

## Barbara Barnes

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**From:** Sharon Gherman <scgherman@acsalaska.net>  
**Sent:** Thursday, February 27, 2014 7:41 AM  
**To:** doa.drb.alaskacare.retiree.plan@alaska.gov  
**Cc:** sean.parnell@alaska.gov; curtis.thayer@alaska.gov; mike.barnhill@alaska.gov; Sen. John Coghill; Rep. Tammie Wilson  
**Subject:** Comments on Proposed Changes to AlaskaCare Retiree Coverage

**Follow Up Flag:** Follow up  
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**Categories:** Green Category

My name is Sharon Charnell Gherman. My address is 677 Eastview Drive, Fairbanks, Alaska 99712 and my phone number is 907.452.3677. My email address is [scgherman@acsalaska.net](mailto:scgherman@acsalaska.net). I am a PERS retiree with AlaskaCare benefits. My spouse, a TRS employee, is covered under my retirement health care plan, and will also be covered under his TRS retirement when he retires.

I have several comments about the proposed draft plan:

1. The comment period needs to be lengthened to allow adequate response from those affected.
2. **My biggest concern with the changes proposed in this plan is that it steers us into a preferred provider plan, which I strongly oppose.** I believe the greatest advantage of our AlaskaCare coverage as it has existed is the freedom to choose our providers and to travel freely to receive treatment. **I am absolutely opposed to preferred provider plan practices of requiring treatment at the closest facility offering the service.** If you want to go this way with future employees, fine, but you should not be significantly changing existing coverage for current retirees.

As an example of why we need the freedom to choose providers, my husband is a high school assistant principal who deals with conflict every day and is consequently pretty hard to anger. When preparing for a recommended but non-emergent sinus surgery, the head anesthesiologist at our local outpatient surgery center was so rude and arrogant to us that my husband walked out of the center, cancelled the surgery, and refuses for any of his family members to be treated there while that provider works there. **I am opposed to any change in the plan that would take away our freedom to choose our provider.**

3. I am opposed to the unrestricted power the proposed plan gives to Aetna to determine what treatment I receive or to veto or refuse to pay for the treatment my chosen provider recommends. My doctor should be the final authority for what treatment I should receive – when we give authority to authorize benefit payment, we essentially give that non-medical individual the authority to determine what treatment I will receive. **Only my doctor should have that authority.**

4. Having just been through eight years of caring for a parent with dementia, I am opposed to restricting family members from being reimbursed for providing home health care under the policy. Family home health care providers fulfill a critical need that more and more of us will require, and they give up much to provide care for their loved ones. The least we can do is compensate them the same as a hired caregiver.

5. I am opposed to language that limits screening labs and radiological studies in the absence of “definite symptoms”. Family health history or demographic data should be an acceptable reason to cover a screening. As an example, I am currently in the process of a surgery for a potentially life-threatening condition that was caught through screening - completely without “definite symptoms”. Under this plan, my screening would not be covered.

6. If you intend to require precertification for so many additional procedures, then you should require the information that Aetna representatives provide over the phone to be binding.

7. **I am opposed to allowing retroactive dropping of coverage for any reason.** If someone is practicing fraud, pursue and collect damages from them. If they have earned their medical benefits, they should not be able to have them arbitrarily removed.

8. I am opposed to not covering lenses or frames unless the prescription changes. Glasses wear out and get scratched. Cover new lenses and frames every two years, period.

9. Massage therapy should be covered. I require far fewer chiropractic treatments when I receive a massage first. I know massage to be a very cost-effective treatment.

10. I oppose AlaskaCare benefits being secondary to Medicare Part B for Medicare-eligible retirees. Many, many physicians are refusing Medicare patients, and it threatens our ability to receive care. We need to stay away from anything that requires us to interact with the federal government health care system.

11. Prescription vitamins should be covered, as should compound drugs ordered by our provider. *Any* treatment prescribed by our chosen physician should be covered.

Thank you for the opportunity to comment on the proposed changes. PLEASE don't take us down the preferred provider road. We have had an excellent health care system that I believe will be viewed as a model for others down the road if we don't water it down and negotiate away its' strengths.

Sincerely,

Sharon Charnell Gherman

Fairbanks, Alaska