



EDUCATORS HEALTH ALLIANCE

Participation. Collaboration. Cooperation.

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A letter from Blue Cross Blue Shield of Nebraska to members of the EHA

By now you have no doubt heard about the contract negotiations between Blue Cross and Blue Shield of Nebraska (BCBSNE) and CHI Health and its contracting entity UniNet in Omaha.

In our conversations with BCBSNE, they have made it clear that these negotiations with CHI Health and UniNet have been about one simple fact: CHI Health charges our members up to 30 percent more than other providers in the Omaha market for the same services. The impact to EHA alone of utilizing CHI providers versus others in the Omaha market was a claims spend of \$13 million more last year than if those same medical

services would have been performed at other hospitals in Omaha.

Despite BCBSNE's continued negotiations, CHI offered no more than an overall cost decrease of less than one percent. As CHI was unwilling to address its higher costs, the contract with BCBSNE terminated on August 31, 2014. As of September 1, 2014, all CHI-affiliated providers and facilities are no longer part of the BCBSNE network.

BCBSNE has also been clear that they take their responsibility seriously to do everything they can to control the costs we all pay for health care. As our partner in helping control health care costs

on your behalf, BCBSNE is committed to helping you get the quality care you need at costs that are affordable for you and your family.

As they continue to work with UniNet and CHI Health to reach an agreement that addresses CHI Health's higher costs, they have assured us they will work with you to get the care you need in this transition, and help you avoid significant out-of-network costs by helping you find an in-network provider, if you choose. For more information or help with that process from Blue Cross, visit www.nebraskablue.com/update or call their member hotline at (844) 286-0855. □

EHA Participating Employers as 'Large' and 'Small' Employers under the ACA

It is desired to reconcile the issues: 1) where the EHA considers the EHA plan to be a "large employer" group in that BCBSNE and the groups are not subject to the requirements applicable to the small group insurance market; and 2) the large employer shared responsibility requirements (or what is sometimes referred to as the (large) employer mandate.

Here is how the two are different:

- The EHA plan has been determined by the Nebraska Department of Insurance (DOI) to be a large single-group health plan and the DOI will not subject BCBSNE, for the EHA plan, to the requirements of the ACA relating to "Fair

Insurance Premiums" in the small group markets or the health insurance market reforms in ACA Sections 1201, 1301-04 (Qualified health plans), 1311-13 (Exchanges) (collectively "market reforms"). Enforcement of the market reforms is under the authority granted to the DOI.

- The "Shared Responsibility" provisions are under Subtitle F of the ACA. Section 1513 includes shared responsibility for employers. Enforcement of this portion of the ACA is done by the IRS; in fact section 1513 provides for an amendment of the Internal Revenue Code. Under Section 1513 and its imple-

menting regulations large employers are defined by a set of rules related to counting the number of individuals employed. Once a large employer is defined by this method the shared responsibility requirements are determined. Section 1513 and implementing regulations include the methods for determining the amount, if any, of the payment an employer may be responsible for (the penalty).

Based on the foregoing, it is the EHA's understanding that the Nebraska DOI ruling impacts the insurance market reform requirements and has no impact on employer shared responsibility provi-

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Participating Organizations



Greg Long

EHA Field Representative

P.O. Box 82003
Lincoln, NE 68501-2003
1-866-465-1342 Toll Free
402-440-1358 Cell Phone
greg@ehaplan.org
ehaplan.org

Letter to Sups

My name is Gregory Long, Field Director for the Educators Health Alliance. As the EHA moves forward on the current health care challenges posed by federal regulations, I would like to take this opportunity to meet with your school districts and staff. My goal would be to discuss current changes to insurance plans and reasons behind the changes. It is vital that members are aware of the new out-of-pocket maximums in connection to their benefits beginning on September 1, 2014.

If you would like to meet, please contact Greg Long, EHA Field Representative at greg@ehaplan.org or 402-440-1358.

EHA Wellness for 2014-2015

Welcome back! Those are two words you and your staff are probably hearing a lot these days. It's an exciting time of year in education – a fresh start with new faces, new beginnings, new challenges and, of course, new EHA Wellness Programs. The program addresses real health needs of your employees while providing fun challenges and incentives to get people involved.

Here's a look at what's coming up for 2014-2015: October – Soup of the Day; December – Unplug and Rewire; February – Stop Stress Now; April – Iditarod Challenge; June – Volunteer for Health; August – Weigh Less for Life.

Life Line Screenings Available for EHA Groups

According to the Centers for Disease Control and Prevention, roughly one in six U.S. adults has high cholesterol. High cholesterol can significantly increase a person's risk for heart disease, the leading cause of death in the United States.

To get started today, here are five things you can do to improve cholesterol and triglycerides:

1. Stop smoking if you're a smoker.
2. Eat less animal or saturated fat and more unsaturated fats like olive or canola oil.
3. Eat plenty of foods high in soluble fiber such as oats, apples, and beans.
4. Restrict alcohol and foods and beverages with added sugars.
5. Get at least 30 minutes of brisk activity every day.¹

EHA Wellness can help your employees get or keep their cholesterol levels within the healthy

range by supplying information people need to take charge of their lifestyle and habits. The first step is to make sure you know your numbers. The EHA is partnering with Life Line Screening to provide convenient screening opportunities for EHA Subgroups. The biometric screenings include: weight, BMI, waist circumference, cholesterol, triglycerides, and glucose levels and the vascular screenings include ultrasound images to measure blood flow through your arteries. These screenings are provided free of charge to those on the EHA plan and at a reduced rate for those who aren't on the plan but are employed by an EHA Subgroup.

Need more information on providing these screenings for your employees? Call 402.614.0491 today!

There are also three yearlong programs allowing you to track your progress through the entire year on healthy eating, restful sleep and exercise.

It's easy to get involved – if your group is already participating, go to www.ehawellness.org today to sign up for any or all of the programs for the year. If you would like your group to participate, email contact@ehawellness.org today for more information. There are currently over 230 EHA Subgroups participating in the program – don't miss out – get involved today!

Need more information on providing these screenings for your employees? Call 402.614.0491 today!

¹Sources: National Heart, Lung, and Blood Institute; American Heart Association

EHA Participating Employers...*(continued from page 1)*

sions of the ACA. Therefore, the EHA believes EHA participant employers with under 50 employees, that may be otherwise considered "small employers," are not "small employers" when it comes to market reforms. However, at the same time, they are "small employers" when it comes to the large employer shared responsibility (mandate) provisions; that is they are exempt from the shared responsibility provisions if by the employee counting methods proscribed by the

IRS, they are not to be considered large employers.

The EHA cannot provide legal advice. This information is being provided to assist EHA subgroups and their attorneys to help them better understand the facts surrounding this unique circumstance which they may not otherwise have. Subgroups that have questions about their responsibilities under the ACA should consult with their attorney on these matters.