

Keeping Health Care Affordable For Workers And Their Families

AETNA TALLIES UP SERVICE IMPROVEMENTS

Further Improvements Coming in 2015

At the end of the first year of the Coalition's partnership with Aetna, the PPO has added 289 providers to its Alaska network, representing 418 specialties and locations. In addition, nearly 40,000 participants—more than 96,000 covered lives in total—are receiving care.

"When you put it all together, we strongly believe that Aetna's network strength and flexibility can help HCCMCA member health plans deliver more effective and affordable health care to your participants," said Matt Sherrill, Aetna Public & Labor regional vice president, during the recent HCCMCA Annual Meeting.

GROWTH BY THE NUMBERS IN 2014

In addition to the expanded PPO network in Alaska, Aetna increased the number of vendors, groups, hospitals, physician groups, and other providers participating in its National Advantage Program (NAP). NAP offers access to contracted rates for many medical claims that would otherwise be paid as billed charges under many indemnity plans, the out-of-network portion of managed care plans, or for emergency/medically necessary services not provided within the standard network. Added together, the PPO Network and NAP bring the total number of eligible providers in Alaska to 2,280, including primary care

physicians, a range of specialists and behavioral health practitioners.

In Washington, Aetna's network discounts are very strong relative to other networks. In 2014 Aetna significantly improved its discounts in Tri-Cities at both major hospitals: Kadlec Regional Medical Center in Richland and Trios Health in Kennewick. For health plans looking for even greater savings, Aetna also negotiated new narrow network options with both hospitals.

SERVICE ENHANCEMENTS IN 2014

More responsive service tops the list of program enhancements Aetna has put in place to serve HCCMCA member health plans. A dedicated precertification team and a "concierge line" for members' third-party administrators makes it easier to get precertification when needed and to follow claims through to completion. Aetna has also committed to hiring a Seattle-based claims specialist by the end of July for more local customer service.

LOOKING AHEAD

By the end of 2015, the Aetna Whole Health Network will be available in King, Snohomish and Pierce counties in Washington, along with the Aexcel Network of specialists. The latter represents a projected 4% total cost savings for participating plans. ■

IN THIS ISSUE

AETNA Tallies Up Service Improvements 1

Thomsen Recaps 2014 Achievements at Annual Meeting 2

Pre-registration Required for Health Fairs 2

Two Hidden Medication Perils 3

Calendar 3

So-Called "Cadillac Tax" is a Clunker 4

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Summary of Expansion in Alaska by Provider Type and Location

	ANCHORAGE	FAIRBANKS	JUNEAU	MATANUSKA	All Other	Total	Head Count
PCP	18	7	12	11	9	57	47
MD Specialists	49	32	16	11	47	155	93
Midlevels	30	17	15	19	12	93	85
Behavioral Health	34	9	6	12	8	69	21
All Other Specialists	20	8	1	7	8	44	43
Total	151	73	50	60	84	418	289



PRE-REGISTRATION REQUIRED FOR ALL HEALTH FAIRS

The Annual Health Fairs are one of the most appreciated and valuable benefits the Coalition offers. In 2015, with the addition of Tacoma and Ketchikan, the fairs will reach more people in more locations than ever before.

Participants can take advantage of the medical services (screening tests, flu shots) and pick up health education information provided by HCCMCA vendors and community organizations, ranging from tobacco cessation to healthy living.

NEW FOR 2015:

All Alaska participants are now required to pre-register to attend the health fairs. Washington health fairs continue to require pre-registration.

Questions? Please contact
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800-457-0220 (toll-free)
907-865-6842

See the Calendar on p. 3 for
2015 Health Fair dates; go
to hccmca.org for location
details. ■

THOMSEN RECAPS 2014 ACHIEVEMENTS

National CooperativeRx Exec Upbeat at Annual Meeting

Calling “our members, consultants and third-party administrators our reason for existence,” National CooperativeRx Vice President Deb Thomsen kicked off an upbeat review of the value NCRx delivers to the Coalition. Specifically, she noted the importance of expanded purchasing power and the ability to share expertise, flexible benefit designs, a “turnkey approach to carving out drug spend” and strong prescription benefit management capabilities.

Another proof of the Coalition’s importance to NCRx came last year when HCCMCA was named a “sustaining member” of the Cooperative and Executive Director Fred Brown joined its board as a voting member.

Strong Growth in 2014

Nationwide, 19 new plan sponsors, representing nearly 30,000 participants signed on with National CooperativeRx in 2014. Of those, Coalition member health plans brought 2,100 new participants into NCRx. The Cooperative also flourished financially, coming in 10% under budget.

In 2014, HCCMCA member health plans paid \$171,308 (\$0.20 per participant per month) to NCRx. That investment produced \$51,544,700 in value for plans in terms of contract and price discounts and the savings gained from NCRx’s clinical program. That figure also includes funding for the Annual Health Fairs, prior authorization and appeals fees and expenses related to

the International Foundation of Employee Benefits Plans Conference joint reception in Boston.

National CooperativeRx also works with a third party each year to audit all members’ claims with CVS/caremark to ensure that members get each dollar they’re owed. The 2013 audit resulted in the Coalition being reimbursed nearly \$11,000 for discrepancies in per claim processing and dispensing. There were no discrepancies in five other scope items.

Market Check

A market check was built into the three-year Master Contract between National CooperativeRx’s members and CVS/caremark when the contract was created. According to Thomsen, its purpose “is to either demonstrate that we have the strongest contract available, or to use the results to negotiate a better deal.”

A third-party reviewed and compared the Master Contract to that of seven other organizations outside of National CooperativeRx. Some of the comparison contracts were cooperatives while others were direct, single-employer contracts.

The findings showed that National CooperativeRx has highly competitive rates and leads all the potential comparables in terms of ingredient cost by \$5 million over a three-year period. This confirms that the current contract is holding up well. ■

TWO HIDDEN MEDICATION PERILS

During the Annual Meeting, two experts provided insights into two medication-related crises facing Americans today: people not taking their prescription medications and people abusing prescription medications.

Addressing the Challenge of Medication

Adherence *Jan Berger, MD, MJ, Health Intelligence Partners*

Nearly half of Americans take at least one medication regularly. But only half of them take their medication as prescribed.

That kind of non-adherence takes 100,000 lives and costs \$310 billion annually. For example, treating people with diabetes who don't take their medication costs \$3,765 more than people who do. For people with high blood pressure, the cost differential is \$3,908.

There are many barriers to improved adherence, but some interventions have proved effective:

- Personalized coaching and communication can raise adherence 20 to 25%.
- Clearer, easier-to-understand labeling and instructions improve adherence.
- Low-tech buddy systems and high-tech text messaging support adherence.

Medication non-adherence is a serious health care problem that carries high clinical and financial costs for patients and payers. Working together as patients, providers and payers, we can improve adherence, improve people's health and save lives. ■

Are We Really Doing No Harm?

Robert M. Stutman, The Stutman Group

The fight against death by drug overdose—which became the nation's leading cause of death in 2010—has moved from the street to the medicine cabinet. Today, one death every 14 minutes is caused by prescription drug abuse. Emergency room reports of prescription drug overdose doubled in five years to an average 190,000 per month.

Where do the drugs come from? The U.S. consumes 80% of the opioids prescribed in the world. On average, traumatic pain patients take six opioid tablets for pain relief; the typical prescription is for 60 tablets. Given that occasional users of opioids get their drugs from the

medicine cabinet of family and friends, those unused 54 tablets are all too likely to find their way into the wrong hands.

Forty percent of opioid abusers get their drugs of choice directly from physicians. Per capita, physicians in the U.S. prescribe more opioids than any other country. According to the Archives of Internal Medicine, 20% of doctor visits in the U.S. result in a prescription for opioids.

Psychostimulants are another threat found in many medicine cabinets. Two of the most common—Ritalin and Adderall, often prescribed for attention deficit hyperactivity disorder—are also two of the most often abused. ■



CALENDAR

HCCMCA QUARTERLY MEMBERSHIP MEETINGS

August 19

November 18 ■

2015 HEALTH FAIRS

Washington

Spokane – September 19

Tri-Cities – September 26

Tacoma – September 26

Kent – October 17

Bothell – October 24

Alaska

Ketchikan – September 20

Mat-Su – September 26

Fairbanks – September 26 & 27

Anchorage – October 3 & 4

Soldotna – October 24

Juneau – October 24

Anchorage – October 31 &
November 1 ■

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS PLANS - U.S. ANNUAL EMPLOYEE BENEFITS CONFERENCE

November 8 – 11

We're planning the annual HCCMCA/National CooperativeRx/National Labor Alliance of Health Coalitions (NLA) reception. Look for details on hccmca.org. ■

3000 A Street, Suite 300
Anchorage, AK 99503

READ ABOUT
MEDICATION USE AND ABUSE
DISCUSSED AT ANNUAL MEETING, P. 3.

Since 1994, the Health Care Cost Management Corporation of Alaska, Inc. (HCCMCA) has been helping member health plans control health care costs by negotiating better pricing on health benefits and services than these same plans could achieve on their own. Current member health plans include 24 headquartered in Alaska and 16 headquartered in the Pacific Northwest.

news

SO-CALLED "CADILLAC TAX" IS A CLUNKER

Many things cost more in Alaska than elsewhere, including health care. It's one of the trade-offs for living in a place unlike anywhere else on Earth. But that cost differential should not be allowed to push health care plans serving ordinary Alaskans over the

excise tax threshold contained in the Affordable Care Act. That is the argument HCCMCA Executive Brown makes in a

recent op-ed published in several Alaska newspapers. Visit http://www.newsminer.com/opinion/community_perspectives/irs-needs-comments-on-cadillac-tax/article_5ebe3858-f2d3-11e4-88a6-0f17729372e4.html and find out what you can do to deflate the "Cadillac tax." ■

