



## Important Notice – MMEHT 2013 Benefit Changes

The Maine Municipal Employees Health Trust (MMEHT) Board of Trustees annually considers benefit plan updates to help meet the needs of our members, manage premium costs if possible, and to be competitive in the commercial insurance market. As a result, the Trustees recently approved changes to the health insurance available to you through your employer’s participation in the Health Trust.

**This notice will provide an overview of the employee benefit changes for participants and their dependents effective January 1, 2013. Your employer may offer some or all of the options available through the Trust.**

### Medical Plan - Benefit Changes:

**Health Care Reform** – The Health Trust is moving forward with implementation of benefit changes and communications required by the federal Affordable Care Act (ACA). For 2013, the Trust will include expanded preventive care for women in its medical plans as required by the ACA. In addition, the Trust is working with its partner Anthem to produce Summary of Benefits and Coverage (SBC) documents which will be made available to Trust employer groups and participants later this fall.

**Value Based Plan Design Features** – Effective January 1, 2013, the Trust will expand its value based purchasing plan design features to more Trust medical plans. Participants will be offered reduced copays and out of pocket cost incentives to receive their care from Providers of Distinctions – primary care doctors and hospitals that have demonstrated the highest quality and safety and lowest costs. You can find more information on this program in this insert.

**Medical Plans – Plan Options for 2013.** The Trust’s Indemnity Choice medical plan will be terminating effective December 31, 2012. Employers and employees were sent information on other available plan options for 2013.

**Dental Plan Change** – Effective January 1, 2013 the plan will no longer have a minimum participation requirement for enrollment, as long as your employer offers Dental coverage. In addition, the dental plan will be available to retirees who retire on or after January 1, 2013, or who are currently on COBRA dental. Please contact the Health Trust Billing and Enrollment area at 1-800-852-8300, for more information on the Retiree Dental coverage for new retirees.

The dental plan annual open enrollment period is held during the month of December each year for an effective date of following January 1. This means that if you didn’t take dental coverage when you first were eligible, you still have an opportunity to enroll. However, if you apply for dental coverage during the annual open enrollment period you will be considered a “late enrollee” subject to waiting periods outlined below. This means that you will have to wait the stated period of time before your services will be covered under the dental plan.

SERVICE CATEGORY	WAITING PERIOD
Preventive and Diagnostic (oral exams, cleanings, x-rays)	None (Coverage at day 1)
Basic/Restorative (fillings, oral surgery, periodontal services)	6 Months
Major/Prosthodontics (dentures, implants, crowns)	12 Months
Orthodontics	12 Months

**Reminder: 2013 Rates:** 2013 rates were mailed to your employer. You will also receive a notification of the rate changes. Your employer will contact you to let you know of any change to your personal premium contributions (payroll deductions) or changes in your program options.

**Reminder: Annual Enrollment:** December 2012 is the annual open enrollment period for the Health Trust health insurance program. MMEHT Field Service Representatives will be assisting your employer in understanding the plans and options available through the Health Trust this year. Your employer will contact you regarding any changes to your program with the Health Trust.

Please contact your MMEHT Member Service Representatives with any questions at [htservice@memun.org](mailto:htservice@memun.org) or 1-800-852-8300. We appreciate your continued participation in this unique, flexible, and non-profit program.

# **Value Based Purchasing Incentives and “Providers of Distinction” Effective January 1, 2013 for POS C, POS 200, PPO 500, PPO 1000, PPO 1500 and PPO 2500**

Variations in the cost and quality of health care across Maine are real; unwarranted variations exist in process, outcomes, satisfaction and cost. To address these variations, plan sponsors are reporting information and creating plan design incentives to influence purchasing behavior. **Effective January 1, 2013, the Maine Municipal Employees Health Trust (MMEHT) will be increasing the number of plans that include value based purchasing features and incentives, often called “tiered networks”. If you are enrolled in the POS C, POS 200, PPO 500, PPO 1000, PPO 1500, or PPO 2500 plan, these programs will apply to you.**

The Board of Trustees adopted the *MMEHT Providers of Distinction* based on the methodology described below. There are three broad categories for tiering, which include hospitals, specific procedures at specified hospitals, and primary care physicians (PCPs). The Health Trust will introduce financial incentives to Trust participants who voluntarily use preferred facilities or providers. These incentives will provide the best benefit should a member choose to use one of the *MMEHT Providers of Distinction*.

In an effort to make these programs easier for our members to understand and to use, we have developed the following Q&A. If you have any other questions regarding this program, please call the Health Trust Member Service Representatives at 1-800-852-8300.

## **What are tiered networks?**

Tiered networks allow members to reduce their copays and out-of-pocket costs by seeking care from Providers of Distinction – primary care doctors and hospitals that have demonstrated the highest quality and safety and lowest costs.

## **Which MMEHT health plans use the tiered networks?**

Effective January 1, 2013, all MMEHT health plans with the exception of the POS A plan use the tiered networks, although to a varying degree. The POS C plan only uses tiered networks for the Preferred PCP designation. The POS 200 plan and all of the PPO plans use the Preferred PCP designation, as well as the Preferred Facility designations for preferred hospitals (as described below).

## **What is the advantage to using a Preferred PCP?**

If your Primary Care Physician is designated as a Preferred PCP, your office visit copay will be automatically reduced to \$10 per visit if you are enrolled in the POS C, POS 200, PPO 500, or PPO 1000 plan; or to \$15 if you are enrolled in the PPO 1500 or PPO 2500 plan.

## **How do I find out if my Primary Care Physician is a Preferred PCP?**

Log on to the Maine Health Management Coalition’s website at [www.getbettermaine.org](http://www.getbettermaine.org) and enter the required information for your doctor. A doctor or practice will only be considered Preferred if they rate “Good”, “Better”, or “Best” in at least two categories, based on quality of care.

## **What is the advantage to using a Preferred Hospital Facility?**

If you receive inpatient or outpatient surgical services from a Preferred Hospital Facility (“Hospital of Distinction”), the deductible amount applicable to qualifying services that you receive from the hospital will be waived (if you are covered by the POS 200, PPO 500, and PPO 1000 plan), or reduced by \$1,000 (if you are covered by the PPO 1500 or PPO 2500 plan). (Separately billed services such as anesthesiology, lab, x-ray and advanced imaging, or emergency room services, will still be subject to any applicable deductible, copay, or coinsurance amount.)

## **Which hospitals are included as “Preferred Facilities”?**

Effective January 1, 2013, there are 19 hospitals on the Preferred Hospital Facility list. Please refer to the section titled “MMEHT Hospitals of Distinction” (below) for the current list.

### What is the advantage to using a Preferred Hospital Facility for Specified Procedures?

If you receive services from one of the Preferred Hospital Facilities for Specified Procedures, any deductible and coinsurance amount applicable to the specified surgeries (as listed below) will be waived. (Separately billed services such as anesthesiology or pathology claims will still be subject to any applicable deductible, copay, or coinsurance amount.)

### Which hospitals are included as “Preferred Facilities” for procedures, and for which procedures?

At the present time, there are five Preferred Hospital Facilities for **Knee and Hip Replacement Surgery** and two Preferred Hospital Facilities for **Bariatric Surgery**. Please refer to the section titled “MMEHT Hospitals of Distinction – Specified Procedures” (below) for the current list. We anticipate that Maine Medical Center will be designated as a Preferred Hospital Facility for **Spine Surgery** sometime during calendar year 2013.

## MMEHT HOSPITALS OF DISTINCTION

HOSPITAL TIERING	Preferred Facility (“Tax-Id”)
Incentives	<b>★ Reduced Out of Pocket (OOP) by Waived or Reduced Deductible</b> <b>POS 200 – Reduced OOP by \$200</b> <b>PPO 500 – Reduced OOP by \$500</b> <b>PPO 1000 – Reduced OOP by \$1000</b> <b>PPO 1500 – Reduced OOP by \$1000</b> <b>PPO 2500 – Reduced OOP by \$1000</b>

The MMEHT Board of Trustees adopted the following hospital list approved through sound methodology in partnership with Anthem Blue Cross and Blue Shield in Maine and in accordance with the Maine Health Management Coalition (MHMC) quality metrics. Each preferred hospital meets minimum criteria in four categories: **Effective** (treatment of heart failure and pneumonia), **Safe** (preventing surgical infections, medication safety and national safe practice survey), **Patient Satisfaction**, and **Cost**. The methodology weights **Quality Care (effective, safe and patient satisfaction– based on MHMC measures)** 70% and **Cost (based upon Anthem’s 2011 unit costs)** 30%. Hospitals designated as “preferred” or tier one will continue to be considered “preferred” for all covered services they perform with the exception of knee and hip replacement surgery and bariatric surgery as outlined above. **It is important to note that any separately billed services, such as anesthesiology or pathology claims, will be processed subject to any applicable cost shares.**

## 19 PREFERRED HOSPITALS

Blue Hill Memorial Hospital (Blue Hill)  
Bridgton Hospital (Bridgton)  
Central Maine Medical Center (Lewiston)  
H.D. Goodall Hospital (Sanford)  
Maine Coast Memorial Hospital (Ellsworth)  
Maine Medical Center (Portland)  
MaineGeneral Medical Center (Augusta-Waterville)  
Mayo Regional Hospital (Dover-Foxcroft)  
Mercy Hospital (Portland)

Mid Coast Hospital (Brunswick)  
Miles Memorial Hospital (Damariscotta)  
Mount Desert Island Hospital (Bar Harbor)  
Northern Maine Medical Center (Fort Kent)  
Parkview Adventist Medical Center (Brunswick)  
Penobscot Bay Medical Center (Rockport)  
Redington-Fairview General Hospital (Skowhegan)  
Southern Maine Medical Center (Biddeford)  
St. Joseph Hospital (Bangor)  
York Hospital (York)

## MMEHT HOSPITALS OF DISTINCTION – Specified Procedures

HOSPITAL TIERING	Preferred Facility for <i>Procedure</i>
<b>Incentives</b>	<ul style="list-style-type: none"> <li>★ Waived deductible</li> <li>★ Waived coinsurance (\$0 out-of-pocket costs for hospital charges)</li> <li>POS 200, PPO 500, PPO 1000, PPO 1500, and PPO 2500 Plans</li> </ul>

The MMEHT Board of Trustees adopted the following procedure list at specified hospitals approved through sound methodology in partnership with Anthem Blue Cross Blue Shield’s Blue Distinction Program. These incentives build on the Preferred Facility program (outlined below) by adding an additional quality component for designated procedures. The incentives will only be available when the designated surgery is performed at the designated hospital listed below. **It is important to note that any separately billed services, such as anesthesia or pathology claims, will be processed subject to any applicable cost shares.**

<u>Designated Procedure or Surgery</u>	<u>Designated Hospital(s)</u>
<b>Knee and Hip Replacement Surgery</b>	<ul style="list-style-type: none"> <li><b>Central Maine Medical Center</b> (Lewiston)</li> <li><b>MaineGeneral</b> (Augusta/Waterville)</li> <li><b>Maine Medical Center</b> (Portland)</li> <li><b>Mercy Hospital</b> (Portland)</li> <li><b>St. Joseph Hospital</b> (Bangor)</li> </ul>
<b>Bariatric Surgery</b>	<ul style="list-style-type: none"> <li><b>Central Maine Medical Center</b> (Lewiston)</li> <li><b>Maine Medical Center</b> (Portland)</li> </ul>
<b>Spine Surgery(Coming later in 2013)</b>	<ul style="list-style-type: none"> <li><b>Maine Medical Center</b> (Portland)</li> </ul>

## MMEHT PRIMARY CARE PHYSICIANS OF DISTINCTION

PCPs Primary Care Physicians	Preferred PCPs Providers with at least “Good”, “Better”, or “Best” ratings from the Maine Health Management Coalition website: <a href="http://www.getbettermaine.org">www.getbettermaine.org</a>
<b>Incentives</b>	<ul style="list-style-type: none"> <li>★ <b>Reduced Office Visit Copays</b></li> <li><b>POS C      \$10                  PPO 1000      \$10</b></li> <li><b>POS 200    \$10                  PPO 1500      \$15</b></li> <li><b>PPO 500    \$10                  PPO 2500      \$15</b></li> </ul>

The MMEHT Board of Trustees adopted a listing of Primary Care Physicians (PCPs) that will be effective January 1, 2013 based on the Maine Health Management Coalition’s (MHMC) **quality** (effective care and safety) metrics as reported on the Coalition’s website ([www.getbettermaine.org](http://www.getbettermaine.org)) in its preferred tier or MMEHT Providers of Distinction. The Maine Health Management Coalition’s Pathways to Excellence (PTE) Steering Committee has developed a set of metrics to measure how effectively primary care practices manage their patients with chronic conditions and how pediatric practices manage their patients.

The Maine Health Management Coalition Foundation publishes quality data on Primary Care Physicians (PCP’s). Doctors who treat adults voluntarily submit clinical information to Bridges to Excellence and/or the National Committee on Quality Assurance. These organizations in turn conduct assessments and generate rankings regarding the quality of the care being provided. The participating Primary Care Physicians may also submit information about the tools they use in maintaining and transferring medical information, and assisting their patients.

Bridges to Excellence and the National Committee on Quality Assurance are independent, non-profit organizations that publish information about how well doctors and their staffs across the U.S. are doing at taking care of their patients. Once a ranking is given it remains valid for two to three years.

The Maine Health Management Coalition’s website, [www.getbettermaine.org](http://www.getbettermaine.org), is a link to the doctor ratings. A doctor or practice will be considered preferred if they rate “Good”, “Better” or “Best” in at least two categories. Categories include effective, safe and satisfactory care. If a doctor is not rated or receives a low score they will not be considered preferred.