Begin forwarded message:

From: Tim Foster [redacted]>
Subject: Denial of Medication
Date: February 4, 2019 at 9:45:59 AM AKST
To: Emily.ricci@alaska.gov
Cc: Sharon Hoffbeck [redacted]

Hello Emily:

I recently went to the doctors office at Alaska Regional my Health Clinic due to an illness. I was [redacted]. Emily A Garhart, APRN prescribed antibiotic and cough medicine.

I went to Carrs/Safeway at Huffman in Anchorage to pick up my scripts. They informed me that the cough medicine was not covered. I tried to explain to them the Alaska Care Plan without success. They said Medicare Part D doesn't cover it period.

I then went home to call Optum RX to explain what had occurred and they informed me that the [redacted] was not covered. They indicated you can get this over the counter. I explained to them that this cough medicine contained codeine which is an opioid drug and can't be sold over the counter. They said I could appeal their decision.

I then started my appeal process and the next day I received an automated call which denied the script. A few hours later I received another call from OptumRX and advised me how to fill my next and last appeal. I am waiting for a letter they are sending me to fill the appeal.

I worked for the state of alaska for 30 years and have been retired for the past 15 years and have never been denied a prescription.

Why am I being required to appeal something that is supposed to be automatically covered. I would like a response from you concerning this issue. I understand that you are in charge of handling the TPA.

I have listened to all of the town hall phone conferences that you have had and you keep saying just because Medicare Part D won't cover the medication doesn't mean the Alaska Care won't kick in.

I am at a total loss why this cough medicine wouldn't be covered.

I would appreciate your review of this unfortunate situation.

Thank you Tim Foster

I have some suggestions to improve the information that is communicated to retirees about the new Health Reimbursement Accounts for the Medicare Part D prescription drug plan.

Whoever is responsible for conveying the information about the new plan should, again, contact all retirees in order to provide the necessary procedure and form for setting up the account and using the reimbursed money. I just competed the process, but it took over a month, and I had to ask for basic information three different times. The system in place now provided inadequate information, and requires too many steps. If the state were a large corporation, I would suspect they were making it difficult, drawn out, and hiding information to discourage people from using it and obtaining their reimbursements.

My suggestions:

In one communication, describe what steps a person must take to set up the HRA. Exactly who/what to contact. Include email and USPS mailing addresses. Included the form that people are to submit to PayFlex, and allow them to submit the form at the same time they submit the evidence of their Part D Medicare premium. Also, describe exactly what a person must do to access the money after it is deposited in the HRA.

My experience required persistence, record keeping, and a willingness to ask questions about things that should have been included in the first communication. I had to ask DRB where I was to submit the Part D premium information. I waited 4 full weeks for a mailing from PayFlex, and all that it included was a form to mail back, with information that they already have. Now, I am awaiting the answer to my question about how I access the reimbursed monies that will be deposited in my HRA.

This is cumbersome, and unnecessary. It requires multiple mailings, and multiple inquiries.

Thanks for listening.

Don Hopwood

To: Retiree Health Plan Advisory Board
From: Craig Mapes
Date: February 9, 2019
Subject: Modernization of Health Plan

I would like to respectfully request the AlaskaCare Retiree Health Plan Advisory Board consider the treatment of ED as part of the modernization project and put this item on the agenda for consideration at your next meeting:

At a minimum, please consider incorporating ED prescription drug coverage for prostate cancer survivors to improve their quality of life.

Sexual function is a significant quality of life issue impacting a person's mental and physical health. The perspective that the framers of the health plan had in the 70's is obsolete by today's medical standards. U.S. health plans cover many other important and necessary treatments including reconstructive surgery for some cancer survivors, drug therapy and surgical benefits for gender dysphoria, hormone therapy to enable normal sexual function, and a wide variety of other important health conditions. Benefits for these conditions has been updated and incorporated into our health plans over time and it is now appropriate to consider treatment of sexual performance diagnoses including ED.

An abstract of an article from the Journal of Urology entitled "5-Year Urinary and Sexual Outcomes After Radical Prostatectomy: Results From The Prostate Cancer Outcomes Study" is referenced here to cite and support the quality of life point.
https://www.sciencedirect.com/science/article/pii/S0022534705606982

The retiree Health Plan paid approximately $519,263,960 for medical and pharmacy claims for 71,629 retired members last year. Males make up approximately 45.6% of the membership. Given the 2018 prostate cancer rate of Alaska men at .0624%, it's likely that approximately 22 AlaskaCare retirees have prostate cancer. Two of them probably did not survive it. There are probably about 20 of our members who could possibly benefit from ED prescription drug coverage. Even given the exorbitant cost of these drugs, it seems that the overall cost to the health plan would be insignificant while greatly assisting those men in need of ED prescriptions to maintain a basic quality of life.

Please consider bringing the plan into the 21st century by modernizing the plan to include treatment for diagnosis related to sexual performance. If the board can't support the medical necessity for treatment for all diagnosis as a significantly impactful quality of life issue, please consider covering treatment for prostate cancer survivors.

Sincerely,

Craig Mapes

ELSEVIER
The Journal of Urology
Volume 173, Issue 5, May 2005, Pages 1701-1705

Adult Urology: Outcomes/Epidemiology/Socioeconomics

5-YEAR URINARY AND SEXUAL OUTCOMES AFTER RADICAL PROSTATECTOMY: RESULTS FROM THE PROSTATE CANCER OUTCOMES STUDY

Author links open overlay panelDAVID F.PENSONDALEMcLERRANZIDINGFENGLINLIPETER C.ALBERTSENFRANK D.GILLILANDANNHAMILTONRICHARD M.HOFFMANROBERT A.STEPHENSONARNOLD L.POTOSKYJANET L.STANFORD
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ABSTRACT

Purpose:

Prior studies of postoperative outcomes following radical prostatectomy have been limited by selection bias and short-term followup. In this study we assessed temporal changes in urinary and sexual function up to 5 years following radical prostatectomy in a population based cohort.

Materials and Methods:

A sample of 1,288 men with localized prostate cancer who underwent radical prostatectomy and completed a baseline survey within 6 to 12 months of diagnosis were included in the analysis. Two and 5-year functional and quality of life data were collected, as was information on the use of erectile aids. Temporal functional changes and potentially confounding or modifying factors were assessed using longitudinal regression models.

Results:

Of these men 14% reported frequent urinary leakage or no urinary control 60 months after diagnosis, which was slightly higher than the 10% reporting incontinence at 24 months ($p = 0.007$). At 60 months 28% of the men had erections firm enough for intercourse compared with 22% at 24 months ($p = 0.003$). Sildenafilwas the most commonly used erectile aid (43% ever used) and 45% of users reported that it helped "somewhat" or "a lot."

Conclusions:

Urinary and sexual dysfunction were common 5 years following radical prostatectomy in this large, community based cohort of prostate cancer survivors. While a small minority of subjects experienced changes in urinary or sexual function between years 2 and 5 after prostatectomy, functional outcomes remained relatively stable in the majority of participants.

Good Afternoon Steve,

Thank you for participating in yesterday's townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board's meetings and about the retiree health plan modernization project can be found here: http://doa.alaska.gov/drb/alaskacare/retiree/advisory.html

Have a nice weekend, and thank you for your service to the State of Alaska.

Division of Retirement and Benefits
State of Alaska-Dept. of Administration
Telephone: (907) 465-4460
Toll-Free: (800) 821-2251
http://doa.alaska.gov/drb/

From: Steve and Joyce McCombs <[redacted]
Sent: Thursday, February 21, 2019 11:26 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: prevention programs

The statement made during today's town hall was to add preventative care savings must be found to cover additional programs. When adding preventative programs, it should be remembered that these are long term investments meant to reduce costs and improve wellness over time. The expected long term benefits need to be fully considered in addition to any short term outlay. Be able to avoid treatments and hospital stays may be difficult to measure, but must be considered. This should also be considered with vaccinations. The program at the minimum should match medicare.

Steve McCombs, [redacted].

Good Afternoon Sharon,

Thank you for participating in yesterday's townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board's meetings and about the retiree health plan modernization project can be found here:
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From: Kay Kilbourn [redacted]
Sent: Thursday, February 21, 2019 11:00 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Silver Sneakers benefit

Thank you for the public mtgs.
I don't know all the details of setting up a fitness assistance program.
The main benefit I see would be helping with cost to participate in classes and sports at recreational facilities, not only where I live here in Soldotna, but especially when I travel to visit family, which in my case is in Estes Park and north Denver. Perhaps we should request specific Rec Centers for coverage by our Alaska Care Fitness Plan.
I, personally, will continue to pay the membership at my local Sterling Community Center just to support the Center.

Of course, the benefit to our health plan is health and fitness for its participants! Better fitness = less health problems.

Thank you again for reaching out to include and inform Alaska Care participants.
~Sharon Roesch
[redacted]

Good Afternoon Jo,

Thank you for participating in yesterday's townhall event, and thank you for your input. I have copied the Retiree Health Plan Advisory Board email address on this reply so that your comments and suggestions will be passed along to the Board. More information about the Board's meetings and about the retiree health plan modernization project can be found here:
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From: Jo Boehme <[redacted]
Sent: Thursday, February 21, 2019 11:52 AM
To: DOA DRB Townhall (DOA sponsored) <doa.drb.townhall@alaska.gov>
Subject: Silver Sneakers type wellness incentives

Thanks for today's town hall conference.
You asked for ideas on health promotion programs for retirees, similar to Silver Sneakers. You stressed needing to balance costs.

Please research national and international public health data on cost-benefit analysis for injury and disease prevention and associated lower health insurance utilization among seniors who exercise regularly and participate in other health promotion programs. A quick Google search yielded many hits;

here are a few good ones with evidence based data showing that investing in exercise and health promotion programs reduces insurance utilization/costs.

https://clark.com/insurance/john-hancock-exercise-lower-life-insurance-premium/
https://hbr.org/2016/04/meet-the-wellness-programs-that-save-companies-money
https://www.cardiovascularbusiness.com/topics/practice-management/regular-exercise-may-decrease-healthcare-costs-utilization
https://www.cdc.gov/nccdphp/dnpao/docs/carlson-physical-activity-and-healthcare-expenditures-final-508tagged.pdf

Support fall prevention programs! Center for Disease Control stats report that 1/4 of seniors fall each year. Fall injuries cause thousands of emergency visits, surgeries and health claims annually.
Evidence based fall prevention program resources:
https://www.cdc.gov/homeandrecreationalsafety/falls/fallcost.html
https://www.ncoa.org/wp-content/uploads/Tai-Chi-for-Falls-Prevention.pdf
https://www.cdc.gov/homeandrecreationalsafety/falls/compendium.html

Adding health promotion components like paying for members' exercise programs can reduce DRB costs both short and long term. As Nike says, "Just Do It"!

Respectfully,

Jo Boehme

There is a great deal of confusion among insured and providers regarding the benefit paid when an insured selects progressive lenses. I don't know of anyone selecting glasses with lines in them for years now. Aetna does pay up to the amount for tri-focal lenses, but this must be appealed. I do not understand why this vision issue cannot be addressed even though a lawsuit is pending. If it is not possible to modernize this very out-of-date benefit, at least clarify to us how to proceed with new prescriptions to obtain the maximum benefit.

Carolyn Sanborn
[redacted]