Division Launches First Stage of Employee Health Improvement Program

Personal Health Manager Web Portal

Thanks to all who participated in the employee health improvement survey! A high percentage of Select Benefits (active) members took part in the survey. Your voice was heard and, in response, we have launched a personal health manager web portal from WebMD®.

A clear majority of AlaskaCare Employee Health Plan members who responded to the survey said that maintaining a healthy lifestyle is personally important to you, and that it contributes to your quality of life. Staying mentally and physically healthy is a win/win for all parties concerned in the health plan, and will help to reduce plan costs.

Survey answers indicated that the top five general health programs of interest to you are health screenings, physical activity & exercise, stress management, diet & nutrition, and weight management.

We received thousands of comments from the survey. We are taking the time to read each and every one of them, but here are a few we wanted to share. (Remember, survey comments were anonymous and not linked to any individual):

I truly believe we must address lifestyle choices more actively, rather than just treatment for an illness. Healthy eating, exercise, yearly cholesterol [and] blood tests, aging issues. I would be very interested in any preventive measures. I recently began a lifestyle improvement journey and, after only 11 weeks . . . I FEEL LIKE A NEW PERSON!

I appreciate the State of Alaska taking a look at alternatives to encourage us all to live healthier lives - and to assess where we are at, compared to where we’d like to be . . .

This is a great step in helping employees become healthier. If pursued, I believe this will have a substantial impact on employee health, well-being, and productivity.

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Senior Information Office a Great Resource

The State’s “Senior Information Office” in the Department of Health & Social Services is a great resource for seniors. The office’s staff would like you to know they are available to help you with any questions you may have about Medicare.

Here are some examples of the types of questions the state’s Senior Information Office (hss.state.ak.us/dsds/seniorInfoOffice.htm) fields every day:

When will I become eligible for Medicare? Is my Medicare enrollment automatic? Is Medicare a benefit or is it health insurance? Do I need it if I’m still working? Do I call the Social Security Office or Medicare? Does it coordinate benefits with the Veteran’s Administration (VA)? What if I’m perfectly healthy and active?

Each state maintains an office funded by Centers for Medicare & Medicaid Services (CMS) to assist people to make the best possible Medicare choices available. This includes guidance or referrals to enroll in the various parts of Medicare:

- **Part A** - inpatient hospital coverage
- **Part B** - medical insurance that covers doctors' services, outpatient care, durable medical equipment
- **Part C** - Medicare Advantage Plans (Part A & B Medicare options offered by private insurance companies)
- **Part D** - prescription drug coverage plan

If you’re nearing age 63, it’s time to look into this important topic. Medicare.gov is a great starting point for answers to your questions. And, 1-800-MEDICARE has an automated system available 24 hours a day, seven days a week. Just because you reach age 65 and can opt to get Social Security payments does not mean you are automatically enrolled in Medicare. So, formulate your questions and call the folks that can assist you at the State of Alaska, Health & Social Services Senior Information Office, based in Anchorage, toll-free at 1-800-478-6065.

Employee Health Improvement Program
(cont’d from page 1)

AlaskaCare Employee Health Plan members can now log on to the WebMD® portal at: www.webmdhealth.com/sponsors/alaskacare.htm. This portal is a personalized web page featuring tools and resources that support assessment, education, and positive lifestyle changes that can enhance the quality of your life.

For more details, watch for an email describing where and how to get started using the resources available at the WebMD® portal. The information you provide WebMD® is available only to you and those you authorize. Unless specifically authorized by you, or legally required, WebMD® will not release any data in which individuals can be personally identified.
What You Need to Know About Certification

When your doctor tells you that you need to have a medical procedure, did you know that, before having the procedure, you need to check to see if it needs to be certified? If you don’t take this step, you may incur a financial penalty.

The purpose of certification is to determine the initial medical necessity for a procedure. Medical necessity is required for all but preventive services (mammogram, pap smear, and PSA test) under the retiree plan and for most services under the active plan. If a medical procedure is certified as medically necessary by the claims administrator (Premera), this means that the procedure appears to meet medical necessity guidelines (based on the codes your provider submits on your claim form). But it does not assurance or guarantee that the procedure will be covered by your insurance or paid in full.

In some cases, your physician or the facility (such as a hospital) may call to obtain certification for services, but they may not always tell you they have done this. It is always a good idea to check with your provider(s) to ask if they have called for certification. You, your physician, or the facility may call.

As part of the certification process, you will receive a letter from the claims administrator outlining the certification terms. To quote the exact language from a certification letter, which applies no matter the procedure:

“This is not a guarantee of payment. This authorization applies only for the time period noted for the service specified, based on current diagnosis and medical information, and is subject to contract limitations, final diagnosis, benefit limitations, and member eligibility at the time of service.”

As you can see, a certification letter does not guarantee payment. And, if you do not obtain certification for a procedure that requires it, the penalty can be significant – ranging from $100 to $400. Ultimately, it is the medical necessity of the treatment (sometimes not determined until after treatment) that determines whether or not services are covered.

You can find detailed certification information on the following pages in your Insurance Information Booklet, depending on whether you are an active employee or a retiree:

- Select Benefits (active) member: pages 29-42, 54
- Retiree member: pages 20-34, 46

The certification information in your booklet includes the following:

- list of procedures requiring certification
- timeframe for certification
- certification of additional days (for example, lengthening a stay in a hospital or other facility)
- certification of additional services (for example, supplies, skilled nursing services)
Employee Health Plan Premiums to Increase July 1

There will be a 1.9% overall increase in employee (active) health plan premiums over last year, effective July 1. Health plan members have been doing a great job in keeping plan costs down.

Take Good Care of Yourself!

1-888-899-3060
24/7 Health Line
to speak with a registered nurse about your nonemergency health concerns
Free to ALASKACARE members