

PROVOST LEVEL EMPLOYEE COMMUNICATION COUNCIL
November 14, 2001
Meeting 99

Attendees: Cheryl Adams, Jan Cornell, Tom Farruggio, Susan Fogler, Kim Gregg, Pat Hartsook, Doug Moseley, Terry Sheltra, Lorraine Settimo, Sue Wharam, Bill Vining, Lewis Steva

The 99th meeting of the Provost's Employee Council Meeting was called to order at 8:30 a.m. by chair Susan Fogler

Guest Speaker: Ann Goodson, Benefits Counselor

We presented Ms. Goodson with a list of questions. The following text represents those questions and answers.

QUESTIONS FOR HEALTH CARE OMBUDSMAN 11-14-01

1. **My husband is a state employee, however, not at UVA and his health benefit plan has not been affected. Why UVA?** *The increases in premiums and drug co-pays are directly related to the rise in healthcare costs. Many state employees are insured through plan other than the UVa Health Plan. The plan years for those state plans run from July 1 to June 30 so they have already had premium increases this year that were effective 7/1/01 and will have additional changes 7/1/02. Key Advantage, the most comparable state plan, has premiums that are already higher than those of the UVa Health Plan.*
2. **Do we have the options on health benefit plans other than QualChoice? If so, whom? If not, why?** *Your only option at this time is the UVA Health Plan. Why? We are self-insured to help keep our costs and premiums down and so that we would have the flexibility to meet our members needs. Currently, the benefits covered by the UVa Health Plan are more extensive than those offered by Key Advantage while the premiums and cost sharing amounts are less than those required by Key Advantage. This is possible because the university is self-insured.*
3. **When are we going to have the option of carrying elders on our health plan? Many state employees are taking care of their parents and it would benefit the plan and us.** *Long-term care insurance is available through Aetna U.S. Healthcare and available to full-time salaried classified staff and faculty in agencies 207, 209, & 246. Spouses, parents, and parent-in-law can also enroll in the insurance plan. All enrollees will be required to*

complete a medical questionnaire and must be approved by Aetna. Participants are responsible for all premiums. You may receive more information by calling 1-877-894-2470 or going to the Aetna website at: www.aetnaushc.com/custom/group/commonwealthva You are not able to provide coverage for your parents under your health plan policy.

4. **What choices will we have when Qualchoice is bought? What will change?** *Nothing will change and there will be no new choices.*
5. **What will the cost be for retirees, single and married, and what is the cap on medical expenses paid?** *The maximum lifetime benefit per person is: \$2,000,000.00 Effective 01/01/02: Rates for retirees: Single-\$222, Retiree\$444, Family-\$620 For employees the rates will be: Employ ee-\$15, Employee □ \$103, Family-\$196 and Double State- \$105.*
6. **I would like to know if we would EVER be given a choice of health care plans instead of what the University chooses for us!** *I am not aware of any changes.*
7. **I would like to have an explanation of our eye care benefits.** *The Vision Plan is a discount plan through First American Vision Services. The plan consists of providers throughout the United States who will provide a discount for eye exams and for eyewear. Most of the providers give a 20% off of the basic eye exam, 30% off lenses and up to 50% off frames. You need to shop around to find the best prices. You present your card at the time of service to receive the discount. New cards, along with plan information and an updated list of providers will be mailed to home addresses at the end of December. The cards are good for you and all the dependents on your health plan. You can go to the FAVS website at www.eyebenefits.com to get more information.*
8. **Recently I had to have some blood work done. The nurse commented that I was a Qualchoice insured and mentioned that she had to code my blood work differently for insurance purposes. I am curious as to why the nurse had to do this. I am sure this had to do with things being processed accordingly.** *That is correct. She had to enter the provider ID # so that it would be a covered expense.*
9. **What are the guidelines regarding pre-existing conditions? By that I mean a life long condition , which did not exist prior to commencement of Qualchoice coverage but has since developed while under Qualchoice coverage. i.e., I wasnt hyperthyroid when I started this job but I am now and will be on medication for the rest of my life. How will that be covered?** *Nothing will change in the coverage of this condition as long as you stay with your present employer. The only time you have to be concerned is when you change employers and health plans. You*

would need to show prior insurance coverage when you join a new health plan so that you would not have a waiting period for a pre-existing medical condition.

10. **With the change over to Coventry, what changes will we see with our health care benefits ?** *Nothing. It is the UVA Health Plan, not Coventry Health Plan. Coventry purchased QualChoice who is the third party administrator (TPA) for the UVA Health Plan. The TPA processes claims, maintains a provider network, and performs other administrative services for the UVA Health Plan.*
11. **The package that came over the weekend from HR was unclear if the benefit information is Qualchoice information or Coventry. Which?** *When all of this went to print, QualChoice was in the middle of their transition to Coventry. Since that time, they have changed their name to Southern Health Services. The customer service # for enrollees in the UVA Health Plan is 1 888 975-9557.*
12. **Also, some of the documentation that was in the packet reads University of Virginia Health Plan. Does this mean that this only pertains to UVA benefits? Please explain why some of the information read Qualchoice and some read University of Virginia Health Plan.** *Same answer as above . The name "UVA Health Plan" is used when the information pertains only to benefits available to participants in the UVA Health Plan. QualChoice or Coventry or Southern Health Services is used when the documents are prepared by the third-party administrator and are used for the UVA Health Plan as well as other health plans administered by QualChoice/Coventry/ Southern Health Services . The orange sheet is a Summary of the Benefits under the UVA Health Plan, which specifically addresses benefits for your health plan; the green sheet (that has QualChoice on it) is a description of the Drug Plan used by the UVA Health Plan.*
13. **Why does Qualchoice/Coventry have a higher co pay for maintenance drugs (i.e. blood pressure medicine) than it does for other prescription drugs? The idea or purpose of these drugs is to prevent more costly and potentially more life threatening ailments. The higher prices may simply be a function of lower demand and usage in the higher tier drugs than the lower tiers, but could you clarify and explain?** *QC/Coventry purchase has not influenced our rise in drug co pays. The increase has been generated by increase in drug cost and member usage of brand drugs instead of generic or therapeutic substitutions. The UVA Health Plan saw an increase of 32% in drug costs between 1999 and 2000 and an increased amount in excess of 20% between 2000 and the first half of 2001. The UVA Health Plan Drug Program has increased co-pays for 30 day fills*

as follows: Tier 1 (generic drugs) \$8, Tier 2 (some brand drugs) \$16 and Tier 3 (which on the green sheet all the Tier 3 drugs are listed) \$32. If there is a generic available for the Tier 2 or 3 drugs, you have to pay the cost difference plus the co pay. We are no longer have discounted 90 day fills at participating pharmacies. We are encouraging our members to try to use mail order to have savings on their drug expenses. 90 day drug fills from Pharmicare will be as follows: Tier 1- \$18, Tier 2- \$36 and Tier 3- \$72. Again you will need to pay the difference in cost between generic and brand. The toll-free number for PharmaCare is 1-800-346-9113 and you may go to their website at www.pharmacare.com for more information. The green sheet in your Open Enrollment should be taken to your prescribing physician and have a discussion about your drug costs. With your physician see if there are any generics or therapeutic equivalents that may help to save you money. The prices for the drugs are set by the manufacturer and then you have to add the retail price from the pharmacy you are purchasing your drugs.

14. **Since Coventry has taken over, will the coverage be better for our centers in Northern Virginia, Roanoke, Richmond, Southwest, Lynchburg and Hampton Roads? Does Coventry have a bigger network of doctors and dentists? Yes they do have a much larger network of providers except in the southwest region. Carillon Health System has permeated that region and QC/Coventry will not be able to add more providers. The areas of expansion will be in Richmond and south and some improvement in Northern Va. The addition of these additional providers will take place midyear 2002; participants will be notified when it is taking place.**
15. **I had heard from my doctor's office that Coventry no longer requires referrals from our PCP to specialists. Can you confirm this information IN WRITING to the staff? I called Qualchoice to confirm the information was correct and they said it was "fresh off the press". You should be receiving a letter in the mail this week or early next week. The letter that was sent out to ALL providers on Oct. 8th was very damaging. Also, no one at UVA reviewed that letter before distribution. We found out when enrollees started calling, saying that their PCP said he did not have to do referrals. Since that time we have been reacting. The end result will be: 1). You still need a referral from your PCP to receive services from a specialist paid at OPI. We are giving the referral form to all the PCPs in our network. You can also print it off the Human Resources website@ www.hrs@virginia.edu, go to "Already an employee" double click and then open Forms and Links. Print off UVA Health referral form. After your PCP completes this very simple form. You will take this to your**

specialist as authorization for the visit and care. PLEASE MAKE A COPY FOR YOUR RECORDS. Why do we need this? One reason we are able to have the amount of coverage we have with the low premiums is because of cost saving measures such as this. If you do not want to go to your PCP you will pay at OP2. Also many of you have an excellent relationship with your PCP. If he wants to complete this form and have you pick it up, fax to you or mail to you that is between you and your PCP. But without it services will not be paid at OP1. For ALL of you who had visits with specialists since Oct 8th, these will probably go through the billing system without a problem. If you had a referral in place before Oct. 8th, you do not need to get another.

- 16. My biggest concern with our health care coverage is that in northern Virginia we have fewer options for choices as most of the Qualchoice doctors and dentists are in Cville. In addition, if we go to a doctor as I did to get a suspicious mole removed from my son's back it takes many many months to get it approved and often if we did not try to get the referral form ahead of time we cannot get it covered. I did not want to wait for a referral form as I thought it would be better since it was suspicious to get it off and then fight the battle with insurance. In addition, the dental reimbursement in northern Virginia is never for the entire amount. I am assuming that the dental costs are less in C"ville and more in Washington DC so our insurance coverage does not cover the additional cost of living charges we have up here. So in answer to your email I have the following questions:**

Since we are employees of UVA but live in northern Virginia:

A) Why are there fewer choices for doctors and dentists in northern va?*It is the providers decision if they want to participate with an insurance plan. Many times it is related to reimbursement and the number of members of that plan that the physician has as patients. In mid-2002, we will be able to access the larger network that Coventry/Southern Health Services will be able to offer . They will be able to offer more providers in NOVA. If you have a name of a provider that you would like Coventry to contact about becoming a participating provider, please contact me at (434) 924-4346 and give me their name and address. I will then contact Coventry with this request.*

B) why can we not seek payment for an activity that is fully covered without a referral? and obtain the referral after the visit to the doctor if time is critical?*The UVA Health Plan is a 3 Tier option plan. To hold down our health care costs we*

negotiated with PCPs to be gatekeepers for the enrollees. Many times a service could be provided in their office, instead of going to a specialist. If the PCP cannot perform the service then he will refer the enrollee on to a specialist. It is a matter of choice. If you want full coverage for the service paid by insurance then you will go to your PCP and have the referral. If you don't want to wait or hassle with that process, then you go to the participating provider and pay \$30 for the office visit and 20% coinsurance.

C) Why are the fees charged by the dentist never what the coverage allows? For example, our coverage allows for two cleanings (dental) a year and yet the total costs are never paid by the insurance? Because they are not a participating dentist with our plan. They accept what UVA Health Plan pays, but then back bill you for the difference.

- 17. I don't have questions but just the usual "stuff" with trying to deal with Qualchoice in Roanoke as opposed to Charlottesville. I ALWAYS have to call the billing people at my PCP's clinic to assure them that I paid my co-pay and that my insurance is supposed to cover my visit. After we go back and forth several times (at least I've learned to email them now!) they finally get it straight, but I have to pull cancelled checks or receipts, etc. to PROVE it to them. And most referrals have the same problems - Roanoke doesn't know how to deal with UVA's QualChoice. Just mention it to her for us please. And any advice would be welcome.**

We are hoping for a big improvement with the new administrator-Southern Health Services. They will have a lot of the billing/claims information on-line. You will get a pin# and be able to check your account on -line. They also want to pay bills within 4 days of receiving the claim. This will be a big improvement over QC. Your problem sounds like it is with the PCPs Office and their record keeping systems.

- 18. Why was I put on hold for fifteen minutes (until I gave up and hung up) twice when I was trying to speak to Coventry with my coverage question recently? I am not sure. All calls are now going to a central office in Newark, Delaware. Our plan will have its own designated customer service reps. I do know that they have just made that transition. As the new customer service people are trained there will be rough spots. If you are treated rudely please let me know. We do not want them to keep that person on as our representative. My number is 434 924-4346.**

- 19. I recently went on prescription eye drops for a serious eye condition and discovered that my co pay was 50% of the cost of these drops. A new schedule of co pay increases has been announced. Will there be any limit to these co pay increases?** *I seriously doubt we will ever see a decrease in our healthcare cost.*
- 20. I don't understand the prescription drug co pay. I have been purchasing maintenance medication (90 prescriptions) at a pharmacy rather than going the mail order route. The literature on the new plan says that there will be no discounted co pays for 90 day prescriptions purchased at a pharmacy. Does this mean that I will have to pay the entire cost (one of which is quite costly) of my medication? I have always been concerned about purchasing medication through the mail but given the current incidences with the mail I am even more concerned than before about purchasing medications this way. You will now have to pay 3 30-day co-pays for a 90 day fill if you go to a participating pharmacy Ex. Vasotec a Tier 3 drug without a generic substitute will cost you \$32 for 30 days or \$96 for 90 days. If you were to order it through mail order it will cost you \$72 dollars for 90 days.**

At the Benefits Office we receive complaints about any aspect of employees benefits. PharmaCare has not had many problems meeting our members prescription needs.

- 21. Will the Mental Health portion of the health care benefits continue to be administered by Sentara Mental Health Management or (in light of the switch to Coventry) has another carrier assumed this responsibility?** *Southern Health Services will keep the contract with Sentara.*
- 22. Also, whether this issue fits under ombudsman, UHR, or General Assembly 2002, I wanted to repeat the concern that an employee shared with me that he/she cannot have the benefit of affordable health care coverage under the UVa. Health Plan because he/she is a half-time employee. The state Department of Human Resource Management tried to get coverage for part-time employees, but not one insurance co. responded to the Request For Proposal.**

We were given information about the Flexible Reimbursement Plan and the Commonwealth of Virginia Defined Contribution Plans.

Mr. Vining spoke to Council about the History of the Employee Councils, the responsibilities of Council members, and handed out a list of Employee Resources.

Ms. Fogler handed out the latest Legislative Update and announced the Legislative Forum, which will take place on Friday, January 4, 2002 in the Newcomb Hall Ballroom.

Meeting adjourned at 10:30 am



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