

## Questions and Follow-Ups for Alliant

### Items promised at the last zoom meeting --

1. A list of all the SISC 17 PPO and 5 pharmacy plans with a little explanation for each, with some kind of notation regarding which plan(s) Peralta will be getting if we go with the SISC proposal

Click on link below in the document titled "Exhibits for Follow Up Questions":

- [SISC Benefit Plan Options](#)

2. For the following Bay area college districts, which SISC plans do they have or offer (Kaiser & Anthem) -- San Jose Evergreen, Marin, Santa Rosa, Yosemite

- San Jose Evergreen – Anthem Blue Cross PPO and Kaiser Permanente
- College of Marin – Blue Shield PPO and Kaiser Permanente
- Santa Rosa Junior College – Blue Shield PPO/HMO and Kaiser Permanente
- Yosemite Community College District – Blue Shield PPO and Kaiser Permanente

3. A list of SISC Board members and their affiliations

Click on links below in the document titled "Exhibits for Follow Up Questions":

- [2022-2022 SISC III Board of Directors List](#)
- [SISC Board Member Process](#)

4. Please ask Trustmark to check their records regarding retirees

\*if there are claims that Medicare denied and Trustmark paid

- In 2021, there were 1,079 claims paid by Trustmark but denied by Medicare.
- After reviewing the claims, Anthem Medicare Advantage found 933 claims would have been approved by the Anthem MA plan
- There were 7 claims (5 claim codes) that Anthem is uncertain as to why they were denied, and there is not enough information available to know if the Anthem Medicare Advantage plan would cover the claim.

Count	Code	Provider Type	Procedure Description	Trustmark Allowed Amounts	Anthem MAPD Coverage Rev
2	A0422	Ambulance	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	\$114 and \$0.51	Not separately reimbursable in most Medicare markets
2	A0998	Ambulance	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	\$520 (both claims)	Not a covered service in most Medicare markets
1	G1004	ER	CLINICAL DECISION SUPPORT MECHANISM NATIONAL DECISION SUPPORT COMPANY, AS DEFINED BY THE MEDICARE APPROPRIATE USE CRITERIA PROGRAM	\$1104	Not separately reimbursable in most Medicare markets
1	A0394	Ambulance	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY	\$929	Not separately reimbursable in most Medicare markets
1	A0382	Ambulance	BLS ROUTINE DISPOSABLE SUPPLIES	\$18.49	Not separately reimbursable in most Medicare markets

- There were 136 claims that Anthem found would have required prior authorization.
  - Note:
    - [Over 90% of Anthem's prior authorization submissions are approved](#), and the Retiree First member advocates can work with members who need help checking the status of their Prior Authorization
    - It's unclear if Trustmark/Anthem required prior authorization for any of these claims
- The top ten procedures requiring prior authorization are listed below.

Top 10	Procedure Code	Procedure Description	# of Claims	% of Total
1	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	13	1.21%
2	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	11	1.02%
3	E0601	CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP) DEVICE	11	1.02%
4	97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES	9	0.84%
5	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	9	0.84%
6	A4604	TUBING WITH INTEGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	6	0.56%
7	97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE-ON-ONE) PATIENT CONTACT (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES	5	0.46%
8	A7032	CUSHION FOR USE ON NASAL MASK INTERFACE, REPLACEMENT ONLY, EACH	5	0.46%
9	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	5	0.46%
10	G0283	ELECTRICAL STIMULATION (UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S) OTHER THAN WOUND CARE, AS PART OF A THERAPY PLAN OF CARE	5	0.46%

\*if there are claims that Trustmark denied and Medicare covered

There were no claims in 2021 denied by Trustmark and paid by Medicare.

(with some sort of vague description of the circumstances -- if those claims exist -- that doesn't violate HIPPA)

5. Ask Trustmark to double-check that they have no records of claims/payments for non-emergency medical care for anyone (retirees or actives) who is/was living abroad.  
Trustmark has reviewed dates of service going back to 2018 and has no record of any international claims being processed.
6. Send us an explanation of the dispute resolution process in SISC Anthem plans and the Anthem Medicare Advantage Plans. (That may be in the SPD documents under question #5 below.)  
Click on links below in the document titled "Exhibits for Follow Up Questions":
  - [SISC Appeal Language](#)
  - [Anthem Medicare Advantage Appeal Language](#)

## Additional Questions from PFT

7. If someone calls up their physician, hospital, physical therapist, etc. and wants to be sure they take Anthem Medicare Advantage or Anthem PPO from SISC, is there any other identifying information they might need? Apparently Anthem has numerous Medicare Advantage PPO products. Just asking if a provider takes "Anthem Medicare Advantage" has led to a lot of "it depends" answers. Is there a clear identifier of the actual plan that Peralta will be getting?
  - Members should identify the plan as an Employer Group Plan in addition to Anthem Medicare Advantage. The technical name of the plan is "National Passive PPO Medicare Advantage Preferred"
  - This plan allows members to see providers even if they are not in the Anthem Blue Cross network - no contract is required
  - The providers can see members as long as they are eligible to receive payments from Medicare and are willing to bill Anthem
  - Medicare allowable rates are paid to providers for covered services
  - Members will not be subject to balance billing.
  - Note: Once implemented, Retiree First (concierge service included with the Anthem Medicare Advantage plan) can call the member's providers to offer information on the plan, verify provider acceptance, and explain how billing works
8. For Kaiser, presenting a Kaiser Medicare Advantage card gets someone the same coverage as presenting a regular Kaiser card. There aren't any Kaiser doctors or services who "don't take" patients with Kaiser Advantage. Is the same true with the Anthem Medicare Advantage and the Anthem PPO from SISC we will be getting? Are there doctors or hospitals who accept patients with our current Anthem PPO but who do NOT accept patients with the proposed Anthem PPO from SISC or the Anthem Medicare Advantage proposed program?
  - Anthem Medicare Advantage: There are very few providers who contract on the Anthem PPO but who do not accept Medicare; of those providers that don't, the member can submit the claims for 100% reimbursement.

- Anthem (SISC): The Anthem network with SISC is the same Anthem network Peralta CCD members are currently accessing

If that's the case

\*can you get us a count of what percentage of the providers that accept (Peralta's current) Anthem PPO do **NOT** accept the proposed Anthem PPO from SISC and the Anthem Medicare Advantage program?

- Anthem Medicare Advantage: Anthem ran a provider disruption using claims data from 2019 and 2021 (2020 was not included due to lower than usual claims utilization during the pandemic).
  - 2019 claims:
    - The analysis found that 97.94% (3,336) of providers accept Anthem's Medicare Advantage PPO plan
    - 2% (68) of the providers are Medicare providers, however Anthem has not processed a claim for the providers, so there is no data to confirm these providers would accept the Anthem MA plan
    - The remaining 0.06% (2 providers) do not accept the Anthem MA PP plan.
    - For these 70 providers (2.06%), claims can be submitted for 100% reimbursement
  - 2021 claims:
    - The analysis found that 97.11% (3,664) of providers accept Anthem's Medicare Advantage PPO plan
    - 2.76% (104 providers) of the providers are Medicare providers, however Anthem has not processed a claim for the providers, so there is no data to confirm these providers would accept the Anthem MA plan
    - The remaining 0.13% (5 providers) do not accept the Anthem MA PP plan.
    - For these 109 providers (2.89%), claims can be submitted for 100% reimbursement
  - Anthem (SISC): The Anthem network with SISC is the same Anthem network Peralta CCD members are currently accessing, therefore there would be no disruption.

\*as an alternative to the phone calls in #1 above, is there a website where people can look up our current Anthem providers, Anthem Medicare Advantage and Anthem PPO providers?

Members can go on Anthem.com and utilize provider search (Instructions: go to <https://www.anthem.com/ca/find-care/>, click "Guests", Select "Medical Plan or Network", Select "California", select "Medicare", select "Anthem Medicare Preferred").

9. Do retirees in Anthem Medicare Advantage get the same formulary as actives under our current SPD? (The current formulary is determined by our SPD (all drugs that require a prescription and are approved by the FDA and are medically necessary—with a few minor exceptions).

There is a separate formulary for Anthem Medicare Advantage – Click on links below in the document titled "Exhibits for Follow Up Questions"

- [Anthem Medicare Advantage Formulary](#)
- [Anthem Medicare Advantage Formulary Part 2](#)
- [Anthem Medicare Advantage Extra Covered Drugs](#)

The current Trustmark/CVS formulary is also included in the document titled "Exhibits for Follow Up Questions" in addition to a comparison chart of various drugs previously requested:

- [Trustmark\\_CVS Formulary](#) (note: all drugs covered by the FDA are not covered by the current plan)
- [Formulary Drug List Comparison Chart](#)

If a retired faculty on Anthem Medicare Advantage visits an out-of-network doctor/hospital, do they get out-of-network coverage? What % of the charges is the retiree responsible for when seeing a provider who is out of network?

In and out of network benefits are exactly the same. Any member who visits a provider who does not take Anthem Medicare Advantage can get reimbursement from Anthem for the claim.

## 10. How will the Alliant plan accommodate retirees who live abroad so that they do not lose their benefits?

- Anthem Medicare Advantage
  - Plan provides coverage for emergency care and urgently needed services, during a temporary absence of less than 6 months.
- Anthem (SISC)
  - Members on the PPO plan have coverage through the BlueCard Global Core Program provider network which contracts with 190 countries and territories around the world
  - Access for care from a BlueCard Global Core provider is the same as going in-network in California
  - Coverage is determined based on how the claim is coded (urgent/emergent care)
  - Note: SISC has had very few issues when members need to obtain services outside of the US

Click on links below in the document titled "Exhibits for Follow Up Questions"

- [Anthem Medicare Advantage - Medical EOC](#)
- [Anthem \(SISC\) Blue Card Program](#)

## 11. SPD documents --

- For Ron - since Peralta went to the new benefits website (www.peralta.edu), we can no longer locate Anthem and Kaiser SPD documents. We can only find summaries, which state (at the bottom) "for more information about limitations and exceptions, see the plan or policy document at web.peralta.edu/benefits." But, when we got to the website as specified, we cannot find the actual plan documents anywhere. Can you (or maybe Ronnie?) get us the link to current SPDs for Anthem and Kaiser coverage for medical and pharmacy?

The Trustmark SPDs are now posted on the website on the "Benefits Resource Library Current Plan Year" [page](#) under Medical Plans (included below). The Kaiser SPDs are not typically posted on this site, however they have now been posted.

- [Active and Post-July 1, 2012 Retirees Employee Benefit Plan Document and Summary Plan Description](#)
- [Peralta Community College District Post-July 2004 Retiree Benefit Plan Document and Summary Plan Description](#)
- [Pre-July 2004 Retiree Benefit Plan Document and Summary Plan Description](#)
- [Amendment #1 For Pre-July 2004 Retiree Benefit Plan](#)
- [Amendment #2 For Pre-July 2004 Retiree Benefit Plan](#)

- For Alliant (and for Ron), we want to double check that Peralta's SISC Anthem SPD and pharmacy SPD are the files which Ron sent to the PFT on 5-31-22--

"Peralta Community College\_2022\_CA\_CUS\_PPO Plan OPH\_Part A & B\_20220522\_EOC\_MBR.pdf" and

"Rx\_Peralta Community College\_2022\_CA\_CUS\_Enhanced\_1-1-1-1-NoDed\_Full Gap\_CMAXF\_E4\_ECDHLP\_SG\_STD\_20220526\_EOC.pdf"

The files referenced above are the Anthem Medicare Advantage SPDs. The SISC documents can be found by clicking on links below in the document titled "Exhibits for Follow Up Questions". The Kaiser documents are also included.

- [EOC\\_Anthem 2021 Medical Plan 100-A \\$10 PPO](#)
- [EOC\\_Anthem 2021 Pharmacy Plan](#)
- [Benefit Summary\\_Anthem 2021 100-A \\$10 PPO Rx 5-20](#)
- [EOC\\_20211001\\_KP\\_2021 Kaiser \\$10 OV](#)
- [EOC\\_20211001\\_KP\\_2021 Kaiser \\$10 OV Part 2](#)
- [Benefit Summary\\_Kaiser HMO \\$10 OV, \\$10 Rx, Vis \\$150](#)
- [EOC\\_20211001\\_KP\\_2021 Kaiser \\$15 OV](#)
- [EOC\\_20211001\\_KP\\_2021 Kaiser \\$15 OV Part 2](#)
- [Benefit Summary\\_Kaiser HMO \\$15 OV, \\$5-20\(30\) Rx, Vis \\$150](#)

○ Note:

- The \$15 plan EOC PCCD would have Is not yet available as this plan design is slightly different than all of the current SISC Kaiser plans (the Peralta plan is slightly custom as it has the \$150 Vision allowance)
- Attached is the benefit summary which IS correct, as well as a \$15 EOC that does not include the \$150 vision allowance (all other benefits match); the \$150 allowance would be included if the District were to move to SISC, and the EOC would be produced at that time

C) Can you get us copies of the SISC Kaiser Medicare Advantage SPD and the proposed Anthem Medicare Advantage SPD ?

Click on links below in the document titled "Exhibits for Follow Up Questions"

Anthem Medicare Advantage

- [Anthem Medicare Advantage - Medical EOC](#)
- [Anthem Medicare Advantage - Rx EOC](#)

Kaiser (SISC) Senior Advantage (KPSA)

- [EOC\\_20211001\\_KP\\_2021 KPSA \\$0 OV](#)
- [EOC\\_20211001\\_KP\\_2021 KPSA \\$0 OV Part 2](#)
- [Benefit Summary\\_KPSA HMO \\$0 OV](#)
- [EOC\\_20211001\\_KP\\_2021 KPSA \\$10 OV](#)
- [EOC\\_20211001\\_KP\\_2021 KPSA \\$10 OV Part 2](#)
- [Benefit Summary\\_KPSA HMO \\$10 OV](#)

Additional Follow Up Items from the June 28 Meeting

#### 12. Current Emergency claim process with Trustmark

- The current Trustmark plan utilizes ICD-10 diagnosis codes for Emergency Room determinations
- If the diagnosis code is on the emergent ICD-10 list, the claim is automatically considered as an emergency claim
- If the diagnosis alone does not push the claim to emergency, other items, such as the services billed would be considered
- Note: Members are not able to verify if the claim is an emergency, it must be based on the ICD-10 codes or services billed.

#### 13. Provide an overview of the changes SISC has incorporated over the last 10+ years

Click on link below in the document titled "Exhibits for Follow Up Questions"

- [SISC Benefit Changes since 2005](#)