The Local Choice
2016 RoadShow

March 8, 2016
through
March 23, 2016
AGENDA

• Welcome
• Renewal Basics
• CommonHealth
• Systems Components
• Anthem Medical
• Anthem MHSA
• Delta Dental
• Housekeeping
• Adjourn
Renewal

• Paperwork Due by April 1\textsuperscript{st}
• Will Be Processed in Order Received
• Late Forms Could Cause Delay in Set-up, ID Cards and Result in Claim Denials
• Extensions Are Only to Return Forms Not to Decide.
• You Must Complete All Sections of Data Sheet
Data Sheet
Group Set-up

• Fillable On Line this Year (See eNews)
• Must Have a Subdivision for each Federal Employer Identification Number (FEIN).
• Subdivisions with Same FEIN Are also Permitted.
• Subdivisions with Same FEIN May Have Different Contacts, but Must Have Same rules, Plan Selections, and Cost-sharing.
• Subdivisions with Different FEIN May Have Different Contacts, Different Rules, and Different Cost-sharing, but Must Offer Same plans.
• Groups with 10-month Rates Must Have a Separate Subdivision.
Direct Bill

Groups with Direct Bill for Early Retirees and/or Medicare Eligible Retirees and/or COBRA Participants

• Direct bill members receive their monthly premium billing statements directly from Anthem around the 10th of the month, in advance. There is a 45 day grace period before medical coverage is cancelled for non-payment.

• Important: There is no grace period for prescription drug coverage. If premium is not paid to date, prescription drug coverage will be suspended regardless of whether the member is in the medical coverage grace period. When premium is received, within grace period, coverage will be reinstated. Paper claims are required and discounts may be lost.

• Direct bill members may sign up for automatic bank draft. Completed forms must be sent to the address on the form. Premiums will be drafted from the member’s checking account on the 5th of each month. It is BA’s responsibility to notify members of the direct bill process. A sample letter and bank draft information are found on the TLC website under Forms (www.thelocalchoice.virginia.gov).

• Direct bill is not available for use with TPA services.

• Must mark on Data Sheet. Mid-year changes are discouraged and require reprogramming. It can take up to 3 months.
Group Bill

- Segregates COBRA and/or Retirees on your Regular Bill
- Must Use with TPA Contract
- We Can’t Bill TPA but You May Send Invoice to Them
- We Will Accept Payment from TPA if Requested
- Our Forms Are Needed to Enroll in COBRA
- COBRA Grace Periods Not Extended with TPA Agreement
CommonHealth
Employee Wellness Program

All employees participating in The Local Choice Health Benefits Program are eligible.
• **FREE** Health Check Screening every 2 years
  
  - Total and HDL Cholesterol
  - Blood Pressure
  - Height/Weight and Body Mass Index
  - Diabetes Risk Assessment and Blood Glucose Level
  - Non-fasting and immediate results
  - For participating employees and their adult dependents

**Contact Your Regional Coordinator to schedule**
PROGRAM EXAMPLES

• **Move It Virginia** – Reduce your risk for many chronic diseases, reduce back pain, and improve immunity with simple ways to move more and eat healthier.

• **Dial It Down: Stress Less** - Stress affects the body, thoughts, feelings, and behavior. Discover ways to prevent and manage stress better in the workplace and in life.
Program Options to Meet Your Needs

- Traditional Presentation 15 - 45 minutes
- Learning Station - high traffic area (e.g. break room)
- Coupon - paper or electronic
- Video - web link or DVD

Contact Your Regional Coordinator to schedule
Quit for Life
Tobacco Cessation Program

• FREE to health plan participants 18 and older

• Individualized program includes a personal Quit Coach

• May include free nicotine replacement or covered medications

• The support you need when you’re ready

• Enroll online or by phone
Future Moms

Healthy pregnancies reduce risk of premature birth

- Unlimited access to experienced nurses
- Excellent information on pregnancy and childcare
- Support and guidance in areas like breastfeeding.
- Enroll in the first trimester and the hospital co-pay for delivery is waived (Approx. $300 value)
- CALL 1-800-828-5891
CommonHealth Compass

- Newsletter
  - Program Highlights
  - Success Stories
  - Information & support materials
  - Recipes
  - Go green, save time and reduce program expenses – ask your coordinator for the ELECTRONIC COMPASS
Dial It Down

Stress Less
Are you feeling stressed?
## Stress Symptoms

Common effects of workplace stress ...

<table>
<thead>
<tr>
<th>... On your body</th>
<th>... On your mood</th>
<th>... On your behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Headache</td>
<td>• Anxiety</td>
<td>• Overeating or undereating</td>
</tr>
<tr>
<td>• Muscle tension or pain</td>
<td>• Restlessness</td>
<td>• Angry outbursts</td>
</tr>
<tr>
<td>• Chest pain</td>
<td>• Lack of motivation or focus</td>
<td>• Drug or alcohol abuse</td>
</tr>
<tr>
<td>• Fatigue</td>
<td>• Irritability or anger</td>
<td>• Tobacco use</td>
</tr>
<tr>
<td>• Change in sex drive</td>
<td>• Sadness or depression</td>
<td>• Social withdrawal</td>
</tr>
<tr>
<td>• Stomach upset</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sleep problems</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Take control of your stress

Make the choice to

Dial it Down
Just a Few Quick Tips - Breathe

Deep breathing helps lower blood pressure.
Just a Few Quick Tips - Stretch

Stretching is normal. Sitting at a desk for hours on end is not.
Just a Few Quick Tips
Create a Sensory Tool Kit
Just a Few Quick Tips
Create a Sensory Tool Kit

Dark chocolate reduces levels of the stress hormone, cortisol.
Just a Few Quick Tips
Create a Sensory Tool Kit

Music is a quick fix for a bad mood.
Just a Few Quick Tips
Create a Sensory Tool Kit

Citrus smells boost feelings of well-being by increasing levels of norepinephrine in the body.
Just a Few Quick Tips
Create a Sensory Tool Kit
Wellness Wednesdays to Stress Less

Take some time every Wednesday to reduce or prevent stress, so you can be your best!

January – Move It More
February – Meditate Away
March – Stretch It Out
April – Express Yourself
May – Gratitude Get Away
June – DeTech to De-stress
Let It Go
Thanks for participating

The Local Choice CommonHealth
Regional Coordinators


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Like us on facebook!

www.facebook.com/commonhealthva
Questions?

Anne Dinterman

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Richmond, VA 23219

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Health Screenings

• Key Advantage and HDHP Participants Only
• For Active Employees and Retirees Not Eligible for Medicare
• Non-plan Participants and Medicare Eligible Retirees Are Not Eligible for Screenings
HuRMan

- Nickname for Secure Server
- Group Reports posted here
- BA Automatically Gets Access
- 2nd Contact Allowed – Takes up to 3 Weeks
BES

- Official DataBase for State and TLC
- If Not in BES - It Is Not Valid
- Updated by Forms you Send to TLC
- Provides Files to Vendors
- Creates Reports for Groups
Process

- Group Submits Forms to TLC/DHRM
  - Preferably by Fax for PHI Data Security
  - Forms received on/before the 6\textsuperscript{th} of the month appear on the bill created on the 10\textsuperscript{th}
- DHRM Enters Data in BES
  - Creates Files for Vendors
  - Creates Reports for Groups
- Vendors Update their Files Based On our Data Usually Within 3 Days
- Vendors Issue ID Cards Based on our Records
- Replacement ID Cards Are Requested from Vendor
Forms

• Must Comply with TLC Plan Rules and Your Pre-Tax Documents
• All Forms must be Complete, Accurate, Legible, and Certified by Employer/BA with an Effective Date
• You Keep Originals and Supporting Documentation to Support Audit
• TLC Needs Documentation to Approve Adoption/Custody, Court Orders, Other Children, Incapacitated Adult Dependents
Employer Data Sheet

• For New Business and at Each Renewal
• Directs Your Plan Set-up in the DataBase
• Must be approved by TLC:
  – Fillable Form – Not Scanned or Faxed
  – Accurate and Timely
• You Must Know:
  – If Stand Alone or Combined Group
  – Rules and Subdivisions by FEIN
  – Refer to ENews on TLC Web Site (2/26)
Group Data Change Form

• Used to Change:
  • Group Mailing and Shipping Address
  • Contacts – total of 4 per subdivision
    – Benefits & Billing Administrators
    – Benefits & Billing Executives
Enrollment Form

- READ the Instruction Sheet but Do Not Return It to DHRM. It Contains Special Instructions on:
  - Deadlines, effective dates and Term Dates
  - Initial Enrollment of EE, REE, Medicare REE, Survivors or COBRA/Extended Coverage
  - Spouses of EEs who are also EEs
  - Split Contracts for REEs
  - Transfer of REE, Survivors and COBRA
Enrollment Form

• Used for:
  • Initial Enrollment
  • Change Enrollment
    – Timing of Forms Is Important
  • Waive Coverage
• Complete All Sections – Even for Waivers
• Both Participant and BA Must Sign
Personal Data Change Form

• Used to Change or Correct Employee or Dependent Personal Data
  – Participant Signature not Required on this Form
  – However, BA Must Certify
Group Adjustment Form

- Used to Terminate a Participant’s Entire Record from the Database
- Cancels All Coverage for Participant and any Covered Dependents
- Participants Include:
  - Employees
  - Retirees
  - Survivors
  - COBRA Qualified Beneficiaries
- Do Not Use to Remove Dependents
Administrative Process Questions and Answers

- Wide Variety of Frequently Asked Questions and Answers
- Updated Regularly
- Maintained Under Policies and Procedures on TLC Web Site
Reports

• Regularly Posted to Your HuRMan Folder
• Contain Very Valuable Information on Your Group’s Data
• Important for IRS Form Completion and Routine Plan Management
Reports

• BES Turnaround and Turnaround Summary
  • Created Every Time a Transaction Is Processed
  • Posted Daily
  • Your First Chance to Find Data Entry Errors
  • If Not Daily, Review as Frequently as you Can
Reports

• BES Enrollment Report
  • Two Part Report: Participants and Dependents
  • Created Weekly on 3rd, 10th, 17th and 24th
  • 1st Three Reports Show BES Membership in Effect on 1st of that Month
  • Last Report shows Membership as of 1st of Next Month
  • You Should Review at Least Monthly and Report Errors Immediately
Reports

• BES Exception Report
  • Created on 3rd of Each Month
  • Reports Database Discrepancies that Require Group Attention
  • Cumulative and Remains on Report Until Resolved
  • Examples Include:
    – Invalid SS#
    – Invalid Address
Reports

• BES/ACA Reconciliation Report
  • Created on 3rd of Each Month
  • Reports Your Calendar Year Records in BES
  • Data Used for ACA Employer Reporting
Other Reports

• Persons Eligible for Medicare
• Dependents Approaching Age 26 Termination
• Age 26 Termination Report
TLC ROAD
SHOW
March 2016
Benefit Change Update

- Medicare Retirees for groups that offer it – Dental carrier changed from Delta to Anthem effective 1/1/2016

- Applied Behavioral Analysis services will be provided through Age 10 due to House Bill 1940

- Only people making changes need to complete an application
FAQ’s - Who to Contact

• ID Cards, Claims and Benefit Information
  Anthem Customer Service
  1-800-552-2682
  Billing – Anthem
  Valerie.Hash@Anthem.com
  (804) 354-2368

• Membership – Anthem
  Aretha Young
  aretha.young@anthem.com
  (804) 354-3380

• HuRMan Access and Questions – DHRM
  tlc@dhrm.virginia.gov

• Eligibility
  Walt Norman
  (804) 786-6460
FAQ’s Billing

• Bills cut on the 10th, due on the 1st

• Direct bill – Anthem only provides billing function. You must continue standard employee notification, www.thelocalchoice.virginia.gov
LiveHealth Online

Talk to a doctor anytime – 365 days a year. From the comfort of your own computer or mobile device.

Use LiveHealth Online for:
- Cold and flu symptoms
- Allergies
- Sinus infections
- Family health questions

Enroll at livehealthonline.com or on the free mobile app.
QUESTIONS?

Thank you!
LiveHealth Online Psychology

Seeking help for behavioral health is a big step. That’s why we’ve made it even easier and more convenient to connect to a licensed behavioral health professional.

• Evening and weekend access based on availability

• Ability to schedule the first visit and be seen within four days and, in some cases, on demand

• Ability to interact privately with a psychologist or therapist from a comfortable environment like their home

• Your cost share remains the same as for current in-office therapy benefits

Appointments can be scheduled from 7am to 11pm coast to coast; Psychology is for those 18 and over.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.
Benefit Change

Age Limit has been raised for Applied Behavior Analysis (ABA) on renewal

- Coverage for ages 2 through 10
- Medical Necessity Criteria must be met
- Prior Authorization is recommended
Anthem Employee Assistance Program (EAP)

• The Resources to Make a Difference

  – **Ease of access** – 24/7 call center; online EAP member center/provider finder
  – **Counseling services** – 4 face to face counseling sessions, per incident per year, for employees, covered dependents and household members; continuity of care between EAP and Anthem Behavioral Health benefit
  – **Child and Elder care resources** – Help parents and caregivers with their child and elder care needs
  – **Legal/Financial services** – legal and financial counseling, credit counseling, debt and budget assistance, real estate matters, wills, legal forms, financial calculators
  – **Identity protection** – To help consumers protect their identities and help those who have been victims of identity theft
  – **Work/Life services** – pet care, adoption, relocation, household maintenance and contracting
  – **EAP website** – tools, information and resources [www.AnthemEAP.com](http://www.AnthemEAP.com); Log in Commonwealth of Virginia; then choose The Local Choice
  – **Monthly Promotion/Webinar** – topical focus each month with live webinar
Critical Incident Response (CIR)

For crisis situations or consultation regarding a workplace trauma response which may involve Critical Incident Response Services (CIR) to include having a counselor on site following a tragic event:

To initiate services, call 855-223-9277 and press 1 for CRISIS

Primary reasons included:
- Employee death
- Death of a resident/client
- Worksite accident
Free On-Site Workshops/Trainings

Workshops have been favorably received. Surveys note:
• 92% of employees agreed or strongly agreed that what they learned in the training would make them more effective in their daily work
• 100% indicated they saw value in the training in enhancing their personal development
• Over 97% rated the trainings “Excellent” or “Good”

For Free On-Site Educational and/or Wellness workshops:
• View the catalog on www.AnthemEAP.com under Manager Tools to choose your training topic(s)
• Contact Lynn Vogel lynn.vogel@anthem.com or 804-354-4197 to schedule
• Please provide the topic name, preferred date and time, and location for training
Another EAP tool for Productivity & Presenteeism

Anthem EAP

- myStrength
- Counseling
- Legal & Financial
- Work | Life
- Child Care
- Adult Care
- Convenience Services
- Supervisory Referrals
- Policy Consulting
- Management Consultation
- Critical Incident Response
- Training
- Smoking Cessation
- Policy Consulting
myStrength

Evidence-based, self-help resources offering healthcare providers the ability to meet customer demands, extend access to members, improve outcomes and lower the cost of care.

Confidential

Free
Signing up is easy
Resources tailored to you . . .
Customized Content
The Local Choice RoadShow
March 2016
Delta Dental PPO plus Premier

*Dual-network advantage*

- Members can access the Delta Dental PPO network for maximum savings or the Delta Dental Premier network for maximum provider choice

In 2015:

- 90% of The Local Choice claims were paid to participating Delta Dental dentists
  - *In-network claims have increased over 10% in the last five years*
2016 TLC Dental Benefits

- Dental benefits will continue to be administered by Delta Dental

- Two plan options to choose from with selected Anthem medical plan: **Preventive** or **Comprehensive**

- No changes to current plan designs
Preventive Option

- No contract year deductible
- No contract year maximum (frequency limitations apply to services)
- No coverage for Primary, Major or Orthodontic services

  - 100% coverage for Diagnostic & Preventive Services to include:
    - Two Cleanings and Exams
    - Two Fluoride Treatments for dependents under 19
    - Bitewing and Full Mouth X-rays
    - Emergency Treatment
    - Space Maintainers
    - Sealants for dependents under 19
Comprehensive Option

- $25 individual / $75 family contract year deductible (does not apply to Diagnostic & Preventive services)

- $1,500 individual contract year maximum (does not apply to Diagnostic & Preventive services)

- $1,500 individual lifetime Orthodontic maximum

  - 100% coverage for Diagnostic & Preventive Services
  - 80% coverage for Primary Services
  - 50% coverage for Major Services and Orthodontics
## 2016 Dental Plan Options

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Preventive</th>
<th>Comprehensive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dental Plan Year Deductible</strong></td>
<td>No contract year deductible</td>
<td>$25 Individual, $75 Family</td>
</tr>
<tr>
<td><strong>Plan Year Maximum</strong></td>
<td>No contract year maximum</td>
<td>$1,500</td>
</tr>
<tr>
<td><strong>Preventive Dental Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(routine oral exam and cleaning - twice per contract year, x-rays, sealants and fluoride for children)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Primary Dental Care</strong></td>
<td>Not Covered</td>
<td>80% coverage after deductible</td>
</tr>
<tr>
<td>(fillings, root canal, simple extractions, periodontic services, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Major Dental Care</strong></td>
<td>Not Covered</td>
<td>50% coverage after deductible</td>
</tr>
<tr>
<td>(crowns, inlays, onlays, dentures and fixed bridges)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Orthodontic Services</strong></td>
<td>Not Covered</td>
<td>50% coverage, no deductible, with $1,500 lifetime maximum</td>
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</tbody>
</table>
Networks – High Growth, Low Turnover

Delta Dental’s networks continue to be larger and more stable, experiencing continued growth and low turnover in 2015:

<table>
<thead>
<tr>
<th>Network</th>
<th>Turnover</th>
<th>Growth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delta Dental Premier®</td>
<td>1.2%</td>
<td>5%</td>
</tr>
<tr>
<td>Dental PPO℠</td>
<td>1.4%</td>
<td>10%</td>
</tr>
<tr>
<td>DeltaCare</td>
<td>1.3%</td>
<td>4%</td>
</tr>
</tbody>
</table>

Delta Dental’s Virginia network is 15% larger than any other network.
Networks – Quality of Care

- Dental has dentists on staff to review complex treatment and consult with treating dentist to ensure appropriateness and quality of care

- Comprehensive grievance process
  - Easy to access for enrollees
  - We act as enrollee’s advocate

- All network dentists credentialed to NCQA standards
Superior Customer Service

• Delta Dental’s call center has been certified as a Center of Excellence by BenchmarkPortal for the fourth consecutive year.
  • This prestigious award is given to the top 10% of call centers that demonstrate superior performance on both cost and quality related metrics compared with their industry peers.

• Our satisfaction survey results consistently show customer satisfaction rates in excess of 90%. Last year, TLC specific satisfaction was over 99%.

• The average call wait time for TLC members is 6 seconds.

• Abandoned call rate of 0.51%.
Providing web tools to empower employees

- Informative subscriber landing page
- E-mail EOB’s and reduce costs
- Live Chat
- Real time claims payments
- Cost estimator and FSA reports on line
Website Capabilities for Members

Members are able to:

- View a step-by-step video tutorial and web guide
- Check benefits and eligibility
- Find a dentist
- Check claims status
- Look up average charges for dental procedures
- Download forms
- Learn valuable oral health information
Mobile App

Delta Dental’s Mobile App allows members to get the dental information that they need when they are on the go.

Members can find a dentist, check their coverage and review their claims information.
Pre-tax Documents

• IRS Requires Compliance with Your Section 125 Rules
• TLC Uses COVA Rules Unless You Tell Us that Your Rules Are More Restrictive
• On 2016-17 Data Sheet renewal select “yes” if you have stricter rules than TLC
• Select “No” If Your Rules Are Not More Restrictive
• Example 1: COVA Uses 60 Day Window for QMEs. Unless Updated Recently, Your Rules Probably Allow 30 Days. IRS Penalties Can be Severe.
• Example 2: Can’t Allow Termination for Joining Marketplace Plan Unless Your Document Permits
Gained Eligibility under Medicare or Medicaid

- These qualifying mid-year event election changes are permitted when you, your spouse, or your child enrolls in Medicare or Medicaid (including FAMIS Plus). These changes are voluntary.
- Retiree group participants or their covered family members of retirees who are eligible for Medicare must terminate coverage or enroll in a Medicare-coordinating plan unless they are still in their coordination period for End Stage Renal Disease.

Health Insurance Coverage Changes:
- You may waive your coverage when you become eligible for Medicare or Medicaid.
- You may remove family members enrolling in Medicare or Medicaid, and
- You may change your plan when removing the named individual(s) enrolling in Medicare or Medicaid.
- HMO members must select a primary care physician.
Changes

• eMails to Explain Requests Are Encouraged however Forms Are Required to Make Changes

• Send Forms by One Method Only – **Do Not** Fax or eMail a Form and Follow up with a Hard Copy

• If Submission is Revised or Correction, Mark It as “REVISED”

• Confirm Receipt by HuRMan Report
Coverage Effective Dates

• Request to enroll must be received within 30 days of employment date or newly eligible.
• When request is received by deadline, coverage can become effective on first of month coinciding with or following date of employment if permitted by Personnel Policies and Practices.
• Waiting periods of less than 90 days are allowed.
• Missed deadline requires waiting until Open Enrollment or another consistent QME.
Terminations

• Coverage Ends On End of Month in which Employment Terminates. Unearned Premium Will Be Refunded

• Terms Must Be Timely

• Retro Active Terminations Cause Problems
  – Only 59 Day Retroactivity – You Lose Money
  – Have Liability for Pharmacy Claims
Late Payments

• Premium Due on the First Working Day of Month Payable in Advance
• If Not Received 10 Day Grace Period, Considered Late and Subject to 1% Penalty
• If Premium and Penalty Not Received by 20th of Month, Claims Will Not Be Paid and Community Notified
• ER May Be Obligated to Pay Greater of Past Due Contributions or Incurred Claims Plus Penalty and Damages
TLC Monthly Billing Process

Late Payment will have consequences. Timely payment of premium is key to maintain access to benefits. The Code of Virginia leaves little leeway in its application.

<table>
<thead>
<tr>
<th>ACTION</th>
<th>SCHEDULE</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premium Due</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; working day of each month* payable in advance</td>
<td>10 day grace period. 12% per annum interest penalty applied if payment not received within grace period.</td>
</tr>
<tr>
<td>Delinquency Notice Sent</td>
<td>Sent to employer after 10 day grace period</td>
<td>Past due premium AND interest penalties are due by 20&lt;sup&gt;th&lt;/sup&gt; of month*.</td>
</tr>
<tr>
<td>Claims Payment Suspended</td>
<td>Past Due beyond 20&lt;sup&gt;th&lt;/sup&gt; of month</td>
<td>Claims Payment suspended and the Department of Human Resource Management (DHRM) will place a notice of nonpayment in newspaper to notify covered employees of the delinquency and restriction on paying claims.</td>
</tr>
</tbody>
</table>

*Be sure to allow time for delivery (even if you are using overnight delivery service). Allow 2-3 days for the bank process the check and credit your account. You may want to consider electronic payment.
Retiree Plan Eligibility

Retiree Not Eligible for Medicare

• KA
• HDHP
• Kaiser

Retiree Eligible for Medicare or with Dependent Eligible for Medicare

• A65 or A65 w/DV or Medicare Complementary
Importance of Medicare Supplement

- Retirees Found in Wrong Contract Will Be Retroactively Moved to Correct Contract or Termed
- Medical/MHSA/Dental Claims Will Be Retracted
- Drug Charges Will Be Billed to Member or Group
- Medicare May Charge Late Fee and/or Deny Special Enrollment
TLC Program Review

DHRM Recommendations based on Feedback from Town Hall Meetings:

1. Follow up with Anthem on Specialist wait times in Tidewater.
2. Provide reports to groups to ensure accuracy of data before the Affordable Care Act (ACA) mandate reports are filed.
3. Communicate with TLC groups on the impact of the ACA excise tax as guidelines are developed.
4. Maintain current HDHP design.
5. Gap Plans not be included in TLC options.
6. Encourage regional plans to bid during the next TLC procurement.
7. Not add coverage for hearing aids or to remove lab tests from deductible requirements.
8. Maintain current plan and options for retirees not eligible for Medicare.
10. Maintain current COBRA process.
11. Implement extended coverage training sessions for TLC group benefits administrators.
12. Analyze and consider Shared Services Division for TLC.
13. Provide additional utilization reporting to TLC groups.
14. Complete enchantments allowing BAs access to BES and employees to make elections directly.
15. At procurement, solicit bids for a second tier of unbundled options and implement if practical.
16. Provide ongoing education to current and prospective groups on TLC premium rate development.
17. Implement the following in FY 2018:
   - Reduce the minimum 80% employer contributions to employee only coverage to 70%. This should provide budget relief and still provide protection against an adverse selection.
   - Maintain 75% eligible employees’ participation level, but exclude those participating in other TLC or state employee plans from participation percentage calculation.
18. Permit individual groups to limit spousal coverage for their employees.
19. Allow individual groups to require higher contributions for working spouses beginning after the next procurement ends, assuming that the successful bidder is capable of administering.
20. Maintain the Adverse Experience Adjustment (AEA) protection without modification.
21. Have the actuaries develop an alternate rate structure for review.
22. Educate groups on the annual review process of stop loss levels.
23. Apply the one-plan restriction to groups of 15 or fewer employees, down from the current threshold of 25 or fewer employees.
24. Further communicate the opportunity for feedback at the annual open forum TLC regional review meetings to encourage attendance.
25. Maintain current quote practice and provide rates only when explicitly requested.
26. Allow individual groups to implement their own incentive programs.
27. Continue CommonHealth discount programs.

Legislation - SB 364

• SUMMARY AS PASSED SENATE:

Local option health insurance plan. Allows the Department of Human Resource Management to develop a plan under the local option health insurance plan with benefits similar to those in the state employee health insurance plan and that uses a single rating group.
Questions??

The Local Choice
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