health Plan Bus will be at Employee Appreciation Day on October 18. There are videos of the informational session online.

Prof. Boxill said that people are going to start panicking in October when they have to begin enrollment.

Ms. Stackhouse said that the main page of the HR website has a calendar of informational sessions that people can attend.

Prof. Ives asked Ms. Stackhouse if she knows how many people are signed up for “Member Focus”—the State Health Plan newsletter.

Ms. Stackhouse said she is not sure how many UNC-Chapel Hill faculty and staff subscribe, but that she can find out.

Ms. Stackhouse said that the Health Benefits Representative newsletter is informative. The tone has gone from reactive to preventative.

She explained that the traditional 70/30 plan is the no cost option and it is grandfathered under ACA. The plan can charge for preventative services and medications. There are no wellness credits offered. It has a simple rate structure. The default enrollment for individuals who don’t enroll in a plan is the 70/30 plan. She said that there are higher out of pocket expenses and no financial incentives with the 70/30.

Prof. Boxill asked what options are available for employees with Medicare.

Ms. Stackhouse said there are information resources available on the website. The 80/20 plan is also grandfathered, but the State Health Plan has opted to add wellness credits and discounts on copays.

Ms. Stackhouse said that under the Enhanced 80/20 plan prescription drug coverage is hybrid of the current plan structure with added \$0 ACA approved medications. She said that a list of ACA medications is on the State Plan site. She said that the Consumer Directed Health Plan has the same incentives. It is a high deductible plan with a \$1,500 deductible per person up to \$4,500 per family. It comes with a Health Reimbursement Account and the money rolls over every year.

Ms. Stackhouse discussed privacy concerns surrounding the Health Assessment. She said that the third party collecting the information is Active Health Management, Inc.. They have access to the health assessment responses and can give aggregate data to the State Plan for informational purposes.

Prof. Ives asked if the data is de-identified when given to the State Plan.

Dr. Bickford asked if this would be done on the campus level. She asked if the data would be used for reaching out to individuals for services and care. She asked why a person would need to give up the data to a third party if they designate a PCP who charged with their care.

Ms. Stackhouse said that the assessment is designed to educate and make people aware of their health status.

Ms. Stachowicz said that she looked at the assessment, but could not get back to introductory text when she reentered the assessment. She said there is text that addresses privacy.

Dr. Bickford asked what security safeguards are in place to ensure the data is not hacked or accidentally released.

Prof. Ives said there is a need to ensure that patients get educational emails rather than emails that are of a proprietary nature. He said that people should know where their patient health information is going. The privacy policy does not clarify whether “case and disease management” allows the third party to give information to drug companies. He wants the committee to find out where patient information is being stored.

Ms. Turner said that there is concern about moving from collecting information on the health assessment to establishing targets that people would have to meet in the future to receive the premium discount.

Ms. Stackhouse said that there is a terms and conditions link in the health assessment. She said that the federal government mandates what kinds of wellness credits are permissible and what the rules are in place surrounding discrimination.

Prof. Ives proposed that at the next meeting, the committee should talk about where the patient information is stored.

Prof. Boxill asked for additional topics that the committee should take up in the future.

Ms. Turner said that faculty retention and the forthcoming salary equity study are important issues.

Prof. Ives and Ms. Turner said they would be in contact to set up some future meetings.