

The following statements were received from University UPlan participants, copied and pasted into this document, as requested from the Benefits Advisory Committee (BAC), to monitor the quality of the UPlan health benefits. "To that end, we are currently seeking comments about your experiences, positive or negative, with your medical plan in 2006. We will request your comments about the pharmacy and wellness programs at a later date. Your comments will remain confidential, and your identity will not be shared with the BAC or others. Summaries of the comments will be presented to the BAC and discussed with the medical plan administrators."

Prepared by: Joseph A. Jameson, Revised - May 30, 2006 (Comment #75 Added)

### **Satisfied**

1. My late husband and I first subscribed to Health Partners when it first became available to state employees (as Group Health). No plan, in my opinion, is perfect, but I have absolutely no complaints about Health Partners. then or now.

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2. My family has been using HealthPartners Classic since 1988, and we've been quite happy with it. Our only disappointment has come when a doctor we like has left HealthPartners or retired; but we've generally been satisfied with the next doctor we see there. We've had no significant negative experiences.

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3. I have been a member of Health Partners since coming to the U of M in 1992. I've been very pleased with the care my family and I have received. (I can't say the same for RxAmerica, but I'll wait until later to comment on that.)

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4. Thank you for the opportunity to provide feedback with regard to my 2006 benefits. I would like to say that I am very happy with my health care (medical/dental) provider - HealthPartners. I feel I receive top-notch care in a timely and caring manner in all aspects. Doctors and staff are friendly, courteous and (I feel) really care about me as a person.

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5. My experience with Health Partners has been quite positive this past year, with the only exception being the bumpy transfer of prescription benefits to RxAmerica (which I understand is not a Health Partners, issue). My family and I were away from this geographic area from August through January and we had a number of out-of-area medical needs. Health Partners was very responsive when we needed authorization for visits, and payments were prompt. We were also satisfied with the doctors we saw locally (pediatric and adult care).

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6. I have had good experienes with group health and would like to see them continued as an option.

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7. No problems - excellent coverage!

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8. Personally my plan is serving us well. My primary care physician is excellent, and the specialty clinics I am using are also fine. The self-referral option (without the extra paper work, etc.) is truly handy and helpful.

My only concern has to do with turnover of primary care physicians and difficulty in finding and/or selecting a new one.(which my spouse is experiencng right now).

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9. I have been an employee since 1973. I have had HealthPartners the entire time and have never had a problem. I am very satisfied and think the University offers excellent coverages.
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10. What is there for a rational person to whine about? Our medical benefits are better than 90% of the US. If that is a problem, someone needs a reality check. Try buying a plan out on the open market in Minnesota.
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11. I really like the new clinical pharmacist service - you consult with a pharmacist to see about conflicting drugs or what the drugs might be causing. I am taking a number of prescription drugs and mega-doses of vitamins for various things that had been prescribed by three different doctor specialists. It was wonderful to talk to the pharmacist about it all, and she is acting as my advocate with the doctors.
- I have had a number of problems trying to get in to see specialists in a timely manner. Most of them you have to wait 2-3 months to get an initial appointment.
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12. I am fortunate not to need to be seen by a doctor but when I have, I have not run into any problems. Therefore, I am satisfied with the U Classic Plus by HealthPartners plan. I am also happy this plan was again offered so that I would not have to change the physician I have been seeing. I think it is an important part of health care to have history with one physician who then has better knowledge to give the appropriate treatment plan.
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13. Per the memo below, I was asked to comment on the U's health plans. I've been using Health Partners through the U for about 12 years now. I have never had a negative experience with them. I also cover my husband on my health insurance plan. He feels the same way. The health professionals at Health Partners are knowledgeable, they refer us to specialists as needed, appointments are easy to get in a timely manner, I like having access to their web site so I can look up my records. They're just great!!!
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14. All my experiences have been positive with HealthPartners.
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15. Just to let you know that, so far, I have no complaints. There's no disruption in service from my old plan and, if anything, I guess it's cheaper on the co-pays.
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16. I just wanted you to know that U Classic Plus by HealthPartners is working really well for my family. In my 3+ years as a U employee my family has had the HealthPartners coverage. Whenever I have a question about whether a specific doctor or procedure is covered by the plan, I get my questions answered quickly and completely by the representatives I reach when I call the membership number.

We had Medica health insurance through a previous employer and had several problems with them including getting claims paid appropriately. We found their customer service department difficult to work with. They may have gotten better in the last couple of years since we've been with HealthPartners, but we will not change to them unless they are the only option.

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17. Just wanted to put my two-cents worth in with regard to HealthPartners. I am, thus far, delighted with them and the coverage. I have had them for about 4 years now and have no complaints with their services. I was hospitalized in November for a surgery and was treated extremely well. When I had their coverage for prescriptions that was great too! So, let's be sure to keep HealthPartners as an insurance choice at the U!

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18. Hello, I wanted to give some comments on my health benefits for 2006. I have the Health Partners Classic package, which I signed up for in 2004 and have kept since then because I've been so satisfied with it. Of course, it's never fun when the amount taken out of your pay check goes up, but I still feel like it's a very reasonable amount and my co-pays are also very reasonable. I know many people who work for private companies who pay a LOT more for their health benefits. I feel like this option has worked well for me, and as long as it doesn't change significantly, I'll continue to choose the Health Partners Classic choice in the future.

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19. My wife and I have been members of Health Partners for over 30 years. We feel the coverage is fine, they are interested in our health and are pro-active in disease prevention and control. It would help if they would regain the "low-cost" status but I'm not switching to anything else unless the premium differential really gets out-of-hand.

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20. I thought I would let you know that I have not had any problems with Healthpartners since the beginning of 2006. I've only had a few appointments for myself and my child and we got in to see the doctor in a very timely manner. I've only had one prescription filled so no problems there.

I have been with healthpartners for 28 years and doctors come and go. Would like to see all these payments made by the U (benefits thru payroll), me (my share of benefits taken from payroll), and then again me (copayment), when I do go to the doctor become reduced.

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21. I have used Health Partners for my health care provider for 25+ years. I have typically had very good service from them. I do think that it helps to be an advocate for my own health and to have some knowledge about the health care system. I also do not have a chronic disease so I don't know if that would make a difference. However, I have requested specific tests or procedures and these have been approved. I have no complaints.

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22. I have not had any complaints regarding UClassic Plus. Thanks

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23. I'm satisfied with U Classic Plus by Health Partners. I would recommend keeping the plan in future years.

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24. My only comment is that I wish Health Partners were still the preferred (low-cost) provider for the U of M.

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25. I hate to say anything positive about a health plan, but here it is. I recently returned from hip replacement surgery. It was a complicated case. It required consultation with six doctors including four surgeons, (these are big shots; they're our faculty), often more than once, an MRI - the eventual surgery, some "durable medical equipment", physical therapy, and more expensive drugs than I ever want to see again in my life.

Health Partners allowed me to see anyone I wanted to, objected to none of it, and paid of for all of it without a squawk. I am very glad I stayed with Health Partners. And I'm very grateful for the exceptional coverage you guys provide me with. May I never need it again.

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26. I have had Health Partners for many years and I really like them. When my children were at home, they had all there medical needs met very well with Health Partners. As my husband and I get older, are needs have increased and Health Partners have gone above and beyond our expectations. You can get second opinions, even out side the immediate network and it is paid for. I did call and check with customer service if they were doctors that they would pay for.

I would not be happy if Health Partners were not a choice any more. Thank you,

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27. I just wanted to say I'm very satisfied with my Health Partners coverage and services.
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28. At this time I have no complaints and have been pleased with the co-pay cost that I have seen so far.
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29. I have the Health Partners plan and I am outstate so I use Health Partners Central Minnesota in St. Cloud and I could not be more pleased. This year I could have chosen Medica and not had to drive so far but chose to remain with Health Partners. No negatives that I have had so far.
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30. I've been very happy with the care I receive through Health Partners. They have worked to make information more available and easier to use. I receive a printed summary of each visit, listing what my provider and I talked about, what meds I'm to use, and when I should return.

Please retain Health Partners!

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31. Our family continues to have excellent experiences with HealthPartners. Everything we need is available, or they are good at referring, if appropriate.

We choose to use the actual HealthPartners clinics. The staff is wonderful. We also use the other services, such as their pharmacies and urgent care clinics. Everything is in one place and all the medical records are available. Keep HealthPartners.

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32. I just wanted to comment to you that I notice your involvement in the number of committees and task forces that you are on to look out for the betterment of your fellow Civil Service employees. (Such as the Benefits Advisory Committee) Right now I am not seeing any problems with my health plan other than the higher prices. Some people just seem to have the knack for that kind of involvement and you certainly seem to fit that bill. Thanks for your participation.
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33. I am extremely happy with HealthPartners. I had to have surgery and the bills keep rolling in but it is a relief to know that I didnt't have to pay extra for the little bits--xray, anesthesia, etc. I am also very happy about the care I receive from the HealthPartners Riverside clinic. I have the Family plan with dental for my family. Appointments are in a useful amount of time and my physician has been available for questions. I rate HealthPartners on a scale of 10 as a 10.

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34. I have been very pleased with the scheduling and health care service provided by HealthPartners.  
Thank you,

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35. I would just like to comment on the improvement of health care. I have now been with Health Partners for a few years and never had a bad experience. The processes have become so much easier, scheduling is on line, referrals are not needed to see a specialist, and prescriptions are sent via computer to the pharmacy. I am very happy with all that and the service from Health Partners. Thanks to the good work of BAC.

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### **Satisfied with Comments**

36. I continue to be extremely satisfied with HealthPartners for medical insurance. I was disappointed that it is not the "low-cost" provider anymore. It seems like most people in my office stayed with HealthPartners anyway.

I have heard that some people have problems with HealthPartners clinics. I go to an outside (non-HealthPartners) clinic and have been extremely happy. My husband has been hospitalized numerous times and we have never had a billing problem. HealthPartners has covered everything our doctors have asked and not made us wade through paperwork or red tape. I am very satisfied with my access to providers and feel that the quality of care is high.

I wish our plan covered reimbursement for health club dues, but I'm sure it would cost us more in premiums in the end.

As for the prescription plan, my pharmacy and my prescriptions were still covered, so I have no complaints. I asked our pharmacy and they say they have had no problems with the new plan.

I hope that the University continues to offer HealthPartners as an option for health insurance.

I am very happy with the level of service and coverage I receive from my health partners insurance. The program is well-managed and comprehensive. Thanks!

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37. This is my only comment regarding the HealthPartners experience. The service and care level has been outstanding.

However, the one recurring problem is that I always pay my \$10 co-pay in the clinic office each time, and then I ALSO get billed for it over and over again, even though I call each time also to try to straighten it out. This has gotten to the point of having a collection agency contact me and threaten my credit rating with a nasty letter over TEN DOLLARS - there seems to be issue about book-keeping that the clinics are not able to perform or communicate in a timely manner, because it seems to happen very frequently. As this must be costing everyone time and money (on all sides, including mine), there has to be a better way to conduct business!!!

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38. I'm responding to the request for feedback on U health plans.

I and my family have used Health Partners for a decade and have always been extremely

satisfied. Our primary care providers in particular have been exemplary. We've never had (much) trouble getting referrals or being able to discuss treatment options with doctors. We've even been able to disagree on a few occasions without a fight. I feel their emphasis on preventative care is terrific. We've used pretty much the gamut of services (OB/GYN, pediatrics, mental health, adult med, chiropractic, cardiology) and never had a serious problem.

However, I have to add that RX America is a disaster. I have called three times to try to get cards sent and still nothing. Fortunately the good people at Health Partners also have RX America and feel our pain. They have always made it possible for us to override the system and get what we need. I assume RX America is outside the scope of your survey, but if you have a way, please forward my dissatisfaction with that program.

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39. Overall, I have found the Health Partners coverage to be very good. The customer service has also been top rate.

My one major complaint is that they (or the U?) changed infertility benefits quite substantially between 2005 and 2006, and without any advance notification. This had significant ramifications for my wife's and my maximum use of this benefit. Had we known about the change, we might have planned differently and perhaps even elected another type of coverage in the open enrollment period. I think the U and Health Partners offer a very decent plan for infertility coverage, especially insofar as they cover part of IVF, but I think that the plan could also be more generous (this includes better prescription benefits related to infertility). My wife and I resent the general bias against infertility in the health insurance world, which normally lumps it together with "cosmetic" and "elective" procedures rather than deeming it medically necessary.

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40. I should start by indicating that generally I've been quite satisfied with the quality of care and with Healthpartners' program (dating back to the time when it was simply the Group Health plan). I'm also particularly happy with the availability of online medical scheduling. The suggestions I make here are mostly "around the edge" or are broader than any one health plan.

1. There seems to be very poor coordination between HP and the other parts of our health care program. The physician I see knew nothing about drug program changes (and indeed needed to schedule an entire extra visit, at I assume significant cost, to deal with reviewing those issues). There seems to be poor integration of MinuteClinic treatment into HP patient records. One of the original benefits of being within an HMO--having one place that is on top of everything--is being incrementally eroded. I ended up staying with the HP pharmacy (despite higher cost compared with mail order fulfillment) because it seems to be the only way to keep close communication between pharmacy and medical staff.

2. Healthpartners is still very weak at using non-office-appointment venues. I've used their e-mail interaction with at best 30% success (I consider success to mean getting an answer without having to call or visit in person). This is for routine questions like: "do I need lab tests before my next visit?" My impression is that they haven't figured out how to charge for online and phone "visit replacements" and as a result steer things (intentionally or otherwise) towards office visits.

3. On a related note, it seems too difficult to get a long visit (but easy to get several short ones). For one thing, they really don't seem to have a substantive adult periodic physical exam, but more generally I find it convenient to combine minor things into one visit, which is difficult to do when limited to 15-20 minutes, including all chart review and data entry for follow-up.

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41. I got an email that asked me to share my experiences with health partners (and listed you as the contact). I've had really good experiences with health partners. I have my primary clinic as Boynton so any time I need to run over for an appointment, it's really convenient. I barely pay anything for my doctor's appointments or medications, which is amazing. I have many family and friends that have horrible coverage compared to what I receive through health partners.

I am a bit concerned with prescription America. I have had really good luck with them so far, and my co-pays even went down at the beginning of the year (based on an email that we got in January, it sounds like some other people were having significantly more trouble...) Anyway, while my experiences with prescription America have so far been good, I've been told by people at the Boynton pharmacy that I might run into trouble with one of my prescriptions later in the year. It sounds like I might receive some grief for this one medication, and have to get a doctor's note saying that I have to be on it. I tried other, cheaper meds in the past with no luck and some nasty side effects. This medication largely keeps me out of the hospital. Also, if I'm able to stay on the medication my co-pays will go up. So, if I do run into problems of this nature, I'll be rather frustrated. But my experiences have so far been really good.

Also, as for eye coverage, it would be nice if contacts were covered. An old plan I used to be on would cover either glasses OR contacts for a year (or something like that), so an arrangement like that could be nice. But, truthfully, contacts aren't that much so it's really not a big deal. I guess if I had to make a suggestion, that'd be it.

I think that's about all. Hope that helps. Thanks!

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42. I have been a Health Partners member for over 20 years (ever since I was in grade school) and have had good experiences with my health care. The Health Partners staff, technicians, and physicians have been very helpful to describe tests or procedures and willing to listen when I have health care concerns.

A few weeks ago, my eye doctor informed me of the recall regarding the Renu contact solution that was mentioned in the news. And she offered further information than what the news programs mentioned so I could make an informed decision regarding my usage of the product.

Since the Health Partner's Specialty Clinic on Phalen Blvd in St Paul opened, I have found the staff and physicians especially helpful during navigation inside the building and informative during the scheduled appointments.

Now if I could just get used to seeing the physicians and nurses login to my chart on a computer instead of flipping through pages and pages in a file/chart! :)

Please keep Health Partners as one of our health care providers at the university. Thanks!

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43. I was really disappointed to learn that the University's health plan did not include a now-common HealthPartners benefit: the payment of a significant portion of a health club membership for members who commit to 8 or more exercise sessions at the health club.

When I called to sign up for this, I learned that the U was not participating and instead pursuing an approach that involved circulating pedometers and self-managed walking. This program was a poor substitute for the benefits of exercising in a well-stocked exercise facility. I believe this choice to have been penny wise and pound foolish.

By limiting the now dramatic expenses of exercise facilities, and pairing this with a commitment to

exercise twice a week, the University would be encouraging the kinds of healthy lifestyles that limit illness down the road.

My top priority for the U's health plan is stopping any further attrition of benefits (they were 100% when I started in 1999). My second priority is persuading the U to sign on to the exercise-club benefit that HealthPartners is administering successfully with its other clients.

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44. I am quite happy with my health plan. I have a lot of choices in providers and the co-pays seem reasonable.

My only complaint is the hassle if I want to see a provider who does not have access to my electronic records (non-Health partners clinic that accepts HP patients).

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45. I have HealthPartners but my problems are with UPlan's Rx America. It doesn't say who is handling those issues so I am sending my comments to you.

Problems:

1. Rx America will not or is incapable of printing a card that has all the necessary last names on it. I have a family plan. My last name is \_\_\_\_\_. My husband and daughter have a different last name. In spite of 3 tries, Rx America cannot produce a card with their last names on it (as well as mine). That could be a real problem when we travel. And it is disrespectful and ridiculous.

I have already let UM's Benefits Office know about this. They didn't get any further with it than I did.

2. I just had to have an "override" to get my usual prescription in my usual quantity. According to Rx America's rules, I'd be going back to the pharmacy every 3 weeks for refills - in spite of the 3-month prescription. It seems that the pharmacy and I may have to go through the hassle of getting an override every three months (although Rx America is thinking of changing some rule for this medication that would allow it to become available in larger doses...we'll see).

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46. You requested comments for 2006, but my husband and I switched from Medica to Healthpartners in January 2005 because we were not satisfied with our care - and I'm extremely glad we did since in May 2005 my husband underwent a quadruple coronary bypass - with an excellent outcome. I am not confident he would have received the same level of care with Medica. From his first appt. with our Como Clinic PCP, where that that doctor picked up on something, that in retrospect, our physician at the Bandana Square clinic, knowing my husband's family history, should have treated much earlier. I believe Healthpartners does a much better job communicating with patients, with preventive care, with follow-up, and their electronic set-up for checking appts., rx, test results, etc is great.

p.s. I have been just as pleased with my care as my husband has.

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47. I'm pretty healthy and don't have to use my health insurance very much, but so far I have no complaint. It would be nice if the insurance cards were dated so you always knew for sure which card was in effect. Thanks,
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48. I am writing about my experiences with HealthPartners as I was requested to do by the UM Benefits Advisory Committee as follows.

After an awful experience with the odious, rude, arrogant and unhelpful Dr. Timothy Lind (letter of complaint sent on June 30, 2005) and another with the possibly homophobic Dr. Christopher Darnell, I found two doctors who I think are very good, Dr. Schoenleber and Dr. Sigford.

Dr. Schoenleber is very good about answering my initial e-mails sent through the HealthPartners website, but not always about follow-up on those e-mails. His staff sometimes doesn't answer my e-mails at all. Dr. Sigford's office answered my e-mails fairly quickly. Otherwise Dr. Schoenleber is very mild-mannered and helpful, and I am happy with my care from both Drs. Schoenleber and Sigford.

However, I did have an irritating experience with the lab at Riverside. Because I am on Lipitor, I went into the Riverside lab in mid-December 2005 to have blood drawn for a cholesterol test. I was told that there was no order from Dr. Schoenleber for me to have the test, but they drew my blood anyway. When I checked back in January to see the results of that test, there was nothing listed. No record of my blood being drawn or tested has ever been found. This is very annoying, odd and unacceptable.

Finally, I would like HealthPartners and the University to offer a more comprehensive eye program which offers a new pair of eyeglasses once every two years at 80-100% coverage. Allina has a subsidiary eye program which costs a small amount a year for its employees. Thanks.

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49. I'm happy with my doctor and my clinic. (Riverside) The only thing I don't like is that Rx America is handling the drugs now. I wish HealthPartners still handled that.

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50. I have been fairly pleased with Health Partners so far this year. We have been to the clinic and after hours clinic and have been happy with the service. The only complaint I have is when I brought my daughter in for a throat culture at the after hours clinic, all that was done was the throat culture. The nurse did not take her temperature. I thought that would be a standard practice when someone is ill. Thank you,

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51. Here are some comments on RxAmerica:

We would very much like to return to the HealthPartners mail in pharmacy for these reasons:

1. The HealthPartners mail in pharmacy is very fast with delivery within a day or two of order placement due to the fact they are local so shipment time is minimal.
2. The HealthPartners mail in pharmacy has a website from which we can place our order at our convenience. The need to call RxAmerica by phone is unsatisfactory.
3. We received inconsistent information from RxAmerica about our copayment costs over the telephone.
4. We already wrote emails to the University Benefits department. These emails were forwarded to RxAmerica who did respond promptly -- but only to say they were working to improve the system with no end in sight.

Therefore, we restate our request that we be allowed to return to the HealthPartners mail in pharmacy.

We have found it extremely frustrating that the University Benefits department has not responded to this request in any way; the Benefits department did not even acknowledge that the request was received.

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52. I read in the April 5 UofM Brief you are looking for comments regarding health plans. Currently, I'm enrolled in Health Partners and have a comment that may or may not be applicable. Health Partners participates in the Frequent Fitness Program at area YWCAs but the University's negotiated HealthPartners program does not participate in this. You may read more about this here:

<http://www.ywca-minneapolis.org/healthfitness/membership/insurance-programs/health-partners.asp>

I've mentioned this to several representatives at the University the past few years and thought I'd throw it into the pot here as well. It would be a beneficial program for employees who wish to join local Y's. Thanks!

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53. I currently am enrolled in Health Partners through the U of M for my health and dental coverage. I have been pleased by the quality and cost of care that I have received at Health Partners Clinics. Recently, I completed the U of M Wellness Survey and that increased my awareness of my need to exercise more regularly and to be more fit. I have not used the U's Recreation Centers because they are not readily accessible due to location (distance from my home and building that I work in) and the parking fees. I joined the Anoka YMCA because it was close to my home and I knew that I would use it more. I found that Health Partners does offer a \$20 per month credit to non U of M Health Partners members. This \$20 a month would defray 50% of the cost of my \$44 month YMCA enrollment. Because of ease of accessibility and parking fees, I am asking the U of M Health Partners to reconsider this credit to employees and not to just rely on the University Recreation Centers as their only fitness option. Thank you,
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54. I have been enrolled in HealthPartners Classic for years. I have family insurance. My husband also has HealthPartners as a benefit at his work. In effect, we both carry primary health insurance through HealthPartners.

In past years my husband's prescriptions had no co-payment. He was told by our pharmacist that the cost was 0 because we were both covered by HealthPartners through separate primary insurance policies.

This year with Rx America, we were very surprised to be billed for Bruce's co-pays. What's different this year other than Rx America? My husband and I still have HealthPartners Classic. We still have the same pharmacist.

I had no inkling that this would occur. I would have made other arrangements if I had known. My husband takes 11 prescriptions daily. This is a huge impact on our budget.

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55. I would suggest that they have a better transition plan when closing clinics. We saw service levels drop substantially when the northern clinics closed. The staff at Como was clearly over their head with the additional patients and new staff, although we love the people we work with at that clinic--specifically the pediatric area.

The staff on the after-hours nurse line are tremendously helpful and responsive, although the wait to talk to someone can be extremely long. Adding the Mayo line helps, but usually when we call, it is in regard to something the Health Partners staff has in our files, so we'll usually wait it out. Also, kudos for the longer hours they added for the appointment scheduling.

The online functionality is very helpful as well.

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56. I'm attaching a letter that I sent to Health Partners regarding a problem I'm having with them. I've been working with Katie T. in employee benefits to try to resolve it, and she has the gory details about what's been going on. People at Fairview Hospital tell me that I'm not the first person to have this particular problem with Health Partners, and it seems to only affect primary care clinics that are located within a hospital. I'm sure a lot of employees use that PCC, however, since it is so conveniently located. I've been really happy with Health Partners until this issue arose. Let me know if you need further information.

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57. My wife is also covered under my plan and we are both very satisfied with it. We both go to the Como HealthPartners Clinic and have always been very happy with their service.

I don't know if you also want feedback on the new RX America plan as well, but if you do, we are also very satisfied with it. Lynn has her medication delivered every thirty days to our home, and she has told me that they have been very helpful and responsive every time she's worked with them.

I hope this is the kind of feedback you were looking for.

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58. The only comment I have about the healthcare is regarding the YMCA discounts. YMCA is offering \$20 off dues per person (up to \$40 household total) with their "frequent fitness" plan. The health insurance pays for that portion of your dues if you workout 8 or more times a month. This is offered thru Health Partners, and Medica. (I am unsure if there are other providers offering this.) When I went to the YMCA to sign up for this benefit I was told that we are not a "participating group" and are not allowed the reimbursement. It sure would be nice if we could become a "participating group".

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59. Our experience with Health Partner's so far this year (and lots of years back), is generally quite good. Navigating the bureaucracy is quite tricky (my spouse is amazing at this). Only critical comment is that we are aware that their doctors are over-booked.

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60. I have not had any trouble with Health Partners. However, I think it is rather shocking how much of the cost of some services they ask providers to "eat". For behavioral health and occupational therapy for my son, they only pay the provider HALF of what they are billed. Maybe this is standard in the industry, but it doesn't seem fair. The cost is not directly passed on to me (I still just have a \$10 copay) but I don't see how these providers can stay in business when they are not fully reimbursed for the services they are providing. Just a thought. Thanks for asking.

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61. Everything in general is going good with my health care plan. The only comment that I would like to make is that I wish there was more flexibility in reimbursement for health club membership. As of right now, I believe, YMCA is the only participating location that participates in membership reimbursement/supplementation. I do not have one of these facilities in my area so that limits my

reimbursement. I do belong to another health club and wish I could get some reimbursement/supplementation towards my dues in to that facility. I know the U is really on the path of getting its employees healthier so why is this benefit not on a broader spectrum?

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62. I am a member of the Health Partners U Plan, I have no complaints there.

What I want to complain about is the Wellness program. The assessment is overly simplistic. It is about what expects from Family Circle or Ladies Home Journal. Not worth my time or University money. Their follow-up emails and web site need some basic usability analysis. Pass this one to whomever is doing evaluation on the UPlan Wellness stuff.

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63. It is still very early to really comment on U Classic Plus by HealthPartners.

I've only made one appointment with my primary so far and it went well (he was relatively close to being on time etc).

HealthPartners is pushing an electronic chart that I can supposedly access from home but I found many problems with that feature and the tech response was 'well you did something wrong registering' == wrong answer! They seem to be missing a step where the patient actually informs the doctor that they want to try that option.the registration on the website sort of indicates HP will take care of it but they don't. The information HP did finally make accessible is interesting.I'm carrying printouts so I have them the next time I go in so I can ask questions and hopefully get answers. The biggest problem so far has been explaining to the doctor that I work at the U and the U has their own special little formulary but I think he understands now that he has homework to do before writing any prescriptions.

None of the check in people have a clue about the 100% coverage for preventive care - they can be convinced but then it all depends on the doctor 'coding' it correctly. It should not be that difficult to get a preventive visit; we get so few of them. I think I blew it and will never be able to get the md preventive visit -- because of my health every visit to every doctor seems to be labeled follow up. This is a survey that should not come out before August - give people a chance to use the plan before surveying them on it. You should be receiving predominately favorable responses given the frame. I guess that is what you want.

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64. My husband and I both work at the U and had PatientChoice as our insurance carrier in past years, most recently all under my husband's name.

This year we switched to Health Partners and, because of the change in rate structure, I signed on again by myself and my husband signed up for dependent coverage to cover our children.

So far, we have had no negative experiences with Health Partners. We are using the same clinics and seeing the same doctors and have had no billing problems.

We also have had no problems with Rx America. In fact, we are paying less or the same amount for our prescriptions. They even impressed me by sending back my payment check when I paid a bill they sent, unaware that my husband had called and set himself up for credit card payments.

I haven't compared the rates we are paying this year to last year in a while but my feeling is that it's not a lot different.

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65. I didn't change my Health Plan but I do appreciate the RXAmerica....my drug expenses have decreased by about \$40 a month...thanks for that!!

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66. I have been with HP since 1968 and am satisfied with the care I receive there. The HP mail order pharmacy gave excellent service and I am very unhappy to be deprived of the good service. Rx America has made mistake after mistake with my orders.

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67. Overall I have been pleased with HealthPartners. My only problems this year have been due to RxAmerica. My card for them did not arrive in the mail until December 30th, which isn't great, especially since we ended up heading out of town for weekend and then in the hospital with one of my son's. Fortunately I waited to try and fill his prescriptions once we returned to St. Paul so it wasn't too far for me to go to find the card. The pharmacy also had problems reaching RxAmerica that day (January 1).

I realize that there are growing pains and learning curves here. Maybe it'll all be fine. However I found it curious that two different doctors were surprised that I needed a prior authorization for Pulmicort. Apparently there is no other med that is its equivalent.

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68. I believe I have gotten excellent medical care with U Classic Plus Health Partners.

However, I am seriously concerned about the way my copays keep rising every year. I am now out of pocket several thousand a year, and if I were a low paid staff worker I might not be able to afford it. The U needs to treat its employees better in this respect.

I am also concerned about out of area coverage, especially since I am on phased retirement and plan to travel more. I know the spouse of one faculty member who had to fly from the West Coast back to Mpls just in order to get routine medical care for diabetes that was not covered by their plan.

I hope you will convey these concerns to the task force

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69. I called yesterday with a request for Healthpartners to increase the number of support stocking you can get. Currently members can only get 4 pairs per year. Does anyone realize the stockings support only last about 3 months? . I personally get spontaneous blood clots in my left leg and if the support isn't working,I also get skin ulcers on my left ankle so it is very important to have good support on my legs.I get 2 pairs normally at a time. Then I can wash one pair and let it air dry and still be able to wear a pair every day.

Could you please get back to me on this important issue. It's very important to me.

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70. I take this opportunity to offer input on the insurance plan offered by HealthPartners. I, along with my wife, are covered by U Classic Plus. Both of us report general satisfaction with the plan, with the exception of one glaring problem: the elimination of YMCA discounts. What is most puzzling about the U's decision to end this benefit is that it was not guaranteed. Members needed to check into the Y a total of 8 times per month to qualify for the savings. With respect to the U's focus on campus-wide health matters - highlighted by the Wellness Program - this change in policy is even harder to understand. Without stretching out too far matters of personal economics, the savings for me and my wife for YMCA membership was substantial.

I took this matter up with the Office of Human Resources and was told that health club subsidies have a low return on investment. I would need further information to be convinced of this statement. At a time when health insurance costs increase by double digits, I would think the U, as a provider of plans, would encourage those covered to engage in meaningful physical activity, such as walking, running, biking, swimming, weight training, and aerobics classes, all of which can be done at a YMCA or other health club.

Please consider changing the health club subsidies option in Health Partners U Classic Plus plan. This is smart, fair, and is sure to help those covered by this plan live healthier lives, and in turn, be better employees. Thank you for taking these thoughts into consideration, and if you would like, I would be pleased to discuss this further in person or over the phone.

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71. I see you're the contact person for comments re: U Classic Plus, by HealthPartners, which is the medical plan I have chosen to ensure myself, my self-employed husband, and our child. Actually, I don't have anything negative to report about HealthPartners, but I have concerns re: the new RxAmerica contract for prescription drugs. So, please feel free to forward this to anyone else who might be accepting comments on that plan. I think switching the prescription coverage away from HealthPartners & to RxAmerica was a mistake. My husband had to go to a LOT of time & trouble recently, when RxAmerica sent him a letter about how he should switch from Protonix (an expensive anti-reflux medication) to OTC Prilosec (a less expensive, but also less powerful anti-reflux medication). One was classified as a "Step 1" drug, the other as a "Step 2". The letter implied he would automatically be switched unless he achieved physician authorization for why he needed the more expensive medication. I totally understand the need for cost-containment, but he had only just been switched to Protonix in early January 2006 by a physician, with whom he'd had a thorough evaluation including an endoscopy, after being on Prilosec OTC for at least several years previous, with decreasing effectiveness in handling this condition, which wasn't "garden variety" reflux, but caused severe pain & discomfort to the point it was affecting his work. Although the letter said something about people who have previously taken the OTC being exempt from having to switch back to it, when my husband called RxAmerica, they claimed because of HIPPA privacy stuff, they couldn't access his medical record to see that he had a history of being on Prilosec until recently. Then he had to go back & forth between RxAmerica and HealthPartners re: a specific form RxAmerica said they needed the Dr. to fax them, which took a while. There's more to the story, but in addition, we've had other problems in the past couple of months with getting medications quickly, getting them through mailorder, and confusion at the HealthPartners pharmacy in trying to determine the copay amount - none of which we experienced with our previous prescription drug coverage in 2005.

I hope some of this info is helpful to the Benefits Advisory Committee. Thanks for soliciting input.

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72. I've had HP coverage for many years but rarely take medications. I got an Rx in Feb related to peri-menopausal symptoms and have gone round and round with Prescription American so still don't have it filled. Sounds like I may be able to get the Estring directly at HP pharmacy for higher cost but discounted mail order is not available? Frustrated, and not sure how to proceed so on hold at least until semester over and I have time to follow up. Hope HP is not stuck with Rx America!
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73. I do have some comments regarding the above health plan for 2006 so far. I was not made aware of the change in prescriptions from HealthPartners to Rx America. Therefore, I had a prescription filled at the same place I always have it filled and was billed for the total amount of the prescription. Insurance, of course, didn't cover anything. I wasn't informed of this change and if I had known ahead of time, I would not have had my prescription filled at my usual place.

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74. Just a quick comment on my health care program (U Plan Classic HealthPartners). I've been lucky enough to not have had any real serious health problems, but the advertised "same day appointments" isn't true. When I called to make an appointment after being ill for 1 1/2 weeks with upper respiratory/sinus problems/ and flu-like symptoms, they said no appointments were available and it was probably a viral infection and to wait it out and if it wasn't better to call in a week. I was okay with this, but I have had pneumonia twice and have had pleuritis a couple of times as well and I was a bit concerned. Everything turned out fine, but same-day doesn't exist. Thanks for your interest in checking on these plans.

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75. Overall I have been very satisfied with HealthPartners. I did have one experience that I feel requires a change in the University medical plan contracts. In February, I had gastroenteritis (aka stomach flu). Within 12 hours got so dehydrated that I fainted and fell. When I did not immediately regain consciousness, 911 was called. Since I was so badly dehydrated and nauseated, I was taken by ambulance to Regions Hospital. After spending several hours in the Emergency Room, I was sent to a hospital room in the late afternoon and stayed in the hospital overnight. During that time I was on a saline IV, given anti nausea medication, had nursing care and was seen by more than one physician. The gastroenteritis cleared up and I was released the next day. I was billed and paid for my 20% of the ambulance cost. I also was billed and paid the \$50 copay for the Emergency Room. The medical plan for Emergency Care is "100% after \$50 copay per incident; copay waived if admitted within 24 hours." After I received the Emergency Room bill, I called and found out I was not admitted to the hospital, rather I was held for observation. It seems there is a difference between being admitted and being held for observation. I am requesting that the University change its medical plan. My understanding is that the \$50 copay is to discourage people from using Emergency Care as a substitute for regular medical care. The waiver of the \$50 copay if admitted to the hospital validated that Emergency Care was needed and is an incentive to use Emergency Care when it is appropriate. I feel that being held for observation is validation that Emergency Care is needed. Any status, no matter whether it is called admitted, held for observation or some other phraseology, where a policy holder is moved from the Emergency Room to a hospital room, should validate that the decision to seek Emergency Care was correct. If my argument is not valid, please update the language in the medical plan to make it clear that admitted is a specific status and that any other status requires the \$50 copay. After I received the bill, I spoke to the billing staff at Regions Hospital and Health Partners. They were helpful in helping me understand why I had the \$50 copay. I also spoke to HR Benefits and that person was not aware that being held for observation was not the same as being admitted. I also asked her to pass on my concerns.

### **Dissatisfied**

76. I am writing to give input re. Health Partners. First - let me say that I have been with HealthPartners since I began with the University, which makes that association over 15 years old. I prize their wide network of providers, the fact that I can self-refer for consult with any specialty, their willingness to perform necessary test, their collaborative approach to problem solving and treatment, and the very real professionalism and concern conveyed by their physicians and support professionals (nurses, lab personnel, schedulers, and secretaries alike) care.

That said - I have recently had some increased health needs and not all of those experiences can be commended. For example -for a diagnosis of plantar fasciitis, I received a prescription for a lower extremity night splint that was ordered by phone through HandiMedical Supply (University Ave.). I offered to come in for an appointment to discuss different options/styles and ensure proper sizing, but they declined such a meeting. When the product arrived by mail it was literally

4-5 inches too long and several inches too wide. I brought it to HandiMedical who explained that they had ordered per my shoe size, that the size was accurate, and that they were not responsible for correcting what was a manufacturer's error in suggested sizing. When I brought the device to my physician - he agreed that it did not fit, and suggested that I go online, find a different one, and purchase it independently. HandiMedical believed that it had met its obligation by ordering a device, and the doctor believed that he had met his obligation by ordering the device. No one seemed concerned that there was a medical reason that I'd needed the splint, and that the medical need was never met.

A second problem appears to show a more significant problem in Health Partners. Three years ago, as part of routine care, I had blood work performed. I was told that if there was a problem I'd get a call from my MD. I got no such call. Subsequently over the past several years I have been seen by several Health Partner's specialists -- none of whom looked at the results of this blood work: \*Not my primary physician (perhaps she did not get the lab results; perhaps she called the wrong number, perhaps protocol was not followed and it just slipped through the cracks). \* Not the sleep apnea MD (perhaps he assumed that the referring MD had already made me aware of the results) \* Not the MD who removed an ingrown toenail 2 years later (not even when I asked questions during the operation, expressing concern about wound healing) \* Not the optometrist 2 years later (even when I reported intermittent blurred vision)

Indeed, not until I complained of peripheral nerve signs did a physician check and see that my blood report from 3 years earlier had reported diabetes. He called for a new blood test, which showed blood sugar off the chart. I'd been diabetic for 3 years. Sleep apnea, difficulty healing, and blurred vision are all classic signs of Diabetes. I learned of my confirmed diagnosis when I called Health Partners after 4 days waiting and requested the results of my blood work. The nurse and I spoke specifically about diabetes - so imagine my surprise when during a recent self-referral for a cardiology consult, that MD commented on how high my cholesterol was - and asked why I wasn't being treated. I'd been told about the problem with blood sugar and placed on proper medication for it, but I'd not been told of a problem with cholesterol. Perhaps the MD then signed off, forgetting to check or address the cholesterol; perhaps the MD assumed that the nurse had delivered information on both conditions - and he missed that no action was taken on the second.

I like my Health Partners doctors -- and am grateful that I am now under care for both diabetes and cholesterol -- but I'm concerned that lab work seems to be slipping through current safe guards. Perhaps the doctors are over-pressed; perhaps the nurses are in a hurry. I've had two slips through cracks, and would like to suggest that something be done to improve the system.

If I could get a strong message to Health Partners it would be that I trust them to provide COORDINATED health care. In the first example, that means that: \* a physician should not consider a referral complete until proper care is delivered. In my case this means a physician begin invested in getting a properly fitting orthosis in the patient's hands and Health Partner's reconsideration of any orthotist/prosthetist who views the job as one in which they simply sell orthoses.

In the second example, this means that: \* they need to review the methods used to convey results lab-->MD-->RN-->patient. It appears that there are inherent gaps. One system wide program could include specialty MDs being encouraged to check patients' blood work records for common problems. The MDs who saw me over those 3 years were all part of Health Partners physicians - and coordinated care might have helped save me several years of lost time.

Lastly -and on the topic of covered care - my new diagnoses have prompted me to consider the rehabilitation coverage offered by Health Partners. It appears that the program that has served me well as a healthy person may be inadequate for rehabilitation needs for common problems such as stroke or amputation. I have been informed that Health Partners refuses payment for

nearly all rehabilitative training beyond development of simple self-care skills, specifically refusing support for training in instrumental activities of daily living. Thus patients' rehabilitation ends at being able to dress oneself, and does not include rehabilitation so that one could continue employment or continue tasks necessary as a home-maker etc.

I realize that I have covered several topics in this letter - but I have been thinking of writing this letter for several weeks -- planning to ship it to Health Partners, not to you.

In sending it, I trust you to summarize it in a manner that will maintain my identity confidential from both University and Health Partners. If this assumption is in error and you cannot assure this level of confidentiality, please return this email and strike its input from your report.

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77. I've been with Health Partners since I came to work here in 1991. I'm currently very frustrated with them.

One of the few services I get from them (for managing the pain of 7 bulging discs) is acupuncture. It's the primary reason I've stayed with them the past couple of years. Suddenly, after January 1st, they refused to pay for a session I had in January & one in February. My clinic can't figure out what HP is up to, so I called for an explanation.

They claimed to have sent out paperwork to all providers and clients, back in July, explaining how this system would now work. I got nothing from them & neither did my clinic, or any of their other HP acupuncture patients. I pay very close attention to any documents from HP - we got no notification of a change to the plan. If I had none they'd cut off my care, I would have chosen a different insurance plan.

Instead of 12 visits per year (previously it was a referral for 12 visits at a time, which I've never had a problem getting because of my spinal condition), which was promised with no referral, it's some mysterious system where you have to be a year past your last visit in order to get care again. This is crazy!

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78. The HP dental plan is becoming increasingly less effectively due to rising costs and fixed capitation. Frequently 1 major procedure, such as a root canal and cap, can wipe out the entire year's coverage. Worse yet, standard routine preventative care, such as bi-yearly cleanings/exams are not out-of-pocket and hence skipped in this situation. Many plans have 1-2 cleanings/ routine exams as part of the plan regardless of any other procedures performed during the year. I would suggest that HP Dental has this routine cleaning/exam coverage without cost, independent of any other procedures.
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79. I have a son who needed counseling when he was in high school. I found that the HP Mental health system was of no use to us. We could not find a counsellor who knew how to deal with him--who had experience dealing with a very bright, very emotional young man. We finally found one outside the HP system but of course there was no coverage whatsoever.

In some cases the best provider is the ONLY provider who will do any good. I think that a better system for mental health coverage would be to offer coverage--of at least a limited sort--for ANY provider. That would make it possible to see whomever it is who matches the need.

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80. This early in 2006 I don't have much to comment about, having had only 1 dr. appt. thus far this year & 2 prescriptions filled. My only complaint has nothing to do with the offering but

HealthPartners keeps moving doctors around to different clinics so that for time away from work for visits and ease of transportation it's a big pain if you want to retain a physician. I seem to have to select new doctors more often than I care to - problem with continuity but I realize this is not the type of thing you are expecting to hear about.

I was careful to ask my new physician in Feb. if my prescriptions were considered generics and would I have trouble with the RX America as a co-worker had tremendous hassles getting an asthma medication refilled for her daughter with RX America. When you see a doctor the last thing on your mind is trying to remember to ask about the generic drug issue. It is great though to have cheaper meds with this program and maybe this is simply something we'll all just have to work through & get used to.

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81. We were asked to give feedback on the Uplan 2006. I have a big concern because as I took my son to the clinic yesterday, we were unable to get the medication that he needs for his condition (bacteria). The pharmacist told me that because the New University UPLAN does not allow them to prescribe the medication for my son. We would have to wait for another week to give the doctor the time to work with our insurance and if it is approved then we will be contact to pick up the medication. I have concern on this because my son needs the medication for his condition so that it would not spread to other children.

I want to know if the university wants me to pay for it first or wait until they work things out with our insurance?

Any response would be greatly appreciate it. I apologize for any inconvenience if this is not the right place to bring up my concerns. **[ Note: This was forwarded to Benefits]**

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82. I have HealthPartnes insurance. I have had great difficulty getting my allergy/asthma doctor and ENT doctor to communicate.

Here's the short version:

The allergy/asthma guy said I need to see an ENT.

The ENT said I had reflux laryngitis and put me on Prilosec. (At this point I was coughing up blood. It was scary.)

After 2 weeks I still wasn't getting better.

A friend in the College of Pharmacy arranged a drug review with one of their faculty.

He said one of my inhalers was probably making the reflux worse and recommend I talk to my doctors about a 4 day drug holiday from everything except the Prilosec.

Bear in mind that I'm coughing up blood, it hurts to exhale, swallow and talk. The ENT's nurse said 'They don't do asthma.' when I explained what I had learned from the pharmacy professor asked them to talk to my asthma dr.

I called the allergy/asthma doctor, but he was out of the office. I asked his nurse if someone else their would talk to the ENT. The answer was no. She did say that I could decide to stop using the suspect inhaler on my own since it was prescribed as needed. The other one was listed as twice a day, so she couldn't tell me to quit using it. I explained to her that all this talking was exceedingly painful and again ask if someone would talk to the ENT office. The answer was no.

I figure I can't get any worse, so I quit everything except the Priilosec for 4 days. The 5th day is the first time in over 3 weeks that I don't cough up blood.

I would have gotten better 2 weeks faster if I had been taken off the problem inhaler as soon as the reflux was diagnosed.

I would have had a lot less pain if I hadn't had to waste what little voice I had left begging the nurses to get their doctors to communicate.

Now I'm seeing a gastroenterologist about the reflux and fully expect the communication problems to get worse. I will however, double check all my medications with a pharmacist from now on.

The moral of the story is that you can list all your medications every time you see the doctor, but the doctor doesn't pay any attention to it. The only people who do are pharmacists. I needed someone who understood the medications to intervene with the doctors on my behalf and force them to cooperate. I don't believe my case is an isolated one.

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83. Just responding back on a few things. When a I go in for an office visit, get referred on to another clinic for an x-ray, then get referred on to a surgeon, it would be EXTREMELY helpful if, when the explanation of benefits get sent out from HP, that they only send ONE explanation per ONE visit rather than sending two (for one visit). I'm not even sure why they need to send 2, but it is VERY confusing for the patient. Also, I have paid co-pays for visits (from the referral) and then get the explanation of benefits in the mail and it tells me that I should not have paid a co-pay. How will I get my refund? Will I need to contact them??? OR will they automatically send it back to me?? If I have to do the footwork for their mistake, then that would be an issue with me! This has just happened recently, so I am not aware of the way it works.

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84. Thanks for adding Boynton as an option--I am much happier with their services than I was with the Healthpartners clinic that was my primary clinic for the last few years,

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85. Since the beginning of the year, I have had 2 incidents with HealthPartners that are examples of poor customer service. I will provide details below.

I enrolled both my daughter and myself in the plan. Laura is a 20 years old and a full-time college student. When the membership cards were initially sent out, I received only a card for myself. Naturally, I called HealthPartners to ask about Laura's card. During this call I was told that they had forgotten to send her card and it would arrive soon. Shortly afterwards (maybe the next day), I received a call saying that because Laura was over 18, she wasn't eligible and her coverage was terminated. I called back and told them that she was eligible because of her student status. They indicated that they didn't know that she was a student which, of course, was true, because they never asked about it. They told me that I had to provide contact information for the college so they could confirm her status. After finding the school information, I had to call back again to convey it to them. Then they were able to confirm her status and they did finally send out a membership card. It's just fortunate that Laura didn't have any accidents or illness while her status was in limbo.

My second example concerns payment for a routine mammogram for me. This test is preventive care and should be 100% covered. I received a bill from my clinic that indicated that I was responsible for the full amount. I called the clinic to investigate. They told me that HealthPartners had denied the claim and instructed me to contact them. When I called

HealthPartners, the representative informed me that HealthPartners thought that I had additional insurance that should pay. They thought that my Patient Choice insurance from last year was still in effect! I told them that the coverage was terminated at the end of the year because it is no longer offered by the University. They said they would investigate but it could take 4-6 weeks. I then called my clinic back to give them an update and ask how to handle the bill. They put a note on this charge that waived payment until the insurance question was settled. Eventually it was all straightened out and HealthPartners paid the bill.

As you can see, both of these situations have been resolved. Still, I had to invest a significant amount of time in tracking down the issues and providing the information.

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86. I had a negative experience with this plan last semester. I received misinformation along with an almost punitive attitude of disinterest regarding coverage outside of my network. I was told that my plan would not cover an outside caregiver, even though I had a outside referral from my primary clinic.

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87. I have hypertension and have been seeing Dr. Penta at the St. Paul Clinic this year. She is helping me lower one of my medications because my blood pressure seems to be getting better. At the beginning of last year I had a couple of emergencies regarding my blood pressure and ended up in the emergency room at Regions.

It feels really good to go to Health Partners, see Dr. Penta and feel good that my problem is on it's way to better health for me. I am expecting this positive relationship with Dr. Penta to continue.

Dr. Robert Wagner at the East Side Clinic was my physician since 2000 and I was very disappointed that Health Partners removed me from his clinic and sent me to the St. Paul Clinic. He was disappointed too when he found out. Dr. Penta is doing a great job and said that I will probably be able to see Dr. Wagner again this summer because he will be transferring to the St. Paul Clinic.

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88. I am writing in reference to a recurrent billing problem related to services rendered at the Primary Care Clinic at Fairview University Hospital. My member number is \_\_\_\_\_.

Since November I have been receiving a monthly vitamin B injection at the Primary Care Clinic. I will continue to receive this monthly injection for the foreseeable future. According to the Employee Benefits office at the University of Minnesota, and according to representatives from Member Services at Health Partners, the health plan negotiated between the University and Health Partners covers all costs related to this service and I am not responsible for a co-payment.

Health Partners, however, is insisting that I am responsible for the co-payment because Fairview is billing the injection as outpatient services. Fairview tells me that they have to bill it this way, and the representative that I spoke to at Member Services at Health Partners concurred. My understanding is that the reason for this is that the medication is purchased by the hospital rather than the primary care clinic at the hospital.

Regardless of the billing technicalities involved between Health Partners and Fairview, the service received—an injection at the primary care clinic—does not incur a co-payment under the terms of my plan. Thus far, I have been unsuccessful in persuading Member Services at Health Partners to deal directly with Fairview to resolve this issue. Representatives at Member Services simply insist that I am responsible for the co-payment because of how the service is being billed.

My position, of course, is that the service is covered by my plan and that Health Partners could easily resolve the billing technicalities with Fairview. In fact, at one point it was resolved when a Health Partners representative at Fairview Hospital looked over the services delivered in greater detail, compared them to my plan, and assessed that I am not liable for the co-payment. Unfortunately, Member Services overruled her assessment.

I sincerely hope that personnel in the Dispute Resolution Department can help with resolving this matter.

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89. I am now paying one-tenth of my salary just for premiums for family coverage so I figure I am also paying for the right to complain. BOYNTON disciplines its employees for using their sick time so Employees work sick and share their contagions with their co-workers so part of my problems deal with the fact that I will not make appointments unless absolutely necessary. Why waste time, gas or money and risk BOYNTON'S discipline ?

PROBLEM areas that need to be addressed are as follows:

1. Lack of convenient clinics close to our Twin Cities' addresses now that several suburban clinics have closed.
  2. The high cost of co-pays and insurance hurt families. Many of us already work two jobs just to pay our daily bills.
  3. Once my clinic heard I had Rx America my pharmacy would not even consider my lower cost coverage under my spouse. I have to file appeals with Health Partners. Rx America no longer covers my drugs on their formulary so most of my drugs have higher copays. GUESS WHAT? I will stop taking my most of my drugs and risk health problems rather than pay more and drive further to get them. I use to be able to just walk to upstairs and talk to a real pharmacist for help. I even stupidly cut my pills in half to make them last longer.
  4. My head to toe physical with a pap was a joke. Granted this was a new clinic and doctor, but he was seemed more concerned with my health history than doing an exam. I left without lab work or instructions. I am overdue for a dexam scan , a tetanus shot and a colon check and will no doubt stay overdue till I change clinics or health insurers. My former doctor would not order physical therapy for joint pain unless you pleaded for help.
  4. Cut backs in mental health providers and the lack of services for children and teens harm our families. My son's coverage will lapse before he can schedule an initial intake.
  5. Fibromyalgia treatment options are needed but not addressed. If a clinic can not treat an ailment then it should atleast offer a referral to someone who can help. After two decades of being a health partners patient I am seriously considering other health plans. Can Medica be any worse?
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90. My biggest problem with HP is their refusal to comply with HIPAA provisions that require them to send my health care info to an alternative address when I request it for personal security reasons. I should not have to rent a PO Box for this--they should be able to send it to my email address or mail it to themselves for my later pickup. I have had to discontinue receiving medical care beause they insist on sending me determination of benefits statements to my home address where I am at risk getting them. I also cannot have them sent to my work address as others read my mail.

I was told that Medica would also refuse this request, so simply changing providers is not an option.

Is having employees not seeking medical care a goal of the U?

Requiring them to change their antiquated computerized system to accommodate requests like mine should be a condition of continuing to get U business. **[This was forwarded to benefits]**

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91. I wanted to relate to you my family's experience with HealthPartners. We have had Healthpartners as our medical provider for over 10 years. Up until last Summer my kids were attended to by the same pediatrician. Last Summer we were informed by our doctor that he was being laid off and we would be assigned to a new doctor. Before leaving our doctor even suggested that we may want to find a different clinic. About 2 weeks ago we had our first visit to the doctor since our pediatrician was laid off. My wife and kids were directed to a room where they were attended to by a "doctors assistant." After further questioning the assistant, my wife was told that the assistant was not an employee of Healthpartners but was a temporary employee from an outside agency.

As a consumer this is most disconcerting.

Thanks for the opportunity to share this with you. If you have any questions of me feel free to email me.

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92. I find the Health parnters web site extremely difficult when trying to find a particular Dr or practice...

### Other

93. The U of M HealthPartner's plan ought to reimburse YMCA/YWCA memberships. Other HealthPartner's plans do so. I went filled out all the paperwork at the Y to get my membership fee reimbursed, but was told at the end, the U Plan does not qualify. Disappointing!

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94. I have one complaint. I think the cost for a married couple with out children should not be more than it would cost two single people. Especially if they are past there child bearing years and are not having any children or have no children. Why does it cost more for two people that are married. When I retire I should be able to get two singe policies and that would at least help cut the cost a little. I did notice that if you are 65 and doing it as a supplemental that the cost is for two separate people. It is a lot lower than it used to be. Other than that I have had Health Partners for almost the entire time I have been at the University. In general they are o.k. I do like the fact that it now covers out of the area. We go to Florida for a month each year and it makes it nicer knowing our insurance covers us while we are there. We hope to extend it to 5 months when we retire and we are glad it covers us for that also. We were not looking forward to changing insurance and finding all new doctors. Thanks a lot for the out of area coverage.

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95. More than anything, I wish my health insurance gave me a membership discount for going to the YWCA a certain number of times a month. People from other companies have this benefit and I really wish ours did too. Exercise is the best thing I can do to keep physically and mentally fit and a discount on my membership would be a HUGE motivator to get to the Y more regularly.

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96. I would like to comment on the lack of benefits for opposite-gender domestic partner benefits.

While I heard several explanations of why the University currently does not offer medical and dental benefits to all domestic partnerships, I would like to be able to cover my partner under my insurance, as her employer does not offer insurance. Also, I was wondering if there will be a Vision plan offered?

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97. My experience with the care at Fairview UMHC Primary Care Clinic, the Breast Center, the Women's Clinic, Boynton, and other University specialists has been very positive. The Minute Clinics are a good idea. However, I have the following concerns and I believe they relate to the UPlan:

1. I heard that FUMC has gotten rid of its referral office. If this is true, why? There was a marvelously effective and efficient person working there, Peter. Perhaps there is a diminished need for referrals in this year's plan, but sometimes we still need to get referrals. Having efficient and knowledgeable people to help us makes a big difference. Please continue to have them available.

2. There is a very competent acupuncturist who is making a difference in my husband's health. When asked why she doesn't apply to be in-network for Health Partners, she answered that she is not allowed by HP because her neighbor is in network.

I can't imagine why such a rule would be in force, to exclude a competent and probably one of the most highly trained practitioners in the area! I hereby request that she be allowed to be in-network, and that she be so notified, her name:

Eileen Zhou M.D. (IChina), M.S. (nutrition), L. Ac.  
Acupuncture and Chinese medicine Center  
7250 France Ave. Ste. 308  
Edina, MN 55435  
952-820-0877

3. There is an extraordinary wait to get into the FUMC Dermatology clinic. This is a big problem when one has a condition that needs to be evaluated immediately. Can something be done to increase the number of doctors there? Or make alternative clinic choices more visible to those of us trying to figure out where to go instead? Finding a suitable alternative was very time consuming.

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98. I am writing to express my concerns over the changes made to my health care benefits. The introduction of Rx America has complicated and made my prescriptions more expensive. I do not believe that the transition to using Rx America was well thought out by all involved. When I first received the plan material I almost tossed it out as I thought it was junk mail. My prescription went from \$10 to \$70 overnight, and then I am advised to take another medication as if I was "choosing candy at a store". Read as "if you are currently taking this medication" then "try this or this" it is cheaper. This necessitated several trips to the doctor's office and also blood testing. I have let the benefits office know my concerns in phone conversations with Kathryn Pouliot. I was assured that I would be contacted by Rx America and that they would reimburse me for the added cost of the medication. As yet I have not heard from anybody. In summary this transition was poorly handled and personally I do not see the benefit of what has been done. I hope that the Human Resources Department learn a lesson from this and begin to do some genuine planning for the University and its hard working employees.

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99. Our experiences with RX America-the prescription agent has not been good. They are

challenging what doctors prescribe everywhere. Getting your money back is a big hassle. When you get it, many times it's not what you expected. In previous years we have had no trouble.

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100.        Good: I've always been happy with the health care from HealthPartners and intend to stay with this plan.  
Bad: I'm very disappointed that the discount for membership at the YMCA is not included in the plan. This seems to contradict the U's emphasis on wellness. (Membership at U Rec Sports is not convenient for me.) The following is feedback re benefit dollar inequity. Please pass on to the appropriate decision-makers. Thank you.

According to the 2006 Rate Contributions Per Pay Period, Base Plan for the Twin Cities and surrounding counties:

U contribution for Employee-only coverage is \$4326.40 per year. I'll refer to this amount as "Base Benefit Dollars" or BBD.

U contribution for Employee and child/children coverage is \$7079.80 per year. These employees receive \$2753.40 more per year than BBD.

U contribution for Employee and spouse/same-sex domestic partner coverage is \$8819.20 per year. These employees receive \$4492.80 more per year than BBD.

That's over twice the benefit.

U contribution for Employee and spouse/same-sex domestic partner and child/children coverage is \$11572.60 per year. These employees receive \$7246.20 more per year than BBD. That's a lot of money per year difference between employees.

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101. I use the UM Physicians Primary Care Clinic at P. Wangenstein building. I have been very happy with the service there. I enjoy being able to continue to see my specialty doctors who are also located within PWB. I want HP to continue to have a clinic there, even though it is essentially in the UM Fairview University setting.

I have also used the chiropractic clinic located at the Como HP. The doctor (Rukavina) is good. This facility could improve in it's phone service. Some days, they don't answer the phone, it seems, and there is no voice messaging system in place.

I use the HP Pharmacy located in the Riverside HP Clinic. It is excellent: knowledgeable staff who are available and willing to share information, great hours. I heard that it might be closing. I don't want HP to close this pharmacy!

I have a lot of comments on the new Rx America, but I'll save that for the next round.

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102. I participate in UClassicPlus by Health Partners. I have been generally pleased with this plan. I am disappointed, however, that UClassicPlus participants are ineligible for subsidized health club membership. Other participants in Health Partners are eligible for this benefit and it is advertised prominently in Health Partners publications. My health club (YWCA Minneapolis) indicated that University employees are ineligible for the benefit because the University believes that the Rec Center is a viable option for everyone and that this program is already subsidized by the University. I don't know that this is the University's explanation for this situation, and I certainly don't know the details for the funding model for recreational sports at the University, but I would contend that the Rec Center could never accommodate the University employee base. Given the importance of wellness and the clear relationship between exercise and reduced health care costs, I would like the University to reconsider this policy and to participate in the health club membership subsidization program that Health Partners extends to its other members.

Thank you for your consideration of this idea and for the opportunity to provide feedback on the health plan.

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103. I would like to see the university sponsor the \$20 off each month of our health insurance by Health Partners for going to the gym 8 times or more per month (such as at the YWCA of Minneapolis). This is a Health Partners benefit but when I asked about it at the Y, they said the UM does not support it. The reasoning I got from Benefits was that: we have our own gym facilities on campus. However, the gym facilities on campus cost me the same or MORE as the Y. So that is not much of a rationale. I would much rather work out at the Y, given the similar costs, because it is less busy and I don't have to run into my students during my own time.

However, if the U wanted to start allowing Profs the benefit of working out at the U facilities, it would be much appreciated. I think they should either: allow us to go to the gym for free OR allow us to get the \$20 refund from Health Partners each month according to Health Partners' plan.

Seriously, I cannot believe the amount of money that the U puts into PRINTING and sending out all this ; health related BS that mostly goes into the garbage can. I donot need you to make me go for a walk during the day 2X a year. Come on! I already go to the gym and am very healthy. I donot need a very cheap pedometer that clicks steps while Iom sitting at my desk. I'd appreciate it if they could put all the money they put into marketing and printing these ridiculous healthy-u programs and just give me the money to put towards my ALREADY good habit of going to the gym and/or biking to work (alas, biking the work ... Would not it be nice if you could take a quick shower at the gym after you are all sweaty from biking in? Oh, but yet, I forgot, no I cannot take a quick shower because Iod have to pay \$50 or more per month to have that nice benefit of walking into the gym and showering.....thus, you lose a lot of potential bikers .. Or you have a lot of smelly, disheveled, unprofessional-looking people who do it anyway!)

They are trying to target the slug smokers around here to changing (which they won't) - how about rewarding those who are living well and reducing health insurance costs??

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104. Thank you for allowing comments on this plan. It is poorly managed and the benefits/co-payments are confusing and at times not consistent. I feel this is definitely a decrease in our benefits and would STRONGLY request to return to HealthPartners drug benefit plan. The plan was easy to understand and the benefit levels were acceptable.

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105. Since the U is one of the largest employers in the state, it might be responsible of the U to become and active part of long-term solutions to the health care fiasco. An industry created for and by private profit cannot do anything but destroy the health care system (as we are seeing), and the "free market" patches and work-arounds cannot solve structural problems (as we continue to be driven and exploited by the pitilessness of a flawed and failing system.)

In a related issue (prescription coverage,) I have been told by a member of your team that this is all simply a matter of "business." Well, "business" will sooner rip us off and leave us for dead, than it will help us address the public and community issues of health care and the workings of chance in the distribution of ill health.

Can the U take a leadership role as a responsible member of the community? Or will it continue to feed corporate interests at the expense of its employees and public health, throwing good money after bad?

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106. I'm writing in response to the email seeking comments regarding experiences with health plans. I have U Classic Plus with Rx America as the pharmacy benefits manager. I have no complaints with Health Partners - I've had my insurance through them since I started here almost 5 years ago and I kept them this time around because they're generally good to work with and the Riverside clinic is very convenient. However, I am not very pleased with the service of Rx America.

I like to get my prescriptions through mail order because I can get 3 months for the price of 2 - who wouldn't want that? However, after dealing with Rx America I may not do it again. It may be worth the extra money to save myself the hassle. When calling them, I am put on hold many, many times while the person I'm speaking to tries to figure out who I should speak to or find the answer to what I feel are common questions. I am shuffled from person to person and so forced to keep re-explaining the purpose of my call.

It was difficult finding out who to call to get my prescription filled by mail order. The number on the Rx America card I was given is simply for customer service - not the pharmacy. Surprisingly, customer service had a hard time figuring out how to get me in touch with the pharmacy to get the prescription filled. Isn't there just one pharmacy? Couldn't their number and fax be put on the Rx America card? That way doctors and clinics would know where to send prescriptions. After many exasperating calls and a lot of time spent doing it, I now have the direct pharmacy line and the pharmacy fax number and I made up a card to keep in my wallet with my other insurance info, but I shouldn't have to do this.

Also, their organization is itself confusing - Rx America is somehow affiliated with an organization called Escalante (I think they do the billing perhaps). When I received my prescription by mail, it came with an invoice and envelope for mailing payment. A few days later another invoice came and it indicated a different payment mailing address! When I called to find out where I should actually mail payment to, no one seemed to know. It took about 15 minutes and at least 3 people to resolve.

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107. I got a little upset with a psychiatrist the other day because of the cost of co-pays for medical exams. It really wasn't her fault so I am thankful to write to you. I'm against co-pays for medical appointments because it's like paying someone to hurt you physically when procedures are painful like a flexible sigmoidoscopy. I thought the reason for health insurance was to pay into an account with a group so that the insurance company would then pay for the expenses rather than paying someone to hurt you. I think the co-pay for prescriptions is too high also. I'm thankful for what's paid for but maybe I'd rather pay more as a group than have co-pays.

Thank you for your attention to this matter.

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108. My comment is about the dental plan. I had a very satisfactory relationship with my previous provider, Metro Dental Care, over a number of years. I was not very well pleased when I had to change clinics this year to conform to U-Plan.

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109. Comments are invited so I have one relatively small comment. The RX America drug plan replaced direct Health Partners drug purchase plan. The switch was confusing, and for my modest \$160 per year (4 refills at a little below \$40 per 90 days), yields no improved benefit and more hassle; now I need another card to bring with me.

My wife used to like ordering by mail from HP direct, but now it is confusing to order by mail from RXA, so she avails of the convenient local pharmacy in person. So that change has resolved

itself OK.

Actually I can't find my RXA card - it's somewhere at home, but arrived unexplained and was filed somewhere. Of course, that is not YOUR work to solve.

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110. Now that they finally have enough staff to answer their phones, I have found them courteous but often unable to help with my request and referring me to another number that is busy and I have to leave a message that may take awhile to be returned. Their mail order pharm is not real good at getting prescriptions transferred from your previous mail order pharm. The delay time in receiving the meds, in these cases, is much too long. I also have found that my prescriptions are ending up more costly than they were last year with Health Partners. Thx for your time.

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111. Hi. I'm interested in commenting on the plan (s).

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112. I know we are not alone in bemoaning the existence of RX America. We had to drop our mail order business with HP, and after hearing the horror stories we are afraid to go to RX America for mail order. It can only get better.

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113. Thanks for the opportunity to comment regarding our health care plan. Overall, I have figured it out and worked through some issues on my own however the University was remiss in not properly educating and informing our University community about RX America. The flyer I received last week clarifying some of the issues and practices should have been sent out prior to any conversion to RX America. I think both parties should have done a better job and in particular the very institution I work for should have been a stronger educator. That's my two cents worth on this topic. Thanks again - Shirley

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114. I would like to send along my request for the University to look at comprehensive healthcare coverage that includes coverage for alternative medicines, including massage therapy, acupuncture, Chinese medicine with herbal remedies.

We offer a wonderful program here at the University in the Center for Spirituality and Healing to health care workers and the public. Why is it that we can't offer alternative medicine health care coverage? Many of us are really tired of the doctor visit/pharmacy visit choice and no other therapies to choose from.

Twin Cities Public Television recently aired great programs on the topic. Thank you,

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115. I am satisfied with my health benefits overall. It is a bit dismaying that the cost continues to rise, however, the value of the plan for the cost is far better than many comparable plans in industry. The one thing I would like to see added to my health plan is the health club membership incentive where you get a stipend for working out at a health club a certain number of times per month.

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116. I'm really the wrong person to ask about health plans 'cause I seldom use my coverage. I'm just very healthy and figure it's my responsibility to maintain my health and if a consult is needed fine. So, the plan works just fine for me.