



Putting the pieces together to improve your health

State Employee & Retiree Health & Welfare Benefits Program

Plan Year 2017 Open
Enrollment Satellite Agency Training



Welcome & Introductions



Agenda

- Wellness Program
- ACA
- Plan Updates
- Open Enrollment
- HIPAA Refresher
- Workday Update
- EBD Updates/Reminders



Wellness Program

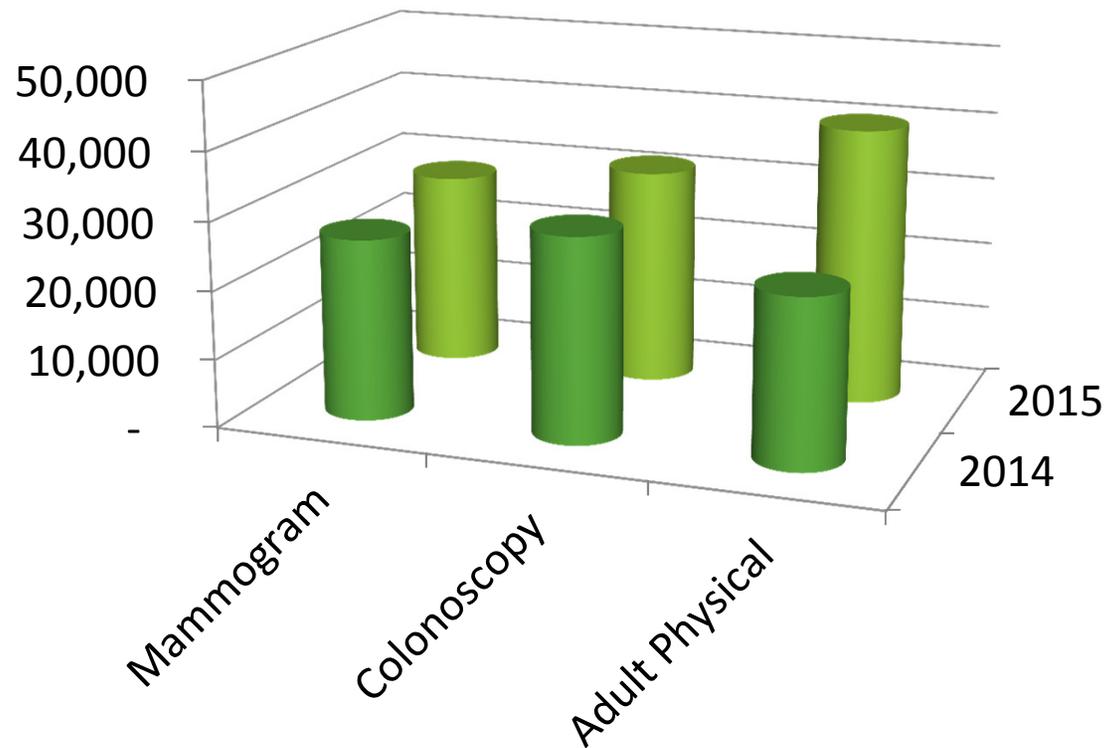


Wellness Plan Participation

	CareFirst	Kaiser	UHC	Total
Selected PCP	63,642	2,762	13,901	80,305
Completed HRA	54,388	2,026	10,102	66,516
Submitted PCP Sign-Off	43,346	N/A	6,061	49,407
Completed All	39,055	467	5,961	45,483

40% of eligible enrollees completed all three steps and earned the copay waiver.

Wellness Plan Improved Key Preventive Screenings



Compliance Rate Improvement:

Mammogram – 6.3%

Colonoscopy – 4.6%

Adult Physical – 65%

Wellness Plan Improved Treatment Compliance - Diabetes

Compliance Metric	Year	Participants Subject to Screening	Compliant Members	Compliance Rate	Change from Prior Year
Annual screening for diabetic nephropathy	2014	26,469	13,932	52.6%	
Annual screening for diabetic nephropathy	2015	24,096	14,475	60.1%	14.1%
2+ A1C tests in 12 months	2014	26,469	9,741	36.8%	
2+ A1C tests in 12 months	2015	24,096	10,867	45.1%	22.6%
Controlling blood glucose	2014	26,469	6,292	23.8%	
Controlling blood glucose	2015	24,096	11,351	47.1%	98.2%

Wellness Plan Improved Treatment Compliance - Hyperlipidemia

Compliance Metric	Year	Participants Subject to Screening	Compliant Members	Compliance Rate	Change from Prior Year
Annual cholesterol test	2014	88,341	43,894	49.7%	
Annual cholesterol test	2015	86,919	48,404	55.7%	12.1%
Annual serum creatinine	2014	86,863	2,496	2.9%	
Annual serum creatinine	2015	87,890	3,734	4.2%	47.9%

Wellness Plan Highlights

- ✓ Free wellness coaching for weight management and nutrition, exercise, stress, heart health, diabetes lifestyle, tobacco cessation
- ✓ Carrier weight loss programs
 - ✓ CareFirst: Innergy
 - ✓ United Health Care: RealAppeal
 - ✓ Free to employees with a BMI of 30 or higher
 - ✓ Kaiser internal program – no cost to member
- ✓ \$150 per calendar year reimbursement for paid participation in a weight management program
- ✓ Video visits
 - ✓ No cost if employee completed wellness activities
- ✓ Free clinical management with nurses for diseases such as diabetes now available



ACA

ACA Play or Pay Mandate

Play or Pay mandate under healthcare reform (ACA) requires all individuals to have health insurance and all employers with 50 or more full-time employees to provide healthcare coverage that provides minimum essential coverage that is affordable and provides minimum value.

- Individual penalty for not having health coverage in 2016
 - Greater of \$695 or 2.5% of income; \$347.50 per child under 18, family maximum of \$2,085
 - Greater of \$325 or 2% of income in 2015; \$162.50 per child, family maximum of \$975
- Fee is paid when filing tax return



ACA Play or Pay Mandate

Satellite agencies participate in the State Employee and Retiree Health and Welfare Benefits Program (the Program)

- Satellite agencies participating in Program benefits must adhere to ACA rules regardless of size
 - Satellite agencies with **fewer than 50 full-time employees** would not be subject to this mandate if they obtained coverage through another source
- Employee means an individual for whom wages are paid; **those paid via Form 1099 are not eligible to be enrolled in benefits under the Program.**



ACA Play or Pay Mandate

- Minimum essential coverage that provides minimum value is satisfied as long as you offer either the CareFirst EPO or UHC EPO medical plans to your employees
 - **If you don't, your agency could be subject to penalties of \$2,160 per full-time employee**
- To meet the affordability provision you must offer one plan with an Employee Only monthly premium no greater than \$95.63 for 2016 (and January 2017)
 - **Failure to meet affordability threshold could result in penalties payable by your agency of \$3,240 per employee who receives the federal premium credit for exchange coverage**
 - Those not currently in compliance should address this now and plan accordingly for 2017



ACA Play or Pay Mandate

- As the Applicable Large Employer (ALE) under which your entities provide health coverage to your employees, we are **REQUIRED** to perform both the tax form filing to the employees and the reporting to the IRS.
 - No satellites will be permitted to prepare their own forms for 2016
 - Our EPO, PPO and prescription drug plans are all self-insured
 - We pay an administrative fee monthly plus all of the claims
 - Self-insured ALE is required to provide employee tax forms
 - IHM plan is fully insured
 - We pay a set monthly premium, no claims
 - Kaiser is required to provide the tax forms to the employees enrolled in this plan under the Program



Review of CY2015 ACA Filing

- Mailed over 168,000 1095B and 1095C ACA tax forms in March 2016
- Submitted information to IRS in June 2016
- Received over 3,000 Social Security Number or Official Name errors from the IRS affecting employees/retirees and/or dependents
 - Required to correct these errors
- Reports with instructions will be sent to affected agencies to contact employees to obtain corrected information mid to late August
 - Due back at the end of September
- We will resubmit to the IRS as required



CY2016 ACA Reporting Deadlines

- 1095-B/C Forms must be post-marked by January 31, 2017
 - Employees must file with 2016 Federal Taxes
 - DBM EBD must submit file to printer by January 6, 2017
- 1094/1095 Files must be submitted to IRS by February 28, 2017



2016 ACA Reporting - Schedule

TASK	BY/DUE DATE
Compile July 2016 Data	Email to Lisa by COB on Friday August 5 th
Compile August 2016 Data	Email to Lisa by COB on Friday September 9 th
Compile September 2016 Data	Email to Lisa by COB on Friday October 7 th
Compile October 2016 Data	Email to Lisa by COB on Friday November 4 th *
Compile November 2016 Data	Email to Lisa by COB on Friday December 9 th

- Files for January through June were all due by July 22
- Mark you calendar with critical due dates above



Reporting Reminders

- Terminations
 - No further information required for remaining months if termed
- Hours must have a value
 - Enter zero if no active and no hours worked
- Submitted reports will be reviewed by EBD and sent back if corrections are needed
- Always ensure you are using the most up-to-date report for the next month



2016 ACA Reporting – Sending & Receiving Excel Templates

- Excel file contains PHI & must remain password protected
- **Do not** change filename
- Password: %2015\$Leaves
- DBM EBD Now Uses Virtru Email Encryption Tool
 - Adds an Extra Layer of Protection
 - Files Will be Sent Via Virtru
 - Return Files as a ***REPLY*** to the Same Virtru Email
 - You will need to download the Virtru free plug-in
 - If unable to reply via Virtru, ensure password protected



Special Limited Open Enrollment Period

- For those in measurement period from October 15, 2015 to October 14, 2016
- Open Enrollment for those who should be offered subsidized coverage based on the measurement period
- November 7, 2016 to December 6, 2016
- Forms due to EBD by December 9, 2016



Enrollment Procedure Changes

- **Declination Form**

- Separate Form
- Required for everyone offered coverage regardless of subsidy eligibility
- Complete thoroughly

TO BE COMPLETED BY AGENCY BENEFITS COORDINATOR

Active Full-Time Employee

Entry on Duty Date: _____

Active Part-Time Employee

Entry on Duty Date: _____

Satellite Employee

Entry on Duty Date: _____

Contractual/Variable Hour Employee State Subsidy Eligible

Contract Period From: _____ To: _____

Contractual/Variable Hour Employee NO State Subsidy

Contract Period From: _____ To: _____

LAW - Personal

Effective Date: _____ End Date: _____

LAW - Military

Effective Date: _____ End Date: _____

LAW - OJI

Effective Date: _____ End Date: _____

Pay Center: Central Payroll University Satellite

Agency Code: _____ Check Dist. Code: _____
(if applicable)

DECLINE ALL COVERAGE



Enrollment Procedure Changes

- **Social Security Cards**

- Obtain copy of social security cards for employees and/or enrolling dependents
- Ensure using official name on all enrollment forms



Plan Updates



Long-Term Care Contract Ending

- ➔ The Prudential Long-Term Care group plan expires December 31, 2016
- ➔ Prudential will direct bill those who are currently enrolled through the Program beginning January 1, 2017
- ➔ EBD will send direct communications to affected employees/retirees in September & November 2016 to remind them of this change



Let's Take a Break!



Open Enrollment



Open Enrollment

- October 13, 2016 to November 15, 2016
- Postcard mailing August 24, 2016
- Summary Statements' information is as of August 26, 2016
- Packets mailed/delivered around September 23, 2016
- Final day for ABCs to deliver forms to EBD is November 18, 2016
 - Send to EBD as you receive, review, and approve/sign them
 - **Enrollment.EBD@maryland.gov**
 - Must use encryption tool and/or password protection of the file
 - **Send password in separate email**



IVR Improvements

Employees/Retirees will be able to enter social security numbers and dates of birth using the keypad on their phone instead of speaking the information to be transcribed.



Marketing Material Order Form

- Medical and FSA carriers will be sending supplies to all agencies.
- ABC can order yearly supplies for other carriers.
- Supplies for health fairs are ordered by EBD.



OPEN ENROLLMENT FOR CY2017 MARKETING MATERIAL ORDER FORM

Please use the information below to order marketing materials from the health plans for your yearly supplies. All medical vendors and the new flexible spending vendor will be automatically sending a supply to each agency.

Express Scripts Larry Hedgecorth Email: LWHedgecorth@express-scripts.com	Delta Dental Kristi Mullins Email: kmullins@Delta.org Fax 717-766-8719
United Concordia Dental Kelly Chiz Email: Kelly.chiz@ucci.com	Securian www.lifebenefits.com/mdorder

For plans without online ordering options: complete below and email or fax as indicated above.

Plan:

2. Your Information

Benefits Coordinator/Requestor's Name:

Phone:

Email address:

Agency:

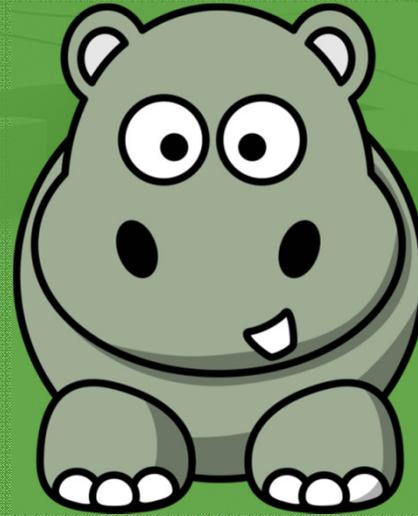
Shipping Address:

3. Material Requested:
 Please indicate the amount of marketing materials to be used throughout the year.

NOTE: If you are hosting a benefit fair, you do not need to order supplies for the fair. EBD will take care of ordering supplies for your agency based on estimated attendance.



HIPAA Refresher



H EALTH
I NFORMATION
P AIN
A ND
A GONY

HIPAA - Health Insurance Portability and Accountability Act of 1996

Designed to protect the privacy and security of health information and provide standards for the electronic exchange of health information.

Every State and Satellite agency employee who touches any form of PHI or PII MUST protect the privacy and security of sensitive information.



HIPAA Key Provisions

- **Portability** of insurance coverage from one job to the next job, reducing pre-existing condition exclusions (Certificate of Creditable Coverage)
- Protect **privacy** of health-related information (April 2003)
- **Standardize** electronic transmission of health-related data (October 2003)
- **Security** of electronically held health-related information (April 2005)
- Health Information Technology For Economic and Clinical Health (**HITECH**) Act (2009)



HITECH ACT

- Enacted as a part of the American Recovery and Reinvestment Act of 2009
- Designed to encourage health care providers to adopt health information technology in a standardized manner and to protect private health information.
- Specifically addresses
 - Breaches
 - Electronic health records (EHR)
 - Personal health records (PHR)



Covered Entities

Groups that must comply with HIPAA and protect the confidentiality of protected health information:

- **Health Plans**
Includes health insurance companies, HMO plans, PPO plans, EPO plans, POS plans, company health plans and government programs such as Medicare and Medicaid.
- **Healthcare Providers**
Conduct certain business electronically such as billing of health insurance claims - including most doctors, dentists, clinics, psychologists, hospitals, nursing homes, assisted living, adult day care, and pharmacies.
- **Business Associates (of Covered Entities)**
Performs the following services for a Covered Entity and receives PHI: legal, actuarial, accounting, consulting, data aggregation, management, etc.



Protected Health Information (PHI)

- All individually identifiable health information (oral, paper, electronic)
 - Name
 - DOB
 - SSN
 - Address
 - Health plan enrollment
 - Premium information
 - EAP referral



Permissible Disclosure of PHI Without Authorization

A covered entity is permitted to use or disclose PHI **without** written authorization for the following purposes or situations:

- 1) Individual requests his/her own PHI,
- 2) Limited data set (i.e., information is de-identified),
- 3) For healthcare and health plan administration activities (such as mandatory reporting, assistance with member claims and fraud/abuse investigations).



PHI Disclosure Requiring Written Authorization

- Any use or disclosure that is not for plan administration purposes
- Any use or disclosure which is not specifically authorized in the law
- Any PHI to be disclosed to a Third Party (such as the individual's personal representative or family members)

ACA Appeals Process: Ensure a HIPAA authorization form is completed when disclosing certain information.



HIPAA Safeguards

- Physical
 - Facility Access and Control
 - Limited only to authorized personnel
 - Locked entry, doors and walls
 - HIPAA cover sheets on inboxes
 - Workstation and Device Security
 - Lock computers when unattended
 - Use privacy screens to limit accidental disclosure
- Minimum Necessary Principle
 - “Need to know” basis
 - Provide only the necessary information

Your Responsibilities

You are required to:

- Disclose PHI – limit the information you share with a person to what he or she needs to know (“minimum necessary” guidelines)
- Use PHI according to HIPAA-approved guidelines for access, accounting, amendment, and restriction of PHI
 - Use encrypted email when sending PHI to EBD or any other sources
- Only access the PHI necessary to complete your job duties
- Maintain confidentiality & security of member information at all times



Steps To Follow When Asked For PHI

- Verify the identity of the person or entity requesting PHI.
 - Is this someone who should have access to this information?
- Determine what PHI information is being requested.
 - Is this the minimum amount of information that is necessary?
- Determine if PHI can be provided with or without written authorization.

Remember: An individual who requests his/her own PHI is not limited to the minimum amount of PHI necessary.

Plan Members' HIPAA Rights

- All plan participants have the right to:
- Obtain a copy of PHI held by DBM or a plan within DBM's Program.
- Amend their PHI if wrong or incomplete.
- Ask for a listing of anyone receiving their PHI from DBM.
- Request DBM communicate with them in a different manner if using the address on file creates a danger to the security of his/her PHI
- Request DBM limit how his/her PHI is given out or used.
- Request paper copy of DBM HIPAA notice.



Penalties and Enforcement



- Civil
 - Penalties range from \$100 to \$50,000 per violation, with an overall penalty limit of \$1,500,000 for identical violations during a calendar year.
- Criminal
 - Criminal penalties range from a \$50,000 fine and up to one year imprisonment for simple violations to a \$250,000 fine and up to 10 years imprisonment for offenses committed with the intent to use PHI for commercial advantage, gain or malicious harm.

Workday Update



Benefits Transition

- Scheduled to (re)begin fall 2016
 - “Shell record” agencies will be contacted soon
- Go-Live anticipated summer of 2017
- Workday has made several major enhancements
- Web enrollment for fall of 2017!



EBD Updates/Reminders

EBD Updates/Reminders

- Enrollment Forms
 - Need a form for all new hires – even if declining benefits
- Benefit Guides
 - Must give a hard copy of the benefit guide to all new hires
 - Increased number of guides shipped to each agency
 - Latest version is always available on EBD website for printing
- Affidavit for Dependent Verification
 - Language is on enrollment forms
 - Not needed if submitting supporting documentation with an enrollment form
 - Required for the Dependent Verification Audit



EBD Updates/Reminders

- Dependent Verification Audit
 - Report will be sent in late January 2017
 - Gather your documentation early and hold until report arrives
 - Read DVA instructions carefully - includes deadlines
- Agency Benefits Coordinator Training
 - Held on a monthly basis at DBM-EBD office
 - Excellent for new ABC or as a refresher for seasoned ABC
 - Includes an overview of enrollment processing procedures, customer service, wellness program, etc.
 - HIPAA training (mandatory for all new ABCs)



EBD Updates/Reminders

- EBD Important Email Addresses
 - EBD.mail@maryland.gov - receives all customer service and general questions
 - Enrollment.ebd@maryland.gov - receives all enrollment forms, supporting documentation, FMLA or Military leave notifications, contract renewal forms, etc.
- Secure/Encrypted emails
 - DBM-EBD uses Virtru to send all secure emails
 - **DO NOT** include PHI in subject line this includes names!)
 - **DO NOT** send full PHI information in email unless sent in a secure manner
 - Attachment may be password protected, but remember to send password in a **separate** email



EBD Updates/Reminders

- EBD and Carrier Contact Information
 - Provided in your training packet
 - For ABC use only.
 - Do not distribute this information to employees; provide customer service contact information to employees



Questions?

