

# Health Benefit Program Agreement & Uniform Benefits 2018

GIB Item 7B

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# Agenda

- Background
- 2018 Agreement Changes
- Provider Access Standards
- Statewide/Nationwide Plan
- Domestic Partner & Pharmacy Benefit Changes
- Telehealth Guidelines

# Background



# 2018 Agreement Changes

## Service Requirements

- Telehealth / 24-hour nurse line
- Dedicated phone line / web content
- Expert resources (e.g. medical)

## Technical Requirements

- County-based qualification
- Compliance plans / audits
- Overpayment recovery

# Provider Access Standards

## Currently:

- Requires minimum number of providers by county

## 2018 Agreement:

- Option to meet 90% geo-access requirements

# Access Plan (Statewide / Nationwide Network)



## Access Plan Preferred Provider Organization (PPO)

- In-network cost-sharing same as HMOs
- Out-of-network cost-sharing same as 2017

## Medicare Plus

- Some benefit difference from HMOs (ex: foreign travel rider)

## State Maintenance Plan (SMP): new PPO

- In-network cost-sharing same as HMOs
- Larger out-of-pocket costs out of network

# Domestic Partner & Pharmacy Changes

## Domestic partner coverage

- Coverage ending Jan. 1 2018 pending budget approval
- References removed from health program contracts

## Pharmacy program changes

- Details covered earlier in GIB Item 6B
- Provide additional program savings opportunities

# Telehealth Guidelines

- 2018 Agreement requirement to provide “as directed by DEPARTMENT”
- ETF staff is developing guidance
- Presenting to ETF Council on Health Program Improvement in September



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**Questions?**

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# Thank you

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