

Good evening RPEA MEMBERS:

We sent out our last update on July 7. Shortly thereafter, I received the following e-mail from Matt at Wells Fargo Insurance Services. In part it reads:

"I need to clarify the directive we received from the State with respect to considering Blue Cross providers in-network for 90 days. We are considering Blue Cross providers as 'network' providers for 90 days for anyone that is currently in-patient in the hospital, for anyone that has already precertified a procedure, or for anyone receiving care under the managed mental health benefit. These are the only transition of (existing) care circumstances that fall under the 90 days provision. I apologize for any confusion this has caused.

I also want to say that I believe the UCR issue is a much smaller concern than most retirees seem to think it is. For starters, there is no UCR database for hospital care, and no Preferred Provider (PPO) steerage in the retiree plan. This means that all hospitals regardless of network status will be paid at plan rates without the possibility for any UCR cutbacks.

For physician charges, every claim we've researched to date (and there have been many) has been within the UCR limits we use. This has been the case even in Alaska, where issues with UCR cutbacks occur at a much higher rate than Outside. I would appreciate your thoughts on how to better explain this to the retiree population."

Upon receiving this information, I immediately wrote back and asked for clarification on the issues of Preferred Provider, the provider being in network, etc. A week went by and I received no response. I wrote again. I was notified last Friday, 7-17, a response would be soon forthcoming. I was also advised in that message the State had drafted a FAQ on the subject, and it was to be posted. As of yesterday, I could not find a post on the R & B site or on the AlaskaCare site. Additional information will be forwarded when RPEA receives it.

I also want to apologize for my impertinent comment in the July 7 e-mail characterizing Wells Fargo as making "poor us" comments. Their data shows they have been handling a very large volume of calls. The feedback we have received from you indicates responders were courteous and most questions were answered. This goes for Wells Fargo and Retirement and Benefits. We were especially pleased with the quick response when one of our Medical Committee volunteers had questions that needed a quick answer from Retirement and Benefits. We know they have been working diligently to work out problems. We must remember that Wells Fargo did not get the contract signed until April 13, and could officially do no work before that date. I let my frustration at the State refusing to allow RPEA to be a party to this process early last fall, and the delay in getting the process moving in the fall and early winter, override my good judgment.

After discussions at RPEA's Medical Committee meeting last week, we decided to wait another month or so before inviting Wells Fargo and Retirement & benefits to meet with us to go over the most pressing issues still needing attention at that time.

We have been extremely pleased with your responses to us, to Wells Fargo and to Retirement and Benefits. We are a few days behind on responding to recent e-mails, but we hope & expect to be caught up by week's end. We are compiling our list in anticipation of a meeting with WF & R&B.

For those of you that could not read the Word documents attached to the last e-mail, they are now posted on our web site in Adobe Acrobat. We have purchased the expanded version of Acrobat so will have all future documents in that format.

RPEA's mail lists are set up by regions and by out of state members. So many of you will see on the message you receive from us, "reply to [your regional chapter chair] and/or to the RPEA office. Please send your questions/responses to the RPEA office. Thanks again for your involvement.

Sam Trivette
RPEA Medical Information Director