

HealthMatters



November 2020

Number 35

Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice Reminder

If you are covered under the AlaskaCare Employee Health Plan, you or your dependents may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

Continued on page 2

COBRA Coverage Reminder

NOTE: The deadlines for electing COBRA coverage, paying COBRA premiums, and for notifying the health plan of a Qualifying Event that is a divorce, separation, loss of dependent status or a disability are suspended during the Outbreak Period and will not restart until after the Outbreak Period ends. Please contact the Division for more information.

In compliance with a federal law referred to as COBRA Continuation Coverage, this plan offers AlaskaCare members and their covered dependents (known as qualified beneficiaries) the opportunity to elect temporary continuation of their group health coverage when that coverage would otherwise end because of certain events (called qualifying events).

Qualified beneficiaries are entitled to elect COBRA when certain events occur, and, because of the event, coverage of that qualified beneficiary ends (together,

Continued on page 4

In This Issue

Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice Reminder.....	1
COBRA Coverage Reminder.....	1
Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP).....	2
Important Reminder - Taxpayer Identification Number.....	5

Availability of Summary of Benefits and Coverage (SBC) Document(s).....	5
Notice of HIPAA Privacy Practices.....	6
AlaskaCare Opioid Guidelines.....	10
Newborns' and Mothers' Health Protection Act Notice.....	11
Nondiscrimination in Health Care/Elimination of Conflict of Interest.....	11
Health Benefit Contact Information.....	12

Women's Health and Cancer Rights Act of 1998 (WHCRA) Annual Notice Reminder

Continued from page 1

Plan limits, deductibles, copayments, and coinsurance apply to these benefits. For more information on WHCRA benefits, see the AlaskaCare Employee Health Plan document at AlaskaCare.gov/employee/publications/booklet.html or contact the Aetna concierge at (855) 784-8646. 🍇



Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed on the next page, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial (877) KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment"

opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.** If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call (866) 444-EBSA (3272).

If you live in one of the states listed on the following page, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2020. Contact your State for more information.

To see if any other states have added a premium assistance program since July 31, 2020, or for more information on special enrollment rights, contact either:

- U.S. Department of Labor
Employee Benefits Security Administration
Website: dol.gov/agencies/ebsa
(866) 444-EBSA (3272).
- U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
Website: cms.hhs.gov
(877) 267-2323, Menu Option 4, Ext. 61565.

ALABAMA - Medicaid

Website: myalhipp.com | Phone: (855) 692-5447

ALASKA - Medicaid

The AK Health Insurance Premium Payment Program
 Website: myakhipp.com | Phone: (866) 251-4861
 Email: CustomerService@MyAKHIPP.com
 Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.asp

ARKANSAS - Medicaid

Website: myarhipp.com | Phone: (855) 692-7447

COLORADO - Medicaid and CHP+

Health First Colorado & Child Health Plan Plus
 Health First Colorado website: healthfirstcolorado.com
 Health First Colorado Member Contact Center: (800) 221-3943
 State Relay 711 | CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus
 CHP+ Customer Service: (800) 359-1991 | State Relay 711

FLORIDA - Medicaid

Website: flmedicaidtprrecovery.com/hipp | Phone: (877) 357-3268

GEORGIA - Medicaid

Website: dch.georgia.gov/medicaid | Click on Health Insurance Premium Payment (HIPP) | Phone: (404) 656-4507

INDIANA - Medicaid

Healthy Indiana Plan for low-income adults 19-64
 Website: in.gov/fssa/hip | Phone: (877) 438-4479
 All other Medicaid website: indianamedicaid.com
 Phone: (800) 403-0864

IOWA - Medicaid

Website: dhs.iowa.gov/hawk-i | Phone: (800) 257-8563

KANSAS - Medicaid

Website: kdheks.gov/hcf | Phone: (785) 296-3512

KENTUCKY - Medicaid

Website: chfs.ky.gov | Phone: (800) 635-2570

LOUISIANA - Medicaid

Website: dhh.louisiana.gov/index.cfm/subhome/1/n/331
 Phone: (888) 695-2447

MAINE - Medicaid

Website: maine.gov/dhhs/ofi/public-assistance/index.html
 Phone: (800) 442-6003 | TTY: Maine relay 711

MASSACHUSETTS - Medicaid and CHIP

Website: mass.gov/eohhs/gov/departments/masshealth
 Phone: (800) 862-4840

MINNESOTA - Medicaid

Website: mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp
 Phone: (800) 657-3739

MISSOURI - Medicaid

Website: dss.mo.gov/mhd/participants/pages/hipp.htm
 Phone: (573) 751-2005

MONTANA - Medicaid

Website: dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
 Phone: (800) 694-3084

NEW HAMPSHIRE - Medicaid

Website: dhhs.nh.gov/ombp/nhhpp | Phone: (603) 271-5218
 Hotline: NH Medicaid Service Center at (888) 901-4999

NEBRASKA - Medicaid

Website: ACCESSNebraska.ne.gov | Phone: (855) 632-7633
 Lincoln: (402) 473-7000 | Omaha: (402) 595-1178

NEVADA - Medicaid

Website: dhcfnv.gov | Phone: (800) 992-0900

NEW JERSEY - Medicaid and CHIP

Medicaid website: state.nj.us/humanservices/dmahs/clients/medicaid
 Medicaid Phone: (609) 631-2392
 CHIP website: njfamilycare.org/index.html
 CHIP Phone: (800) 701-0710

NEW YORK - Medicaid

Website: health.ny.gov/health_care/medicaid | Phone: (800) 541-2831

NORTH CAROLINA - Medicaid

Website: dma.ncdhhs.gov | Phone: (919) 855-4100

NORTH DAKOTA - Medicaid

Website: nd.gov/dhs/services/medicalserv/medicaid
 Phone: (844) 854-4825

OKLAHOMA - Medicaid and CHIP

Website: insureoklahoma.org | Phone: (888) 365-3742

OREGON - Medicaid

Websites: healthcare.oregon.gov/Pages/index.aspx
oregonhealthcare.gov/index-es.html | Phone: (800) 699-9075

PENNSYLVANIA - Medicaid

Website: dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm
 Phone: (800) 692-7462

RHODE ISLAND - Medicaid

Website: eohhs.ri.gov | Phone: (855) 697-4347

SOUTH CAROLINA - Medicaid

Website: scdhhs.gov | Phone: (888) 549-0820

SOUTH DAKOTA - Medicaid

Website: daa.sd.gov | Phone: (888) 828-0059

TEXAS - Medicaid

Website: gethipptexas.com | Phone: (800) 440-0493

UTAH - Medicaid and CHIP

Medicaid website: medicaid.utah.gov
 CHIP website: health.utah.gov/chip | Phone: (877) 543-7669

VERMONT - Medicaid

Website: greenmountaincare.org | Phone: (800) 250-8427

VIRGINIA - Medicaid and CHIP

Medicaid Website: coverva.org/programs_premium_assistance.cfm
 Medicaid phone: (800) 432-5924
 CHIP website: coverva.org/hipp | CHIP phone: (855) 242-8282

WASHINGTON - Medicaid

Website: ca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program
 Phone: (800) 562-3022 ext. 15473

WEST VIRGINIA - Medicaid

Website: mywvhipp.com | Toll-free phone: (855) 699-8447

WISCONSIN - Medicaid and CHIP

Website: dhs.wisconsin.gov/publications/p1/p10095.pdf
 Phone: (800) 362-3002

WYOMING - Medicaid

Website: wyequalitycare.acs-inc.com | Phone: (307) 777-7531



COBRA Coverage Reminder

Continued from page 1

the event and the loss of coverage are called a qualifying event). Qualified beneficiaries who elect COBRA Continuation Coverage must pay for it at their own expense. Current defined benefit retirees COBRA rates are available at Alaska.gov/DRB/AlaskaCare/retiree/information/cobraPremiums.html and current active COBRA rates are available at Alaska.gov/DRB/AlaskaCare/employee/information/premiums.html.

Qualifying events may include termination of employment, reduction in hours of work making the employee ineligible for coverage, death of the employee, divorce/legal separation, or a child ceasing to be an eligible dependent child under the terms of the plan, if a loss of coverage results.

In addition to considering COBRA to continue coverage, there may be other coverage options for you and your family. You may want to look for coverage through the Health Care Marketplace at healthcare.gov. In the Marketplace, you could be eligible for a tax credit that lowers your monthly premiums for

Marketplace coverage, and you can see what your premium, deductibles, and out-of-pocket costs will be before you decide to enroll. Being eligible for COBRA does not limit your eligibility for Marketplace coverage or for the tax credit. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan) if you request enrollment within 30 days, even if the plan generally does not accept late enrollees. The maximum period of COBRA coverage is usually either 18 months or 36 months, depending on which qualifying event occurred.

To have the chance to elect COBRA coverage after a divorce/ legal separation or a child ceasing to be a dependent under the plan, you and/or a family member must inform the plan in writing of that event no later than 60 days after that event occurs.

Notices must be sent via first class mail to:

Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203 🍷



Important Reminder

Provide the Plan with the Taxpayer Identification Number (TIN) or Social Security Number (SSN) of Each Enrollee in a Health Plan

Employers are required by law to collect the taxpayer identification number (TIN) or social security number (SSN) of each medical plan participant and provide that number on reports that will be provided to the IRS each year. Employers are required to make at least two consecutive attempts to gather missing TINs/SSNs.

If a dependent does not yet have a social security number, visit [socialsecurity.gov/online/ss-5.pdf](https://www.socialsecurity.gov/online/ss-5.pdf) to complete a request form. Applying for a social security number is FREE.

The SSN will also be used to help fulfill mandatory reporting requirements to the Centers for Medicare and Medicaid (CMS) for the purposes of permitting Medicare to coordinate benefits for individuals enrolled in both an employer-sponsored medical plan and Medicare.

If you have not yet provided the social security number (or other TIN) for each of your dependents that you have enrolled in the health plan, please contact the concierge at (855) 784-8646. 🍷

Availability of Summary of Benefits and Coverage (SBC) Document(s)

The health benefits that are available to you from the State of Alaska AlaskaCare Employee Health Plan represent a significant component of your compensation package. They also provide important protection for you and your family in the case of illness or injury.

In accordance with law, our employee plan provides you with Summary of Benefits and Coverage (SBC) documents to help you understand and compare medical plan benefits. Each SBC document summarizes and compares essential information including what is covered, what isn't, what you need to pay for diverse benefits, and where to get answers to questions. The SBC documents are updated when there is a change to the benefits information.

To get a free copy of the most current SBC documents for our State of Alaska medical plan options and the Uniform Glossary that defines many terms in the SBC, go to [AlaskaCare.gov](https://alaskacare.gov), or for a paper copy, contact the Division of Retirement and Benefits toll free at (800) 821-2251 or (907) 465-4460 in Juneau. 🍷



We Value Your Feedback!

As an AlaskaCare Retiree member, your input is valued and important. Below, please see a list of ways to contact us with your feedback. Also, a full list of AlaskaCare health plan and partner contact information can be found on our website at: [Alaska.gov/drb/alaskaCare/contact.html](https://alaska.gov/drb/alaskaCare/contact.html).

AlaskaCare—Plan Administrator

- Toll Free: (800) 821-2251
- In Juneau: (907) 465-4460
- TDD: (907) 465-2805
- Fax: (907) 465-3086
- Email: doa.drb.mscc@alaska.gov

Send us a letter:

State of Alaska
Division of Retirement and
Benefits
P.O. Box 110203
Juneau, AK 99811-0203

Come visit us:

State Office Building
6th Floor
333 Willoughby Avenue
Juneau, AK 99801

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is required by law.

Your Information. Your Rights. Our Responsibilities.

Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan

- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

Effective Date

The effective date of this Notice is October 1, 2020, and this notice replaces notices previously distributed to you.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

- State of Alaska
Division of Retirement and Benefits
P.O. Box 110203
Juneau, AK 99811-0203
- Phone: (907) 465-4460
- Email: doa.drb.benefits@alaska.gov

Your Protected Health Information

The term Protected Health Information (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic, or any other form.

PHI does not include health information contained in employment records held by the State of Alaska in its role as an employer, including but not limited to: health information on disability benefits, life insurance, accidental death and dismemberment insurance, sick leave, Family or Medical Leave (FMLA), drug testing, etc.

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

Your Rights

When it comes to your health information, you have certain rights. This section explains your rights and some of our responsibilities to help you.

Get a copy of health and claims records

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

Ask us to correct health and claims records

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing within 60 days.
- Request confidential communications
- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests and must say “yes” if you tell us you would be in danger if we do not.

Ask us to limit what we use or share

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request, and we may say “no” if it would affect your care.
- Get a list of those with whom we’ve shared information
- You can ask for a list (accounting) of the times we’ve shared your health information for six years prior to the date you ask, who we shared it with, and why.

- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

Get a copy of this privacy notice

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

Choose someone to act for you

If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf before the Personal Representative will be given access to your PHI or be allowed to take any action for you.

Under this Plan, proof of such authority will include a completed and signed Authorization for the Use and/or Disclosure of Protected Health Information Alaska.gov/drb/pdf/forms/ben043.pdf.

This Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.

In order for your legal Spouse to be your Personal Representative, you must complete a form, “Authorization for the Use and/or Disclosure of Protected Health Information” and submit that form to the division. The form is available on the DRB Webpage, Alaska.gov/drb/pdf/forms/ben043.pdf.

You may also present the division with a copy of a notarized Health Care Power of Attorney allowing one spouse to make decisions about the other spouse’s health care if they are unable to do so, or a document demonstrating you are the court-appointed conservator or guardian for your spouse.

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

If you have appointed your Spouse as your Personal Representative, you can indicate the date the authorization expires. If no expiration date is listed, this authorization will expire two (2) years from the date of signature.

File a complaint if you feel your rights are violated

You can complain if you feel we have violated your rights by contacting us using the information on the previous page.

You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to:

- 200 Independence Avenue, S.W.
Washington, D.C. 20201,
- Calling (877) 696-6775
- Visiting hhs.gov/ocr/privacy/hipaa/complaints.

We will not retaliate against you for filing a complaint.

Your Choices

For certain health information, you can tell us your choices about what we share. If you have a

clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.

In these cases, we never share your information

unless you give us written permission:

- Marketing purposes
- Sale of your information

Our Uses and Disclosures

How do we typically use or share your health information?

We typically use or share your health information in the following ways.

Help manage the health care treatment you receive

We can use your health information and share it with professionals who are treating you.

Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.

Run our organization

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

Example: We use health information about you to develop better services for you.

Pay for your health services

We can use and disclose your health information as we pay for your health services.

Example: We share information about you with your dental plan to coordinate payment for your dental work.

Administer your plan

We may disclose your health information to your health plan sponsor for plan administration.

Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.

Notice of HIPAA Privacy Practices

AlaskaCare Health Plans

How else can we use or share your health information?

We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

Help with public health and safety issues

We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

Do research

We can use or share your information for health research.

Comply with the law

We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

Respond to organ and tissue donation requests and work with a medical examiner or funeral director

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

Address workers' compensation, law enforcement, and other government requests

We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

Respond to lawsuits and legal actions

We can share health information about you in response to a court or administrative order, or in response to a subpoena.

Our Responsibilities

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.
- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information, see: hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site, and we will mail a copy to you. 🍷

AlaskaCare Opioid Guidelines

State and federal guidelines were developed to address the opioid epidemic in the United States and Alaska. New safety guidelines were adopted for the AlaskaCare plans on January 1, 2018 and were further enhanced on January 1, 2020. The guidelines limit the dispensing of opioids as follows:

For patients that don't normally use opioids

- The plan limits the maximum dosage per day to 50 mme and only allows up to a 7-day supply every 91-days.
- A pre-authorization is required to obtain more than a 7-day supply within any 91-day period.

For patients that regularly use opioids

- The plan limits the maximum dose per day to 90 mme and only allows up to a 30-day supply.
- A pre-authorization is required periodically.

For patients age 19 or under

- A pre-authorization is required for cough medications that contain opioids, and the prescription is limited to a 3-day supply.

Members are encouraged to discuss the effect of the AlaskaCare opioid dispensing policy with their

Recommendations that influenced the AlaskaCare opioid dispensing policies:

- Alaska Opioid Policy Task Force (AOPTF):
dhss.alaska.gov/AKOpioidTaskForce/Pages/default.aspx
- Center for Disease Control (CDC) updated their Guideline for Prescribing Opioids for Chronic Pain on 8/29/17:
cdc.gov/drugoverdose/prescribing/guideline.html
- The FDA released an action plan to help address the opioid crisis:
 - fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm484714.htm
 - fda.gov/Drugs/DrugSafety/InformationbyDrugClass/ucm338566.htm
- OptumRx: Current AlaskaCare Pharmacy Benefit Manager complies with the CDC and FDA guidelines:
optum.com/resources/library/opioid-risk-management0.html
- Aetna: Previous AlaskaCare pharmacy benefit manager published their five-year plan to help fight the opioid epidemic:
news.aetna.com/2017/06/aetna-sets-five-year-goals-fight-opioid-epidemic

providers and to contact OptumRx at (855) 409-6999 for support.

Opioids are a type of narcotic pain medication. They can have serious side effects used incorrectly. For people who have an opioid addiction, their problem often started with a prescription.

Opioid Drugs Include:

- Codeine (only available in generic form)
- Hydromorphone (Dilaudid, Exalgo)
- Meperidine (Demerol)
- Methadone (Dolophine, Methadose)
- Morphine (Kadian, MS Contin, Morphabond)
- Fentanyl (Actiq, Duragesic, Fentora, Abstral)
- Oxycodone (OxyContin, Oxaydo)
- Oxycodone and acetaminophen (Percocet, Roxicet)
- Oxycodone and naloxone
- Hydrocodone (Hysingla, Zohydro ER)
- Hydrocodone and acetaminophen (Lorcet, Lortab, Norco, Vicodin)



Newborns' and Mothers' Health Protection Act Notice

Hospital Length of Stay for Childbirth



Under federal law, group health plans like the AlaskaCare Employee Health Plan, generally may not restrict benefits for any hospital stay in connection with childbirth for the mother or the newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section.

However, the Plan may pay for a shorter stay if the attending physician (e.g., physician or health care practitioner), after consultation, discharges the mother or newborn earlier.

Also, under federal law, plans may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, the AlaskaCare Employee Health Plan may not, under federal law, require that a physician or other health care practitioner obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours). However, to use certain providers or facilities or to reduce your out-of-pocket costs, you may be required to obtain pre-certification. For information on pre-certification for a length of stay longer than 48 hours for vaginal birth or 96 hours for C-section, contact the Aetna concierge at (855) 784-8646 to pre-certify the extended stay. You may also contact the Aetna concierge if you have questions about this notice. Please review the AlaskaCare Employee Health Plan document for additional information. 🌸

Nondiscrimination in Health Care/Elimination of Conflict of Interest

In accordance with the Affordable Care Act, to the extent an item or service is a covered benefit under the Plan, and consistent with reasonable medical management techniques with respect to the frequency, method, treatment, or setting for an item or service, the Plan will not discriminate with respect to participation under the Plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable state law. In this context, discrimination means treating a provider differently based solely on the type of the provider's license or certification. The Plan is not required to contract with any health care provider willing to abide by the terms and conditions for participation established by the Plan. The Plan is permitted to establish varying reimbursement rates

based on quality or performance measures. Additionally, to ensure that the persons involved with adjudicating claims and appeals (such as claim adjudicators and medical experts) act independently and impartially on decisions related to those persons employment status (such as decisions related to hiring, compensation, promotion, termination or retention), will not be made based on whether that person is likely to support a denial of benefits. 🌸



November 2020

Published by

State of Alaska Division of Retirement and Benefits

333 Willoughby Avenue
State Office Building
6th Floor
P.O. Box 110203
Juneau, AK 99811-0203

**Member Services
Contact Center**

M-Th: 8:30 a.m. - 4 p.m.

Fr: 8:30 a.m. - 3 p.m.

(907) 465-4460

(800) 821-2251

TDD: (907) 465-2805

Fax: (907) 465-3086

doa.drb.benefits@alaska.gov



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The Alaska Department of Administration complies with Title II of the 1990 Americans with Disabilities Act (ADA). This health newsletter is available in alternative communication formats upon request. To make necessary arrangements, contact the ADA Coordinator for the Division of Retirement and Benefits at (907) 465-4460 or contact the TDD for the hearing impaired at (907) 465-2805.

Disclaimer: Information in this newsletter summarizes the plan provisions, is supplemental only, and does not supersede the applicable Information Booklet's provisions. The Division is unable to unsubscribe members from our mailing list at this time.

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Health Benefit Contact Information

Division of Retirement and Benefits

Member Service Center:

(907) 465-4460 | Toll Free: (800) 821-2251

Medical Benefits: Aetna Concierge

Member Services: (855) 784-8646

Dental Benefits: Moda/Delta Dental

Member Services: (855) 718-1768

Pharmacy Benefits: OptumRx

Member Services: (855) 409-6999

Specialty Pharmacy: BriovaRx

Enrollment Services: (855) 427-4682

Long Term Care Benefits: CHCS Services, Inc.

Member Services: (888) 287-7116

