# HEALTH BENEFITS E-NEWS EXTRA

*Department of Human Resource Management*
*Office of Health Benefits*

*June 27, 2013*

## Another Chance to take a Health Assessment and Earn Premium Rewards

Eligible members who did not complete their Health Assessment during May 2013 will be given the opportunity to earn premium rewards for the second half of the plan year. Members who are enrolled in COVA Care and COVA HealthAware on or before July 1 may complete their Health Assessment at www.myactivehealth.com/COVA and complete their biometric screening between August 1 and October 31 to receive premium rewards for January 1 through June 30, 2014. See the attached biometric screening letter. This includes newly eligible employees with a BES begin date on or before July 1.

## Piedmont Emergency Consultants Return to Anthem Network

Piedmont Emergency Consultants, PLC, the emergency physicians group practicing at Sentara Martha Jefferson Hospital in Charlottesville, will remain in the Anthem network that includes the state COVA Care and COVA HDHP plans. The agreement between the emergency physicians group and Anthem is retroactive to June 1, 2013.

There will be no break in coverage for COVA or TLC members, as claims will be paid in-network status back to June 1, 2013.

## Notice to Participants Regarding Biometric Screenings

From August 1 to October 31, free biometric screenings will be available to all employees and non-Medicare retiree group participants, their spouses and adult dependents who are enrolled in COVA Care, COVA HDHP or COVA HealthAware. Beginning July 8, members may make an appointment, or print a physicians form or LabCorp requisition by visiting myactivehealth.com/COVA and clicking on the link in the welcome message for biometric screening information. Attached is a copy of the letter to be mailed to members this week. Frequently Asked Questions will be available soon on the DHRM website.

Representatives from Well Advantage, which will administer the screenings, will contact the listed site coordinators for the on-site screening events to confirm dates, times, security procedures, parking and directions.

Active Health and Well Advantage will be sending email confirmations to employees who sign up for on-site biometric screenings using the MyActiveHealth portal. In order for the emails to get through to employees using a work email address, and not end up in their spam filters, your agency needs to "whitelist" the following domain and address: Domain: bioiq.com IP Address: 208.85.146.180. Please alert your IT Department to take the necessary steps.

## Health Flexible Spending Account (FSA) Benefit Cards

Health FSA participants should be receiving their Elite VISA® Benefit cards and Welcome Kits by the end of this week. The cards were mailed beginning June 21 to participants' home addresses. Please remind employees to:

- Use their new *Elite VISA card* for services on or after July 1 and their current Wage Works card until that date.
- Address FSA questions or concerns about the accounts for the current 2012-2013 plan year to Wage Works.
- Contact Anthem, the new FSA administrator, on or after July 1 about accounts for the 2013-2014 plan year.

**Who to Contact:**

**2012-2013 Accounts: Wage Works** at www.wageworks.com or 877-WageWorks (877-924-3967).
**2013-2014 Accounts: Anthem** at www.benefitadminsolutions.com/anthem or 877-451-7244.

## Updated Extended Coverage/COBRA Election Notice

Attached is an updated Extended Coverage/COBRA Election Notice to use for qualifying events in June resulting in loss of coverage effective June 30 and an Extended Coverage start date of July 1, 2013. As a reminder, you have 14 days from the coverage loss date (or notification of the qualifying event, if required) to provide a timely Election Notice. Note: Dropping coverage due to Open Enrollment (employee or covered family member) is not a COBRA qualifying event.

You will see a number of changes in the new notice that reflect new plan provisions for July 1, including the new COVA HealthAware Plan's Health Reimbursement Arrangement (HRA) and premium rewards. In addition, due to the increased complexity of new plan provisions, **effective July 1, qualified beneficiaries will no longer be allowed to make a plan change at the start of Extended Coverage/COBRA**. However, once enrolled in continuation coverage, qualified beneficiaries have the same rights as similarly-situated non-Extended Coverage/COBRA participants, including open enrollment, special enrollments and qualifying midyear events.

The new Election Form is based on the U.S. Department of Labor's Model Notice. It has been revised to reflect the Commonwealth of Virginia Health Benefits Program's plans. When you prepare the Notice, you may need to make some adjustments to referenced page numbers, as well as formatting so that the Election Form can be removed from the package without including the informational sections of the Notice (e.g., Election Form with a blank page on the back).

A lot of information is included in the instructions embedded in the new Notice, but the Extended Coverage/COBRA section of the Health Benefits Program (HBP) Administration Manual is in the process of being revised to include detailed information. This section will, however, be temporarily removed from the DHRM web site for updating. In the interim, if you need information regarding Extended Coverage and the HRA, please send your questions to susan.jones@dhrm.virginia.gov.

Regarding the under or overspent status of Medical Flexible Spending Accounts for purposes of Extended Coverage/COBRA, if you have a qualified beneficiary who requests that information, you may send an Agency Request for Assistance Form to the Office of Health Benefits to obtain that information.

**Updated Resources**

A number of resources will be temporary removed from the DHRM web site for updating to reflect July 1 program changes. These will include several Retiree Fact Sheets and the Extended Coverage/COBRA and State Retiree Health Benefits Program sections of the HBP Administration Manual. These should be updated and available for your use by mid-July.

**COVA HealthAware Member Handbook**

A Member Handbook for the new COVA HealthAware Plan is well underway. However, until it's available, you can use the Summary of Benefits and Coverage to provide information to employees regarding plan provisions. In addition, a new brochure summarizing the plan will also be available soon for your use. You may also direct COVA HealthAware member questions to the Aetna health concierge at 855-414-1901.

**New Correspondence to Retirees Regarding Medicare Part D Enrollment/Retroactive Disenrollment Allowed**

To comply with a new pre-notification requirement from the Centers for Medicare and Medicaid Services, Retirees, Survivors and LTD Participants who become eligible for Medicare and elect to remain in the State Retiree Health Benefits Program by enrolling in an Advantage 65 Plan that includes prescription drug coverage (Express Scripts Medicare Part D Plan) will receive a letter confirming receipt of their enrollment application, which will allow them 21 days from the date of the letter to change their minds and disenroll from the Medicare Part D plan. Because of the timing of our batch enrollment process, most letters will not go out until approximately a week before the beneficiaries' Medicare Part D effective date.

Because of this new requirement, new enrollees will be allowed to disenroll retroactively to their original effective date if they make the request within 21 days. For purposes of the state program, we will allow 21 days from their effective date of Part D coverage (unless there are extenuating circumstances that would have resulted in later keying of the enrollment in a Plan that includes Medicare Part D). Since a move to a Medical-Only Plan is generally effective prospectively, please send any requests for moves to Medical-Only coverage within 21 days of the effective date to the Office of Health Benefits on a Request for Assistance Form so that it can be keyed here.

Example:

- Retiree turns 65 on August 25 and is, therefore, eligible for Medicare effective August 1.
- Retiree is keyed to the Advantage 65 Plan on July 23 (by batch file or by the retiree's Benefits Administrator).
- Pre-Notification letter goes out based on enrollment in Medicare Part D Plan.
- Retiree requests disenrollment from Medicare Part D coverage on August 21 effective August 1.
- Send request to Office of Health Benefits to key plan change to the requested Medical-Only Plan.

Requests to drop the state program's Part D plan received after the 21st day of new coverage should be effective prospectively.

The Medicare eligibility letter will be updated to reflect this new requirement.

## *Guidelines for Providing HIPAA, Medicare Part D and Extended Coverage (COBRA) Notices*

As a reminder, there are certain times when notices and plan information must be provided to employees and/or dependents who enroll in a state health plan or flexible reimbursement account, or who are no longer covered under the State Health Benefits Program. Here are notice guidelines:

**Upon Enrollment**

When an employee enrolls or adds a spouse **for the first time** in health care and flexible reimbursement accounts, you must provide:

- A HIPAA Employee/Retiree Privacy Notice
- An Extended Coverage (COBRA) General Notice
- A Medicare Part D Notice of Creditable Coverage (not personalized format)

**When Coverage Ends**

When an employee is no longer covered under the program, you must provide:

- A Certificate of Creditable Health Coverage as required by HIPAA to health plan members (including employees, spouses and covered dependents) who cease to be covered under the State Health Benefits Program for any reason.
- An Extended Coverage (COBRA) Election Notice **only** when a member has experienced a qualifying event under Extended Coverage, such as termination of employment or loss of dependent child status.

***Please do not reply to this e-mail. You may send inquiries to the Office of Health Benefits mailbox at ohb@dhrm.virginia.gov.***