



Aetna Retirees Association, Inc
PO Box 280165
East Hartford, CT 06128
www.aetnaretirees.com

News

Volume VIII, Edition 3

July, 2012

On the Website

What's new since the last newsletter

- An article of Aetna's lower first-quarter earnings (4/12)
- An article on Karen Rohan's appointment as Vice-President (6/12)
- An article about insurance companies' retaining some benefits even if the health reform law were struck down (6/12)
- An article on Ron Williams' no longer supporting the health insurance mandate (6/12)
- An article about California's doctors' suing Aetna (7/12)

www.aetnaretirees.com

SUPREME COURT DECISION ON OBAMACARE

As you are all probably aware, the Supreme Court just held ObamaCare (The Patient Protection and Affordable Care Act) constitutional with the exception of the Medicaid (not Medicare) provision. It would be nice if we could tell you what this all means and suggest ways for you to act, but this is not possible, given the complexity of the issue and various changes that might occur in the future.

Specifically, it will be a major political issue in Congress again and it will certainly be a focus in the presidential campaign. Further, various businesses, including Aetna, are continuing to move to implementation, the public is finding out more about what it means, waivers are being given for some provisions, states are adapting to new requirements and opportunities and pundits have widely different spins on what this means. As we've said in the past, the best advice is for you to keep abreast of information and to make your own determination of whether this is a good thing in general and for you specifically. Pay particular attention to the news of Aetna and how they are responding to the new law(s). For now, Aetna seems to be responding to the changes in a way that furthers the company's business goals and aims at being a successful player in the new world. This is a goal that we should all support because we want Aetna to succeed.

Lastly, in our liaisons with our contacts at Aetna, we will continue to strive to find out and communicate to you the impact that these new laws have specifically on Aetna retirees. If you have any particular concerns or questions about this last point, please let us know.

NRLN Annual Meeting – January 30-31, 2012

Overview ARA attended the NRLN's Annual Leadership Conference on January 30-31 in Washington, D.C. We were very pleased to see that NRLN is continuing to grow, to improve their financials, and to focus more of their efforts on a narrower range of issues. Relative to previous years, they spent more time on legislative matters, moving much of the financial and governance matters to a separate Board meeting. About 35 people attended the meeting, with especially active participation by retirees from companies that have encountered financial difficulty, *e.g.*, Chrysler, Eastman Kodak, and American Airlines. In sum, we continue to be impressed with the NRLN's leadership and will continue as an association member, and we recommend that our own individual members do what they can to support them. Additional specifics include:

- NRLN Membership From three member associations in 2002, they have now grown to 31 member associations, with 54,000 retirees participating in the Capwiz grassroots program.
- Grassroots NRLN continues to flesh out its grassroots organizational structure. They have NRLN individual members in every Congressional district and have named Congressional District Leaders in 271 of the 435 districts, with at least one CDL in every state but Idaho, Wyoming, and South Dakota.
- Financial Detailed financial discussions were handled in the separate Board meeting, but NRLN President Bill Kadereit noted that they now have a financial cushion that would cover about a year's worth of operating expenses.
- Legislative Focus/Priorities When NRLN was founded in 2002, it had one legislative agenda item: enactment of legislation that would have required employers to maintain or reinstate healthcare benefit programs they had promised. It subsequently became clear that this was simply unrealistic. With respect to healthcare benefits, NRLN switched to their Maintenance of Cost Protection (MCP) proposal; they also substantially increased the scope of their legislative agenda, such that it now covers a potpourri of proposals addressing pensions, prescription drugs, taxes, Medicare, and Social Security. We had previously voiced concerns about their spreading themselves too thin and were pleased to see that they seem to have narrowed their focus to concentrate more on income protection: pensions (reversions, 3rd party asset takeovers, mergers & acquisitions, etc.), PBGC, bankruptcy rules, Social Security; plus, of course, working to protect Medicare.
- Regulatory Affairs Committee This committee was formed in late 2010 and is chaired by the Chrysler retiree group. Their 2011 activities included: (1) urging the Department of Labor to require that named fiduciaries be subject to U.S. jurisdiction even if located

elsewhere; (2) considering how to work for a legislative amendment to the Obamacare law to expand the review of health insurer premium increases to those sponsored large group plans covering retirees, which are currently excluded; and (3) providing input to the Employee Benefits Security Administration (EBSA) regarding when electronic publication will satisfy notice requirements. Re the latter, NRLN's comments focused on the relatively low percentage of seniors having access to computers, and early indications are that the final rule will reflect NRLN's concerns.

- [Phyllis Borzi, Assistant Secretary of Labor for the Employee Benefits Security Administration \(EBSA\)](#) (and previously a member of NRLN's legal team) was the principal guest speaker at the meeting. The EBSA oversees over 700,000 private sector retirement plans, approximately 2.5 million health plans, and a similar number of other welfare benefit plans, together providing benefits to approximately 140 million Americans. Ms. Borzi is also responsible for administration and enforcement of Title I of ERISA and is the point person at the Department of Labor (DOL) for implementing Obamacare. Highlights of her comments:
 - Proposed regulations will provide more disclosure and transparency re fees for 401k plans.
 - EBSA is also updating 1975 regulations defining who is and who is not a fiduciary – she believes that too many investment advisors are not now subject to fiduciary requirements.
 - PBGC: She noted that “there’s no shame in bankruptcy anymore.” Too many companies are too willing to go through bankruptcy to lower their costs so they can then “come out the other side” without obligations to pay promised benefits; and, unfortunately, the law is in their favor.
- [Elizabeth Jurinka](#), Legislative Assistant for Sen. Ron Wyden (D-OR), discussed the Medicare reform proposal being advanced by Wyden and Rep. Paul Ryan (R-WI), Chair of the House Budget Committee. The proposal is a “work in progress,” and Wyden will not introduce legislation this year. The basic concept is to allow private plans to compete with traditional Medicare “head to head,” with no subsidy. Many details need to be worked out, but with the phasing out of Medicare Advantage subsidies by 2016, the question seemed to be, could private carriers, with their significantly higher overhead, succeed in such a marketplace? Any such legislation will of course be swept into the comprehensive Congressional consideration of Obamacare now that the Supreme Court has held it to be constitutional.

NRLN Requests Updated E-Mail Addresses

The NRLN has advised us that many of the e-mail addresses they have in their grassroots database for ARA members seem to be out of date. More specifically, they said they had 547 ARA members in their database, but the e-mail addresses worked for only 247 of them. They asked us if we could send them our entire e-mail address database, but we of course declined in light of our policy not to disclose that information to outsiders. We confirmed this part of our privacy policy at our most recent Board meeting.

We did, however, agree to ask our members to update their information for NRLN if they wish to receive NRLN messages. We encourage this, because we believe working through the NRLN grassroots system is the best way we have to influence Congress and the Administration on matters relevant to retirees/seniors. This can be done easily at <http://capwiz.com/abtr/mlm/signup/>.

As a reminder, and as is mentioned on the above website, you can "unsubscribe" very easily at any time you no longer wish to participate in their grassroots system.

ARA and Social Media

The survey conducted in the Fall of 2011 produced a large number of requests for the ARA to do more in the area of "social networking," e.g. news about our fellow retirees. In response the ARA Board initiated an investigation into establishment of a Facebook page which could be the conduit for Ætna Retirees to post information that may be of interest to others.

After several months of trying to make this a reality, the Board has come to the realization that the idea might be worthy but Facebook is not the medium that properly addresses the objective.

We have discovered that Facebook is a "Hydra" with many heads. When a person becomes a "friend" of the ARA, information a person puts on their account shows up on the ARA page without regard to whether it has anything to do with the Retirees, the ARA or Ætna. We discovered there is a substantial amount of administrative effort that must be devoted to the Facebook page in order to assure that the content is limited to items of interest to retirees. Friends of friends can accidentally contribute to a clutter of information that has no relationship to the ARA and its members.

Bottom line, there is more work to the management of a Facebook presence than was originally anticipated. It is the consensus of the Board that ARA should not attempt to manage a social media presence on Facebook. Those of you who are personally interested in participating in Facebook communications are certainly encouraged to do so through your own Facebook accounts. In this way you will have complete control over what appears on your and other's Facebook pages.

Inovalon

Many of you may have received mailings and/or phone calls from a firm named MedAssurant (now called Inovalon). The following information explains why you have been receiving this correspondence as well as information concerning what Inovalon is all about. We hope the information contained in this article is helpful to you. If you continue to have questions or concerns about this program, please let us or an Aetna representative know.

Aetna is using the program with Inovalon to support their partnership with CMS (Centers for Medicare Services). A recent mailing was conducted in April 2012 when Inovalon mailed letters to approximately 75,000 Aetna Medicare Advantage members. These letters were intended to encourage members to see their doctor or to offer an in-home visit by an Inovalon practitioner. The letters were followed up by an outreach call to the members to remind them further to see their doctor or to assist in scheduling an in-home visit. Inovalon mailed the letters and will make the calls to Medicare Advantage each month on an ongoing basis.

Aetna has contracted with Inovalon to make sure their Medicare Advantage program members get their diagnoses confirmed, corrected and updated every year, as well as to have potential preventive care gaps addressed which is part of Aetna's action plan to improve Star Ratings.

After many on the ARA Board of Directors received these calls or heard about members receiving these calls, we decided to post a number of pertinent questions to Aetna. These questions and Aetna's responses are shown below.

Please note, effective June 5th, 2012, Med Assurant changed their name to Inovalon.

(1) Q: what exactly is the relationship between Aetna and Inovalon? A: *Aetna has selected Inovalon (MedAssurant) and its health care quality program. Inovalon makes sure that members of our Medicare Advantage program get their diagnoses confirmed, corrected, and updated every year, as well as have potential preventive care gaps addressed. To accomplish this goal, Inovalon uses letters and phone calls to encourage members to see their doctor or to allow an in-home visit by an Inovalon practitioner. The in-home visit does not replace care from the member's primary care physician, but is an additional benefit.*

(2) Q: is Inovalon a "sub-contractor" of Aetna's? A: *Yes. Aetna has contracted with Inovalon (MedAssurant).*

(3) Q: who pays them for their services - Aetna or CMS? A: *Aetna*

(4) Q: from where does the mailing/calling list Inovalon uses come from? A: *Aetna provides Inovalon with the member information, excluding members in Hospice, Aetna Compassionate*

Care programs and members on Aetna Quality Management's "Do Not Contact" list. Inovalon generates the mailing/calling list, targeting members with potential preventive care gaps.

(5) Q: what happens with the information they glean from their conversations with retirees?
A: *When a phone call from Inovalon to the retiree results in information that is required to be submitted to CMS, Inovalon prepares data records for submission to CMS. The information Inovalon collects during an in-home visit is provided to the member's primary care doctor. Aetna receives activity summary reports and a copy of the information submitted to CMS.*

(6) Q: why does an Aetna nurse also call after Inovalon has already called? A: *An Aetna nurse will not duplicate a call made by Inovalon. There may be calls from an Aetna nurse or social worker as Aetna has numerous Care and Quality Management programs that are supported by nurse phone calls. In addition, a Healthy Outcomes nurse/social worker may call to follow-up on a barriers to care reported by Inovalon or medication adherence concern.*

(7) Q: can one get on a "no call list" with Inovalon? A: *Yes, a member can opt out of the program by requesting to be put on the "Do Not Contact" list. The request can be made directly to the Inovalon representative or an Aetna representative. Although member participation is optional, it is highly encouraged.*

(8) Q: given the fact that medical histories, etc. should be between the doctor(s), patient(s) and Aetna, what business is it of Inovalon to ask some relatively sensitive questions? A: *As noted above, Aetna had contracted with Inovalon for these services. The member data shared is HIPPA and CMS compliant.*

(9) Q: from where does Inovalon get the questions they are scripted to ask? A: *In general, Inovalon follows a script that has been customized for Aetna Medicare members. The member communications (letters, call scripts, Frequently Asked Questions (FAQs)) were drafted by Inovalon, went through an extensive Aetna review process and member letters were filed with CMS.*

(10) Q: where does the information go once it is in the hands of Inovalon? A: *Information will be shared with the individual member, an authorized member representative, Aetna, a member's primary care doctor, and on an as needed basis, in home assessment providers that have been contracted with.*

(11) Q: if we assume you are going to continue your relationship with this firm, how can we, at the very least, make sure they have the correct info before they call (we have had many complaints on this issue)? A: *Testing and quality assurance reviews are conducted on the file feeds prior to sending to Inovalon. Aetna is researching all notifications of incorrect information and putting additional controls in place to ensure data feeds to Inovalon are an accurate reflection of data in Aetna's systems. Suspect data quality issues are reviewed with vendor and compared to Aetna system data when appropriate.*

(12) Q: how can we best inform our members about Inovalon and what they are trying to accomplish (as many people do not ever recall receiving a mailing from them)? A: *In general, Inovalon standard operating practice is to send a letter informing the member a few weeks prior to any call activity. A member may receive an ongoing coaching call for medication adherence without prior notification of a letter. There has been no notification to all members about the program or what to expect. Aetna will consider informing members about this program through existing member communications.*

REMINDER TO ALL ARA MEMBERS

We try to keep our database information up to date. In that regard, we would appreciate your letting us know of any changes in your e-mail address, home address, or telephone number. This is important so that you continue to receive our communications. Please contact us by mail at PO Box 280165, East Hartford, CT 06128 or by email at aetnaretirees@comcast.net

We would also appreciate your letting us know of the death of a member or a member's spouse.

As you communicate with a retiree, retiree group or a colleague, we encourage you to provide them with information and the benefits of joining ARA. Please refer any prospective members to our website at www.aetnaretirees.com for additional information and an application form. Further, you may encourage prospective members to contact any Board Member for additional information. If, however, a retiree or colleague does not wish to become an active member and would still like to hear what we are doing, please have them state "communications only" on the application. We will send them our communications.

CONTACT ARA!

We welcome your comments, questions, ideas and letters to the editor. See mail and website addresses on page 1.

Marilyn Wilson, Editor