

# AlaskaCare Retiree Town Hall

## Event Summary

**Date** Thursday, June 20th, 2019 | 10:00 to 11:00 a.m.

**Recording** <https://vekeo.com/event/alaskacare-46013/>

**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 461 attendees participated in the call and an additional 55 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](mailto: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 would like to thank the AlaskaCare members for providing feedback on working with PayFlex. We heard you! To improve services to members and simplify the Income Related Monthly Adjustment Amount (IRMAA) and the Health Flexible Spending Account (HSFA) process, a new dedicate PayFlex customer service number started on June 1<sup>st</sup>, 2019.

For questions regarding PayFlex IRMAA HRA or HFSA call **(800) 416-7053** <sup>\*new</sup>

For questions regarding COBRA and Direct Bill call **(800) 359-3921**

The next Tele Town Hall will be **Thursday, July 18<sup>th</sup>, 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: Can Medicare Advantage plans work with the AlaskaCare Retiree plan?**

Typically benefits offered by the AlaskaCare plan are high enough quality that you don't need to purchase an advantage plan. The choice to use an advantage plan or not depends on the way you access care and whether you stay in one place or not, and the quality of care at the facility you use. In general, we don't see many members who have elected an advantage plan, which is indication of the robustness of AlaskaCare as secondary coverage.

**2. Question: What type of preventative services are covered under the Retiree Health Plan?**

Currently preventative services are limited, most are not covered. There are some exceptions such as PSA tests, mammograms and pap smears. This is due to the plan having an older design, and containing provisions that were popular 15 years ago, but not typically seen now. We are working with the RHPAB to modernize some of these provisions. You can call Aetna on the number on the back of your card to verify if a service is covered. Some immunizations were added in Jan 2019 with the implementation of EGWP, such as the Shingles vaccine if administered at a pharmacy, but the flu shot is not covered.

**3. Question: If we are having difficulties in obtaining benefits for any reason, who can we call in the State to assist us?**

If you want to call the division directly you can call us at (800) 821-2251. You can also reach us at [drbtownhall@alaska.gov](mailto:drbtownhall@alaska.gov)

**4. Question: How does the 2-million-dollar limit work with Medicare?**

We are working with RHPAB to discuss options to remove or increase the lifetime maximum. This was a common provision when the plan was written. Typically for people who become eligible for Medicare, the limit does not pose as much of a risk since AlaskaCare is in the secondary position. If you have concerns about your specific circumstances, please email us at [drbtownhall@alaska.gov](mailto:drbtownhall@alaska.gov).

**5. Question: I'm wondering about international coverage. If you have Medicare as primary and travel to Mexico and need care, what happens?**

If you travel outside of the US Medicare does not provide coverage, and AlaskaCare moves into the primary position. The challenge is sometimes the care giver will want to be paid up front, and you must file a claim when you return home.

**6. Question: Why are colonoscopies only covered if you have family history or problems? Also, have the health fair dates been announced?**

In the two situations you describe, the colonoscopy would be diagnostic and covered. They are not covered when they are preventive in nature. We are working with the RHPAB to potentially add preventive services. We don't have exact dates for the Health Fairs yet but will announce as soon as possible.

**7. Question: Does the plan cover immunizations in general? Specifically, does the plan cover the shingles vaccine?**

The plan does not cover preventive care such as immunizations. However, starting in January 2019, the plan provides coverage of vaccines included in Medicare Part D. So, yes the shingles vaccine is covered when you have it administered at the pharmacy.

**8. Question: Can the appeal process for travel denial be looked into? I can't seem to get evaluations by a physician in my hometown.**

Travel is another area we have proposed changes for consideration by the RHPAB. For your specific circumstance if you could email [drbtownhall@alaska.gov](mailto:drbtownhall@alaska.gov) we will investigate it.

**9. Question: How does Aetna calculate recognized charges for Out-of-Network providers?**

We are talking about making changes to the recognized charge with the board, but it could have a large impact to members and the plan, so will need a cautious and slow approach. Aetna uses the same calculation as Health Smart did prior. How this is done is directed by the plan. We use the 90<sup>th</sup> percentile of Fair Health. Most plans use the 80<sup>th</sup> percentile, so we set ours higher than what most other use. For members like yourself a higher percentage of Out-of-Network are covered, but providers have less of an incentive to join the network. When Fair Health determines the 90<sup>th</sup> percentile they will look at 100 claims in a 6-month period. If charges are billed at a higher level over time that percentile will adjust. It tends not to adjust down. So, the percentile increases over time.

**10. Question: We will be travelling though Canada. I understand Medicare does not apply in Canada. Will AlaskaCare apply and is there anything special I need to do?**

When you are in Canada Medicare will not pay, and AlaskaCare will move into the primary position and pay the claims. It is unlikely that an international provider will submit your claims to Aetna; you will likely need to submit the claims directly to Aetna.

**11. Question: We have acupuncture benefits, but we can only use them in lieu of anesthesia. How can we get the benefit expanded?**

There is a little know provision that does cover acupuncture but only when it's in lieu of anesthesia. We are looking at adding acupuncture in the modernization process. If you have information you would like us to include, please email us.

**12. Question: I'm asking about the primary and secondary coverage. I understood that AlaskaCare is our secondary and Medicare is primary. I'm 62, when should I apply for Medicare?**

Per state statute, when you are eligible for Medicare, it becomes primary. There is a Medicare office in Alaska that can walk you through the process. You can apply 3 months before your 65<sup>th</sup> birthday. Make sure you sign up for Medicare when its time.

**13. Question: What is Aetna's definition of good health?**

Good health is determined by a physician at Aetna who has access to all the medical and pharmacy claims for the member seeking a good health determination. When the physician does their determination, they review this information. Somebody with a high expectation of future claims will

likely be not good health. Someone with a low expectation of future claims will likely be good health.

**14. Question: *Is there a cap on prescription coverage, does the 2 million cap apply?***

The 2 million lifetime cap does not apply to pharmacy benefits. Medication provided in an inpatient setting are considered medical and would apply to the lifetime cap.

**15. Question: *I'm new to Medicare and am a retiree. I'm not sure if I need to look for providers that accept Medicare. I have a new Moda, Aetna and Optum card, can they be combined?***

We are looking at ways to combine the cards into a single card. When we have more information, we will share it with the group.

Providers that accept Medicare allowance and providers that don't, are both okay. If you go to a Medicare 'Opt-Out' provider AlaskaCare will not pay. You will know if they are an Opt-Out provider because they will ask you to sign a contract that enters you into a private contract for payment.

**16. Question: *My 99-year-old father is TRS and seems to remember an LTC benefit. When I retired, we had to opt into LTC. Does he have LTC?***

This has always been an elected benefit. If you send us an email we can check if he elected this benefit when he retired.

**17. Question: *Benefits out of the country. Can you file a claim while you are out of the country? Can you do that online? Why come back to Alaska to file it?***

You can file the claim from wherever you are. It needs to be mailed or faxed, which can be challenging depending on where you are outside of the US.

**18. Question: *How can a member or provider confirm that their nomination letter is received and approved?***

Thank you for proactively working with your providers to nominate them. Please send us an email so we can reach out to you directly to see how we can improve this process.

First poll question: Are you currently using the Prescription Home Delivery benefit?

- Yes – 38%
- No – 62%

Second poll question: Would you prefer to access telehealth services over the phone, or by web chat?

- Web Chat – 25%
- Phone – 53%
- I would prefer not to use telehealth services – 22%