

National Labor Alliance

www.nlahcc.org



Helping Labor Save Money

THE NATIONAL LABOR ALLIANCE OF HEALTH CARE COALITIONS IS COMMITTED TO ENSURING THAT WORKERS AND THEIR FAMILIES HAVE ACCESS TO VALUE AND QUALITY-BASED BENEFITS AND SERVICES

What is NLAHCC?

- A national alliance of Taft-Hartley & public sector labor management coalitions
- Formed in 1996
- Non-profit 501(c)(5)
- Created to advance the health care coalition concept
- 20 member coalitions
- Over 6 million covered lives represented

NLAHCC Core Values

- Serve as the national voice of health care concerns and issues
- Dedicated to the principles of the American Labor movement
- Committed to:
 - Promoting Health Care Coalition Concept
 - Serving the needs of the membership
 - Providing information to participants that empowers them to make better health care decisions
 - Adhering to the principles of high ethics, equity and integrity
- Encouraging organizations to work together to maximize opportunities

Existing Relationships

- Prescription Benefits Management
 - Mail-order and retail Claims Processing
 - Formulary Management
 - Generic Drug Strategies
- Credit Balance Recovery
- Dental PPO network
- Diagnostic Imaging
- Stop Loss Coverage Insurance

Member Coalitions

AEPC, Inc.
Affiliated Health Funds
California Public Employer/Employees Trust Fund
Connecticut Coalition of Taft-Hartley Funds, Inc.
Delaware Valley Health Care Coalition
Frontpath Health Coalition
Health Care Cost Containment Corporation of the Mid-Atlantic Region
Health Care Cost Management Corp of Alaska
Health Care Payers Coalition of NJ
Labor Health Alliance

Labor-Management Health Care Coalition of the Upper Midwest
Maryland State Teachers Association
Massachusetts Coalition of Taft-Hartley Funds, Inc.
Midwest Employee Benefit Funds Coalition
Nevada Health Care, Inc.
New York Labor Health Care Coalition Alliance
Northwestern Ohio Administrators, Inc.
Rocky Mountain Health Care Coalition
SEIU Affiliated Trust Funds
Western Health Care Coalition, Inc.

We're Continuing To Grow And Serve Our Constituents

By Edward Geisler, President, National Labor Alliance

The National Labor Alliance of Health Care Coalition's recent Board of Directors and Strategic Planning sessions in Chatham, MA, June 5th & 6th, presented our alliance with an excellent opportunity to reaffirm our core values and forge an agenda for long-term growth and success. We were able to agree upon a course of action that I believe will help ensure that "workers and their families have access to value and quality-based benefits and services."

Our 20-member Alliance has undergone many changes since its inception 11 years ago, a period of unprecedented change in the quality, cost, availability, and delivery of health care services. That our Alliance has continued to function as a strong voice for health care consumers during these turbulent times is a tribute to our effectiveness and staying power. That we continue to represent and speak for more than six million health care beneficiaries is a sheer wonder, considering changes in the market place.

With the hiring of Maria McAfee earlier this year to serve as NLA's executive director, we have found an innovative thinker with a broad knowledge of quality assurance programs to coordinate the policies and day-to-day activities of our coalition.

The board of directors identified health care reform and quality care as key issues which the NLAHCC should be providing direction on for organized labor. We will research and analyze various quality initiatives now being deployed in the marketplace with an eye towards developing and piloting our own quality care program in the near future. Our ultimate goal will be to serve as a "think tank" and clearing house for labor on quality and health care reform issues.

Finally, on the membership front, the board has approved an application from the Northwest Ohio Administrators Coalition to join our Alliance, and we welcome them aboard. We are also engaged in discussions with the California Health Care Coalition for possible membership. In addition, we are in discussions with several Internationals for possible membership. Such partnerships could greatly enhance our ability to interact with and assist labor leadership in dealing with these all-important health care matters.

In summing-up, I can confidently report that the National Labor Alliance of Health Care Coalitions is in solid financial, organizational and administrative shape as we embark upon our 12th year of existence. There are few issues more important to organized labor and its millions of members than the availability and affordability of quality health care.

Through all of the health care trials and tribulations of the past 11 years, and with all of the successes and setbacks experienced by our Alliance, we remain strong and dedicated to the principles of the American Labor Movement and committed to our core values.



Be sure to visit
the National Labor
Alliance website
at
www.nlahcc.org
for more
information on the
NLA and its
members!

National Labor Alliance Names New Executive Director

The National Labor Alliance of Health Care Coalitions (NLAHCC) has announced the appointment of Maria R. McAfee to serve as Executive Director of the nationwide organization of labor-management health and welfare coalitions.

“We’re delighted that Maria McAfee has accepted the position of executive director”, said Edward Geisler, President of the National Labor Alliance.

“She has proven to be an innovative thinker with a comprehensive knowledge of provider organizations and quality assurance programs. She has also developed extensive contacts with regional and national managed care and indemnity insurance providers.

“We believe she is ideally suited to assist our alliance in its mission of ensuring that workers and their families have ready access to value and quality-based health care benefits and services, and to serve as a national voice for purchasers, regarding health care issues.”

In her new position, Ms McAfee will administer the policies and day-to-day activities of the 20-member, non-profit partnership of major health care service purchasers.

Product Development Committee

By Kristina Gaughan, NLA Product Development Chair
Executive Director, Midwest Employee Benefit Funds Coalition

The Product Development Committee (PDC) is the vehicle through which the NLA seeks products and programs that bring value to all of our Member Coalitions and all of their Member Organizations. In the past our process has been much more of a “top down” process whereby the committee prepares an RFP (request for proposal), reviews bid responses and selects finalists for the full Board to approve and negotiate a contract.

While this works, we also recognize that we have a lot of talent within our Member Coalitions and that a number of our Members have already done due diligence on programs that they have in place for their participants. As a means to be more effective, we have created a “two-way” process for access to programs that benefit our constituencies.

Our highest level of vendor relationship remains the “**Endorsed**” vendors. For these vendors, the NLA has completed a competitive bid process and done due diligence. We have added two additional categories that support the work and relationships of our Member Coalitions. Our second level has “**Qualified**” vendors. Qualified vendors must complete a detailed NLA questionnaire and have a contractual relationship with at least two of our Member Coalitions as a result of a competitive bid or due diligence by the Coalition. Our final category is “**Known**” vendors. These organizations have a relationship with either a Coalition or one of its Member Organizations and anyone interested needs to do its own due diligence.

Just as our Member Coalitions leverage membership numbers to achieve better contract terms, we plan to do that through the NLA. Following a recent survey of our Members, we learned that we share a number of vendor relationships and we plan to work together to leverage those relationships and improve them for everyone.

Executive Director Attends Conference

By Maria McAfee, NLA Executive Director

I had the pleasure of being invited to speak at the International Foundation of Employee Benefit Plans (www.ifebp.org) Health Care Management Conference which was recently held in Seattle, Washington. I have attended many of these conferences, and I found this one to be especially educational. There were two key sessions on Coalitions. I spoke at one, outlining the success that the NLAHCC and two of its member Coalitions have had in reducing cost and improving service. The presentation was well-received. Coalition leaders Linda Vincent spoke on coalitions and Kristina Gaughan moderated sessions.

This meeting was not only educational but provided me with opportunity to network; I met quite a few trust fund administrators who are contemplating participation in a coalition. I also had the opportunity to spend time with current NLAHCC vendors and identify potential new vendors. Through talks I attended I learned about several new vendor initiatives that may prove beneficial to us in the future. Reflecting on the conference, I realize that many organizations are grappling with the same health care issues as our members and it reinforced my belief that the NLAHCC is on the forefront of using the power of coalitions to create solutions.



Healthcare costs slowing, according to report

PricewaterhouseCoopers' Health Research Institute predicts the growth in health care costs paid by employers is expected to level off in 2009.

Based on a survey of more than 500 employer and health plans providing coverage to 11 million lives, New York-based Pricewaterhouse Coopers found that medical costs will increase by 9.6 percent on average next year, compared with an average of 9.9 percent this year.

Improved medical management and a focus on prevention and wellness are among the tools that employers are using to slow down the growth in health care costs, according to the report, "Behind the Numbers: Medical Cost Trends for 2009," which was released Thursday, July 24.

Disease management programs to eliminate hospitalization, wellness programs, generic drug substitution and booming construction in the healthcare industry are all cited as factors in slowing cost growth.

Read What Both Candidates Say About HealthCare Issues

[Barack Obama's Healthcare Page](#)

[John McCain's Healthcare Page](#)

American Voices

"We want a system of health care in which everyone can afford and acquire the treatment and preventative care they need, and the peace of mind that comes with knowing they are covered. Health care in America should be affordable by all, not just the wealthy. It should be available to all, and not limited by where you work or how much you make. It should be fair to all; providing help where the need is greatest and protecting Americans from corporate abuses. And for all the strengths of our healthcare system, we know that right now it falls short of this ideal".

— John McCain, Speech in Arlington, VA, April 29, 2008

"We now face an opportunity — and an obligation — to turn the page on the failed politics of yesterday's health care debates... My plan begins by covering every American. If you already have health insurance, the only thing that will change for you under this plan is the amount of money you will spend on premiums. That will be less. If you are one of the 45 million Americans who don't have health insurance, you will have it after this plan becomes law. No one will be turned away because of a preexisting condition or illness."

— Barack Obama, Speech in Iowa City, IA, May 29, 2007

National Labor Alliance

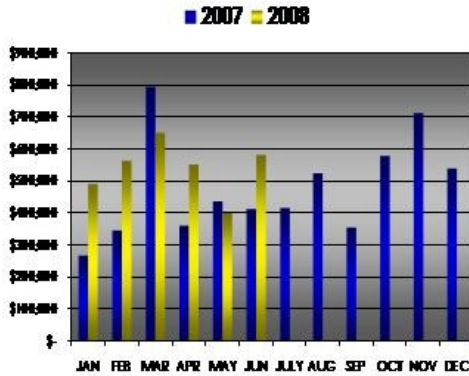
AIM

2008 YTD CREDIT BALANCE RECOVERIES

Results At a Glance

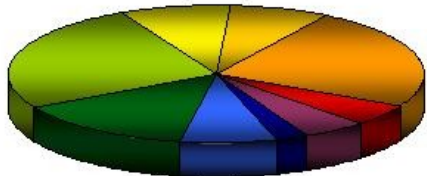
2008 YTD Recoveries	\$3,238,615
2007 Recoveries Total	\$5,736,717
2008 YTD Refunds (#)	2,309
2007 Refunds (#) Total	4,477
Average Claim YTD	\$1,402
Partners Since	2000

Results by Month



AIM's reports graphically show the dollar amount of recovered funds, a breakdown of recovery reasons (including details on the top three), the number of found refunds and the average claim amount to date where refunds have been found.

Analysis by Recovery Reason



- Change in Billing
- COB-Comm
- COB-Med
- Duplicate
- Contractual
- Multi Payments
- Other
- TPL-Auto
- TPL-WC

Top 3 Recovery Reasons	#	\$
#1: COB-Commercial	589	\$542,653
#2: Contractual	551	\$1,272,932
#3: Change in Hospital Billing	326	\$315,672

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The strongest bond of human sympathy outside the family relation should be one uniting working people of all nations and tongues and kindreds.
- Abraham Lincoln



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