

JHCC meeting notes
April 22, 2016

Employee Assistance Program: The Employee Assistance Program will be listed as an agenda item on the next JHCC meeting (date unknown at this time.) Some feedback surfaced about this program, so JHCC will read and discuss at next meeting.

Patient Care explained: Emily Penner from Patient Care provided overview of this service to UA employees, including negotiating between patient and provider for reduction in balance billing for an out-of-network provider; setting up a longer payment schedule between patient and an out-of-network provider; helping a UA employee analyze which health care plan suits his or her family or needs best. They can also help a health-plan covered employee find an local in-network provider, or identify an in-network provider located out of state.

Patient Care has worked with Alyeska Pipeline for years, so is familiar with the peculiarities of the Alaska health marketplace.

Patient Care has had a 20 percent success rate in the Alaska marketplace in negotiating with doctors to get a partial write off or a discount. She said there is no incentive for doctors in Alaska to negotiate a discount or a write off. Some do, but don't feel the competitive pressure to do so.

Bringing 2015-16 health plan experience to 200% Medicare: The JHCC began a discussion of ameliorating impact of the 125% Medicare allowable charge for plan members who used an out of network provider in 2015-16. (Beginning July 1, out of network providers will be reimbursed at 200% of the allowable charge, an increase from 2015-16 of 125% Medicare). After much discussion of what this would entail, the committee voted to recommend to UA Chief Human Resources Officer that the university support a retroactive to 200% Medicare for impacted plan members for FY15-16. The vote was approved, and the resolution is attached. No word on approval has come from the university as of 5/4/2016.

Healthyroads update: At the time of the meeting, the April 30 deadline was fast approaching to meet requirements for the \$600 premium reimbursement. Utilization report is attached for sharing.

Travel benefit chart: Attached for viewing. Compares hip joint replacements, knee replacement etc., prices in state and using the travel benefit.

JOINT HEALTH CARE COMMITTEE

MEMORANDUM

DATE: April 28, 2016

FROM: Abel Bult-Ito, Chair - Joint Health Care Committee (JHCC)

SUBJECT: Motion 16.4 as approved for your consideration during the 04-22-16 Meeting

TO: Ardith Lynch, University of Alaska Chief Human Resource Officer

Dear Ardith,

The Joint Health Care Committee (JHCC) met April 22, 2016, for a regular phone conference meeting.

Following substantive discussions, the JHCC passed the following motion for your consideration:

Motion 16.4: The Joint Health Care Committee recommends that the University of Alaska Chief Human Resources Officer bring out of network payments for FY15-16 to 200% of Centers for Medicare and Medicaid Services (CMS).

Please provide a written response to the intent of motion 16.4 within the 20-day timeframe in accordance to the Collective Bargaining Agreements between the University and the Union represented groups.

Respectfully,



Abel Bult-Ito, Professor of Neurobiology
Chair Joint Health Care Committee

Cc: Local Union Presidents, Staff Alliance Chair, and JHCC members



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of ALASKA
Many Traditions One Alaska

To: Abel Bult-Ito, Chair
Joint Health Care Committee

From: Ardith Lynch, Interim Chief Human Resources Officer

Date: May 6, 2016

Re: JHCC Motion from April 22, 2016

Thank you for your memo transmitting Motion 16.4 from the Joint Health Care Committee meeting on April 22, 2016.

Motion 16.4: The Joint Health Care Committee recommends that the University of Alaska Chief Human Resources Officer bring out of network payments for FY15-16 to 200% of Centers for Medicare and Medicaid Services (CMS).

I have considered the committee's recommendation to implement out of network payments retroactively for FY15-16 at 200% of Centers for Medicare and Medicaid Services (CMS). I have determined that the best interests of the University, its employees, or the health care plan would not be served by accepting the JHCC's recommendation.

The reasons for my determination are that the benefit to employees is outweighed by the inconvenience to both employees and affected health care providers, as well as the cost to the university and to employees' providers for handling 2000 reprocessed claims for the current fiscal year (from July 2015 to the present). If the claims were reprocessed, every health care provider who received additional reimbursement would have to review and adjust each patient's account. If the service has already been paid, the provider would have to issue a refund to either the patient's secondary insurance or the patient. If some or all of the original charges initially went to a patient's deductible, a subsequent provider may also be affected, owing a refund to Premera and having to bill the patient for that amount.

Implementation would require a mid-year contract change with Premera and reconfiguration for Premera's system, resulting in additional fees to the university, as well as coordination with BlueCard and the fee structure for claims from outside Alaska and Washington. In addition, all out-of-network claims would need to have a pay hold while the reprocessing of claims took place, a process that could easily extend into FY17.

While the increase from 125% to 200% would result in a slightly higher reimbursement for these services, it is not enough to justify the abovementioned negative impacts.

Thank you for your efforts and diligence to continue the productive work of the JHCC.