

## Historical items brought to HCPC by District admin with no action from HCPC

1. **Deductibles**
  - a. The deductible on the Traditional plan and High deductibles could be increased in an effort to achieve some cost savings and push closer to national averages.
2. **Out-of-Pocket Maximum**
  - a. Out-of-pocket maximums are lower than the national average for both types of plans.
3. **Prescription Drug**
  - a. Implement a coinsurance percentage for specialty medications. A common plan provision is 30% up to certain amount per script.
4. **4th Quarter Deductible Carry-Over**
  - a. Remove this benefit since most plans no longer allow.
5. **Accident Expenses**
  - a. Remove this benefit since most plans do not offer.
6. **Dental - Basic Care Benefit**
  - a. Currently it is covered at 100% and we normally see this at 80%, or sometimes 90%.
7. **Inpatient Admissions:** Implement a \$500 deductible per admission
  - a. Estimated savings: \$75,000
8. **Prescription drug savings:**
  - a. Limit Retail to 30 days' supply and Mail Order to 100 days' supply
  - b. Implement a percentage coinsurance (such as 10-20%) instead of a flat copay
9. **Acupuncture, Massage Therapy, Rolfing:** Evaluate the cost impact for removing the covered treatment by reviewing the claims history for these services. These benefits are not covered by most Health Plans.
10. **Non-PPO Physician Penalty:** Review the impact to the plan for implementing a penalty for the use of a non-preferred provider at a 60% reimbursement rate. Also consider basing Non-PPO reimbursement rate as a percentage of Medicare (i.e. 150% of Medicare as the reimbursement rate).

## **Action taken not approved**

**9/25/2024 Increase the HRA deductible** to \$1650/\$3300 to match the HSA deductible effective January of 2025. (HCPC Member)

**5/9/2024 Translucent Incentive Structure:** Motion to replace the just approved incentive structure with a new structure based on 1.5% of case rate capped at \$1.0,000 matching the option in the laydown report (HCPC Member) – **MOTION FAILED**

## **5/11/2022 National Cooperative Rx – Prescription Program Recommendations**

- A. Implementation of program recommendations (Advanced Utilization management program) presented would impact an estimated 25 individual plan members.
- B. Implementation of this program has no additional cost to the program (fees are covered by our membership in National Cooperative Rx)
- C. MMA will follow-up and report back on whether or not the committee can implement a portion of program recommendations while choosing to exempt certain prescriptions (such as continuous glucose monitoring).

**11/18/2020 RX Help Center:** Modify plan to exclude the drugs to treat the class of rare genetic disorders 1/1/2021 and implement Rx Help Center (per KPBSD attorney's advice).

**12/11/2012 Decrease premium** by \$100 (\$50 district/\$50 Employee) per month starting in December, 2012. (HCPC Member)

## Approved

**5/9/2024 Double incentive** for members to use Transcarent. (HCPC Member)

Case Rate < \$9,999 = \$1,000 Incentive

Case Rate \$10,000 - \$19,999 = \$2,000 Incentive

Case Rate \$20,000 - \$29,999 = \$3,000 Incentive

Case Rate \$30,000 - \$39,999 = \$4,000 Incentive

Case Rate > \$40,000 = \$5,000 Incentive

**Effective 8/1/23** Provide the option for Transcarent Surgery The Kenai Peninsula Borough School District Health Plan has contracted with Transcarent to provide non-Medicare eligible participants with access to high quality providers across the United States who perform certain surgeries. This includes access to centers of excellence as well as surgeons who are highly rated within their specialty in the United States for their specialty.

**Effective 5/1/2023** The KPBSD Health Plan will waive the Teladoc Copays for HSA participants due to the Consolidated Appropriations Act extending the ability for Health Plans to waive cost sharing for Telemedicine through 12/31/2024. This change will match the Teladoc benefits for HRA Plan enrollees.

**Effective 7/1/2023** A regular status employee who is regularly scheduled to work the minimum hours per week required by KPBSD will be eligible for coverage on the first day of the month following or coinciding with the start date.

**Retroactive 1/1/2023** Maternity Coverage: The Plan covers prenatal, childbirth and postnatal care. ***Home births are covered under the Plan when performed by a licensed midwife.*** Coverage for you and your baby, if dependent coverage is elected, includes a Hospital stay of 48-hours for a normal vaginal delivery and 96-hours for a C-section. The 48/96 hours begin following delivery of the last newborn in case of multiple births. When delivery takes place outside a hospital, the 48/96 hours begin at the time of inpatient admission. The Hospital stay may be less than the 48-hour or 96 hours minimum if a decision for early discharge is made by the attending Doctor in consultation with the mother."

**Effective 3/1/22** National Cooperative Rx - Prudent Rx Program

**Effective 1/1/22** Bridge Health – SWORD Physical Therapy Telehealth Plan Option

**Effective date: June 1, 2017, Dental sealant coverage:** Under Preventative Care, item #5 should read: Sealants for Covered Persons under age 19 limited to use on permanent teeth.

**3/22/2017\_Medically ordered PT/OT visits:** Physical therapy is covered when such services are Medically Necessary to restore or improve a bodily function that was previously lost as a result of an injury, illness, or surgery. Physical therapy may also be covered for children with developmental disability or delay when such services are Medically Necessary. A physician must refer the patient to physical therapy. Prior to payment of any claim for physical therapy, the therapist must file a copy of the Physician's referral and the therapist's treatment plan with Rehn & Associates. Benefit payment for physical therapy services is subject to the limits shown in the Schedule of Benefits. Additional visits may be approved if visits are Medically Necessary, and the Covered Person continues to make improvements as a result of the therapy. NOTE: The current Schedule of Benefits limits physical therapy visits to 24 visits per year.

**Approved 4/1/2017 Caremark Advanced Control Formulary:** The Advanced Control Formulary excludes some expensive medications from coverage except as a medical necessity and with an accompanying appeals process. (The most typical medications affected by the ACF are Albuterol inhalers and insulin, diabetic test strips and supplies.)

**Approved 2/1/2017 Switch to Aetna PPO Network and Aetna Utilization Review Services / Add Teladoc through Aetna**

**Approved 1/1/2017\_Caremark Advance Control Specialty:** Expand the advance control specialty directive to include more categories.

**Approved 1/1/2017 Physical therapy visits limitations:** Limit physical therapy visits to 24 per year; additional visits may be approved based on medical necessity.

**Approved 1/1/2016 Home Health Care Language (Changes are noted in italics):**

The plan covers home health care visits when services are provided by a licensed home health care agency. Services must be prescribed as an alternative or a follow-up to inpatient Hospital care. The Member may be restricted from leaving home due to a medical condition.

Care must be such that it cannot be learned or performed by the average, non-medically trained person. Care must be provided by technical or professional personnel or by home health aides working along with technical or professional personnel. Care must be required for a medical condition that is expected to improve significantly in a reasonable period of time, *unless the person is eligible for Hospice Care. The plan covers Home Health Care when it is provided in lieu of Hospice Care if no local Hospice Care Agency is able to provide services.*

**Approved 1/1/2014 Dialysis Cost Containment Services (DCC):** Apply the U&R allowable cost from the date of an applicable participant's first outpatient dialysis claim.

In the event a participant is balance billed by the provider during the period prior to Medicare eligibility, the Plan shall consider a hardship waiver on appeal.

**Approved 5/15/2013** Other Medical Services and Supplies: -Speech therapy, which is medically necessary to treat breathing problems, including vocal cord dysfunction (VCD). Speech therapy will not be covered for the treatment of delays in speech development, to restore speech function, or to correct speech impairment. "No amount will be payable for: -Outpatient treatment of speech, hearing, except as specifically provided in the Plan."

**Effective 4/1/2018 Implement Bridge Health Planned Surgery Benefit**

**10/18/2012 Increase in Annual Dental Benefit:** Increase dental coverage maximum to \$2,500 with an effective date of 1/1/2013.

**Effective October 1, 2011, ER penalty fee for non-emergency visits/effective date:** Change the penalty fee for non-emergency visits from \$75 to \$250. (HCPC Member)

**Effective October 1, 2011, Prescription drug co-pay change:** Motion by Terri to change the prescription drug co-pay amounts to those recommended by CareMark including a DAW (Dispense As Written) penalty as well as a Medically Necessary Waiver for individuals was seconded by Betty.

- Generic co-pay: \$5
- Formulary co-pay: \$25
- Non-formulary co-pay: \$50
- Specialty co-pay: \$100

**Effective October 1, 2011. PPO change from Providence to Alaska Regional Hospital.**