

Meeting Date	Site	Meeting Location	Name	Employee Type	Organization, Agency	Subject of Concern	Comments
1/12/2016	DelTech Stanton Campus	Newark	David Leiter	Active Employee	DHSS	Presentation Comments	<p>First off would like to thank the Task Force &amp; SEBC in working together on this and honestly being able to not find short term fix cause this is not. Second thing is we need to be very careful as these were benefits that we as employees were led to believe were terms &amp; conditions to employment, especially the lower paid employees and the retirees. Dave asked what Metabolic Syndrome &gt; Faith replied is when a condition an individual is displaying a number of risk factors around being overweight, perhaps having high blood pressure. It's done through a test not unlike the biometric screens that previously offered through the DelaWELL program. If a person tests for this, they will be considered high risk for multiple chronic conditions. Dave commented that right there against the hiring of disabled people and the Governor's put out that he wants to hire disabled people, you're going to add to this issue with the health benefit in something like that. Just trying to make a little bit of sense on it.</p> <p>The prescription drug costs, you need to look at hospital grading system and the matching of drugs to servers. I was told when I had my heart attack, there's a hospital grading system that they issue certain drugs that match certain surgeries. The hospital is graded if they give certain prescriptions and I was upset about that. The cost difference was brought up. I just paid \$54 for Crestor for a 90 day supply. It cost \$894 and I said is there some kind of generic, there is none, and that's part of that grading system that the hospitals are doing.</p> <p>Members need time and resources to be able to understand how the system works – the health system. Mostly lower paid employees, pay grade 7 and below; they're not afforded the time and a computer in order to understand. Most of the people that I engage with conversation for the first or second time, they don't even realize that it is a self-insured employment. They think they're under Blue Cross/Blue Shield and Aetna. We've been talking about that for how many years.</p> <p>You were talking about different rates. Can we use the Medicare rates because Medicare rates if uninsured, and you go challenge the hospital as an uninsured person, they will almost automatically give you the Medicare rate to pay. Which is like a 30 to 40% decrease.</p> <p>Real quickly, that NM rates versus claims, the chart – for the NM, who is checking the need for the claims. I know people that are just going to get surgery, they are retired and just going to get surgery. Thank you.</p> <p>Dave Leiter spoke up at end of meeting - stating there are SEBC meetings in Dover and these are on the website. If you go to them and the longer you go, the more you learn about the language. It would be greatly appreciated by the people that do go to see more people show up.</p>
1/12/2016	DelTech Stanton Campus	Newark	Kim Hoffman	Vendor	Morris James, LLP	Cerner	<p>I represent a company called Cerner, Inc. Cerner has a very big footprint here in Delaware through its relationships with Nanticoke, Beebe, and Christiana Care. We were very pleased to be mentioned in the Task Force's report. We really look forward to sharing the solutions that Cerner has on the population health front, that's about understanding why Delawareans are unhealthy and how they can be healthier to try to take costs out of the system. Also sharing the solutions it has successfully implemented in other parts of the nation both for governments and Fortune 500 companies on the employee health clinic front. I've had the opportunity to see some of these clinics, they are first class, they have the potential to lower health costs both for the State and actually for employees significantly. Something Cerner has done with its own population of employees which is 33,000 world wide. So those are solutions we are really looking forward to continuing the conversation on. We want to thank the Task Force for it's work to date. Thank you.</p>
1/12/2016	DelTech Stanton Campus	Newark	Paula Roy	Vendor	DCSN	Final Report Comments	<p>I am here today on behalf Delaware Chiropractic Services Network. I'm here specifically to address a passage in the report that really is not entirely accurate and wanted to bring that to your attention. It's on page 32, and the passage refers to physical medicines services and makes reference to physical therapy, chiropractic visits and other general physical medicine treatments. The report goes on to describe something that does not pertain to how chiropractic services are managed in the State employees plan. The report mentions health ways which is a 3rd party organization that helps manage the physical therapy services, infact the DCSN is the independent 3rd party that manages the chiropractic services, does the quality insurance on behalf of the 3rd party administrators, Blue Cross and Aetna and actually works with the providers to make sure that treatment goals are met. That's what they do, they are under contract with Highmark to do that. So the concern is that reading this leaves one with the impression that references to something else that is other than chiropractic, think its physical therapy, we're not quite sure. Also pertains to chiropractic service when infact it does not. Their experience that during 2015, there was a significant decrease in visits rather than an increase. Again, the concern is just by grouping chiropractic, physical therapy, physical medicine into one group and then making comments that do not pertain to one of the groups mentioned is certainly a concern. Then of course, during the course of the Task Force proceedings, we did submit information about significant costs savings that could be achieved but substituting chiropractic care in appropriate instances with patient consent. I recognize that in the online version of the report, that information is missing from the report so in the context of this, I'm not going on to talk about some of the studies that were submitted about the potential costs savings with chiropractic care which was a second concern. Have you thought about a process for correcting information that's not entirely accurate in the report. &gt; All information will be collected during this Public Comment and disseminated out to the Task Force. There will be further discussions if there's a need to issue a formal correction supplement to the report.</p>

1/12/2016	DelTech Stanton Campus	Newark	Joe Zilcosky	Active Employee	DEDO	Infertility	<p>Wanted to point out some ways in costs savings in the fertility care. First, appreciate that the State does have fertility care as not everyone does. The State of Maryland does, Barkley's does but most other employers do not. Because of that, there's a big private market for fertility care. If you don't order a drug not through the insurance, usually get it for minimally 50% off, and today our fertility care is a 75-25 so at best I'm saving about 25%. It maxes out at \$15,000. So it basically pays for one IVF treatment. If you were able to negotiate on our own and submit the receipts, 40% of women are successful on their first treatment, so therefore save money but if for some reason, someone wasn't part of that 40%, they would have more money left over to go for another shot or possibly an egg donor. Express Scripts (ES) charges about twice as much as I can get from ironically, ES owns a company called Freedom Fertility and they are the prescription drug company. I order the Freedom Fertility med, submitted it to ES and they charged me an extra \$40 because they said the Freedom Fertility was charging more than the asking price for them and they own the company. There are a lot of flaws in the system, and if we could just simply negotiate our own contract, which they pretty much do that over the phone with you because they're used to it and then hand it in. The same for coverage at the out-patient clinics. There are packages and non-insured prices that we can't access through Blue Cross because we have to pay the max price, and then they get a back-end discount.</p>
1/12/2016	DelTech Stanton Campus	Newark	Judith Hardman	Retiree		non-Medicare Retirees	<p>For the bar graph shown on page 8, the per capita claims vs per capita premiums, and the difference between the non-Medicare retirees and the other groups, and all of them, is that the paid claims or submitted claims. &gt;Paid claims. I'm assuming since that group is smaller than the active employees and even the Medicare Primary retirees, you've looked at them to try and figure out why they're so much higher ... are they retiring earlier because their chronic conditions are such they need those extra services or are there other things going on with that group. I happen to be in that group right now so I'm trying to figure out what is in my cohort that is causing the claims to be that much higher. I had a comment where said trying to get people to understand if they go to a hospital for services, remember going on Highmark Blue Cross's website to see where I can get some diagnostic imaging done and it made a point about that but ... I looked at out-patient diagnostic imaging through Christiana Care, is that considered hospital based because Christiana Care is much larger than the hospital. So that was mis-leading. I think this is part of your information and suggestion to educate consumers. What does that entail when you say hospital based and non-hospital based. Then some of the terms I did not know like deep dive committee and don't know what metric based pricing is, so as a consumer looking at that document some of the terminology was confusing to me. When you talk about trends, looking at national surveys and showing increasing costs, and for the State of Delaware, it seems to be higher than some of the other surveys, you're looking at a very short period of time where the costs are going up and I don't know if you're comparing national surveys on that same period of time. Because what I've been looking at in the paper with the Affordable Care Act in the marketplace, the costs are going way up for people in the marketplace. People's premiums are going up so is that something going on now nationally that's also reflecting what's going on in Delaware. What worried me talked about exchange marketplaces, well for people who are low income, the marketplace seem to be doing well. People who can afford more, their premiums are going to be very high. I'm concerned you're going to look at that and try to do that with Delaware and people are not going to be able to afford the premiums.</p>