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# NEWS

**3rd Quarter 2009**  
Fall Issue

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## Letter from the President, Mark Tomaszewski

Hello. I hope all of our Penn-Ohio members and their families have been enjoying the weather this summer. We are happy to report that the Penn-Ohio continues to have a great year and that membership continues to grow.

At the end of July, we had 11,672 members and 371 employer groups. This was up from 10,872 members and 262 employer groups at the end of July last year. This growth, and our strength in numbers, allows us to offer a cost-effective solution to your health care needs.

With that said, our current contract with HealthAmerica will expire in December. We have sent out Request for Proposals for the next Penn-Ohio contract period which will begin January 1, 2010. These requests were sent to all viable carriers in both Pennsylvania and Ohio, and our hope is that we will have a new contract in place by the end of September.

We would like to thank all of the members who continue to attend the Penn-Ohio Annual Meeting and the Educational Meetings that are scheduled throughout the year. The last educational meeting, which was held on May 21st, was one of the most well attended meetings we've had in years, with over 40 members participating. The speaker was Paul Jackson from HealthAmerica, and he shared ways employers could reduce costs using deductibles and coinsurance in their plan designs.

On the legislative front, two new bills have been signed into law in Pennsylvania; a Mini-Cobra health insurance plan and a bill to allow employers to cover single adult children up to age 30 on their parents' health insurance plan. The "Mini-Cobra" bill allows small employers with 2-19 employees to offer continuation of coverage to employees who lose their jobs after July 10th. The employees will be responsible for 35% of the the total premium cost, with the remaining 65% covered through a premium subsidy. Further information regarding the "Mini-Cobra" program is included in the newsletter.

With all the anticipated changes in the health care landscape, we are planning an Educational Meeting to address these changes as well as to provide any available updates on pending health care reform. We'll keep you posted.

Thank you for your continued support. – *Mark Tomaszewski*

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# Provider Spotlight

## Heritage Valley Health System to use New Electronic Health Record Vendor

Heritage Valley Health System selected the Allscripts Enterprise™ Electronic Health Record (EHR) to automate and enhance the care provided by 150 of its employed physicians. The goal is to improve patient care and reduce costs through greater access to critical information at the point of care.

“As an integrated delivery network, we’re relying on the Allscripts solution to help us create a single electronic patient record that will drive greater integration and improvement in care delivery, better coordination of care, less duplication of effort, and better documentation,” said Norm Mitry, President & CEO of Heritage Valley Health System. “Whether it’s the government’s electronic prescribing mandate, quality based pay for performance programs from insurers and government or the increasing demand from patients for web-based access to information, it’s clear that physicians need an electronic solution to provide state-of-the-art care today. It’s also becoming a competitive necessity, because if you don’t give patients what they want, they’ll go elsewhere.”

The Electronic Health Record builds upon Heritage Valley Health System’s successful electronic prescribing program, which was developed in partnership with Allscripts in 2006 and enables physicians to use their computer, smart phone, or wireless handheld PDA to prescribe or renew medications and securely transmit them to the patient’s pharmacy of choice. Today, 150 providers at Heritage Valley use Allscripts e-prescribing every day to create more than 50,000 prescriptions every month.

The Allscripts Electronic Health Record automates clinical workflow and gives physicians instant access to critical data from hospitals, labs, pharmacies, payers and patients. Healthcare providers can access the Electronic Health Record at any time, whether they are in the clinic, at the hospital or on-call at home. By automatically tracking key patient metrics

and providing automated decision support, the web-based solution helps physicians evaluate and improve their practices and enables them to deliver more effective disease management, preventive care, and long-range health maintenance.

HealthAmerica’s Coventry Consumer Choice (C3) products include our HRA, HSA, and FSA. C3 continues to evolve in response to feedback from our members, clients, brokers, and providers. Through our free provider portal — [directprovider.com](http://directprovider.com) — providers now have the ability to view a member’s deductible and C3 account balances. Providers will find this service useful in determining whether a member owes a balance at the time of the visit, eliminating unnecessary paperwork and billing for the provider. If you’d like more information about C3, please call your broker or HealthAmerica representative.



## Plan News

### Care delivered in the right setting saves money

HealthAmerica's NurseLine is toll-free and available 24 hours a day, seven days a week including holidays. Registered nurses will help with sickness, injury, or any health care question. Members get immediate answers and help in making the best health care decisions, including finding the most cost-effective setting for appropriate care, by calling 1-866-491-4462.

### Education helps change expensive behaviors

Help yourself to the employer wellness toolkit, an online resource for posters, handouts, and wellness tips on smoking cessation, cholesterol management, healthy eating, and other lifestyle changes to improve health and address chronic conditions. Visit the document library under the employers section of our website. Contact your HealthAmerica representative to learn more about these programs and working with our health education coordinator.

### HealthAmerica's Utilization Management Policy

HealthAmerica's utilization management program helps ensure that our members receive medically necessary health care services in the most cost-effective setting according to their benefit package. Working with the member and the physician, we evaluate services for medical appropriateness, timeliness and cost. Our decisions are based exclusively on appropriateness of care and service and the existence of coverage. We do not compensate or reward practitioners, employees or other individuals for denying coverage or care. In addition, HealthAmerica does not use incentives to reward inappropriate restrictions of care.

### Keep the Pressure On

After a decade of high alert, there's been a falling off in our awareness and control of high blood pressure. This disturbing trend was evident in a recent study reported by the American Heart Association. More than half of the test group had high blood pressure. Worse, only 45 percent of those with high blood pressure knew they had it. Less than 20 percent were being treated effectively. From the mid-1970s until the early 1990s, levels of awareness and control of high blood pressure improved steadily. Now, it looks like the nation's attention to this major risk factor for heart disease and stroke has wavered.



It's up to all of us to keep the pressure on high blood pressure. Make a point of finding out what your blood pressure is. If you have high blood pressure, be sure to follow the treatment plan prescribed by your doctor.

### The Right Way to Dispose of Medications

If your medicine cabinet is filled with expired or unwanted medications, their safe disposal benefits everyone. The Food and Drug Administration (FDA) offers these guidelines for proper disposal of medications:

1. Don't flush prescription drugs down the toilet unless instructed by the drug label or patient information instructions.
2. If no instructions are given, throw the drugs in the household trash. First, remove medications from original containers and mix them with an undesirable substance, such as used coffee grounds or kitty litter. The medication will then be less appealing to children and pets, and unrecognizable to people who may intentionally go through trash.
3. Put drugs in a sealable bag, empty can or other container to prevent medication from leaking or breaking out of a garbage bag.

You can also call your city or county government household trash and recycling service to see if a drug take-back program is available in your community. If you're still uncertain about proper disposal, talk to your pharmacist.

### Make a Move for Better Health

It's easy to create your personal health record on **My Online Services**<sup>SM</sup>.

Keeping a personal health record (PHR) is good for your health. It can help your doctor treat you appropriately and reduce the risk of medical errors. In addition, a PHR can help you live a healthier

## LEGISLATIVE CORNER

## Overview of Changes to Laws in 2009

Several laws will impact the health care coverage you provide your employees. The chart below lists the laws, followed by a brief summary of each. Group contract amendments will be posted at [www.healthamerica.cvty.com](http://www.healthamerica.cvty.com). Please watch for future communications from us asking for information about the number of employees at your company, taxpayer identification numbers, social security numbers, and more.

Law	Scope	Date Legislation Affects Health Plan*
COBRA Premium Subsidy		
(American Recovery & Reinvestment Act of 2009)	Federal	3/1/2009
Special Enrollment for Medical Assistance Loss or Qualification for Premium Assistance		
(CHIP Reauthorization Act of 2009)	Federal	4/1/2009
Genetic Nondiscrimination in Health Insurance (Genetic Information Nondiscrimination Act of 2008)	Federal	New or renewing contracts starting 6/1/2009
Autism Spectrum Disorders Mandate	Pa.	New or renewing contracts starting 7/1/2009
Mental Health Parity and Addiction Equity Act of 2008	Federal	New or renewing contracts starting 11/1/2009 (HealthAmerica is implementing early – 7/1/2009 with Autism)
Michelle's Law	Federal	New or renewing contracts starting 11/1/2009
Medicare Secondary Payer (a.k.a. Section 111)	Federal	Enrollment received 1/1/2010 and later
Health Information Technology for Economic and Clinical Health Act (HITECH) (American Recovery & Reinvestment Act of 2009)	Federal	2/16/2010 (unless otherwise specific in Act)
Pa. Senate Bill 189	Pa.	Not final at the time of publication

\*Not effective date of law.

### COBRA Premium Subsidy (American Recovery & Reinvestment Act of 2009)

**What does it mean to me?** Eligible individuals are responsible for 35% of the cost of COBRA coverage. A federal subsidy of 65% is paid by you (the former employer) and credited back to you via a reduction in payroll taxes.

#### How does it work?

- Generally, HealthAmerica bills you for the full premium.

- You pay the full premium to us.
- The member pays 35% of the premium to you. This does not count as income.
- The 65% subsidy is credited to you (in most cases) or HealthAmerica (for members under a state-mandated continuation program) through reduction in federal payroll taxes.

#### Earliest effective date of subsidy:

March 1, 2009

**How long is someone eligible for the subsidy?** The maximum subsidy period is nine months, but could end sooner if

an individual becomes *eligible* for (not enrolled in) other health plan coverage.

**Who is eligible?** Employees (and their enrolled dependents) who were *involuntarily terminated* any time between 9/1/2008 and 12/31/2009 AND who were/are eligible for COBRA or a similar state coverage continuation program.

#### Who is not eligible for the subsidy?

- Individuals who were not involuntarily terminated (reasons like gross misconduct or voluntarily end to employment).

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- Individuals involuntarily terminated 8/31/2008 and earlier or 1/1/2010 and later.
- Anyone who is eligible for (not enrolled in) other group health plan coverage or Medicare.
- Individuals that have an adjusted gross income of more than \$145,000 (or \$290,000 for joint tax filers).

**Who is affected?** All Federal Employee Health Benefit Plan enrollees. In Pennsylvania, fully insured and self-funded with 20 or more employees. In Ohio, fully insured and self-funded with 20 or more employees, plus fully insured groups with fewer than 20 employees due to mini-COBRA state law.

### Special Enrollment for Medical Assistance Loss or Qualification for Premium Assistance (CHIP Reauthorization Act of 2009)

**What does it mean to me?** Fully insured groups and members will see updates to the special enrollment notice in our member handbook. The new notice reflects the provisions of the Act. Self-funded groups should amend their SPDs to reflect the new qualifying events. You will need to allow for these new qualifying events when enrolling employees in coverage.

**CHIP Reauthorization Act summary:** Allows a 60-day special enrollment period for the following qualifying events:

1. Loss of coverage under Medicaid/SCHIP.
2. Eligibility for health insurance premium payment program (like Pennsylvania's HIPPP).

**Effective date:** April 1, 2009

**What HealthAmerica groups have eligible members?** Fully insured or self-funded groups that offer employer-sponsored health plans, except FEHBP.

### Genetic Nondiscrimination in Health Insurance (Genetic Information Nondiscrimination Act of 2008)

**What does it mean to me?**

This change will be transparent to you and your members.



**Genetic Information Nondiscrimination Act summary:** Prohibits group health plans from requesting, purchasing, or using genetic information for underwriting, eligibility, determining premium or contribution amounts, applying pre-existing condition exclusions, or other activities related to creation, renewal, or replacement of a health insurance contract or benefits.

**What is genetic information?** Genetic testing and the results of such testing, manifestation of a disease or disorder in an individual or a family member, and genetic information about a fetus or an embryo.

**Effective date:** Contracts sold or renewed beginning June 1, 2009

**Who is affected?** Fully insured or self-funded groups that offer employer-sponsored health plans, except FEHBP.

### Pennsylvania Act 62 of 2008: Autism Spectrum Disorders Mandate

**What does it mean to me?** Pennsylvania members may be entitled to more coverage for autism-related disorders. Coverage for autism spectrum disorders

will be subject to the same copayments, coinsurance, deductibles, and general limitations and exclusions as other medical services under your plan. While the number of visits to an autism service provider is unlimited, total coverage is limited to \$36,000 in eligible charges per contract year.

**Autism Spectrum Disorders mandate summary:** It requires that Pennsylvania's commercial insurance policies, CHIP, adultBasic, and Medicaid plans cover diagnosis and treatment of autism spectrum disorders and pervasive developmental disorders for individuals under age 21. Specifically covered are prescription drugs, psychiatric/psychological care, rehabilitative care, and therapeutic services.

**Effective date:** Contracts sold or renewed beginning July 1, 2009

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## LEGISLATIVE CORNER

*Overview, continued from page 5*

**Who is affected?** Fully insured Pennsylvania groups with more than 50 total employees. (Does not apply to Ohio groups).

### Mental Health Parity and Addiction Equity Act of 2008

**What does it mean to me?** Members may be entitled to more or different coverage for mental health and substance abuse services than in the past.

**Mental Health Parity and Addiction Equity Act summary:** It ensures that mental health and substance abuse services are subject to the same cost sharing and same limits as physical health services. Specifically:

- Financial requirements (deductibles, copays, coinsurance, and out-of-pocket maximums) applied to mental health and substance abuse benefits can be no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits.
- No separate cost-sharing requirements can apply to mental health and substance abuse benefits.
- Treatment limits (visits, days, dollars) applicable to mental health and substance abuse benefits can be no more restrictive than the predominant limits applied to substantially all medical and surgical benefits.

- No separate treatment limitations can apply to mental health and substance abuse benefits.
- If out-of-network coverage is provided for medical or surgical benefits, it must also be provided for mental health and substance abuse benefits.

**Effective date:** Contracts sold or renewed beginning November 1, 2009

**Who is affected?** Fully insured or self-funded groups with more than 50 total employees that offer employer-sponsored health plans, except FEHBP.

### Michelle's Law

**What does it mean to me?** Dependent college students can take up to 12 months' medical leave with a physician's signed consent. During the leave, students who are covered under their parents' health insurance plan can be absent from school or reduce course load to part-time and still be eligible for health insurance coverage.

**Michelle's Law summary:** Michelle's law provides for a period of continued coverage for a dependent student who must leave full-time status at a post-secondary school for a medically necessary leave of absence. Coverage continues until the earlier of:

- One year from the start of the leave of absence, or
- The date which coverage would

otherwise terminate under the plan (e.g., age-out, change of carrier, non-payment, etc.).

**Effective date:** Contracts sold or renewed beginning November 1, 2009

**Who is affected?** Fully insured or self-funded groups (not FEHBP) and members of individual plans.

### Medicare Secondary Payer (Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173))

**What does it mean to me?** You will need to provide social security numbers for subscribers and dependents to your health plan at least annually. You will also need to provide your company's tax ID number to your health plan. We will contact you to collect this information.

**Section 111 Summary:** The 2007 amendments to the Medicare Secondary Payer provisions require insurers and TPAs to report specified information about group health plan arrangements to the Centers for Medicare and Medicaid Services, beginning in 2009. Reporting social security numbers of all plan participants, both subscribers and dependents, will be critically important. Data reported for purposes of Section 111 will be submitted electronically to CMS. Coventry has registered on behalf of its health plans and is working with CMS to set up the data reporting and response processes. If you have questions or would like more information, please visit the CMS website at <https://www.cms.hhs.gov/MandatoryInsRep/>.

**Effective Date:** HealthAmerica expects to start reporting data in the third or fourth quarter of 2009. We will reject enrollment requests starting January 1, 2010, if a social security number is not included for each enrolling individual. A few



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exceptions will apply, such as children under age 2 and members enrolling in an FEHBP.

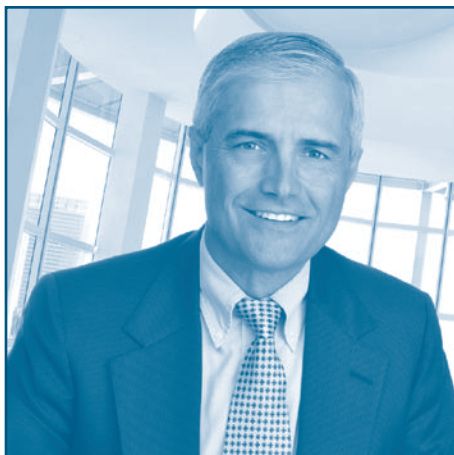
In addition, we will need to collect any missing social security numbers for members already enrolled under your group health plan. HealthAmerica will contact you with more details about this clean-up effort.

**Who is affected?** Fully insured or self-funded groups (not individual plans).

## Health Information Technology for Economic and Clinical Health Act (HITECH) (American Recovery & Reinvestment Act of 2009)

**What does it mean to me?** Regulations are still pending. We will notify you of necessary action.

**HITECH summary:** Provides additional funding to the Office of the National Coordinator for Health Information Technology to develop infrastructure



and pay financial incentives to providers, hospitals, states, and other entities to adopt and use health information technology. It also expands security and privacy provisions and penalties to HIPAA business associates of covered entities and adds other new privacy and security requirements.

**Effective date:** Generally, February 16, 2010, for expanded privacy and security provisions

**Who is affected?** Entities covered under HIPAA: health plans, providers, hospitals, and others that access health information from business associates, vendors, Health Information Exchanges, Regional Health Information Organizations, etc.

## Pa. Senate Bill 189

**What does it mean to me?** Dependents may be eligible for extended coverage up to age 29, under certain circumstances. Provisions of the bill are subject to change. We will communicate final provisions that affect you once the bill becomes law.

**Pa. Senate Bill 189 Summary:** Pa. Senate Bill 189 bill was passed by the Pa. General Assembly in May, and Governor Rendell is expected to sign it at the time of this publication. It requires health insurers to offer extended dependent child coverage under certain circumstances. Dependents aged 19 and over may qualify to stay on their parents' policy through

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## Your Health Literacy

### Understanding more about radiology tests can protect your health

by Vishu Jhaveri, M.D.

In our focus on health literacy and learning about what makes us healthier, it is important to know about the safety of medical tests, including radiological procedures. In the modern world of medicine, Computed Tomography (CT) scans can be a valuable diagnostic resource. However, did you know that tests like the CT scan can actually make you sick? They can make you sick because they use a large amount of radiation. In fact, a whole-body CT scan delivers as much radiation to a person as individuals received when the atom bomb was dropped on Hiroshima and Nagasaki.<sup>1</sup> Radiation also adds up when you receive several CT scans over the course of time, no matter which part of the body is scanned.

### Avoiding Excess Radiation

You can avoid getting too much radiation from CT scans by following a few simple steps: Tell your doctor about all the CT scans you have had over the past 10 years. It helps to keep

a record of them. This will allow your doctor to get the results of your previous CT scans and possibly avoid another scan. You should include this information in your records:

- Where the scan(s) were taken
- What the results were
- The name of the hospital or physician ordering the scans

If you are transferring from one hospital to another or from one physician to another, be sure to give copies to your new health care provider. When a physician asks you to have a CT scan, always ask if there is a lower-radiation alternative. Your health plan wants to help you understand and use information that could affect your health. Understanding more about the use of CT scans is one step you can take toward better health and health literacy.

### To find a wealth of health-related topics, visit My Online Services at the web address on your ID card.

*Dr. Jhaveri is board certified in pediatrics, and in quality assurance and utilization management. He studied at Bombay University, served his residency and fellowship at Johns Hopkins Hospital and Saint Agnes Hospital, and earned his master's degree in health care administration at Central Michigan University.*

<sup>1</sup>Committee to Assess Health Risks from Exposure to Low Levels of Ionizing Radiation, National Research Council. Health Risks from Exposure to Low Levels of Ionizing Radiation: BEIR VII Phase

## CONTACT US

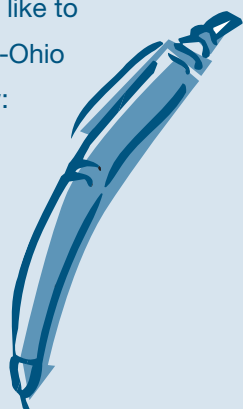
Are you on the Penn-Ohio e-mail list?  
Please send your updated e-mail address to: [tfinneran@tjsins.com](mailto:tfinneran@tjsins.com).

If you have a question, comment, or suggestion you want to share with HealthAssurance and/or Penn-Ohio; or if you have a particular HealthAssurance experience you would like to share with other Penn-Ohio members, let us know:

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lifestyle. Your PHR on My Online Services allows you to view, store and track personal health information securely on the web. You can share this information with your providers to help safeguard your health.

### **View and Log Current Medications**

We help you get started on your medical record by automatically adding prescription drugs when they are filled through a network pharmacy that processes our claims. The record shows all the medications you currently take. You can add over-the-counter drugs and supplements to the list to complete the picture.

### **Track My Health**

Immunizations, family history and allergies are other important pieces of your medical record. Track My Health allows you to record and store this information. Download, print or save your information, but most importantly, share it to make sure that you get the right care for your individual situation.

**Make a move for better health. Complete your personal health record on My Online Services today at the web address shown on your ID card.**

### *Overview, continued from page 7*

age 29 as long as they meet the following requirements: are under age 30, are not married, have no dependents, live in Pennsylvania or are full-time students in college or graduate school, and not be covered under any other individual or group health insurance policy, including being enrolled in or entitled to any government program.

**Effective Date:** Once signed by the governor, the law will impact policies sold or renewed 180 days thereafter. This is subject to change, however, pending final legislative action on Senate Bill 189.

**Who is affected?** Fully insured groups.

