



Don't Wait Too Late - Enroll in ALL Kids CHIP Now!

If you want to apply for ALL Kids CHIP for your child, submit your application now! In the past, federal rules excluded dependents of public employees from participating in a state's Child Health Insurance Program (CHIP). However, in 2010 Congress changed that rule and now dependents of public employees can enroll in ALL Kids, Alabama's CHIP program, administered by the Alabama Department of Public Health (ADPH). Therefore, as of April 1, 2011, PEEHIP has discontinued its own CHIP program and strongly encourages our members to enroll their eligible dependent children in the ALL Kids program as soon as possible.

This is a great opportunity for our PEEHIP members to enroll their eligible dependent children in ALL Kids even if you have other dependents enrolled in the family PEEHIP health insurance coverage because ALL Kids CHIP provides similar coverage and in some cases better coverage than PEEHIP. It is a low-cost, comprehensive healthcare coverage for children under age 19, and you are eligible to use the same Blue Cross approved providers.

Eligible children must also live in Alabama, cannot be covered by or eligible for Medicaid or other insurance, and be within the income ranges established for participation (see chart below). The yearly premium is either \$50 or \$100 per child with a maximum of \$150 or \$300 per family. Benefits include regular check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospitalization, mental health and substance abuse services and much more for a fraction of the cost. ALL Kids copays are low ranging from \$1.00 - \$20.00 depending on the covered benefit and family income.

How to Apply:

- ◆ Complete an application on-line at www.adph.org or download a paper application from the ALL Kids web site. You may also call 1-888-373-KIDS (5437) to have an application mailed to you.
- ◆ ALL Kids will determine eligibility for your children and will let you know if:
 - ◇ Your child is eligible and is being enrolled in ALL Kids, and their PEEHIP coverage is being cancelled, or
 - ◇ Your child is under income and your application is being forwarded to Medicaid, or
 - ◇ Your child is over income or not otherwise eligible.



Monthly Gross Income Guidelines for Medicaid and ALL Kids

Family Size	Children Under 6 Years		Children Ages 6-18 Years	
	Medicaid	ALL Kids	Medicaid	ALL Kids
1	0 - \$1,207	\$1,208 - \$2,723	0 - \$908	\$909 - \$2,723
2	0 - \$1,631	\$1,632 - \$3,678	0 - \$1,226	\$1,227 - \$3,678
3	0 - \$2,054	\$2,055 - \$4,633	0 - \$1,545	\$1,546 - \$4,633
4	0 - \$2,478	\$2,479 - \$5,588	0 - \$1,863	\$1,864 - \$5,588
5	0 - \$2,901	\$2,902 - \$6,543	0 - \$2,181	\$2,182 - \$6,543

*These are only guidelines, some deductions may be applied. Only the income from the legal parents and applying child(ren) will be counted.

The Dependent Eligibility Verification Audit (DEVA) is About to Begin!

PEEHIP is set to begin the dependent eligibility verification audit (DEVA) early this month to ensure that all dependents enrolled in our plans are eligible for coverage. **A Verification Packet will be mailed the second week in April** to all participants with one or more dependent(s) enrolled in the Public Education Employees' Health Insurance Plan (PEEHIP) or VIVA plans, and each participant is required to provide eligibility verification of their enrolled dependents by the specified deadline. Prior notifications of the dependent audit were provided in the August 2010, September 2010 and March 2011 *PEEHIP Advisors*.

Who will Administer the Dependent Verification Process?

PEEHIP has taken several important steps to move the project forward, one of which was to name **Secova, Inc.** as the vendor that will verify the eligibility of dependents on PEEHIP's behalf. Secova specializes in confidential dependent eligibility verification and has extensive experience facilitating this process for public sector entities. Secova will be responsible for sending member communications, answering questions via a toll-free call center open 24/7, and providing secure channels to receive documentation to ensure that private information is kept confidential. Our main concern during this process is the security and protection of our member's information at all times. Secova is an ISO 27001:2005 certified company and they enforce a strict company privacy policy to ensure that the information you submit by any method including paper, electronic or telephonic, remains secure.

Why is PEEHIP Conducting a Dependent Eligibility Verification Audit? PEEHIP is committed to providing comprehensive health ben-

efits to members and their families. Confirming the eligibility of dependents is an active measure that we can take to control costs for both members and taxpayers. The dependent verification process will help PEEHIP to:

- ◆ Ensure dependent records are up-to-date;
- ◆ Confirm that each dependent enrolled in PEEHIP is eligible for coverage under PEEHIP's eligibility rules; and
- ◆ Discontinue coverage for ineligible dependents.

This process is quickly becoming a "best practice" among state health plans. In fact, North Carolina, Georgia, Virginia, Ohio, Tennessee and Hawaii have already conducted similar dependent verification initiatives for their state plans.

How does the Dependent Verification Process Work?

All PEEHIP subscribers who have dependents covered under their plan **will receive a Verification Packet from Secova** which details the verification process, lists the dependents covered by PEEHIP, and outlines the required documentation (birth certificates, marriage certificates, tax returns, etc.) that must be provided to confirm dependent eligibility.

Members are asked to complete and submit a signed *Cover Sheet for Dependent Verification* to Secova, along with the appropriate documentation, by June 6, 2011. **Do NOT send documentation to PEEHIP – you must send it to Secova.** Members may submit the documentation in one of three ways:

1. Via web upload, by scanning and uploading the documentation to Secova's Dependent Eligibility Verification secure website
2. By fax (Secova will provide a secure toll-free electronic fax number)

3. By mail (copies only, no original documents)

Detailed instructions for submitting documentation, including phone and fax numbers, Web site address, etc. will be included in the Verification Packets sent by Secova on April 8, 2011.

Will I Receive Confirmation Once my Verification is Complete?

Yes. Members who submit a properly completed cover sheet and provide acceptable documentation will receive a personalized confirmation letter from Secova; no further action will be required. If your *Cover Sheet for Dependent Verification* or required documents are incomplete, Secova will send you a notice that lists all additional information needed to complete the process.

What Happens if I do not Respond to the Audit?

A *Notification of Account Claim Hold* will be sent to members who do not respond to the dependent verification request by June 6, 2011. This letter will inform members that their PEEHIP coverage will be placed on claim hold in anticipation of the requested information. Failure to respond will lead to a cancellation of the dependent's coverage. **Note: You must submit the requested information to Secova even if you have previously provided similar information to PEEHIP.**

For More Information: For more information about the dependent verification effort, members may review the Frequently Asked Questions on the PEEHIP Web site at www.rsa-al.gov/peehip/deva.html. You may contact Secova's toll-free call center beginning April 8, 2011. Representatives will be available to assist you 24 hours a day, 7 days a week. Your call to Secova is always confidential. ■

America's Most Medicated State?

By Nathalie Tadena, *Forbes*

It's not Alabama, but Alabama is not far behind at third....West Virginia, Tennessee, Alabama, Kentucky and Arkansas round out the top five most medicated states.

...Spending on prescription drugs in the U.S. multiplied nearly six times from \$40.3 billion in 1990 to \$234.1 billion in 2008, according to the nonprofit Henry J. Kaiser Family Foundation. From 1999 to 2009 the number of prescriptions dispensed rose 39% (from 2.8 billion to 3.9 billion) compared to a U.S. population growth of only 9% over the same period.

...Nationwide the growth in prescription drug use may be attributed to the development of a wide range of treatments for various medical conditions, an increased ease of obtaining a prescription from a doctor and the general rise in obesity, diabetes and heart disease among adults.

As a result some experts say many patients may be taking more pills than they should.

"Many people equate taking medi-

cation with getting better," says Paul Doering, professor in the department of pharmacotherapy and translational research at the University of Florida College of Pharmacy. "My mantra when it comes to prescriptions is 'less is more' for a lot of reasons – not only financial, but also because those drugs can hurt you sometimes."

...While the majority of patients seek prescription drugs for medical purposes, there is a growing concern of the increase in the misuse of prescription medications, says Dr. Westley Clark, director of the Center for Substance Abuse Treatment under the Substance Abuse and Mental Health Services Administration (SAMHSA).

Pain relievers used for nonmedical purposes are now the second most common type of illicit drug use, after marijuana.

The number of substance abuse treatment admissions for individuals 12 and older more than quadrupled from 2.2% in 1998 to 9.8% in 2008, SAMHSA reported earlier this month. The major-

ity of individuals who use prescription pain relievers for nonmedical purposes obtained the drug from a friend or family member for free.

"Access increase gives rise to ease of abuse," Clark says. "People are sharing these drugs without reflection, and that could endanger a lot of people. We often hear people talk about prescriptions sitting in the medicine cabinet and it will slowly disappear. It's important for people to know that these drugs have abuse potential as well."

Many states have started prescription drug monitoring programs, and Clark says patients should properly dispose of leftover prescription pills.

... Experts say consumers would do well to remember that many medical conditions can be mitigated without prescription pills – or better yet, prevented altogether. "Lifestyle changes of course could help our population because of the obesity rates and the poor diet and lack of exercise in our population," says Peggy King. "It could certainly help anyone." ■

Osteoporosis: Building Stronger Bones

Source: *BCBS of Alabama*

Fifty-four percent of women over 50 will have an osteoporosis-related fracture sometime in their later years. Osteoporosis weakens bones making them easy to break. Breaks usually occur in the hip, spine and wrist. Consequences can include height loss, severe back pain and deformity.

What are the risk factors?

- ◆ Age. As you get older, your bones become weaker and less dense.
- ◆ Gender. Women are four times more likely than men to develop osteoporosis.
- ◆ Genes. Fracture susceptibility may partly be hereditary.

- ◆ Race. Caucasian and Asian women are most likely to develop osteoporosis. African American and Hispanic women are also at high risk.
- ◆ Menopause History. Normal or early menopause increases the risk.
- ◆ Menstrual History. Women whose menstruation stops before menopause may be at a greater risk for osteoporosis.
- ◆ Lifestyle. Smoking, alcohol abuse, calcium deprivation and lack of exercise may increase the risk.
- ◆ Medications. Medications for some chronic diseases could have side effects leading to osteoporosis.

sis. Check with your doctor!

There is no cure for osteoporosis but it is treatable and preventable.

There are four preventive steps:

1. A balanced diet rich in calcium and Vitamin D.
2. Weight-bearing exercise.
3. A healthy lifestyle with no smoking or excessive alcohol use.
4. Bone density testing.

It is never too early or too late to start an osteoporosis prevention program! ■

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NOTE: If your child or children were enrolled in PEEHIP CHIP, their coverage was cancelled effective April 1, 2011, as PEEHIP discontinued its PEEHIP CHIP program this date. A letter was mailed on February 24, 2011, to all affected members notifying them of this change and to enroll their children in ALL Kids CHIP by April 1, 2011. If you have not yet done so, you need to submit your ALL Kids application as soon as possible, but no later than April 30, 2011, to avoid a lapse in your children's health insurance coverage.

If your children are not eligible for the ALL Kids CHIP program, you can enroll or continue the family PEEHIP health insurance coverage and pay the PEEHIP monthly family premium once you receive a denial from ALL Kids CHIP. For more information, you can call ALL Kids toll free 888.373.KIDS (5437) or visit their Web site at www.adph.org/allkids or the PEEHIP Web site at www.rsa-al.gov/PEEHIP/peehip.html. ■

Calcium Crisis

Source: *BCBS of Alabama*

According to the National Institutes of Health, American children and teens are in the middle of a "calcium crisis." About half of all children under the age of five fail to get enough calcium in their diet. Once children reach their teens, more than 60% of boys and 85% of girls don't get the recommended daily allowance of calcium.

Calcium is vital for building healthy teeth and bones. It is essential during childhood and adolescence because these are the crucial periods for bone

development. The more bone mass a child accumulates, the less likely serious bone problems will develop in adulthood. Calcium deficiency can lead to osteoporosis, a painful, debilitating condition caused by bone density loss. The amount of calcium children need varies by age from 210 milligrams at birth to 1,300 milligrams at age 18.

A chronic calcium deficiency can cause:

- ◆ Broken bones and fractures
- ◆ Unhealthy teeth and gums
- ◆ Rickets - a bone disease resulting from lack of vitamin D

To ensure your child is getting enough calcium:

- ◆ Offer a variety of foods containing calcium such as cheese, yogurt and green vegetables like spinach and broccoli.
- ◆ Give your child milk instead of fruit drinks and soft drinks.
- ◆ Exercise! Studies show that regular exercise—including weight-bearing exercises—increases bone density and helps prevent osteoporosis later in life. ■

Finding Balance

Source: *BCBS of Alabama*

Life can be overwhelming. A regular exercise program can improve your health and help you cope with the stress of daily living. Follow these guidelines to help you set – and stick to – exercise goals.

- ◆ **Choose an activity you like.** Try walking, jogging, swimming, biking or aerobics.

- ◆ **Start slow and build up.** If you cannot talk without feeling out of breath, slow down!
- ◆ **Try walking briskly** 30 minutes a day, five days a week. Then increase your intensity by jogging, doing aerobics or riding a bicycle.
- ◆ **Record your exercise.** The Web

site www.walkingworks.com is a great place to document your progress.

- ◆ **Ask a friend or family member to exercise with you.** When others support you, you're more likely to stick with your fitness routine. ■

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