

# 2010 Train the Trainer Presentation

Presentation to  
Human Resources and Benefit Coordinators  
August 2009



# DCH Mission

## ACCESS



Access  
to affordable,  
quality health  
care in our  
communities

## RESPONSIBLE



Responsible  
health planning  
and use of  
health care  
resources

## HEALTHY



Healthy  
behaviors and  
improved  
health  
outcomes



# DCH Initiatives

## FY 2008 and FY 2009

### FY 2008

**Medicaid Transformation**

**Integrity of our Programs & Safety Net**

**Consumerism**

**Health Improvement & Resolving Disparities**

**Uninsured: Community Solutions**

### FY 2009

**Medicaid Transformation**

**Health Care Consumerism**

**Financial Integrity**

**Health Improvement**

**Solutions for the Uninsured**

**Medicaid Program Integrity**

**Workforce Development**

**PeachCare for Kids™ Program Stability**

**SHBP Evolution**

**Customer Service and Communication**



# State Health Benefit Plan (SHBP)

- SHBP Strategy
- Option Definitions
- Benefit Changes for 2010
- Things to Consider
- Open Enrollment
- Retirees
- Dependent Verification



# SHBP Options for Active Members

## January 1, 2010

CIGNA and United HealthCare (UHC) will both offer:

- Health Reimbursement Arrangement (HRA)
- High Deductible Health Plan (HDHP)
- Preferred Provider Organization (PPO) under UHC and Open Access Plus under CIGNA
- Health Maintenance Organization (HMO)
- Medicare Advantage with Prescription Drug Private Fee for Service (MAPD-PFFS)



# Plan Options-Defined

What is a

- **Health Reimbursement Arrangement (HRA)** – consumer-driven health option that allows you flexibility in how you spend your health care dollars. SHBP also puts dollars in your account each year that cover first dollar out-of-pocket expenses and reduce your deductible and out-of-pocket maximum
- **High Deductible Health Plan (HDHP)** – consumer-driven health option that has a high deductible and a low premium and allows you to open a Health Saving Account (HSA) to set aside funds for future medical expenses
- **Preferred Provider Organization (PPO) under UHC** - provides coverage for services received by providers participating in-network and out-of-network
- **Open Access Plus (OAP) under CIGNA** - provides coverage for services received by providers participating in-network and out-of-network
- **Health Maintenance Organization (HMO)** - provides coverage only when services are performed by a participating provider
- **Medicare Advantage Private Fee for Service (MAPD-PFFS)**-provides coverage for those age 65 and older that have Medicare Part 'B'



# SHBP Changes –Kaiser Members

- Effective January 1, 2010, Kaiser Permanente will no longer be offered
- Kaiser members will need to make a selection for a new option during the 2010 Open Enrollment Period
- Kaiser members with HMO coverage who do not select another option during Open Enrollment will automatically be enrolled in the CIGNA HRA option and the tobacco and spousal (if your spouse is covered) surcharges will apply
- The SHBP options that Kaiser members can select from provide extensive benefits, and most of the Kaiser community specialists are participating in one or more of these options



# SHBP Changes

## Transition of Care for Kaiser Members

- Transition of care may be received if treatment for certain conditions is needed after December 31, 2009. To request transition of care, you should contact Customer Service of the health plan you have selected in early December but no later than December 31, 2009. You may reach the vendors at:
  - CIGNA – (800) 633-8519
  - UnitedHealthcare
    - Definity HRA – (800) 396-6515
    - PPO – (877) 246-4189
    - HMO – (866) 527-9599
    - HDHP – (877) 246-4195
- If your Kaiser provider is a community specialist and is covered by the new plan you select, covered medical services will be covered under the new Plan effective January 1, 2010
- If you have any medical or pharmacy claims for services on or before December 31, 2009, these claims should be filed with Kaiser Permanente by June 30, 2010 at the following address: Kaiser Permanente, Claims Administration, P. O. Box 190849, Atlanta, GA 31119-0849



# State of Georgia Update

- Georgia's unprecedented fiscal challenges require some benefit changes and premium increases in 2010. These changes are necessary because of the shortfalls in state revenue normally used to fund the benefits program and keep pace with health care growth. SHBP's long-term strategy remains consumerism and improved health outcomes, and we have been able to preserve the features of the benefit program that highlight the importance of wellness and taking care of your health.



# SHBP Plan Changes January 1, 2010

- All plans will see changes. These changes vary from changes in deductibles, out of pocket amounts, co-insurance amounts and co-pays. There will also be an increase in the Tobacco and Spousal Surcharges. Employees should carefully read the Decision Guide for details.
- Proposed changes will be submitted to the DCH Board
- SHBP will notify all Payroll Locations once finalized



# SHBP Plan and Premium Changes- January 2010

- The SHBP coordination of benefits (COB) policy will change to a non-duplication of benefits for COB for the PPO (UHC), OAP (CIGNA) and HRA options (all other SHBP options already have this provision)
- **What does this mean?** It means that if you are covered by two group health plans, the benefit under SHBP will be no greater than it would have been if there was no coverage other than that of SHBP.



# SHBP Plan and Premium Changes- January 2010

## Example of Non-duplication of benefits:

	<u>2009</u>	<u>2010</u>
Hospital bill for MRI	\$2,939.80	\$2,939.80
Medicare Allows	\$ 544.27	\$ 544.27
Medicare Pays	\$ 435.42	\$ 435.42
Member Medicare coins.	\$ 108.85*	\$ 108.85*
SHBP allows	\$ 544.27	\$ 544.27
SHBP applies coinsurance.	\$ 00.00*	\$ 81.64*
SHBP pays	\$ 108.85	\$ 27.21

\* Member responsibility/co-insurance



# Health Reimbursement Arrangement (HRA)

- The HRA plan is a consumer driven health plan that is very similar to a PPO, which provides benefits for using in or out-of-network providers
- This plan also gives members control about how their health care dollars are spent
- SHBP contributes dollars to the HRA account which provide coverage for first dollar expenses and helps to reduce deductibles and out-of-pocket expenses



# HRA Plan Design

- Health Reimbursement Account (HRA)

- \*\$ 500 – Employee

- \*\$1,000 – Employee + Spouse

- \*\$1,000 – Employee + Child(ren)

- \*\$1,500 – Employee + Spouse + Child(ren)

Plus \$125 for annual physical and completing a health assessment. Employee and spouse can each earn this

- SHBP credits your account each year to help pay covered medical expenses
- Health coverage
- Member advocacy programs



# Features of the HRA Plan

- Low employee premiums
- SHBP credits dollars each year that pay for covered initial charges, whether medical or pharmacy expenses. These dollars also reduce your deductible and maximum out-of-pocket expenses
- You do not pay co-pays under this plan but co-insurance whether it is for your prescription drugs, office visits or surgery
- Any dollars not used at the end of the year roll over to the next year
- 100 percent coverage for preventive care and the cost of these services do not come out of your HRA dollars

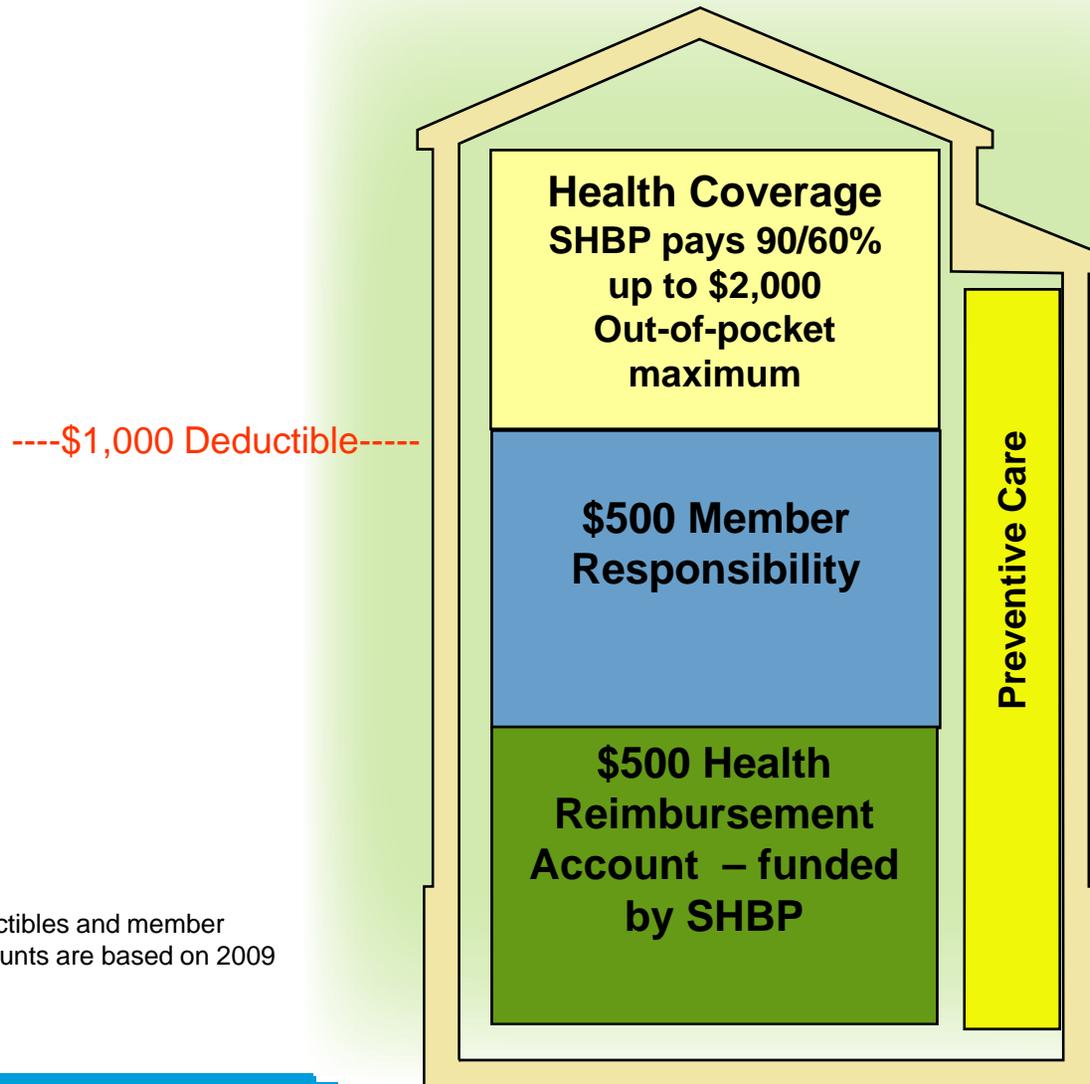


# Features of the HRA Plan

- No primary care physician designation or specialist referrals required although we do suggest that you designate a PCP
- No cost for certain asthma, diabetes and cardiac drugs for members enrolled and compliant with the disease management program
- The employee and spouse can also each earn \$125 (total of \$250) by completing a health assessment and getting their annual physicals



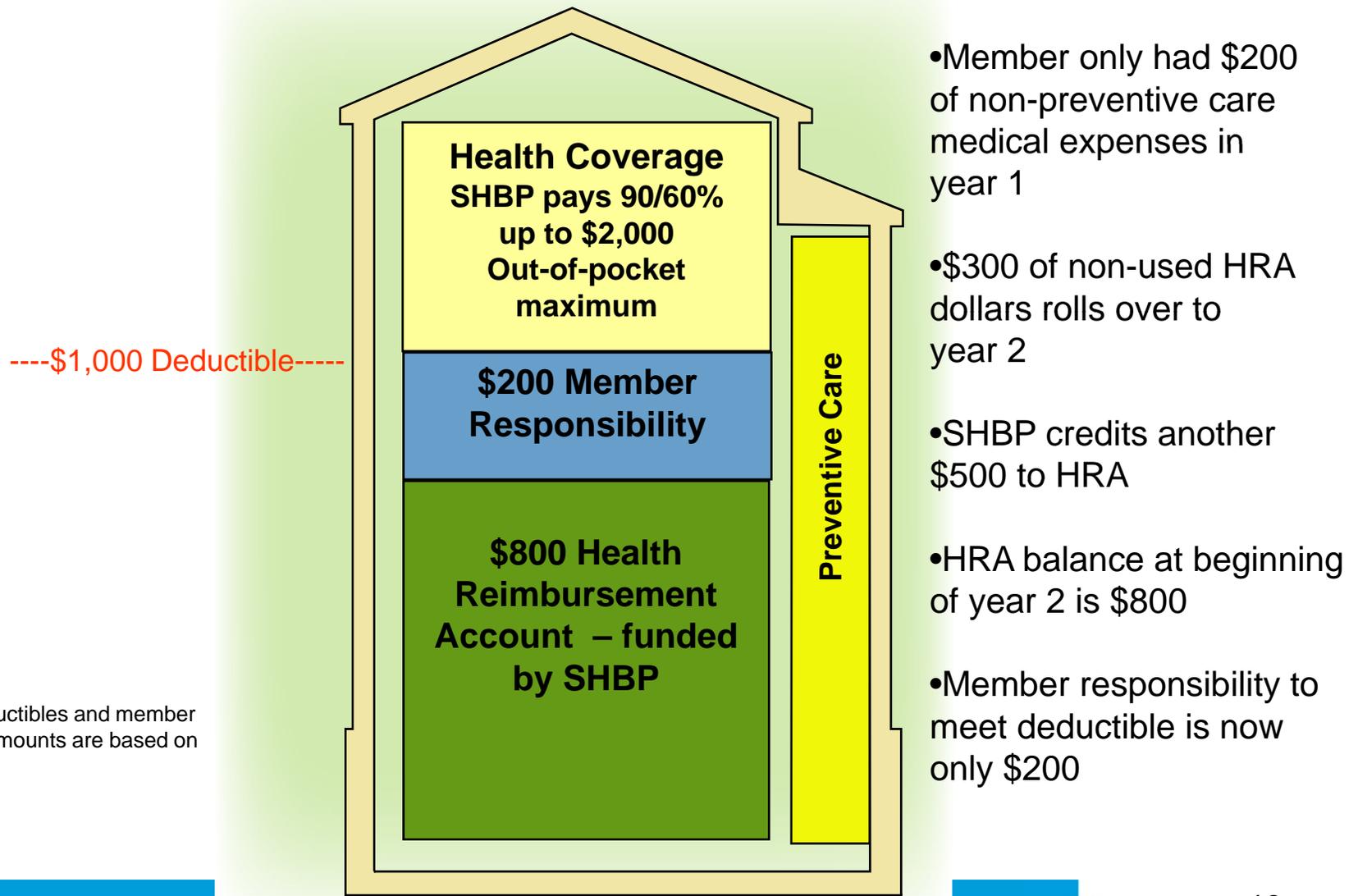
# How an HRA Works – Single Coverage



NOTE: The deductibles and member responsibility amounts are based on 2009 benefits



# How an HRA Works – Year Two



Note: The deductibles and member responsibility amounts are based on 2009 benefits



# SHBP Open Enrollment Informed Enrollment

- To assist our members make an informed election for their 2010 health benefits, Thomson Reuters, who manages the SHBP's data, will analyze 2008 claims data and indicate which SHBP option is the most cost effective
- The analysis will be available on the Open Enrollment web site when the member logs in



# Things to Consider

Members should:

- Carefully read the Decision Guide
- Confirm their option will be offered in 2010
- See if their providers are participating in the network of the option they are thinking of selecting
- Check the distance they will have to drive to see their providers
- Coverage for prescription drugs – review the Preferred Drug List, co-insurance, co-pays
- Review the data from the Thomson-Reuters to determine the most cost effective plan choice



# Employer Intranet

- To assist you, SHBP will be providing an Intranet site to input the forms as was available last year.
- You will have the ability to add a new member allowing the member to make their 2010 health election online (less paper enrollment is good!!)



# Open Enrollment

## October 9 – November 10, 2009

- Employees will make their health election at [www.oe2010.ga.gov](http://www.oe2010.ga.gov)
- Web site will open at 4:00 a.m. on October 9 and close at 4:30 p.m. on November 10, 2009
- The Health Plan Decision Guide will be distributed to each agency and will be available at [www.oe2010.ga.gov](http://www.oe2010.ga.gov) and [www.dch.ga.gov/shbp\\_plans](http://www.dch.ga.gov/shbp_plans)



# Open Enrollment Login Instructions

Go to [www.oe2010.ga.gov](http://www.oe2010.ga.gov). The Web site will go live at 4:00 a.m. October 9 and will close at 4:30 p.m. on November 10, 2009

## 1. Click on "Register"

- A. Enter the Policy Number (Social Security Number) and date of birth
- B. Select a "Password"
- C. Enter the selected password
- D. Re-enter the password to confirm
- E. Select a "Security Question" and the "Answer" to the Security Question



# SHBP Login Instructions

2. Click on "Login"
  - A. Enter your Policy Number (Social Security Number)
  - B. Password
  
3. This will take employees to their health election. Prior to printing their confirmation, they should review the pre-confirmation page
  - Are surcharge questions answered?
  - Are the answers to the surcharge questions correct?
  - Is the health coverage Option and Tier election correct?
  - Is the dependent information correct?
  - Has yes been checked by each dependent that should be covered?



# SHBP Login Instructions

4. Employees should print the confirmation notice or write down their confirmation number. **Verify that all information is correct and keep a copy of the confirmation number for their records.**

The confirmation notice with the latest date and time at the close of OE confirms benefit elections for the 2010 Plan Year



# SHBP Login Notes

- A new confirmation number will be assigned with each confirmed benefit election change
- Be sure employees understand they must answer the surcharge questions each time they make a change



# SHBP Login Notes

Employees should make their Benefit Election early. **Delaying entry could cause employees to encounter “traffic” problems on the Web site and Open Enrollment will not be extended to accommodate these difficulties.**

*For technical difficulty in logging in, contact the Help Desk at (404) 656-6322 or 800-610-1863*



# Benefit Coordinator Notes

- Employees' Policy Number is their Social Security Number
- SHBP will mail retirees' personalized change forms to their home address
- You should provide SHBP members and interested employees with the following OE information:
  - Rates
  - Health Plan Decision Guide (1/1/10 – 12/31/10) (paper or electronic)



# Benefit Coordinator Notes

Note: You will only receive enough Decision Guides for your SHBP members plus approximately 5 percent. You may refer eligible employees to [www.oe2010.ga.gov](http://www.oe2010.ga.gov) for an electronic version of the Decision Guide or go to [www.dch.georgia.gov/shbp\\_plans](http://www.dch.georgia.gov/shbp_plans)



# Benefit Coordinator Notes

- If you assist an employee in making his benefit election on the Web site, please print the confirmation page and give it to your employee
  - *Employer data entry error is not a Qualifying Event for an employee to change their 2010 Benefit Election*
- If you keep a copy of the confirmation page for your records, have the employee sign the confirmation page agreeing that the information is correct and reflects his/her desired coverage for 1/1/2010



# Open Enrollment Reports on View Direct

## 1) SH523961, MEMS Web Availability Cross Reference Report

- Available no later than October 10
- Lists employees who must make their Open Enrollment elections on the Web

### *Important Note:*

Employees not listed on this report must be added using the Employer Intranet Site so their Open Enrollment elections can be made online (less paper is good!!)

If you do not have access to View Direct, contact Deborah Sheppard at (404) 463-0212 or [dsheppard@dch.ga.gov](mailto:dsheppard@dch.ga.gov)



# Open Enrollment Reports on View Direct

- 2) SHWBNCFM, MEMS Not Confirmed on Web Report
  - Available October 10 and will be updated nightly
  - Will include employees who are eligible to use the Web and have not confirmed their 2010 benefit election
- 3) SHSHBPIN, MEMS SHBP Covered Subscriber and Discontinuation Report
  - Available no later than November 17
  - Use to update your personnel and payroll files. It includes the appropriate coverage and deduction information for changes made during the OE Period
  - Use to review January's SHBP bill to verify that payroll deductions are entered correctly



## If Member is Retiring before the end of the Year and Medicare Eligible

The options will be:

- The Medicare Advantage with prescription drug coverage (MAPD) Private Fee for Service (PFFS) if member wants to continue to receive the state contribution toward the cost of health insurance
- Member may still choose one of the other SHBP options, but will pay 100 percent of the cost for the coverage



# Retiree Option Change Period (ROCP)

- SHBP mails retirees a ROCP packet
- Retirees can change to any available coverage option during the ROCP (BUT only the MA product will continue to receive the state subsidy)
- Surcharges do not apply
- Changes become effective January 1, 2010
- An employee must retire after January 1 for any Open Enrollment change to be effective
- Retirees who discontinue coverage CANNOT re-enroll for coverage



## Retiree Option Change Period (ROCP)

- Retirees can only add dependents within 31 days of a Qualifying Event: marriage, adoption, new child, loss of other insurance
- Retirees may change to single coverage or drop coverage at any time. If coverage is dropped re-enrollment is not allowed
- **CIGNA ROCP Questions: 1-800-942-6724**
- **UHC ROCP Questions: 1-877-246-4190**



## Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- Employees who retire and will immediately draw a monthly retirement benefit are eligible to continue coverage at the time of retirement if they have coverage at the time they retire
- The retirement system will send SHBP a file giving the date of the first retirement check



# Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- SHBP will notify the retirement system of the appropriate premium for the coverage. This will insure that the correct premium is deducted from the first annuity check. The notification will also include any deduction changes based on retiree change requests and/or Medicare eligibility
- SHBP will automatically transfer the active health coverage to retiree coverage and terminate the active coverage



## Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- The retirement system will return an actual premium deduction file to SHBP following payroll close. The file will be used by SHBP for comparison purposes.
- Retirees with insufficient annuities will be included in the file. SHBP will set these retirees up to be billed directly for their health benefit coverage



## Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- SHBP will send a letter to the retiree's home address advising of the transfer of coverage. The form, which is on the reverse side of the letter, should be used if the retiree wishes to change options or discontinue health benefit coverage
- The form should be used only if changing options or declining coverage as a retiree



# Employees Retiring Who are ERS, PSERS, Superior Court, Legislative Retiree or TRS

- The payroll location must send the last date of deduction on a Forms Transmittal Sheet. The last 'active' deduction should be taken in the month the employee last worked
- SHBP will bill the retiree directly when the retirement benefit does not cover the premium
- It is the retiree's responsibility to make sure health insurance deductions are taken from his retirement check



# Retirees who Return to Work

- Retirees who return to work in a benefits eligible position must enroll as an active employee and discontinue retirement health coverage
- Retirees who return to work have 31 days to re-enroll in retiree coverage when they leave employment and must notify SHBP. (This is not an automatic process if retiree continued to receive retirement check while working)
- Retirees must have continuous coverage or lose eligibility to health coverage



# Dependent Verification

- SHBP requires dependent verification for all new enrollees. Dependent verification forms must have the member's Social Security Number on all documentation
- Acceptable Documents
  - Marriage License or Tax Return with both signatures (must submit Marriage License to cover step-children)
  - Birth Certificate with parents' names listed or Letter of Confirmation of Birth from hospital for newborns
  - Adoption Papers
  - Notarized Residency Letter and Birth Certificate for step-child

*Birth Cards or Certificates without parents listed are not acceptable*



## Dependent Verification: Student Status

- Coverage does not continue automatically at age 19. Member must submit fulltime student verification before coverage ends at age 19 and each subsequent year to keep the student's eligibility active
- Members will receive a request to recertify student status 60 and 30 days prior to the dependent's expiration date listed on the dependent student status form that members will receive



THANKS

