

Putting the pieces together to improve your health

State Employee & Retiree Health & Welfare Benefits Program

Plan Year 2018 Open
Enrollment



Agenda

- Wellness Updates
- ACA
- Plan Updates
- New PBM – CVS Caremark
- MSRP
- SPS Benefits Transition Update
- Open Enrollment
- EBD Updates/Reminders
- HIPAA Refresher (homework)



Wellness

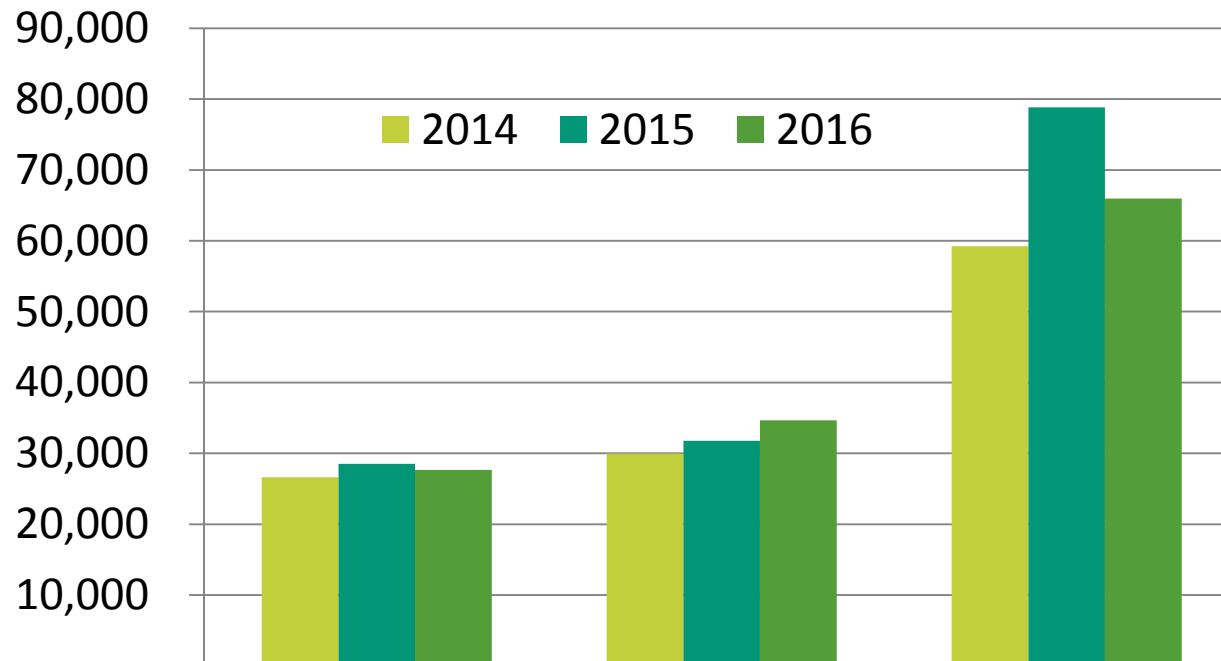


Wellness Plan Participation

	CareFirst	Kaiser	UHC	Total
Selected PCP	73,256	3,805	31,242	108,303
Completed HRA	71,963	3,624	14,574	90,161
Submitted PCP Sign-Off	60,176	N/A	8,096	68,272
Completed All	60,026	589	7,954	66,338

52.3% of eligible enrollees completed all three steps and earned the copay waiver – up from 40% in 2015.

Wellness Plan Improved Key Preventive Screenings



	Mammogram	Colonoscopy	Adult Physical
2014	26,628	29,953	59,211
2015	28,513	31,789	78,818
2016	27,648	34,691	65,961

Compliance Rate Improvement:

2015 > 2014

- Mammogram – 6.3%
- Colonoscopy – 3.2%
- Adult Physical – 31.0%

2016 > 2015

- Mammogram – -2.9%
- Colonoscopy – 7.6%
- Adult Physical – -16.7%

2016 > 2014

- Mammogram – 3.2%
- Colonoscopy – 11.0%
- Adult Physical – 9.1%



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%	
	2015	24,096	14,475	60.1%	14.1%
	2016	24,838	14,687	59.1%	-1.7%
2+ A1C tests in 12 months	2014	26,469	9,741	36.8%	
	2015	24,096	10,867	45.1%	22.6%
	2016	24,838	11,314	45.6%	1.1%
Controlling blood glucose	2014	26,469	6,292	23.8%	
	2015	24,096	11,351	47.1%	98.2%
	2016	24,838	unavailable	unavailable	unavailable

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%	
	2015	86,919	48,404	55.7%	12.1%
	2016	87,113	45,661	52.4%	-5.9%

Wellness Activities 2018

- 2017 activities roll over to 2018
 - If already completed 2017, rewards extend through end of 2018
 - If not completed can complete at any time before the end of 2018
- Activities for \$0 PCP Copay
 - Select PCP
 - Complete HRA
- Activity for \$5 Off Specialist Copay
 - Complete any age/gender preventive screenings due



Wellness Plan Highlights



Free wellness coaching for weight management and nutrition, exercise, stress, heart health, diabetes lifestyle, tobacco cessation



CareFirst: Innergy
United Healthcare: RealAppeal
Free weight loss for 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



No cost video visits if employee completed wellness activities



Free clinical management with nurses for diseases such as diabetes now available



Wellness Events/Seminar Opportunities

- ✓ Agencies are invited to host a wellness fair in the spring of 2017
- ✓ Agencies can also request various 45-60 minutes seminars that promote wellness awareness and education. Two forms offered:
 - ✓ Lunch & Learn
 - ✓ Webinar

Contact Brenda Salas - Wellness Coordinator:
Brenda.Salas@maryland.gov or 410.767.2981



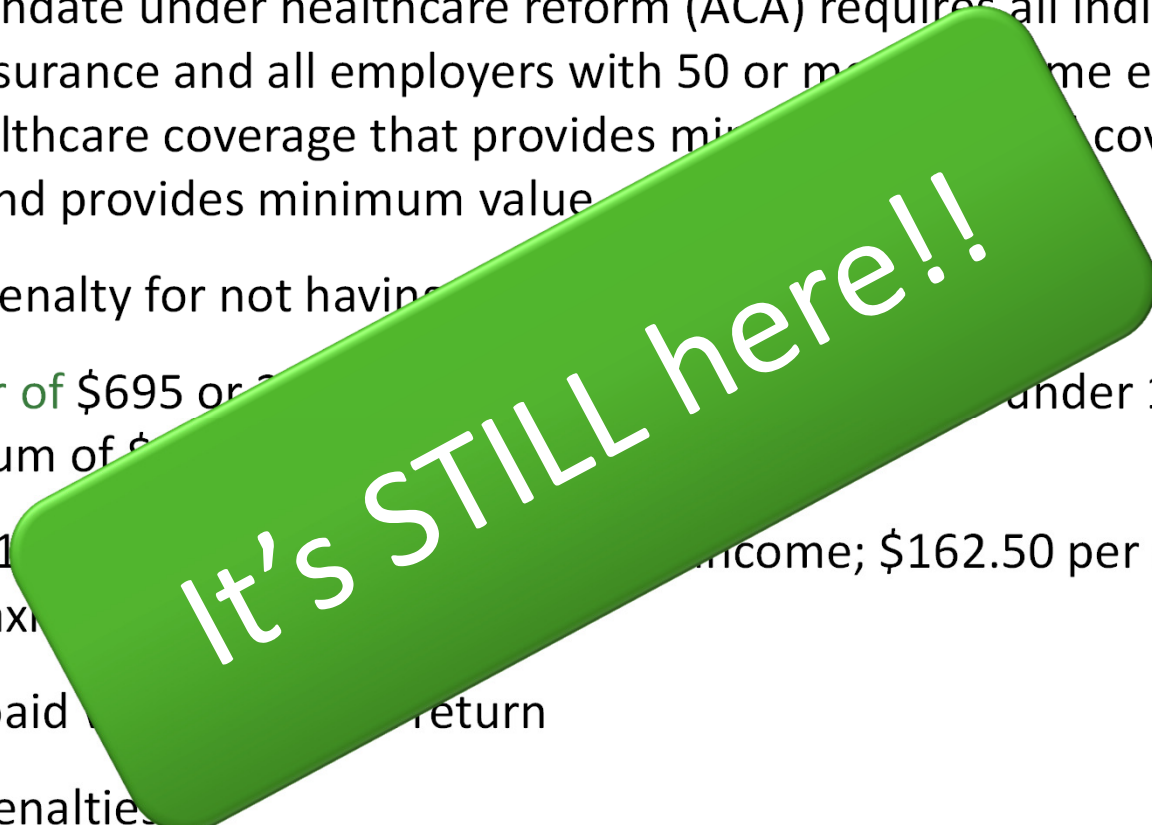
ACA



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 minimum essential coverage
 - Greater of \$695 or 2% of household income for individuals under 18, family maximum of \$1,380
 - 2014: \$95 for individuals under 18, family maximum of \$285; 2015: \$350 for individuals under 18, family maximum of \$1,050; 2016: \$695 for individuals under 18, family maximum of \$2,085; 2017: \$695 for individuals under 18, family maximum of \$2,085; 2018: \$695 for individuals under 18, family maximum of \$2,085; 2019: \$695 for individuals under 18, family maximum of \$2,085; 2020: \$695 for individuals under 18, family maximum of \$2,085; 2021: \$695 for individuals under 18, family maximum of \$2,085; 2022: \$695 for individuals under 18, family maximum of \$2,085; 2023: \$695 for individuals under 18, family maximum of \$2,085; 2024: \$695 for individuals under 18, family maximum of \$2,085
 - Fee is paid through the individual's return
- Employer penalties
 - \$2,160 for failure to offer coverage that meets value and minimum essential coverage
 - \$3,240 for failure to meet affordability



CY2017 ACA Reporting Deadlines

- 1095-B/C Forms must be post-marked by January 31, 2018
 - File with 2016 Federal Taxes
 - DBM EBD must submit file to printer by January 5, 2018
- 1094/1095 Files must be submitted to IRS by February 28, 2018
- EBD will be contacting agencies as needed to obtain information.



Special Limited Open Enrollment Period

- Open Enrollment for those who should be offered subsidized coverage based on the measurement period
 - Measurement period is October 15, 2016 to October 14, 2017
- December 1, 2017 to December 31, 2017
- Forms due to EBD by January 10, 2018



Plan Updates



Eligibility Changes Effective 1/1/18

- New Hire coverage begins first of month following date of hire
- Status changes effective first of month following event date
 - Exception: birth/adoption effective on event date
- Coverage ends the last day of the month



Other Updates

- OJI Documentation must include verification of payment from IWIF or Workers Comp
- State pays subsidy for first 30 days of military leave (employee pays employee portion only)



New Prescription Plan Vendor

CVS Health



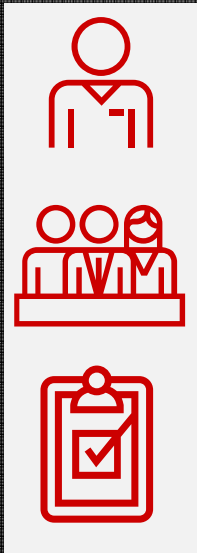
New Pharmacy Vendor

**Agency Benefits
Coordinator Meetings
August 2017**





CVS Caremark is Aligned and Organized for a Successful Transition in 2018



- Largest Pharmacy Benefits Provider with 221 CVS/pharmacy locations in Maryland, 9,600 nationwide, two Mail Order Pharmacies and 11 Specialty Pharmacies -all digitally connected
- National network of over 63,000 pharmacies including all major chains and many independents providing convenient access for employees and retirees
- On-site Account Management to assist with your questions
- Experienced Team including tenured and locally based Account Director and Clinical Pharmacist

We continue to invest in people, technology and systems to help ensure flawless execution of your plan design and pharmacy strategy

Your Transition to CVS/caremark

FILLING PRESCRIPTIONS

- Convenient access to all major chains and most independent pharmacies
- Present new ID card to your pharmacy after January 1, 2018 to refill current or fill new prescriptions

ONLINE CONVENIENCE

- <http://info.caremark.com/stateofmaryland>
- CVS Caremark mobile app-digitally connects CVS Caremark mail order, CVS/pharmacy and CVS Specialty

TRANSITION SUPPORT

- State of Maryland Customer Care Team **1-844-460-8767** starting September 1, 2017
- Current prescriptions from ESI home delivery and ESI's Accredo specialty pharmacy can be transferred to CVS pharmacies – retail or home delivery (or not).

Integrated Pharmacy Experience on Websites and Mobile Apps

Better End to End Experience:

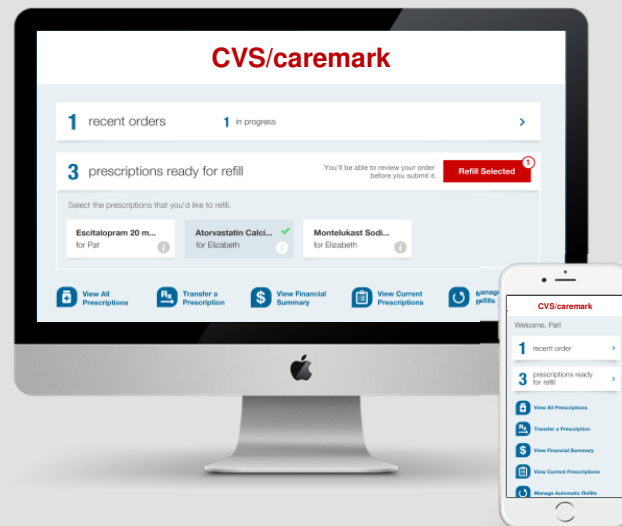
“One Click” Refills and transfer to/from mail and CVS/pharmacy

Visibility of all stages of Rx renewal process

Check drug cost and coverage

Locate a network pharmacy

View ID Card





What is Changing for 2018?

- Employees and Retirees will receive a Welcome Kit, along with two copies of their new prescription ID card, from CVS Caremark prior to January 1, 2018
 - Additional ID cards may be ordered online
- Your existing Rx at Retail can be refilled after 1/1; just present your new CVS Caremark ID Card
- Refills at mail and specialty (Accredo) can be transferred from ESI and available for refill upon normal refill date on or after 1/1/2018, if member chooses
- Specialty prescriptions may be delivered to members home or picked-up at CVS/pharmacy

* Controlled Substances and Compounds will require a new prescription at mail service on or after 1/1/2018.

CVS Caremark will be the Pharmacy Benefits Provider Beginning January 1, 2018



What Remains the Same for 2018?

Plan Design will remain unchanged

- Plan set-up including copay amounts, quantity limits and utilization management will remain the same in 2018
- Formulary will remain the same through 2018
- Members with no claims history in 2017 will follow the CVS Caremark formulary tiering and coverage beginning January 1, 2018
- Clinical Prior Authorizations currently in place with Express Scripts will transfer where applicable—members will remain grandfathered throughout the prior authorization period

Pharmacy Benefit Plan Design and Drug Coverage will remain the same for 2018



CVS Caremark Customer Care

State of Maryland plan members resource:

- Phone lines will open September 1, 2017
 - To help State of Maryland members understand the transition including confirming pharmacy locations, formulary status, etc.
 - Customer care can assist employees and retirees once phone lines open - however no prescriptions can be filled until January 1, 2018
- Employees and Retirees are encouraged to register at <http://info.caremark.com/stateofmaryland> in late December and download the CVS Caremark app to:
 - View the cost of their prescriptions
 - View alternatives available to them
 - Transfer prescriptions between mail and retail (CVS/pharmacy only)
 - Print additional ID Cards
 - Initiate Mail Service refills and new prescriptions

Customer Care for the State of MD – 1-844-460-8767

Key Things to Remember...

ID CARDS

- Mailed to Employee and Retiree in Mid-December
- Remember to present your new card at your retail pharmacy after 1/1/18

MEMBER TOOLS

- Register at <http://info.caremark.com/stateofmaryland> in late December 2017
- Download Digital app **CVS Caremark** for iPhone/iPad and Android

CUSTOMER CARE

Team ready to take your calls as of September 1, 2017

1-844-460-8767

MSRP



SPS Benefits Transition Update

Benefits Transition Update



- Go-Live is September 11, 2017
- DBM/DOiT initial agencies to process HR/benefits transactions
- IVR for OE for all agencies except DBM/DOiT
- BAS remains system of record through **12/31/18**



Benefits Transition Update



- Training to begin early 2018
- Tiered progression from basics to expert
- All agencies process HR/benefits in Workday (or shell record) January 1, 2019
- Web enrollment for fall of 2019!



Open Enrollment




Open Enrollment


- October 12, 2017 to November 15, 2017
- Postcard mailing September 6, 2017
- Summary Statement information as of August 26, 2017
- Packets mailed/delivered around September 26, 2017
- **Final day for ABCs to deliver forms to EBD is November 21, 2017**
 - 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**



Marketing Material Order Form

- New prescription carrier sending supply to all agencies
- ABC can order yearly supplies for other carriers
- Supplies for health fairs ordered by EBD



Health Benefits *Putting the pieces together to improve your health.* 

**OPEN ENROLLMENT FOR CY2018
MARKETING MATERIAL ORDER FORM**

Please use the information below to order marketing materials from the health plans for your yearly supplies.
The new prescription vendor (CVS) will be automatically sending a supply to each agency.

Carefirst http://www.carefirst.com/statemd/yearlysupply/index.html	Delta Dental Kristi Mullins Email: kmullins@Delta.org Fax: 717-766-8719
United Healthcare Liz Trojan Email: elizabeth_p_trojan@uhc.com Fax: 855-443-8790	P&A Group Cindy Brooks Email: brooksc@padmin.com Fax: 716-855-7160
Kaiser Iris Rios Email: iris.g.rios@kp.org	Securian www.lifebenefits.com/mdorder
United Concordia Dental Kelly Chiz Email: Kelly.chiz@uccl.com	

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.

EBD Updates/Reminders



New ABC Liaison

- ABC Point of Contact for:
 - Direct assistance with questions/problems
 - Connect ABCs with training opportunities
- Contact Information:
 - Britney.Scott@maryland.gov
 - 410.767.1248
 - Email is preferred method of communication



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)
- Trainings will resume January 2018 due to open enrollment and benefits transition.



Handy Reminders

- **Social Security Cards**

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



Handy Reminders

- **Enrollment Forms**
 - Need a form for all new hires – even if declining benefits
- **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



Handy Reminders

- **Dependent Verification Audit**
 - Report will be sent in late January 2018
 - Gather your documentation early and hold until report arrives
 - Read DVA instructions carefully - includes deadlines
- **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



Handy 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.
 - Remember to encrypt!



Handy Reminders

- **Secure/Encrypted emails**
 - DBM-EBD uses Virtru to send 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



Handy Reminders

- **EBD and Carrier Contact Information**

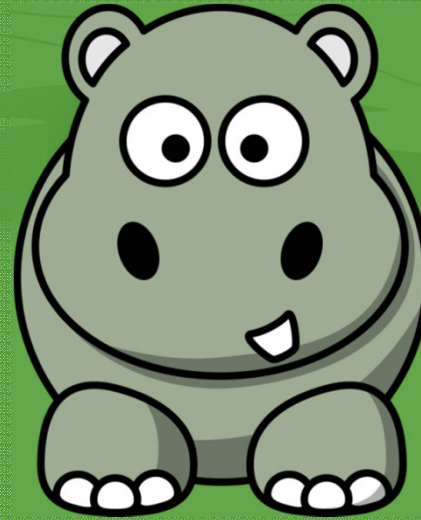
- Provided in your training packet
- **For YOUR use only!**
 - Do not distribute this information to employees; provide customer service contact information to employees



Questions?



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:

- Individual requests his/her own PHI
- Limited data set (i.e., information is de-identified)
- 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”)
- 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.