

State of Alaska Department of Administration Division of Retirement and Benefits	AlaskaCare Employee Health Plan Amendment	Number: 2018-2
		Effective Date: August 1, 2018
	Amends:	Review Date:
	<u>Amends:</u> (1) 2.1.1 Medical Benefit Schedule, Out-of-Pocket Limit (2) 3.3 How the Medical Plan Works (3) 16 Definitions	Distribution: Commissioner Division Director Chief Health Official Chief Health Policy Administrator Vendor Manager Appeals Supervisor Eligibility Manager Communications Supervisor Legal Counsel TPA File

The State of Alaska provides, by means of self-insurance, health benefits covering each eligible employee of the state and their dependents, unless exempted under regulation adopted by the Commissioner of Administration. Such benefits are set forth in the *AlaskaCare Employee Health Plan* (the “Plan”). Under authority of AS 39.30.090-098, the Commissioner of Administration hereby amends the Plan as follows:

Section 1: Amended Provisions

1. AMENDS THE PORTIONS OF THE CHART UNDER 2.1.1. MEDICAL BENEFITS SCHEDULE TO ADD

	Standard Plan	Economy Plan	Consumer Choice Plan
Coinsurance			
Episode of Care received through SurgeryPlus benefits.	100%	100%	100%

Travel Per Diem/Limitations	
Daily per diem under <i>SurgeryPlus Benefits outlined in 3.5.24</i>	\$25 per patient per day Or \$50 per patient and companion per day. Begins the first day of authorized travel – ends last day of authorized travel
Ground transportation expenses (in lieu of air fare) under <i>SurgeryPlus Benefits outlined in 3.5.24</i>	\$50 when most direct route to care is at least 100 miles from place of residence, but less than 200 miles \$100 when most direct route to care is 200 miles or more from place of residence

2. AMENDS 3.2.23 TRAVEL 1ST PARAGRAPH TO READ:

Travel is a covered expense only in circumstances set forth in this section. Travel for SurgeryPlus Benefits is set forth in 3.5.24, *SurgeryPlus Benefits*. Travel for transplant services is set for the in section 3.5.25, *Transplant Services*.

3. AMENDS 3.5. COVERED MEDICAL EXPENSES TO INSERT NEW SECTION “SURGERYPLUS BENEFITS” AS 3.5.24. RENUMBER TRANSPLANT SERVICES TO 3.5.25 AND OTHER SUBSEQUENT SECTIONS UNDER 3.5 ACCORDINGLY.

a. Covered Expenses

Covered expenses include travel and charges incurred during a covered **Episode of Care** with a SurgeryPlus surgeon and facility. Services received outside an **Episode of Care** or with a surgeon or facility outside the SurgeryPlus network will be subject to coverage under other provisions of the **medical plan**.

SurgeryPlus services are subject to a **deductible**. Once the **deductible** is satisfied, services covered under this section are paid at 100%. SurgeryPlus negotiates all costs before you have surgery, then coordinates the payment for you.

SurgeryPlus travel benefits may not be used in conjunction with other AlaskaCare travel benefits provided in 3.5.23, *Travel* and 3.5.25, *Transplant Services*.

NOTE: This new travel benefit, available through Surgery Plus, is only available through the Employee Plan members’ primary AlaskaCare health plan; it does not coordinate with additional AlaskaCare or other health plans. Services provided are subject to your annual plan **deductible**.

b. Covered Services and Procedures

When your doctor recommends a surgery, the SurgeryPlus Benefit will assist you with both planning and paying for the covered medical procedure, including necessary travel

associated with the covered procedure. A SurgeryPlus Care Advocate can help you find a board certified, high-quality surgeon for your procedure, set up an initial consultation, schedule your procedure appointments, make travel reservations (if required), transfer your medical records and coordinate all your surgery bills. You can utilize the SurgeryPlus benefit for the non-emergent procedures listed below. This is not an exhaustive list, but a general guideline of the types of procedures the benefit will cover. Please contact the SurgeryPlus Care Advocate at 855-715-1680 for additional information.

- **Knee**
 - Knee Replacement
 - Knee Replacement Revision
 - Knee Arthroscopy
 - ACL/MCL/PCL Repair
- **Hip**
 - Hip Replacement
 - Hip Replacement Revision
 - Hip Arthroscopy
- **Shoulder**
 - Shoulder Replacement
 - Shoulder Arthroscopy
 - Rotator Cuff Repair
 - Bicep Tendon Repair
- **Foot and Ankle**
 - Ankle Replacement
 - Bunionectomy
 - Hammer Toe Repair
 - Ankle Fusion
 - Ankle Arthroscopy
- **Spine**
 - Laminectomy/Laminotomy
 - Anterior Lumbar Interbody Fusion
 - Posterior Lumbar Interbody Fusion
 - Anterior Cervical Disk Fusion
 - 360 Spinal Fusion
 - Artificial Disk
- **Wrist and Elbow**
 - Elbow Replacement
 - Elbow Fusion
 - Wrist Fusion

- Wrist Replacement
- Carpal Tunnel Release
- **General Surgery**
 - Gallbladder Removal
 - Hernia Repair
 - Thyroidectomy
- **GI**
 - Colonoscopy
 - Endoscopy
- **GYN**
 - Hysterectomy
 - Bladder Repair
 - Hysteroscopy
- **Bariatric**
 - Gastric Bypass
 - Laparoscopic Gastric Bypass
 - Laparoscopic Sleeve Gastrectomy
- **ENT**
 - Ear Tube Insertion (Ear Infection)
 - Septoplasty
 - Thyroidectomy
 - Sinuplasty

c. Limitations

Certain examinations, tests, treatments or other medical services may be required prior to, or following, a planned medical procedure with a SurgeryPlus provider. Any medical services performed by anyone other than a SurgeryPlus doctor, including pre- and post-care, shall be subject to the coverage limits and other terms on the **medical plan**.

Subsequent to an **Episode of Care**, if a member needs emergency care for any reason this would be subject to coverage under the **medical plan**.

The SurgeryPlus **Episode of Care** ends when the member is discharged from the facility.

SurgeryPlus **Episode of Care** does not cover:

- diagnostic testing in advance to determine whether a procedure is necessary;
- convenience expenses;
- procedures or care that are not medically necessary; and
- Serious Reportable Events (SREs) as defined by the National Quality Forum at <http://www.qualityforum.org/Home.aspx>.

d. Network of SurgeryPlus Surgeons and Facilities

Through the SurgeryPlus network, you will have convenient access to high quality, low cost care for a select set of non-emergent procedures. SurgeryPlus only includes in their network, facilities and physicians that pass rigorous quality screening and credentialing standards. These standards include, but are not limited to, board certifications, specialized fellowship training, minimum volume requirements, complication rate thresholds, background and malpractice checks, medical practices and policies, public perception and customer service standards.

e. Travel Expenses

Your SurgeryPlus benefit will help pay for necessary travel associated with the covered procedure. Only travel arrangements made through the SurgeryPlus Care Advocate are eligible for coverage under the SurgeryPlus benefits. The specific travel benefit depends on the procedure, the provider and the distance between the provider and a member's residence.

Covered expenses may include the following as arranged by the SurgeryPlus Care Advocate:

- Roundtrip coach class commercial air transportation for patient.
- Roundtrip coach class commercial air transportation for one companion.
- Taxi or shuttle service to/from airport to hotel and hotel to doctor's office or facility.
- Lodging away from home while traveling to receive pre-operative consult services and procedures covered under the SurgeryPlus benefits and through post-procedural consult, or until such time as the provider has advised that the patient is cleared to travel and does not require a near term in-person visit with the treating provider, or in any case where the member does not have easy access to primary care.
- Pre-loaded debit card to cover \$25 per patient per day (\$50 per day for patient & companion) for meals and incidental expenses traveling away from home to receive services covered under the SurgeryPlus benefits, during the stay to obtain a SurgeryPlus Episode of Care and for the travel from the place of care to the member's home of residence.
- When member uses ground transportation in lieu of air travel, and the most direct one-way distance exceeds 100 miles but is less than 200 miles from the member's residence, a pre-loaded debit card of \$50 to help with fuel.
- When member uses ground transportation in lieu of air travel, and the most direct one-way distance is 200 miles or more from the member's residence, a pre-loaded debit card of \$100 to help with fuel.

4. AMENDS THE 16. DEFINITIONS TO ADD “EPISODE OF CARE”

- **“Episode of Care”** means (i) all services rendered by SurgeryPlus provider and provider’s professional and medical staff, as applicable and (ii) all hospital or facility-related expenses under the Diagnosis Case Code. The **Episode of Care** begins on the day the patient first receives services from the provider related to the Diagnosis Case Code covered and coordinated by SurgeryPlus and ends when the patient is discharged from the hospital or facility. Services and expenses under the Diagnosis Case code commonly included in the **Episode of Care** are: equipment used while in hospital or facility, in-hospital or in-facility medications or biologics and supplies, implants, labs, in-hospital meals, hospital confinement days, pre and post in-hospital or in-facility nursing care and in-hospital physical therapy and follow-up consultations, and any other medically necessary care related to the Diagnosis Case Code rendered prior to discharge.

Section 2: Conflict

In the event of a conflict between the language contained in this Amendment and previously adopted language contained in the Plan, the provisions of this Amendment shall control.

Section 3: Effective Date.

This amendment is effective for claims submitted for payment with dates of service on or after August 1, 2018.

Adopted this _____ day of _____, 2018.

By: _____
Leslie Ridle, Commissioner