

GROUND RULES

1. All attendees are muted
2. Use the Q&A feature to ask questions related to Open Enrollment
3. Be patient
4. Presentation will be available on the DBM Website-ABC Corner



WELCOME!
We are glad you are with us today. The meeting has not started yet... we will begin in a few minutes. These will be the Ground Rules for the meeting.

State Employee & Retiree Health & Welfare Benefits Program

Plan Year 2020



**Satellite
Agency Benefit
Coordinator**

**Open Enrollment
Training**

- EGWP Update
- Open Enrollment
- DVA changes
- ACA
- Special Limited Open Enrollment
- Important Reminders
- Wellness
- Vendor Highlights
- HIPAA Refresher



Employer Group Waiver Plan (EGWP)

Employer Group Waiver Plan “EGWP”

Commonly referred to as, “EGWP”, pronounced, “egg whip” is a Medicare Part D prescription drug plan option that is offered to Medicare eligible retirees.

It is composed of a Medicare Part D program and includes a wrap around that fills the gaps generally associated with Medicare Part D plans.

EGWP Update

- *Fitch v State of Maryland* court case
 - Injunction granted in federal court
 - No change to current EGWP – EGWP continues until court case resolves
 - This may take several years to resolve
 - Employees should base decision to retire on the usual determinations
- There will be updates on the DBM Health Benefits website as they become available --- dbm.maryland.gov/benefits
- A letter was issued to Medicare eligible retirees and employees on 9/1/2019.

Open Enrollment

Open Enrollment

- October 15, 2019 to November 14, 2019
- 30 days only! No extensions! No correction period!
- Postcard were mailed on September 5, 2019
- Packets mailed/delivered on or around September 26, 2019
- The IVR system will **NOT** be utilized for this years Open Enrollment
- Send enrollment forms to EBD as you receive, review and approve/sign them, send forms to, Enrollment.EBD@Maryland.gov
- **The final day for ABC's to email forms to EBD is November 20th**
- You must use encryption tool and/or password protection of the file
- **Send password in separate email**
- **Dependent Verification Audit (DVA) Process Changes**

Dependent Verification Audit (DVA) Process Change

- If an employee adds a qualifying dependent during Open Enrollment they **MUST** attach the supporting documentation to the Open Enrollment form.
- If the required dependent(s) documentation is not attached, the newly added dependent(s) will be removed from Open Enrollment coverage. They will **NOT** have coverage effective 1/1/2020!
- Please reference page. 39 of your 2020 Benefit Guide to determine what official documentation is required for each dependent.

Affordable Care Act (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.

- No Individual penalty for not having health coverage in **2019**
- Employer penalties
 - \$2,320 for failure to offer coverage that meets value and minimum essential coverage
 - \$3,480 for failure to meet affordability

CY2019 ACA Reporting Deadlines

- 1095-C Forms must be post-marked by January 31, 2020
 - DBM EBD must submit file to printer by January 6, 2020

- Data collection continues...

Special Limited Open Enrollment

Special Limited Open Enrollment Period

- Open Enrollment for Satellite employees who should be offered subsidized coverage based on the Measurement Period as required by ACA
 - Measurement Period is October 15, 2018 to October 14, 2019
 - This enrollment will occur during the regular Open Enrollment timeframe from October 15th to November 14th

Important Reminders

Important Enrollment Reminders

- Employees must enroll within 60 days of eligibility, unless the employer has a waiting period.
- Enrollment choices are “locked in” for the plan year, unless the employee has a qualifying event.

Important Reminders

Qualifying Events

- ✓ Change in employee's legal marital status
 - Marriage
 - Divorce
 - Court ordered legal separation
 - Death
- ✓ Reduction in hours causing ineligibility for benefits
- ✓ Change in the number of an employee's dependent children
 - Birth
 - Adoption
 - Addition of step-children
- ✓ Change in employment status of the employee, spouse or dependent, if it affects eligibility for the plan or benefits
 - Spouse or dependent gain or loss of coverage
- ✓ Involuntary loss of group health coverage under plan of governmental or educational institution.
- ✓ Child Support Order that requires medical coverage

Wellness

Wellness Activities 2020

- Activities Reset January 1, 2019
 - PCP election rolls over from year to year – do not have to re-select unless changing to a different PCP
- Activities for \$0 PCP Copay
 - Select PCP – see above
 - Complete HRA (Health Risk Assessment)
- Activity for \$5 Off Specialist Copay
 - Complete any age/gender preventive screenings due

**REWARDS EARNED IN 2019 CONTINUE
THROUGH December 31, 2020!**

Vendor Highlights



CareFirst has partnered with Sharecare, Inc. to bring you a new wellness program that puts the power of health directly in your hands.

You can access the program's personalized tools whenever and wherever you want, either online or through the mobile app.

This wellness program is administered by Sharecare, Inc., an independent company that provides health improvement management services to CareFirst members. Sharecare, Inc. does not provide CareFirst BlueCross BlueShield products or services and is solely responsible for the health improvement management services it provides.

Wellness resources

The program offers motivating digital resources you can access anytime, anywhere including:

- **RealAge®:** In just a few minutes, the RealAge online health assessment will help you determine the physical age of your body, compared to your calendar age
- **A personalized health timeline:** Receive recommendations, content and services
- **Trackers:** Connect your wearable devices or enter your own data to monitor sleep, steps, nutrition and more
- **Challenges:** Provide extra motivation for achieving your health goals
- **A health profile:** Access your important health data all in one place



As part of your wellness program, you have access to additional support resources like:

- Health coaching
- Weight management
- Tobacco cessation
- Financial well-being



Getting started

Visit carefirst.com/sharecare

You'll need to:

- Enter your CareFirst account username and password, and
- Complete the one-time registration with Sharecare.

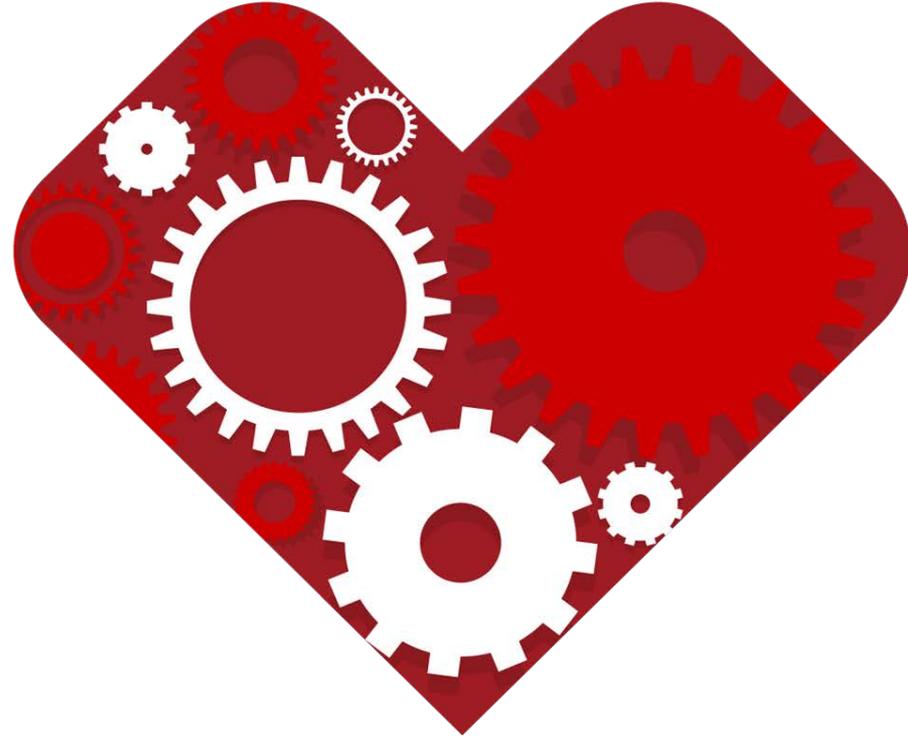


You can earn rewards for taking steps to get and stay healthy!

- **Earn \$0 copay visits with your PCP** for selecting a primary care provider (PCP) and completing the RealAge test
- **Earn a \$5 copay reduction for specialist visits** by completing one of the recommended screenings listed at carefirst.com/statemd-screenings

Transform Diabetes Care

- A personalized, connected approach to reduce complexity and improve outcomes



Livongo:

A New Approach to Diabetes Management

CELLULAR CONNECTED BLOOD GLUCOSE METER



- Automatically uploads BG data
- Provides personalized insights
- First meter with remote software upgrades
- FDA-cleared with touchscreen

REAL-TIME DATA ANALYTICS



- Clinical data analytics drive behavior change
- Personalized rules engine provides insights and educational content
- Coaching delivered at the times that matter most on multiple devices

24 / 7 / 365 INSIGHTS & REAL-TIME SUPPORT



- Personalized coaching and trends management
- Live interventions triggered by acute alerts

FREE UNLIMITED SUPPLIES



- Strips and lancets shipped directly to member
- Automated reordering based on usage

This slide contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with CVS Caremark.



MinuteClinic diabetes preventative monitoring visits

- Helping patients monitor their condition and prevent complications



Clinician review of medical history and lifestyle factors

Visit includes

- | | |
|-----------------------|-------------------------------------|
| A1C test | Comprehensive foot & eye exam |
| Blood pressure check | Cholesterol test |
| Body mass index (BMI) | Microalbumin test (kidney function) |

Provides personalized, results-based tips, education, and follow-up recommendations

Results can be shared with patient's physician through the patient EHR



1,100+
MinuteClinic
locations in 33
states and D.C.



2,300+
Providers
(NPs/Pas)
nationwide



95% overall
patient
satisfaction



Up to 80%
savings over
higher costs of
care

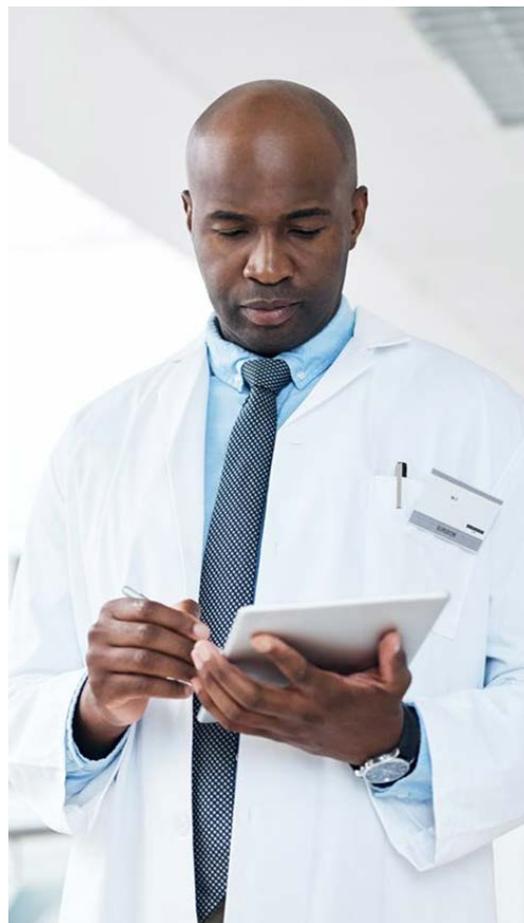
Source: Press Ganey Satisfaction Survey Results, 2013.
Comparing Costs and Quality of Care at Retail Clinics with That of Other Medical Settings for 3 Common Illnesses," Annals of Internal Medicine, August 2009. Savings will vary based upon a variety of factors including things such as plan design, demographics and programs implemented by the plan.
Image source: CVSHealth Creative Resource Library, accessed 2019.



Care team connectivity provides insight to patient activity outside of scheduled visits

Pharmacy

Outreach from retail stores by fax communication notifies prescribers of any gap in their patient's medication therapy and the opportunity to take action



Call Center

Our call center pharmacists will reach out to the prescriber if we believe a medication or dosing change may be appropriate for the patient



MinuteClinic

Engages the primary care provider through:

- Results within EHR
- Visit summary
- Phone (for immediate questions during visit)



Connected Meter

Members can share glucose readings and health summary reports with their physician and care team, offering the ability to closely monitor behavior and outcomes



Marketing Material Order Form

- ABC can order yearly supplies for other carriers
- Supplies for health fairs ordered by EBD



OPEN ENROLLMENT FOR CY2020 MARKETING MATERIAL ORDER FORM

Please use the information below to order marketing materials from the health plans for your yearly supplies.

Carefirst http://www.carefirst.com/statemd/yearlysupply/index.html	Delta Dental Shannon Zelko Email: szelko@delta.org Fax 717-766-8719
United Healthcare Dylan Brucie Email: dylan_brucie@uhc.com	United Concordia Dental Kelly Chiz Email: Kelly.chiz@ucci.com
Kaiser Iris Rios Email: iris.g.rios@kp.org	P&A Group Cindy Brooks Email: brooksc@padmin.com Fax: 716-855-7160
CVS Megan Mann Megan.Mann@cvshealth.com	Metlife The new Life/AD&D carrier will be sending supplies to all agencies.

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

Plan:

Your Information:

Benefits Coordinator/Requestor's Name:

Phone:

Email address:

Agency:

Shipping Address:

Quantity of Materials 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.

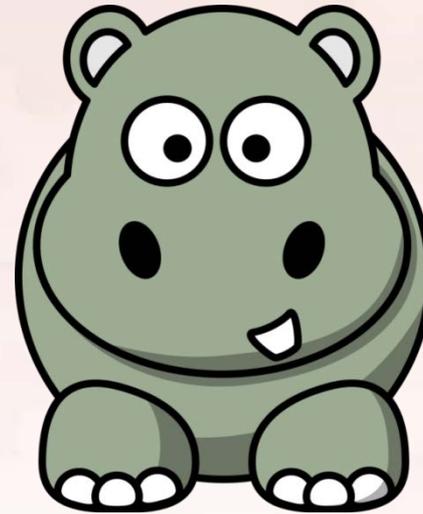


Reminder

- **Benefit Guides**
 - All new hires **MUST** have access to the benefit guide (hard-copy or website URL)
 - Most up-to-date version is always available on EBD website for printing
 - **Read the benefit guide! A lot of changes to policies and procedures have been made!**



HIPAA Refresher



HEAALTH
INFORMATION
PAIN
AND
AGGONY

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.

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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

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.

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

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.

Questions?



Thank You!

