

## 2007 HealthPartners Feedback Summary

Concerns	Pros	Cons
Care and Service	99	10
Mental Health		1
Statements		3
Scheduling	1	6
Dental		6
RX America	2	7
Wellness – Fitness Centers		19
Plan Design	1	10
Cost	3	6
Clinic Location	1	4
Other		2

Total number of respondents: 146

## Pro – Positive Experience with HealthPartners

1. U Classic Plus by HealthPartners: employee and spouse  
Both my husband and I have had overall positive experiences with our health plan this past year. We are satisfied with the coverage and we are completely satisfied with the clinic service.
2. I'm responding to the e-mail requesting comments about my experiences with my health benefits. When I first came to the University back in September of '05, one of the reasons I accepted the job was the health benefits, specifically the HealthPartners plan. I have been with HealthPartners with my two previous employers since 1985 (when it was Group Health), and I was thrilled to learn I could stay with my same doctor and clinic. In 1988, I had two young sons who were covered with this plan until they were 18 and through two surgeries and all the issues young, active boys deal with, I was most impressed with the care they received from their pediatrician. I've heard lots of stories from folks who were unhappy with their experiences with this plan, but in 19 years, I have had nothing but positive experiences, and continue to do so in terms of service, responsiveness of HP staff, comprehensiveness, convenience of appointments, etc. I've always been pro-active about my health care (and my sons' health care) and that probably had an impact on our care and the response from GroupHealth/ HealthPartners throughout the years. Bottom line, I am completely satisfied with my U Classic Plus plan. Thank you.
3. I have only positive comments regarding the U Classic Plus. I've been extremely impressed with the commitment to cover preventative care and the level of coverage for other items, such as shoe inserts.  
  
My family has been very pleased.
4. I am pleased to write and let you know that I am very happy with my HealthPartners Classic coverage. Both my dental and medical coverage are provided through HealthPartners. I only wish that the University would return to a system that allows HealthPartners to provide my pharmaceutical coverage as well. I never had a bad experience with them. On the other hand, RxAmerica has been a nightmare. (I sent a separate message to Jody about that company)
5. I have been quite satisfied with the care received through HealthPartners.
6. I received an email last week about the Benefits Advisory Committee seeking feedback from employees about the UPlan health benefits. I currently use HealthPartners and am quite happy with it. The one thing that I think is missing across the board from U of M benefits is a **health**

- club** membership discount. It would be great if the U would participate in the program where if you work out a certain number of times per month, you get a discount on the health club membership fee.
7. I receive wonderful service. I just wish it wasn't so expensive.
  8. Just want you to know I have been in this plan for many years, and that I am very happy with it, both for my husband and me, and for our kids. I have also always liked that there is no paperwork, and that they readily fill out school forms, send cards, etc. They make everything very uncomplicated.
  9. I have had Health Partners insurance for several years now for my family, and have generally been very happy. However in 2006, my 16 year old daughter has had to change three out of four health care providers for her mental health care for depression. Her therapist, psychiatrist who prescribes an anti depressant, and his intake nurse have all left Health Partners in 2006. As I understand it, Health Partners has downsized or tightened such positions in 2006 as a cost saving strategy. While this is of course an expensive proposition, it is nonetheless as important as any other part of our health care system. I wish I had an answer to suggest for the problem. In some ways it is not unlike the highly publicized issue at the VA with the soldier who returned from Iraq recently. Thank you for your willingness to compile this information for the U staff.
  10. Thanks for asking for feedback on the Health Partners. I have absolutely no complaints except one (and I recognize that all of the other insurance options may have the same flaw). It drives me out of my mind that the **statements** I receive are so difficult to understand. Such categories as "clinic" or "medical equipment" are so broad that it is impossible to link procedures with the statements. I don't know how we can get accountability into the most expensive health care system in the world if patients cannot monitor charges and inform insurers and providers when something seems out of line.
  11. I have have Health Partners for 30 years and am VERY, VERY satisfied with them. We adopted a daughter from India 26 years ago and she had health problems. We could not have asked for better care.  
  
4 years ago, my husband died 6 weeks after being diagnosed with pancreatic cancer. Health Partners Oncology and Hospice were wonderful. The Hospice Grief support sessions were very helpful.  
  
Please keep Health Partners Classic as one of the choice for healthcare for University Employees.

12. We could not be more pleased with our Health Partners plan and our Health Partners clinic. Over the past three years I have had a lot of extra, complex, and scary medical issues (and so, to a somewhat lesser degree, has my husband). In every instance the care we have received has been timely, appropriate, and reassuring. I had back surgery at Regions Hospital and I was amazed at the excellence of the care. I read the New York Times regularly and they often have articles about standards of medical care. The care that we receive through Health Partners is at the very top of the scale.
13. I am so glad to have the opportunity to comment on the excellent care I received from Health Partners in 2006.

In April, 2006 I had a bad bicycle accident that required transport by ambulance, emergency room care, multiple visits to different types of dentist (oral surgeon, dentist, endodontist), chiropractor, and doctors. Later in the year I had further medical issues unrelated to the accident that required a lot of tests and visits to specialists.

All the treatment and consultations I received as a result of these incidents, as well as more routine visits to my clinic, were professional, caring, skilled, efficient (but not rushed), and utterly inspiring my confidence in the care. I also had dealings with the customer service department of Health Partners and was impressed with the diligence with which the representative pursued my case, shepherded my documents through the system so that errors in billing were corrected, allowed me to contact her directly by telephone, and dealt with the accounting/business personnel in various medical offices where I'd been treated.

I've always been quite healthy and had minimal need to visit my clinic. This past year gave me more opportunities to spend time in doctors' offices and clinics than I could ever have imagined. While I wish I hadn't had cause to get all the treatment I did, I have no regrets or complaints whatsoever about any of the treatment I received—from scheduling staff, technicians, nurses, doctors, et al. If I had to name one thing that HP could improve, it would be the waiting time one sometimes spends on "hold" when trying to schedule some appointments—but that is a distant memory compared to the really good recollection I have of superb, professional treatment.

Thank you for letting me have my say!

14. We are very, very pleased with HealthPartners. It's the most service-oriented health insurance company we've ever worked with. Customer service representatives, appointment coordinators, doctors and nurses, front desk staff - everyone is unceasingly polite, friendly, and helpful. We

like our doctors - they've all been there when we need us. A special kudos to Dr. Stephen duRivage (pediatrics) - he's phenomenal.

15. My wife and I are very satisfied with Health Partners. We believe that we receive excellent care from doctors and nurses who are genuinely concerned with our well being. I just wish they would reclaim their position as "low cost" carrier.
16. I couldn't be happier with my health plan. Its coverage is great, I've experienced no administrative hassles, and its price is right. Sorry to be so darn cheery about it, but that's been my experience.
17. My experience with Health Partners is outstanding. I hope to stay with them the rest of my life.
18. I have received excellent care through HealthPartners and would recommend the plan to any University employee. HP has many convenient locations and I have been very impressed by the quality of their facilities. I have never felt the quality of my health care has been compromised because it is being provided by an HMO. In fact, I have received better care through HP than I have through other plans I have had in the past. In addition to their own clinics, HP has a large number of providers in their network and it offers additional flexibility and comprehensive coverage to members.

Most importantly, I have always been treated with respect and thoroughness by the health care providers I have seen through HP and am especially impressed with the HP Health Center for Women, my primary care clinic. Customer Service is always helpful as well. In general, an excellent plan that is easy and convenient to use.

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19. I am completely satisfied with the service I receive. If there is a problem, member services is a great resource and problem solver.
20. I am writing to let you know that I really like the HealthPartners plan. When I discuss health plans with friends I am always happy to find that compared to many their plans we have very good copays for both office visits and prescriptions. The only drawback and this I am sure is not only with this plan but with all others is how much it will cost to cover both myself and my husband if I retire under the Rule of 90 since we both will be under age 65 thus I will probably continue to work longer for that reason alone. Thanks for doing a survey and have a great weekend!
21. I am extremely happy with HealthPartners. The clinic is close to home and to work and has great doctors. I also have the dental plan which is

great. I would say that last year the problem was not with HealthPartners but **RX America**. I will continue to choose HealthPartners for my family.

22. I have been lucky/healthy enough that I don't need much from them, but I'm now starting to deal with cataracts.

The help I've gotten so far with my progressive cataracts has been wonderful. The MD in charge is reassuring in his concern for my well being. We will see if he can live up to his promise when it's time for surgery.

Dr. Meg Halvorson, in Gyn-Ob has been my gynecologist for quite a few years, and is the doctor I sent my daughter to when she was old enough to start gyn-care. She was impressed enough by Dr. Halvorson that she recommended Meg to her friends.

There was a gynecologist (a man, and I can't recall his name) who actually told me that my osteopenia was "just a bad habit of slouching" but I see he is no longer at my clinic. Nice to have him out of there.

I have no plans for switching from HP, despite the occasional clinker.

23. I am satisfied with my Healthpartners Plus as a U of Mn faculty members plan but continue to be perplexed that there still is no way for me to get a fitness discount through my Life Time Fitness membership. Will this ever happen?

24. I have been a member of Health Partners for about 35 years and have been extremely pleased with them. Our experience has always been very positive and we have been able to get the treatment that we need. My doctor spends time with me as needed and I don't feel that they are rushing me through. I have had a number of surgeries and health issues over the years and we have always been able to get the appropriate treatment and appointments with specialists.

We had some initial problems with **RXAmerica** but now I have no complaints.

25. For the most part, I've had positive experiences with HealthPartners. I've been with it since I started working here over 30 years ago when it was Group Health. I hope you continue to offer it as a choice during each open enrollment period.

26. I have been very satisfied with my health benefits with Healthpartners. I consider myself very fortunate to work with the doctors, nurses, therapist, chiropractors, vision all have been a good experience.

I want to thank you Healthpartners.

27.

I have been very satisfied with the service I have received from Health Partners.

I go to the Health Partner's Health Center for Women and it has always been as pleasant of an experience as going to the doctor can be. The staff is friendly and helpful, the waiting room is spacious and has an ample supply of magazines and reading material and making appointments is easy. I have always been treated with dignity and respect, regardless of the problem.

I like that I can do almost everything on-line. That is very convenient with my busy schedule.

The coverage provided is excellent and the Benefits guide is very easy to understand. When I was Out of Network and needed to go to an Urgent Care facility the Member Services representative was very friendly and helpful.

I chose to continue with Health Partners even though Medica was a cheaper option. I am very happy with this decision.

28. I have made several appointments when needed this past year at the Arden Hills Clinic. Appointments have been made in a reasonable length of time and doctors have seen us within a reasonable waiting time. **No complaints, other than a bad tooth experience in the dental department.** I lost the feeling in my face for about 2 months (supposedly from hitting a facial nerve during novocaine administration)....? I saw a specialist and in time it improved, but still have a slight sensation loss on bottom side of jaw. I will not see that particular dentist again, as I feel it was caused because of his lack of competence/experience. Thank you for the opportunity for feedback.

29. Just wanted to let you know that I'm very happy w/ the basic HealthPartners plan, especially:

- low co-pays
- great clinics & dr.s
- being able to self refer

Thanks!

30. I believe this is the health coverage program I have. Both for dental and medical. I have been quite happy with the insurance costs, service, deductibles, etc. that I receive. I choose to go to only University of

Minnesota doctors for convenience.

I plan to continue with this coverage in the future, unless negative changes occur with the plan.

31. I am like my providers and the services is fair.
32. I have no complaints. The plan works well for me and I have received services and care at a high standard of quality and professionalism.
33. Hello! I am very happy with my U Classic Plus medical coverage, especially since I can continue to see the same doctor at North Suburban Family Physicians, who I've been seeing for the past several years. I have received excellent care and service.
34. Thus far I am very happy with my Uplan health plan. At present I have Health Partners and use Park-Nicollet Clinic. I have used Park-Nicollet for many years, through several insurance plans.
35. I have had no problems with Health Partners in general. But I do wish they would allow more time with the doctors per appointment. I always feel rushed.
36. I have been very satisfied with the U Classic Plus by HealthPartners medical plan over the past years (two ?), when I have needed to use it.

I do have one recommendation that would be a huge benefit for many-- that homeopathic/alternative doctors and supplements would be covered by the plan. If you wanted "supporting documentation" (testimonials) I would be DELIGHTED to provide them . . . results verified by the doctor(s) in my plan. I realize the "conventional" powers that be are not excited by this idea . . . as it would decrease their business. On the other hand, it will open up a whole new realm of business . . . without having to experience the side effects of drugs. (For example, in my case, with a hyper thyroid condition, NOT having to go on radio active iodine or having my thyroid removed . . . I think just about everyone would be in agreement with that scenario).

I believe both worlds (conventional and homeopathic) are needed . . . and could work together. In other words, if I have a broken foot (which I have had), I need a conventional doctor . . . or, if I have a bad infection, I need an antibiotic (drug). I could go on and on :-D .

One last thing, we need coverage that would cover more than the "drug store" variety of supplements . . . because quality is SO important!

Thank you for the opportunity to espouse my beliefs. Unfortunately, this step will not benefit me . . . I will be retiring in September. But . . . for the future of many . . .

37. I am very happy with HealthPartners, both dental and medical. I do not plan to change providers as I feel I receive excellent care from both.
38. I've had good experiences with Health Partners and have used both in and out of network benefits with good results (quick reimbursement, etc.). The only somewhat minor issue is that Boynton is my primary clinic and they keep very different hours than other Health Partners Clinics. Here is what happened to me. On Dec 26 (a holiday, but most other places were open) I needed to see the doctor for a cut that possibly required stitches. I called Boynton and was told to call the nurse line. No one answered at the nurse line. I then tried Health Partners urgent care, but they informed me that my clinic was open (since most HP clinics were) and urgent care didn't start until 5:00pm when clinics were closed. I was stuck in a loop and initially thought I might have to go to the ER, which seemed a bit much. In the end I just showed up at a Health Partners Clinic and explained my situation. They saw me on walk-in but said I might have to pay the full cost since I wasn't using my primary clinic. So far I have received no bill or statement of benefits. If they do process it I will appeal and explain the dilemma. But, **I think there does need to be communication between HP and Boynton and perhaps a policy for where staff go if Boynton is their primary clinic and it is closed.**

Another somewhat small issue is that all HP clinics are connected by the same network, but Boynton is not on that network. So, I have had to make multiple visits on occasion. Example: One evening around 9:00pm I went to urgent care for an infection and was given an antibiotic. It made me sick that night and the next morning. So, I called my primary clinic (Boynton) and was told that since they didn't have the lab results I would need to come for another appointment with them and get a new prescription that way. I understand why they didn't want to change my meds with no data, but **I wish the HP urgent cares could routinely sent their records to Boynton.** I ended up paying an additional copay because of this issue and missing work to go in.

In retrospect, both of the above situations are the only times I've used the doctor other than annual visits. So, with both visits there were communication issues between the Health Partner system and Boynton. One remedy would be for me to change my primary clinic, but I really like having the convenience of Boynton. I would not want to lose the Health Partners plan b/c my kids' pediatrician is at Como Clinic and they get great service there.

**Bottom line: HP has been great to me, but if Boynton is the primary care clinic sometimes there is extra work.**

39. I continue to find HealthPartners (and the Universities plan with them) meet my needs quite well. They are proactive in preventive medicine, respond quickly to acute situations, and provide coordinated support for chronic conditions. There has been some confusion with programs that are offered both by HealthPartners and through the U (some of the wellness monitoring programs), but mostly a communications issue that is quickly clarified.

40. I have been with HealthPartners since I started at the U, nearly 4 years ago. I was discouraged from choosing that plan; however, I have been nothing but impressed. I've had some goofy health situations and even a very difficult situation (late term pregnancy loss), and regardless of my needs or the situation, their administrative and medical staff have been professional, caring and responsive. Especially with the difficult situation, HP administrative staff took the initiative in making some phone calls and completing some paperwork that would normally be the responsibility of the patient -- they said I had enough to worry about. Also, I received personal notes and cards from some of the staff.

The HP women's clinic is fantastic. When I go in for my yearly exam or sick patient visit, the staff and doctors actually sit and talk with me for about 15-20 minutes prior to exam. I feel extremely comfortable with the team and with the level of care provided.

Finally, the cost is as reasonable as healthcare coverage is in this country, and the coverage and service is very good.

41. My wife had a knee replacement recently and she has received excellent service to date.

42. FANTASTIC! I had an out-of-network ER visit, multiple ortho appointments, no problems at all.

43. I am writing to make positive comments, for a change, regarding Health Partners.

I have had concerns in the past regarding first points of contact and their lack of care and concern, but I am not finding that so much anymore.

The doctors seem more concerned now as well. I'm not sure if it's because of my age -- I suspect so, since I'm near 60 and more things start to go wrong the older you get. Never the less, I feel that I'm more listened to, taken more seriously, and given more options regarding my care.

The prescription benefits are good now too.

Thanks for the opportunity to give a positive report.

44. I belong with U Classic Plus by Health Partners but we have to use RX America. In my opinion and experience, this was a total nightmare for the year of 2006. For my daughter sitting at Children's Hospital at 1:00 in the morning with a 102 temp, we had to sit in the pharmacy for about an hour waiting for a prescription for her illness. We had never experienced this when our prescription was through Healthpartners. I had to wait for forty minutes in the Pharmacy when I had to go to Regions to get a piece of metal out of my eye. (Mind you that this was 11:00 at night!) We ended up just paying a copay for my eye drops and Regions was going to take care of it the next day. Also, my wife is double covered under my insurance and her own. Hers is with Healthpartners also. When my prescription plan was through Healthpartners, we had no problem, but ever since RX America started it's been a nightmare when she has to get her own meds.

**To sum it up, Health Partners Classic has treated my family with respect and RX America has been a nightmare.** (Get back to the Healthpartner's Pharmacy program)

45. In response to the Benefits Advisory Committee email I received yesterday, we are quite satisfied with HealthPartners. Their web site is very easy to use and helpful. Getting appointments is also easy.

One comment: At each visit I get a **receipt** when I have a copay. Then, a few days later I get a receipt in the mail. It seems to me that HP could save some money by not mailing out that second receipt. It obviously costs them to produce and mail it and it is just more junk mail for me.

46. Chances are you will first hear about people's positive experiences and this is one of those e-mails. I have been very pleased w/Health Partners and am truly thankful for the fact that I not only have health insurance but that it is, what I believe to be, a good and fair plan. I have also worked outside of the University of Minnesota but the University is the only place where I have had benefits. So, I know first hand the cost of not having coverage. The price is usually paid w/one's health because when one doesn't have the money to get regular check-ups etc., then one tends to wait until one absolutely has to to see a physician.

An ounce of prevention truly is worth a pound of cure and, in the long-run, it is cheaper for the health care industry to be able to treat a health concern in its preliminary stages, not when the condition has become advanced and needs greater levels of care to try and cure.

Please also pass along my following comment to the appropriate area: I think it is an excellent practice, of late, for Health Partners to show on the statement what the actual price of an office visit/mammogram/blood draw or whatever was ordered is, then the patient's health care portion and what the final cost to the patient is (oftentimes there isn't a charge or, if there was a co-pay, it sure makes it look good compared to what the actual cost of the visit would have been had one had to have paid for everything out of one's own pocket). I don't needlessly go to the clinic but it is nice to know that, when I need to do so, I can and that any necessary tests which need to be ordered, are. So, I am a very satisfied Health Partners customer.

Thank you for your interest in our comments and for conducting this survey.

47. My experience with Health Partners Professionals has been very positive. I am very pleased with the services they provide. No payment, insurance, or scheduling problems have occurred for me and I like it that way. I feel fortunate to know that I am getting top quality medical care.

48. My **health club** participates with Health Partners for a frequent user discount (go 12 times a month, get a \$20 discount for each adult up to 2 adults/family). I tried to sign up, and was informed that the U's self-insured policy did not include that wellness benefit. Given the strong focus on other parts of wellness, this surprised me. So, I emailed the benefits department and received no response at all.

The current wellness plan seems a little "soft" to me. We can fill out a survey and talk to a nurse and get a \$65 check. The 10,000 Steps program is interesting, but it seems impractical given the expected workload, family obligations, and the climate we live in. The subsidy of a health club seems like a very tangible way to indicate that health and exercise are linked and that the U is truly interested in Wellness.

I would like to see the Health Partners health club benefit included in the next health plan that we are offered (unless, of course, the cost of the premium would offset or more than offset the subsidy). I would also like to understand why we do not participate this year.

On the plus side, I have found the overall health plan to be excellent. My MDs and the physical therapist that works with my son are all providers, and they receive timely and efficient reimbursement. The copays are reasonable, yet high enough to make me think before accessing health care. When I have had to call Health Partners, they have been

responsive, wait times have been short, and I got the answer I needed right away. In all, I think the health plan is very good.

49. Healthpartner benefits have worked well for me. Just once when I went in for a prescriptions they did not credit me for the right amount due to the extra prescription card the U provides. Fortunately I caught the error at the counter and they immediately corrected it.

50. My provider has offered a range of services. Each provider has been prompt - informed - and has followed-up as requested. Special requests (such as duplicate print copies of prescriptions for safer travel) made at the last minute - were still respectfully fulfilled.

My only concern with my provider is its notoriously poor coverage for **rehabilitative services**. Is there no way to change this?

51. I'd like to comment on my Health Partners plan. I am very satisfied with it.

I've had Health Partners for 5 years and have never had a bad experience yet. I recently had some surgery. All of the staff I worked with were wonderful and I was amazed at the coverage. All of my bills would have been over \$10,000 had I not had insurance. Instead, I paid one \$10 co-pay! Wow.

I also enjoy the on-line scheduling and being able to look at my plan and health/medical information any time I want. That is a fantastic service. Thank you

52. My experience with Health Partners Professionals has been very positive. I am very pleased with the services they provide. No payment, insurance, or scheduling problems have occurred for me and I like it that way. I feel fortunate to know that I am getting top quality medical care.

53. I've been very satisfied. But then, I tend to be healthy as the proverbial horse so that I don't use it much.

54. My experience with Health Partners over the past year has been fantastic. I had a child in 2005 and even though that was more than a year ago, I have no complaints. I paid \$10 for all of the prenatal visits, labor, delivery, and well-baby check-ups. All prescriptions that I have had were covered. My advair is a bit more expensive with the new plan but is still affordable. The customer service is always helpful.

55. I really like HealthPartners. I am a member at the Como Clinic and at their women's clinic on University. My husband goes to the Woodbury Clinic. My daughter is at the Como Clinic (Pediatrics). We really love it and we

want this health care option to be available to me and my family through the University without costing a small fortune. The doctors are great and the accessibility (location and appointment times) is as good as it gets.

56. I feel fortunate to have this coverage. I have had 2 children since 2004 and my first daughter was born with a permanent nerve injury in her shoulder. We've had all of her clinic visits and in-home physical therapy covered since she was born and have had little to no problems. I just wanted to give positive feedback about this plan. I've also shown my insurance card to the providers at "Minute Clinic" and have been told how lucky I was to have this benefit.
57. Being a huge client advocate, I have had nothing but wonderful experiences with Health Partners! They always "fit me in," and have been more than accommodating (sic). Love them!
58. My experience, except for the length of time I have to wait for an appointment with my primary physician, is excellent.
59. This health plan has been excellent so far. There was a small issue when my wife and I moved from summer coverage to coverage for the academic year, but they corrected it immediately with a phone call.
60. My family and I have had good luck with Health Partners and our clinic, which is Northwest Family Physicians in Crystal. On a couple of occasions we were asked to pay a co-pay when at the ophthalmologist's office or for an MRI scan, neither of which is our primary care clinic, but we were subsequently reimbursed by the providers.

Good experiences.

61. We have been very pleased with Health Partner's (formerly Group Health) service for the past 37 years, with the Como Clinic as our base. We tried the UM Family Services Unit one year during the 1980s, but decided to return to HP, which was more convenient. At this point we see no reason not to remain with HP, though we now live across the street from Silver Lake Clinic in St. Anthony. As we age, it might be more convenient to use the SL Clinic.
62. Love Health Partners - the doctors have been great. Nurses are fantastic.
63. I have had Health Partners as my provider for over 30 years and have never had any problems with them. That applies to both medical and dental. I am very happy with my doctor and the Como Clinic. I get all my prescriptions through the Como Pharmacy and have never had any

problems with them either. The transition to RxAmerica was seamless for me.

64. Excellent in every way.....appointments, expertise, knowledge of patient as a "whole individual" versus treating a specific ailment.
65. I am very happy with Health Partners insurance. Doctors have been very responsive, done referrals when needed, etc.
66. I am very happy with health partners. I have stayed with them for over 15 years. Even when there were cheaper plans, I stayed with them - particularly because of pediatrics and OB/GYN.
67. Here are my comments on the Health Partners Classic plan.  
Since having Health Partners, I've been extremely happy. I was involved in a car accident in which my medical funds through my car insurance was exhausted, Health Partners, paid for the remaining of my medical expenses including a major surgery and continued follow-up care. Health Partners did not need to cover these expenses, but it has been a great blessing to know that I've received this coverage.

Likewise, I have been impressed that my annual physical and eye exams have no co-payments. Never have I heard of another insurance plan including this in the fees. It is sometime hard for me to believe that this is the cheapest health plan at the U with what I get covered as well as being able to see the physicians that I want to see.

Evidently, I am very impressed with the Health Partners Classic plan.

68. Both my husband and I are 60 years old. He had surgery in 2005 and I had surgery in 2007. His was complicated and required a referral to Mayo where the surgery was done to very good outcome. Mine was more routine, done by a Health partners Dr. with a very good outcome. In both cases the general docs made good referrals for tests and for second opinions. I feel we both got very good care on issues that were not entirely routine and appropriate resources were made available.
69. I have been utilizing the Health Partners medical plan for 3 years now. I stayed under their plan even after Medica became the University's base plan. I have been very happy with both the coverage and customer support I have received. I investigated Medica when they were first offered, but I found their plans quite confusing and their online presence lacking.
70. I have been impressed by the responsivity (sic) of the plan and it's comprehensivity (sic). It is by all odds the best we have ever had. This is

from one who has had extensivwe (sic) use of the plan this year. Unfortunately I have had several occasions to utilize the plan this year and have been very pleased with the help I have received. Thank you for all you have accomplished.

71. in regaurds (sic) to health partners classic. i think its a great plan and i hope it will be available in the future. I think the medica one sucks.
72. I've always had good experiences with Health Partners. I've been with them for 35 years. One must always remember that they are a large organization and be prepared for that situation.
73. Everything was fine (as has been the case for years) with my Health Partner coverage.
74. I have had good experiences with Healthpartners this year as I have in past years. I have had to go to the doctor a bit more than usual and my clinic and doctor have been very accessible.
75. I have not experienced any change as far as my dealings with my doctors or health screenings go. I was pretty careful which primary care physician or women's health specialist I chose, and I suspect my good experience is primarily due to my having built up rapport with these doctors.
76. My family (wife and 2 kids) and I have been with HP for a very long time and have received excellent care throughout. Given the excellent care and advise received over the years, allows me to feel extremely secure about any health care issue that may arise. I also appreciate their efforts in cost controls which keeps their pricing competitive among other providers. Thank you.
77. I chose the Health Partners plan because I know that Medica is managed by UnitedHealthcare (UHC) and, though I don't have anything negative to say about Medica, I don't agree with the philosophy and business practices of UHC. I have to say, I've been very pleased with my choice in Health Partners and hope to continue to have them as a health care provider.
78. I have gotten excellent service from HealthPartners in the past year. Their conversion to computerized medical records has resulted in doctors being able to have all information at hand and to provide the patient with written reports immediately. Last spring I encountered the need for two unrelated medical procedures—day surgery and an invasive test—just a couple of weeks before I was scheduled to leave to teach in Europe, and the doctors were extremely accommodating—even arranging the surgery for the next day after the need for it was determined. Recently when I was in

the Riverside Clinic for a lab test I was able to arrange within minutes to see a doctor and nurse for another matter for which I hadn't had an appointment. When a need for specialists has arisen, they have quickly referred me out to specialists with advanced care facilities.

HealthPartners has been very attentive to preventive health care needs, making sure important screening tests are done on a regular basis, and following through carefully when even remotely likely medical concerns were suggested by the tests.

79. I just want you to know that I have been very satisfied with this plan. For me the biggest complaint is that I have to drive a long way to get to my clinic but I like it well enough that I would probably not switch if I could find the plan offered closer to home.

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80. I have been extremely pleased with the care my family has received from HealthPartners. We have been through the normal run of childhood diseases and injuries and some very difficult health issues, including cancer and a number of surgeries. All along the way, we have been provided high quality care by dedicated health professionals. My children were treated by the same pediatrician throughout their childhood, even into college. People at our clinic, West, know us and are extremely respectful. Two of my children, who are now on their own have selected HealthPartners for their medical plans. They had a number of other choices, but wanted the same quality of care they received growing up. We have always felt fortunate for the wonderful health care we have received.

81. I am very happy with HealthPartners as my medical plan. I am not happy with the **RX America** prescription plan however, and would like to go back to having Healthpartners cover my prescriptions. Thank you.

82. Both my wife and I are under this plan and we are both extremely satisfied with it. Our experiences have been pretty much entirely completely positive. PLEASE keep it as an option!!

83. I think that I have a really good medical plan with Health Partners. I know that many Health Partner plans offer a **discount at the YMCA**. I would really like that discount for people use it.

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84. I have been very happy with our HP Classic plan over the last year. We have had no problems with scheduling appointments, or with treatment or access.

85. I had absolutely no problems with this product and I hope it's always an available choice.

86. I've been really happy with Health Partners and would hate to see the U drop them. I haven't had any problems with Health Partners and have had the best medical and dental care with HP I have ever had.

87. I know you wanted responses by March 7<sup>th</sup> but for some reason I just received this letter on Saturday. I am very pleased with my benefits. I have had two surgeries in the past year and neither cost me anything. One was a knee replacement and I know someone who had a knee replacement 2 ½ years ago and she said she is still paying on it. That was on a teacher contract insurance. My providers are fabulous and I have no complaints.

**I know it won't happen but I wish children who are full-time college students could be covered regardless of age.**

88. Aside from absolutely hating and being in constant fear of being forced to go to Regions Hospital, I love my Health Partners clinic (Como) for both medical and dental and my husband has been happy with his clinic (Inver Grove Heights, shush don't want to jinx it). I find their doctors usually listen and take the time necessary; they've even been mostly on time with appointments. That includes all my specialists at Riverside. Actually after more than 5 years of asking different cardiologists, this cardiologist explained so I comprehend the answer which is a big stress reliever.

Push for HP to be the low cost carrier because every penny I can save is saved.....

\*

89. Health Partners has been a very good choice for my family. We have good and easy access to specialists when needed and the customer service department has been good to work with when we have questions.

90. I feel well served by Health Partners. Would MUCH rather have their pharmacy back, instead of **RXAmerica**, however!

91. I have had a good experience with Health Partners, both as a covered employee and as someone who bills HP for services rendered.

92. I have found my experience with Health Partners to be excellent. I have felt heard by my primary physician and feel that I get excellent care. The entire paperwork process is smooth and I have not run into any problems. I have been referred to specialists as needed with things being discussed and explained to me in a very professional and respectful manner.

Con

1. Overall, I am very pleased with my coverage. I love my doctors and feel that HealthPartners is one of the best out there. **However, my husband**

**and I are having problems conceiving. I was shocked to learn that my coverage is only at 80% when it is an infertility issue AND that medication related to infertility is not covered at all.** This is a very difficult time in our lives. The fact that we are expected to pay additional money for something as complicated, expensive, and emotional is very frustrating.

2. I used to attend the Family Physicians clinic in Hwy 96 which had an excellent service. Since this clinic was closed approximately 2 years ago, the service at the Family Physicianss (sic) clinic in Roseville (sic) that I'm going now, is not that efficiency. I believe the doctors are seeing too many patients...they never follow up to even give results of tests. Trying to get an appointment through their appointment line, it takes approximately 1/2 to 1 hr time waiting on the line. To release stress, it is better to suffer through the illness than try to see a doctor.
3. The university plan needs to include the benefits other health partner customers have included in their plans, specifically the health club reimbursement benefit. If the university thinks we employees are going to participate the the (sic) "U wellness Plan", they are deluded. The majority of us do not have the time while at work. If it means paying a little more per paycheck, then at least give us the option of choosing this. And additionally, if they think we are all going to use university facilities, they are again deluded. When our day of work is over, we want to go home, and to a club in our neighborhood, not stay on campus to go the the rec center. (which if we all decided to use this facility, could not accomodate (sic) the numbers).

A friend and recent retiree from the univ. told me that the health partners plan they have through the university raised their cost quite a bit this last year. She and many of her friends decided to go directly to healthpartners and what do you know, they could purchase a better plan for less money directly from health partners vs. a lesser plan through the university. Doesn't seem like the university is looking out for its employees or retirees now that they are self-managing.

4. I have Health Partners and have had it for years. I like the clinic staff, but am becoming increasingly frustrated with the overwhelming amount of paper involved and the mysterious lack of detail when it comes to bills and information related to visits.

Some clinic visits result in multiple pieces of paper being mailed to my home. The forms have a date and usually a physician's name and in the body of the form there are codes attached to a meaningless phrase such as "out patient services". Following that are costs, provider share, etc. It says clearly these are not bills, but there is little useful information on

these forms. Some visits where I see someone and a test is done end up producing multiple forms - one for the person I actually saw, one for the test, another one or two for someone who is probably reading the test results.

Lately I've been receiving bills from Regions Hospital. They are apparently related to hand therapy visits I made to Health Partners Specialty Clinic in St. Paul months ago. No one there collected money from me when I showed up for the visits. Months later, I started receiving vague bills from Regions. When I called to ask what this was about they said it was for the hand therapy visits and I was being billed for costs not covered by my insurance. If the place is a Health Partners clinic and I was referred by an HP doctor, shouldn't they have been able to collect the money at the time of the visit? If they had, I would have been able to ask about the charges and would have understood them. Months later I get bills. When I asked the Regions person to send me the accounting that resulted in my having to pay, she did. It meant nothing to me - again lots of codes. I end up paying the bills, simply because it's easier than figuring out what happened.

Another billing related issue happened a couple of years ago, but apparently is still a problem. I went to an HP urgent care clinic for a wrist injury. The doctor offered me a wrist brace and I asked how much it cost. He didn't know and I took it thinking it would probably be very cheap. Later, I got a bill and was stunned that something I could have purchased locally or on the internet for \$20-30 was marked up so much that the 20% of durable medical equipment that we're supposed to pay was about the same as the retail price. I accused them of fraud and they defended themselves. But at the hand therapy clinic last fall when I was offered a piece of equipment, I told them that I would not buy it from them and explained why. The therapist said she thought I could buy it cheaper from their HP pharmacy, so she took me there and helped them find what I needed and it was much cheaper.

I no longer feel comfortable with HP as an insurer. I do still trust their doctors and clinic staff. It's the business practices that frustrate me. If the clinics, the hospital, the pharmacy are all Health Partners, the relationships should be seamless and easy for me to understand.

5. I greatly appreciate Health Partners. I like that there are a variety of doctors available. I had a health problem, and 4 doctors said they could not help me, but I found the PMS specialist and she was great and helped me through a very difficult time. Unfortunately they have fired her.

My big concern recently is the overhaul of the medical health program. They closed the University Ave. clinic, and have not provided alternate

options that work for me. Truthfully I have not pursued it very actively, as I have not had need to.

My other concern is that two of my health care providers are getting close to retirement age. As I have worked with one doctor (G.P. and my dermatologist) for over 20 years, I have built a strong relationship with them - I know them and they know me. The fact that they will retire but that my needs continue on, is a concern to me. I hope that when the time comes, Health Partners will team up a new physician to work with the present one for a time so we get to know them for a smooth transition. Rather than, as in the past with the medical health providers, sending me a cold letter stating my physician is gone - and it's just too bad.

The issue with Health Partners is that the patient must always take the initiative and seek out the services needed. The system does not help you - so for people who are shy or uninformed it can be extremely difficult and overwhelming.

Thank you for giving me a chance to air my thoughts and concerns (sic).

6. I have had HealthPartners coverage for many years. For the most part I am very happy with their coverage.

One thing that I encountered this year, I was not very happy about. I believe it is true for many insurance companies, but I think the issue should be addressed somewhere. I'm sure others have encountered the problem, but it is somewhat of a delicate issue, so maybe others do not want come forward. I was happy to see that our identities would remain confidential.

Here is my issue: My husband and I have been going through infertility analysis and treatment over the last year and a half. My doctor discussed our options with us. I was forty when we went to him and my husband's sperm was diagnosed with low motility. He said that the first line of treatment is to try working with Clomid. I would take the drug and then when an ovulation test turned positive we would go into the office for Artificial Insemination. The doctor said that we should give this method six attempts before trying more expensive and in some cases risky methods.

We were unsuccessful all six times. We returned to the doctor's office to plan our next method. One of the things that the doctor said was that Clomid doesn't work for everyone. In fact, there are many women where Clomid actually decreases their fertility. At this point, he said that three routes were open to us. One was IVF (In Vitro Fertilization). My clinic would not be able to help us with this. He said that clinics in town that can provide IVF will charge about \$12,000 - \$15,000 per attempt. Looking at

the statistics, success rates are about 20 - 25 percent, this was too expensive for us. A second route was donor sperm. Since my husband's sperm has low motility, it is possible that if we used another's sperm that we would have luck. However, my husband and I would like a child that is genetically his own, if possible. So, we went with the third route which was to use an injectable fertility drug. The drugs would be expensive. I needed to get preauthorization from the insurance company to have any of it covered. I would need to come in for ultra sound screenings and two artificial inseminations each month we tried this route.

To get preauthorization from the pharmaceutical company, they required that other drugs had been tried and failed. I had that with the Clomid. They approved the drug for me. I would have to pay 20% of the cost which has been about \$300/month.

After the first month of trying this method, I received a bill from HealthPartners for the total amount of the insemination costs. The insemination rate at the clinic is about \$340 per insemination. I called the HealthPartners customer service line and found out that the insurance only covers six inseminations. I can have six more only after I have a pregnancy.

So, my complaint is that this system is kind of a catch 22. The pharmaceutical insurance and the doctor's office want a woman to try the cheaper route first - the Clomid. But, this won't work for everyone. When the woman moves on to the next line of treatment, the health insurance company says, she's used up all of the eligible insemination attempts. The woman will have to pay out of her own pocket for all future inseminations.

It seems to me that the University has granted \$5000 of infertility benefit to employees every year and that we should be able to use that benefit to cover additional inseminations when we are trying a new method of infertility treatment. I can understand why they would say only 6 tries with the Clomid. For women who are going to benefit from Clomid, 6 tries is usually sufficient. But there are others who do not benefit from Clomid. We can't try the other drugs until we know for sure that we will not benefit from Clomid. Once we have closed that door, we lose the insurance coverage.

Any changes that are made to the insurance policies will not affect me. By the time anything could be done, we will most likely be finished trying to conceive. I am writing because I do not think this is a fair policy and hope that women who may be in my position in the future would benefit from my writing this. This is a stressful time in a woman's life and the additional expenses associated with this do not help matters any.

Thank you for your time and consideration.

7. I am very satisfied with the care I have received at Health Partners. They have expanded their network and its easy to see a specialist.

The only issue I have is the limit on Physical Therapy. They place a 20 visit limit per year (not Jan.-Dec., but the year starts when you begin treatment. ex. I started treatment on my Achilles tendon in Nov., so I won't get another 20 sessions until this Nov.) Usually I wouldn't use them up, but I had a fall and hurt my back while on vacation. I'm getting to the maximum fast and will have to get an exception.)

They also don't let you get more than 1 visit a day per body part. Since I had two issues at one time, I wanted to schedule the sessions back to back to limit my time away from work. They wouldn't do that, so I had to visit on two separate days.

Otherwise, I like my doctor at Riverside clinic and the ease of using their on-line system is a bonus.

8. Medical by Health Partners

- does not allow for discount for monthly fees for the YMCA. What about all this **Wellness** hoopla that the U is currently endorsing? If that doesn't promote **Wellness**, nothing does. C'mon, let's get that perk.

- no discount for eye glasses at any optical stores, Lens Crafters, Vision World etc. Other medical plans promote discounts.

- what is this new rule that doctors have to get approval to request CT or PET scans now? Get that changed immediately. Patients can't always wait for these approvals from non-medical personnel. Doesn't Health Partners have to get permission from the University to make a big change like that?

- physicians at my clinic all seem to be part time and it is hard to get in to see my primary physician because she is not in my clinic every day. What's the purpose of having a primary physician then?

- now that we have a life-time \$ limit, the amount to be totaled that goes to that limit should be the amount of that charge **MINUS** the provider responsibility, **NOT** the amount that was originally charged. There is an agreement between the insurance company and the provider how much to be paid for each procedure and this is the amount that should be totaled. Why isn't it?



9. Dental Plan by Health Partners

- I have been distressed by the high cost of replacing fillings with expensive crowns. This has happened twice over recent years and the cost is always beyond the \$1500 coverage provided by HealthPartners. I would be delighted to pay a higher premium if the coverage was consistent with the cost.
10. they keep raising the cost of procedures dramatically so that the \$1,000 or \$1,500 limit is so quickly reached without having many procedures. Either lower the charges or raise the limits.
11. RE: Health Partners Riverside. Not enough doctors to handle patient load, so it seems, necessitating short appointments for 20 minute (or even less?) duration. Specialties like dermatology are next to impossible to schedule in a timely fashion.

Hate the fact that HP has focused itself on East St. Paul with its new specialties center and Regions Hospital affiliation.

12. My question is, why aren't more tests taken. I went for a physical six months ago. The only thing done was a blood test that I had to ask for. I am 68 years old and the Dr. didn't suggest anything. Later I got something in the mail listing all the tests you should have done for a woman my age. I would like to see alternative care covered.
13. I'm writing with a few comments about my family's experience with HealthPartners U Classic Plus over the past year. In addition to me, my wife and two small sons (1 and 2.5 yrs old) have UM health benefits with HealthPartners.

Overall, our experience has been very positive. HealthPartners offers good care, good choices, and relatively good coverage. I appreciate the quality of care we have, the benefits provided through my employment at the University, and the fact that we have choices. I hope that HealthPartners continues to be a medical plan choice for employees of the University - and I hope the University can continue to negotiate reasonable rates and keep the cost to employees down with increases to a minimum.

Our family's only real concern with HealthPartners in the past year has been with the urgent care system. At least three times in the past year we have had a sick child that needed to see a doctor in the evening or on a weekend. We were required to call to make an appointment at an urgent care clinic, and when we called we remained on hold indefinitely. Sometimes we had two phones calling that number, both on hold, with a crying infant in one arm, and no answer after upwards of 30 minutes. On

one occasion I went ahead and took our child to the clinic and once there was told I should have called to make an appointment (but a doctor did see my son an hour later). One two occasions we took our son to the emergency room after no response calling urgent care.

The problem seems to be a lack of telephone service. When we cannot get through on a line (which is advertised as a line to reach a nurse or make an appointment) for over 30 minutes, we are forced to consider whether or not our child's condition merits a trip to the hospital emergency room. This isn't a good alternative to urgent care from our perspective, and it can't be a cost-effective system for HealthPartners. We told HealthPartners about our concern, and also told our pediatrician.

Our most recent visit to urgent care, in February 2007, was much better. We were told that the procedure now is to come directly in to urgent care, rather than calling ahead to make an appointment. While I'm not sure this will always work well either (I hope to not have to wait for hours for care), it was a welcome change. We also identified urgent care clinics not run by HealthPartners but that are covered by our HealthPartners medical plan (Aspen Clinic in Bandana Square, St. Paul, for example). These should be made more well known to plan subscribers, as they are not always as busy and may be closer to home. Can the University do anything to let people know more about options they have for urgent care (or other special circumstances)? I'm aware of the minute clinics, etc, but these don't provide the services that urgent care clinics do.

I have two other comments about other aspects of the U Classic Plus plan: 1) medical equipment, such as a knee brace, is covered at 80% of total cost. The cost to employees seems excessive, and I would hope the University can negotiate a better split than this. I paid \$320 for a knee brace that is critical to my mobility. I understand that this kind of equipment is expensive. 2) The first \$70 of contact lens fitting (eye exam) is not covered. This is unfortunate, as contact lenses are simply an alternative to eyeglasses - not purely a cosmetic election. If one wears glasses or contacts he/she needs to have his/her eyes checked periodically. For contact wearers, they will always be required to pay \$70 to have this done, while eyeglass wearers pay nothing. It doesn't make sense.

Thank you for requesting comments about the U benefit plans.

14. I have been ALMOST completely satisfied with UClassic Plus/Healthpartners this year, as I have in the past. All my and my husband's health care needs have been attended to quickly, appropriately, and well by the health care professionals.

The only complaint I have with this plan is that for non-urgent medical needs, their SCHEDULING SYSTEM is often "broke". That is, they have no openings in the next couple of months AND... they don't have the months after that available for scheduling. Thus, they say "call back the beginning of Sept.". So you do... and they have nothing open for the next couple of months AND... they don't have the months after that available for scheduling. So they tell you to call back in the beginning of October.. and... It is a vicious spiral....

But the health care professionals in this plan are great!

15. I have had good experiences this year with follow thru by the Health Partners payment system. There have been no paperwork problems that I have caught yet anyway.

However, it is taking 6 months for me to get a 'routine' physical appointment with my doctor due to her limited office days and apparently large caseload but that is not a benefits problem but since the physicians are part of the package, it's hard to separate that out.

16. In general I have been happy with Health Partners. My doctor left the clinic and I have a new one and at this time am reserving judgment about him. My previous doctor was fairly aggressive in treating my issues and I am waiting to see if this one will do the same. He seems to have a rather reticent personality and I want to see if this was due to the day or is what he is really like as a doctor.

When I was diagnosed with a blood disorder my appointment to see a specialist took six weeks but once I got in they were thorough in testing and treating the disorder. I go in once a month now and get tested. I did have some communication problems with the dental department. They failed to notify me that I was due for a regular exam and I went over a year without one. We disagreed who was responsible for follow up or notification but this was a minor issue. When I broke a tooth they were prompt in getting me in and treating it. I have been with other plans but have chosen to stay with HealthPartners because I am satisfied with them.

17. I am the spouse of a U of M employee and I think the U of M health insurance programs should cover health club reimbursements such as at Lifetime Fitness. Lifetime said that Health Partners now provides health club reimbursement, however, when I applied for it, Lifetime said the plan I was on did not cover the reimbursement. I would think the U of M would want their employees and spouses to stay healthy and therefore should offer this reimbursement as an incentive. While I understand the U of M has a fitness center, that is not a benefit to spouses who do not work on

campus. Can the U of M offer the reimbursement program at Lifetime during 2007? If not, can you tell me why you are not participating in it.

18. I would like to comment on why some health care plans give discounts to recreation centers (gyms) and Health Partners doesn't.

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19. Needed benefit would be use of a fitness center to include swimming pool, aerobic equipment & classes, weights, & heated therapy pool.

20. We should be allowed to take advantage of the health club reimbursement for facilities other than the U of M Rec Center. I have a disability and it is not realistic for me to park and walk across campus to work out so I go the JCC near my house which is easier, however I am not able to receive the \$20 per month reimbursement from HealthPartners, despite working out over 12 times a month. If the U is serious about supporting employees health and fitness, it should not matter where we choose to workout. The Rec Center is not ideal for adult staff who live off-campus and workout on weekends and late nights. My hope is that someday soon we can change the policy to allow us to use other gyms closer to our homes. Thanks

21. I am an employee that works in central Minnesota. It would be very beneficial to me to have the health plan pay for or partially pay for health club/fitness center memberships. We have no access to the fine facilities that the university offers. I do participate in the online wellness program and telephone visits, but I can tell you I get more benefit from working out. Many of the members where I workout have some form of payment for attending or attending a certain amount of days per month. Please consider providing this benefit for the 'outstate' plan members.

22. I think it is too bad that the U of M does not participate in the health club reimbursement plan. I am a member at the YWCA Uptown and think it's a great benefit.

23. I would like to see a discount for YWCA membership. Many companies offer a \$20 per month discount on health club membership if you visit the club 2 times a week and you're a Health Partners member.

24. I go to my YWCA on a regular basis and have lost that benefit since I began working at the U of M.

25. I understand we get a discount on the University gym membership. However, that is useless to me. I don't live on campus and have a life outside of work. To expect me to utilize a gym at an inconvenient location is unreasonable and is in-effect NOT a benefit to me. It's a cheap way for the University to claim a benefit for an employee while NOT actually

offering a tangible benefit.

26. We need reimbursement for regular, formal and supervised preventive exercise at a club or other, similar program. For example, as a cardiac patient, with prostate cancer, I work with an exercise physiologist twice a week and alone but under her guidance once a week. This made cancer surgery more effective and my recovery quicker, and has also benefited my heart, as well as my general health status. All of this helps me, my family and my insurer's costs. My partner has her costs covered by the Minneapolis Public Schools; I too should have such coverage!
  
27. Folks: I went to my local YWCA this morning to sign up for membership and noticed a poster from Health Partners advertising the "It pays to stay fit" program which offers members a \$20/month discount if they work out at least 12 days/month. When I gave them my Health Partners card, they told me the University does not participate in this program. I was extremely disappointed to learn this and think this is very short sighted from a "wellness" point of view. I have participated in "It pays to improve your health" for nearly a year now and have found that it has changed my health habits very little, if at all. A 5 minute conversation with a health coach once a month does not make me more active or fit. On the other hand, a \$20/month incentive for working out at least 3 times per week at the "Y" would very likely get me to do that which in turn would certainly improve my fitness/wellness. This would cost the University or Health Partners not more than \$240/year. I have a colleague who works for Hennepin County who is given \$1500 every year to spend on wellness/fitness which he very much takes advantage of. He can buy exercise equipment or a fitness center membership. I have been watching for the University or Health Partners to provide similar incentives and have sadly found them virtually non-existent. Please let me know if and when this situation is likely to change. Thank you.
  
28. As a new staff member who enjoyed a similar benefit with my previous employer, I would like to see the U take advantage of fitness programs Medica and HealthPartners provide. I believe each of the insurers partner with Ys, LifeTime Fitness, etc, to offer discounts on the monthly fee if you use the facility a certain number of times per month. Through my last employer I received \$20 off the monthly fee if I used the Y 12 times per month.
  
29. Thanks for asking about our health plans. The only thing I wish is that you had the deal with the YWCA that stipulates that after so many visits to the Y each month, the membership fee goes down. This would really improve my health more than any other gimmick.



30. Not sure if this is a HealthPartners complaint or a complaint about the U's plan that they have purchased, but many HealthPartners plans will pay a small amount of a policy holders health club fee if they work out 12 times a month. My gym participates in this plan, but I was told that the U's plan number is not covered under this program. Given the amount of encouragement that we all receive to work on our "Wellness" I found it ironic that the U would choose a HP plan that did not have this wellness increasing feature.

31. I am an employee and was impressed by the variety of health care options that the University offers. However, I was disappointed to see that these benefits were not available to all domestic partnerships, only same-sex.

I have been in an opposite-gender domestic partnership for almost 6 years and was very happy that my previous employer (UnitedHealth Group) offered benefits for myself and my partner.

While my partner and I could legally be married, we both have strong moral objections to the exclusiveness of marriage and do not feel that marriage is currently an option for us.

32. I am happy with the benefits offered by the University of Minnesota and would like to be able to include my partner. I wanted to write to let the University know that there are employees that wish for (and would benefit from) coverage of all domestic partnerships.

33. Our experience with health partners this year was fine as usual. we have been members for most year since 1965!!!!!!

But what is bothersome is that our drug insurance was passed to another provider. this is a pain in the neck since i prefer to buy our drugs in the health partner pharmacies. it is especially bothersome if one wants to order the drugs by mail!!!!!!

The only poor experience is that my handicapped husband seems to have a lot of bother getting renewals for his physiotherapy. Without this therapy he would end in a wheel chair within a few months. Maybe you could look into this!

34. Dental

Thanks for the chance to voice my opinion. Unfortunately my major complaint is with the annual dollar limit for Health Partner's dental. After being covered by this plan for over 30 years, I was shocked and concerned that only \$1500 is covered annually. I just had xrays and minor dental surgery done and have reached my limit...I guess cleaning and repair of a broken tooth will have to wait until next year!

.....

35. I'm particularly bothered by Health Partner's willingness to pay unnecessarily inflated prices for medical equipment. Let me cite one example. I use a CPAP, a device used for sleep apnea. HP contracts with a local supplier to provide the device for \$1200. The very same device is easily available for \$349 elsewhere and in one case on the Web for \$289. This inflates our premiums.
- In another instance, one that was finally resolved, Health Partners billed me this past July for \$317 for a physician visit and for the lab work she prescribed. The claim, submitted by Health Partners to itself (try to understand that logic), was denied. It turns out, after a significant commitment of my time to resolve this, that Health Partners was missing some information, which they got when they "fixed their system", whatever that means. I've had similar problems with billing errors before, one of them earlier in 2006. Seriously.
36. There still appears to be some level of confusion related to RX and acquiring prescriptions for a 3 month period of time. I honestly don't think that it is HP but rather more RX. Just my personal experience but, nevertheless, frustrating at times. Thanks
37. RX America: -The only problem I have, is that no matter what amount of quantity of pills my doctor writes a perscription (sic) for, and for duration/renewals. RX america has always changed it.

For example. I get zyrtec and singular. My doctor tries to write me a 90 pill 1 yr prescription (sic). I use Praire stone pharmacy out of a Lunds. RX America will only give me a 30 pill supply and with only 2 renewals. Some times the co pay is under 5\$ and sometimes it's 10. I just don't understand.

I had Medica Elect & Essential: - This year I dropped them, for Health Partners. I had several bad experiences with Medica. Specifically in regards (sic) to how it's employess (sic) mishandled my medical records, and referrals (sic), and thus billing. It took several months to sort out. Also in my mind they provided less coverage than my former years with health partners. I found Medica staff friendly, but it was very very stressful dealing with them. I really really hated having to deal with their whole referral (sic) process.

Harris Health Trend: I am totally offended by this company. Why? Because they did not give me an opt out option via mail or email. They just wrote that they WOULD call me. They called my home phone many times, then contacted me via my office. I told them I wasn't interested. Then they or the U sent mail and emails to me many times. This was last year. So far this year they've called me twice. I feel it's total harassment (sic). I've put filters on all my email and phone so they can never contact (sic) me

again.

Other - Hello, I am writing to plant seeds and spread info. which could benefit insurance companies.

I teach a Class, and each semester I bring in a speaker on Organ Donation. Mr. Klenz told us that in Europe, everyone is a donor. There are no waiting lists if you need an organ. If you don't want to be a donor, you put it in writing, then if you need an organ, you don't get one. In the states, we have 70,000 people waiting for organs. I was concerned for the families watching their loved ones, often dying before they get an organ.

Recently I realized that if insurance and health care agencies were to add up costs of the sick people waiting for organs, hospital stays, doctors, medications, tests, travel etc. it would be quite a sum. I'd really like to see a law passed that says "everyone is a donor." Everyone would benefit! Could you pass this info on please? Thank you for your time.

38. I belonged to HP for 26 years, but switched this year to Medica Insights. I felt that I had gotten very good care from HP, but changed because I no longer wanted to be restricted to one HMO. My desire to change was increased by some recent changes in HP. They are increasingly using "specialty centers" which are not conveniently located. I would like to be able to use hospitals and special services in downtown Mpls, where I live, instead of driving to St. Paul to Regions Hospital and the HP Specialty center there. Also, this change separates primary care physicians from specialists, thus preventing the kind of communication between them that I believe is very important to patient care. One of my left left HP recently, citing this as one reason for his departure.

Another reason for my change is that I travel a lot (I am on phased retirement) and there are many more doctors available to me in other parts of the country through Medica. HP has made it easier to see doctors out of area the Twin Cities area, but they still restrict you to one network (Cigna).

So I am continuing to see my doctors at HP, but I like knowing that I am not limited to these doctors.

Thanks for your work on this task force. It is greatly appreciated.

39. Bridging the gap between retiring employees departure and medicare is a serious issue for many U of MN employees. I am hopeful that soon retiring employees (sic) will be able to take any unused sick time with them to apply towards an account that would help them bridge this time

span.

40. I had one difficulty with RxAmerica. I was prescribed a medication for which the formulary permits coverage only if another less expensive medication has been tried first. The other medication had been tried. The switchover came just as my U Classic Plus coverage became effective. A HealthPartners pharmacist called RxAmerica to explain the facts in order to get the new medication approved. The RxAmerica agent would not accept her statement about my medication history. The agent insisted that my physician approve the new medication, which he already had by writing the prescription for the new medication. In other words, the agent required a separate statement from my physician on the issue. This resulted in three days delay in my getting the new medication and another trip by me to the pharmacy.

.....

41. Thank you for taking time to review comments regarding on our health care benefits here at the U. I have had generally positive experiences when using my health care provider -HealthPartners. I think HP is doing pretty well in trying to encourage proactive interest by members in their own wellness. I do feel however, that HP appointments are hard to get in a timely manner unless you have an urgent condition. I have quite often been frustrated with long waits on the phone to make an appointment for myself or my daughters (curr. aged 14 & 16) and after finally getting to through to the office person, finding the available appointment times far in the future-- unless it is an urgent matter.

I do think the staff of MDs at HP has an overly senior slant when you look at the average age of the staff doctors. Why aren't there a few more younger MD's available? Experience is good, but so is a good mix of senior and junior aged staff.

I also have HP Dental Plan coverage for myself and daughters. I think that the coverage is generally good for routine dental appointments (i.e. exams, cleanings) but the fact that we have to pay the difference in price between mercury-containing amalgam fillings versus resin-based is not right. There is mounting evidence that even this small amount of mercury could be detrimental to human health. Anyone paying attention to this issue realizes that it is prudent to avoid the amalgam fillings. We should not be penalized to do the right thing!! I urge the BAC to lobby for full coverage of non-mercurial fillings in all dental plans. Obviously there is the aesthetic benefit of non-amalgam fillings as well.

Thank you for listening,  
Please fight for these improvements.

42. All HP customers get a glossy HP newsletter in the mail. They should make sure that they are not sending information about programs that are not covered, included or otherwise a part of the plans of the people who receive the mailing. (I was very excited to finally have the benefit of

getting part of my gym membership paid for as a part of the "frequent fitness" program that I read about in an HP newsletter, but I soon found out that it was not included in the Us specific plan. Very disappointing.)

Therefore, #2 -- I think that the U should be participating in the "frequent fitness" program.

I think HP does a decent job otherwise, though it should stop working with ChiroCare and find a new managed care partner for that...I had a billing problem them that is still not quite resolved completely!

43. Thank you for the opportunity to comment on the University health plans. We've been very happy with HealthPartners for years and have only one complaint.

Last year, a \$10 charge (that we had paid) mysteriously re-appeared on our bill. When we called about it, the HealthPartners representative admitted that they had received our check and agreed to remove the charge.

Within the week, we received a somewhat-threatening letter from a bill collection company acting on the behalf of HealthPartners, looking to collect this non-existent (sic) charge. When we called to tell them of our conversation with HealthPartners, the collection representative said that this sort of misunderstanding was common and that they would retract the collection action. When we called HealthPartners to complain, we were told that this sometimes happens and not to worry.

Nobody likes having 'the dogs' set on them, especially as the result of incompetence. I suggest that HealthPartners could improve their service by giving their members the benefit of the doubt before jumping the gun. A good credit rating can easily be destroyed by such a 'misunderstanding'.

44. I find myself delaying making a medical visit because of 1) the copays and 2) the quality of service (U physicians).

The second 2) point only indirectly is a comment on Healthpartners. Unless: I don't know if there is financial incentive paid to U physicians to keep patient visits down, but that is the effect of the sudden decrease in quality of the communication during my most recent office visit.

It's too bad, because up until this fall I had a good working relationship with my Dr. And my health had

significantly improved. But that physician moved on, and just about everything seemed to fall apart.

Again, this isn't a direct comment on Healthpartners, but only in so far as they contribute to the diminished quality of care provided by University Physicians.

45. Generally good for the following:

- 1) Wait times are minimal with an appointment
- 2) Convenient since most clinics also have labs and such, and you don't need to run around to too many places
- 3) Historically, it is usually the cheapest plan, but that may no longer be true.

BAD things that they need to work on:

- 1) Can't talk to a doctor about more than one thing without a second appointment (given 10 minutes and most of the doctors hold you to that)
- 2) Can't maintain a regular physician. They move and switch and it's useless. I have tried 3 times, but to no avail. So, now I don't bother trying to find a 'regular' primary care doctor, although they encourage you to do so, they don't seem to make an effort to keep them around.
- 3) The worst thing by far - their Dental Clinics and the clinics inability to schedule routine appointments into the future. I cannot set up a routine checkup and cleaning 6 months ahead of time. They tell me their scheduling books are only opened up about one or two months into the future. I am supposed to call about two months before I want my appointment. I call, and the books aren't open. They tell me to call next week. I do, and all of the appointments are taken. They LIE about the scheduling books and it irritates me. I have been with the Riverside Dental Clinic (Health Partners) for 20 years cause I like my dentist. But, every appointment it is a two or three day struggle to get arrange it with him. Under our plan, I am supposed to get at least two visits a year, or more as needed. Health Partners cannot guarantee something as simple as this benefit in our plans due to their inadequate business practices regarding scheduling appointments.

Finally, they better be the low cost carrier again. One year, I switched to State (now Medica) and used the Fairview system. HORRIBLE - I had to go to different places to get things done that I could do in one place with Health Partners, and that meant spending half an hour to an hour filling out paperwork at each place!!

Never again!

Now do something about complaining to Health Partners to facilitate scheduling at their dental clinics!!

thanks for letting me vent - as if you have a choice!

46. I and my family are covered by Health Partners Classic through the U, and by Medica (some version of Medica -- I don't know which) through my husband's employment. Our care through Health Partners has been fine, even exemplary, and we've dealt with a variety of different clinics (specialty and regular). The appointments process works better (online plus telephone), with a greater ability to get appointments more quickly with the particular doctors we want to see.

My only complaint is with the coordination of benefits process, and it's hard to say whether the problem is Health Partners (which is primary for me, secondary for my family) or Medica (primary for everyone else, because of my husband's birthday). Probably both. I've spent many telephone sessions with the two insurance carriers and with various doctor's offices to get claims run correctly through the two systems. I would hope they can work out things out so there's more clarity on coverage when there are two carriers and so that the process of running claims through goes more smoothly and clearly. I have a huge pile of "this is not a bill" statements from both carriers and have little idea what we'll really have to pay out of pocket (and consequently little idea what to file for reimbursement under our health reimbursement accounts before they expire for last year).

Thanks for collecting these concerns and passing them on.

47. I have had to change either my plan, my clinic or my doctor too often to have formed any attachments. At present, I do not have a doctor.

I have a clinic over by Silver Lake in NE Minneapolis. I drove past it one day to see where it was. Since then, however, it has been relocated and now I don't know where it is.

My favorite was HP Spring Lake Park. It was smaller and close to my home. I thought I was finally settled but the clinic was closed. It was a brief period of satisfaction.

The mammogram I had at HP Riverside a few years ago was horrid. The examination cell, dim and smelly, blue-gray and freezing cold, the sticky steel machinery, the icy poking fingers of the technician, my poor boobs ... It was my first mammogram and for certain, it will be my only.

The colonoscopy I had a couple years ago at the HP Spring Lake Park was not so bad. The moon pants were comfortable, discrete and

humorous. The procedure was painless and fascinating. The doctor was efficient yet unmemorable, which is exactly what you want in your ass doctor. I will do that again if ever I must.

I don't go to the doctor without a reason to do so - I'm shy and want to keep my clothing on. But I am fifty-something and know I should be better connected to my health care. Since the onset of menopause, I might have welcomed having someone to talk to and maybe some relief from the symptoms.

But to answer the question that was posed: What are my comments, positive or negative, regarding experiences with my medical plan in the past year?

ANSWER: I have had no experiences with my medical plan and/or anyone involved with it in either 2006 or in 2007. Requiring us to start over with new plans, clinics, and/or doctors each year makes me wonder if anyone in the entire industry has a clue about their purpose. In truth, I believe that individuals should purchase their own health care coverage if they want it and it should not be an employee benefit at all.

48. I use a CPAP machine and 80% of it is paid for by the insurance.

Problems.

1. Health Partners policy is to lease the machine instead of outright buying it. The cost is much higher because of this policy. Who benefits from this???

2. I get a bill for my 20% for CPAP services that are 6 months old or more. I asked Health Partners why this was and they said because the CPAP provider (Praxair) didn't bill them for services in a timely manner. I called the CPAP provider and they said they didn't bill me my 20% until they received the payment from Health Partners and it was Health Partners fault. Even recently I have seen a bill for CPAP lease and wonder how long this is going to go on?

3. Lastly, Why don't insurance companies provide a positive incentive for using fewer services? Like a reimbursement to people who use few services. - Instead of raising the rates because of claimed overuse. Seems to me they are the ones in the drivers seat here.

49. I saw my doctor once or twice the whole (sic) year for about five minutes each time before sent off for lab work. I do not know whether I am healthy or on the verge of expiration because there never was any feed back or suggestion and the physical I wished for never materialized.

50. My experience with the UClassic HealthPartners plan has been frustrating. HealthPartners limitations on physical therapy is really restrictive in the first place, but add to it this particular plan, and it's downright horrible. There seems to be no rhyme or reason for it....if I could get the appropriate physical therapy on a therapeutic (sic) timeline (I should be going 2-3 times a week, but this plan only allows for 12 visits, so I can only have PT once a week), I wouldn't need to go to the doctor as frequently or have the doctor telling me if PT doesn't work then I'll have to have surgery. PT is cheaper than surgery!

51. I would like to commend the University for adding infertility coverage this past year. I had to pay out of pocket in 2002 & 2005 for in-vitro fertilization and two rounds of frozen embryo transfers at a cost of \$20,000. Given my salary at the time, this was an ENORMOUS financial challenge. We chose this route after exhausting the completely useless procedures that were covered by the University at the time, and that were utterly ineffective given my infertility diagnosis. THAT was a true waste of resources - comparable to treating a broken arm with a bandage on a leg. Identifying infertility as a necessary medical treatment is a huge step forward for families like mine, and helps offset the tremendous financial burden we endured prior to the minimal coverage now in place. Although the coverage is still inadequate given the cost of infertility treatments, it does help somewhat, as does the prescription coverage.

Second, I would like to comment about autopsy coverage, or the lack of coverage. I think a blanket policy against autopsy coverage is short-sighted. When my 12 week old child died in March, she was undiagnosed despite two weeks of hospitalization prior to her death. Her pathology results were absolutely essential for us in not only determining if my surviving child was at risk for a genetic condition, but in determining our risk for future family planning. This doesn't begin to speak to the need for a family to have answers for an unexpected death of a child. Additionally, my insurance did not cover a genetic assay to determine if she had any genetic deletions or abnormalities, which may have uncovered more about the cause of her disease. This, too, would have gone a long way in determining the safety of future family planning for myself and my surviving child. I think that there should be exceptions to rules in the case of a child's death and the future risk involved in not properly determining the cause of that death.

Thank you for your time and for requesting comments. I believe this is the first time since I began working for the University in 2001 that my opinion has been requested, and it is much appreciated.

52. The referrals from one Doctor to another really add up, \$30 for one problem, not to mention your time. It's very difficult to get appointments with some specialty areas - 3 1/2 month wait. The other side is some Doctors are wonderful and really go out of there way to help you. You just need to find the good ones and be willing to drive at an inconvenient time.
53. I am enrolled in the UPlan and have had no problems. The only thing I don't like or that is very frustrating is that I have to either change insurance or my primary care provider every year. The optimal thing would be to keep my primary care provider who knows me and all my medical history. However, in order to keep the expenses down I have to change providers. It would be nice to be able to keep both expenses down and the same provider.
54. The quality of service at Health Partners has dropped and not recovered since the last reorganization 2-3 years ago. Appointments are much easier to get but doctors and staff time allotted for each visit is too short to provide good care. One is usually allotted 15-20 min. per visit in that time one is supposed to report all symptoms concisely, reveal potentially embarrassing details, and admit to fears all to someone one may be meeting for the first time. The screening questions that introduce each visit can set a defensive tone: do you drink? do you smoke? are you in a stable relationship? do you feel safe at home? If one can answer yes to all these one wonders "why are you asking"? do I look like I smoke, do I look abused? Very odd "ice breaker".

My daughter experienced very poor care, she came in for a follow up on a potential thyroid problem and the internist she saw ran chlorestero (sic) tests instead, called us (her parents: she is over 18) with the results and said they were all normal she was fine. Her chlorestero (sic) levels were normal but her thyroid hormone levels were not. She went to an endocrinologist a year later because she could feel that her thyroid was getting bigger and she was having symptoms. Her endocrinologist was not pleased that no baseline work had been done. She did have a real problem, she was dismissed as imagining things and given wrong information and irrelevant lab work and if she hadn't looked at her lab results on line after that system became available and discovered that the wrong tests had been done she would have gone even longer without treatment.

Health Partners dental: to save time dentists are treating 2-4 patients simultaneously. It probably controls costs but one sits in the chair with ones head upside down for what seems like hours as one waits for the dentist to come back. One feels their time and comfort is not valuable. One does not feel confident they are getting good care from a dentist who is rushed, distracted, and multi tasking.

I have been a health partners member since 1968. I have seen a lot of changes. The facilities look great but I would go back to the utilitarian model to get better care. I think HP staff is way over worked and that is why the really good doctors leave as soon as they can. I rarely use the system and don't even expect "my doctor" to be still working there when I come back. If they are they have been transferred to another clinic far from where I am. Maybe staff retention would improve if HP made an effort to assign them to clinics close to where they live. They would not be so tired and give better care at the very least.

Mixing up the reception staff may make their lives less boring but I miss seeing a familiar face when I come in. I hope they really like it. Being in a new place means they don't know where stuff is..... don't have a routine with built in checks to help prevent mistakes.