

Telemedicine Rising to the COVID-19 Challenge

Virtual care is playing a central role during this COVID-19 crisis, p. 2.

New Member Spotlight

Coalition welcomes Colorado Sheet Metal Workers Local 9 Health Fund, p. 3.

Proven Health Care Cost Reduction Through Strength in Numbers

COALITION SERVICES SUPPORT COORDINATED COVID-19 RESPONSE



The COVID-19 pandemic has contributed to more than 200,000 deaths in the US and infected over six and a half million more, with increases in both measures assured, though mortality rates have declined sharply. It continues to cause grave economic and emotional damage across the nation and the world.

“Many of the participants of our member plans in the states where the Coalition is active are among those who have suffered. We are proud, however, that the service providers we have agreements with have stepped up their responses. From cost savings to home delivery of medications to new services including drive-through testing, they have offered support in a time of great need,” said Fred Brown, the Coalition’s executive director.

BridgeHealth Added Mindfulness Solutions

When elective surgeries were delayed, BridgeHealth added eMindful to its offerings to help patients cope with the stress of these delays.

Alaska Regional Hospital Contract Temporarily Extended to Include Services Received at Providence

The Coalition negotiated the temporary inclusion of Providence Hospital (the primary COVID-19 treatment facility in Anchorage) as an in-network facility through December 31, 2020. This has helped lower barriers to treatment and has protected patients and member plans from excessive cost if the patient ends up at Providence instead of Alaska Regional Hospital.

Aetna Offered Options

Aetna made it easy for member plans to implement temporary plan changes to respond to COVID-19. Member plans were able to waive participant costs for COVID-19 testing, Teladoc visits and/or other telemedicine visits, and for inpatient hospitalization for COVID-19 at network providers. Aetna case managers contacted members most at-risk for COVID-19 and Aetna is

providing comprehensive reporting to show the impact of COVID-19 on each member plan.

CVS/Caremark and National CooperativeRx Extended Home Delivery and Renewals

The participants of member plans participating in CVS/Caremark have benefited from free home delivery of prescriptions from CVS pharmacies in some areas. Refill limits and prior authorization for prescription extensions also were waived through June 15, 2020.

Coalition Health Centers Remained Open

The Health Centers have remained open for appointments and providers are available to provide care by taking all recommended precautions including requiring patients with respiratory symptoms to call for pre-screening before coming in.

Find updated information on the Coalition website: phcoalition.org. □

TELEMEDICINE RISING TO THE COVID-19 CHALLENGE



“Virtual care is playing a central role during this COVID-19 crisis, when the traditional health care system is under intense pressure, and I am confident that role will only continue to expand,” Jason Gorevic, CEO of Teladoc Health, said in a statement in May.

In early April, Teladoc Health was providing more than 20,000 virtual medical visits every day in the United States, an increase of 100% over the previous month. Teladoc estimates that 60% of those visits were with new patients.

The turn to telemedicine supports two important efforts in containing COVID-19: It relieves pressure on hospitals and clinics, and it allows people to avoid crowded waiting rooms when they need care. Targeted deregulation

by the Centers for Medicare & Medicaid Services has given telemedicine providers added flexibility to deliver more than 80 services not allowed previously. The deregulation also allows people to connect to telemedicine using platforms like Skype, Zoom and FaceTime.

Telemedicine an Essential Service

Telemedicine services like Teladoc Health – including access to mental health support services – allow people to resolve healthcare needs through on-demand or scheduled visits with licensed doctors spanning multiple specialties.

Sixteen member plans in the Pacific Health Coalition now use Teladoc Health, which is available

as part of the Coalition’s PPO agreement with Aetna.

Member plans also have access to Teladoc through the Coalition’s membership in the National Labor Alliance. That is how the 87,000 members of UNITE HERE HEALTH quickly gained access to this vital health care service when COVID-19 emerged last spring.

“One thing we are learning from the current situation is the importance of adapting to fluid circumstances,” said Fred Brown, PHC’s executive director. “We have long supported telemedicine as a valuable service. We are proud to have offered Teladoc Health to member plans since 2014. Now, more than ever, it is essential to delivering high quality, cost-efficient health care.”

Vouchers and Lab Kit Options Stand In for 2020 Health Fairs

The ongoing COVID-19 pandemic required the Coalition to rethink the annual Health Fairs.

“We negotiated at length with providers to arrive at alternatives that will avoid putting people at risk by attending a large gathering, while still delivering services that member plans will find useful and safe for their plan participants,” said Executive Director Fred Brown. “We are especially pleased

to help provide an opportunity for plan participants to get their free flu shots—a preventive care service that is more important now than ever. We also continue to work on your behalf to find a way to return to in-person annual Health Fairs in 2021.”

For 2020, member plans are able to offer their participants preventive care alternatives including in-home lab test kits,

on-site lab test appointments (in Washington), drive-through flu shot clinics (in Alaska) and flu-shot vouchers. As in previous years, pre-registration for these services is required at coalitionhealthfair.org beginning September 9 in Alaska and October 1 in Washington through November 30.

For more information, please contact info@phc.org.

New Member Spotlight: Colorado Sheet Metal Workers Local 9 Health Fund

The newest member of the Pacific Health Coalition is far from the Pacific Ocean, but its determination to provide high-quality, cost-effective care to its members makes it a perfect fit for the Coalition.



diligence, we realized that the best price was available through the Pacific Health Coalition and decided to join.”

The Colorado Sheet Metal Workers Local 9 Health Fund has about 1,000 members and covers close to 2,600 lives. Its members work with heating, ventilation and air conditioning systems, and architectural sheet metal, such as that used on Seattle’s Experience Music Project. In addition to skilled labor, its members include project managers and estimators.

“Many of our members live in rural parts of Colorado, with limited access to health care,” said Dwayne Stephens, business manager and chairperson of the Local 9 Health Fund Board of Trustees. “Our goal is to help all of our members save money and achieve better health outcomes.”

Those two factors make BridgeHealth an obvious choice for the Local 9 Health Fund. “Our benefits consultant introduced us to BridgeHealth as a service provider,” Stephens continued. “Doing our due

A Model Relationship

Nathan Cooper, a management representative on the Local 9 Health Fund Board of Trustees, notes that, “The Coalition’s model makes a lot of sense to us. We use collective bargaining all of the time. We understand that the collective model is helpful in negotiating services and moving the market. With the Pacific Health Coalition, it will be easier to impact the market than we could on our own.”

For example, the Local 9 Health Fund now offers members an annual reimbursement per family for vision care. Moving into the Coalition’s contract with VSP may be an alternative if the numbers come into focus.

“We look forward to sharing ideas and experiences with other Coalition members,” says Stephens. And the Coalition welcomes our first member from Colorado!

THE PACIFIC HEALTH COALITION QUARTERLY MEMBERSHIP MEETINGS

September 24:
Virtual Annual Education Session (rescheduled) and Board Meeting

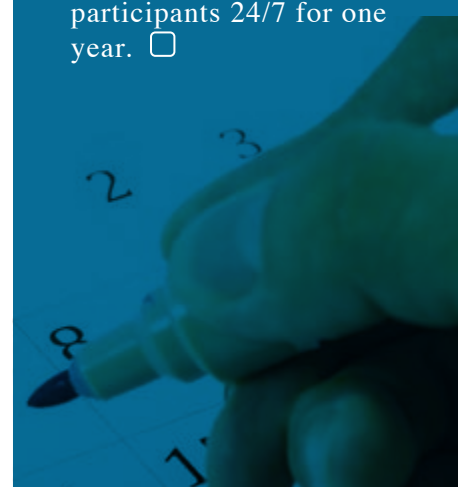
12:00 noon (PDT), 11:00a.m. (AKDT)

November 10:
Anchorage

All meetings will be held by videoconference through Microsoft Teams. For questions about how to attend by videoconference, please contact Fred Brown or Pat Shier at info@phcoalition.org or 888-474-4226. □

INTERNATIONAL FOUNDATION OF EMPLOYEE BENEFITS (IFEBP) 66TH ANNUAL CONFERENCE

- November 3–19, 2020
- Mix of live (hosted through Zoom) and prerecorded sessions
- Live sessions: Tuesdays, Wednesdays, Thursdays, 7:00 a.m.-1:30 p.m. (PST); 6:00 a.m. – 12:30 p.m. (AKST)
- Sessions will be recorded and accessible to registered participants 24/7 for one year. □



READ ABOUT THE PHC'S RESPONSE TO COVID-19, P. 1.

Since 1994, the Pacific Health Coalition (aka 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. Currently, there are 48 member health plans throughout the United States.

Dialysis Providers Challenge Cost Containment Efforts in Court

Medicare spends an average of \$90,000 per patient per year for dialysis, for a systemwide total of \$3.4 billion.

Why should Coalition member plans care what Medicare pays for dialysis? Three reasons:

1. Patients with end-stage renal disease (ESRD) are eligible to enroll in Medicare regardless of age and most of them do enroll.
2. For the first 33 months of treatment, however, the patient's group health plan is primarily responsible for the cost of treatment.
3. Five federal lawsuits are threatening the ability of group plans to limit coverage for dialysis.

The lawsuits were filed by DaVita, which along with Fresenius,

controls nearly three-quarters of the U.S. dialysis treatment business. DaVita is asking the court to endorse an expansive reading of Medicare Secondary Payor (MSP) rules that would prohibit health plans from implementing dialysis cost containment during the first 33 months of treatment.

In an effort to protect our member plans, the Pacific Health Coalition, with the assistance of the National Labor Alliance of Healthcare Coalitions, has filed an amicus brief in the Ninth Circuit Court of Appeals. "We know these two providers attempt to charge as much as the market will bear in the first 33 months, because Medicare spending is capped," said Fred Brown, the Coalition's executive director. "Plans have little choice and no leverage over prices unless

they use a cost containment service. This lawsuit challenges even the ability to do that."

The Coalition offers dialysis cost-containment services through an agreement with Renalogic. Renalogic uses the dialysis providers' own, published information to calculate the U&R fee (usual and reasonable), providing a solid foundation for negotiating with the provider to reprice the dialysis providers' claims and curb the high cost of treatment.

There is no cost for the PHC member plans to sign up with Renalogic. Read more about the Coalition's Dialysis Cost Containment offering through Renalogic: <https://phcoalition.org/phc-programs/dialysis-cost-containment.html>.