DST Reference:	**SHP-PRO-7001-SHP**
Title:	**Procedure - Requests for Benefit Changes**
Cross Reference:	**n/a**
Chapter:	**State Health Plan Board of Trustees**
Current Effective Date:	**August 31, 2015**
Revision History:	
Original Effective Date:	**November 6, 2013**

Applies to: **NC Department of State Treasurer – SHP Division**

Keywords: Board of Trustees, benefits, coverage, presentation, meeting, changes

Purpose

The purpose of this procedure is to provide a process for the public to communicate with the State Health Plan Board of Trustees regarding requests for changes to member benefits coverage. This procedure is specifically targeted towards groups or individuals that may represent the interest of certain segments of State Health Plan membership as it relates to their health and health care.

Related Statutes, Rules, and Policies

The By-Laws for the North Carolina State Health Plan Board of Trustees provide that one meeting per year will be used to review requests made by individuals or groups for changes in benefits under the State Health Plan.

Procedure

In fulfilling its mission to improve the health and health care of North Carolina teachers, state employees, retirees, and their dependents, this procedure establishes a forum for individuals or groups to propose changes in benefits coverage to the State Health Plan Board of Trustees. The Board of Trustees will designate one meeting per calendar year to review requests for changes in benefits coverage that are submitted by the public in accordance with this procedure.

Implementation

- Individuals or groups wishing to request changes to benefits must complete a "*Request Form for Board of Trustee Consideration of a Change to SHP Benefits."* The required form is attached to this procedure as Appendix A.
- Request forms should be submitted by email to SHP.Board@nctreasurer.com or mailed to: NC State Health Plan Board of Trustees, 3200 Atlantic Avenue, Raleigh, NC 27604.
- The Board of Trustees will designate one meeting each calendar year to review requests. Not all requests may be reviewed at the meeting; whether or not a request will be reviewed at the designated meeting is at the discretion of the State Treasurer.
- Requestors will be allowed to present or address the Board of Trustees at the discretion of the State Treasurer.
- If the requestor will be allowed to address the Board of Trustees regarding the request, notice of the time and place of the meeting will be provided to the requestor at least one week before the designated Board of Trustees meeting.
- Requests submitted to the Board of Trustees for consideration in no way obligates the State Treasurer to allow the requestor to address the Board of Trustees or make changes to benefits.

Revision History

Version/Revision	Date Approved	Description of Changes
V1.0	11/6/13	Initial Procedure
V2.0	8/31/15	Review and Update

For questions or clarification on any of the information contained in this policy, please contact the procedure owner or designated contact point: ***(Lotta.Crabtree@nctreasurer.com)****. For general questions about department-wide policies and procedures, contact the DST Policy Coordinator:* ***Sandra.Johnson@nctreasurer.com****.*

APPENDIX A

Request Form for Board of Trustee Consideration of a Change to SHP Benefits

This form is to be used by individuals or groups that would like to propose new benefits coverage or request changes to benefits already covered by the State Health Plan. Please read the Procedure – Requests for Benefits Changes, SHP-PRO-7001-SHP for more information regarding these types of requests.

Please submit completed forms by email to SHP.Board@nctreasurer.com or mail to NC State Health Plan Board of Trustees, 3200 Atlantic Avenue, Raleigh, NC 27604.

Name of Requestor: Beth Levine

Contact Information (*phone, email, mailing address):* Cell 919-418-7007 / Home 919-845-3035
beth.primates@gmail.com
6516 Hearthstone Dr. Raleigh, NC 27615

Requested Change in Benefits Coverage:
1. Increase in number of allowable chiropractic and PT visits.
2. Separate chiropractic, PT, and OT services for benefits.

Reason for Request: Propose an increase in the number of allowable visits for chiropractic and physical therapy for persons diagnosed with Joint Hypermobility Syndrome or Ehlers-Danlos Syndrome - Joint Hypermobility Type

Proposed Effective Date of Change: 2018

Supporting Documentation (*Please provide documents to support your request; examples include research or studies regarding medical services, treatment or procedures, fiscal impact analyses if available, or petitions from members.*):

Would you like to speak with the Board of Trustees about this issue at a Board of Trustees meeting? YES

The Board of Trustees reviews select requests annually at a regularly scheduled Board of Trustee meeting. For calendar year 2015, requests will be reviewed at the August meeting. For calendar year 2016, requests will be reviewed at the July meeting. Review of requests in no way obligates the State Treasurer to make changes to benefits.

APPENDIX A

Request Form for Board of Trustee Consideration of a Change to SHP Benefits

This form is to be used by individuals or groups that would like to propose new benefits coverage or request changes to benefits already covered by the State Health Plan. Please read the Procedure – Requests for Benefits Changes, SHP-PRO-7001-SHP for more information regarding these types of requests.

Please submit completed forms by email to SHP.Board@nctreasurer.com or mail to NC State Health Plan Board of Trustees, 3200 Atlantic Avenue, Raleigh, NC 27604.

Name of Requestor: Phillip (Korey) Newton

Contact Information (*phone, email, mailing address*): (919) 812-6279
pknewton@ncdot.gov

Requested Change in Benefits Coverage:
Coverage of extra vitamins/supplements for bariatric patients.

Reason for Request:
High costs and lifelong requirements

Proposed Effective Date of Change:
Immediately

Supporting Documentation (*Please provide documents to support your request; examples include research or studies regarding medical services, treatment or procedures, fiscal impact analyses if available, or petitions from members.*):
See attached

Would you like to speak with the Board of Trustees about this issue at a Board of Trustees meeting? See attached

The Board of Trustees reviews select requests annually at a regularly scheduled Board of Trustee meeting. For calendar year 2015, requests will be reviewed at the August meeting. For calendar year 2016, requests will be reviewed at the July meeting. Review of requests in no way obligates the State Treasurer to make changes to benefits.

To whom it may concern:

My wife had her Bariatric (Weight Loss) Surgery procedure on 12/18/2015, and I had mine on 6/29/2016. Through this process, we have learned a great deal about the associated required medical care and associated costs and coverage on the State Health Plan. One of our concerns is the lack of coverage for the lifelong costs of the numerous required *additional* vitamins and/or supplements for Bariatric Surgery patients. The cost of these is over $50 per month

The State Health Plan has apparently decided to be generally very friendly toward Bariatric Surgery patients by providing coverage for the surgery and associated medical care, and we are VERY grateful for that provision. Apparently, the State Health Plan understands the likely associated health and lifestyle benefits for the members and/or covered dependents. So far, my wife has lost *over 140 pounds* and is feeling much better these days.

For Bariatric Surgery patients, certain additional vitamins and/or supplements are medically necessary to sustain proper health. Otherwise, the doctors would not require patients to take them. There are apparently some slight variances in the requirements, depending upon the exact procedure each patient has. Some of these are clearly specialty products. The costs of these are not low, and some are not readily available at major retailers (especially in the recommended dosages). For example, the required multivitamin for our procedure is not even recognized at some pharmacies. When I called Express Scripts (the current processing contractor for prescription coverage for the State Health Plan), their pharmacist wasn't able to find one of the products I was referring to. I feel like most Bariatric Surgeons would be more than willing to validate the necessity of these vitamins and supplements for their patients as required by insurance plans.

Please consider providing additional coverage for these additional required vitamins and/or supplements, due to the lifelong costs associated with them (much like the duration of required drugs for diabetic patients). Even with many health benefits from having the surgery, the added costs associated with additional required vitamins and/or supplements will undoubtedly be a very significant, permanent source of stress along our intended journey to better health.

If it would help, I am more than willing to come to one or more of your meetings to discuss this issue and/or try to answer questions you might have. My wife is probably also a good resource for patient feedback, since she's already had the surgery and has very personal experience with some of the benefits. It might also be helpful to consider meeting with the surgeon(s). The practice we're using is Rex Bariatric Specialists (http://www.rexbariatrics.com/). They have free information seminars almost every Tuesday evening (see their calendar on their website for more info.).

Please let me know if there's anything else I can do to facilitate the consideration of coverage for these additional vitamins and/or supplements for Bariatric Surgery patients. Added coverage for these will relieve a significant level of financial distress for the rest of our lives.

Thank you very much in advance for your consideration! My phone number is (919) 812-6279, in case anyone needs or wants to contact me.

Phillip Korey Newton 7/6/2016

Phillip (Korey) Newton

REX
UNC HEALTH CARE

Rex Surgical Specialists

January 5, 2016

To whom this may concern,

Ms. Kristen Newton has had laparoscopic duodenal switch surgery, which will significantly decrease the amount of food she will be able to eat daily. The following vitamin recommendations have been made and should be followed for life:

- 3 ADEK multivitamins per day
- 1800-2400mg of calcium citrate with vitamin D
- 1 Vitamin B12
- 1 Vitamin D (5000IU)
- 1 Iron (29mg)
- 1 biotin
- 1 probiotic

If you have any additional questions please feel free to contact me at the number above. Thank you for your consideration of this request.

Sincerely Yours,

Dr. Lindsey Sharp

Medical Director

Rex Surgical Specialists
4207 Lake Boone Trail, Suite 210, Raleigh, NC 27607
(919) 784-7874

12308 Harcourt Drive
Raleigh, NC 27613
(919) 812-6279

August 9, 2016

NC State Health Plan Board of Trustees
3200 Atlantic Avenue
Raleigh, NC 27604

To Whom It May Concern:

At your meeting on August 4, 2016, I presented a request to have the extra vitamins and supplements for bariatric surgery patients covered. I also mentioned a request to have the required bloodwork (labs) covered at 100% for bariatric surgery patients (like for a regular physical, etc.). This request includes coverage for required bloodwork (labs) prior to surgery. I was assured at the meeting last week that this would be reviewed and/or considered as is appropriate, and I am thankful for the opportunity to present this issue. I might have slightly overstated the out-of-pocket burden at the meeting last week (not intentional), but it is still pretty high (at least on the CDHP). It might be that these services would be covered except for a co-pay on the PPO Plans, but that's not clear to me at this time. Meanwhile, they're subject to deductible and coinsurance on the CDHP.

As I stated last week, my wife (Kristen) and I both had bariatric surgery in the last year (hers was 12/18/2015, and mine was 6/29/2016). Based upon our experience, there are generally quarterly bloodwork tests performed (at least during the first year). I believe it is less often in subsequent years, but don't have exact details yet. This is apparently routine for bariatric surgery patients to ensure proper nutrition, etc. (at least for the first few years), and the associated costs add up quickly (especially on the CDHP). Our surgeon (Dr. Lindsey Sharp) and his peers at Rex Bariatrics can probably offer the best information on what is required. Meanwhile, I have attached copies of EOB's for my wife's most recent tests to show the out-of-pocket costs on the CDHP.

Another aspect of this problem is how things get coded/processed/covered/etc. For example, I had an endoscopy done on 4/14/2016 as a prerequisite for my bariatric surgery. Since I was already fasting and at the hospital, I decided to go to the lab to have my blood drawn for the required tests (another prerequisite for surgery). Meanwhile, I had already scheduled my physical for the following week (4/21/2016). If I had waited until my physical to do the bloodwork, it would have apparently been mostly covered at 100% (as part of my physical). However, it was *not* covered that way simply because it had been performed "for other purposes". Much of the testing was for the same results regardless. I feel like it was almost like a penalty for being proactive. Since I reached my out-of-pocket maximum for the year anyway, there was no real extra cost to me personally for the year, but the coverage should probably still be processed differently (at least for the CDHP).

Thanks in advance for your prompt consideration of our requests. Please consider adding coverage for these items as soon as possible. Please let me know if you have questions or if more information is needed.

Sincerely,

Phillip (Korey) Newton

STATE HEALTH PLAN BENEFIT CHANGE PROPOSALS
STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA

Presenter: Chuck Stone, Director of Operations SEANC
Contact: (919) 812-2341 or cstone@seanc.org
August 27-28, 2015

Requested Change in Benefits Coverage (SEANC 1): Provide a Medicare Supplement/Medigap Policy or cash benefit for Medicare Retirees with automatic adjustments for health care inflation, age and adverse risk. Alternately, provide a PPO 80/20 Option for Medicare Retirees wishing to maintain Traditional Medicare.

Reason for Request:

1. Many retirees have requested this as an option.
2. Development of a Medicare Supplement option must avoid adverse impact on other State Health Plan options for retirees.

Proposed Effective Date: January 1, 2016 or January 1, 2017

Requested Change In Benefits Coverage (SEANC 2): Provide active, non-retired state employees with the option to select retiree health insurance coverage or free dependent coverage equivalent in value to the current retiree health care coverage. The benefit will be adjusted annually for health care inflation using an appropriate national health care inflation index such as that used by the Center for Medicare Services (CMS). Funding of current unfunded liabilities should be treated the same as state bond indebtedness since the services and costs have already been provided and accrued, and should be honored in accordance with the state motto: "To Be Rather Than to Seem."

Reason for Request:

1. Enable the state to compete with the private sector and local/state/federal government in recruiting and retaining a career workforce more representative of the average workforce age.
2. Reduce unfunded liabilities for future retiree health insurance benefits.
3. Provide greater transparency and accountability to the taxpayers in comparing State Health Plan benefits and costs to large private sector employers; and provide greater budget prediction since future health care costs are difficult or impossible to estimate.
4. Provides accountability by requiring funding on a pay-as-you go basis, rather than the current unfunded liability system.
5. Allow retired military personnel with TriCare for Life to maximize their retiree health insurance benefits.
6. Increase the number of insured North Carolinians since most State Health Plan members cannot afford dependent coverage. The percentage of Adjusted Gross Income to purchase family coverage in the State Health Plan exceeds the level required under the Affordable Care Act mandating health insurance coverage. Thus, many state employees have dependents without insurance coverage resulting in increased costs to those with insurance.

Proposed Effective Date: January 1, 2016 or January 1, 2017

Requested Change in Benefits Coverage (SEANC 3): Provide a <u>combined medical and pharmaceutical maximum out-of-pocket limit</u> not to exceed $5,000 annually per covered member for the PPO options.

Reason for Request:

1. Allows State Health Plan members to budget better for medical expenses.
2. Limits financial liability of State Health Plan members for out-of-pocket expenses which is essential given the lack of pay raises and low salaries.
3. Allows State Health Plan members to focus on job responsibilities rather than medical bills.

Proposed Effective Date: January 1, 2016 or January 1, 2017

Requested Change in Benefits Coverage (SEANC 4): Reduce generic drug copays to a maximum of $10 per script.

Reason for Request:

1. The current generic drug copay of $12 is near the maximum of the scale and not competitive with large employer prescription drug copays for generics.
2. A lower generic drug copay would increase medication adherence and reduce more costly medical care.
3. While state law requires pharmacies to charge State Health Plan members the lesser of the current generic copay, or the price charged to the general public, anecdotal evidence suggests that many pharmacies evade this provision by requiring a pharmacy prescription drug card to qualify for lower generic copays (such as $4 for a one month supply) or automatically defaulting to the $12 generic copay.
4. Save money for State Health Plan members.

Proposed Effective Date: January 1, 2016

Requested Change in Benefits Coverage (SEANC 5): Reestablish a premium free health care benefit equivalent to the current PPO 80/20 and eliminate Wellness Premium Surcharges for the new PPO 80/20. Request General Assembly provide funding for positive cash incentives of $50 for designating a Primary Care Physician and $50 for Completion of a Health Assessment.

Reason for Request:

1. Benefit reductions, premium increases and other changes to the State Health Plan since 2008 cost-shifted an average of $1,300 annually to every active employee/early retiree and $1,000 annually to every Medicare retiree. (General Assembly Fiscal Notes)
2. State Employees have only had a 1.2% pay increase in the past 5 years.
3. While many health insurance plans have begun imposing premium surcharges for smoking, the use of premium surcharges for designation of a Primary Care Physician and Completion of Health Assessments is not routine. Some other health insurance plans provide cash incentives for the Primary Care Physician and Health Assessment.

Proposed Effective Date: January 1, 2016

Requested Change in Benefits Coverage (SEANC 6): Seek coverage for acupuncture benefits in the State Health Plan when performed by health care providers, including non-Medical Doctors, appropriately trained and certified in acupuncture for medical conditions where acupuncture has been proven to have therapeutic medical value.

Reason for Request:

1. Acupuncture has proven to have therapeutic medical value for many medical conditions, thus reducing or eliminating the need for prescription drugs with addiction potential and other adverse side effects.
2. Improve medical outcomes and speed recovery reducing other health care costs.
3. Requirements to cover Accupuncture only when performed by an M.D. limit access in most areas of the state and increase costs for the State Health Plan.

Proposed Effective Date: January 1, 2016

Name of Requestor: SEANC (Chuck Stone or Ardis Watkins)

Contact Information: 919-833-6436, cstone@seanc.org, awatkins@seanc.org, 1621 Midtown Place, Raleigh, NC, 27609

Requested Change in Benefits Coverage: See attachments

Reason for Request: See attachments

Proposed Effective Date of Change: January 2017

Supporting Documentation: see attachments

Would you like to speak with the Board of Trustees about this issue at a Board of Trustees meeting? Absolutely.

That the State Health Plan provide member credits for phone/tablet apps and/or technology devices such as fitness bands designed to help members monitor and improve their health, thereby reducing health care costs to the State Health Plan. Furthermore, that contract vendors provide apps for members to rapidly access medical information. (Note: The State Health Plan would be authorized to evaluate and recommend appropriate apps and technology devices.

Employers should know these mobile applications, which can aid well-being, manage chronic disease and help workers better engage with their healthcare providers.

Beth Levine – National Board Certified Preschool Special Education Teacher in Wake County

Madison Winbourne & Mary Carol Clark– teachers in NC

Purpose – to demonstrate to you that NC's SHP has been combining chiropractic, physical therapy, and occupational therapy services and it is having a tremendous negative impact on many state employees.

Currently SHP allows a COMBINED TOTAL of 30 visits for these 3 services. I suspect some of you don't even realize that.

We are just 3 people to represent the many people who don't know there is an avenue for advocating for better coverage.

My Story

- Recently found out I have Joint Hypermobility Syndrome & I'm seeing an Ehlers-Danlos Syndrome specialist next month.
- Constant dislocations & subluxations (both knee caps, both shoulders, ribs, SI joint)
- Must go to chiropractor 1-3x/wk IN ORDER TO BE FUNCTIONAL IN DAILY LIFE & to teach preschool special needs students.
- Recently started PT 2x/wk in order to strengthen without hurting myself. (explain)
- Other than a brief time between after $1500 deductible & before reaching 30 visit combined limit, I pay around $1000/month for chiro & PT combined!! Then, $59 for chiro. & $70 for PT for where I go. These cash-pay costs vary. Since non-covered does not count towards co-insurance.

People who benefit from increase in Chiropractic, PT, & OT

- People with Joint Hypermobilty Syndrome, Ehlers-Danlos Syndrome, stroke victims, spinal cord injuries, other severe accidents or injuries, & many others with **chronic back pain**.

- All very serious conditions & these services are **essential to daily functioning.**

What is Ehlers-Danlos Syndrome?

- New “celiac” in that it used to be considered very rare, but once they started testing & diagnosing regularly, they realized many have symptoms who don’t test positive. May overlap with JHS which is more highly recognized.
- Ehlers Danlos Syndrome (EDS) is a group of heritable connective tissue disorders affecting about 1 in 10,000 -15,000 . It is characterized by (joint) hyper mobility, skin extensibility(stretchy skin) and tissue fragility (scaring & bruising).
- It is caused by faulty collagens. Collagens provide structure and strength to connective tissue throughout the body. Type III collagen is mostly found in skin, blood vessels, and internal organs.
- There are six major types of Ehlers-Danlos Syndrome. The different types of EDS are classified according to their manifestations of signs and symptoms.
- Many EDS patients have signs and symptoms from several types making diagnosis hard.

(Link to source)

- There is no cure. There are only treatments to manage symptoms. (my summary from multiple sources)
- Just had it’s first International Symposium in May 2016…you will be hearing more about it in years to come!

CDHP

- I have had the CDHP plan since it started.

- SHP, especially CDHP pushes WELLNESS, and chiropractic & PT are considered wellness. It keeps people from taking medications, including opiods. When people do not receive these services that are needed they are more likely to require more invasive procedures, such as surgery that are also more expensive. So, chiro & PT are better for wellness & save money.

Info about Data

- Only going to compare # of allowable visits. Co-pays & premiums vary too much, but ALL states have lower co-pays than SHP's 80/20 plan, generally $12-$35 range.

Comparable States for Chiropractic & Physical Therapy

NONE OF THEM COMBINE THESE 2 SERVICES EXCEPT AZ

https://shp.nctreasurer.com/Board%20of%20Trustees%20Meeting%20Documents/5A-CompAnalysisStateHeatlhPlans_01-26-2016.pdf

State	Chiropractic Limit	Physical Therapy Limit
Virginia	30	Based on Medical Necessity
South Carolina	$2000 Limit	Based on Medical Necessity
Georgia	20	40
Kentucky	26	30
Tennessee	50	90 for PT, OT, SLP total
Arizona	60 combined with PT, OT, SLP	60 combined with PT, OT, SLP
Maryland	No Limit	50 for PT, OT, SLP total
Michigan	24	90 for PT, OT, SLP total
Ohio	No Limit	No Limit
Wisconsin	No Limit	No Limit
Connecticut	30	30

OUR REQUEST

- It’s **essential** to separate chiropractor from other services.
- Increase the number of allowable visits for each. It’s my guess that the 30 combined was done unintentionally.
- Make going above the limit count towards co-insurance and/or ppealable for medical necessity.
- Make this change effective for 2017.