

RPEA Northern Region Chapter Minutes
Thursday, March 21st, 2019 at 12:00 pm
Raven Landing Center

Clark Milne convened the meeting at noon, with 106 people in attendance. (!!) Mary Zalar recorded minutes. Clark announced that nominations are still open for NR Chapter officers, and the election will take place in May. Clark has chosen to not stand for re-election as Chair, and Mary Zalar is retiring as Secretary. About half of the State RPEA's Executive Board positions (Vice Chair, Secretary, and 2 committee chairs = Communications and Legislative) are also up for election.

Featured Speaker: Donna Aarhus, at Tanana Valley Clinic Patient Financial Services, spoke on the complex topic of "Medicare Rules & Realities."

1. Donna encouraged TVC patients to contact her with billing questions and provided her business card as well as Medicare health plan information pamphlets.
2. The 2019 Medicare deductible is \$185. Medicare will process your first claim of the year and apply your deductible to the Medicare allowed amount. The State of Alaska's Retiree Health Plan requires only a \$150 deductible, so retirees should not be charged more than that. Donna reiterated that Aetna does not apply the deductible for State retirees consistently, and TVC has experienced Aetna applying varying amounts of the deductible to claims.
3. **Medicare** has a specific contact number for questions about coordination of benefits with other insurance plans—**855-798-2627**.
4. Lab work covered by Medicare: When a physician orders labs, they will probably not consider Medicare coverage. Orders for lab work can be coded as diagnostic (medically necessary) or as screening. If a lab is not covered by Medicare, the patient will be given a form entitled Advanced Beneficiary Notification (ABN) to sign. Before signing this form, patients are encouraged to go to TVC Business Office and clarify coverage prior to completing the lab work.
 - a. It is important to understand the difference between "diagnostic" testing (medically necessary) versus "screening." Medicare pays for a single screening blood panel as is covered every five years. However, if the patient has a diagnosis which needs labs to evaluate, the blood panel is always covered as it is deemed "medically necessary".
 - b. Screening for diabetes is covered up to 3x year if at patient is high risk (most people can qualify as high risk). Diabetes screening blood test needs to be a fasting glucose.
 - c. Diagnostic colonoscopy may be ordered if patient has had polyps in a previous screening or family history. Medicare will cover this. A screening colonoscopy is covered every 10 years for low risk patients. Medicare fully covers physician charge, but facility charges aren't fully covered by Medicare.
 - d. An annual Mammogram is covered for us every year, but it must be at least one year plus a day since the last one.
 - e. Annual PSA lab work is a covered service every year (one year plus one day since last one). Patient may be give an ABN to sign as the laboratory will not be in position to be able to confirm when the last PSA test was administered.
5. Medicare has a "one-year timely filing" rule which requires that corrections or appeals to claims be made within a year.
6. If you are on Hormone Replacement Treatment (HRT), Medicare should cover this.
7. Medicare Preventative Service
 - a. A detailed Medicare wellness exam is covered every year. If the last one was in March, next one can be scheduled any time in March.

- b. The annual wellness exam is strictly preventative. Physical exam is not required to be part of this preventative service. The appointment will include a review of medical history and screenings or immunizations that should be done.
8. Immunizations: Pneumonia and flu are only immunizations covered by Medicare Part B. With the Part D pharmacy plan, shingles and tetanus vaccines are also covered. Travel consults are a non-covered service and immunizations for travel are not covered by Medicare Part B.
9. Health Fairs are highly recommended. Many blood tests are available at a very reasonable cost. There have been an array of state-sponsored health fairs in the fall for years, at no charge to State employees or our retirees.
10. Medicare does NOT cover Vitamin D screening but will if it is diagnostic and medically necessary (suspected vitamin D deficiency).
11. A traditional “physical” is not covered by Medicare. To be covered, there must be symptoms that allow a medical necessity code. A member said that it costs him \$350-500/year for an annual physical required for employment as pilot, boat skipper, CDL license, etc. This is not covered by Medicare, and TVC requires payment at time of service.
12. When you turn 65, you MUST sign up for Medicare Part B for the State of Alaska Retiree plan then properly continue to cover you.

Chapter Business

1. Clark reported on recent RPEA Executive Board meetings. State RPEA is transitioning to a new website and has a new email service. (Constant Contact) The Retiree Health Plan Advisory Board (RHPAB) was going to meet yesterday but the meeting was cancelled. RPEA does not know why, but is concerned that the Governor might consider acting to shut down the board. (it was created by Admin Order) The judge has not ruled yet on the 2016 DVA lawsuit but must, by law, in 6-months from end of input from the parties, thus by the end of April. The (filed in February 2018) Medical Diminishment lawsuit is in the midst of discovery process. Of note: By mere luck, the judge assigned to this case is the same as the one on the DVA lawsuit!
2. For next month’s meeting, **Jackson Fox**, Executive Director of Fairbanks Metropolitan Area Transportation System (FMATS), will talk about future Fairbanks air quality. Title of his talk is: The Link between Transportation Funding and Air Quality – Consequences of Failure to Attain
3. Of note: The May/June RPEA NR meeting is anticipated to be “RPEA members only” with Sharon Hoffbeck and Brad Owens coming up to speak on many topics of current interest, including our ongoing lawsuits, and will probably be held at the Fairbanks Curling Club.
4. There was no verbal Treasurer Report, but a written report was submitted after the meeting. The balance in the Chapter checking account is \$1,762.45.
5. Legislative Report; by Ron Johnson: On Thursday, March 14, the State gave an excellent presentation to the House Finance Committee. Ron was impressed by the Commissioner of Administration Kelly Tshibaka and Emily Ricci, Chief Health Policy Administrator. 90,000 folks, retirees, current staff and dependents, are covered under AlaskaCare. The new pharmacy plan (with OptumRX thru Medicare) saves the State about ~\$30M/year because of associated federal payments.
6. Membership by Jeff Goldsmith: The September membership recruitment letter sent to recent retirees resulted in 1,851 new members. 1,211 previous member renewals were also received.
7. Medical Information Committee: no report because the committee has not met recently.

Meeting adjourned at 1:25 pm.