Meeting called to order by Joy Landis at 11:03 AM.

Attending: Joy Landis, Carmellia Davis-King, Quinn Moreno, Mike Rich, Kristin Getter, Sarah Handspike, Elizabeth Webster, Lucy Maillette, Paul Streng, and Mary Beth Graebert

Ex Officio: Donna Zischke

Absent: Kristy Dumont, Donna Ullrich, Sandra Eagan-Hill, Michael Everett and Terry Curry

Motion to accept the agenda: Motion to approve agenda by Mike Rich and seconded by Quinn Moreno; carried unanimously.

Motion to approve October minutes: Motion to approve minutes by Elizabeth Webster and seconded by Mike Rich; carried unanimously.

Chairperson's update (Joy Landis)

- Invitations to administrators to attend ASAC
  - Provost will be at February meeting.
  - Renee Rivard will come back in April.
  - Joy is working with Dave Byelich to schedule a time with him.

New Business

- Director of Benefits Reneé Rivard on changes to accommodate the new federal health care law (see handouts)
  - Update on Best Doctors – Officially launched January 2012.
    - There are three levels of service (1) finding physician in specialty area, 2) ask the expert, and 3) inter-consultative service. We far exceeded what we thought would be the volume of contact with Best Doctors (BD) initially; it does not cost us more to have more people use it. As of third quarter 2012, BD has helped 106 employees find a physician, 15 get expert advice and 64 receive inter-consultative services. Twenty percent experienced a change in diagnosis through inter-consultative services; sixty-one percent changed their course of treatment based on the review.
    - Return on investment is about 1.8 to 1 (i.e. services avoided to fees paid).
    - The physicians in the program are rated; they don’t just provide you with a list of available sources.
Best Doctors gathers your records for you, when you sign all of the releases. At the end of the process, you receive a thumb drive with all of your medical information.

BD does not include mental health.

Wait time depends on the urgency of your situation and how quickly your physician can get your records to Best Doctors. Physicians seem to be fairly cooperative, but they could use some encouragement.

Legislation on coverage of services related to autism does not apply to MSU because ours is a self-funded plan, but the Benefits office is looking into coverage implications.

Affordable Care Act – what is the response to and impact of the act at MSU?

Individual mandates are coming up in 2014.

The law seeks to expand coverage, control health care costs and improve the delivery system.

Not everything is clear yet, so there will be updates as technical language is released.

People will be impacted by these changes whether they have coverage from MSU or not.

W-2 for 2012 wages will have a new box that captures the value of your health plan (premium equivalent).

Group Health Plan Fees will cost $1/participant/year in 2012, increasing to $2/participant/year in 2013. Future costs will be indexed and will sunset in 2019. The fund will be used to evaluate the effectiveness of certain treatments.

Insurers must remove co-pays for generic prescriptions on contraceptives.

Flexible Spending Account maximum is decreasing from $5,000 to $2,500 (health care only).

Employer can be assessed a penalty if it does not provide a certain level of coverage to certain employee groups. In the first year, it may make sense for some employers to drop health coverage and just pay penalties, but penalties will go up; it is not meant to encourage employers to drop coverage, but rather to make it easier for those who didn’t carry coverage to pick it up.

Starting in 2014, less than 100%-time employees (e.g. adjunct faculty, on-call temp employees) could be eligible to enroll in the employer’s health plan. There will be an administrative cost to cover/enroll these additional individuals. We need to have a low-cost health plan option.

Anticipating that those employees who are currently opting out of the MSU health plan will opt back in.

Transitional Reinsurance Fee for covering new individuals (e.g. people who weren’t covered before because of pre-existing conditions); MSU insurance doesn’t have a pre-existing condition
clause, but will still need to pay into a fund to help offset these costs. These costs should go down over time.
- Auto enrollment into health plan compliance may be in 2015.
- In 2017, it might be possible for employers like MSU to become part of the State Exchange and purchase coverage through it.
- MSU's (and all employers) health plan coverage must pay a minimum of 60% of health care expenses. In 2018, there will be an employer excise tax for individual health coverage whose value is above $10,200 or family coverage that is above $27,500. MSU is currently below the threshold but will have to watch these thresholds in coming years. (The “premium equivalent” box on the W-2 will come into play here.)
- The definition of Benefit Eligible will change in 2014 to include employees who work an average of 30-hours a week in one month.

**Associate Provost/Associate Vice President for Academic Human Resources update (Donna Zischke):**
- Nothing today.

**Old Business:**
- Forum Planning:
  - Luke Reese – Joy and Paul know him and believe he would do a good job; he is available to speak on long distance education.
  - The Ombudsman has committed to speaking, or having someone from his office speak on academic integrity.
  - Jon Sticklen has also indicated that he is available for the flipped classroom session.
  - Biometrics is a proposed session. Dr. Jain is one of the premier people designing facial recognition and is a fascinating individual.
  - Second social media session by Greenhow proposed looks to be better fit than the first (under “Potential Presentation”)
  - We could adjust the theme (technology) to fit our speakers, rather than trying to fit that mold.
  - We have discussed having a separate session for “What it means to be a specialist.” If it was a breakout, it would only be 45 minutes; whereas with a separate session, we could do 90 minutes with a panel.
  - Negotiations might be a skill set that specialists would be interested in; Lucy could ask some of the faculty that she knows.
  - Virtual University DAT may be of interest; however it was noted that we had a session at the last forum.
  - There is going to be a training opportunity for the Desire2Learn program (which is replacing Angel).
  - We need two plenary presentations and three breakout sessions (three options, twice). Keynote speaker in the morning, two timeslots for breakouts (repeating three options) and a wrap-up keynote.
Group likes the title: “Tools & Techniques for Today’s Academia.”
Lucy offered to approach John Hollenbeck to speak on teams and motivation.
Suggestion to have someone speak about increase in international students and how to be welcoming, etc. Intercultural communication may be an interesting topic. Mike noted that we have had a session on that topic.
Another suggested topic: incidents that threatened our safety and security on campus, and how we are responding. Penny Fisher, who is leading emergency preparedness efforts, would be a good speaker. Or we could call Jim Dunlop to see who would be a good speaker from his office.
There was recently a training opportunity on the flipped classroom; it may be a worn out topic.

- Update from subcommittee on salary structure
  - Kristin, Elizabeth and Sarah have looked more in-depth at the data that has been provided for comparisons. They found that senior specialists average about 18 years at the university; advising specialists average 10 years and a salary of $59,000/year); and fixed-term specialists average seven years and a salary of $51,000/year).
  - Many specialists have a graduate degree: e.g. 85% of continuing specialists and 94% of senior specialists have a graduate degree.
  - Report on comparative groups at other universities did not tend to include people with graduate degrees. Also, it was national, rather than in the Midwest.
  - We really want Big Ten information, and we don't have it. We don't have it for research or instructors, let alone advisors (which we hoped could be our exemplar group).
  - MSU information was very detailed; other university information is not.
  - We need more people on the subcommittee to compile information.
  - Donna Zischke indicated that, over the years, we have contacted other universities to gather data, but we have not been very successful in getting.
  - Questions:
    - How does CUPA data compare for faculty? MSU faculty make more on average, but this is not the data source that is used.
    - How much do non-tenure instructors make?
    - How does MSU deal with faculty salary disparities from college to college? It is discipline-based. Should this disparity trickle down to advisors, since their jobs are similar across colleges? Some colleges have more money.
    - Average salary for advisors ($59-70K for continuing) seems appropriate, but is it fair across the board? If there are particular people who have lower salaries than their peers. Make information available about average salaries so that these individuals have negotiation power.
• How do we know if specialists are getting their allotted raise, since they are pooled with faculty? If specialists requested more in a letter next year, and got it, how could we be sure it was used for them?
  o Advisors make $44,376/year on average at universities of our size.
  o Joy suggested having Sarah email ASAC members about findings and seeking help with contacting the CIC schools.
  o If the committee can agree on a brief list of questions, Terry and Donna can send an email to their CIC listserv. This would ensure a more uniform response as data would come from other human resource administrators.
• Do we need to meet in December? General agreement not to meet. The group concurred the Forum subcommittee would work with Joy to finalize its program.

Motion to adjourn by Kristin Getter, seconded by Paul Streng. Motion carried unanimously.

Meeting adjourned: at 12:35pm.

Next scheduled meeting: January 17th, 4th Floor Administration Building

Attachments: Affordable Care Act/Healthcare Reform Handouts