

Peralta CCD

SISC and Anthem Medicare Advantage Q&A

General Questions

1. What is SISC and Anthem Medicare Advantage plan "year" for benefits? Does it start Jan 1? Or July 1?
 - [SISC: October 1](#)
 - [Anthem Medicare Advantage: January 1](#)
2. How many groups have left SISC in the past 5 years?
 - [In the last 5 years, SISC has had 71 groups join SISC and 15 have left SISC; some of these were situations where individual bargaining units left \(not the entire District\).](#)
3. Provide a full listing of all SISC members.
 - [Click on link below in the document titled "Exhibits"](#)
 - [SISC Member Districts](#)
4. Provide a comparison of the current Anthem plan value add programs and the proposed SISC value add programs
 - [Click on link below in the document titled "Exhibits"](#)
 - [SISC Value Add Program comparison](#)
5. When does SISC make public to its members the parameters of their plan(s) for the following year?
 - [SISC delivers renewal rates, plan changes, and/or updates for October 1 by mid-April. Board meeting in February.](#)
6. Provide a list of SISC Board members and the process to become a board member.
 - [Click on links below in the document titled "Exhibits":](#)
 - [2022-2022 SISC III Board of Directors List](#)
 - [SISC Board Member Process](#)
7. Provide an overview of the changes SISC has incorporated over the last 10+ years
 - [Click on link below in the document titled "Exhibits"](#)
 - [SISC Benefit Changes since 2005](#)
8. 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](#)

9. Will the Vision plan through UHC remain in place if the District were to move to SISC?
- There is no plan to remove the UHC Vision plan currently in place; this plan would be offered in addition to the SISC and Anthem Medicare Advantage plans.

SISC Benefit Plans

10. What happens if SISC changes their plans and reduces benefits in a future year? Will those changes be negotiable before they take effect?
- The changes are not negotiable as the plans are set plans, however Peralta has the ability to change to a plan with higher copays in exchange for lower premiums.
 - SISC offers 4 HMO plans and 17 PPO plans that can be paired with 5 pharmacy plans
 - This creates 105 possible plan combinations.
 - PCCD may offer up to 6 medical plan options, plus a Bronze plan
11. Provide a list of all the SISC 17 PPO and 5 pharmacy plans, with a notation regarding the plans quoted for Peralta.
- Click on link below in the document titled "Exhibits" (plans quoted are in red boxes)
 - **[SISC Benefit Plan Options](#)**

Claims

12. Have any Peralta pre-2004 retirees met the \$2M Lifetime Maximum?
- There is one pre-2004 retiree who currently has over 1.5M in claims, however none have met the \$2M maximum in the last 10 years.
13. Does Trustmark have any 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.
14. How will the plans accommodate members living live abroad so 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.
 - Click on link below in the document titled "Exhibits" (page 47)
 - **[Anthem Medicare Advantage - Medical EOC](#)**
 - 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"
 - **[Anthem \(SISC\) Blue Card Program](#)**

15. Provide an overview of the current Emergency claim process with Trustmark/Anthem.
- 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.
16. Provide an explanation of the dispute resolution process in SISC Anthem plans and the Anthem Medicare Advantage Plans.
- Click on links below in the document titled "Exhibits":
 - [**SISC Appeal Language**](#)
 - [**Anthem Medicare Advantage Appeal Language**](#)

Network Questions

17. If someone calls their physician, hospital, physical therapist, etc. and wants to be sure they take Anthem Medicare Advantage is there any other identifying information they might need? 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: if 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
18. 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 proposed plans?
- 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

Anthem Medicare Advantage

19. Will future retirees be required to enroll in Medicare D (in addition to required enrollment in Kaiser Senior Advantage or Anthem Senior Advantage)
 - No, Medicare retirees would not need to enroll separately in Medicare Part D (this coverage is included with the Anthem Medicare Advantage Prescription Drug plan (as well as Kaiser KPSA plan).

20. If a retired member 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.

21. Is there a website where members can look up Anthem Medicare Advantage 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").

22. Do retirees in Anthem Medicare Advantage get the same formulary as actives under the proposed plans?
 - There is a separate formulary for Anthem Medicare Advantage – Click on links below in the document titled "Exhibits"
 - [**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"
 - [**Trustmark_CVS Formulary**](#) (note: all drugs covered by the FDA are not covered by the current formulary; CVS creates and manages the current formulary)

23. Were there any claims in 2021 that Medicare denied and Trustmark paid? How would Anthem Medicare Advantage cover those claims?
 - In 2021, there were 1,079 claims paid by Trustmark but denied by Medicare.
 - After reviewing the 2021 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	\$11.04	Not separately reimbursable in most Medicare markets
1	A0394	Ambulance	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; IV DRUG THERAPY	\$9.29	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%

24. Were there any claims in 2021 that Trustmark denied and Medicare paid?

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

Prescription Drug Questions

25. How does SISC cover non-formulary drugs?

- Medications that are non-formulary are not covered.
- An Exception to Coverage (ETC) can be requested. The member and their doctor must show that the covered formulary alternatives have been tried and failed.
- The provider must also submit an [FDA MedWatch form](#) for each alternative drug tried and failed with the reasons the member cannot take that alternative drug.
- Turnaround time is typically within 72 hours as long as Navitus (SISC Pharmacy Benefit Manager) has received all requested or required documentation. If the request is marked as an urgent request it can be as soon as 24 hours.

26. What is the copay for SISC non-formulary drugs that are approved through the ETC process?

- There is no difference between formulary and non-formulary medications.

- If the ETC medication is approved the member will pay the applicable generic or brand copay (the SISC Rx copay structure is only 2-tiered)
27. Are the following drugs are covered under the new formularies (all, including the SISC and Medicare Advantage)? Viagra, Miltefosine, Saxenda, Wegovy, Harvoni, Aduhelm
- Click on link below in the document titled "Exhibits"
 - **[Formulary Drug List Comparison Chart](#)**
28. Can SISC and Anthem Medicare Advantage complete a formulary disruption analysis?
- **Yes, the data has been provided to the vendors for a disruption analysis. The results are expected by mid-August.**

Plan Documents

29. Where can members find the current Anthem and Kaiser SPD documents?
- The Trustmark SPDs are 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](#)
30. Provide a copy of the Anthem (SISC) and Kaiser (SISC) SPD documents.
- The SISC documents can be found by clicking on links below in the document titled "Exhibits".
 - **[EOC_Anthem 2021 Medical Plan 100-A \\$10 PPO](#)**
 - **[EOC_Anthem 2021 Medical Plan 100-A \\$10 PPO Part 2](#)**
 - **[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 Kaiser 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 a \$150 Vision allowance)
 - The \$15 benefit summary IS correct for this plan
31. Provide the proposed SISC Kaiser Medicare Advantage SPD and the proposed Anthem Medicare Advantage SPD.

- Anthem Medicare Advantage
 - [Anthem Medicare Advantage - Medical EOC](#)
 - [Anthem Medicare Advantage - Medical EOC Part 2](#)
 - [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](#)