

AlaskaCare Retiree Town Hall

Event Summary

Date Thursday, July 18th, 2019 | 10:00 to 11:00 a.m.

Recording <https://vekeo.com/event/alaskacare-46014/>

Attendance Attendees were encouraged to register in advance to ensure their phone number would be called. All retirees who registered online for the event or whose phone number was on file with DRB were included on the auto-dial call list. Approximately 524 attendees participated in the call and an additional 93 streamed the audio online.

Presenters

<i>State of Alaska, Department of Administration Staff + Contractor</i>	
Emily Ricci	Chief Health Policy Administrator, Division of Retirement and Benefits
Steve Ramos	Vendor Manager, Division of Retirement and Benefits
Andrea Mueca	Health Operations Manager, Division of Retirement and Benefits

Introduction

Emily Ricci provided a brief overview of the Town Hall format, encouraged participants to submit questions on the phone during the event or via e-mail, and reminded participants that sharing personal health information or questions about individual claims cannot be addressed publicly in this forum. Participants can submit questions before or during the event at: drbtownhall@alaska.gov. In today's town hall event, we will answer any questions you have about your health plan.

Updates from the Division:

We have been working with Retiree Health Plan Advisory Board (RHPAB) to analyze and consider options for modernization of the health plan. If you have ideas for changes, the board would like to hear from you. You can send your comments and suggestions to alaskarhpab@alaska.gov. The next board meeting will be in August, we encourage you to attend or listen in to the meeting. The meeting materials are posted on-line.

Reminders:

Keep Up to Date with AlaskaCare Retiree Health Plan News: Subscribe to our monthly e-newsletter. Invite others to participate in these townhall events.

Save the Date! Pacific Health Coalition-Health Fair dates for this fall have been announced. Locations are Fairbanks, Juneau, Anchorage, Mat-Su and Soldotna. *New: Soldotna has been added this year. Pre-registration opens August 7th, 2019. Details will be included in the July Newsletter. Postcards will arrive the week of July 29.

The next Tele Town Hall will be **Thursday, August 15th, 2019 at 10:00 a.m.** Please register online <http://doa.alaska.gov/drb/headlines/2018/08/eqwp-tele-town-hall/>

Summary of Questions and Answers

The following questions were answered during the call. Presenters answered as many questions as possible during the hour, and chose questions that were representative of the topics being asked most often, from a variety of participants from across Alaska and other locations in the U.S.

1. Question: I saw a draft summary for a proposed increase for the out of pocket limit and increase in the deductible. What is happening with that?

As part of the modernization effort that RHPAB is part of, the division has been working with the board and put together a list of several different options for modernizing the plan. It includes things like removing the lifetime maximum which is \$2 million and compared to the cost of services right now, we are seeing more and more people hit that limit, adding preventive care and adding expanded travel and other changes. We are also looking at if you were to add those changes to the plan and they created additional cost, what are the different options for maintaining the cost neutrality and what could we do to offset the additions. What the division has tried to do is to identify all the different options that could be used. One thing used in the past was increasing the deductible and the out of pocket maximum, so those are things we have looked at. We have also looked at changes to the pharmacy side as well as changes to how we pay providers. None of these ideas are finalized in any way shape or form. We start off each meeting trying to clarify for people listening that, they are concepts, and the proposals we are putting forward are draft proposals. We are really trying to think through what the different changes are, understand the impacts, talk through it with the board, and then later the board can give us direction on what they think is valuable to move forward with. We have talked about the proposals and what their impact would be to offset other costs. There is no recommendation from the division to move forward at this point. There is a sense from people that their out of pocket maximum and deductible will be unilaterally increased at some future in point in time. I want to reassure you that is not going to happen. If we do look at these types of cost offsets along with the other benefits that would be added, we will really communicate that to the membership and make sure they have an opportunity to tell us what they think works and what doesn't. There is no plan to implement any sort of increases to out of pocket maximum or deductible on a unilateral basis.

2. Question: Last month I received a welcome to Medicare letter, that let me know I was enrolled in part A and B. I also received a letter from Optum letting me know I was enrolled in EGWP. It was really streamlined, I appreciate that. Then I received 3 additional letters from OptumRx that were confusing. What am I supposed to do when I receive these letters from OptumRx?

We apologize for the confusion. We would encourage you to call OptumRx and they will be able to walk you through the communications that have been going out to let you know where your final stance is. You can also send us an email at drbtownhall@alaska.gov and we can research it for you.

3. Question: Thank you for having this Town Hall. We are going to Mexico for dental work that includes crowns. What should I be thinking about?

Thanks for thinking ahead before you travel. We recommend you contact Delta Dental for a predetermination on the benefits, so you know what would pay. You may need to pay out of pocket and submit for reimbursement due to being out of the country. You can contact Delta Dental at 855-718-1768.

4. Question: Is there any impact to retirees program due to all the budget mess in Juneau?

We don't anticipate any impact to the programs at this time. The retiree benefits are protected, and the financing has its own protections as well. Retirees can rest easily right now as we don't anticipate any impacts at this time.

5. Question: When I retired, I thought I didn't have to mess with Medicare, I would have my same expenses forever. When I turned 65, now I am paying more. What happened?

In Alaska statute, it's very clear that, when a member is eligible for Medicare the AlaskaCare Retiree Health Plan is in the secondary position. That is not a change to the health benefits, but a part of how the health plan is designed. When you become Medicare eligible, AlaskaCare becomes supplemental. It's outlined in statute and has been in place for a long time.

6. Question: I have filled my prescription three times, and my copay has been three different amounts. Why is this happening and what should I be paying?

The world of pharmacy is complex. In general, if the cost of the medication is lower than the plan copay, then you will not be charged the copay you will be charged the lesser amount. Generic drugs can have a large fluctuation in price. It is not uncommon to see the price of a generic drug fluctuate. We would be happy to take a specific look at your claims if you want to send them to drbtownhall@alaska.gov

7. Question: My question involves Long Term Care (LTC). I've heard it is difficult to find a facility in Alaska that will take the LTC insurance. Can I find out what facilities accept it?

You can contact CHCS services at (888) 287-7116. In general, access to LTC beds in Alaska is challenging regardless of what insurance you are covered by. There is a recognized lack of sufficient beds in the state. I am not aware of any issues related specifically to the AlaskaCare LTC plan.

8. Question: I know of cases where you go into a hospital and you have an out of network provider work on you, despite the hospital being in network. What is being done to address facility transparency?

This is something that insurers and hospitals across the nation are grappling with. In areas where there is competition, maybe more than one anesthesiologist for example, there is more ability to work with those specialists to find a way to make it possible for them to participate in-network. When there are limited specialists it is challenging to incentivize in-network participation. You can contact the Aetna concierge to talk to them about what you can expect when you are getting a surgery. We are trying to address this in our strategic goals. One of the current models for how healthcare pricing is negotiated are usually based on models that have a number of different competitive providers. For places like Juneau and Skagway, where we don't have that we are trying to think about some new ways to address that. One thing we have thought about is a service that you can pay for where if members receive balance billing, they can get access to a service that helps them negotiate the charge to reduce it. One thing that can protect members is our plan pays at the 90% percentile for out of network charges. AlaskaCare members have health insurance that pays a larger percentage of those out of network bills than most other plans pay.

9. Question: I turned 65 in November. My primary care physician does not accept Medicare, do I need to find a new one?

You could continue to see your primary care provider, but the plan will pay as if Medicare paid as primary. I would recommend that you find a provider that accepts Medicare. The Aetna Concierge can help you find another primary care provider. This is an issue we are aware of, particularly in primary care. This is not just an issue for our members, but for Medicare eligible people at large. There have been a number of policy attempts to try to develop alternate solutions to this, I don't know that any have been successful to date.

10. Question: If you have to be medevac'd, is it covered by insurance?

Air ambulance and medevac coverage is a benefit that is payable under the plan, but not all providers of the services participate in the network. When a provider does not participate in the network, the provider and the plan have not agreed on how to pay for the service. The AlaskaCare plan pays 90% of the charges for out of network providers based on the charges submitted in a geographic region based on Fair Health. If your medivac provider is in network, assuming it meets the requirements for an emergency, you are covered under the plan. If the Medivac provider is out of network, they may try to bill you for the difference between what the plan has paid and what their charge is. Sometimes their charge can be quite high. We have not seen a large number of issues related to this in the last couple of years.

11. Question: If there is a procedure available in Anchorage, but I prefer to go out of state, is my coverage the same?

Yes, your coverage is the same. Be aware that the travel may be eligible for reimbursement. If you know where you want to go, call the Aetna Concierge and get pre-authorization for travel. After you travel, submit your travel receipts, and if your surgery cost was lower the travel may also be paid.

12. Question: I'm in the Seattle area, it is very difficult to find a Medicare provider. Most providers will not take any Medicare patients. This is also true for dentists, chiropractors and massage therapist. They are moving toward asking patients to pay in full up front.

We can consider this for a future poll question. We have heard of the challenges in provider accepting in Alaska, but not beyond Alaska. Thank you for the feedback.

13. Question: If you have a surgery out of state. Will I lose the travel benefit I received after I become Medicare eligible?

For those services that are not covered by Medicare, like travel, the AlaskaCare benefit will be the same.

14. Question: I used to be a provider, and I had to limit my Medicare patients. I have a disability and needed assistance and the paperwork was onerous. I applied for LTC insurance and my experience was they ultimately denied me. I need LTC now and am not able to get it.

We would like our team to reach out to you to discuss your situation. Please contact us.

15. Question: I have Medicare and AlaskaCare. Is there some kind of fitness or gym membership available?

No, there is not currently a fitness or gym membership available. We have been working with RHPAB to discuss this. We know there is a strong desire to add this, and we are discussing how that could potentially be done.

16. Question: I am employed in OR by another employer. If I opt out of their plan, will AlaskaCare be my secondary?

Your retiree plan will assume the primary position if you opt out, and you are not Medicare eligible. Please reach out to us directly so we can understand your specific situation and provide information.

17. Question: Is there any help for dentist for the teeth?

Please call Delta Dental 855-718-1768 and talk to them about what type of care you need.

18. Question: When you run out of refills on a prescription, OptumRx does not notify you or your physician. Why not if you have enrolled in auto-refills?

The answer depends on the type of medication you are taking. Chronic meds will be on auto-refill and auto-renew. The auto-renew feature means that when you are at your last refill OptumRx will contact your physician about a renewal. The auto-refill feature only happens for chronic medications and asks you via email if you want to refill the prescription. All mail order prescriptions are auto-renewing. Only chronic medications are auto-refill.

19. Question: This year I contacted Aetna to find out why my benefits were before my eye exam. When I got there, and ordered my glasses, the provider called to check if I was eligible for a frame and was told no. I called them and was told yes. The concierge told her that the provider support team does not always have the correct information.

That disconnect is not acceptable, and we will follow up. Please send us an email so we can research this.

Poll question: When you need care, do you check to see if the provider is In-Network?

Yes, I check that they are In-Network	43%
No, I do not check	21%
I don't know how to check if a provider is In-Network	36%