

**Combined Notes from
Local Education, Central State, Local Government and Higher Education
ABC Conference Calls
January 13 and 14**

Materials and Communications:

- **ABC Conference Call Schedule:** [A list of the 2015 scheduled conference calls](#) is posted on the [ABC webpage](#) and attached for your convenience. Please note: We may have additional dates to add as we near the annual enrollment period and throughout the enrollment period.
 - **You'll see some dates are actually on the third Tuesday or Wednesday of the month (these are highlighted on the document).** We did this to keep the ABC calls together and in the same week.

- **Continuing Insurance at Retirement Guides:** These guides are updated and posted on the BA website under the retirement page (http://tn.gov/finance/ins/for_retirement.shtml).
 - The updates were minor and primarily focused on dependent coverage for the Tennessee Plan Medicare supplement coverage. Here are direct links to the guides:
 - State and Higher Education:
http://tn.gov/finance/ins/pdf/retirement_guide_st.pdf
 - Local Education: http://tn.gov/finance/ins/pdf/retirement_guide_le.pdf
 - Local Government: http://tn.gov/finance/ins/pdf/retirement_guide_lg.pdf

ParTNers for Health Wellness Program

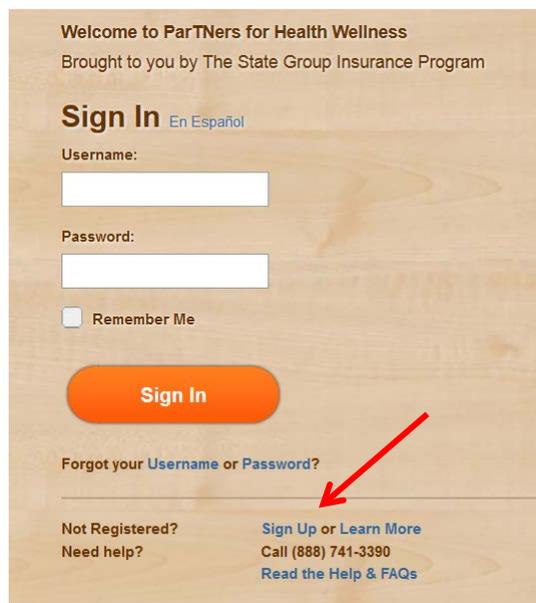
- **Well-Being Assessment (WBA):** A reminder that Partnership PPO members must complete their WBA by March 15. This includes the head of contract (HOC) and covered spouse if applicable. Dependent children do not have to complete the Partnership Promise.
 - As a reminder, if you did not complete the Well-Being Plan in 2014, you will have to do so before accessing the 2015 WBA. Members who need to can complete the 2014 plan very quickly. It allows tools and resources to be tailored to the individual.

WBA QUESTIONS

- **Local Education Question:** Only members enrolled in the Partnership PPO have to complete the WBA?
 - **Answer:** Yes, completion of the WBA by March 15, 2015 is a Partnership Promise requirement for Partnership PPO members. Limited and Standard PPO members have access to the WBA and are more than welcome to participate, but it is not a requirement.

- **Local Education and Local Government Question:** If a member has not completed the Well-Being Plan in 2014, will he or she get a pop up explaining that it needs to be completed before the 2015 WBA can be done?

- **Answer:** Yes, there will be a prompt regarding the Well-Being Plan. Once a member completes the 2014 Well-Being Plan, he or she will be able to start the 2015 WBA.
- **Local Government Question:** Will ABCs receive a list of employee usernames and passwords for the WBA?
 - **Answer:** We will not send this information to ABCs. The WBA contains protected health information and the usernames and passwords are unique to the individual member. If a member has not set up an account, he or she will need to go to My [Wellness Log In](#) found at the top on partnersforhealthtn.gov and click on ‘Sign Up’ at the bottom of the page. The member will need to create a username and password.



- If a member needs assistance, the Healthways call center can help at 1-888-741-3390.
- **Local Education Question:** If an employee just added a spouse to his or her insurance, will the spouse receive a username and password to complete the WBA?
 - **Answer:** We do not assign username and passwords for the WBA. The spouse will need to create a username and password by going to My [Wellness Log In](#) and click on ‘Sign Up’ at the bottom of the page (see image above).
 - If he or she needs assistance, the Healthways call center can help at 1-888-741-3390.

- **Local Government Question:** Many of our employees do not use a computer and will not be able to complete the WBA online. Is an ABC allowed to assist?
 - **Answer:** If a member does not have access to a computer, he or she can call Healthways at 1-888-741-3390 for assistance in completing the WBA.
 - If you set up a computer for members to use, please keep in mind that the WBA contains personal health information. We ask that the computer be set up in a way that no one can see the information being entered.

- **Local Education Question:** If an employee transferred from another school system to ours effective 1/1/15, would the employee need to complete the new hire Partnership Promise requirements?
 - **Answer:** We treat the employee as a transfer and not a new hire. If the employee is enrolled in the Partnership PPO he or she will need to complete the 2015 Partnership Promise requirements by the 2015 deadlines.

- **Welcome Mailer (HOC and Spouse):** Last week, Healthways started to mail information about the 2015 Partnership Promise.
 - This year, we are sending the information to both the HOC and covered spouse. The HOC mailers started dropping in mailboxes last week and the covered spouse mailer goes out this week. We provided ABCs copies of the mailer in the January 5 ABC email. (The [2015 email archive](#) can be found on the [ABC webpage](#) in the Weekly Email box.)
 - Members who are signed up to receive reminder emails from Healthways also received an email last week reminding them of the 2015 program requirements and to let them know to be on the lookout for the mailer. Another program reminder will start going out on January 19.
 - Email messages will be tailored to members i.e. WBA deadline reminders unless the member has already completed the WBA.

- **Physician Screening Form (PSF) Fax Number Change:**
 - OHD has provided the state with a new dedicated fax number: **972-823-0684**. The previous number is still in use and any forms sent to that fax number will be processed for the State of Tennessee.
 - All materials have been updated with the new fax number as of January 9.

- **Physician Screening Form (PSF) Received Email Confirmation:** Below is the email participants will receive once their Physician Form is received **via fax** by OHD. The email will be sent from: no-reply@onsitehd.com.
 - **Please note that the confirmation email is currently only available for those who fax in the form, not for ones mailed or uploaded.**

Subject line: Fax Confirmation: Screening Results Received

Email Text:

Onsite Health Diagnostics received your physician screening form via fax. Please allow 10 business days for us to process your results and Healthways to post them to your online Well-Being Account. We will notify you if there are any issues with your form.

Please note that this mailbox does not respond to email messages.

If you have a question about the ParTNers for Health Wellness Program, please email partnersforhealth@Healthways.com or call 1-888-741-3390.

Thanks,
The ParTNers for Health Wellness Team

PSF RECEIVED EMAIL CONFIRMATION QUESTIONS

- **Local Government Question:** Will an employee automatically receive the email or is there something he or she has to check or fill out in order to receive it?
 - **Answer:** The member would need to provide an email when ordering the form for the OHD website. Only members who have provided an email address will receive the email confirmation.
- **Physician Screening Form (PSF) Upload:**
 - As we mentioned previously, members now have another option to submit the PSF in 2015. The upload option is now available to members. Instructions on how to upload the form are available on the scheduler and attached to this email.

PHYSICIAN SCREENING FORM UPLOAD QUESTIONS

- **Local Government Question:** What is the website where the completed form can be uploaded?
 - **Answer:** Upload the completed form to: <https://my.onsitehd.com/restricted/signup/tn>. **Note:** only members have the ability to upload the PSF. Physicians who send in the form for members will have to either fax or mail in the form.
- **Higher Education Question:** Is the physician responsible for sending in the form? Can members request the completed form and upload it themselves?
 - **Answer:** Physicians can fax or mail in the completed form but at this time they cannot upload the form. Healthways is working on a physician upload option.
 - Members can request the completed form from the physician's office and fax it in, mail it in or upload it themselves.

- **Physician Screening Form (PSF) Upload Confirmation:**
 - Once the form has been successfully uploaded, the screen will read: “Thank you. Your form has been successfully received”. Please **print this page** as confirmation your form has been successfully received.

PHYSICIAN SCREENING FORM QUESTIONS:

- **Local Education Question:** Is there a difference between the biometric screening form and the physician screening form?
 - **Answer:** No. It’s the same form. To complete the biometric screening, a member will need to print off the [physician screening form](#) and take it to his or her doctor to complete. After signing it either the doctor or the member can send it in.

- **Local Education Question:** Are biometric screenings required for all members or just those called about health coaching?
 - **Answer:** For the 2015 Partnership Promise, only members who are called for coaching will need to also complete a [physician screening form](#) by July 15, 2015. Of course new hires (and covered spouses) and new members, between now and Sept. 1, have 120 days from their insurance coverage effective date to complete both the WBA and a biometric screening at their doctor’s office.

- **Local Education Question:** If someone participated in coaching in 2014 and it carries over into 2015, does he or she need to complete another biometric screening? Or, will the WBA determine this?
 - **Answer:** Coaching does not end at the calendar year. Coaching for lifestyle management is reassessed on a 12-month cycle. A member will be notified of the need to continue coaching and if the biometric screening is needed for 2015.

- **Local Education Question:** Will Healthways be providing on-site screenings this year?
 - **Answer: No.** It is not a requirement for all members to complete the biometric screening for 2015 so we will not be conducting on-site screenings.

- **Local Education Question:** Will members receive reminders about the biometric screenings?
 - **Answer:** Members who are in coaching will receive reminders through the mail and phone calls.

- **Transfer Notification and Appeal Policy Update:** Healthways will begin to notify members of their transfer (and appeal rights) after each missed deadline.
 - The goal is to create more member accountability by notifying a member immediately if they miss a requirement and allow an opportunity for an appeal immediately as well.
 - This allows for ongoing, immediate clean-up and appeals processing throughout the program year.
 - Timing of transfer notices:
 - **Well-Being Assessment** – Healthways will send transfer notices several weeks after the March 15 deadline to all Partnership PPO members who have not completed a WBA between January 1, 2015, and March 15, 2015.
 - **Biometric Screening:** Healthways will send transfer notices a few weeks after the July 15 deadline to all members required to participate in coaching for 2015 that have not completed a physician screening form between July 16, 2014, and July 15, 2015, but have completed the WBA and are coaching as required.
 - **Coaching:** If a member does not respond to the failed attempt letter within 14 days of the post-marked date of the letter, then they will receive a transfer letter. This would be on going throughout the year. The member would have a completed 2015 WBA on record.

TRANSFER NOTIFICATION AND APPEAL POLICY QUESTIONS

- **Local Government Question:** Will ABCs receive notification lists of members who are being transferred?
 - **Answer:** No, we will not send out a list of members who are being transferred. We did not share a list in 2014 either. The list is not real time and outdated almost immediately after it is created, adding to member confusion and frustration, and a higher call volume to our vendor.
 - **Local Government Question:** Do the letters go to the member's work or home?
 - **Answer:** The letters are sent to the member's address that we have on file.
- **#ImAParTner Wellness Goal Campaign:** BA is launching a new wellness goal campaign called **#ImAParTner**, which encourages members and all employees to set a 2015 well-being goal and to share it or post in their work space. Information about the campaign, how to print and download the form and how to share it on our social media pages ([Facebook](#) and [Twitter](#)) is found on the [ParTners for Health homepage](#).

PARTNERS FOR HEALTH **WORKING HEALTHIER TN**

Be a State of Tennessee PartNer

- 1 WRITE** your well-being goal for 2015 on the form
- 2 PRINT** or save the document
- 3 POST** it where you will see it every day or share on social media using #ImAParTner

#ImAParTner

PARTNERSHIP PPO QUESTIONS

- **Local Education Question:** Are new Partnership PPO members required to have a biometric screening?
 - **Answer: New Hires** (including a covered spouse) and new members are required to fulfill the 2015 Partnership requirements within 120 days of their insurance coverage effective date. These include completing the online [Well-Being Assessment](#) and getting a [biometric health screening](#). We have posted a handout for new plan members. Please remember to give new plan members a printed copy of the [handout](#).
- **State Question:** Will Healthways notify a new hire (and covered spouse) and new member about the 2015 Partnership Promise requirements?
 - **Answer:** Yes, Healthways sends a notice of the requirements and those requirements need to be completed within 120 days from insurance effective date.
- **Local Education Question:** Do employees hired January 1 or after have 120 days to complete the Partnership Promise requirements?
 - **Answer:** New members hired on or after January 1 need to complete the requirements within 120 days from insurance coverage effective date. We posted a chart to assist with the completion date, [click here](#) and scroll to the section titled '2015 New Employees and Newly Covered Members' to view the information and chart.
- **Local Education Question:** What about employees hired in November and December 2014. Do they need to complete the requirements in 120 days?

- **Answer:** If a member's insurance coverage effective date is between September 1, 2014, and December 31, 2014, the member does not need to complete the 2014 Partnership Promise requirement for new members. He or she will need to complete the 2015 Partnership Promise requirements for members.
- **Local Education Question:** If an employee was hired in September 2014 and has not completed a biometric screening, does he or she need to have one on record for 2015?
 - **Answer:** He or she would need to complete the 2015 Partnership Promise requirements. Those include completing the WBA by **March 15, 2015** and actively participating in coaching if called. If called, the member must complete a biometric screening by **July 15, 2015**. All members must keep contact information current with your employer (spouse would keep contact information updated with Healthways).
- **Local Education Question:** Will a member be notified if he or she needs coaching?
 - **Answer:** Yes, Healthways will send out letters to members newly required to coach.

Operations:

- **Oracle Identity and Access Management (OIAM also known as OIM):** The Oracle Identity and Access Management (OIAM) update is scheduled for January 20, 2015. As a reminder, OIAM is going to be the new way to log in to Edison and is a new software solution. OIAM will add additional security to make the site safer and will ask employees to select security questions and a screenshot image.
 - January 9 – An introductory email went out to all users and contained a link to Training material.
 - January 12 – First Outage (Edison will be down) Reminder email went out to all users. The email contained a Training reminder.
 - January 16 – Final Outage Reminder email to all users.
 - **Edison will be down from Friday, January 16 at 5 p.m. until Tuesday, January 20 at 6 a.m. Central time.**

OIAM (OIM) QUESTIONS:

- **Local Education Question:** Do you have any suggestion for members who are confusing this with signing up for self-service on Concord?
 - **Answer:** Please remind members that the Concord system is for Tennessee Consolidated Retirement System. It is a different system and members will need to set up Edison using the new login information.

- **Local Government Question:** Will ABCs' username and password be reset as well?
Answer: The username will be the same. You will receive a temporary password and you will need to use that temporary password to reset a new one.
- **Local Government Question:** Our agency uses Google Chrome as the internet browser. Will it work with the new software?
 - **Answer:** The state has not extensively tested Google Chrome because it is not the internet browser the State uses. If you have issues using the new OIAM software in Chrome, try using another browser. After you have logged in and set up the new log in, you should be fine to use other internet browsers.
- **Local Government Question:** For members who receive the 1/20/15 email, will those temporary passwords expire after 90 days?
 - **Answer:** Yes, after 90 days the temporary passwords will expire. We will reset the passwords in the fall, as we get closer to the open enrollment period.
- **Higher Education Question:** Will Edison passwords change again for annual enrollment in the fall? In addition, is the change necessary?
 - **Answer:** Yes, we will reset the passwords again before annual enrollment. The change is necessary but we will evaluate the process next year depending on how many members sign in and set up the new security measures.
- **Local Government Question:** I am in the process of setting up a new group this week. Will my employees receive the email letting them know they need to set up new passwords?
 - **Answer:** If the employees have email addresses in the Edison system when the emails are generated, they will receive the email letting them know about their new password. If their email addresses are not in Edison, you will receive the information to send to them. .
- **Higher Education Question:** Will ABCs receive a list of usernames and passwords for this project?
 - **Answer:** ABCs will receive a list for members who do **not** have an email address saved in Edison. The temporary password structure is: LASTNAMEXXXX(last four digits of the member's social security number)
- **ABC Workshop – Oracle Identity and Access Management:** Benefits Administration will be conducting a workshop showing how to log into the new Oracle Identity and Access Management security piece of Edison that will go live on January 20.
 - Two workshop dates are available. Please register for only one workshop using Enterprise Learning Management (ELM):

- January 20, 9:30 a.m. to 10:30 a.m. CT
- January 21, 2:00 p.m. to 3:00 p.m. CT

WORKSHOP QUESTIONS:

- **Local Education Question:** Do we sign up for the workshop on the BA website or in Edison?
 - **Answer:** Sign up using Enterprise Learning Management (ELM). You will need a separate log in for ELM. If you do not remember your information or need assistance, please call the BA service center at **1-800-253-9981** and someone can assist you.

- **Local Government Question:** Will there be a reminder email about the workshop?
 - **Answer:** The information is listed in the Friday, January 16 email and ABCs will need to sign up through ELM. There will not be a reminder email sent out next week.

GENERAL QUESTIONS

- **State Question:** An employee added a spouse to his or her dental plan during open enrollment. Should the spouse receive a new dental card?
 - **Answer:** Yes. If he or she has not received it yet, it is best for the spouse to reach out to the carrier to request a new card.

- **Local Government Question:** An employee changed plans during open enrollment. Should the employee receive a new insurance card?
 - **Answer:** Yes. If he or she has not received it yet, it is best for the employee to reach out to the carrier to request a new card.

- **Local Government Question:** If an ABC needs REMEDY training, where can he or she locate that information?
 - **Answer:** REMEDY information is listed on the ABC webpage at <http://tn.gov/finance/ins/abc.shtml> under the Remedy Information box.

- **Local Education Question:** What is the query we can run to show us if our members' email addresses are in Edison?
 - **Answer:** TN_BA302_PERSON_AND_JOB

- **Higher Education Question:** Are there any updates on the Affordable Care Act?
 - **Answer:** Not at this time.

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Materials and Communications:

- **Local Ed/Local Gov - Aon Hewitt Employer Responsibility under PPACA Webinars:** Aon Hewitt will offer webinars on “Employer Responsibility under PPACA”. Three different dates will be offered and each webinar will cover the same information. Please share these dates with your fiscal and executive directors.
 - As we get closer to these dates, we will provide more information including how to register with Aon in an upcoming ABC email.
 - **March 5, 12:00 p.m. - 2:00 p.m.**
 - **March 6, 9:00 a.m. - 11: 00 a.m.**
 - **March 11, 12:00 p.m. -2:00 p.m.**
 - **Registration information is not yet available.**

WEBINAR QUESTION:

- **Local Gov Question:** Is the PPACA webinar on March 5, 6 and 11 (Employer Responsibility under PPACA) for our department that handles taxes and payroll?
 - **Answer:** Yes, you will just need to pick one webinar date.
- **#TakeItToHeart:** As February is American Heart Month, BA is launching a new social media campaign focused on your heart - *your emotional heart*. Having a healthy emotional heart could help relieve stress, help battle depression and have physical benefits. You and your employees can join us by showing how you are taking steps to be heart healthy and happy.
 - Members can post photos on our Facebook and Twitter pages using **#TakeItToHeart**. We encourage everyone to get creative on what it means to take it to heart!
 - We’ll be providing additional tools that you can use during this time to help you become and stay heart healthy.
 - Members can go to HERE4TN.com and go to the **Check it Out** box for more information

Benefits Vendor

- **State/Higher Ed - Minnesota Life Presentation:** Michael Kretman with Minnesota Life joined us on calls this week and shared information on the new LifeSuite Services for employees. We have posted Michael’s [presentation](#) on the [ABC webpage](#), in the **Conference Call Notes** box under **Presentations-2015**.
 - ABCs with specific questions about LifeSuite can contact Michael directly at Michael.kretman@securian.com.
 - This week, Minnesota Life will send a letter with brochures to all members about LifeSuite Services. We have **attached** a sample letter and copies of the brochures as a reference.

MINNESOTA LIFE - LIFESUITE SERVICES QUESTIONS

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- **Question: Is there a cost for LifeSuite Services?**
 - **Answer:** Services are available at no additional cost, except there could be potential charges for travel assistance. For example, if an employee's luggage is lost and he or she needs emergency funds for items lost, the emergency funds would have to be reimbursed.

- **State Question:** This is a benefit only for employees enrolled in basic life?
 - **Answer:** Yes, all full-time, benefits eligible employees who are automatically enrolled in state's basic term life program have access to LifeSuite Services with Minnesota Life.

- **State Question:** So, this has nothing to do with those enrolled in Optional term life?
 - **Answer:** Correct, all full-time benefits eligible employees with basic life insurance have access to LifeSuite Services.

- **Higher Ed Question:** If I'm traveling in a foreign country, does this help us get back to this country?
 - **Answer:** Yes, if you need to evacuate, are injured or seriously ill LifeSuite can help arrange for transportation to fly you back.

- **Higher Ed Question:** Covered at what cost?
 - **Answer:** No cost, as long as the employee is enrolled in basic life, LifeSuite Services are available to him or her.

- **Higher Ed Question:** How will the beneficiary know to reach out to PricewaterhouseCoopers (about Beneficiary Financial Counseling)?
 - **Answer:** With the benefits claim payment of \$20,000 or more, a brochure will be mailed to the beneficiary and at that point the beneficiary will have to reach out to PricewaterhouseCoopers.

- **Higher Ed Question:** How will our members find out about this?
 - **Answer:** A letter with brochures will be mailed to all eligible members at the end of this week.

- **Higher Ed Question:** Should the ABCs include this in new hire orientations?
 - **Answer:** Yes, or you can add the websites to your new hire information.
 - **LifeBenefits.com/travel**
 - **LegacyPlanningResources.com**

- **Higher Ed Question:** Are dependents that may be in a foreign country also covered?
 - **Answer:** Yes, they are covered for travel assistance as long as they are not in the foreign country longer than 12 months.

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ParTNeRS for Health Wellness Program

- **Well-Being Assessment (WBA):** As a reminder, **Partnership PPO members must complete their WBA by March 15.** This includes the HOC and covered spouse if applicable. Dependent children do not have to complete the Partnership Promise.
 - **WBA completion numbers (as of 2/11): 43,671 (37%) of our members have completed their WBA.**
 - **Reminder emails** will continue to go out to those who have not yet completed this requirement. Healthways is also making outbound calls to those with no email address on file.
 - **Healthways call center hours:** The WBA deadline is on Sunday this year.
 - The Healthways call center will be open on Saturday, March 14 from 8:00 a.m.-8:00 p.m.
 - The call center will **not** be open on Sunday March 15, but members may leave a message between 8:00 a.m. and 8:00 p.m. to request a call back for assistance with the WBA. Healthways will follow up with those members and they will receive credit once the WBA is complete. Members do need to leave a message if they call on Sunday, March 15. The voicemail will prompt members for the information needed to return the call (e.g., name, return phone number, Caremark ID #, etc.).
 - **Please encourage your members to complete their WBAs as soon as possible to avoid any issues or delays in completing the requirement.**
 - **Well-Being Plan no longer required to complete the WBA:** We mentioned on last month's call that if a member had not completed the Well-Being Plan from 2014, they would have to do so before accessing the 2015 WBA. Healthways made an update to the system to allow members to go straight to the 2015 WBA. As a reminder, members do have to complete the plan to access any other tools, resources or challenges in WBC.
- **Physician Screening Form Waist Measurement Data:** On the Physician Screening Form (PSF), members must include their waist measurement. This is the most often left out piece of information that Healthways has to try and get from our members. Members now have an option to provide this information when signing in to the OHD site. It is not a required field to be able to download the form. We have included a screen shot image of the page showing where members can enter this data:

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Register for a Physician Screening Form

Member ID

Email

Birthday

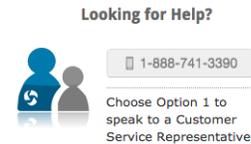
mm dd yyyy

Gender

Male Female

Which are you? Employee Spouse/Domestic Partner

Waist circumference: not required to register but is required in your completed form if not provided here



WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Do all participants who are required to coach have to complete a Physician Screening Form (biometric screening) in 2015?
 - **Answer:** Yes, all participants who are required to coach have to get a biometric screening in 2015. Healthways is sending out letters to those members required to coach and those who need to continue to coach. Their coach will also remind them of the biometric screening requirement.

- **Local Ed Questions:** Do participants in the Limited PPO have to complete a Physician Screening Form (PSF)?
 - **Answer:** No, they are not required to participate in the Wellness Program or get a biometric screening (complete a PSF).

- **Local Ed Question:** If members already have a coach, do they have to complete a screening for 2015?
 - **Answer:** Yes, they will receive a letter and their coach will remind them to get a screening.

- **Local Ed Question:** When I went to do my WBA, all of my numbers (biometric screening results) were in there – I just left them alone. So, will the form (Physician Screening Form) from my doctor will override this?
 - **Answer:** Yes, when your new results come in from your doctor, these results will update in Well-Being Connect. You can see those results in the “My Records” tab section of Well Being Connect once you have signed in to your account.

- **Local Ed Question: If you don’t need a coach, will you be notified?**
 - **Answer:** No, you will only be notified if you are required to coach. If you are required to coach you will receive an introduction letter explaining the

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coaching requirement, next steps, and the necessity to complete a Physician Screening Form as well.

- **Local Ed Question:** If employees are having problems with health coaches not calling at their scheduled appointment time, whom should they contact?
 - **Answer:** ABCs can send a request to benefits.info@tn.gov and we can research the issue for the member.

- **Local Ed Question:** If you don't need a coach, do you still need to complete a PSF/get a biometric screening?
 - **Answer:** No, this year only those who are in coaching or new hires with coverage effective dates from January 1 through August 1 have to complete a biometric screening in 2015.

- **Local Ed Question:** Are all participants in the state insurance program "required" to do a physical each year, no matter what plan?
 - **Answer:** Only those members in the Partnership PPO. If you are in the Limited or Standard PPOs, you do not have to complete a biometric screening. If you are in the Partnership PPO, for this year, you only have to complete a biometric screening if you are required to coach or are a new hire with coverage effective dates from January 1 through August 1, 2015.

- **Local Ed Question:** I have been waiting for an answer on an appeal since December, is there a time limit on those as well?
 - **Answer:** You can send information to benefits.info@tn.gov and we will have Healthways research the appeal.

- **Local Ed Question:** Is the Limited PPO required to complete the WBA?
 - **Answer:** No, they are not required, but these members do have access to the WBA and the other tools and resources available on Well-Being Connect.

- **Local Ed:** I was not notified of approved appeals and you may want to check your billing for accuracy.
 - **Answer:** Correct, the ABC can continue to run the ineligible report or you can review your monthly billing reports. There are still a few appeals being cleaned up. Going forward, we will only overturn an appeal if the member had already been approved to be overturned and there was an error transferring the member back to Partnership.

- **Local Ed Question:** Do employees receive the same email notices that we do pertaining to the Partnership PPO?
 - **Answer:** Yes, if you receive the program emails (from Healthways) for those employees we have an email address for, the employee also receives

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the Partnership program email reminders. We do often send information in the ABC email asking you to forward this information with links or a flier directly to employees.

- **Local Ed Question:** I have a couple of employees who have stated they completed the requirements, but were moved to the Standard plan. Will we be notified or as I am hearing, are we to look at the billing or run a query? I told them to contact Healthways as the time frame for an appeal process was over.
 - **Answer:** If they completed the requirements and did not file an appeal, Healthways would not know that they wanted to appeal. The appeal deadline is past. If there is indication that an error was made you can send the information to benefits.info@tn.gov and we can work with Healthways to research, but the appeals deadline has passed.

- **Local Ed Question:** I have an employee who was moved to the Standard PPO. After I have contacted Healthways it was confirmed he would be on Standard, however we are being billed with him on the Partnership PPO? What do I need to do?
 - **Answer:** Send a secure email with the member's information to benefits.info@tn.gov, attention Paige and we will forward to Healthways to research.

- **Local Ed Question:** Should employees still be receiving health coaching calls if they changed insurance plans as of January 1, 2015? What if this is the spouse?
 - **Answer:** Send a secure email with the member's information and we will have Healthways research the issue.

- **State Question:** If you have already done your physician screening form, where should we report the waist measurement?
 - **Answer:** If you did not include it on the form, you will be contacted by OHD or Healthways to provide that information.

- **Local Gov Question:** Is BA still promoting the Site Champions and Wellness activities? I haven't received an email about that in a long time.
 - **Answer:** Yes, and we will add your contact information to our email list.

- **Local Gov Question:** Not all members are required to do the physician screening form (get a biometric screening), correct?
 - **Answer:** Yes, only those who are required to coach and new hire/new employees are required to get a biometric screening in 2015.

- **Local Gov Question:** I kind of think I need to be in coaching. Do I have to get another biometric screening if I am called to coach?

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- **Answer:** Our insurance resets on the calendar year, however, the screening timeframe is from July 16, 2014 through July 15, 2015. You can also call Healthways and opt in to coaching.

Operations:

2014 ABC Survey Results: BA shared the 2014 ABC survey results by plan. We have attached your plan's survey results for your reference. Based on feedback we have received from you, we have implemented the following:

- **Service Center Employee's knowledge, consistency and attitude**
 - BA conducts QA assessments for 10 phone calls, 10 document and 10 Remedy tickets per Service Center employee per month using a standard QA evaluation form.
 - BA conducts independent QA assessments for two phone calls per Lead- the staff member who conducts the QA assessments for BASC employees.
 - Results of Phone, document, and Remedy QA assessments are used for internal coaching.
 - Phone, document and Remedy QA ratings are incorporated into Smart Goals and performance measurements of each Service Center employee.

Additional required annual training:

- BASC adopted a Recalibration approach to training our staff.
- Test of **over 100** questions given after a two-day Plan Document training session.
- Requirement is to pass with a grade of 100.
- Operations Leadership training and test-scheduled Feb 11 and 13.
- BASC staff will be attend training and take the test in March.
- We will "recalibrate" annually each spring.

- BA implemented a Knowledge BASE database for BA internal use with our Plan document and procedures documented to ensure consistency with answers and keying in 2014. The system has Google search capability.

- If an ABC experiences inconsistent or inaccurate answers or attitude, please report it immediately to Tony DelPriore at tony.delpriore@tn.gov, Patrice Steinhart at Patrice.steinhart@tn.gov or benefits.info@tn.gov so that we can pull the call, Remedy ticket, or document for coaching purposes.

- **Speed of response**

In response to your recent feedback from the ABC customer survey, the Benefits Administration Service Center has opted to try to make our response time data more transparent. On the ABC calls each month, we will give you a report of our call center's call volume and wait times. This data will be placed in the monthly notes for your review.

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Overall data: January –

- Calls taken - 6306 (315.3 calls per day – 20 working days)
- Average wait time – 1:00 (one minute)
- Highest Maximum wait time – 10:41 on January 26
- Average of the maximum wait times for the month – 0:04:41

We will discuss reasons if the wait time is longer than expected on the monthly calls.

Remedy tickets	January
Submitted	6225
% Resolved w/in 36 hours	99.39%

- Calendar and Blackout dates are communicated monthly to ensure timely processing of documents.
- **Local Ed/Local Gov/Higher Ed – External Agency Calendar:** As a reminder, we place a calendar on the ABC website on a monthly basis showing when you can run your **Premiums Due/Collections Applied reports** and what the cutoff is for sending in documents to be effective the first of the next month. This calendar is located in the “**Edison Information**” box on the [ABC website](#).
- **Dedicated Representative Call Center Queue Teams:**
 - Approximately two years ago, the Benefits Administration call center changed our work process to form teams for each entity (State, Local Education, Local Government and Higher Education). Our call queues were set up to route calls to your specific entity so that each team consisted of subject matter experts and over time would be familiar with your policies, processes and individual ABC’s. We are working toward making your customer experience better and ensuring your issue gets resolved in the shortest amount of time possible. The teams are listed below:

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Manager – Peggy Birthrong

The Local Ed team:

Stephanie Stedry
Velma Chesser
Teresa Rhodes
Dawn Monceaux
Tanisha Johnson

The State Team:

Tameka Allen
Jereme Sanders
Kris Molstad
Larrissa Sweatt
Thomasa Clemmons

The Local Gov Team:

Jason Smith
James Wormann
Kim Smith
Tamara Tisdale

The Higher Ed Team

Brenda Hamner
Pam Goodwin
Melissa Servais
Nakeisha Myles

- **Remedy**
 - **Web Remedy focus group in February:** Based on feedback, Remedy has been updated to allow a ticket status of “Cancelled.” This status is used when BA closes a ticket instead of resolving it because not enough information was provided and the ABC cannot be reached. This makes it easier for the ABC to see that the ticket was not resolved. We are also working on changes to the ABC Web Remedy page based on feedback from BASC staff. These changes will be shared with an ABC Focus Group that is being set up this month. We will make changes based on this ABC feedback.
 - **Remedy attachments:** Generally speaking, attachments should not be included in Remedy. We do not accept enrollment forms or any other BA forms through Remedy.
 - **Remedy Focus Group:** We would like to get ABC feedback on our Remedy ticketing system by holding a meeting through a webinar similar to the ABC Training sessions. We asked for volunteers to participate last fall. Due to Annual Enrollment, this meeting was put on hold. We are now ready to conduct this. If you expressed interest last year, we already have your information and will reach out to you directly. If you are interested in participating, please email Benefits.Info@tn.gov.

REMEDY QUESTION

- **Local Ed Question:** I have had to submit Remedy tickets for some basic enrollment changes just because it had been over a week and changes were not showing in Edison. Is there a specific turnaround time for changes to be keyed once forms are uploaded in Edison or faxed in?
 - **Answer:** As long as all of the documentation is received the typical turnaround time is 36 hours. If we need additional documentation, we will have to wait until that documentation is received. Once we receive the

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form there is a 48-hour turnaround until you can see it in Edison, it may not be keyed yet, but you will be able to see the documentation.

- **Local Ed/Local Gov/Higher Ed: PPACA 1095-C Form:** In 2015, employers will not need to provide the 1095-C to the employees. You will have to do so in 2016 for the 2015 enrollment information .
 - Employers will be responsible for submitting the required reports to their employees and the IRS. BA can report dependents and the amount billed to you, but we don't know the premium amount that each member pays.
 - We encourage all agencies to go to www.irs.gov to look at the forms and instructions.
 - **Local Gov/Local Ed:** As a reminder, a letter was sent to directors of schools, Local Gov and Local Ed ABCs about the requirements for the 1095-C and minimum essential coverage. That letter contained links to more information about this reporting.
 - We will provide more information later in the year to assist you in filling out these forms.

PPACA 1095-C FORMS QUESTIONS

NOTE: The following answers should not be interpreted as legal advice. We strongly encourage you to visit IRS.gov and <http://www.irs.gov/pub/irs-pdf/i109495c.pdf> for information including sample forms and instructions. If you have questions either about the answers provided here or information found on the IRS website, you should consult your legal counsel.

- **Local Ed Question:** When you say that we didn't have to do the 1095-C form turned in, 2016 will contain 2015 info, right?
 - **Answer:** Yes, 2015 plan year information.
- **Local Gov Question:** Is the 1095-C form going to include the 2015 information, but we don't send until 2016?
 - **Answer:** Yes, that is correct.
- **Local Gov Question:** Is it just a form that shows what each employee has paid for his or her insurance?
 - **Answer:** It is a little more complicated – we recommend looking at sample forms and instructions on the internet at IRS.gov. Basically, you have to tell if the employee had coverage for any part of the year and dependent coverage.
- **Local Gov Question:** Is the information we gather just the amount the employer pays for each employee?

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- **Answer:** No, the forms require for the employer to put the amount that the employee paid for coverage for each month of the year. We encourage you to visit www.IRS.gov to look at the forms and instructions. Resource links were provided in the letters recently mailed to agencies about the 1095-C form and minimum essential coverage.
- **Local Gov Question:** Is the information we gather (1095-C form) just the amount the employer pays for each employee?
 - **Answer:** The actual amount charged to the employee has to be provided.
- **Local Gov Question:** If the city doesn't pay for all of the insurance premiums do we still have to do these forms (1095-C)?
 - **Answer:** Yes, this is something the employer has to do for each employee.
- **Local Gov Question:** Is the amount reported only the amount deducted from the employee, or is it the actual premium cost of the plan?
 - **Answer:** It is the amount that the employee pays. You provide the employer portion on the W-2.
- **Local Gov Question:** Should we have done this for 2014 year? Is it not a requirement for the 2014 year?
 - **Answer:** No, you did not need to do this for the 2014 reporting year.
- **Local Gov Question:** Will this need to go out with W-2's next year (1095-C)?
 - **Answer:** ABCs can go to www.IRS.gov for more information about the 1095-C form. You may also find information found at this link helpful: <http://www.irs.gov/pub/irs-pdf/i109495c.pdf>.
- **Local Gov Question:** Will all employers send out the 1095-C or does it only apply to large employers?
 - **Answer:** We refer you to www.IRS.gov or you should check with your legal counsel with questions about the 1095-C.
- **Local Gov Question:** If we cover all of the premium costs and are small employer of eight, do we have to report that amount on the W-2? If we cover all of the premium, do we need to file the forms 1095-C?
 - **Answer:** You could be considered a large employer if linked to other municipalities and the combined number of employees is fifty or more. This is really a question for your legal counsel.
- **Local Gov Question:** When will this reporting begin?
 - **Answer:** The reporting needs to be provided in 2016 for the 2015 plan year – started this January 2015.

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- **Local Ed/Local Gov/Higher Ed: Annual Security Audit:** We will be sending out the annual security audit within the next couple of weeks. The email will contain a spreadsheet attachment that lists the ABCs who have access to your department's information in Edison. Please review this and respond to the email stating if it is correct. If it is not correct, you will need to submit a security form to add or remove users.

ANNUAL SECURITY AUDIT QUESTION

- **Local Ed Question:** Can you send out the form with that email for audit?
 - **Answer:** The email you receive will include where you can download the security form.

- **Local Ed/Local Gov/Higher Ed: OIAM Update:** Going forward, you will no longer receive a spreadsheet with your new employee login information. This will now be provided through individual emails to the ABC.
 - The only exception to this is the password resets for Annual Enrollment. These resets will be sent in a spreadsheet format because this is a separate process.

- **Local Ed - Change to 25-Hour Rule:** Benefits Administration recently learned that requiring completion of 24 months of employment may put the plan and employer at risk with regard to waiting period provisions of PPACA. While the applicability of this rule to our plan is not clear, to avoid any possibility of penalties, Benefits Administration recommended to the Local Education Insurance Committee that the employment requirement for the 25-hour rule be changed from 24 months to 12-months and was approved during the last Insurance Committee meeting.
 - This change will occur to medical coverage as well as voluntary dental, long-term care and vision coverage effective July 1, 2015.
 - **There are currently 78 employees covered under the current 25-hour, 24-month criteria. Seven schools systems have resolutions on file:**
 - Cocke County Schools
 - Coffee County Schools
 - Hawkins County Schools
 - Marshall County Board of Education
 - Meigs County Board of Education
 - Putnam County Schools
 - Washington County Schools
 - **These school systems with current resolutions may adopt the new 25-hour, 12-month criteria or opt-out of that plan provision.** Employees already covered by the 25-hour rule may keep coverage provided that their employer school systems maintain the 25-hour resolution and they work a minimum of 25 hours per week.
 - Eligibility for new 25-hour employees and employees of school systems adopting resolutions in the future will be evaluated subject to 25-hour, 12-month criteria.

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25-HOUR RULE QUESTIONS:

- **Local Ed Question:** The 25-hour rule goes into effect July 1, 2015?
 - **Answer:** Yes, that is correct.

- **Local Ed Question:** Is this for people who work for 12 months now, instead of 24 months?
 - **Answer:** Yes, if your agency agrees to continue with the 25-hour rule.

- **Local Ed Question: Can we get more information on the 25-hour rule?**
 - **Answer:** If your agency participates in the 25-hour rule provision means that any support staff employees who have been with you for 24 months are eligible for insurance. Starting July 1, this is changing to 12 months and then they are eligible. It is our understanding that agencies that currently have resolutions on file need to agree to the rule change. The other option is to opt out. We only have seven school systems on file currently and we will send a letter to those agencies.

- **State/Higher Ed - Effective Date of Coverage:** Benefits Administration continues to evaluate and recommend opportunities to reduce the cost of insurance to the state and our members. We have identified an opportunity with the begin date of coverage. The State Insurance Committee approved at its January meeting moving the coverage begin date from the first of the month after hire to the first of the month after one full calendar month of employment. The change will be effective July 1, 2015. Making this change means the State and Higher Education will realize an annual \$3.5M recurring cost savings in employer premium payments (savings based on CY2013 hire and premium data). Additionally, new employees will not pay for coverage that most don't need and many don't use, for a net savings of \$472,264 for employees.

1st month #	State and Higher Ed Premiums Paid	Employee Premiums Paid	Claims Paid	Employee Savings
4372	\$3,551,152	\$887,789	\$415,525	\$472,264

- Total State and Higher Education savings of \$3,551,152 are calculated using CY 2013 enrollment and premium data. Employee savings are the net of employee premiums paid in and claims paid out.
- Currently, the state and employees pay premiums in advance of the coverage month, with coverage beginning the first of the month after hire. All employees hired after the 15th of the month owe two months of premiums in the second month of employment. As our claims research shows, many newly hired employees don't have the opportunity to use the benefit that they are required to pay. Therefore, this change relieves the financial burden for new hires of paying

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- for a benefit that many don't use in the first month. In addition, the double deduction for two months' premiums requires manual intervention for Benefits Administration and F&A Payroll and is a hardship for many new employees.
- In a survey of 18 public sector states/municipalities, most offer coverage either: 1) 1st of the month after one calendar month (or 30 days) of employment, 2) hire date (offer free basic plan to all eligible), or 3) 1st of the month after hire (our current practice). Benefits Administration surveyed 1,017 new employees with hire dates from 6/1-10/31, 2014; 260 central state new hires responded. The results show that 76 percent had health coverage at time of hire, 35percent had double coverage that overlapped with state coverage, and 13 percent were without coverage for more than two months before coverage began with the state.
 - Benefits Administration met with representatives from DOHR, UT, TBR, F&A Accounts and F&A Edison. All parties agreed that changing the coverage begin date to the first of the month after one calendar month of employment appeared to have no operational impacts. Based on the results of the survey of newly hired state employees, most have coverage at time of hire.

EFFECTIVE DATE OF COVERAGE QUESTIONS

- **State Question:** So we are basically going back to the old way. If someone is hired on second or third of a March, he or she will not get insurance until the first of May?
 - It's a little different. Coverage will begin on the 1st of the month after one full calendar month of employment. It is not based on first working day of the month as before. The change is effective on July 1, 2015. So, if an employee is hired on July 6, his or her coverage effective date would be September 1. Or if an employee is hired on Monday, 3/2 the first working day of the month, the employee must work one full calendar month (in this case April) to be eligible for coverage on May 1.
- **State Question:** Effective date of coverage and going in to effect – when would the insurance be due?
 - **Answer:** With an August 3 start date, coverage effective date is Oct 1, and the premium will be deducted from your Sept 30 check.
- **Higher Ed Question:** If the effective date of a new hire is the first working day of the month, will the coverage be effective the first of the following month?
 - **Answer:** Only if the first working day of the month is the first day of the month. For example, in February the 1st is a Sunday. Unless they start on Sunday the 1st, their coverage will not go into effect until 4/1.
- **Higher Ed Question:** Will this have an effect on ACA effective dates?
 - **Answer:** No, if you are talking about someone who is eligible – state is using a 90-day administrative period and if an individual, ACA only gives you 90 days.

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- **State/Higher Ed: Cancel Request – Foregoing last month of coverage:**
 - If an employee is terminating coverage from our plan and requests to forego the last month of coverage (not have the extra premium taken out of their last check), they only need to submit a letter requesting this action. A cancel request and proof of other insurance IS NOT required.
 - In addition, this request must be made prior to the payroll deadline for the month in question. Once the premium is taken, it will not be refunded.

CANCEL REQUEST QUESTIONS

- **State Question:** If they are terminating their coverage, you are saying payroll confirms? For example, February confirms on the 23rd.
 - **Answer:** BA has to be notified before the cutoff with time in order to confirm the Feb 28 paycheck. We will need to receive the documentation by the date that is included on the agency calendar listed as the date that we have to receive all documents in order to guarantee it will be keyed for the upcoming payroll.
- **Higher Ed Question:** Did I understand correctly that the option to term coverage one month early for terminating employees is effective immediately?
 - **Answer:** Yes.
- **Higher Ed Question:** I am thinking of retirees who I am counseling right now.
 - **Answer:** The termination process is excluded for retirees. We already have a process in place so there is a smooth process for active employees changing to retiree coverage.
- **Higher Ed Question:** Back to this cancellation request – we are no longer required to send a cancellation? Do I need to request that this comes from the employee? How do we know? We still have folks that bypass us and don't go through the ABC, we cannot catch that one individual how are we going to know to stop billing? If you get this directly from the employee, are you going to process without us knowing about it?
 - **Answer:** We are talking about the last paycheck when they are terminating. The letter needs to be generated by the employee but go through the ABC. If we receive information that an employee is cancelling – the BA team will reach out to the ABC.

This question came in to the BI email box:

- **Higher Ed Question:** After the conference call, I am confused about the insurance coverage date. So all the resignations I have this month in February and I have already cancelled their insurance in Edison for March 31, 2015 will have to be fixed by the BA for February 28, 2015 even after I have told them their insurance termination date will be March 31, 2015. Please advise.

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- **Answer:** The coverage end date is remaining the same. Previously, employees could submit a Cancel Request form if they wanted to stop their coverage a month early due to termination, but they had to provide proof of other coverage. Effective immediately, we will accept a letter or email from the employee (through the ABC) and cancel based on that.

GENERAL OPERATIONS QUESTIONS:

- **Local Ed Question:** I have keyed an enrollment that is showing on 2-4, I just checked and the enrollment is not in there?
 - **Answer:** Send the email to benefits.info@tn.gov, attention Patrice and we will forward to her to check on the enrollment.

- **Local Ed Question:** Is any supporting documentation required when an employee reaches age 26 and is dropped from their parents insurance?
 - **Answer:** If the parents have the State Insurance coverage, just note in the “Notes to Benefits Administration” located on the bottom right of the application that he/she aged off their parents State Insurance coverage. BA can verify this in Edison.
 - If the parents do NOT have State Insurance coverage, you will need to submit documentation of what coverage was lost (medical, dental, vision). As for the reason that the coverage was lost, you can mark on the application in the Notes to Benefits Administration section, “Aged off parent’s coverage”.

- **Local Ed Question:** I need to add the employee to our insurance because she is aging out of her parents plan and needs our coverage. What do I need to do?
 - **Answer:** Complete the enrollment form and include that she is aging out of the parents plan on the top of the form.

- **Local Ed Question:** Where do we enter the email addresses for new hires?
 - **Answer:** At this time, only the employee can add the email address in the “My System Profile” page in Edison.

- **Local Ed Question:** About OIAM update and passwords, I did not receive the ID#, only the password. I had to call BA to start the process. Is there a standard ID# or will it be the Edison ID#?
 - **Answer:** The Edison ID should be sent unless the employee was previously in Edison with another schools system or with the state. The ID# is then not included, and if the employee doesn’t know the ID, he or she will need to call the call center. For new employees, the ID should be in the email.

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- **Local Ed Question:** If we edit to the modify person will it work and edit to modify? If we add the email address to the Modify Person contact page, will it work?
 - **Answer:** No, it is not tied to the Edison system and does not benefit the employee.

- **Local Ed Question:** If the employee puts his or her email address on the enrollment form, does this work for new hires?
 - **Answer:** No, the employee needs to enter the email address themselves. Information on how to do this is included in instructions for logging into Edison the first time.

- **Local Ed Question:** We sent in emails as requested and apparently not all were put in, or they could not be put in, what happened?
 - **Answer:** We entered all of the email addresses received by the deadline given last fall. If you sent email addresses after that deadline, we were not able to load them.

- **Local Ed Question:** How are other ABCs communicating the new Edison sign on to their employees? I received 1300 sign-ons and now have to distribute that many.
 - **Answer:** If an ABC received passwords for all, they don't have to do anything right now as we will reset these for the Annual Enrollment Period. As an ABC, you may want to schedule a time to help employees login and set up their passwords. It is up to you how and when you communicate this information. This fall, the process will be slightly different and we will email you a list of IDs and passwords and we mail a letter to employees.

- **Local Ed Question:** A lot of our employees don't have email. How are they going to receive the information?
 - **Answer:** We will mail a letter to employees, or you can help them when you receive the list of passwords.

- **Local Ed Question:** But if an employee changes their password now, will they have to it again in the fall? As for the email addresses the employee has to go in and do that, we as ABCs cannot, correct?
 - **Answer:** Yes, if they change their password now, they will have to go in and reset it again in the fall. At this time, only the employee can enter his or her email address into Edison.

- **Local Ed Question:** So if they have already done the security questions and such now, will they have to do it again in the fall?

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- **Answer:** No, they will have to set up a new password, but whatever security questions and image the employee set up will still be in there.
- **Local Ed Question:** How do we get our employees to go in there to have the correct email address? When I received my list nearly everybody had an old email address from five or more years ago.
 - **Answer:** Ask the employees to login either now or this fall to enter their email address.
- **Local Gov Question:** What about Anthem?
 - **Answer:** Information about the Anthem breach was sent with the Friday, February 6 ABC email. Additional information was also included in the Friday, February 13 ABC email.
- **Local Gov Question:** Does ACA require a certain number of days to keep a termed employee on insurance before terming their coverage and offering COBRA?
 - **Answer:** No. But the State does have certain requirements. Coverage will end at the end of the month following the month in which the employee terminated.
- **Local Gov Question:** I know covered dependent goes until age 26 for health insurance, does this include dental? I have an employee that was on parents' coverage, but now is being dropped due to turning age 23. Can they enroll in dental?
 - **Answer:** Yes, this would be a qualifying event if they are being dropped due to loss of eligibility from other coverage. You will need to submit documentation of what coverage was lost (medical, dental, vision). As for the reason that the coverage was lost, you can mark on the application in the Notes to Benefits Administration section, "Aged off parent's coverage".
- **Local Gov Question:** If we have suggestions, where can we send these
 - **Answer:** Send to benefits.info@tn.gov.
- **Local Gov Question:** This coverage, is this just medical or does it include dental and vision?
 - **Answer:** Reporting requirements for PPACA are just medical coverage.
- **Local Gov Question:** Is the dental age limit for dependents age 26?
 - **Answer:** Yes.
- **Local Gov Question:** Is there a possibility of including the coverage term date on the TN_BA_207 dependent term query report?

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- **Answer:** Operations is looking into this.

- **Local Gov Question:** If I have employees on TennCare, and they are joining the state insurance, they can no longer have TennCare and do they need to report to TennCare? If the employee is eligible for state coverage, he or she is not supposed to have TennCare, correct?
 - **Answer:** You will need to have this individual contact the office of TennCare to determine his or her eligibility.

- **Local Gov Question:** What is the administrative period that the state is using for PPACA purposes?
 - **Answer:** The State uses a period from October – October. The exact dates change every year. Coverage for these employees is effective January 1 of the next year.

- **Local Gov Question:** So does your measurement split the month of October 14, 2015 to October 15, 2016?
 - **Answer:** The measurement period changes every year because we report on a Sunday through Saturday basis.

- **Higher Ed Question:** So will we continue to receive an email every time we enter a new employee?
 - **Answer:** Yes, that is correct.

- **Higher Ed Question:** Will there be a change in termination for insurance coverage?
 - **Answer:** Yes, it can be a letter or an email. The request needs to be by the deadline for state agencies for submitting documentation before it is confirmed. On the external calendar is the cutoff date and if submitted by that date, then we can remove it from your bill.

- **Higher Ed Question:** I have one professor who has been bombarded with emails and calls trying to get him to sign up for government healthcare. Anyone else have employees complain or mention this? Is this related to the Anthem breach? This employee did have a previous plan through Anthem.
 - **Answer:** Because of the PPACA deadline many organizations are sending information. From Amy with BCBS: We are in constant contact with Anthem and as we learn more information, we will reach out to the state and the communication team to get information out to ABCs.

- **Higher Ed Question:** Can a field be added to job data for the email address? Also, if an email address is added when a Remedy ticket is created does that get logged for the employee?

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- **Answer:** No, we cannot add a field for job data but we are working with the Edison team to see if there is another solution. At this point, the email address is not added with the Remedy ticket – only the member can add in his or her email address in ESS.

- **Higher Ed Question:** What about adding to the modify an employee?
 - **Answer:** If you put an email address there it won't be tied to their account and they won't receive an email from Edison. "My System Profile" is where the employee needs to enter his or her email address in Edison.

- **Higher Ed Question:** If the term coverage date is changed, is this for July 1 or later?
 - **Answer:** Central State is working toward July 1. We are working with Higher Ed to see if July 1 will work.

- **Higher Ed Question:** When we receive emails from BA stating clarification is needed for something we uploaded to Edison, are there a certain number of days we should be given for returning missing documents. Recent emails have been 5, 7 and 10 business days.
 - **Answer:** When an analyst puts a document in suspense due to a lack of information or documentation the general rule would be 10 days in suspense. However, if BA received a request on the 25th day of the 31 day enrollment period, the analyst would place the document in suspense for six days. The remaining time allowed for the submission of the enrollment. The days can vary if enough time has passed for the member's submission of enrollment materials.

- **Higher Ed Question:** In Edison, there used to be a field in the Non-Payroll New Hire form where we added the email address for new employees, but now it is gone. Can it be added back?
 - **Answer:** No, the email address field was removed as the data wasn't going anywhere and is why it was removed. The only way to update the email address at this time is by the employee in "My System Profile" in ESS.

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Materials and Communications:

- **Local Ed/Local Gov** - Aon Hewitt “Employer Responsibility under PPACA” webinars: We have rescheduled the postponed “Employer Responsibility under PPACA” webinars. As a reminder, these webinars will have the same content, but you are welcome to participate in either or both.
 - Rescheduled webinars will take place:
 - **Thursday, March 19 – 9:00 a.m. to 11:00 a.m. CDT**
 - **Tuesday, March 24 – 12:00 p.m. to 2:00 p.m. CDT**
 - **Local Ed:** Please share these dates with your fiscal officers, agency heads/supervisors, human resources and benefits personnel.
 - **Local Gov:** Please share these dates with your agency heads, human resources and benefits personnel.

- **Reminder - April ABC Conference Call Dates:** The April ABC conference calls will take place on April 14 and 15, which is the third Wednesday in April for Higher Ed. This keeps all calls during the same week.
 - The current ABC conference call schedule is located on the [ABC webpage](#) in the **Conference Call Notes box**.

PartNers for Health Wellness Program

- **Well-Being Assessment Completion Numbers:**
 - As of March 13, 91,627 members (77 percent) have completed their WBA.

- **Well-Being Assessment (WBA) Deadline/Healthways Call Center Hours:**
 - **Partnership Promise Well-Being Assessment Deadline:**
Partnership PPO members must complete their Well-Being Assessment (WBA) by this Sunday, March 15. This includes the head of contract (HOC) and covered spouse, if applicable. Dependent children do not have to complete the Partnership Promise.
 - **Encourage Partnership PPO members who have not completed this requirement to do so immediately.**
 - **Reminder emails:** Members received final WBA reminder emails Tuesday through Thursday, March 10 -12. The data for these member reminder emails was pulled on March 8. If a member completed the WBA after that date, we would not have record of his or her completion, so a disclaimer was included in the email letting these members know to disregard the email if they had completed their WBA.
 - **Call Center Hours:**
 - The WBA deadline is on a Sunday.
 - The Healthways call center will be open extended hours on Saturday, March 14 from 8:00 a.m.-8:00 p.m. CDT.

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- The call center will **not** be open on Sunday, March 15, but members may leave a message between 8:00 a.m. and 8:00 p.m. CDT to request a call back for assistance with the WBA.
- Healthways will follow up with members who call on March 15 and they will receive credit once the WBA is complete. **It is important that members who call on Sunday, March 15 leave a message.** The voicemail will prompt members for the information needed to return the call (e.g., name, return phone number, Caremark ID #, etc.).
- **Checking Partnership PPO Status: Members can check their Partnership Promise status by calling 1-888-741-3390 and selecting option 1 to use the Healthways automated verification system.**
 - The automated system updates every night. It might take 24 hours for the member information to be added to the system.
 - Postcards will mail later in the year confirming completion of requirements.
- **Partnership Promise Coaching Transfer Letters:** Transfer letters mailed last week to 538 members letting them know they have not met the coaching requirement for the 2015 Partnership Program year. These members would have received a *failed attempt* letter prior to receiving this transfer letter.
 - Three different versions (head of contract/spouse, spouse only, head of contract only) were mailed to these members. We sent copies of the letters to you with the Friday, February 27 ABC email.
 - As mentioned during the January conference calls, we have changed the timing of transfer letters/appeals to members who do not fulfill a requirement and will be sending those throughout the 2015 program year. Members could receive a transfer letter for not participating in coaching, not completing the Well-Being Assessment, or not completing a biometric screening (if the screening is required).
 - Members who believe they have completed the requirement can file an appeal. Information on how to file an appeal is found in the transfer letter. The Partnership Promise Appeal Form is found on the ParTNers for Health website, www.partnersforhealthtn.gov in the **Quick Links** box.
 - Members can also file an appeal over the phone with a Healthways customer service representative by calling 1-888-741-3390 and selecting option 1.
- **2015 New Hire/Newly Enrolled – Partnership Promise Requirements:** As a reminder for new hires or newly covered members, these members must complete the Partnership Promise requirements within 120 days of their coverage effective date. We have pulled the information below directly from the [ParTNers for Health website](#) on the [2015 Partnership Promise](#) page:

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2015 New Employees and Newly Covered Members

New employees and newly covered members (and covered spouses if applicable) who enroll in the Partnership PPO must complete the following requirements within 120 days of their insurance coverage effective date to fulfill the 2015 Partnership Promise:

- Complete the online [Well-Being Assessment](#)
- Get a [biometric health screening](#)

Both requirements must be completed within 120 days of your insurance coverage effective date.

New Hire/Newly Covered Member Coverage Effective Date	New Hire/Newly Covered Member 120-Day Deadline for WBA and Biometric Screening in 2015
January 1	April 30
February 1	May 31
March 1	June 28
April 1	July 29
May 1	August 28
June 1	September 28
July 1	October 28
August 1	November 28

If your insurance coverage effective date is between September 1, 2015, and December 31, 2015, you will not have to complete the 2015 Partnership Promise requirement for new members.

WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Not sure if everyone else is having issues with this, but there seems to be confusion about the Well Being Plan. Does everyone have to enroll in a Well-Being

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Plan this year? Some people are being prompted to and some are not. Was this communicated anywhere in the Partnership Promise requirements?

- **Answer:** We originally said members had to do the Well-Being Plan in order to be able to complete the WBA, but the Well-Being Plan has been suppressed. Members should be able to go directly to the WBA to complete it. NOTE: BA did research this issue for this member and the WBA was already complete.

- **Local Ed Question:** I have an employee who is pregnant and feels that she has been assigned to coaching due to pregnancy. Should she call in (to Healthways) and state she is pregnant? Can this be waived?
 - **Answer:** Yes, pregnancy is an exception. Either send her information in a secure email to BA at benefits.info@tn.gov and we will follow-up with Healthways or the member can call Healthways and relay this information directly to her coach.

- **Local Ed Question:** Please verify who will be assigned a health coach?
 - **Answer:** Those who have a chronic health condition (asthma, diabetes, Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD) or Congestive Heart Failure (CHF) are in the disease management coaching program. Also, members may be required to coach based on biometric screening results and WBA responses.

- **Local Ed Question:** When employees receive a coaching letter, do they need to wait for a call from Healthways or do they need to do anything?
 - **Answer:** The member can do either. Healthways will reach out with a phone call or the member can call 1-888-741-3390 and choose option 4 to be connected with a coach. The coach will explain why he or she has been contacted for coaching and the process of future coaching calls.

- **Local Ed Question:** An employee received a coaching call and was told that everyone would have to coach this year to be on the Partnership Promise. Is this correct?
 - **Answer:** No, that is not correct. We can listen to the call to verify what was said to the member. Not everyone enrolled in the Partnership PPO has to participate in coaching. If you would like us to check the call for this member, you can send a secure email to the BI box at benefits.info@tn.gov.

- **Local Ed Question:** Will the coach be able to tell the employee why he or she is being called to coach?
 - **Answer:** Yes, the coach will be able to do so. But the first call a member will receive is from a scheduler (engagement specialist). The scheduler will not have this information, but the coach the member speaks with will have this information and can explain why the member was called to coach.

- **State Question:** So does everyone do the (biometric) screening or only those required to coach?

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- **Answer:** For this program year (2015), only those who are required to coach have to complete a biometric screening.
- **State Question:** So is this (biometric screening/Partnership PPO requirements) for new employees also?
 - **Answer:** Yes, new hires or newly covered members must complete their requirements within 120 days from their coverage effective date. We have included the 2015 chart with effective dates and deadlines above.
- **State Question:** If I have a new employee who started in January, when does the member need to complete the biometric screening?
 - **Answer:** The member needs to complete a biometric screening and the WBA within 120 days of the member's coverage effective date. If the coverage effective date was January 1, the deadline is April 30, 2015. We have included a chart with the coverage effective dates and deadlines above.
- **State Question:** I have a question about the check box showing the assessment is completed (Rewards Center in Well-Being Connect). I could not find it this time (on Well-Being Connect)?
 - **Answer:** The Rewards Center was removed from Well-Being Connect this year. Members can check completion of a requirement by calling the Healthways automated verification system at 1-888-741-3390 and selecting option 1. This will give the member the most up-to-date information on completion of their requirements.
- **State Question:** Will we have onsite biometric screening this year? And does everyone have to do the screening or just the members who are called for coaching?
 - **Answer:** Because we are **not** requiring everyone to get a screening this year, we will not have onsite screenings. Members must get a screening if they are in coaching or are a new hire/newly enrolled member. **These members will have to go to their doctor or health care provider and must use the Physician Screening Form found on the Onsite Health Diagnostics (OHD) website.** Members can find this form by going to www.partnersforhealthtn.gov and clicking on "[Complete Your Biometric Screening](#)" in the Quick Links box.
- **State Question:** If an employee received a letter for coaching, would he or she need to contact Healthways or will Healthways contact the member?
 - **Answer:** Either is fine. Healthways will outreach to the member or he or she can go ahead and give them a call at 1-888-741-3390 and select option 4.
- **State Question:** I have employee who just called (for coaching) within the last two weeks and Healthways could not tell why they were called. Can they find out? It was the actual coach who called during the appointment time.

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- **Answer:** Yes, the coach would be able to tell the member why he or she was called for coaching. An engagement specialist will call the member first to set up the coaching appointments and would not have information on why the member is being called to coach. Members should absolutely understand why they are in coaching.
- **State Question:** Whenever the coach calls the employee, do they let them know at that time that they need to get a biometric screening?
 - **Answer:** Yes, we have asked coaches to remind members that they need to get a biometric screening. All members who need to coach will get a letter and a call about coaching. In the letter the member receives, it also includes information about the biometric screening requirement.
- **Local Gov Question:** Is this for 2015 or 2016 (Partnership Promise requirements)?
 - **Answer:** Yes, this is for the 2015 requirements.
- **Local Gov Question:** Why is everyone receiving letters to do the biometric screening though they have not been doing this (coaching)?
 - **Answer:** They are receiving letters letting them know they need to participate in coaching. These letters are being mailed to some members about coaching and are not letters for biometric screenings only. Members who receive a letter and are required to coach or continue coaching will have to get a biometric screening by July 15.
- **Local Gov Question:** (Continued from previous question). These members have not been in in coaching previously.
 - **Answer:** If you send us examples, we can research this for you and the member. Those members who are newly required to coach will receive a phone call as well as a letter. The letters being mailed are our approved program letters and are the only letters going out at this time.
- **Local Gov Question:** For new employees, do they have to get a biometric screening even if not called to coach?
 - **Answer:** Yes, they must get a biometric screening within 120 days of their coverage effective date. A member could use biometric test results within the last 12 months. They would need to take their Physician Screening Form to their doctor to complete.
- **Local Gov Question:** I have an employee who has never been coached and is starting to receive letters for coaching?
 - **Answer:** We are sending letters if members are now required to coach or if they have to continue coaching. These letters are being sent out on a monthly basis.
- **Local Gov Question:** How does one cycle out of the coaching requirement?

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- **Answer:** For members who are in a Disease Management coaching program (members with asthma, diabetes, COPD, CAD or CHF) asthma is the only condition the member can graduate from out of the program. Members in a Lifestyle Management coaching program are in a 12-month program and can graduate from this. The member will usually have to go through coaching to the next biometric screening to determine if his or her results have improved enough to graduate from coaching.

- **Local Gov Question:** Do new employees have to do the biometric screening and WBA?
 - **Answer:** Yes, within 120 days from their coverage effective date, the new hire must complete the WBA and get a biometric screening. We included a chart above with the coverage effective date and corresponding deadline.

- **Local Gov Question:** One of our employees was told by her health coach all members are going to be required to do coaching. Is this correct?
 - **Answer:** No, that is not correct. If you would like us to research the actual call for this member, you can send the information in a secure email to the BI box at benefits.info@tn.gov.

- **Local Gov Question:** Will newly hired employees receive something in the mail once they have enrolled in the Partnership PPO plan?
 - **Answer:** Yes, as long as we have their correct mailing address, new hires receive a letter from Healthways letting them know about the requirements they must complete within 120 days of their coverage effective date.

- **Higher Ed Question:** In regard to the biometric screening, do all employees need to get a biometric screening or just new employees? And the WBA, does everyone have to complete the WBA?
 - **Answer:** Everyone must complete the WBA this year. Only those members in coaching, or new hires and newly covered members will have to get a biometric screening in 2015. Members who must continue to coach or are newly required to coach will receive a coaching letter, which includes information about getting a biometric screening. New hires must get a biometric screening and complete the WBA within 120 days from their coverage effective date.

Operations:

- **Monthly Audit Reminder:** We do an audit on a monthly basis to identify any dependents with invalid SSNs. This information is sent to each agency to contact the employee to obtain the SSN for the dependent. This is especially important now due to the PPACA regulations that will require us to send the dependent SSN on the reporting forms to the federal government.

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- **Local Ed/ Local Gov/Higher Ed - Agency IT Department Survey:** BA will be sending out a survey in the next few weeks to each agency to obtain contact information for your IT department. This information is needed in preparation for all employees to be able to log in to Edison this fall for Annual Enrollment. We will be reaching out to this contact person to provide information on what the system requirements are to be able to log in to Edison and to help troubleshoot any issues in advance so that your agency can be properly prepared.
 - **Local Ed Question:** What about those agencies whose IT departments really do not have any control over the Benefits/Payroll computers and such? Mine is on a different server, please advise. Thank you!
 - **Answer:** We will need the contact information for whomever in the agency handles your IT functions. We anticipate a lot of questions from members about accessing Edison prior and during Annual Enrollment and we want to make sure your system requirements enable members to log in to Edison and to troubleshoot any issues.
 - **Local Ed Question:** I did not receive the email about the IT information (Agency IT Department Survey).
 - **Answer:** The email has not been sent yet, but will be sent within the next few weeks.
 - **Local Gov Question:** So are you saying everyone will be required to enroll using Edison in the future?
 - **Answer:** We have no plans at this time to make ESS mandatory for Local Government agencies with less than 100 employees. If we decide to make that change in the future, we will communicate it as far in advance as possible.
 - **Local Gov Question:** What if we don't have an IT department?
 - **Answer:** You will need to provide the contact information for whomever supports your IT system and/or someone in your agency who can assist with any of your employees who have issues logging in to Edison.
- **Local Ed/Local Gov/Higher Ed - Annual Security Audit:** If you have not yet responded, please respond by the March 13th deadline.

ANNUAL SECURITY AUDIT QUESTIONS

- **Local Ed Question:** Did you send this by email?
 - **Answer:** Yes, the email was sent to the primary ABC at each agency on February 27. If you didn't get the email send an email to the BI box at benefits.info@tn.gov and we can research.
- **Local Ed Question:** How can we be sure that you received our security response?

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- **Answer:** We will follow up directly with those agencies that have not responded.
- **Local Ed Question:** What was the date of the survey email?
 - **Answer:** February 27, 2015.
- **Local Gov Question:** On the annual security audit, is there a way for us to check to see if we have completed that?
 - **Answer:** If you have the email that was sent on February 27, you can respond back again to verify it was received.
- **State - PPACA Query:** A modified query is available for you to run and track part-time employees' hours for PPACA purposes. The query name is TN_BA350_TN_HOURS_FOR_BENEFITS. The query will ask for an input on period begin and end dates. Use 10/5/2014 as the begin date and 10/3/2015 as the end date. This will show all of your employees in the standard measurement period as well as all of your employees in an individual measurement period.
- **State - New Hire Enrollment Process – PPACA:**
 - Due to PPACA regulations, all new employees need to enroll in or choose to waive their coverage, preferably in ESS.
 - BA works a query that shows all employees who have not submitted an enrollment form or used ESS when they are hired.
 - No less than 10 days prior to the end of the employees 31 day enrollment period, BA will reach out to the ABC to let them know that they employee has not enrolled in or waived coverage.
 - After 31 days, if the employee has not made an election, BA will close the event and mail the employee a letter telling them that by not making a choice in Edison they have chosen to waive coverage.
 - When this letter is sent to the employee a copy will be uploaded to their record in Edison as proof of being offered and declining coverage.
 - This is only a backup to make sure we are covered legally if for some reason the employee cannot be contacted to waive coverage.
 - We want ALL new hires to make the elections themselves in Edison.
 - We have **attached** a sample letter as a reference.
 - **Query: TN_BA219_NEW_HIRE_ESS** – This query will show you all of your new employees who have not submitted an enrollment, including new hires who have saved but not submitted. Run this query to see a list of the employees that you need to contact. The query has prompts for a coverage begin date range. You can look for a certain month and will show if you they haven't submitted.

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- **State/Higher Ed: Cancel Request of Health Insurance for a Dependent/Dependent Life Insurance:** Please note: Cancellation of a dependent from the health insurance also cancels his or her Basic Life and AD&D benefits.
- **February Call Data:** As promised, here is a review of the February call data for the BA Service Center. This data will be placed in the monthly notes for your review.
 - Calls taken - 4180 (232.2 calls per day – 18 working days)
 - Average wait time – 42 seconds
 - Highest maximum wait time – 7:58 on 2/18
 - Average of the maximum wait times for the month – 3:57

- **Remedy ticket response rate:**

Remedy tickets	February
Submitted	4496
% Resolved w/in 36 hours	98.97%

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** How are we made aware of children aging out of the plans at age 26? It sometimes changes the deduction amount, but I am not always aware of when that happens. Also, how are we made aware when someone is dropped due to turning 65?
 - **Answer:** Active employees are not dropped from coverage at age 65. We contact the employee directly if someone is aging off at age 26. You can also run this query: TN_BA103_CHILD_AGE_26 to determine if a dependent is 26 and is aging off of coverage.
- **Local Ed Question:** I completed paperwork for a teacher retiring May 23, 2015, who wishes to continue carrying health insurance. He will be covered through the school system through August 31. In the meantime, he will reach Medicare age in April. What insurance form do I send in and where do I send it, to retirement system or the state insurance office?
 - **Answer:** The member would need to fill out the Continuing Insurance at Retirement application: <http://www.tn.gov/finance/ins/pdf/1045.pdf>. This form allows for electing the Medicare Supplement coverage. The application needs to be submitted directly to Benefits Administration after the employer certification is completed; the form can be faxed or uploaded into Edison.

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- If you have questions, you can send an email to Retirement.Insurance@tn.gov or submit a Remedy ticket.
- **State Question:** I am somewhat new to position, are there any suggestions to a list of queries that should be ran monthly?
 - **Answer:** You can find the current list of Edison queries and when to run them on the [ABC webpage](#) in the **Training** box titled **[“Edison Query Information”](#)**.
- **Local Gov Question:** Who would be a good contact to discuss direct bill for staff on FMLA?
 - **Answer:** We suggest you put in Remedy ticket for this question.
- **Local Gov Question:** Is there a different password for Remedy? What if you have forgotten it?
 - **Answer:** Yes, there is a different password for Remedy and if you have forgotten it, you can contact the BA call center at 1-800-253-9981 and a representative can help you reset your Remedy password.
- **Higher Ed Question:** Are these average times for the entire call center or just for Higher Ed calls?
 - **Answer:** The results we presented for February are for the entire BA call center.
- **Higher Ed Question:** If an employee goes on direct pay with BA, do they have to pay for their optional term life insurance separately? Minnesota Life has to bill them separately - is this correct? How is optional special accident and long-term care handled?
 - **Answer:** Minnesota Life will not start billing the employee directly until after three months premiums are missed. It is the agency’s responsibility to bill for this coverage. If you are not able to collect premiums for three months then contact BA and we will provide that information to Minnesota Life. Long-term care is handled the same way. Optional AD&D is billed to the member.

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Materials and Communications:

- **Local Ed/Local Gov: Agencies Setting Up Mobile Clinics/Screenings:** Occasionally providers go straight to school systems or agencies with offers of services through mobile clinics for mammography or screenings. We've even heard of one that offered allergy testing. We just wanted to remind you that if you'd like for us the research the offer with our health insurance carriers, please email benefits.info@tn.gov. It might be that the carriers would pay for such tests, but they might not. It's best to find out before you get involved with a company that could end up costing your members.
- **Local Ed: Premiums Announcement for 2016:** On Thursday, April 9, BA sent an email with an attached letter to Local Ed ABCs outlining the premium estimates for health and vision insurance in 2016.
 - Based on the projected benefit and expenses, we anticipate recommending **no premium increase for health insurance** for the 2016 plan year, which is January – December.
 - For those agencies that offer the state's vision insurance, there will be **no increase in the EyeMed premiums** in 2016.
 - BA will make these recommendations to the Local Education Insurance Committee later this summer. **Please note that until the Committee acts on our recommendation the rates are not final.**
 - BA is in the process of re-procuring our dental contracts. We should be able to give you dental plan information about premiums in late June.
- **Local Gov: Premiums Announcement for 2016:** On Thursday, April 16, BA sent an email with an attached letter to Local Gov ABCs outlining the premium estimates for health and vision insurance in 2016.
 - Based on the projected benefit and expenses, we anticipate recommending **no premium increase for health insurance** for the 2016 plan year, which is January – December.
 - For those agencies that offer the state's vision insurance, there will be **no increase in the EyeMed premiums** in 2016.
 - BA will make these recommendations to the Local Government Insurance Committee later this summer. **Please note that until the Committee acts on our recommendation the rates are not final.**
 - BA is in the process of re-procuring our dental contracts. We should be able to give you dental plan information about premiums in late June.
- **Local Ed/Local Gov: Adding Dental and Vision Benefits for your Employees: For agencies not already enrolled in our dental or vision plan.** If your agency would like to begin offering the state's vision and/or dental plan on January 1, 2016, you must notify Benefits Administration by July 1, 2015.
 - Your notification letter to Benefits Administration must:

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- Be on agency letterhead.
 - State your agency's intent to join the vision or dental plan.
 - Be approved by your governing body, if appropriate, and signed by your agency director.
 - Indicate your willingness to allow payroll deduction.
 - Please send your letter to Seannalyn Brandmeir at Seannalyn.brandmeir@tn.gov. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
 - Also, if your agency would like to **drop** dental or vision coverage for the 2016 calendar year, the same **July 1 deadline applies** and BA needs a written notice sent to Seannalyn Brandmeir by this date.
- **New BA Website Quick Video:** We have created a new Quick Video geared to new ABCs that lets them know where the BA website is located, walks ABCs through the website tabs and where to find helpful information. The new video will be used during training for new ABCs but is useful for anyone as a refresher. We have included the website address below:
 - <http://stateoftennessee.adobeconnect.com/bawebsite/>

GENERAL PLAN QUESTIONS:

- **Local Gov Question:** How will we find out the rates for vision and dental before July 1?
 - **Answer:** The vision rates will remain the same for 2016. We won't know dental rates until late June. We are procuring dental contracts right now.
- **Local Gov Question:** When can we expect rate information about health premiums for the new fiscal year?
 - **Answer:** We sent an email to Local Gov ABCs on Thursday, April 16 telling you that we will recommend no premium increase for both vision and health insurance premiums for 2016. This is our recommendation, but must be approved by the Local Government Insurance Committee later this summer.

ParTNers for Health Wellness Program

- **Well-Being Assessment Completion Numbers:** Eighty-nine percent (89%) of members have completed their Well-Being Assessment.
- **Well-Being Assessment Transfer Letters:** This week, Healthways will start working on the transfer letters for those members who did not complete the Well-Being Assessment. They will begin to mail these letters to members during the last week of April and first week in May.
 - Prior to the letters dropping in the mail, we will forward a sample letter to you for your reference.

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- Remember, members could receive a transfer letter for:
 - Not participating in coaching
 - Not completing the WBA
 - Not completing a biometric screening (if the screening is required)
 - Members who would like to appeal can find the appeal form on the ParTNers for Health website at www.partnersforhealthtn.gov in the Quick Links box.
 - Directions on how to submit the appeal are on the form.
- **Local Ed Question:** What number can members fax in their appeal?
 - **Answer:** Members can fax in appeals to Healthways at 972-823-0684.
- **Checking Partnership PPO Status:** Remember, members can check their Partnership Promise status at any time by calling 1-888-741-3390 and selecting option 1 to use the automated verification system.
 - Postcards will mail the last part of August or early September to members confirming completion of requirements.

PARTNERSHIP PROMISE/WELLNESS PROGRAM QUESTIONS:

- **Local Gov Question:** On the Healthways' website it says there are fitness center discounts for those who participate in Cigna ASH Affinity. I was under the impression our Cigna plan offered fitness center discounts. How do our employees go about accessing those discounts?
 - **Answer:** The information for our plan members can be found on the ParTNers for Health website.
 - The ParTNers for Health Wellness Program shares discounts provided by fitness centers across the state. This list is found on the ParTNers for Health website at www.partnersforhealthtn.gov on the [Wellness Program page](#). There is a link to a document that lists [fitness center discounts](#).
 - We also have created a flier on the Wellness Program tab, which includes the fitness [discounts available for members](#) and includes information about fitness discounts offered to members through BCBST and Cigna.
- **Local Gov Question:** How long does a new employee have to do all of the Partnership Promise requirements?
 - **Answer:** New employees/new hires have 120 days from their coverage effective date to complete the WBA and get a biometric screening. We have included information about the requirement for new hires on the ParTNers for Health website on the [Partnership Promise page](#) and it includes a chart with coverage effective dates and the deadlines for new hires/newly covered members to complete the requirements.

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- **Higher Ed Question:** If an employee failed to complete the Well-Being Assessment by the due date, is it even necessary for them to do the biometric screening and participate in coaching?
 - **Answer:** If a member receives a transfer letter for not completing the Well-Being Assessment, we would advise them to continue to take part in coaching and the biometric screening if they are required to do so. If they file an appeal, we will review the records and work with them to complete the WBA.

- **Higher Ed Question:** When are the appeals due?
(Revised answer from original call notes emailed out on Friday, April 17)
 - **Answer: Coaching transfer letters:** We are sending the coaching transfer letters out monthly. Members who appeal the coaching transfer letter must submit the appeal **within 30 days of the date of the letter (this is written in the letter).**
WBA Transfer letters: The WBA transfer letters will go out around May 1. Members who appeal this transfer letter must **submit the appeal by June 15, 2015 (this is written in the letter).**

- **“WonderWalk” Steps Challenge:** Enrollment for the second quarter wellness program challenge “WonderWalk” will begin on Monday, April 20 and run through May 4.
 - The WonderWalk challenge will take place from April 27 to June 7 and is open to all state employees and members of the State Group Insurance Plan.
 - WonderWalk is six-week steps challenge designed to help members move more through walking or other activities and to enjoy how it makes them feel. For inspiration, the challenge will encourage members to set a steps goal in Well-Being Connect and will take them on virtual tour of some of America’s most interesting man-made structures.
 - We have **attached** a flier you can share with your health insurance plan members and all state employees.

Operations:

- **ABC Survey Results:** Patrice communicated on the February call that because of the ABC survey where you indicated that the Service Center needed to improve in the areas of Consistency, Accuracy and Attitude, we have taken steps to retrain our entire staff.
 - Our Service Center management team attended a **TN Leadership Conference** in October 2014. The President and Vice-President of *Pal’s Sudden Service* discussed how they lead their company to improved operational excellence. One key to success is to **“train to 100 percent, 100 percent of the time, under 100 percent of the conditions an employee might face”**. If you expect your organization to change, **Pal’s** (fast food chain in northeast Tennessee and southwestern Virginia) recommends that management change first in order to hold staff accountable to 100 percent. They expect newly hired employees to receive technical training and obtain a score of 100 percent on a follow up test. They want their employees to know 100 percent of their

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- business not just 75 or 80 percent. Their existing employees receive “recalibration” training annually.
- The Service Center management team adopted the **Pal’s** “Recalibration” approach to training our Service Center staff. But how could we determine if the training was successful not only for new hires, but for those already on staff? The idea of the test was born. The Service Center management team began by training and testing the management team first, before then requiring the Service Center staff to do so. The test was launched for **everyone in the Service Center** as a way to gauge success and improvement in this area identified by our ABCs. The Service Center management team did not make 100 percent the first time they took the test, but they re-took the test until they achieved 100 percent, which was a way to ensure that we are providing accurate and consistent answers.
 - In addition, while taking the test, the Service Center management and staff found inconsistencies in our training materials, the existing test questions and the plan document. We have updated our training materials and test based on the feedback received.
 - This has been an excellent learning opportunity for our Service Center staff and a way to make improvements in our Plan Document, training, and, ultimately, our customer service. It is with great pleasure that we communicate to you that our entire Service Center workforce has been **“Recalibrated”** with each member of the team attaining a passing score of 100.
- **ABC Remedy Portal Changes:** The BA Service Center presented information about changes to the Remedy portal following feedback from the ABC Remedy focus group. We have **attached** the presentation with the notes for your reference.
 - **Workshop Trainings for Remedy:** BA has scheduled Remedy workshop webinars and during these we will be able to show you a live version of the site. You will sign up in Edison/ELM. Workshops will be held:
 - **Tuesday, May 5, 9:00 a.m. to 10:00 a.m. Central**
 - **Wednesday, May 27, 9:00 a.m. to 10:00 a.m. Central**

REMEDY QUESTIONS:

- **State Question:** How do I get a password for Remedy?
 - **Answer:** Call the BA Service Center at 1-800-253-9981 and they can enter a Remedy ticket to help you reset your password.
- **Local Gov Question:** How do we get an Edison ID # for a new ABC?
 - **Answer:** Enter a Remedy ticket or call the BA Service Center at 1-800-253-9981 and we will have the training center contact you to set it up.
- **Higher Ed Question:** Will the employee's contact information be recorded to update in BA’s records (i.e., employee’s email address)?
 - **Answer:** No, entering the employees email address in Remedy does not update the email address in Edison, it is specific to the Remedy ticket issue. By capturing

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the email address in the ticket, we are able to contact both the ABC and employee if necessary.

- **Higher Ed Question:** If an employee email address is entered, will results go to the employee or the ABC? Both?
 - **Answer:** It could go to both. If you do not want BA to contact the employee directly, you can leave the HOC email field blank.
- **Higher Ed Question:** What fields are mandatory to be filled (in the Remedy screens)? If we do not have access to employee email addresses, is that a required field?
 - **Answer:** Any item that has a red asterisk will be required. Even though the HOC email address has a red asterisk on the screen right now, we will change it and it will not be a required field.
- **New ABC Training for May:** BA has redesigned the new ABC training and we have new training times scheduled for the month of May. **All ABCs can attend the new ABC trainings to learn about the new training redesign or if you would like a refresher.**
 - ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.
 - Trainings are separated out by plan on the first part of your training.
 - **New ABC Trainings will take place:**
 - **May 19 (Day 1):**
 - **Local Ed:** 9:00 a.m. to 11:00 a.m. Central
 - **State/Higher Ed:** 1:00 p.m. to 3:00 p.m. Central
 - **May 20:**
 - **Local Gov:** 9:00 a.m. to 11:00 a.m. Central
 - **Day 2 Training: All combined entities for Day 2 of training:** 1:00 p.m. to 3:00 p.m. Central
 - **Please note:** BA will not have any ABC trainings in April.
 - **Important:** Use the link below to log into Edison and register for ABC training classes and workshops with your training login ID (your training login ID begins with “el\$\$”). Note: If you have not logged in since OIM implementation in January, you will need to call Benefits Administration to have your password reset.
https://sso.edison.tn.gov/psp/paprd/EMPLOYEE/EMPL/h/?tab=PAPP_GUEST

NEW ABC TRAINING QUESTIONS:

- **Local Ed:** Will these be webinars like the one today for the ABC calls?
 - **Answer:** Yes.
- **State Question:** On the May 19 training from 1:00 to 3:00 p.m., will State and Higher Ed be separated? When I started, there was a training to go over the state manual.

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- **Answer:** State and Higher Ed are held together and separated out from Local Ed and Local Gov. The new ABC trainings have always been a two-day training and we go over the plan document during the first day of training.
- **State Question:** You said something about agencies that are able to key documents?
 - **Answer:** Agencies that key documents refers to Local Government and is not applicable to state.
- **Local Gov Question:** How do we register for this training?
 - **Answer:** You will be able to register by at this link https://sso.edison.tn.gov/psp/paprd/EMPLOYEE/EMPL/h/?tab=PAPP_GUEST using your ELM user name and password. In ELM you will search by ABC. Or, you can enter a Remedy ticket and a trainer will contact you to set up the training.
- **Local Gov Question:** What are the options for training if we are not available for the May training?
 - **Answer:** We will have monthly new hire trainings in June and July. We hold these trainings almost every month.
- **Local Gov Question:** For the training in May, will I be able to print the slideshow beforehand?
 - **Answer:** Yes, we will send it out to you before the training so you can make notes on it.
- **Dependents and Social Security Numbers (SSN):** ABCs need to run this query monthly to find new dependents without a SSN: **TN_BA142_TEMP_PRIMARY_NID_DEP**. If we don't have a SSN by 60 days, the dependent will be removed until we obtain the SSN. Employers need the SSN for PPACA reporting in January 2016. You must be able to prove to the IRS that you reached out three times to obtain the SSN if you don't have one to report.

DEPENDENTS AND SOCIAL SECURITY NUMBERS/QUERY QUESTIONS:

- **Local Ed Question:** I have an employee who has adopted a child and it has taken almost a year to get a SSN and still she does not have it; is there a time limit for this information? The child was from out of the country and through the State of CA. Please advise.
 - **Answer:** You will need to complete an admin error/explanation letter and explain why the SSN is late.
- **Local Ed Question:** I have an employee who adopted children from another country and is having trouble getting their SSNs. How often do I need to contact BA to say that she is still trying?
 - **Answer:** You will need to contact us each month. We make a note in Edison and the analyst will follow up with the ABC.

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- **State Question:** In regard to SSN for newborns, previously we only had to get the number to you, but now if not submitted by 60 days, the dependent will be taken off, and then we have to submit an administrative letter to get them put back on. Is this correct?
 - **Answer:** Yes, that is correct.
- **State Question:** If my employees have not submitted their information, what do they have to do before they can be put back on the plan?
 - **Answer:** The missing SSN query is processed monthly, the members with dependents already over 60 days are filtered out and then the spreadsheet is sent to the ABC of the agency to notify the member and acquire the dependent's correct social security number.

The ABC and/or member have 60 days to submit the correct social security number to BASC to load into Edison. After the 60 days, the dependent may be removed. With PPACA reporting, 60 days is a reasonable time to have the number. BA will also have to have them in by December for reporting as well.

BA staff will annotate the system of all contact with the ABC. Before the removal of the dependent, BA staff should reach out to you one final time to ensure nothing has been overlooked in the submission/receipt process.

Once the member has been removed from coverage, if the ABC then receives the social security number, he/she may submit it on a corrections and clarifications form accompanied by an administrative letter of explanation as to why the submission was delayed past the 60-day deadline.

Additionally: If the ABC or member has been in constant contact with BA (at least monthly) about issues surrounding obtaining the social security number for the dependent, an administrative letter of explanation will not be required when the social security number is submitted.

- **State Question:** I have an issue with a SSN, who do I contact?
 - **Answer:** Send BA an email to benefits.info@tn.gov or you can submit a Remedy ticket.
- **State Question:** Do we have to receive these (SSNs) in writing or can we take them over the phone?
 - **Answer:** We need the SSN in writing. You can send in a secure email or send in a corrections and clarifications form.
- **State Question:** I want to make sure that I understand and let my field people know what we have to do about Social Security numbers. What do we need to do?

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Additionally: If the ABC or member has been in constant contact with BA (at least monthly) about issues surrounding obtaining the social security number for the dependent, an administrative letter of explanation will not be required when the social security number is submitted.

- **State Question:** What proof is needed to show we reached out three times to the employee for the SSN?
 - **Answer:** An email to the member would probably be fine. The IRS has not yet specified what proof they would like, but you will probably need proof in print (email or letter).
- **Higher Ed Question:** Can letters be mailed to the HOC before the dependents are termed?
 - **Answer:** BA runs the query and you are also able to run the query. ABCs are sent the spreadsheet prior to removing the dependent and then it would be up to the ABC to contact the member directly. The dependents who are removed are notified through a confirmation statement in Edison as a change in coverage and dependents. The HOC gets a letter from BA **after** the dependents have been removed from coverage.
- **Local Ed/Local Gov/ Higher Ed: IT Webinar Schedule:** Three webinars have been scheduled for the IT contact in your agency (applicable to Local Gov agencies required to use ESS) to help with browser upgrades and computer updates for Annual Enrollment. We sent an email to the list of contacts that you submitted through the IT Department Contact Survey. We only received about 200 responses out of about 600.

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- An email will also be sent to all ABCs with the following webinar information so that you can call in to one of the webinars or forward the contact information to others in your agency. All three webinars will cover the same information so your IT contact will only need to attend one of the three scheduled webinars. The webinars will be held next week on the following days:
 - Monday, April 20, 11:00 a.m. – 12:00 p.m. Central
 - Tuesday, April 21, 9:00 a.m.-10:00 a.m. Central
 - Thursday, April 23, 2:00 p.m.-3:00 p.m. Central
 - You will not have to register for these trainings. On the day of the trainings, call 1-877-820-7831, passcode 217506#.
 - To join the webinar on the dates listed above, click on this link:
<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>

IT WEBINAR QUESTIONS

- **Local Ed Question:** If our employees are already logging into Edison, will there will be any issues with logging into Edison:
 - **Answer:** There shouldn't be any issues. If the employee logs in regularly, then his or her password will not be reset. If they do not log in within 90 days of BA resetting the passwords, then the password will be reset.
- **Local Ed Question:** Did you say the webinar information will be in Friday's notes and do I need to schedule through ELM or just call in?
 - **Answer:** For the IT Webinar, we have included the dates, times and call-in number above. You don't have to register, you can just call in for the IT Webinar.
- **Local Ed Question:** Any alternative dates other than those listed for those next week (for the IT Webinars)?
 - **Answer:** Not at this point, but we will push out information in addition to the webinars. We will set up additional meetings the first week in May.
- **Local Ed Question:** How do we access Edison /ELM?
 - **Answer:** Within Edison, go to Employee Self Service (ESS), "Learning", "My Learning" and "Catalog".
- **Local Gov Question:** Has the limit required to use ESS changed to 50 or more employees? I thought it was 100 employees?
 - **Answer:** You are correct, it is 100 employees.
- **Local Gov Question:** I did not receive the email (IT Webinar email)?
 - **Answer:** We have shared the information above. Please share the training dates with your IT contacts if applicable.
- **Local Gov Question:** If we don't have the learning option what do we have to do?

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- **Answer:** Call the Service Center (1-800-253-9981) or put in a Remedy ticket in and we will make sure you have the ELM learning option available.
 - **Local Gov Question:** We don't have an IT person, is the ABC sufficient? I'm not sure if I'm qualified to be the one?
 - **Answer:** Yes, you will be fine. We can walk you through it.
- **March Call Data:** Here is a review of the March call data for the BASC. We will also include this data in the call notes for your review.
 - Calls taken – 3,845 (202.3 calls per day – 19 working days)
 - Average wait time – 21 seconds
 - Highest Maximum wait time – 5:49 on March 10
 - Average of the maximum wait times for the month – 2:22

Remedy ticket response rate:

Remedy tickets	March
Submitted	3809
% Resolved w/in 36 hours	98.66%

GENERAL OPERATIONS QUESTIONS:

- **Local Ed Question:** I am the primary ABC in our school district. I will be on a medical leave of absence for four weeks starting April 20. What do I need to do to have all information sent to the other ABC here while I am out?
 - **Answer:** You will need to enter a Remedy ticket with contact information for the new ABC and then we can set up the training for this person.
- **Local Ed Question:** If we are continuing the 25-Hour Resolution, do we need to send in a new resolution?
 - **Answer:** Yes, you do. You can send it to benefits.info@tn.gov.
- **Local Ed Question:** Should we always submit a Remedy ticket or is it okay to call in to BA?
 - **Answer:** A Remedy ticket is great, but we also welcome your calls to the Service Center.

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- **Local Ed Question:** Do you all have a sample letter/template for the 25-hour rule resolution?
 - **Answer:** We don't, but we can pull one for you and give you an idea for the template for the letter. Contact us at benefits.info@tn.gov.
- **Local Ed Question:** As we prepare for IRS Reporting in January 2016, I know that BA has notified us that they will provide dependent SSN/DOB's as well as retiree information. You all mentioned that this information would be sent in December. Will there be a possibility that we will receive information prior to December? If not, can you give us any information on how this info will be released?
 - **Answer:** The reason why we can't get this to you until December is we have to wait until we run your bill for December. We have two weeks to get you this information. Hopefully we can get it to you sooner. **We are working now on the format and will let you know as soon as we can.**
- **Local Ed Question:** (December reporting) Will this be a CSV file or a query that we run?
 - **Answer:** We will probably have to send a CSV file.
- **Local Ed Question:** On the 25-hour resolution, if we want to pass this would this affect our substitutes who we are monitoring to be sure they stay within the 30-hour rule for PPACA.
 - **Answer:** Substitute teachers are not eligible. Also, as a reminder, the 25-hour rule only applies to non-certified employees. For more information, please refer to the definition of "Employee" in Section 1.17 of the Plan Document and the section on "employees not eligible to participate in the plan" in the 2015 Eligibility and Enrollment Guide.
- **Local Ed Question:** Where can information about the 25-hour information be found? Is it in the enrollment and eligibility guide?
 - **Answer:** You can find information in the Plan Document, under the definition of "Employee" in Section 1.17D and the section on "employees no eligible to participate in the plan".
- **Local Ed Question:** Where is the plan document found?
 - **Answer:** It is on the [ABC website](#) by plan and also found under publications on the [BA website](#).
- **State Question:** If we have a new ABC, who do we contact to have access to the benefits section of Edison, and can we have more than one new ABC?
 - **Answer:** Call the BA Service Center at 1-800-253-9981 or put in a Remedy ticket. We will route to the training team. Yes, you can have more than one ABC.
- **Local Gov Question:** Will there be an increase in health rates for 2016?

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- **Answer:** BA sent a preliminary estimate for vision and health insurance premiums to Local Gov ABCs on Thursday, April 16. Our recommendations are no premium increases for health and vision, which will have to be approved by the Local Gov Insurance Committee. We will procure new dental contracts and won't have these premiums until late June.

- **Local Gov Question:** I have never been able to access ELM, but I can send my question through Remedy?
 - **Answer:** You can call in or send in a ticket and we can figure out why you don't have access to ELM.

- **Local Gov Question:** Is there a way for the ABC to speak with the insurance companies for our employees? We are a county highway department and many times employees will give me things they need to me to call about on their behalf
 - **Answer: Both Cigna and BCBST confirmed that they will speak with the ABCs as representatives of BA without individual member authorizations.** They do not have a listing of the ABCs, so they will require that the ABCs identify themselves as such and be prepared to provide HIPAA identifying information for the member such as name/member ID, address, date of birth, etc. They can discuss high-level issues without member approval, but more detailed information (for example diagnoses) would require member approval.

- **Local Gov Question:** If we need help/guidance with PPACA would benefits be able to assist if we call?
 - **Answer:** It would be a good idea to send your question through the BI box at benefits.info@tn.gov. BA can help with general questions.

- **Local Gov Question:** I am unable to pull my monthly report from Edison that is sent through email. It won't accept my username or password that I have always used. Do I need to get a new password?
 - **Answer:** Put in a Remedy ticket and we can help you with your username and password.

- **Local Gov Question:** When will there be a HIPAA training class?
 - **Answer:** Our privacy officer is working on it and we will let you know.

- **Higher Ed Question:** BA was going to research if it is written anywhere which vendors aren't supported by direct bill?
 - **Answer:** BA is still researching this issue and will get back to you.

INSURANCE COVERAGE EFFECTIVE DATE QUESTIONS:

- **Higher Ed Question:** With the change of insurance coverage, if we hire faculty on 8/1/15 will they be eligible for insurance on 9/1/15?

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- **Answer:** In this scenario, yes, they would be working for one full calendar month. If hired on 8/2/15, the coverage effective date would be 10/1/15. The employee's coverage can begin if they have worked one full calendar month from their hire date. Also, BA goes by the hire date even if different from the date they begin to work.

- **Higher Ed Question:** If the first working day of the new month is after the first day of the month the hire date would be that day, for example 03/02/2015. Would the new employee be eligible for benefits on 04/01/2015?
 - **Answer:** In this case, yes, they would be eligible on 04/01/15, because the change in the coverage effective date doesn't go into effect until 07/01/15.

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Materials and Communications:

- **Primary ABC Survey Reminder:** We recently sent out the Second Annual Benefits Administration Customer Service Survey to Primary ABCs on April 28, and followed up with a reminder on May 5 and May 13.
 - Your responses to the 2014 Survey were extremely valuable in helping us understand areas where we could better meet your needs and improve our services to you and your members. Your answers will focus our continuous improvement initiatives on items that are important to you.

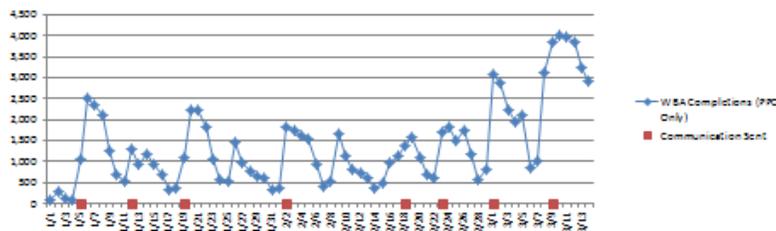
If you haven't already done so, we ask all Primary ABCs to please take 10 minutes to complete the survey. The survey is anonymous unless you choose to provide your name.

- **This survey will close today, Friday, May 15, 2015, at 5:00 p.m. Central.**

If you have any questions, please contact Benefits.Info@tn.gov and we will be happy to assist.

ParTNeRs for Health Wellness

- **Well-Being Assessment Completion Numbers:** 91percent of members have completed their WBAs.
- **Well-Being Assessment Strategy and Results:** During the calls this week, we shared the following chart with you and the information below about how the WBA completions correlate to the communications we have sent to our members.



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- Total number of completions during the week that a mailing/email was sent: 90,212 (87 percent)
- **Physician Screening Form Upload Capability available:** During calls this week, we also explained how members can have their physicians directly upload the Physician Screening Form to Onsite Health Diagnostics (OHD).
 - **Return** your completed physician form. Here's how:
 - **Fax** the completed form: Onsite Health Diagnostics at 972.823.0684.
 - **Mail** the completed form: Onsite Health Diagnostics, Attention Results Department, 7801 Mesquite Bend, Suite 106A, Irving, Texas 75063
 - **Upload** the completed form:
 - Members: <https://my.onsitehd.com/restricted/signup/tn>
 - Physicians: <https://my.onsitehd.com/dropbox/pcp>
- **Coaching Outreach:**
 - We have heard feedback from a few ABCs and members who found out they were required to coach and had to complete the PSF by calling the automated verification system or by receiving the PSF reminder email. As you may remember, the system now updates daily. This allows a member to have the most up to date record of completion of the requirements. Unfortunately, that also means that the system might have record of the coaching requirement before a member is notified by letter or phone call.
 - Going forward, the PSF email reminders will not be sent to any member who has not yet been enrolled and never received a failed attempt letter. The failed attempt letter means that Healthways has made two phone calls and the member has not responded.
 - The letter tells the member Healthways will be calling, or may have already called. And it gives the member the option to call in if he or she doesn't want to wait for Healthways to call.. Healthways will not penalize any member that hasn't had sufficient time to make an appointment to complete the PSF.
 - Any member enrolled in coaching after 4/15/15 will be given until September 1, 2015, and they will not be penalized for not having the form in by 7/15/15.

WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** A member received a letter stating they will receive a coaching call about a month ago. She never received the call. Should she call Healthways directly?
 - **Answer:** Yes, she can call Healthways directly at the number provided on the letter.

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- **Local Ed Question:** I have a member in coaching and they are not getting the coaching call at the requested time and not able to reach anyone (a coach) when they make the call back in to Healthways?
 - **Answer:** You can send in the member's information directly to benefits.info@tn.gov and we will research this for the member. Sometimes this is what happens if the member best time to call is at a really busy time. We are answering coaching calls at a high rate.

- **Local Gov Question:** Is it possible to still print a physician screening form for an employee who does not use a computer?
 - **Answer:** If the member will call the toll free number for Healthways, at 1-888-741-3390, a customer service representative can order the form and have it mailed to the member.

- **Local Gov Question:** We will have a new HR director beginning on May 26. Will there be a new ABC training in June?
 - **Answer:** Yes, the June training for Local Gov new ABCs is on June 25

- **Local Gov Question:** We have a new employee at our agency who transferred from another agency and selected the Partnership PPO as a new hire. But now they have received a transfer letter?
 - **Answer:** We will research this member to determine what happened. Send the member name/ID to benefits.info@tn.gov.

- **State Question:** If someone is going through a divorce and the spouse is not willing to do the coaching what should the HOC do about this
 - **Answer:** If the Head of Contract (HOC) fulfills the Partnership Promise but the dependent spouse does not, the HOC may re-enroll in the Partnership PPO the following year only if the non-compliant spouse is dropped from coverage prior to the beginning of the new plan year.
 - The head of contract must first drop the non-compliant spouse from coverage before he or she can re-enroll in the Partnership PPO. The employee will have to submit a paper form before the end of the annual enrollment period to notify Benefits Administration that he or she would like to be moved back to the Partnership PPO. This change will be made after the enrollment period ends and Benefits Administration confirms with Healthways that the HOC completed the Promise.
 - The member may drop the spouse during Annual Enrollment as long as they have not filed for divorce. If they have filed for divorce, the HOC will have to have an order signed by the spouse and the judge allowing them to drop the spouse. If not, they have to leave them on the plan until the divorce is final.
 - Once the divorce is final and BA has a copy of the divorce decree, BA will allow the HOC to move back to the Partnership PPO.

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- If the divorce is final after the new plan year starts, BA will still allow the HOC to move to the Partnership PPO, but it will not be retroactive.
- **Local Gov Question:** I have an employee who was notified that Healthways did not receive his physician screening form. He asked the doctor's office to fax it again. Does he need to fill out an appeal form or is it enough to make sure that Healthways received the form?
 - **Answer:** Not a reason to appeal yet as the deadline has not yet passed. He just needs to make sure that Healthways has the form.

Operations:

- **Local Ed Only Dependent Query:** The TN_BA01 query was not designed for and should not be used for PPACA reporting. It does have some of the dependent information but does not include anything relating to the dependent's coverage. It is a listing of all active dependents in Edison, whether or not they are enrolled in Medical coverage. We have added the Dependent SSN to this query so that you can have that piece of information now. We will provide a query designed specifically for PPACA reporting and you will have access to that later this year. We will communicate that information to you when the query is ready.
 - **Local Ed Question:** Is the query the one that won't be ready until December? Also, will it include retirees and Cobra participants?
 - **Answer:** The final query result will be sent in mid December working on this now. It has to include information for the entire year including December. Retirees and cobra participants will be sent to you and will be emailed out to you.
 - **Local Ed Question:** Any thought to sending out a preliminary report prior to December?
 - **Answer:** We will be sharing more about this query at a later time.
 - **Local Ed Question:** Any possibility we'll receive these reports before December?
 - **Answer:** The query will be ready but final result won't be ready. We have to have the December premiums first and you will need the December information.
 - **Local Ed Question:** Is it possible we will receive test files prior to December?
 - **Answer:** The query may be finished before December, but the data will not be available to run it before December.
 - **Comment:** Our district has a program we can track monthly. The queries will be helpful to have before December (five points).
 - **Local Gov Question:** Is there a query we can pull to pull to show employees that waived insurance coverage?
 - **Answer:** TN_BA219_MED_DEN_COVERAGE

New ABC Trainings:

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- **New ABC Training in May:** A reminder that the May training for new ABCs is scheduled for next week:
 - ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.
 - Trainings will take place:
 - **May 19 (Day 1):**
 - **Local Ed:** 9 a.m. to 11 a.m. Central
 - **State/Higher Ed:** 1 p.m. to 3 p.m. Central
 - **May 20:**
 - **Local Gov:** 9 a.m. to 11 a.m. Central
 - **All combined entities for Day 2 of training:** 1 p.m. to 3 p.m. Central

New ABC Trainings:

<p>June 24: State: 9-11 a.m. Central Local Ed: 1-3 p.m. Central</p> <p>June 25: Local Gov: 9-11 a.m. Central Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central</p>
<p>July 21: State: 9-11 a.m. Central Local Ed: 1-3 p.m. Central</p> <p>July 22: Local Gov: 9-11 a.m. Central Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central</p>
<p>August 25: State: 1-3 p.m. Central</p> <p>August 26: Local Ed: 10 a.m. - 12 p.m. Central Local Gov: 1-3 p.m. Central</p> <p>August 27: Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central</p>
<p>September 23: State: 1-3 p.m. Central</p> <p>September 24: Local Ed: 1-3 p.m. Central</p>

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<p>September 25: Local Gov: 9 -10 a.m. Central Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central</p>
<p>December 15: State: 9-11 a.m. Central Local Ed: 1-3 p.m. Central</p>
<p>December 16: Local Gov: 9-11 a.m. Central Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central</p>

ABC Workshops:

- June 18 (9-10 a.m. Central) – Topic: Alternate Browser Webinar
 - July 10 (9-10 a.m. Central) – Topic: Rehire vs. Transfer (Local Education)
 - August 19 (1:30-2:30 p.m. Central) – Topic: Annual Enrollment Do’s and Don’ts
 - September 17 (1-2 p.m. Central) – Topics: Queries to Run During Annual Enrollment and Healthways Appeal Process
 - October: No Workshop
 - November 5 (1-2 p.m. Central) – Topics: Queries to Run After Annual Enrollment
 - December 11 (9-10 a.m. Central) – Topic: Administrative Error Letters
- **April Call Data:** Here is a review of the April call data for the BASC. We will also include this data in the call notes for your review.
 - Calls taken – 2,847 (118.6 calls per day – 24 working days)
 - Average wait time – 22 seconds
 - Highest Maximum wait time – 3:52 on April 2
 - Average of the maximum wait times for the month – 2:20

- **Remedy ticket response rate:**

Remedy tickets	April
Submitted	3600
% Resolved w/in 36 hours	99.12%

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Optional Term Life and Long Term Care Update

- On a previous call, we had some questions about direct billing for optional products such as Optional Term Life and Long Term Care for employees on leave. We stated that we would provide further clarification on that process. We are working on a document to share and will present it on the ABC calls next month.

- **Questions**
 - **Local Ed Question:** It was discussed on the last call that the info will probably not be a query as the file would be too large. It was indicated that it would probably be a CSV file that would be emailed to ABCs. Has it been decided that it will be in fact a query?
 - **Answer:** We believe this will be a query that you will be able to run. We will know more once we get farther in the development process and will communicate that information.

 - **Local Ed Question:** Do you have any info available to ABCs regarding the new health insurance option for next year and the HSA accounts
 - **Answer:** We don't at this time. We will present to the insurance committee later this month/June and will have more information later about this choice available for your members in the fall.

 - **Local Gov Question:** Someone in our office received a letter from Premera Blue Cross about a "sophisticated cyberattack" and it offers ID protection for a time. We just wanted to make sure it is a legitimate letter.
 - **Answer:** It is a legitimate letter. We sent out copies of the letters in a Friday email dated 4/17. To view the letters online go to http://tn.gov/finance/ins/pdf/abc_email_2015.pdf and select the 4/17 material.

 - **Higher Ed Question:** Did I miss the Legislation Policy Update that was mentioned on the agenda?
 - **Answer:** No, you did not miss it. We decided to discuss this during next month's call.

 - **Higher Ed Question:** Are there any major changes coming to the insurance program this year?
 - **Answer:** There are no major changes coming to the program this year but we will discuss some new plan options on a future call.

 - **Higher Ed Question:** We have a new employee who used to work for another entity. At the old position, the salary was at a different rate. The Basic Term Life insurance coverage is still based on the employee's previous salary. Will the Basic Term Life coverage change and in the meantime if something happens, will the benefit pay out at the current level?

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- **Answer:** The Basic Term Life Insurance coverage amount is based upon the employee's age and salary as of September 1 of each year. The change in coverage level, if any, becomes effective on October 1 of each year. There is no other change during the year even if the employee's age and/or salary does change during the year. The benefit will pay out at the current level.

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Materials and Communications:

Subject to the actions taken by the Insurance Committees at the end of this month, here is what BA will recommend as new plan options and changes. None of this is set in stone yet but we just wanted to give you a heads up. We'll go into much more detail after the Committees meet and take action.

- **State/Higher Ed Only:** Our annual ABC meeting will be on Friday, August 21 at Ellington Agricultural Center. More information will be provided soon.
 - **State Question:** Who is the target audience for this meeting?
 - **Answer:** Primary State and Higher Ed ABCs.

- **Annual Enrollment Dates:**
 - **State/Higher Ed:** September 15 – October 15
 - **Local Ed/Local Gov:** October 1 – October 30

- **New 2016 Plan Option:** We are recommending a new health plan option this year in addition to the current PPOs – a Consumer Driven Health Plan with Health Savings Account.
 - “Consumer-driven” means the members have control and management of their health care dollars so they become a better user of health care. It has a higher deductible health plan and lower monthly premiums. Typically, members take responsibility for paying for health care expenses until they meet the deductible. Once the deductible is met, co-insurance applies.
 - A Health Savings Account (HSA) is an account that individuals can save money for qualified medical and retiree health expenses on a tax-free basis.
 - We will go in to much more detail on future calls and in ABC communications about this new option after we have approval from the Insurance Committee at the end of this month.
 - If the Insurance Committees approve this new option here are some of the highlights of how we plan to communicate this the CDHP with HSA to both you and our members:
 - We will post information on our Partners for Health Website the first week of July, including a comprehensive set of questions and answers, which will be updated as new questions come in from members throughout the summer and fall.
 - We plan to mail a newsletter specifically about the new CDHP/HSA option to members’ homes in mid-July.
 - Throughout the summer and fall, we will include in our weekly Agency Benefits Coordinator emails, information about the CDHP/HSA that you can share directly with members.

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- We will create a brochure with summary information about the CDHP for use at benefits fairs throughout the summer and fall.
 - We will begin weekly conference calls with all Agency Benefits Coordinators in mid-July and they will run through the first week of November. We follow up these calls with detailed notes sent to you by email.
 - We are also in the process of securing an online Decision Tool that will help members think through which of our plan options might best suit them in 2016 and we will post that on our website and push out information about it in early August.
 - We will provide in-person CDHP training for Agency Benefits Coordinators in August. We plan to offer similar telephone/webinars for employees during the annual enrollment period.
 - Five comprehensive Decision Guides will be created, one for each plan and two versions for retirees, and these will be ready and posted on our website the first week of August. They will be mailed to all eligible employees to arrive in their homes prior to Annual Enrollment.
 - Information will be shared through our Social Media sites throughout the summer and fall.
 - We will work with the banking vendor to provide additional educational materials about the HSA as soon as that contract is signed and throughout 2015 and 2016.
-
- **Local Ed Question:** Is this something that we have to offer or will we have to sign up for it?
 - **Answer:** Based on the MOU, agencies must offer all health plan options to employees.
 - **State Question:** Will the deductibles go up again this year?
 - **Answer:** We will have more information on this after the Insurance Committee meeting at the end of June.
 - **State Question:** Will we have a different vendor for the HSA different from treasury working flex now?
 - **Answer:** Yes, Benefits Administration is procuring a HSA vendor.
 - **State Question:** Will there still be a LocalPlus plan?
 - **Answer:** We are currently in the procurement process for health insurance carriers. We will know more soon.
 - **Local Gov Question:** Do you have to offer this as part of our benefits package?
 - **Answer:** Yes, based on the MOU, agencies offer all health plan options to employees. Your agency does not however have to put any “seed money” into employees’ HSA accounts.
 - **Local Gov Question:** So the HSAs would be employee driven/managed?
 - **Answer:** Yes, the HSA will be a relationship between the employee and the bank/fiduciary entity.
 - **Local Gov Question:** In the ABC training, will it show us how exactly to explain this to our employees when we go over insurance?

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- **Answer:** Yes, we are working now on communications material and presentations for our ABC to use during annual enrollment.
 - **Higher Ed Question:** Will everyone have to re-enroll this fall if the CDHP goes through?
 - **Answer:** No, not because there will be an additional plan option. However, since the current insurance and dental carrier's contracts are expiring and the end of this year and we will have new contracts in place in 2016, members may want to make changes due to new network options.
 - **Higher Ed Question:** Will there be any paper enrollment forms for the CDHP and vendor changes for those who can't do it online?
 - **Answer:** Paper forms will not be accepted. If you have members who need help enrolling online you might consider setting up a computer kiosk in your offices during annual enrollment to assist members with Edison.
 - **Higher Ed Question:** The premiums for the regions. Is it going to be four programs with eight premiums for the three regions or will they be consolidated somehow?
 - **Answer:** That is a question we won't know the answer to until after the June Insurance Committee meeting.
- **Again, subject to the approval of the Insurance Committees at the end of this month, here are the 2016 Benefits Updates: Partnership Promise, pharmacy changes, convenience clinic and urgent care copays.** Today we will give you a general overview of the few benefits changes for 2016 and the 2016 Partnership Promise requirements BA will recommend to the Insurance Committees.
 - **Local Ed/ Local Gov only:** As we informed you previously by letter, we will not have a premium increase for health coverage or vision coverage. The dental vendors are still being determined and once finalized, we will let you know as soon as possible about the dental insurance premiums and any benefits changes.
 - **State/Higher Ed only:** Subject to final approval by the Insurance Committees, there will be a 3.5 percent premium increase for health insurance. There is no premium increase for vision and the dental vendors are still being finalized. Once that procurement is complete, we will let you the 2016 dental insurance premiums and any benefits changes.
 - **Benefit Changes: Here is a brief overview of some of the benefit changes BA is recommending for 2016:**
 - **Expand the pharmacy maintenance tier:** In addition to the medications currently on the maintenance tier, which are statins, anti-diabetics and anti-hypertensives, we are recommending adding medications for asthma, COPD, depressions, and additional anti-hypertensives for coronary artery disease and congestive heart failure.
 - **Differentiate convenience care clinics and urgent care clinics and copays.** Currently copays for these two types of clinics are the same. Convenience care clinics are typically those found in CVS, Walgreens, Kroger and other stores. Urgent care clinics are often stand-alone clinics or found near to hospitals that offer a higher level of care.

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- We will reduce the convenience care copay to the level of a primary care visit and increase urgent care visits to the level of a specialist.
 - **Limit chiropractic visits to 50 per year.** Currently there is no visit limit for chiropractic care. Unlimited chiropractic visits allows coverage for services that no longer offer medical improvement. We will limit chiropractic coverage to 50 visits per year. Additional visits will be paid 100 percent of the allowable by the member. Even at 50 visits, the State's coverage remains more generous than other similar plans.
- **Surcharges:** The surcharges are subject to change and have not yet been finalized for 2016.
- **Partnership Promise:** For 2016, the requirements will be the same as they were in 2014:
 - All Partnership PPO members (Head of Contract and covered spouse) will be required to complete the annual Well-Being Assessment (WBA), get a biometric health screening, and keep their contact information up-to-date.
 - Those identified for coaching must also participate in the coaching program, if contacted.
 - New employees must complete the WBA and biometric screening within 120 days of their coverage effective date.
- **Local Gov Question:** What is prompting the change in insurance carriers?
 - **Answer:** Benefits Administration has five-year contracts with our partner vendors. Our health and dental contracts will end this year so we are in the process of procuring new contracts.
- **Higher Ed Question:** The urgent care clinic in our town only charges \$25 instead of \$30 per visit. Will we be charged \$45 now?
 - **Answer:** The simplest answer to this question is it depends on how your clinic is submitting bills to our health insurance carriers. If the clinic you visit is filing a claim for urgent care, you should expect to pay the urgent care copay (currently \$30 for the Partnership or \$35 for the Standard PPO). If however, your clinic is actually billing for something else, for example, if they have been billing for office visit charges, then that might explain why you have been paying a \$25 office visit copay instead of a \$30 urgent care copay. If recommended changes for clinic services are approved, you can expect to pay the new copays we discussed for services billed as convenience care or urgent care in 2016. There is no recommendation to change the copay for services billed as primary care.
- **Higher Ed Question:** Only the Partnership Plan would be affected by the difference in premiums at clinics?
 - **Answer:** No, this proposal to reduce the convenience care copay to the level of a primary care visit and increase urgent care visits to the level of a specialist visit, if approved by the Insurance Committees would be

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effective across all plans. The Partnership Plan illustration was just an example. If recommended changes are approved by the Insurance Committee, the 2016 copays for services billed as convenience care will decrease to \$25 for the Partnership PPO and \$30 for the Standard PPO. The 2016 copays for services billed as urgent care will increase to \$45 for the Partnership PPO and \$50 for the Standard PPO.

- **Higher Ed Question:** Please clarify the chiropractic charge for over 50 visits per year. What would the employee pay?
 - **Answer:** For 51 visits and up from a network provider, the employee would pay 100% of the allowed amount. For example, if a network provider bills \$100 and the allowed portion of that amount is \$70, then the member would pay 100% of the allowed amount, or \$70.
- **Higher Ed Question:** In 2016, will there be biometric screening sites?
 - **Answer:** Yes, there will be workplace biometric screening sites in 2016.
- **Higher Ed Question:** Can you speak to whether the biometric screening requirement for 2016 will be required for all participants, or only those identified for coaching as this year?
 - **Answer:** Yes, in 2016 everyone will have to either submit a physician screening form or attend a biometric screening. More information will come closer to 2016.
- **Updated Presentations and Forms:**
 - **New hire presentations:** Due to recent legislative updates and changes, the new hire presentation for all plans are being updated. We plan to have the revised presentations available on the BA website by the end of the week. We'll include an update with links in the Friday ABC email.
 - **Eligibility Guide Addendums:** On Friday, we sent an addendum for you to give to new hires and those newly eligible with the current 2015 Eligibility and Enrollment Guide.
 - We sent two versions – one that shows the tracked changes to the addendum, and other the final document for you to print out and use.
 - Links to the up-to-date Eligibility and Enrollment Guides:
 - **State and Higher Education:**
http://tn.gov/finance/ins/pdf/2015_guide_st.pdf
 - **Local Education:** http://tn.gov/finance/ins/pdf/2015_guide_le.pdf
 - **Local Government:**
http://tn.gov/finance/ins/pdf/2015_guide_lg.pdf
 - **Member handbooks:** We are in the process of revising the online member handbooks with the July 1 changes included in the addendums and will notify you when these are updated.
 - **Local Ed Question:** On the addendum, what is the difference between full-time employees not defined and full-time non-certified employees?

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- **Answer:** A full-time employee “not defined above” is referring to a full-time employee other than the teachers defined in 8-34-101(46) or interim teachers whose salary is based on the local school system’s schedule. So a full-time non-certified employee who works at least 30 hours per week would fit the category of a full-time employee not otherwise defined as a teacher or interim teacher. The other category of non-certified employees can qualify with a minimum of 25 hours per week if the school system has a resolution on file with BA allowing it.
 - **Local Ed Question:** Do non-certified employees have to work for 12 months before we offer them insurance?
 - **Answer:** Only the non-certified employees captured under the 25- hour resolution are subject to the 12 months of employment requirement. This only applies to LE agencies that have adopted and filed a resolution with BA to allow coverage for non-certified employees who work a minimum of 25 hours per week.
 - **State Question:** Will you be issuing new Eligibility Booklets due to the changes in health insurance start dates?
 - **Answer:** We are not printing new ones. The online version includes the addendum information.
 - Link: http://tn.gov/finance/ins/pdf/2015_guide_st.pdf
 - **Local Gov Question:** Does the addendum need to be sent to all employees?
 - **Answer:** New hires should receive an Eligibility and Enrollment Guide. If you have any printed Eligibility and Enrollment Guides, please print off the addendum and put it with those guides. The guides online have been updated if you would like to print new ones.
 - Link: http://tn.gov/finance/ins/pdf/2015_guide_lg.pdf
 - **Higher Ed Question:** About the addendum. What do we do about part-time to full-time employees in Edison? In Edison there is one eligible date. How would you transfer them from part-time to full-time?
 - **Answer:** (Note: no part time employees should be in Edison. Only those full-time employees who are eligible should be in Edison).
 - When an employee goes from part time to full time, an Enrollment Change Application will need to be completed and sent to Benefits Administration. We will have to hire the employee in Edison in order for the coverage begin date to be correct. Under Part 1: Action Requested – **Type of Action:** Add Coverage – **Reason for This Action:** New Hire/Newly Eligible and Other: PT to FT. In the note section of the application, please include the original date of hire (date hired part-time) and the date the employee went full-time. The Coverage Begin Date will be the first the following month after the change of status.
- **Local Ed/Local Gov – Adding Dental and Vision Benefits for your Employees (For agencies not already enrolled in our dental or vision plan):** If your agency would like

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to begin offering the state's vision and/or dental plan on January 1, 2016, you must notify Benefits Administration by July 1, 2015.

- Your notification letter to Benefits Administration must:
 - Be on agency letterhead.
 - State your agency's intent to join the vision or dental plan.
 - Be approved by your governing body, if appropriate, and signed by your agency director.
 - Indicate your willingness to allow payroll deduction.
- Please send your letter to Seannalyn Brandmeir at Seannalyn.brandmeir@tn.gov. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
- Also, if your agency would like to drop dental or vision coverage for the 2016 calendar year, the same July 1 deadline applies and BA needs a written notice sent to Seannalyn Brandmeir by this date.

- **Local Ed Question:** Just to clarify, you are currently shopping for new Dental vendors?
 - **Answer:** Our current contracts expire at the end of this year so we are procuring new contracts.
- **Local Gov Question:** In order to get the vision with the state do you have to have a certain amount of employees to agree to be able to get it?
 - **Answer:** No, you do not need a certain amount of employee participation.
- **Local Gov Question:** Will the new dental information be available by July 1 in order for us to determine if we want to offer it or not?
 - **Answer:** We should be able to let you know vendors a few days before the deadline.
- **Local Gov Question:** Can this letter be faxed?
 - **Answer:** Yes. The fax number is 615-253-8556. Please put to the attention of Seannalyn Brandmeir.
- **Local Gov Question:** Where do I find what the vision insurance will cost and what they pay for employees?
 - **Answer:** The information is on our website at:
 - Information about the plans: <http://tn.gov/finance/ins/vision.shtml>
 - 2015 Premiums:
http://tn.gov/finance/ins/pdf/premium_vision_2015.pdf

State/ Higher Ed Only: Benefits Update – Minnesota Life

Minnesota Life Update: Under the voluntary (optional) term life insurance program, married employees may not cover the other employee as a spouse. Each employee must enroll as an employee. MN Life was incorrectly allowing one employee to cover the other employee as a spouse as long as the other employee was not also enrolled as an employee. MN Life has identified approximately 122 spouses who fit this situation.

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- The spouses will be moved from “spouse” level coverage to “employee” level coverage effective September 1, 2015. The new employee certificates will be issued with the original effective date and the current coverage amount.
- MN Life will produce a listing of these employees and spouses. As soon as Benefits Administration has the list, the information will be shared with the ABC’s. Each spouse will receive a letter from MN Life advising of this change. The September Premiums Due report which may be run during the first part of August will reflect the changes.
- **Higher Ed Question:** Is there a verification process for children age 26 who are ineligible for the life benefits?
 - **Answer:** An employee or spouse who is enrolled in the voluntary (optional) term life insurance program may add a child term rider to the certificate of coverage. The employee or spouse does not have to identify the children being covered under the rider. Therefore, MN Life has no record for individual children and cannot send out continuation packets or cancel the term rider unless notified by the employee or spouse.

State/Higher Ed Only: ParTNers for Health Behavioral Health Program

Tufts Project: Benefits Administration has contracted with Tufts Medical Center in Boston Massachusetts to provide the **Be Well at Work Program**. For those who qualify, the program provides access to an emotional health professional who provides tools to help better manage stress and overall emotional health.

Program highlights include;

- Brief, confidential, online emotional health survey
- Receive results and recommendations immediately
- Some members may qualify to receive free professional and personalized health services
- Giving away a two night stay at a TN State Park of your choice for those who take the health survey
- The current plan is for the Be Well at Work website to be live in early August and the survey to run through January 2016.
- Only able to accept the first 300 eligible participants
 - BA needs your help in spreading the word to your employees and letting them know about this unique opportunity. We’ll be sending information out in the coming weeks that will set you up with everything you need to encourage participation. We want our employees to have all the tools they need to live full and emotionally healthy lives!

ParTNers for Health Wellness Program

- **Biometric Screening Deadline:** The deadline for members required to complete a biometric screening is July 15, 2015.
 - Only those members who are required to coach, or are a new hire or newly covered member are required to get a biometric screening this year.

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- New hires and newly covered member have 120 days from their coverage effective date to get this screening and complete their WBA.
 - We do have some members who are required to coach and were recently informed. These members will have until October 2015 to complete the screening and will be informed by letter of this deadline.
- **Physician Screening Form Reminder:** As a reminder, members who are required to complete a biometric screening have to use the form on the Onsite Health Diagnostics website.
 - We do know that some members are still using an old form from our previous vendor, APS. This is the wrong form and will not be accepted.
 - For members to download the Physician Screening Form, members need to go to the [ParTners for Health website](#), go to the **Quick Links box** and click on **“Complete Your Biometric Screening”**. This link will take them to the OHD website where they can download the correct form to use.
 - **Local Gov Question:** I printed my screening form and it still has my old address on it. Where can I go to get this changed on my form?
 - **Answer:** The short answer is you don’t have to get this changed for the PSF to be processed correctly. OHD and Healthways recently updated the process for OHD to receive member contact changes that don’t require the member to create a username and password. This newly updated process should eliminate this issue.
 - **Transfer Letters:**
 - **WBA Transfer Letters:** Appeal deadline is June 15.
 - **Coaching Transfer Letters:** These letters mail at the end of each month to those who have not accepted coaching calls and did not respond to the failed attempt letter.
 - **Local Ed Question:** What about members that have a health coach but the health coach does not call them?
 - **Answer:** We would need a specific member example to research. We do recognize the some members received the letter notifying them of the coaching requirement, but have not yet received their first coaching outreach. Healthways continues to contact all members required to coach to get them started.
 - **Local Ed Question:** I have members that have a coach and have completed their requirements but are still being told that they will be removed from the Partnership Plan. What advice should I give the employee?
 - **Answer:** We need specific member details to research. The transfer letter is mailed after Healthways makes two unsuccessful call attempts and the member does not respond to the Failed Attempt Letter. All outreach attempts and mailings are documented.

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- **State Question:** If I change my contact info in Edison is it updated with ParTNers for Health and Healthways?
 - **Answer:** Yes it is. Spouses need to contact Healthways directly to provide his/her preferred phone number.
- **Local Gov Question:** If you are not participating in coaching you do not have to do the well-being screening?
 - **Answer:** For 2015, only those who are participating in coaching need to complete a biometric screening form by July 15, 2015.
- **Higher Ed Question:** If an employee is hired after September 1, 2016, do they have to complete the Partnership Promise requirements?
 - **Answer:** No, After September 1 the 120 days to complete the requirements will either run into our December blackout month or 2016. The members will have to complete the Partnership Promise requirements in 2016.
- **Automated Verification System:** As a reminder, members can call the Healthways automated verification system to check on the status of their Partnership Promise requirements.
 - They would call 888-741-3390 and select option 1 to go through the prompts. The system requires members to verify their identity with their birthdate and Caremark ID number and walks them through this process.

Operations:

- **State/Higher Ed Coverage effective date reminder:** Beginning July 1, 2015, for newly-hired employees, the coverage effective date will be the first day of the month following one full calendar month of employment from the hire date.
 - For example, if a member is hired on September 15, coverage would begin on November 1
- **Upcoming June New ABC Trainings/ABC Workshops:**

June 24th:

State: 9-11 a.m. Central

Local Ed: 1-3 p.m. Central

June 25th:

Local Gov: 9-11 a.m. Central

Day 2 (All Entities Need to Attend this Class): 1-3 p.m. Central

- **Reminder: Upcoming ABC Workshops:**
 - June 18th (9-10 a.m. Central) – Topic: Alternate Browser Webinar
 - July 10th (9-10 a.m. Central) – Topic: Rehire vs. Transfer (Local Education)

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- **Local Gov Question:** What if you can't make the training in June. Will there be an alternate date?
 - **Answer:** Yes, if you log into ELM in Edison, future dates are also listed and you are able to register for those at any time.
- **Local Gov Question:** Is the June 25 training the same as the May 20 training?
 - **Answer:** Yes, it is the same training.
- **Local Gov Question:** If the training in June only for new ABC's?
 - **Answer:** It is for new ABCs but we encourage current ABC to join us if you like.
- **Local Gov Question:** Is this a mandatory training?
 - **Answer:** It is mandatory for new ABCs.
- **New BASC Manager:** Tameka Allen has been promoted to manager in the service center. She will be taking lead for the Local Government team.
- **Higher Ed UT/TBR Billing:** Who Pays What for Optionals
 - **Employee and ABC complete a leave of absence form requesting to suspend benefits**
 - Benefits Administration suspends medical, dental, vision and special accident.
 - Employee is enrolled in basic life no medical and the agency is billed the basic life no medical premium.
 - Agency will continue to be billed for long-term care, term life and universal life for three consecutive months, the agency can request Benefits Administration to stop the deductions for these optional coverages due to nonpayment of premiums.
 - **Employee and ABC complete leave of absence form requesting to enroll employee in 100% direct bill**
 - Benefits Administration enrolls employee in direct bill for medical, dental, vision, basic life and special accident.
 - Agency will continue to be billed for long-term care, term life and universal life.
 - If employee does not pay the agency for long-term care, term life and universal life for three consecutive months, the agency can request Benefits Administration to stop the deductions for these optional coverages due to nonpayment of premiums.
 - **Agency requests to suspend an employee's coverage due to nonpayment while on FMLA**
 - Benefits Administration suspends medical, dental, vision and special accident.
 - The employee is enrolled in basic life no medical and the agency is billed the basic life no medical premium.
 - Agency will continue to be billed for long-term care, term life and universal life.
 - If employee does not pay the agency for long-term care, term life and universal life for three consecutive months, then agency can request Benefits Administration to stop the deductions for these optional coverages due to nonpayment of premiums.

**Combined Notes from
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- **May Call Data:** Here is a review of the May call data for the BASC:

- Calls taken - 2608 (86.9 calls per day – 20 working days)
- Average wait time – 0:13 (thirteen seconds)
- Highest Maximum wait time – 6:00 on May 26
- Average of the maximum wait times for the month – 0:01:36

- **Remedy ticket response rate:**

Remedy tickets	May
Submitted	2771
% Resolved w/in 36 hours	99.09%

- **Local Ed Question:** Is there a query for employees who waived health insurance and also is there a query for all employees that are enrolled?
 - **Answer:** TN_BA219_MED_DEN_ELECTIONS – This query will show all elections made in Edison between a specific date range. If elections were not made or if elections were waived, the query will show “W” for waived.
 - Query list can be found at http://www.tn.gov/finance/ins/pdf/abc_query_list.pdf
- **Local Ed Question:** Why are employees having to change their passwords now, when they have to do this again in the fall?
 - **Answer:** Passwords expire after 90 days. We also had a number of members who did not set up security questions and passwords so we are reaching out a second time. If your employee has already set up the security questions and answers, he or she will not have to do that again. But, he or she will still need to reset the password.
- **Local Ed Question:** If we have already changed our password do we have to do it again?
 - **Answer:** Yes, the password expires after 90 days.
- **State Question:** Will there be any HIPAA training this year?
 - **Answer:** Our HIPAA privacy officer is currently working on a new HIPAA training and we will let you know as soon as we have more information about the training.
- **Local Gov Question:** I had an employee retire. How long will their charges be billed to us?
 - **Answer:** It depends on the circumstances but the active insurance, in general, should not be on your billing over a month later. It is best to enter

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- a REMEDY ticket or call into the service center so we can look this up for you and give specifics.
- **Local Gov Question:** If a Local Gov employee's spouse is on the Local Education plan, can the employee terminate coverage during open enrollment and go on the spouses Local Education plan? How long would the employee have to be on the spouses plan before the spouse retired to continue coverage on spouses plan after retirement?
 - **Answer:** There is no minimum length of participation requirement for dependents who want to continue insurance coverage under the employee when the employee retires. If the employee is eligible to continue coverage as a retiree, any dependents who are covered by the employee as of the date of retirement may also continue, as long as they continue to meet the definition of an eligible dependent. There is a length of participation requirement for employees who are retiring. It's one year for employees who have 20 years or more employment with the employer and three years for employees who have less than 20 years.
 - **Higher Ed Question:** If an employee's status changes from F/T to Temporary (working at least 1300 per year) and will qualify for the continuation of benefits based on the ACA requirements, will the stability period change from 10 months to a calendar year? This would help Payroll and Benefits calculate eligibility.
 - **Answer:** The stability period has to be the same length of time as the measurement period. If you have a 10 month measurement period, you have to use a 10 month stability period.

**Combined Notes from
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ABC Conference Calls
July 14 and 15**

Materials and Communications:

- **Annual Enrollment ABC Calls:**
 - We will begin **weekly** ABC annual enrollment calls on July 28 and 29. These calls will continue until one week after the annual enrollment period ends for your members.
 - During these weekly calls, we will feature our vendors who will provide updates on 2016 benefits and changes.

ABC weekly call schedule:

Date (Tuesday and Wednesday)	Local Ed – all calls on Tuesdays at 9:00 a.m. Central	State – all calls on Tuesdays at 10:30 a.m. Central	Local Gov – all calls on Tuesdays at 1:00 p.m. Central	Higher Ed – all calls on Wednesdays at 9:00 a.m. Central
July 28 & 29	July 28	July 28	July 28	July 29
August 4 & 5	August 4	August 4	August 4	August 5
August 11 & 12	August 11	August 11	August 11	August 12
August 18 & 19	August 18	August 18 – NO CALL	August 18	August 19
August 21 – all day meeting		August 21 – All day meeting – Primary ABCs		August 21 – All day meeting – Primary ABCs
August 25 & 26	August 25	August 25	August 25	August 26
September 1 & 2	September 1	September 1	September 1	September 2
September 8 & 9	September 8	September 8	September 8	September 9
September 15 & 16	September 15	September 15	September 15	September 16
September 22 & 23	September 22	September 22	September 22	September 23
September 29 & 30	September 29	September 29	September 29	September 30
October 6 & 7	October 6	October 6	October 6	October 7
October 13 & 14	October 13	October 13	October 13	October 14
October 20 & 21	October 20	October 20	October 20	October 21
October 27 & 29	October 27	October 27 - NO CALL	October 27	October 27 - NO CALL
November 3 & 4	November 3	November 3 - NO CALL	November 3	November 4 - NO CALL

- **State/Higher Ed: Save the Date! In-Person Meeting Reminder – August 21**
 - A reminder that the annual, all-day in-person meeting for primary State and Higher Ed ABCs will be held on **Friday, August 21, from 9:00 a.m. to 4:00 p.m. Central at the Ellington Agricultural Center.**
 - BA will cover 2016 benefits and our vendors will be available to answer your questions.
 - Space is limited for the event. We sent registration information to all primary ABCs on Wednesday, July 15. If the primary ABC is not able to

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attend, we do ask that you forward the email to a back-up ABC to register for the training.

- **2016 Benefits and Vendor Update**
 - With approval from the Insurance Committee, we can announce these benefits and vendor updates:
 - **Local Ed/ Local Gov:** As we informed you previously by letter, we will not have a premium increase for health coverage or vision coverage.
 - We do not have dental information to share with you yet, but will notify you as soon as we have it.
 - **State/Higher Ed:**
 - There will be a 3.5 percent premium increase for health insurance.
 - There is no premium increase for vision.
 - We do not have dental information to share with you yet, but will notify you as soon as we have it.
 - **Health Carrier Vendor Announcement:**
 - Following a successful bid process, Benefits Administration has awarded two new contracts for our health insurance carriers.
 - [BlueCross BlueShield of Tennessee \(BCBST\)](#) will be available in all three regions offering **Network S**.
 - [Cigna](#) will be available in all three regions offering their **LocalPlus (LP)** network. Based on the new contract, Open Access Plus (OAP) network will no longer be offered.
 - We will include carrier information in the 2016 Decision Guide.
 - Health carrier vendor representatives will be available on future calls to answer questions.
 - **Surcharges:** The health insurance surcharges are being eliminated for 2016. The premium costs for BCBST and Cigna will be the same in all three coverage areas, east, middle and west TN.
 - **CDHP/HSA Update:**
 - The insurance committee approved offering a Consumer Driven Health Plan with a Health Savings Account, also known as the CDHP/HSA, as one of the plan options in 2016. The other options, Partnership PPO, Standard PPO and Limited PPO (local education and local government only) will all also be offered in 2016.
 - PayFlex will be the Health Savings Account (HSA) banking fiduciary vendor.
 - We will go in to much more detail on future calls and in ABC communications about this new option.

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- We will also provide in-person CDHP/HSA training for ABCs in August. We plan to offer similar telephone/webinars for employees during the annual enrollment period.

MATERIALS AND COMMUNICATIONS GENERAL QUESTIONS

- **Local Ed Question:** Is there an updated version of the market place letter as some wording has changed with marriage?
 - **Answer:** All materials are being reviewed due to the change in the marriage law and will be updated at the same time. We will let you know when that happens.
- **State Question:** Why did the enrollment dates change and are moved up?
 - **Answer:** As a part of the evaluation for all of the changes for annual enrollment, we will be able to help more people on the phones if the annual enrollment period was separated out for State and Higher Ed, and Local Ed and Local Government plan members.
- **State Question:** Will HR offices have a supply of enrollment books for their departments prior to annual enrolment?
 - **Answer:** If you are talking about the 2016 Decision Guide, we are working to put an order form on our website for ABCs to order guides. But please remember, every eligible member will get a 2016 Decision Guide in the mail. You will only need the guides for new hires who will enroll in 2015.
- **State Question:** When will the insurance information be sent so that employees will be ready for the new enrollment period?
 - **Answer:** The 2016 Decision Guides will arrive in employees' homes around Labor Day. We are completing a newsletter about the CDHP/HSA is and it will arrive in homes the beginning of August. We will also have information on the Partners for Health website in mid-August and information for you to push out directly to your employees throughout the Annual Enrollment period.
- **Local Gov Question:** Did I miss the discussion about whether or not premiums will be going up or staying the same?
 - **Answer:** For Local Government agencies in 2016, the health insurance and vision coverage premiums will stay the same. We do not have the dental plan vendors or premiums available at this time.

HEALTH CARRIER QUESTIONS

- **Local Ed Question:** So there is no more option for OAP – in 2016?
 - **Answer:** Correct, for those who have Cigna as their carrier in 2016, the network will be LocalPlus in all regions.

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- **Local Ed Question:** Is the LocalPlus as big as OAP? I am assuming we will all get new Cigna cards in December?
 - **Answer:** We will have representatives from Cigna and BCBST available on upcoming ABC calls and they can answer any questions you may have about the network. We have attached a list of hospitals in each network just to give you an idea of how broad each one is. Yes, new cards will be mailed in December.

- **Local Ed Question:** Is LocalPlus going to add extra doctors who are not in their network at this time?
 - **Answer:** We will provide you will additional information about the networks as soon as we have it. Also, representatives from both BCBST and Cigna will be available on future ABC calls to answer your questions.

- **Local Ed Question:** Will employees have to change to LocalPlus or will this be done automatically by BA? Will this be done during AETP this fall?
 - **Answer:** Members currently enrolled in Cigna who don't make a change during annual enrollment will automatically move to Cigna LocalPlus for 2016. We encourage all members with both carriers to review the networks to make sure their preferred doctors and hospitals are in the network.

- **Local Ed Question:** Could you briefly explain Cigna OAP and Cigna LocalPlus?
 - **Answer:** Based on the current contract with Cigna, members who selected Cigna as their carrier have access to Cigna Open Access Plus (OAP) providers. In middle Tennessee, members also could select Cigna LocalPlus as their carrier option. In 2016, because of the new contract, the Cigna network will change to LocalPlus statewide and those enrolled with Cigna as their carrier will use the LocalPlus network for in-network providers.

- **Local Ed Question:** How soon can you get the 2016 Cigna LocalPlus provider directory?
 - **Answer:** You can go online to the [Cigna website](#) and find out information about the network right now. We have attached a list of the hospitals in both networks. We will have a Cigna representative on the August 4 and 5 ABC calls to talk to you about the network.

- **Local Ed Question:** Do you know if the Cigna LocalPlus network is going to expand or plan to stay pretty close to what it is currently?
 - **Answer:** Networks change throughout the year. Looking at the list of hospitals attached will help answer this question for you. A representative from Cigna will be on the August 4 and 5 ABC calls and will talk about and answer any questions you have about the LocalPlus network.

- **State Question:** What are the names of all of our networks?

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- **Answer:** There are two carriers. In 2016, the BCBST network will be Network S for all regions. For Cigna, the network will be LocalPlus for all regions.
- **State Question:** So Cigna Open Access is not available?
 - **Answer:** Yes, for 2016 the Cigna network will be LocalPlus.
- **State Question:** So Cigna Open Access is not available for 2016. What happens for employees are in that plan for 2015?
 - **Answer:** Members who are currently have Cigna as their carrier and don't make a change during annual enrollment will be moved to the LocalPlus network for 2016. Members will need to check the networks to determine if their preferred providers are in the network they choose.
- **Local Gov Question:** Is Cigna LocalPlus the same as Open Access (Plus)?
 - **Answer:** No, Cigna LocalPlus is a different network. In 2016, members enrolled in Cigna will have LocalPlus as their in-network group of providers across all regions.
- **Local Gov Question:** Is the difference between Cigna LocalPlus and Cigna OAP just the providers?
 - **Answer:** Yes, these are different provider networks. Some of the providers may be the same and some may be different. The services and benefits are the same across all plans.
- **Local Gov Question:** Is Cigna LocalPlus the one that is for the West only?
 - **Answer:** No, currently Cigna LocalPlus is offered to middle TN members. In 2016, Cigna LocalPlus will be the network offered for all plan members in all regions of the state who choose Cigna as their insurance carrier.
- **Local Gov Question:** When will Cigna LocalPlus go into effect for West TN?
 - **Answer:** In January of 2016. Members who select Cigna as their carrier will use the Cigna LocalPlus network as their in-network group of providers statewide.
- **Local Gov Question:** Will the members that currently have Cigna OAP have to go in and choose the LocalPlus network or will they automatically be changed to the LocalPlus network?
 - **Answer:** Members currently enrolled in Cigna will automatically be enrolled in the LocalPlus network if they don't take any action during Annual Enrollment. But we do encourage all members review the networks to determine if their preferred providers and facilities are in the network.
- **Local Gov Question:** So they (members) have the option to stay with OAP or choose to move to LocalPlus for west TN members?

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- **Answer:** No, the Cigna OAP network will not be offered in 2016. The BCBST network will be Network S, and the Cigna network will be LocalPlus for all members in all regions of the state.
- **Local Gov Question:** So just to be clear Cigna Open Access Plus (OAP) is going away and will no longer be an option?
 - **Answer:** Yes, that is correct. In 2016 the Cigna network will be LocalPlus.
- **Local Gov Question:** Do you have any idea if the benefits will be somewhat comparable to Open Access?
 - **Answer:** The change from Cigna OAP to Cigna LocalPlus applies to providers and facilities. It does not impact the benefits or services offered in 2016.
- **Local Gov Question:** Do you know if Baptist facilities will be considered?
 - **Answer:** Check the attached list. We will have a representative from Cigna available to answer your questions during the August 4 and 5 ABC Conference calls.
- **Higher Ed Question:** Is there no Open Access Plus for Cigna anymore?
 - **Answer:** Correct. In 2016, Cigna's network will be LocalPlus in all regions of the state. To be absolutely clear, Cigna still has the OAP network, but our network will be the Cigna LocalPlus network.
- **Higher Ed:** Will those in Cigna OAP have to reenroll in LocalPlus?
 - **Answer:** No, we will automatically move members currently with Cigna to LocalPlus, but employees should look at the networks carefully to make sure their preferred doctors and facilities are in the network.
- **Higher Ed Question:** When will we get access to the LocalPlus network for Cigna to search for doctors? The only link is a website to a pdf directory.
 - **Answer:** The current PDF on [Cigna's website](#) includes LocalPlus providers for all of Tennessee. A representative from Cigna will be on the August 4 and 5 ABC conference calls and will answer your questions about the LocalPlus network.

CDHP/HSA QUESTIONS

- **Local Ed Question:** How are the HSAs taken from payroll (contributions)?
 - **Answer:** Your agency will have to work directly with PayFlex, the fiduciary banking vendor.
- **Local Ed Question:** Do we have to do this (CDHP)?
 - **Answer:** Yes, you have to offer the CDHP/HSA in addition to all of the other health insurance plan options.
- **Local Ed Question:** Do you know how much the HSA will cost (premium)?

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- **Answer:** We will share the CDHP plan premiums with you on the July 28 conference call.

- **Local Ed Question:** Am I to understand that the HSA will take the place of gap insurance plans that are being offered by other vendors to local districts?
 - **Answer:** BA doesn't have anything to do with the gap insurance offered by some LEAs. The CDHP/HSA plan is an additional plan option for 2016. The Partnership PPO, Standard PPO and Limited PPO plans will all continue to be offered in 2016. Members who enroll in the CDHP/HSA are not permitted to have other insurance, including gap insurance. We'll talk more about this on the July 28 conference call.

- **Local Ed Question:** I missed the beginning of the call can you go back over the CDHP/HSA info again?
 - **Answer:** The July 28 and 29 ABC calls will specifically be about the CDHP/HSA and we will have ABC trainings about the CDHP in August.

- **Local Ed Question:** I missed the first of the call. Is the HSA for Cigna only?
 - **Answer:** No, the CDHP/HSA is a new plan option in 2016. Members in all plan options will have the choice of BCBST Network S or Cigna LocalPlus in 2016 no matter whether they choose the Partnership PPO, the Standard PPO, the Limited PPO or the CDHP/HSA.

- **Local Ed Question:** Will we have some type of training for using a CDHP/HSA? I've been researching online and it has been confusing.
 - **Answer:** Yes, we will present information about the CDHP/HSA during the July 28 and 29 ABC calls. We are working on the training schedule now for in-person ABC trainings, which will be held in August.

- **State Question:** What was the name of the HSA vendor?
 - **Answer:** PayFlex.

- **Local Gov Question:** Does our board have to approve for us to offer the CDHP/HSA?
 - **Answer:** The Memorandum of Understanding (MOU) requires agencies to offer all health plan options to eligible employees.

- **Local Gov Question:** Do you think we will have an idea of what the CDHP will look like before August 1?
 - **Answer:** We are completing a newsletter about what the CDHP/HSA and it will arrive in homes the beginning of August. On the July 28 and 29 ABC calls, we will also go over the CDHP/HSA with you.

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- **Higher Ed Question:** And the CDHP will be BCBT and Cigna also?
 - **Answer:** All plan options, including the CDHP, have the same health insurance carrier options, BCBST or Cigna.

- **Local Ed/Local Gov – Adding Dental and Vision Benefits for your Employees**
(For agencies not already enrolled in our dental or vision plan):
 - **The deadline for agencies to add dental and vision coverage has been extended to August 1, 2015.**
 - If your agency would like to begin offering the state’s vision and/or dental plan on January 1, 2016, you must notify Benefits Administration by August 1, 2015.
 - Your notification letter to Benefits Administration must:
 - Be on agency letterhead.
 - State your agency’s intent to join the vision or dental plan.
 - Be approved by your governing body, if appropriate, and signed by your agency director.
 - Indicate your willingness to allow payroll deduction.
 - Please send your letter to Seannalyn Brandmeir at Seannalyn.brandmeir@tn.gov. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
 - Also, if your agency would like to drop dental or vision coverage for the 2016 calendar year, the **same August 1 deadline applies** and BA needs a written notice sent to Seannalyn Brandmeir by this date.

ParTNers for Health Wellness Program

- **Biometric Screening Deadline:**
 - **The deadline for members required to complete a biometric screening was July 15.**
 - Only those members who are required to coach, or are a new hire or newly covered member are required to get a biometric screening this year.
 - New hires and newly covered members have 120 days from their coverage effective date to get this screening and complete their WBA.
 - We do have some members who are required to coach and were recently informed. These members will have until October 2015 to complete the screening and will be informed by letter of this deadline.
 - Healthways call center hours will remain 8:00 a.m.- 8:00 p.m. Central on July 15, however if a member calls after the call center closes at 8:00 p.m. they will be able to leave a detailed message and Healthways will call the member back. The voicemail will be available until the center open again at 8:00 a.m. Central on July 16.

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- **Physician Screening Form Reminder:** As a reminder, members who are required to complete a biometric screening must use the form on the Onsite Health Diagnostics website.
 - We do know that some members are still using an old form from our previous vendor, APS. This is the wrong form and will not be accepted.
 - For members to download the Physician Screening Form, members need to go to the [ParTners for Health website](#), go to the Quick Links box and click on “**Complete Your Biometric Screening**”. This link will take them to the OHD website where they can download the correct form to use.

- **Appeal Process**
 - If a member receives a transfer letter for not completing the requirements, the appeals process information, member’s appeal rights, and appeal instructions and deadlines are all included in the letter.
 - The appeal form is available on our [ParTners for Health website](#) (in the Quick Links box) or a member can call Healthways at 1.888.741.3390 to request the form.
 - Members can fax, email or mail the appeal. **Mailed appeals for the physician screening form must be postmarked by August 21.**
 - Members who were contacted for coaching or case management and opted out will not be able to appeal. Members who chose not to participate in coaching were informed of the impact of their decision at the time they opted out.
 - Healthways will give all other members the opportunity to appeal and will mail a letter to the member telling him or her if the appeal was upheld or overturned.

- **Q3 Wellness Challenge – “Just Add Water”:**
 - Enrollment for the third quarter Wellness “Just Add Water” Hydration Challenge began on Monday, July 13 and continues through July 27. The challenge runs from July 20 to August 30.
 - “Just Add Water” is a six-week, thirst-quenching hydration challenge that’s like a recipe – the easiest one you’ve ever made. You just add at least six cups of water to your glass each day.
 - We included a [link to a flier](#) about the challenge in last Friday’s ABC email, which you can share with state employees and health plan members. We’ll include this link again in the call notes.

- **Automated Verification System:** As a reminder, members can call the Healthways automated verification system to check on the status of their Partnership Promise requirements at any time.
 - They would call 888-741-3390 and select option 1 to go through the prompts. The system requires members to verify their identity with their birthdate and Caremark ID number and walks them through this process.

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- **2016 Partnership Promise:** For 2016, the requirements will be the same as they were in 2014:
 - **All Partnership PPO members** will be required to complete the annual Well-Being Assessment (WBA), get a biometric health screening, and keep their contact information up-to-date.
 - Those identified for coaching must also participate in the coaching program, if contacted.
 - New employees must complete the WBA and biometric screening within 120 days of their coverage effective date.

WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Is Healthways opening more phone lines to handle trying to find out if your PSF is there or not?
 - **Answer:** Once Healthways has received the member's PSF, it can take up to five business days to update the automated system. Members can check the status of their requirements by calling Healthways at 1-888-741-3390 and selecting option 1.

- **Local Ed Question:** Will employees with an effective date of September 1 need to complete the screening or WBA for 2015?
 - **Answer:** No, employees with coverage effective dates of September 1 through December 1, will not have to complete the requirements but will have to complete the requirements for 2016 if they stay enrolled in the Partnership PPO next year.

- **Local Ed Question:** I've been getting a lot of feedback that the phone lines are busy and they are getting a busy signal. What is the time frame for employees who leave a message (to hear back from Healthways)?
 - **Answer:** If the member will keep trying to reach Healthways, they can leave a message on July 15. Healthways will work with the member to help them complete the requirement. Healthways tries to return calls within 48 hours.

- **Local Ed Question:** My employees are having to pay a copay for their biometric screenings. Should they be paying the copay or asking for the special coding of "preventive".
 - **Answer:** The only way we can research is to have information about the specific provider that is charging a copay for a screening. If the member has an additional service or treatment during the preventive visit, the doctor's office may code it differently and a copay could apply.

- **Local Ed Question:** I had someone state their doctor charged \$100 for the screening and said they could ask for reimbursement from their insurance?
 - **Answer:** The only way we can research this issue is to have information about this specific provider. If the member gets an additional service or treatment during the screening visit, the doctor's office may code the visit differently.

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- **State Question:** On newly covered members, does this mean a spouse of a member who was recently married needs to get a screening and WBA within 120 days?
 - **Answer:** Yes, newly covered members including the spouse of a recently married member added to the coverage, will need to complete the Partnership Promise requirements within 120 days. But if the newly covered member's coverage effective date is from September 1 through December 1, they will not have to complete the 2015 requirements due to the blackout period on the Healthways website in December.

- **State Question:** Anyone who has a September 1 coverage effective date will not have to complete the requirements for the Partnership PPO?
 - **Answer:** That is correct. New hires and newly covered members with September 1 to December 1 coverage effective dates do not have to complete the 2015 requirements. But if they stay enrolled in the Partnership PPO in 2016, they will have to will have to complete the 2016 requirements.

- **State Question:** The September 1 date is for coverage and not for start date (hire date) correct?
 - **Answer:** Yes, it is the coverage effective date not the hire date.

- **State Question:** Someone starts today and insurance doesn't start until September 1, they don't have to do the WBA?
 - **Answer:** Yes, that is correct.

- **Local Gov Question:** If a provider has sent in the biometric screening recently, but Healthways is not reflecting receipt of the form yet, should the employee just ask the provider for a copy of the fax or email for proof.
 - **Answer:** It may take a few days for the form to be processed. Also, if the member's form is missing information, the requirement is not considered complete. The member can ask the provider for a copy of the form if they would like to do so.

- **Local Gov Question:** If a member plans to change to a plan that does not require a biometric screening, does it matter if they do not do the screening this year while they are on the Partnership plan?
 - **Answer:** The member does not have to complete the requirement, but would automatically transfer to the Standard PPO for 2016. The member would have to make a change during annual enrollment if he or she would rather enroll in the HealthSavings CDHP or the Limited PPO in 2016.

- **Local Gov Question:** My new employee started on April 6 but did not get insurance until May 1. Does the 120 days (new hire Partnership Promise requirement) start from May 1?

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- **Answer:** Yes, the coverage effective date is May 1. The member has 120 days from this date to complete the requirements. The deadline for a May 1 coverage effective date is August 28.

- **Higher Ed:** When the appeal is approved and the member is moved back to the Partnership PPO, can we get notification of that?
 - **Answer:** We will go back and look at the process. We do recommend running the query TN_BA309_INELIG_FOR_PARTNER in the fall to see who is ineligible for the Partnership PPO.

- **Higher Ed Question:** How long does it take Healthways to update the system once they receive the biometric screening form?
 - **Answer:** It is about a five-day process to get the information into our IVR (automated) system.

- **Higher Ed:** How long does the doctor have to send it (PSF) in?
 - **Answer:** We will work with every member. If the doctors sends it in after July 15, as long as the screening was completed prior to the deadline it will count toward the member's requirement. The member may still get a transfer letter and he or she will need to respond to the letter and file an appeal.

- **Higher Ed Question:** Who do we contact if we want to have the biometric screenings on our campus?
 - **Answer:** We are in the planning stages now to determine the best screening locations and will be in touch with ABCs and/or Site Champions directly. Onsite screening locations will depend on the number of enrolled Partnership PPO plan members in an area.

- **Higher Ed Question:** You stated requirements for 2016 would be the same for 2015? However, isn't there a difference? In 2015, only those coaching had to do a screening. But all partnership PPO members must do the biometric screening in 2016 correct?
 - **Answer:** The 2016 Partnership Promise requirements will be the same as they were in 2014.

Operations:

- **Address Updates:**
 - Edison implemented a new address verification software called Clean Address.
 - As part of this implementation we will be running a mass update to change all addresses to get them in compliance with USPS standards (formatting). **Note – the software will make sure the formatting of the address is correct. It will not update the address if it is not the current address for the member. Members need to make sure their addresses are correct in Edison or with**

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their employer. If a spouse and enrolled in the Partnership PPO, directly with Healthways.

- The updates will be run in the next week or so and will be available on the TN_BA313_ADDRESS_CHANGES query.

ADDRESS UPDATE QUESTIONS

- **Higher Ed Question:** So the software will automatically update the employee's address?
 - **Answer:** The software will make sure the address is formatted correctly and meets USPS standards. It will not update the address if the address listed is not the current address for the member. It corrects the formatting of the address listed.
- **Higher Ed Question:** Will BA make the address changes for existing customers?
 - **Answer:** Yes, BA will make sure the address is valid (in the correct format).
- **Higher Ed Question:** If someone has moved, this software will make sure the address is current?
 - **Answer:** No, the information is not based on the person/member. The software will make sure the address is in the correct format to meet USPS standards.
- **Higher Ed:** If the software will update the addresses, is there any reason why the ABC should run the query to verify?
 - **Answer:** It depends on your process and if you want to make sure the addresses match what you have on file.
- **State/Higher Ed Coverage Effective Date Reminder:** As a reminder on July 1, 2015, the coverage effective dates for newly-hired employees changed and will be the first day of the month following one full calendar month of employment from the hire date.
 - For example, if a member is hired on September 15, coverage would begin on November 1
- **State: Members Separating Due to Voluntary Buyout:** For employees who are terminating employment due to the Voluntary Buyout, we are requesting you reference 'Voluntary Buyout' or 'VBP' at the top of the Application to Continue Insurance at Retirement, so we can better assist these members. Do this at the same time they are filling out their pension information. Active coverage will end on September 1.

VOLUNTARY BUYOUT QUESTIONS

- **State Question:** I have an employee who came to me and said they were told if they took COBRA they could not sign up for the state's retirement coverage?
 - **Answer:** That is not true. These members have the same retirement coverage rights and can sign up for retirement coverage. If they are eligible for retirement coverage, taking the 6 months' subsidized VBP COBRA does not prevent them from applying for a continuation of coverage during retirement.

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- **State Question continued:** Is COBRA less expensive for the member?
 - **Answer:** The subsidized VBP COBRA premium would be the cheapest option for a member, even those with 30 or more years of service. Also, a member cannot be put on retirement insurance until their pension has been placed in a paying status by TCRS. Signing up for COBRA coverage prevents them from having to wait up to 4-6 weeks on the pension being finalized before having insurance coverage. If under 65, the member will pay the same premium amount for the subsidized COBRA that an active employee would pay.
- **State Question:** What will the effective date of the continuation of insurance be after the six-month subsidy?
 - **Answer:** It will depend on the day the employee is leaving. COBRA would start on September 1 or it could be a month earlier if the employee separated in June. Some employees have an extension to August. The majority of the VBP participants are leaving July 31, 2015, with active coverage terminating August 31, 2015. The six-month subsidy would end February 29, 2016, and the members would transition to retirement insurance March 1, 2016, if eligible.
- **Upcoming July/August New ABC Trainings:**

July 21: State: 9 a.m.-11 a.m. Central Local Ed: 1 p.m.-3 p.m. Central
July 22: Local Gov: 9 a.m.-11 a.m. Central Day 2 (All Entities Need to Attend this Class): 1 p.m.-3 p.m. Central
August 25: State: 1 p.m.-3 p.m. Central
August 26: Local Ed: 10 a.m. - 12 p.m. Central Local Gov: 1 p.m.-3 p.m. Central
August 27: Day 2 (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.

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- **Reminder: Upcoming ABC Workshops:**
 - August 19, 1:30-2:30 p.m. Central – Topic: Annual Enrollment Do’s and Don’ts
- **June Call Data:**
 - Here is a review of the June call data for the BASC.
 - Calls taken - 2748 (124.9 calls per day – 22 working days)
 - Average wait time – 0:10 (ten seconds)
 - Highest Maximum wait time – 3:12 on June 29
 - Average of the maximum wait times for the month – 0:01:16

Remedy tickets	June
Submitted	2733
% Resolved w/in 36 hours	99.45%

OPERATIONS QUESTIONS

- **Local Gov Question:** Is the ABC training for new ABCs only?
 - **Answer:** It is a new ABC training, but has been redesigned and is open to all ABCs. ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.
- **Local Gov Question:** Is there a sign up for the ABC training?
 - **Answer:** Yes, ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.
- **Local Gov Question:** What about HIPAA training for ABCs?
 - **Answer:** We are still in the process of finalizing the training and will update all ABCs when it is available.
- **Local Gov Question:** How does an employee who had to leave employment initiate COBRA? She is terminated in Edison.
 - **Answer:** A COBRA election notice will automatically generate and be mailed to the employee when the termination is keyed in Edison. The member needs to fill out the form and submit the payment to the address listed on the letter.

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- **Local Gov Question:** Can passwords be generated right away for those who have a probationary period and won't enroll within 60 days?
 - **Answer:** BA has contacted Edison about this but Edison won't let us issue the user ID and password until the member is entered into Edison and eligible for coverage.

- **Higher Ed Question:** Is the benefit eligible date requirement for health coverage the same for benefit enrollment for voluntary plans, dental, vision, optional accident, etc., for newly hired/newly eligible as of July 1, 2015.
 - **Answer:** Yes, the eligibility date for all benefits is the same as health coverage.

- **Higher Ed Question:** Will there be an employer match in the HSA?
 - **Answer:** It is not a match, but for the Wellness HealthSavings CDHP (member agrees to complete the Partnership Promise), the state will contribute to the HSA \$500.00 for individual coverage and \$1,000 for family coverage. **There will be no contribution for the non-wellness CDHP.**

- **Higher Ed Question:** Where do we go to enroll in the training again in Edison?
 - **Answer:** ABCs can register for the training in Edison through ELM by searching for the ABC Training Webinar (ABCT1000) – New ABC Training.

- **Higher Ed Question:** When is the next ABC training?
 - **Answer:** The July new ABC training will be held on July 21 and 22, and the August new ABC training will be held on August 25 and 27 for Higher Ed ABCs.

- **Higher Ed Question:** Do we know if vendors will be available for benefits fairs again this year?
 - **Answer:** Yes. We are finalizing the list of our vendors, to include the new vendors and will share this with you as soon as it is ready.

- **Higher Ed Question:** Are the ESS instructions for open enrollment going to be mailed to our employees this year prior to September 15? Reminders are usually mailed and include the instructions for enrolling or changing current benefits?
 - **Answer:** The instructions for using ESS are in the Decision Guide. In addition, a letter will be mailed with the member's password information and it includes instructions on accessing Edison.

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Materials and Communications:

- **Annual Enrollment ABC Calls:** A reminder that weekly calls began this week and will continue through annual enrollment.

- **Ordering 2016 Decision Guides:** ABCs can now order 2016 Decision Guides. You can find the order form at the top of the ABC webpage.
 - Benefits Administration will mail a 2016 Decision Guide to all employees including those enrolled in coverage and those eligible, but not enrolled.
 - You **do not** need to give a copy of the Decision Guide to current employees who will receive a guide directly in the mail.
 - **State/Higher Ed:** You should place an order for the number of guides you think you will need to have on hand to give to new employees hired after August 15 through December 31, 2015. Remember, during this period, you will give new employees the 2016 Decision Guide and the 2015 Eligibility and Enrollment Guide.
 - **Local Ed/Local Gov:** You should place an order for the number of guides you think you will need to have on hand to give to new employees hired between September 1 and December 31, 2015. Remember, during this period, you will give new employees the 2016 Decision Guide and the 2015 Eligibility and Enrollment Guide.
 - Beginning in January 2016, you will only use the updated 2016 Eligibility and Enrollment Guide.

 - **Local Ed Question:** Did you say between October and December we should give out both the 2015 Eligibility guide and the 2016 Decision Guide?
 - **Answer** Yes, give both guides through the end of 2015. Give new employees with an effective date of coverage starting in January the 2016 Eligibility and Enrollment guide.

 - **Local Ed Question:** When will the 2016 Decision Guide be ready?
 - **Answer:** The guides will arrive in homes approximately two weeks before the annual enrollment period begins.

 - **State Question:** When is the enrollment period?
 - **Answer:** For State and Higher Education employees, annual enrollment begins on September 15 and ends at 4:30 p.m. Central on October 15.

 - **Local Gov Question:** If an employee is enrolled in Cigna Open Access Plus and does not want BCBST, are they automatically enrolled in Cigna LocalPlus?
 - **Answer:** Yes, if they do not make changes during annual enrollment, they would be enrolled in Cigna LocalPlus.

 - **Local Gov Questions:** Are there plans to add any other health providers to the Cigna LocalPlus plan?

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- **Answer:** Networks can change at any time. Members will need to check the provider directories to see if their preferred doctors and facilities are in the network.
- **Local Gov Question:** The surcharges are eliminated? So what are the premium increases for us?
 - **Answer:** For health insurance, the Local Ed and Local Gov health insurance premiums won't increase in 2016 and they will be the same for both BCBST and Cigna across all tiers and all regions.
- **Local Gov Question:** Where do I go to find Cigna Local Plus providers?
 - **Answer:** There are links to the provider directories on the providers' websites. You can find links on the [ParTNers for Health website](#) on the contact page. FYI, we did send you a list of hospitals including in both Cigna and BCBST as an attachment to the Friday, July 17ABC email.
- **Local Gov Question:** Our local hospital does not take Cigna LocalPlus in Chattanooga. Is there any chance they would be added?
 - **Answer:** The hospitals in the networks may not change too much, but we encourage all members to check the networks before making their decision during annual enrollment. Our Cigna representative will be on next week's calls, so you will be able to directly ask your questions about the network to her.
- **Local Gov Question:** Where do I look up providers not facilities?
 - **Answer:** On the ParTNers for Health website, you can find links to the health insurance carriers on the [Contacts](#) page. You can also call Cigna's customer service center at 800-997-1617. They can answer your questions 24/7.
- **State: In-Person Meeting Reminder and Update:** The all-day, in-person meeting for primary State ABCs will be held on **Friday, August 21, from 9 a.m. to 4 p.m. at the Ellington Agricultural Center**. At this point, registration is closed due to capacity, but you can email us at benefits.info@tn.gov and we will put your name on the waiting list.
- **Higher Ed: In-Person Meeting Update:** We have added a separate annual in-person meeting just for Higher Education ABCs. Please mark your calendar for **Monday, August 17 from 9 a.m. until 4 p.m.** The meeting will be at the WRS Tennessee Tower Building, the Nashville Room on the 3rd floor.
 - Some of you may have registered for the original August 21 meeting. If you did, we have moved your registration over to Monday, August 17. We did send a registration link on Friday, July 24. If you haven't registered or were unable to,

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[please register now for the August 17th meeting by clicking here](#). If you did not receive the email to sign up, please email us at benefits.info@tn.gov.

- **Dental Vendors:** 2016 Dental vendors were announced by email to all ABCs on Wednesday, July 29.
 - The dental plan vendors will change for 2016. The prepaid dental plan vendor will be Cigna (will replace Assurant), and the dental preferred provider organization will be MetLife (will replace Delta Dental).
 - Members currently enrolled in the prepaid dental plan who do not make a change during annual enrollment will automatically be enrolled in Cigna for 2016. Members currently enrolled in the dental preferred provider organization plan who do not make a change during annual enrollment will automatically be enrolled in MetLife for 2016. Members who wish to enroll (if eligible) or make dental plan changes can do so during annual enrollment.
 - For 2016, premiums for the Cigna prepaid plan will increase. Premiums for the MetLife preferred dental plan will not increase in 2016.
- **Local Ed/Local Gov – Adding Dental and Vision Benefits for your Employees** (for agencies not already enrolled in our dental or vision plan):
 - **A reminder that the deadline for agencies to add dental and vision coverage has been extended to August 1, 2015.**
 - If your agency would like to begin offering the state’s vision and/or dental plan on January 1, 2016, you must notify Benefits Administration by August 1, 2015.
 - Your notification letter to Benefits Administration must:
 - Be on agency letterhead.
 - State your agency’s intent to join the vision or dental plan.
 - Be approved by your governing body, if appropriate, and signed by your agency director.
 - Indicate your willingness to allow payroll deduction.
 - Please send your letter to Seannalyn Brandmeir at Seannalyn.brandmeir@tn.gov. When your agency joins the plan for 2016, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
 - Also, if your agency would like to drop dental or vision coverage for the 2016 calendar year, the same August 1 deadline applies and BA needs a written notice sent to Seannalyn Brandmeir by this date.

GENERAL BENEFITS PROGRAM QUESTIONS

- **State Question:** For 2016, there will no longer be a network carrier surcharge depending on your choice of health insurance carrier, can you explain this? And will what the premium be?

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- **Answer:** That is correct. For 2016, the carrier surcharge has been eliminated which means that the premiums for both BCBST and Cigna will be same across all tiers in all regions.
- **State Question:** BCBST and Cigna will be the same for both premiums/carrier surcharge?
Answer: Yes, regardless of carrier or region, the premiums will be the same for both BCBST and Cigna.

ParTNers for Health Wellness Program

- **Partnership Promise Updates**
 - **PSF Transfer letters:** All physician screening forms received by July 15, the PSF deadline date, have been processed and posted.
 - Note: Because there has to be a cutoff date to create a file for transfer letters, any members whose forms were received after July 15 will receive a transfer letter. However, know that Healthways will work with members during the appeals process to clean up any forms received after July 15. Members will receive credit as long as an appeal is filed.

PARTNERSHIP PROMISE QUESTIONS

- **Local Ed Question:** Where can we find the appeals form?
 - **Answer:** The appeals form is on the [ParTNers for Health website](#) in the **Quick links** box.
- **Higher Ed Question:** I had a member who filed an appeal and the appeal was received and they have not heard back from them (Healthways). The member called Healthways and they told her they were fine and the member asked if they could get something in writing. I told her to go online and look for the check marks. Do they get a letter telling them the appeal was overturned or that the transfer was upheld?
 - **Answer:** Members will get a letter letting them know if the appeal was overturned or upheld within 45 days. The rewards center in Well-Being Connect was suppressed this year. The best way for the member to check on their requirements is to call Healthways at 888.741.3390 and select option 1 and go through the IVR (automated system) prompts.
- **Higher Ed Question:** Can you tell me about the length for the appeal to process because the member said it took over 30 days?
 - **Answer:** When an appeal comes in it is processed within 10 days. Due to the amount of time to process and fulfill a letter, the member receives a letter within 45 days of the appeal. If you have someone you would like for us to check on the status of their appeal, please send the request to the BI box at benefits.info@tn.gov.

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- **Local Gov Question:** A long as it has the June 18 date is on the PSF it will be okay?
 - **Answer:** Yes. As long as the screening took place between July 16, 2014, and July 15, 2015, it will meet the requirement.
- **Local Ed Question:** A good guess that the PSFs are now showing in the IVR (automated system)?
 - **Answer:** Yes, if the member submitted the form by July 15 or even after that date, it should show up in the IVR system.

Benefits

- **State/Higher Ed: Minnesota Life – Voluntary (Optional) Term Life Insurance Update**

- **Voluntary (Optional) Term Life insurance premiums:** The MN Life contract allows a premium increase if the loss ratio for the first 28 months of the contract is 95 percent or greater. The actual loss ratio was 102.2 percent. Therefore, in 2016 the Voluntary (Optional) Term Life insurance premiums will increase. On the screen is the rate chart for calendar year 2016 for active employees and spouses, and for the former employees and spouses who have ported the group plan. There will be no change in the child term rider premium rates or the monthly administrative charge.

Voluntary (Optional) Term Life Insurance Monthly Premium Rates Per \$1000 of Coverage for Jan 1, 2016 – Dec 31, 2016

Attained Age Brackets	Premium Rate/\$1000 (Employees & Spouses)
under 25	\$0.047
25-29	\$0.047
30-34	\$0.051
35-39	\$0.062
40-44	\$0.095
45-49	\$0.161
50-54	\$0.271
55-59	\$0.422
60-64	\$0.658
65-69	\$1.092
70-74	\$1.523
75-79	\$2.340
80 and over	\$4.229

- We will include this information in the call notes and members will receive the rate information in the 2016 Decision Guides.

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- **Voluntary Term Life Insurance - Spouse Move to Employee Coverage:** It has come to our attention that some employees have been enrolled in the Voluntary (Optional) Term Life Insurance Program as the spouse of another state or higher education employee. The Minnesota Life member handbook on page 11 shows, “Optional Spouse Term Life Insurance – Spouse is not eligible if he or she is also eligible for employee coverage”.
 - This week, BA Operations sent a list to some agencies which shows those who fall into the scenario of “employee enrolled as spouse of another employee”. Minnesota Life will send letters to these members.
 - The spouses who are also employees will be automatically transferred by Minnesota Life from spouse coverage to have their own employee coverage. The original effective date of coverage and the volume of coverage will remain the same. This change will be effective on September 1, 2015. There is no change in premium rates as they are identical. Premium deductions in August for September coverage will be adjusted for the married employees.
 - You or the employee may call Minnesota Life at 866-881-0631, Monday through Friday from 7:00 a.m. to 6:00 p.m. Central, or email Benefits Administration at benefits.info@tn.gov if there are any questions.

LIFE INSURANCE QUESTIONS: We had a few questions during the State and Higher Ed calls and we are still working on responses. We will provide this information in next week’s call notes.

- **CDHP/HSA Presentation:** Aileen Katcher presented information on the new CDHP/HSA plan option. The presentation slides from her presentations are posted on the ABC webpage by plan (State/Higher Ed and Local Ed/Local Gov).
 - **August training dates:** We will also provide in-person CDHP training for ABCs in August and an email was sent to ABCs on Wednesday, July 27. If you haven’t already signed up you will need to do so right away.
 - We plan to offer similar telephone/webinars for employees during the annual enrollment period.

CDHP/HSA QUESTIONS:

We are working on a few of the responses to questions and will include these in next week’s call notes.

- **Local Ed Question:** Is there a separate deductible for medical and prescription drugs?
 - **Answer:** No, with the HealthSavings CDHP/HSA plan there is one deductible for both medical and prescription drugs.
- **Local Ed Question:** What are the premiums for the CDHP?

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- **Answer:** We have included the premium charts with today's (July 31) ABC email.

- **Local Ed Question:** Do maintenance drugs have to be purchased via a 90-day prescription to get the price break?
 - **Answer:** Yes, the lower copayment or coinsurance for the maintenance tier medications must be filled in a 90 day supply or greater, and must be filled through either mail order or at a Retail-90 pharmacy.

- **Local Ed Question:** Are all systems (LEAs) required to offer the new health savings insurance?
 - **Answer:** Yes. Agencies have the option to fund the HSA with seed money, but all agencies have to offer the plan during annual enrollment and to new employees beginning 2016.

- **Local Ed Question:** What is the benefit for having an HSA as opposed to an FSA?
 - **Answer:** The funds in the HSA account roll over each year and the account is the member's to keep. FSA funds **do not** roll over each year. Also, it is a tax-advantaged way to pay for and save for future medical expenses.

- **Local Ed Question:** Are we required to use PayFlex as the HSA vendor?
 - **Answer:** Yes.

- **Local Ed Question:** Is the employee deduction amount locked in for the year or must we allow them to change it whenever they wish?
 - **Answer:** Federal guidelines require the ability to be able to change the payroll deduction amount at least one time per month.

- **Local Ed Question:** If any employee leaves, how do we pay them the money that is left in the account.
 - **Answer:** The account is the employee's account. You do not have to pay them anything. They can either transfer the funds to another HSA (if they enroll in another CDHP) or they can continue to use the money in the PayFlex account to pay for future approved medical expenses.

- **Local Ed Question:** Is there a limit on the amount of balance that rolls over?
 - **Answer:** No. But there is a limit on the amount the employee can contribute each year at the individual and family level.

- **Local Ed Question:** Can employees have a HSA and a FSA? If so, what is the limit on both?

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- **Answer:** If enrolled in the CDHP/HSA, the member can only have a Limited Purpose FSA that they can use for dental or vision expenses. If they enroll in a regular FSA (covers medical) or have a spouse who is covered by their plan who is enrolled in a FSA, they cannot have a HSA.

- **Local Ed Question:** So you are saying that unlike the FSA that cannot be changed through the year, the HSA amount can be changed monthly?
 - **Answer:** Yes. Federal guidelines require that the employee can change their payroll deduction at least once a month. The member can also contribute funds outside of payroll deductions.

- **Local Ed Question:** If an employee leaves our employment how do they go about getting access to their money that they may have in their HSA?
 - **Answer:** The account is the employee's to keep. They can continue to pay for medical expenses from the account or transfer to another HSA if enrolled in another CDHP.

- **Local Ed Question:** Will the PayFlex account be accessed through a debit card?
 - **Answer:** Yes, the member can access funds via a debit card and pay for expenses with their debit card. The account can also be accessed through a member portal or a mobile app to make online payments.

- **Local Ed Question:** So it's not coming from state (the account), they will be assigned an account?
 - **Answer:** Correct. If the member enrolls in the CDHP, the member will set up the HSA account through PayFlex.

- **Local Ed Question:** Does your family have to be on your insurance to use the HSA?
 - **Answer:** They have to be a qualified tax dependent in order to use the HSA for the family's approved medical expenses. If the family member is covered under a different CDHP then he or she cannot contribute to or use this HSA.

- **Local Ed Question:** Will it be included on our regular insurance billing like long-term care or will it be billed separately?
 - **Answer:** The employee will pay a premium just like with the other plans and it will be on your regular billing.

- **Local Ed Question:** PayFlex is only if the employee or the district chooses to set up an HSA – then that HSA is not required for the CDHP only an option, correct?
 - **Answer:** No, that is not correct. All agencies have to offer the HealthSavings CDHP option to eligible employees. If an employee selects

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the HealthSavings CDHP option, he or she would have to set up his or her HSA with PayFlex.

- **Local Ed Question:** How does an employee determine what amount to contribute if any?
 - **Answer:** That is up to the member but there is a maximum contribution for individuals (\$3,350) and families (\$6,750). Members 55+ contribute an extra \$1,000 catch up contribution.

- **Local Ed Question:** What is the minimum amount the employee can put in by payroll deduction?
 - **Answer:** There is not a minimum amount. The amount to contribute is up to the employee, but he or she needs to be sure to not exceed the maximum amount allowed per IRS guidelines. If he or she does exceed the maximum amount, there are additional IRS penalties.

- **Local Ed Question:** Will the CDHP count as a minimum value insurance plan as far as ACA is concerned.
 - **Answer:** Yes.

- **Local Ed Question:** Who monitors the expenses?
 - **Answer:** The employee is required to monitor and save receipts for tax filing purposes and in the instance he or she were audited by the IRS.

- **Local Ed Question:** Will already retired employees be able to sign up?
 - **Answer:** Yes. Retirees are eligible for the HealthSavings CDHP.

- **Local Ed Question:** Are retirees eligible for the CDHP/HSA? How will retirees contribute to the HSA? Through deduction from retiree benefits?
 - **Answer:** Yes, retirees are eligible for the HealthSavings CDHP. They would have to contribute directly to Payflex and can do so directly from their bank account. Then they could claim the contribution on their taxes.

- **Local Ed Question:** Is Behavioral health (covered under the CDHP)?
 - **Answer:** Yes, behavioral health benefits are covered under the CDHP as they are by the PPO. Note that most behavioral health benefits that are not covered can be paid for tax free with the HSA. Other services may qualify as an approved medical expense. Members can check the 502 IRS form (page 5) for a full list of approved medical expenses.

- **Local Ed Question:** So it wouldn't be tax-free if they can't contribute by payroll deduction (retirees or others)?
 - **Answer:** If a member puts money in from his or her own bank account, it is a post-tax transaction. The contribution can then be filed on the

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member's taxes as a deduction. Only funds that are payroll deducted are pre-tax for the member.

- **Local Ed Question:** Can you have Medicare Part A (and be enrolled in the CDHP)?
 - **Answer:** No, you cannot have Medicare Part A or Part B and be enrolled in the CDHP/HSA. Members cannot be enrolled in any Medicare or other government plan and be enrolled in the HealthSavings CDHP/HSA.

- **Local Ed Question:** So you can't be covered as secondary on your spouse plan and have this plan as primary?
 - **Answer:** Correct. You cannot be covered on another plan and have the CDHP/HSA.

- **Local Ed Question:** So I can't have the CDHP/HSA if I am covered on my husband's plan?
 - **Answer:** Correct.

- **Local Ed Question:** Some of our employees have FSAs and they do rollover at the end of the year.
 - **Answer:** That may be true. The state's FSA does not work that way.

- **Local Ed Question:** When will we get the premium amounts for the CDHP?
 - **Answer:** We have included the premium charts with the Friday, July 31 ABC email.

- **Local Ed Question:** Can an employee have the Partnership PPO and also enroll in the CDHP?
 - **Answer:** No. You cannot have both plans, but the employees who select the HealthSavings CDHP can still can participate in the wellness program. They would not be required to complete the 2016 requirements if they select the HealthSavings CDHP.

- **Local Ed Question:** Why was it necessary to add another plan option?
 - **Answer:** We were asked by Local Ed agencies to add this option.

- **State Question:** Will the HSA employer contribution amounts carry forward to the next year if it unused by the employee/family?
 - **Answer:** Yes. The funds in the account roll over and are the employee's to keep.

- **State Question:** What is the minimum payroll deduction and will it be deducted monthly or every other week?

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- **Answer:** The state has not yet determined if there will be a minimum payroll deduction amount. We will share this information with you at a later time.
- **State Question:** Can the funds (HSA) be used for dental and vision expenses?
 - **Answer:** Yes, they can be used for qualified dental and vision expenses. Members can also use a Limited Purpose FSA to pay for approved dental and vision expenses.
- **State Question:** Is the employer contribution one time or annual contribution?
 - **Answer:** In 2016, it will be annual but this could change next year.
- **State Question:** You said if the employee leaves they get the money. Does that mean they can draw it out of the account or do they have to have medical to draw it out?
 - **Answer:** If under age 65, they would have to use for qualified medical expenses to avoid a penalty and taxes. If over the age of 65, they can use for any expense other than medical, but would have to pay income tax on it.
- **State Question:** If an employee signs up for payroll deduction like the FSA, can the funds be used in advance of actual deposited money.
 - **Answer:** No. Members would only have access and be able to use funds that are in the account at the time of paying for the expense. If they end up paying qualified expenses from a non HSA account, they can reimburse themselves later though when funds are available in the account.
- **State Question:** Will you provide some examples in the information sent out to employees. Sometimes that helps the employee understand how it works?
 - **Answer:** We will have information available soon online with ALEX, our online personal decision support tool. This tool will walk members through their own expected use of medical services and may help them select the best plan option for them. The Decision Guide will also have some specific examples.
- **State Question:** Who puts the money into the HSA?
 - **Answer:** If in the Wellness HealthSavings CDHP, the state will put in seed money. Employees can contribute to their own HSA if enrolled in either HealthSavings CDHP.
- **State Question:** If someone makes a deposit (not through payroll deduction) this is not tax-free correct?
 - **Answer:** Members can claim non-payroll contributions on their taxes. They will need to keep track of contributions for tax purposes.

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- **State Question:** Does this run in conjunction with BCBST and Cigna?
 - **Answer:** Yes. This is an insurance plan just the PPOs. Members will select an insurance carrier for the HealthSavings CDHPs.

- **State Question:** Can you use it to buy OTC meds?
 - **Answer:** Only with a doctor's prescription.

- **State Question:** So you are saying that you can have BCBST and Cigna with this plan?
 - **Answer:** Yes. This is an insurance plan option in addition to the PPOs.

- **State Question:** If we have new employees, can they can sign up now?
 - **Answer:** No, they will only have the PPO options available for 2015. They can sign up for either HealthSavings CDHP option in 2016. Note that new employees hired after July 2015 may be interested in this as a savings option as their retiree health benefits have changed.

- **State Question:** What are the monthly premiums for this plan?
 - **Answer:** We have included the premium charts with the Friday, July 31 ABC email.

- **State Question:** Is the website with ALEX available now?
 - **Answer:** No, it will be available on August 20.

- **State Question:** If employees select the CDHP this year can they switch next year?
 - **Answer:** Yes. If a member switches to a different plan like the PPO for 2017, he or she will keep the account and can use it for medical expenses, but will have to pay the administrative fees to PayFlex.

- **State Question:** When scanning my debit card under this plan, how will vendor records know if I have met my high deductible and the carrier will also be paying toward that same expenses?
 - **Answer:** The vendor (PayFlex) will not know this information. If your EOB indicates the carrier also pays the vendor, you should contact the vendor for reimbursement for the amount you paid.

- **State Question:** Are the premiums significantly lower than the PPO?
 - **Answer:** We have sent premium information to ABCs in the Friday, July 31 ABC email.

- **State Question:** So if you are hired after July 1, 2015, you cannot enroll in the CDHP?

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- **Answer:** No, the reference to employees hired after July 1, 2015, was about the change in retirement benefits for those hired after July 1, 2015. All eligible employees can enroll in this plan option for 2016.

- **State Question:** If you were to switch to CDHP for 2016, but you did not use your funds in 2016 but switch to the PPO for 2017, what would happen to the funds in the HSA, since you cannot have the HSA and have other insurance?
 - **Answer:** Members cannot be enrolled in the CDHP and have other insurance. The funds in the HSA belong to the member. The member cannot continue to contribute funds to the HSA, but can continue to use the money already in the account to pay for qualified medical expenses.

- **State Question:** Premiums are lower but it will have more expense for the employee if a serious illness?
 - **Answer:** The way the member pays for services is different (coinsurance once the deductible is met) but the out-of-pocket maximum is for both medical and pharmacy. Once the out-of-pocket is met, the plan pays 100 percent for approved, in-network costs.

- **State Question:** What if there is a 90-day prescription option but your doctor usually prescribes a 30-day maintenance prescription, will I still receive that benefit mentioned earlier in the presentation?
 - **Answer:** The member would have to make the request for a 90-day prescription with his or her doctor.

- **Local Gov Question:** Do we as the agency set up the savings account or does the state administer it?
 - **Answer:** The employee will set up the account with PayFlex, the banking vendor. Once they enroll they will be notified on how to set up the account. If the agency wants to set up a contribution to the employee's account, the agency will need to work with PayFlex on setting up this arrangement.

- **Local Gov Question:** Can employees have the HSA in addition to one of the other plans offered?
 - **Answer:** No, you can only have the HSA if enrolled in the HealthSavings CDHP.

- **Local Gov Question:** When you say that you pay the plan's set price for a service, will that be similar to what you see on your EOB now?
 - **Answer:** Yes. The member would pay the discounted network rate for services up to the deductible and then coinsurance until the out-of-pocket maximum is met.

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- **Local Gov Question:** If the employee's premium is paid is there any advantage to the HSA paid by the employer?
 - **Answer:** Yes. The CDHP/HSA is tax advantaged for the member.

- **Local Gov Question:** If the employer puts in a percentage and the employee leaves employment will the employee get the amount the employer puts in also?
 - **Answer:** Yes. Once that money is in the account it is the employee's money.

- **Local Gov Question:** Is there a monthly fee to the employee for the HSA/account? For instance, \$3/month account fee? What is the fee?
 - **Answer:** Yes, there are administrative fees but if the employee signs up for the HealthSavings CDHP through the state, the state will pay the administrative fees, but the member will be responsible for any overdraft or other banking fees. More information about possible fees will be provided later.

- **Local Gov Question:** The state pays the monthly account fee even for Local Government not just State and Higher Ed members?
 - **Answer:** Yes, that is correct.

- **Local Gov Question:** Can contributions still be made to the account once an employee leaves employment?
 - **Answer:** You can only make contributions if you are enrolled in a qualified CDHP. But the member can keep the account and can still use the existing money in it to pay for qualified medical expenses.

- **Local Gov Question:** If an employee is in the HSA will they still be able to use the FSA to pay for health insurance premiums?
 - **Answer:** No, if enrolled in the HSA, the member can only use the Limited Purpose FSA for dental and vision.

- **Local Gov Question:** Will this be age limited? Will employees over 65 be allowed and would they have a tax savings?
 - **Answer:** Yes, employees over the age of 65 can enroll in the CDHP if they are not enrolled in Medicare or another government plan. If they have any type of Medicare coverage, they cannot enroll in the CDHP and contribute to their HSA.

- **Local Gov Question:** If a minor child is covered by their parent's plan can they still be enrolled in this plan?
 - **Answer:** Minor children can be covered, but not covered under more than one plan.

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- **Local Gov Question:** Is the rule about minor children not being enrolled a federal law?
 - **Answer:** Minor children **can** be enrolled in your plan. They can't be enrolled in two plans at the same time.

- **Local Gov Question:** Are there penalties to employers if the employee is a dependent and is dishonest about it?
 - **Answer:** No, the penalty is to the individual.

- **Local Gov Question:** Is it our rule or a federal law that they can't be enrolled in both plans?
 - **Answer:** It is a federal law.

- **Local Gov Question:** Will an email be sent about the training/meetings for the HSA?
 - **Answer:** Yes. An email was sent to all ABCs on Wednesday, July 29.

- **Local Gov Question:** Will we have to sign up through ELM (ABC regional CDHP trainings)?
 - **Answer:** For the CDHP trainings, we sent a link to sign up in the Wednesday July 29 ABC email.

- **Local Gov Question:** Where do we find the monthly premiums for the CDHP/HSA option for local government plans?
 - **Answer:** Premium charts were emailed to all ABCs with the Friday, July 31 ABC email.

- **Local Gov Question:** What kind of records do you have to keep for your tax return. How much you paid for each provider?
 - **Answer:** The member will need to keep a record of all medical expenses paid for by their HSA account for tax purposes and in the instance he or she were are audited.

- **Local Gov Question:** The premium for the CDHP will be less than the PPO plans. Is it possible for an employer to contribute only to the HSA for an employee, but not contribute towards monthly premium?
 - **Answer:** Yes.

- **Local Gov Question:** I don't understand how you pay your medical bills from the HSA. Do you write a check to the medical provider or how does that work?
 - **Answer:** The member can pay with an account-linked debit card, by paying out of their own funds and being reimbursed, or they may be able to pay the provider online directly from their account. PayFlex will provide more information during future ABC calls.

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- **Local Gov Question:** If I choose this plan and drop my minor child and her coverage is lost through her father can I add her back to my plan?
 - **Answer:** Yes.

- **Local Gov Question:** Just to clarify, our local government agency will not be responsible to house the HSA account? The state does this?
 - **Answer:** Neither. The account is housed with PayFlex, our banking vendor. Agencies are responsible for managing payroll deductions and if your agency chooses to put funds into the account for the member, you will work directly with PayFlex. The member is responsible for the HSA account.

- **Local Gov Question:** Where do we find the monthly premiums for the CDHP/HSA options for Local Government plans?
 - **Answer:** 2016 Premium charts are attached with today's ABC email.

- **Local Gov Question:** We have an employee just hired and his insurance will be effective 10/1/15. Do we enroll him for 10/1/15 then he will have to enroll for January 2016?
 - **Answer:** You would enroll the member for October 1, 2015, and he could make changes to benefits during annual enrollment.

- **Higher Ed Question:** Are TBR or BA fiscal officers going to be available to meet with employees at designated campuses prior to annual enrollment to discuss the new CDHP HSA health benefits for 2016 this would allow our employees to make a more educated decision about their plan coverage for 2016?
 - **Answer:** No. We will have webinars for members to learn more and they can also use ALEX, which will be available on the ParTNers for Health website to help them make their enrollment decisions.

- **Higher Ed Question:** Do you know when the state contributes will be put into the employee's HSA?
 - **Answer:** It will be in January 2016.

- **Higher Ed Question:** I thought we were working on using the same debit card for both FSA and HSA?
 - **Answer:** We are meeting with PayFlex tomorrow and will know more information later. As they are separate accounts, this may not be possible.

- **Higher Ed Question:** Does the annual limit include the employer contribution?
 - **Answer:** Yes.

- **Higher Ed Question:** Members are not eligible if enrolled in Medicare? We have a lot of people are in Part A and not Part B.

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- **Answer:** Correct. If you are enrolled in Medicare Part A or B you cannot enroll in the CDHP.
- **Higher Ed Question:** Is ALEX available online to see right now?
 - **Answer:** ALEX will be available on August 20 and we will be able to demo ALEX for ABCs during the regional trainings.
- **Higher Ed Question:** In the online enrollment system if an employee who is eligible and at least have to have signed up for Medicare Part A – will the system be able to stop them from enrolling in the CDHP?
 - **Answer:** No. Edison will not be able to tell them this. We will work on including a message though in Edison about Medicare.
- **Higher Ed Question:** What is our responsibility as ABCs to police this during annual enrollment?
 - **Answer:** It is ultimately the employee's responsibility. The ABCs can decide to reach out to those who are not eligible.
- **Higher Ed Question:** Could there be a field added to enrollment that asks if they are enrolled in Medicare?
 - **Answer:** For the 2016 enrollment, no. But we may be able to add a message on the page.
- **Higher Ed Question:** Do we have the exact rules with remaining 2015 medical flex balances and enrollment in the new HSA?
 - **Answer:** We will have more information from PayFlex to share with you on how members will need to use their flexible benefits balance and HSA account.
- **Higher Ed Question:** PayFlex does this for us with our FSA – we want one card if we have one card it can automatically pull dental and vision first and not the HSA?
 - **Answer:** We will have more information on how the HSA account and previous FSA accounts will work at a later date.
- **Higher Ed Question:** Can we please clarify the age 65? Are employees excluded for enrolling if they have Medicare Part A hospitalization only? We have many employees who have that Medicare benefit only and are still under our active plan.
 - **Answer:** Members cannot have Medicare A or B and be enrolled in the CDHP.
- **Higher Ed Question:** So with flex spending money you can elect to put in money for the entire year and spend the amount you will contribute for the full year in

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February or March. With flex, if I put in the maximum I could spend the \$600 in February because I am only putting in \$50 for a month. Can I only spend the money you put in the HSA?

- **Answer:** You can only spend the money available in your HSA, you cannot spend over the funds that are available. If you have a medical expense that exceeds the HSA you can transfer the money from your bank and then be reimbursed from the account after the fact.

- **Higher Ed Question:** What would be the benefits from taking out of your own banking account and transferring to your HSA?
 - **Answer:** You get the tax benefit. You can claim contributions on your taxes and then spend the money tax-free. It does have a lot of flexibility to it. The money in the HSA also collects interest and you can invest funds once the account reaches \$1,000.

- **Higher Ed Question:** So if you put money into the HSA from your bank account you get the triple tax benefit? The money in your account is already taxed?
 - **Answer:** You can claim contributions on your taxes. On your 2016 tax forms you can document what money you put into the HSA beyond your payroll deduction.

- **Higher Ed Question:** So your employee contribution to the HSA plan – how is that enrollment done? Is this an annual election? And the second part since those are pre-tax, we are accustomed to those not making changes during the year, will they be able to make changes during the year? Can they make an annual election on a form?
 - **Answer:** Federal regulations state you have to allow employees to make payroll deduction changes at least once a month. The payroll election will not be done in Edison for Higher Education. It will have to be between the school's system and Payflex.

- **Higher Ed Question:** Is this something we work out with PayFlex?
 - **Answer:** Yes, it is our understanding that you will work directly with PayFlex on payroll deduction.

- **Higher Ed Question:** The individual \$3,350 and family \$6,750 contribution limits, does this include the money contributed by the state into the Wellness plan?
 - **Answer:** Yes.

- **Higher Ed Question:** If the HSA is used for dental, how can I have a FSA for dental?
 - **Answer:** You have your choice if you have a Limited Purpose FSA – it is your choice. Some choose to use the HSA as a retirement vehicle and put

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max into the HSA because it rolls over each year and use the funds in the FSA to cover vision and dental first.

- **Higher Ed Question:** Is there any charge to the employee for the charges from PayFlex?
 - **Answer:** The state will pay the monthly maintenance fee to PayFlex as long as the member is enrolled in either HealthSavings CDHP. A member will be responsible for other fees such as replacement debit cards, checks or investment fees. A member is also responsible for standard banking fees such as non-sufficient funds, stop payments, ATM fees, etc. If the employee leaves, they will be responsible for paying all administrative these fees. If they change plans the following year, they will be responsible for paying all the fees.

- **Higher Ed Question:** Is this regardless of what the balance is?
 - **Answer:** We will check with PayFlex on this.

- **Higher Ed Question:** In the event of death in the account?
 - **Answer:** You will designate a beneficiary in your account. If a spouse, the HSA reverts to the spouse and is their HSA. If the beneficiary is someone other than the spouse, they will have to pay taxes on it.

- **Higher Ed Question:** I have an employee that elects this plan for 2016, has a HSA with a balance, and goes back to the PPO. He or she can use the HSA to pay for copays with the next plan without issue?
 - **Answer:** Yes, that is correct. The HSA money is theirs to use for copays and other qualified medical expenses. They would have to pay administrative fees to PayFlex directly then, they would not be paid by the state.

Operations:

- **Upcoming August New ABC Trainings/ABC Workshops:**

August 25: State/Higher Ed: 1 p.m.-3 p.m. Central
August 26: Local Ed: 10 a.m. - 12 p.m. Central Local Gov: 1 p.m.-3 p.m. Central
August 27: Day 2 (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

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- ABCs can register for the training in Edison through ELM by searching the catalog by “ABC”.

- **Reminder: Upcoming ABC Workshops:**

- August 19 (1:30-2:30 p.m. Central) – Topic: Annual Enrollment Do’s and Don’ts

OPERATIONS TRAINING QUESTIONS:

- **Local Ed Question:** On August 27 do we all have to attend?
 - **Answer:** Yes.
- **Local Ed Question:** Is this the same training (new ABC Training) as June 21 and 22?
 - **Answer:** Yes.
- **Local Ed Question:** Are the trainings a webinar or in person?
 - **Answer:** The trainings are by webinar.

OPERATIONS QUESTIONS

- **Local Ed Question:** Will the state plan be affected by Anthem’s purchase of Cigna this past week?
 - **Answer:** No. The state’s benefits and plan design will not change.
- **Local Ed Question:** When will we know more information about the ACA file? What will be included and when will it be available?
 - **Answer:** We have started our initial testing. We just sent the file to a few agencies for feedback so we can modify based on that. We will communicate more in the coming weeks.
- **Local Gov Question:** Where do I find the query for addresses that are incorrect?
 - **Answer:** TN_BA313_ADDRESS_CHANGES is the query to run for addresses that were updated by the new Clean Address functionality in Edison.
- **Local Gov Question:** What is the phone number for user password changes? I have a feeling a lot of our employees passwords have expired.
 - **Answer:** We will mail a letter to employees prior to annual enrollment that tells them how to reset their passwords.

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- **Local Gov Question:** I am aware that enrollment is done online during AETP, however, is it possible for new hires and newly eligible employees to continue online enrollment during the year?
 - **Answer:** Yes. Any new employee can use ESS to make their initial enrollment selections.
- **Local Gov Question:** Will the password letter be sent via email or mail?
 - **Answer:** By mail.
- **Local Gov Question:** To disenroll from the State insurance, it mentions we have until 60 days to withdraw. Is that 60 days from the open enrollment date or January 1, 2016?
 - **Answer:** It is a rolling deadline. You have to give BA 60-day notice from the date you would like to drop State insurance coverage. But note, you will not be able to reenroll in the state group insurance program for two years after you leave the program.

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Materials and Communications:

- **Annual Enrollment Updates**
 - **Dental Vendors:** On Wednesday, July 29, we emailed information to all ABCs about the 2016 dental vendors. The prepaid dental plan vendor will be Cigna (will replace Assurant) and the dental preferred provider organization will be MetLife (will replace Delta Dental). MetLife presented information on this week's call and Cigna dental will present information next week.
 - **Ordering 2016 Decision Guides:** A reminder that you can now order 2016 Decision Guides. You can find the order form at the top of the ABC webpage. We do you need to order your guides soon as we are going to print and this helps us determine how many we need to order.
 - Benefits Administration will mail a 2016 Decision Guide to all employees including those enrolled in coverage and those eligible, but not enrolled.
 - You **do not** need to give a copy of the Decision Guide to current employees who will receive a guide directly in the mail.
 - You should place an order for the number of guides you think you will need to have on hand to give to new employees hired after September 1 through December 31, 2015. Remember, during this period, you will give new employees the 2016 Decision Guide and the 2015 Eligibility and Enrollment Guide.
 - Beginning in January 2016, you will only use the updated 2016 Eligibility and Enrollment Guide.
- **State: In-Person Meeting Reminder and Update:** The all-day, in-person meeting for primary State ABCs will be held on Friday, August 21, from 9 a.m. to 4 p.m. Central at the Ellington Agricultural Center.
- **Higher Ed: In-Person Meeting Update:** The all-day, in-person meeting for Higher Education ABCs will be held on Monday, August 14, from 9 a.m. until 4 p.m. Central. The meeting will be at the WRS Tennessee Tower Building, the Nashville Room on the third floor. If you have NOT registered, [please register now for the August 17 meeting by clicking here.](#) Please do so ASAP.
- **CDHP/HSA Training for ABCs (HealthSavings CDHP):** You can still sign up for training about the new HealthSavings CDHP plan option. We have included the registration links below. A confirmation email will be sent later confirming you are registered and will include meeting location information. **To register:**
 - **State/Higher Ed:** https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

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○ **Local Ed/Local Gov:**

https://docs.google.com/forms/d/1A4WtHEXIIOfZzbvIz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

- If you have already registered and would like to transfer to a new date, please email benefits.info@tn.gov.

CDHP/HSA REGIONAL TRAININGS QUESTION

- **Local Gov Question:** Will we receive an email confirming we are enrolled in the HealthSavings CDHP plan training session?
 - **Answer:** Yes, we will send you an email confirming your registration and letting you know the exact meeting location.
- **Vendor List – Benefits Fairs:** We have attached the current vendor list with the 8/7 Friday ABC email. Please use this list to request materials and to contact vendor representatives about benefits fairs.

GENERAL MATERIALS AND COMMUNICATIONS QUESTIONS

- **Local Ed Question:** Will each person from my agency that is attending the in person CDHP trainings need to register or just one person per agency?
 - **Answer:** Each person will need to register as we have limited seating in each meeting room.
- **Local Ed Question:** I did sign up for the regional meetings and it said I would get an email. But I did not receive an email. How do I make sure that I am signed up?
 - **Answer:** We started sending out confirmation emails this week confirming your registration. We included the location of the in-person meeting you are registered to attend. If you did not receive this email confirmation, email the BI box at benefits.info@tn.gov.
- **State Question:** What is the date of the all-day meeting?
 - **Answer:** For State ABCs it is Friday, August 21 from 9 a.m. to 4 p.m. Central. For Higher Ed ABCs, the all-day meeting is on Monday, August 17 from 9 a.m. to 4 p.m. Central.
- **State Question:** What about the meeting here at the Tennessee Tower for the new benefit plan?
 - **Answer:** For state ABCs, the CDHP trainings start on Thursday, August 13 at 9:30 a.m. Central and August 14 at 9:30 a.m. Central. For state and higher education trainings you can register here:
https://docs.google.com/forms/d/1zleyUG1-ftYBFU6AMvL6jU-oBwmqg4Jtnhgfl6Pbdto/viewform?usp=send_form

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- **State Question:** I missed the forms that you need to order by September 10?
 - **Answer:** You need to order Decision Guides now. They are for you to give to new hires from September 2015 through December 2015.

- **State Question:** Are the Decision Guides available to view now?
 - **Answer:** No, they are at the printer. We will send a PDF of the guides to ABCs when they are finished printing.

- **State Question:** Could you put up the Cigna contact info up please? For your dental?
 - **Answer:** Dental contacts are the same as they are for health insurance. The vendor list is attached. Celeste Sims will continue to be the contact for dental materials.

- **Local Gov Question:** For the HSA training schedule, do you have to sign up other staff that will come with us?
 - **Answer:** Yes, we have limited space in the meeting rooms and need to know who is attending.

- **Local Gov Question:** Where do we sign up for the HSA training?
 - **Answer:** For Local Government, you can sign up here:
https://docs.google.com/forms/d/1A4WtHEXIIOfZzbvlz2JIvYZxQW37Vu62gnNEkMNtWhs/viewform?usp=send_form

- **Local Gov Question:** Where can the eligibility requirements for an agency to participate in state health benefits be found? Particularly non-profit state funding contracts?
 - **Answer:** You can email the BI box at benefits.info@tn.gov and we can help you with this information.

- **Higher Ed Question:** When we will get the POMCO premium sheet for 2016?
 - **Answer:** We will mail a premium letter to all Medicare Supplement participants in late October. We will also post rates to our website at the same time. BA will share a sample letter with ABCs prior to the mailing.

- **Higher Ed Question:** What is the location for the August 17 meeting?
 - **Answer:** The August 17 all-day, in person meeting will be held at the WRS Tennessee Tower in the Nashville Room located on the third floor from 9 a.m. to 4 p.m. Central.

- **Higher Ed Question:** What time is the HE ABC meeting in Nashville on August 17?

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- **Answer:** The Higher Ed ABC all-day, in-person training will be from 9 a.m.-4 p.m. Central at the WRS Tennessee Tower. The meeting will be held in the Nashville Room located on the third floor.
- **Higher Ed Question:** Will all the representatives be at the August 17 meeting?
 - **Answer:** Yes.
- **Higher Ed Question:** Will representatives coming to benefits fairs will be able to discuss the CDHP also?
 - **Answer:** Representatives from PayFlex will be available for benefits fairs to talk to you about the HSA. Members will receive information about the CDHP in the 2016 Decision Guides, and will be able to use ALEX, our decision support tool, which will be available later this summer on the ParTNers for Health website.
- **Higher Ed Question:** Can you briefly discuss the HSA?
 - **Answer:** We don't have enough time during this call to go over all of the information about the CDHP/HSA. We will cover this information during all all-day meeting on August 17 and you can sign up for a regional CDHP/HSA training located near you.

ParTNers for Health Wellness Program

- **Partnership Promise Updates**
 - **PSF Transfer letters:** PSF transfer letters mailed this week. The majority of letters should be in member homes by Friday, August 7. Members will have until Friday, August 21 to file an appeal. The appeal form can be found on the ParTNers for Health website in the quick links box.
 - Options to file the appeal:
 - **By phone** – call 888-741-3390
 - **Email:** tnappeals@healthways.com
 - **E-fax:** 615-807-3996
 - Note: All physician screening forms received by July 15, the PSF deadline date, have been processed and posted. Because there has to be a cutoff date to create a file for transfer letters, any members whose forms were received after July 15 will receive a transfer letter. Know that Healthways will work with members during the appeals process to clean up any forms received after July 15. Members will receive credit as long as an appeal is filed.
 - **State Question:** If Healthways did not get the documents by July 15 and they arrive late, do we need file an appeal form? Will they (Healthways) let us know

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they (the forms) arrived or just arrived late? Does the member need to contact the doctor to get another copy of the form?

- **Answer:** When the member files the appeal, the Healthways representative will be able to see if the form has arrived and has been loaded. If a member receives a transfer letter, he or she should file an appeal before trying to get another form from his or her doctor.

Benefits

- **Cigna Health Carrier Vendor Presentation:** Sharon Bowling Tansil presented information about Cigna and the LocalPlus network. You can find the PDF of the presentation on the [ABC webpage under the Training header](#).
 - **Local Ed Question:** I am assuming we will be receiving new Cigna cards showing that we are in LocalPlus network, is that correct? I hope that this is sometime in December, but please let me know?
 - **Answer:** Yes. All Cigna members will receive a welcome packet with a handbook and information about Cigna. New ID cards will also sent at about the same time. Cards will be sent to every member of the plan.
 - **Local Ed Question:** Is this a huge network (LocalPlus) in East Tennessee? I know OAP is accepted most everywhere in this area.
 - **Answer:** Yes, the good news about LocalPlus is that it is still a robust network. Members can search for providers by going to the [Cigna website](#) and clicking on the LocalPlus directory to search for preferred providers and facilities.
 - **Local Ed Question:** Is children's hospital in Knoxville still within the LPN?
 - **Answer:** East Tennessee Children's Hospital in Knoxville is in the LocalPlus network.
 - **Local Ed Question:** Is UT hospital still included in the LocalPlus network through Cigna?
 - **Answer:** No, the University of Tennessee Medical Center is not in the LocalPlus network, but several other hospitals in the area are in the network.
 - **Local Ed Question:** What about West Tennessee?
 - **Answer:** The Methodist Health System is the hospital network available in the LocalPlus network as well as some Baptist facilities in the rural areas (see attached lists) in the Memphis area. Jackson Madison Hospital is in the LocalPlus network in Jackson.

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- **Local Ed Question:** Is Memorial Hospital in Chattanooga in the network?
 - **Answer:** No, but Erlanger Health System is in the LocalPlus network as well as Parkridge/HCA.

- **Local Ed Question:** And University of TN Medical Center is not on the list sent to the ABCs?
 - **Answer:** Correct, the University of TN Medical Center is not in the LocalPlus network.

- **State Question:** So if we have kids in another state (what network do they use)?
 - **Answer:** It would depend on what state they are located in. If they are in any other cities or states that have a LocalPlus network, these would be the in-network providers. In any other state or city, they would use OAP.

- **State Question:** So OAP will not exist after January 1, 2016?
 - **Answer:** Yes, that is correct. LocalPlus will be the network members will use for in-network services if they select Cigna as their health insurance carrier.

- **State Question:** If we are having to change to a LocalPlus, how does this work? If the member is not in a LocalPlus state – how does the OAP kick in? Does this automatically happen?
 - **Answer:** Yes, it would automatically. OAP would be in-network if the LocalPlus network is not available. For example, in West Virginia, there is not a LocalPlus network. The OAP network would automatically be the providers that would be in-network.

- **Local Gov Question:** What is the chance that St. Thomas will be added to LocalPlus?
 - **Answer:** This probably won't happen. Cigna has narrowed the LocalPlus network to partner with providers at significant savings. In Nashville, Cigna's partnership is with HCA.

- **Local Gov Question:** Will other facilities like St. Francis be added in Memphis?
 - **Answer:** No, it is unlikely that St. Francis would be added. For the LocalPlus network, we have partnered with Methodist Health System in Memphis and we have the best discount pricing with Methodist.

- **Local Gov Question:** Will that mean that Memorial in Chattanooga will not participate?
 - **Answer:** That is correct. Memorial in Chattanooga is not in the LocalPlus network.

- **Local Gov Question:** Can doctors in individual practices join LocalPlus?

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- **Answer:** Yes, unless the individual provider is specifically aligned with a non-participating hospital or hospital system that won't be a part of LocalPlus.

- **Local Gov Question:** Is St. Thomas Rutherford in the network?
 - **Answer:** No, St. Thomas Rutherford is not a part of the LocalPlus network but Stonecrest Medical Center is in the LocalPlus network in Rutherford county.

- **Local Gov Question:** Can you create an account at myCigna.com if you do not currently have Cigna (as your insurance carrier)?
 - **Answer:** No, but you can search for providers by going to [Cigna's website](#) (link is found on the [ParTNers for Health website on the contact page](#)) by clicking on the LocalPlus button to search for providers.

- **Local Gov Question:** Will our employees receive something from Cigna informing them of the upcoming changes or will it be our responsibility to tell them?
 - **Answer:** All eligible employees will receive a 2016 Decision Guide, which informs them about the network change. You may also want to tell your eligible employees to make sure they check the BlueCross and Cigna networks carefully for their preferred providers.

- **Local Gov Question:** Is information already available to compare providers that are in LocalPlus versus Open Access? We need to compare the providers to let employees know of the changes.
 - **Answer:** Cigna is creating the Tennessee LocalPlus printed directory but the information can be found now on [Cigna's website](#) (<http://www.cigna.com/sites/stateoftn/index.html?redir=/stateoftn>) and by clicking on the LocalPlus directory.

- **Higher Ed Question:** What is the status between Cigna and St. Thomas network of hospitals? MTSU has a large population of employees that use the St. Thomas hospitals.
 - **Answer:** The St. Thomas network of hospitals are not in the LocalPlus network. Stonecrest Medical Center in Rutherford county is in the LocalPlus network.

- **Higher Ed Question:** What would be considered out of network when using Open Access?
 - **Answer:** If a member is **not** in a LocalPlus market, then he or she would utilize OAP providers for in-networks services. But OAP in Tennessee will be out-of-network and members would pay out-of-network costs.

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- **Higher Ed Question:** Do members need to do anything special to access in-network providers outside of Tennessee?
 - **Answer** No, if they are outside of a LocalPlus area. For example, the member is traveling in an area that does not have a LocalPlus network, the OAP providers would be considered in-network providers.

- **Higher Ed Question:** There is not a Methodist or Baptist facility in Jackson. Would individuals be required to get to a hospital out of Jackson?
 - **Answer:** Jackson Madison County General Hospital is the in-network hospital in the LocalPlus network in Jackson.

- **Higher Ed Question:** Will Mountain States Health Alliance be a part of the Cigna LocalPlus in the Tri-Cities?
 - **Answer:** LocalPlus has several facilities in the area including Johnson City Medical Center (Johnson City) and Johnson County Community Hospital (Mountain City) Bristol Regional Medical Center, Holston Valley Medical Center, and Indian Path (see attached list).

- **Higher Ed Question:** Outside of Tennessee, will members need to call Cigna to verify if they are in a LocalPlus or non LocalPlus market?
 - **Answer:** Yes, I would suggest if they are not sure, that they call Cigna's customer service department or search for providers online.

- **Higher Ed Question:** The UT Medical Center in Knoxville is not in the network, so if they use this facility it will be out-of-network, correct?
 - **Answer:** Yes, that is correct.

- **Higher Ed Question:** Is Cookeville Regional Medical Center in Cookeville in network?
 - **Answer:** Yes, CRMC is in the LocalPlus Network.

- **Higher Ed Question:** Is it possible for the ABCs to receive a list of the hospitals in the network.
 - **Answer:** Yes, they are attached.

- **Higher Ed Question:** Will annual enrollment materials advise employees that the Cigna network is changing?
 - **Answer:** Yes.

- **Higher Ed Question:** About state usage, I saw several large states with only one city circled as having LocalPlus, what about the suburbs and neighboring cities that are not circled. Would they use OAP even though LocalPlus is in the city?

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- **Answer:** Yes, that is correct. For example, the LocalPlus markets in Florida are Tampa and Orlando. If you are in Florida but outside of these cities, OAP providers would be in-network.
 - **Higher Ed Question:** MTSU is finalizing our plans for our benefits fair. Will a Cigna rep cover both medical and dental or do we need to invite a rep specifically for each plan?
 - **Answer:** The contacts for both Cigna health and Cigna dental are the same. The information is found on the attached Vendor Contact List.
- **MetLife Dental Vendor Presentation:** Debbie Skelley and Robyn Wodash with MetLife presented information about the MetLife Dental Preferred Provider Organization dental plan and benefits. You can find a PDF of the presentation on the [ABC webpage under the Training header](#).
 - Eligible employees can look for providers at MetLife.com/dental and searching the PDP network.

METLIFE DENTAL QUESTIONS

- **Local Ed Question:** Can you tell us again how to get materials?
 - **Answer:** You can email Sheila Anderson at sanderson4@metlife.com and copy Robyn Wodash at rwodash@metlife.com. Their contact information is found on the attached Vendor Contact List.
- **Local Ed Question:** So employees currently enrolled in dental will have to satisfy the waiting period again as of January 1, 2016?
 - **Answer:** No, that is not correct. If members were previously enrolled in Delta Dental, that time will rollover into MetLife and count toward the member's waiting periods.
- **Local Ed Question:** The negotiated fees in dental, where are these found? Do the dentists receive them?
 - **Answer:** This information is proprietary, but the dentists will know. You can call the dentist's office or call the MetLife service center. If you know the procedure code, MetLife representatives can help you with what your out-of-pocket expenses will be.
- **Local Ed Question:** Is it possible for the dentist in our area to be added to the new dental plan network?
 - **Answer:** Yes, if you have a dentist you would like to have our recruitment folks talk to, we will soon have dental nomination cards for distribution you can use. Also, ABCs can email the BI box at benefits.info@tn.gov and BA will pass the information on to MetLife.

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- **State Question:** When will we receive the plan documents for MetLife and Cigna changes to benefits?
 - **Answer:** We will have a brochure for each vendor. MetLife and Cigna are customizing documents and they should be available in mid-August. Information will also be found in the 2016 Decision Guide.
- **State Question:** What is the calendar year maximum per person? For Delta now it is \$1,500.00 per person. What is it for MetLife?
 - **Answer:** The 2016 calendar year maximum is the same for MetLife, \$1,500 per person.
- **State Question:** I don't recall the Cigna rep saying anything about Cigna Dental. Is it close to Assurant?
 - **Answer:** Yes, the coverage with the Cigna dental prepaid option is similar to the coverage with Assurant. Cigna will present information about the Cigna prepaid dental option on the August 11 and 12 ABC calls.
- **State Question:** What about the meeting on August 13?
 - **Answer:** August 13 meeting is about the CDHP. We will not have dental books or materials available at this time. We will have the materials available during the August 21 all-day meeting.
- **State Question:** What about people in the middle of treatment mid-year?
 - **Answer:** If the benefit has been incurred under the Delta Dental plan, it should be paid by Delta. If in the middle with orthodontic, MetLife will look at what has already been paid and will pick up the remainder of the available benefit.
- **State Question:** If the employee is with Delta and makes no changes, they will automatically be with MetLife? And with Cigna and Assurant it is the same way?
 - **Answer:** Yes.
- **State Question:** If you have already had a procedure that has a 12-month waiting period, will this roll over and do you have to have another 12-month waiting period?
 - **Answer:** Members enrolled in Delta Dental who transfer will not have to reestablish a new waiting period for that procedure.
- **State Question:** If you have dentures or braces do you have to do another 12-month waiting period. What if only they have only been with Delta Dental for four months?
 - **Answer:** The waiting period will transfer over. A member who was with Delta Dental for four months will have that time transferred to MetLife. If you have satisfied the waiting period it will transfer to MetLife.

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- **State Question:** Will there be an increase in premiums?
 - **Answer:** No, with the MetLife dental preferred provider plan there will not be a premium increase. Premiums will increase with the Cigna dental prepaid plan.

- **Local Gov Question:** We have retired employees who are on Delta Dental. Will they automatically be changed over to MetLife or will they have to do some type of enrollment?
 - **Answer:** The retiree will automatically be enrolled in MetLife unless he or she makes a change during the annual enrollment period. We do ask all members and retirees to check the dental networks for preferred dentists and specialists.

- **Local Gov Question:** What is the September 1 go live date referencing?
 - **Answer:** September 1 is the date the 1-800 number for the state and mybenefits.com will go live for eligible employees.

- **Local Gov Question:** Can you say that again about Delta going to MetLife for the six-month waiting period?
 - **Answer:** If members choose to be enrolled in the MetLife dental plan, the time enrolled in Delta Dental will carry over to MetLife and will apply to waiting periods.

- **Local Gov Question:** Does the waiting period only apply to employees that had Delta Dental and go to MetLife?
 - **Answer:** Yes, the time in Assurant does not carry over toward the MetLife coverage.

- **Local Gov Question:** If you are switched to MetLife, you still need to see if your provider is in network?
 - **Answer:** Yes. MetLife has a different provider network and you will want to check during annual enrollment to see if your preferred provider is in the network.

- **Local Gov Question:** Does the 12-month waiting period count toward orthodontia (braces)?
 - **Answer:** There is still a 12-month waiting period for orthodontia, but time earned under Delta will carry over to MetLife and count toward the waiting period.

- **Local Gov Question:** If an employee is under age 19, will orthodontic services be covered or does orthodontia only cover dependents up to age 19?

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- **Answer:** Under the MetLife plan, orthodontia is only covered for **enrolled children** up to the age of 19. There is no orthodontia coverage for employees under the age of 19.

- **Higher Ed Question:** When an employee moves from Delta to MetLife will their waiting period also be satisfied or will they have to re-satisfy the waiting period for MetLife?
 - **Answer:** The employee’s time will roll over to MetLife, so the amount of time he or she was enrolled in Delta will roll over. For example, if a member was hired this year and he or she was enrolled in Delta for six months, these six months will transfer to MetLife.

- **Higher Ed Question:** When will printed materials be available for MetLife?
 - **Answer:** We are working on them right now and will have materials available in time for benefits fairs.

- **Higher Ed Question:** Will someone from MetLife be available for benefit fairs?
 - **Answer:** Yes. See the attached Vendor Contact List.

- **Higher Ed Question:** Does MetLife provide coverage for pediatric dentistry or orthodontics?
 - **Answer:** Yes. Members can go to the online resources to search for in-network pediatric dentists. Child orthodontics are covered for enrolled children through the end of the month in which the child turns 19.

Operations:

- **Upcoming New ABC Trainings:**

August 25: State/Higher Ed: 1 p.m.-3 p.m. Central
August 26: Local Ed: 10 a.m. - 12 p.m. Central Local Gov: 1 p.m.-3 p.m. Central
August 27: Day 2 (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

- **Reminder: Upcoming ABC Workshops:** The next ABC Workshop is on August 19 (1:30-2:30 p.m. Central) – Topic: Annual Enrollment Do’s and Don’ts.

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- **Higher Ed Question:** Are these ABC trainings in person or by webinar?
 - **Answer:** The new ABC training and ABC workshop are conducted by webinar. The trainings for the CDHP/HSA are in-person as well as the all-day meeting on August 17.

- **State Question:** Will you have another enrollment webinar? This one is scheduled during a CDHP/HSA training.
 - **Answer:** We are looking at options for offering another ABC workshop in addition to the August 19 date.

- **Local Gov Question:** Will we receive confirmation for the ABC training once registered?
 - **Answer:** You will receive an email 24 hours before the class starts. We tested the confirmation and once you hit “Enroll”, you should receive a screen in Edison similar to the one below:

Enroll In Activity

Enrollment Confirmation

Dana Simons, INS BN M, State Insurance Group

 You have successfully enrolled in ABC Training Webinar (Combined Entities) - Day 2. This change in status will be updated on the All Learning page.

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** The Payflex payroll information that was mentioned. Where can I find that?
 - **Answer:** If you come to the CDHP/HSA trainings, you’ll learn about PayFlex. We will also have more information to share at a later date.

- **Local Gov Question:** How close is the state on getting the information ready to transfer or upload to Local Government for the new required reporting for healthcare reform?
 - **Answer:** We did a test with a few agencies and are still working out some of the processes.

- **Local Gov Question:** Will Caremark still be the pharmacy provider for the CDHP?
 - **Answer:** Yes. Caremark is the pharmacy provider for all plan options.

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Materials and Communications:

- **Annual Enrollment Updates**
 - CDHP/HSA Training:** As a reminder, you can still sign up for training about the new HealthSavings CDHP plan option. Registration links were sent again with the Friday, August 7 ABC email. If you have questions about the trainings, email benefits.info@tn.gov
 - **State: In-Person Meeting Reminder:** As a reminder, the all-day, in-person meeting for primary State ABCs will be held next **Friday, August 21, from 9 a.m. to 4 p.m. Central** at the Ed Jones Auditorium at Ellington Agricultural Center.
 - **Note: We will not have a State ABC call next week on Tuesday August 18, as most ABCs will attend the all-day, in-person meeting on Friday August 21.**
 - **Higher Ed: In-Person Meeting Reminder:** As a reminder, the in-person, all-day meeting for Higher Ed ABCs is this coming **Monday, August 17 from 9 a.m. until 4 p.m. Central**. The meeting will be at the WRS Tennessee Tower Building, the Nashville Room on the third floor.
 - **Note: We will not have a Higher Ed ABC conference call on Wednesday August 19, as most ABCs will attend the all-day, in-person meeting on Monday, August 17.**

MATERIALS AND COMMUNICATIONS QUESTIONS

- **Local Gov Question:** How long are the CDHP trainings?
 - **Answer:** The trainings will last about an hour to an hour and a half.
- **Local Gov Question:** I have registered (for the CDHP training) but not received an email yet with directions?
 - **Answer:** Most confirmation emails have been sent. If you did not receive an email, send a message to the BI box at benefits.info@tn.gov.
- **Local Gov Question:** Will you offer more trainings in the Nashville area?
 - **Answer:** We don't have any additional trainings planned at this time.
- **Local Gov Question:** What about the Murfreesboro area?
 - **Answer:** We don't plan to add any additional trainings in the Murfreesboro area at this time.
- **Local Gov Question:** Also the Jackson area?
 - **Answer:** We don't have any additional trainings in Jackson scheduled at this time.

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- **Local Gov Question:** When is open enrollment for retirees, is it the same as ours?
 - **Answer:** No, retirees can enroll from September 15 through October 30 and will receive their own Decision Guide.

- **Local Gov Question:** We only need to participate in one training for the CDHP correct?
 - **Answer:** Yes, that is correct.

- **State Question:** The 2016 Eligibility and Enrollment guide, when will we receive them?
 - **Answer:** The 2016 Eligibility and Enrollment guides will be available in late November/December. From September through December 2015, you will give new hires the 2016 Decision Guide and the **2015** Eligibility and Enrollment guide. Beginning in January 2016, you will give new hires the 2016 Eligibility and Enrollment guide.

- **State Question:** Do you know when the 2016 benefits PowerPoint (AEP presentation) will come out?
 - **Answer:** We hope to have this ready by August 21.

- **State Question:** At the beginning of the presentation, I did not get the CDHP training times and dates?
 - **Answer:** We sent a link in the Friday, August 7 ABC email which includes the open CDHP training dates. If you need us to send this link again, email the BI box at benefits.info@tn.gov.

- **State Question:** Where can we find the 2016 Decision Guides?
 - **Answer:** The 2016 guides are not back from the printer. As soon as they are available, we will post them to the ParTNers for Health website and let you know when they are in the mail for you and members.

- **State Question:** When should we expect to receive the 2016 Decision Guides?
 - **Answer:** They will be mailed to you and to all eligible members at the end of August.

- **State Question:** Will the new programs be in 2016 Decision Guide?
 - **Answer:** Yes, all of the benefits offered will be in the Decision Guides.

- **Local Gov Question:** You must attend CDHP training?
 - **Answer:** No, you do not have to attend BA's HealthSavings CDHP training. But the training will help you better help your employees.

- **Higher Ed Question:** When will the 2016 Decision Guides be available on the website?

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- **Answer:** The guides will be posted later this month (August). We will let you know in a Friday ABC email when they have been posted, and when they have dropped in the mail.
- **Higher Ed Question:** Is there handicapped parking close to the TN Tower?
 - **Answer:** You will need to email us at the BI box at benefits.info@tn.gov and we can assist you with handicapped parking.

CDHP PLAN QUESTIONS

- **Local Gov Question:** So if my Caremark EOB says my current price of my prescription is \$11 that rate will be same under the CDHP next year?
 - **Answer:** You can estimate your costs for your medications in either of the CDHP options by doing one of two things:
 - Look at the information leaflet that came with your prescription. On the leaflet, you will see your current copayment amount and likely something that says "...your insurance saved you \$xx.xx...". Take these two amounts and add them together to arrive at the discounted total drug cost. If this drug is not one of the maintenance tier medications, then you will pay this full price until you reach your deductible. After you reach your deductible you can multiply this amount by whatever coinsurance amount applies for the CDHP that you are considering and that is the amount that you would pay after you reach your deductible and until you reach the maximum out of pocket cost.
 - Go to www.caremark.com and create an account if you have not already done so. Regardless of where you have your prescriptions filled, your entire prescription history is available here. Once you are logged in go to "Order Prescriptions" > "View Rx History" > and there you will see all of your medications. For each, click on "Show Details" to see the "Total Rx Cost" to the far left. This is the full cost of the medication, after our PBM-negotiated discounts. This is the full cost that you will pay until you meet your deductible and thereafter you will pay a percent coinsurance of this amount (varies by CDHP option; review your Decision Guide benefit grid for details).
 - Please be aware that drug prices can – and do – change throughout the year and vary from one drugstore to another. When you are responsible for paying coinsurance, think like a consumer and shop around for the best price.
- **Local Gov Question:** How do you find out what the discounted network cost of a prescription is before you decide to choose the HealthSavings CDHP?
 - **Answer:** You can present your Caremark ID card at most pharmacies and ask them to run a test claim for a particular medication. Ask them what the

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full prescription cost would be for you (not just your copay, but the full prescription cost after any discounts).

- Or you may complete the steps noted in the question directly above.
- **Local Gov Question:** We have a flexible spending account. Can our employees have a flexible spending account with the CDHP?
 - **Answer:** No, they cannot have a Flexible Spending Account (FSA) that covers medical, but they can have a Limited FSA. Members who want to enroll in the CDHP will also have to spend down the FSA account balance by December 31, 2015, in order to contribute and use funds in a HSA on January 1.
 - If you have a FSA with a grace period where you can incur claims, your balance must be zero by end of plan year in order to open an HSA on the first of the year. If you have a balance at end of plan year, you must wait until the first of the month following the grace period to open an HSA.
- **Local Ed/ Local Gov: Employer Insurance Contributions for Retirees Survey**
 - Every two years the Division of Accounts completes an actuarial valuation with every agency participating in the State, Local Education and Local Government Insurance plans. This valuation is in response to Government Accounting Standards Board (GASB) Statement 45 that deals with other post-employment benefits, also known as OPEB. This is in regards to retiree health insurance and other benefits.
 - To get the necessary information to complete this task we sent out email requests this week to primary ABCs with forms attached for your agency to fill out in the event that your agency pays towards retiree premiums for health insurance as of July 1, 2015.
 - We need to know the amount that your agency may currently pay on a monthly basis toward your retiree health insurance premium.
 - **For Local Education:** We only need the amount that your agency pays.
 - The forms are in Adobe Acrobat and are fillable forms. If you do not have Adobe Acrobat, a web link is in the email to download this free software.
 - If your agency does not pay anything towards retiree health insurance, please respond back to the email with the name of your agency and state that (Agency name) does not pay anything towards retiree health insurance premiums.
 - **Agency responses are due by September 2, 2015.**
 - If you have questions about the form please email the person who sent you the email. It will be either Joshua Burns or Adam Elkins.
- **ParTNers for Health Wellness Program**
 - **Physician Screening Form Transfer Letters:** There are a number of members who have been identified for coaching who have not yet been contacted for

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enrollment and have not received instructions for completing the physician screening form. These members received transfer letters in error. Healthways is sending retraction letters to these members, which notifies them that they will not be required to complete a biometric screening in 2015 and their transfer decision has been overturned.

- An automated appeal has been put in place for these members to update records appropriately at Healthways and the retraction letter will serve as confirmation of the overturned status. The follow up letter does explain that these members will need to enroll in the coaching program, continue to accept calls to maintain their Partnership Promise and they will be required to meet the biometric screening requirement for 2016 with a screening date of service between 7/16/15 to 7/15/16.

- **Healthways Call Volume:** Call volume has been very high starting Friday August 7 and Monday, August 10. Call volume was expected to be considerably high when the transfer letters were received by members and expected to decrease throughout the week as historical data has shown. Members can send an email to tnappeals@healthways.com or call later in the week to speak to a customer service representative. The appeals deadline is August 21, 2015.

- **Local Ed Question:** I have had a couple of employees who called me yesterday that received a transfer letter for not doing their biometric screening. However, they do not have a health coach. It was my understanding that if you did not have to coach you did not have to do a biometric screening?
 - **Answer:** That is correct, but there are members who received this transfer letter who will need to coach, but they will **not** need to get a biometric screening in 2015. These members received this transfer letter in error and will receive a retraction letter in the next week letting them know they will not be transferred to the Standard PPO but that they need to enroll in coaching.

- **Local Ed Question:** How does that person know if they are in that group (who received a transfer letter in error)?
 - **Answer:** Members who received the letter in error will receive retraction letters early next week letting them know the transfer has been overturned and they will not be moved to the Standard PPO. But these members will still need to enroll in coaching.

- **Local Ed Question:** If a new hire transfers from another school system and has already completed the biometric screening and WBA in 2015 from their previous system, is it necessary for the member to contact Healthways to link it up the new hire requirements?
 - **Answer:** Yes, we will need to link up the member to the requirements already completed. You can send the information to the BI box at benefits.info@tn.gov and we will send the information on to Healthways.

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- **Local Ed Question:** Employees with coverage effective dates of September 1 to December 1, 2015, do they have to complete the requirements?
 - **Answer:** No, new hires with coverage effective dates September 1 through December 1 do not have to complete the Partnership Promise requirements in 2015 due to the blackout period in Well-Being Connect. If they continue in the Partnership PPO next year, they would have to complete the 2016 Partnership Promise requirements.

- **Local Gov Question:** I have a member who received a letter and had not been identified for coaching. They (Healthways) instructed the member to go ahead and go to the doctor and told his wife she would have to do coaching but they don't have any health problems. Is there some kind of confusion?
 - **Answer:** If he enrolled in coaching, then Healthways would have told him to go ahead and get his biometric screening as this is a requirement for 2016. His screening will count toward the 2016 requirement. If Healthways informed her that she was identified for coaching, she can discuss why with her coach during her first call. The representative who enrolled her into coaching was not a clinician, but the coach will be able to explain why he or she is enrolled in coaching.

- **Local Gov Question:** When were these letters sent out (transfer letters)?
 - **Answer:** The initial Physician Screening Form transfer letters were dated August 5 and some members started to receive them on August 7. The retraction letters will be mailed this Friday, August 14.

- **Local Gov Question:** I had an employee who stated he completed the screening on March 6. When he called (Healthways) this morning he was told that he will get a retraction letter and everything is fine and he doesn't have to do the screening. Doesn't he have to do the screening if they are in coaching?
 - **Answer:** Some members received a transfer letter in error. These members will be required to coach, but had not yet been informed of this requirement. These members will not have to complete a biometric screening in 2015, but they will have to enroll in, and participate in coaching.

- **Local Gov Question:** I had an employee who spoke with Cynthia (at Healthways) this morning and was told that she did so well on her coaching she doesn't have to do her screening. However, Healthways didn't receive her form (PSF)?
 - **Answer:** If you could send the member's information to the BI box at benefits.info@tn.gov, we can research this member and get back to them directly.

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- **Higher Ed Question:** At one point, I thought that some people were going to have to a physical by October, now they don't have to do it at all this year? Those who were never told they were in coaching, now they don't have to get a screening? We got emails back in May that some of our members had to enroll in coaching and have to complete a screening by October?
 - **Answer:** We did have members who were informed this summer they needed to enroll in coaching and get a biometric screening by October 1, 2015. These members were notified by letter and are not the same population who received the transfer letters in error and will receive a retraction letter. For a specific member, we would have to have his or her Edison information to research and could respond back to the member directly.

- **Higher Ed Question:** Will Healthways have a representative available for benefits fairs?
 - **Answer:** Yes. Contact information for Healthways is found on the Vendor Contact List. All of the contacts for benefits fairs and materials are found on this list and we have included the list again with the Friday August 14 ABC email.

- **Higher Ed Question:** For the people who have coverage effective dates for insurance October 1, they do not have to complete the 120-day Partnership Promise requirements, correct?
 - **Answer:** Yes, new hires and those newly covered with coverage effective dates September 1 through December 1 do not have to complete the new hire requirements (WBA and biometric screening within 120 days) due to the blackout period in Well-Being Connect. Those members who continue in the Partnership PPO in 2016 will have to complete the 2016 Partnership Promise requirements.

Benefits

- **Cigna Dental Vendor Presentation:** Sharon Bowling Tansil presented information about the Cigna dental prepaid plan, which will be offered in 2016. You can find a copy of the presentation on the [ABC webpage in the Training box](#).
 - **Note:** Members currently enrolled in Assurant who do not make a change during annual enrollment will be automatically transferred to Cigna Dental. Assurant will be providing a file of members' dentist selections for loading into the Cigna database. Members will be automatically enrolled with a Cigna dentist if their current dentist is not a Cigna DHMO (prepaid) plan provider. Members can go online and change their dentist at any time. In December, all members will have a handbook mailed to them, as well as new insurance cards.

CIGNA DENTAL QUESTIONS

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- **Local Ed Question:** Where can we find the Cigna dental providers? Is this the same web address as Cigna Health?
 - **Answer:** You can go to Cigna.com and search for DHMO dental providers. Or call the Cigna Service Center at 800-997-1617 anytime day or night.

- **Local Ed Question:** We offer Assurant now, do we have to sign up for a different plan, and do we have to do anything?
 - **Answer:** No, during annual enrollment, members will have the option to enroll, change or stay with the prepaid dental plan. Agencies won't have to do anything.

- **Local Ed Question:** I assume there will be an overview in the Decision Guide outlining the main difference between MetLife and Cigna?
 - **Answer:** Yes, the Decision Guide will include information about both dental plans. ALEX, the new online decision support tool, will also include information and highlight the differences between the two plans. ALEX will be available on the ParTNeers for Health website in late August.

- **Local Ed Question:** Will more dentists be added to the Cigna dental plan than what was on the Assurant plan?
 - **Answer:** Cigna is actively recruiting and successfully adding dentists to the network. There is a form you can nominate a dentist and we will have these available at benefit fairs. We have attached the nomination form with the August 14 ABC email.

- **State Question:** Could you give us Celeste's contact information (Cigna's benefits fair and materials contact)?
 - **Answer:** Celeste Sims' information was included on the Vendor Contact List that was included with the Friday August 7 ABC email. We have attached this list again with today's email.

- **State Question:** If you enroll in Cigna health and Cigna dental, will you get two separate welcome packets? Will there be any "extras" for employees who enroll in Cigna health and dental?
 - **Answer:** Yes, members will receive welcome packets for both if they sign up for Cigna health and dental. Cigna health offers the Healthy Rewards program, and in addition, Cigna dental offers Identity Theft Protection.

- **Local Gov Question:** For employees who currently have Assurant, will they automatically be transferred to this (Cigna dental prepaid)?
 - **Answer:** Yes. If members don't make any changes to their current dental coverage during annual enrollment, they will be automatically enrolled in

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the Cigna prepaid dental plan. But they should check the network carefully to make sure their preferred dentist is in the Cigna plan.

- **Local Gov Question:** Do you have to choose a dentist and stick with them as we did with Assurant? If so, I hope there are more to choose from in our area than there was on Assurant.
 - **Answer:** Yes, you do have to select a primary dentist who is participating in the Cigna DHMO plan, but you can change your dentist at any time on a monthly basis.

- **Local Gov Question:** Is there a number associated with the prepaid plan like 1250 or 1500?
 - **Answer:** The prepaid plan does not have dollar plan maximums like the \$1,500 and \$1,250 on the preferred plan.

- **Local Gov Question:** If you are on Delta Dental, do you need to make any changes during open enrollment?
 - **Answer:** If you want to be enrolled in MetLife dental (replacing the Delta Dental plan) you don't have to do anything during annual enrollment. But we encourage all members to check the dental networks for their preferred dental providers.

- **Local Gov Question:** Will dental ID cards be mailed to participants or will online access be the only way to receive ID cards?
 - **Answer:** For 2016 coverage, all members will receive insurance cards and these will be mailed in December.

- **Local Gov Question:** Do we need to call Cigna to order provider books?
 - **Answer:** Yes, you can order Cigna provider books (contact information is found on the Vendor Contact List). But we recommend that you use Cigna.com to search for providers as Cigna is actively recruiting and anticipates the provider network will change.

- **Local Gov Question:** When will we get information on MetLife for Delta Dental?
 - **Answer:** MetLife presented information last week during ABC calls and you can find this presentation on the [ABC webpage under Training](#) (MetLife Dental Presentation).

- **Local Gov Question:** So do we have to enroll in the prepaid plan in order to get information on the plan?
 - **Answer:** No, we have posted the Cigna dental presentation on the ABC webpage under Training. All eligible employees will get a 2016 Decision Guide, which will give them information on both plans. ALEX, the online

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decision support tool will also be able to help members learn more about the dental plans.

- **Local Gov Question:** I received a packet from Delta Dental with a form to fill out if we want to keep it. So we could actually keep Delta, and Cigna and MetLife as well?
 - **Answer:** Yes, if your agency wants to offer Delta Dental in addition to the dental plans the state offers, you are able to do so. But please note, Delta Dental will **not** be a state offered dental vendor in 2016. If you want to drop the state's dental coverage for 2016, you cannot unless you submitted a letter to the state by August 1, 2015.

- **Local Gov Question:** Is it possible to offer dental through another vendor and also offer dental through Cigna and MetLife?
 - **Answer:** Yes, you can offer dental coverage through another vendor in addition to the dental plans offered by the state.

- **Local Gov Question:** Will you let us know in the notes if we can offer another dental plan?
 - **Answer:** Yes, you can offer another dental plan in addition to the two dental plans offered by the State. However, if you wanted to drop the state's dental coverage for your employees for 2016, this had to be done in writing by August 1, 2015.

- **Local Gov Question:** I am concerned that Cigna will be dropped by providers as Assurant was also. Are there guarantees that our participants will be given options if a provider drops coverage?
 - **Answer:** At least two providers are located within 10-mile radius for our members. Members can also nominate providers and a form was included with today's ABC email (August 14). Cigna will have these forms available during benefits fairs. A member may switch from the Cigna plan to the MetLife plan if there is not a participating general dentist within a 40-mile radius of the member's home.

- **Higher Ed Question:** Can you go over the out-of-network coverage?
 - **Answer:** Under the Cigna dental DHMO prepaid plan, there is no out-of-network coverage with this plan. For costs to be covered, members must use in-network providers.

- **Higher Ed Question:** Can you give us the Cigna contact information?
 - **Answer:** All of the Cigna contacts are found on the Vendor Contact List. We have again attached this list with today's Friday August 14 ABC email.

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- **Higher Ed Question:** Do our employees have to be put on a provider list as they were with Assurant.
 - **Answer:** Yes, they will have to select a general dentist.

- **Higher Ed Question:** Is there emergency care under the Cigna DHMO plan?
 - **Answer:** Yes, Cigna has a 24-7 call center and when a member calls, the call center can give the member the contact information for an area dentist who can provide palliative care in an emergency situation.

- **Higher Ed Question:** If employees are on Assurant now will they need to enroll in Cigna dental or will they automatically be transferred to Cigna?
 - **Answer:** If they don't make any changes during annual enrollment, they will remain enrolled in the prepaid plan and their coverage will transfer to Cigna.

Operations:

- **Upcoming August New ABC Trainings/ABC Workshop Reminder:**

August 25:

State/Higher Ed: 1 p.m.-3 p.m. Central

August 26:

Local Ed: 10 a.m. - 12 p.m. Central

Local Gov: 1 p.m.-3 p.m. Central

August 27:

Day 2 (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

- **Reminder: Upcoming ABC Workshops:**

- Next week is the ABC Workshop on August 19 (1:30 p.m.-2:30 p.m. Central) – Topic: Annual Enrollment Do's and Don'ts.

ABC TRAINING QUESTIONS

- **Local Gov Question:** I will be out of the office at a conference on August 26, how can I get the training materials?
 - **Answer:** The New ABC Training presentations can be found on the ABC website in the Training section.

- **State Question:** What is the August 27 class?
 - **Answer:** The August 27 training from 1 p.m. to 3 p.m. is the second part of the New ABC two part training. During this training, ABCs are shown

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how to key in Edison, Remedy and given a tour of important resources they can find on the ABC website.

- **State Question:** If you have already completed new ABC training, is the August 27 training needed?
 - **Answer:** If you have already completed the new ABC 2-day training, then no, but all ABCs can participate in the training if they would like a refresher.

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** If someone transfers from another Local Ed agency, his or her Edison ID would remain the same, correct?
 - **Answer:** Yes, that is correct.
- **Local Ed Question:** Is it possible to be placed on the list to receive a test file to receive the PPACA requirements that are going to be sent in December? I think you had mentioned that you were in the process of testing some of the files currently.
 - **Answer:** We will give Melissa Wiseman your contact information about this request.
- **Local Ed Question:** If an employee transfers agencies and the employee does not change insurance options, will the transferred employee get new insurance cards?
 - **Answer:** For 2015, the member would not get another insurance card. For 2016, all members will receive new health insurance cards.
- **Local Ed Question:** Can you include Lincoln County Education and Lincoln County government in the PPACA testing also?
 - **Answer:** We will tell Melissa Wiseman that you are interested, but this does not guarantee your agency would be added to the testing list.
- **Local Ed Question:** Is there a way to run a report in Edison showing all of our employees and their coverage?
 - **Answer:** Yes, here is the query information:
TN_BA219_MED_DEN_Coverage – ABC's will use a prompt of Coverage Begin Date: MM/01/YYYY, it can be run as needed and the intended results will show any coverage that is effective as of MM/01/YYYY. This query can be run throughout the year for new hire enrollments or changes for special qualifying events. The query also includes vision.
 - This information will be returned with the Header Title at the Top of the Query:
 - Department ID
 - Position Number

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- Business Unit
 - Employee ID
 - NID (SSN)
 - Name (First & Last Name)
 - Plan Type (Medical, Dental, Vision, etc.)
 - Benefits Plan (Partnership, Cigna, BCBS, etc.)
 - Description (Benefit Plan)
 - Coverage Code
 - Description (Coverage Code)
-
- **TN_BA219_MED_DEN_ELECTIONS** – This query will show all elections made in Edison between a specific date range. If elections were not made or if elections were waived, the query will show “W” for waived.
 - The query list can be found at http://www.tn.gov/assets/entities/finance/benefits/attachments/abc_edison_query_manual.pdf
-
- **Local Gov Question:** There is some confusion about the ACA requirements. The confusion is with the 1094 and 1095B and 1094 and 1095C. Who fills out what? What does the state fill out and what do we fill out?
 - **Answer:** The state will not fill out any forms for your agency. We will provide you with information about your insured members and dependents available by query in December. Your agency is responsible for completing the 1094C and 1095C forms and getting these forms to your employees and the federal government.
 - **Local Gov Question:** When I called last week, I was told that I only fill out the 1094C and 1095C. Is this correct?
 - **Answer:** Yes, your agency will be responsible for the 1094C and the 1095C forms and getting these forms to your employees and the federal government.
 - **Local Gov Question:** Who fills out the Part B forms?
 - **Answer:** Part B is for insurance companies for fully funded plans, however if you have questions about the forms, we suggest you talk to your legal counsel.
 - **Local Gov Question:** Will there be a training class to help us fill out the correct forms and how to fill them out?
 - **Answer:** BA is not offering any training classes, but the IRS does sometimes offer training on filling out the required forms. You can check the IRS.gov website for any upcoming trainings.

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- **Local Gov Question:** I have an employee who is retiring and we sent her Application to Continue Insurance at Retirement in to BA. She received some paperwork on COBRA insurance in the mail. Should she have gotten this information?
 - **Answer:** Yes, any employee who is retiring or leaving employment will receive information about COBRA as required by law.

- **Local Gov Question:** How long after we term an employee in Edison will the employee receive COBRA information?
 - **Answer:** The COBRA notices are generated nightly on the day the termination is keyed. It will take about a week for the employee to receive the letter.

- **Local Gov Question:** I have an employee who wants to add children on to their health plan. Is there any documentation he or she will need to send in during open enrollment that shows the other coverage they had has been terminated?
 - **Answer:** No, we don't require documentation for loss of other coverage during annual enrollment.

- **Local Gov Question:** I have an employee who just had a baby. I sent in information to add the child and the child has been added. Now the employee has brought me the child's social security card. Do I need to send the card to Benefits Administration for your files?
 - **Answer:** You don't need to send in the child's social security card but you do need to send in a Corrections and Clarifications form with the correct SSN listed.

- **Local Gov Question:** I have an employee who is currently covered on her spouse's insurance but wants to enroll in our health insurance as well. Can an employee have both coverage (plans)? Which insurance is primary?
 - **Answer:** Yes, the employee can be covered under both plans. Please refer to the Local Government Plan document. The exception is if the employee signs up for a CDHP plan for 2016. In this instance, the member cannot be enrolled in other coverage (a PPO plan for example) and be enrolled in the HealthSavings CDHP with a HSA account.

- **Local Gov Question:** My husband will be eligible for Medicare in February. Is there supplemental insurance available and is it at the same premium as primary coverage?
 - **Answer:** Supplemental insurance is only available for retirees and is not available for active employees. Active employees and their spouses can remain on the medical insurance over the age of 65 for as long as they stay employed.

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- **Local Gov Question:** The forms with the ACA – these are IRS forms and this is in January? And does not have to do with the CDHP?
 - **Answer:** There are IRS forms you must complete, the 1094C and the 1095C, but these are not related to the state’s CDHP plan. You can go to IRS.gov to learn more about the required PPACA forms.

- **Local Gov Question:** Will employees get new health cards for health, Caremark, vision and dental on January 1?
 - **Answer:** Employees will get new insurance cards for health and dental coverage in December, even if not making any changes from this year to next year’s coverage. Employees will not get new vision cards this year.
 - Caremark ID cards will only go to three groups of people:
 - Those newly enrolled with a coverage start date of 1/1/2016;
 - Those who are already enrolled, but transfer this fall to a new plan option with a start date of 1/1/2016;
 - All Cigna plan members (this is due to a change in internal plan codes in our systems). Plan members who currently have BCBS as their carrier and stay enrolled in the same option with BCBS for 2016 will not receive a Caremark pharmacy card.

- **Local Gov Question:** I have a retiree going on Medicare September 1. What form do I need to send in to remove him from our company’s insurance?
 - **Answer:** You will need to submit a Cancel Request form with a copy of the letter showing entitlement to Medicare.

- **Higher Ed Question:** How will the password reset process work this year, specifically the letters?
 - **Answer:** Generally, we are resetting passwords as of September 1. A letter will go out to all Higher Ed eligible employees unless you need them to go out earlier and BA will set this up. This year there is also a Password Reset Call Center members can call directly. Members should get faster password resets as this is a dedicated call center for this purpose. Members will receive password reset information in the letters they will receive and it is also included in the Decision Guide.

- **Higher Ed Question:** I received the address update spreadsheet. How much time do I have to update the addresses before the mailing goes out?
 - **Answer:** For password reset letters, you will need to have addresses corrected by the end of the month. The 2016 Decision Guides will mail at the end of the month, so we suggest you send in corrected addresses in as quickly as possible.

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Materials and Communications:

- **Annual Enrollment Updates**
 - **CDHP/HSA Training:** You can still sign up for training about the new HealthSavings CDHP plan option. If you need us to send the registration link again or have any questions email benefits.info@tn.gov.
 - **Decision Guides:** The 2016 Decision Guides have been posted to the ParTNers for Health website this week. You can find them on the Enrollment tab found [here](#).
 - **Summary Benefits Coverage (SBC) Postcard:** The Summary of Benefits Coverage (SBC) postcard was mailed on August 14 to all enrolled and eligible but not enrolled employees. As required by law, members can receive a paper copy or download a copy of the SBC **after September 1** by following the directions on the card. We will provide the link on the BA website once it is available around September 1. There is really no need for members to order this document as the Decision Guide all eligible employees will receive is much more comprehensive but we are making it available as required by law.

GENERAL ANNUAL ENROLLMENT QUESTIONS

- **Local Ed Question:** Is the postcard mailing of the SBC enough to meet federal requirements or is each employee required to sign off on receipt?
 - **Answer:** Mailing the SBC completes the federal requirement and employees are not required to sign off on receiving the card or the Summary of Benefit Coverage document.
- **Local Ed Question:** What is the SBC?
 - **Answer:** It is the Summary of Benefits and Coverage (SBC). The SBC describes the 2016 health coverage options. We are required by law to provide notice to eligible members that this document is available.
- **Local Ed Question:** When will the Cigna dental information be available?
 - **Answer:** The Decision Guides have been posted to the website. They include a summary of dental benefits. Both Cigna and MetLife will also have information available at benefits fairs.
- **Local Ed Question:** Will there be notes about the CDHP without going to one of the meetings?
 - **Answer:** We strongly suggest that ABCs attend a HealthSavings CDHP/HSA training. We will have information about the new HealthSavings CDHP in the 2016 Decision Guide as well as in the AEP PowerPoint presentation we will have available for you soon.

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- **Local Gov Question:** If a person signs back up for insurance after previously being on the state's health insurance, they will not get a welcome packet?
 - **Answer:** That is not correct. Returning members **will** get a welcome packet with a handbook and other information from the medical vendors. ID cards will also be mailed in December.
- **Local Gov Question:** How do I order packets for open enrollment?
 - **Answer:** You will need to put your own packets together for your employees based on the benefits offered for your employees. You can order materials directly from the vendors using the contact information on the Vendor Contact List. They will receive a 2016 Decision Guide and you will also have an AEP PPT presentation available for to use with members.
- **Local Gov Question:** Decision guides are being sent to the homes of all current members though, correct?
 - **Answer:** Yes, 2016 Decision Guides are sent to all eligible employees and current members.

ParTNeRs for Health Wellness Program Presentation: Paige Turner presented information with Nancy Parker and Jennifer Neill from Healthways about the Partners for Health Wellness program, the 2015 Partnership Promise results and the 2016 Partnership Promise. The presentation is found on the [ABC webpage under Training](#).

- **Local Ed Question:** If someone has a coverage effective date of September 1 and they are not required to do the biometric screening this calendar year, if they go get it done this year will it still be good for the 2016 Partnership Promise?
 - **Answer:** Yes. If they complete a screening between July 16, 2015, and July 15, 2016, the screening will count toward the 2016 Partnership Promise requirement.
- **Local Ed Question:** I have an employee who is pregnant who told me she doesn't have to complete the biometric screening. I was not aware of this so I just wanted to double check. Will pregnant women have to complete the biometric screening?
 - **Answer:** No, if a member is pregnant, she does not have to complete the biometric screening or any of the other requirements while pregnant. However, if the member is contacted for coaching, Healthways will not know that she is pregnant and she would have to inform the coach. Next year all members are required to get a biometric screening so any pregnant member will need to let Healthways know.
- **Local Ed Question:** Do pregnant women still need to complete the WBA?

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- **Answer:** No, they don't have to complete any of the requirements if pregnant, but Healthways won't know that the member is pregnant so it is up to the member to let Healthways know.

- **Local Ed Question:** Our local hospital is a part of the Fort Sanders group but is not listed in Cigna. Does that mean the Fort Sanders Loudon is not in the plan even though it is in the Fort Sanders network?
 - **Answer:** Fort Loudon in Lenoir City/Loudon County is not currently in LocalPlus. Cigna is in contract negotiations with this group but the contract has not been finalized. Fort Sanders in Knoxville is part of the LocalPlus network.

- **Local Gov Question:** Seventy percent participation rate equals 70 percent of participants identified for coaching or 70 percent of all participants?
 - **Answer:** Seventy percent of all participants required to coach.

- **Local Gov Question:** What exactly should new members receive in the mail when they initially enroll in the Partnership plan?
 - **Answer:** All new members receive a new hire flier. The flier is sent out by Healthways and includes the requirements for the member. In January of 2016, all existing members will receive a welcome mailer from Healthways, which outlines the 2016 Partnership Promise requirements.

- **Local Gov Question:** Is that what is considered the welcome packet?
 - **Answer:** The mailing from Healthways is separate from the welcome packet sent by the insurance carriers.

- **Local Gov Question:** Do you have to do the WBA and screening if you are in the Limited PPO?
 - **Answer:** No. But Limited PPO members do have access to the wellness program.

- **Local Gov Question:** One of our employees did not fulfill the Partnership Promise for 2015. Can he sign back up in open enrollment to get back on the Partnership plan?
 - **Answer:** If the member did not complete the requirements in 2015, he is not eligible for the Partnership PPO in 2016. If the member did not complete the 2014 requirements and was in a different plan in 2015, he could reenroll in the Partnership PPO during annual enrollment for the 2016 calendar year.

- **Local Gov Question:** Did you say that if a member did not fulfill the 2015 Partnership Promise requirements then he or she cannot sign up for the new CDHP plan?

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- **Answer:** They **would** have access to the new HealthSavings CDHP, the Standard PPO and the Limited PPO, but they would not be eligible for the Partnership PPO for the 2016 calendar year.

- **Local Gov Question:** Is there still a one-year waiting period for those being dropped from Partnership to Standard in CY2016 so they could enroll back on the Partnership if they elect to do so in CY2017?
 - **Answer:** Yes, the member would be able to reenroll in the Partnership PPO during the 2016 annual enrollment period for coverage in 2017.

- **Local Gov Question:** Please clarify, if people received a letter in error about not having met the requirements are they required to file an appeal or is it automatically taken care of?
 - **Answer:** Most members should have received a retraction letter by now which lets them know their transfer was automatically appealed and overturned on their behalf. If they did not receive a retraction letter, they would need to file an appeal and they should call Healthways immediately.

Operations

- **August and September New ABC Training:**

August New ABC Training

August 25:

State/Higher Ed: 1 p.m.-3 p.m. Central

August 26:

Local Ed: 10 a.m. - 12 p.m. Central

Local Gov: 1 p.m.-3 p.m. Central

August 27:

Day 2 (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

September New ABC Training

September 23:

State/Higher Ed: 1 p.m.-3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2: (All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

- **Upcoming ABC Workshops:**

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- The September ABC Workshop will be about “**Queries to Run during Annual Enrollment/Healthways Appeal Process Webinar**” and will be held on September 17 from 12:30 p.m. to 2:30 p.m. Central
- **IVR (Interactive Voice Response):** BA Service Center will be implementing this functionality on Friday, August 28.
 - Prompts for you to type an Employee ID in Active Employee, ESS, and Triage queues.
 - If you are calling regarding an issue for one of your employees, use their Employee ID.
 - Allows analysts to see the employee’s information in Edison when they answer the call.
 - Analysts will still need to complete HIPAA verification on the employee.
- **Local Ed/Local Government/Higher Education: Password Resets:** A new Call Center will be set up specifically for password resets.
 - Allows for the BA Service Center to focus on questions about the plan options.
 - Password Reset Call Center will be for Higher Ed, Local Ed, and Local Government agencies.
 - Password Reset Call Center information is included in the Decision Guide. The number is 844-330-9100 (M-F, 7:30 am – 4:30 pm Central). The Password Reset Call Center will not be live until September 15.
- **Important Information:**
 - Annual enrollment is October 1– October 30 at 4:30 p.m. Central.
 - Benefits Administration call center hours will be 7:00 a.m. – 4:30 p.m. Central.
 - Deadline for dependent documentation is 4:30 p.m. Central on October 30.
 - The call centers will be busy the last week of enrollment so encourage your employees to enroll early.
- **Retirement Process on or before January 1, 2016:** If an employee is retiring and their insurance coverage as an active employee will terminate on or before 01/01/2016 they should NOT use ESS during the AE period to elect any changes. Any changes elected via ESS will be wiped out and will not carry over to their continuation of coverage as retirees effective 01/01/2016. Employees may either visit www.tn.gov/finance and print and/or view the Retiree Decision Guide. The Annual Transfer Application for Retiree Participant will be available to print on the BA website and is also located as the last page of the 2016 Retiree Decision Guide. Retirees must submit their Annual Enrollment requests by mailing or faxing the application no later than October 30th. Retirees do not have access to elect changes via ESS.

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- **Local Ed Question:** If a school system is going to be paying some of our retirees' insurance premiums, whom can we get in contact with to get this started?
 - **Answer:** You can send an email to retirement.insurance@tn.gov and we'll have someone get back to you.

- **Local Ed Question:** Is Summit Medical Group included in the new Cigna LocalPlus network?
 - **Answer:** Yes, Summit Medical Group is in the Cigna LocalPlus network. You can find the LocalPlus directory online here:
<http://www.cigna.com/sites/stateoftn/index.html?redir=/stateoftn>
 - Cigna is also in the process of creating a LocalPlus guide specific to all of Tennessee and we will alert you when this is complete.

- **Local Ed Question:** With a new employee, we receive Edison login information and then forward this to the employee. It lists the BA number for them to call with password reset assistance. Can new members still use this number?
 - **Answer:** Yes, BA will still assist new members with their Edison password. The Password Reset Call Center is only for password assistance during annual enrollment.

- **Local Ed Question:** Will ABCs get a listing of all passwords for our employees?
 - **Answer:** Yes, you will receive a spreadsheet with this information prior to annual enrollment.

- **Local Gov Question:** Do you have to sign up for the webinar (ABC training or workshops) or just logon?
 - **Answer:** You do have to sign-up for the webinar in Edison. Two days before, you will receive a link with instructions on how to log in to the training

- **Local Gov Question:** So if we are calling BA with a general question/concern, the ABC would need to type in our Employee ID, correct?
 - **Answer:** Yes, for a general question you will enter your Edison ID.

- **Local Gov Question:** If an employee is changing from Cigna to BlueCross does the enrollment form need to be sent in and the information entered into Edison?
 - **Answer:** If your agency is required to use ESS, you will need to use ESS to make the change. If your agency can use paper forms, then only a form sent in is needed, you wouldn't have to do both.

- **Local Gov Question:** When hiring a new non-payroll employee, is there any way to add their email address so they can get an email with their temporary sign on information or will ABCs still have to alert each new hire individually?

**Combined Notes from
Local Education and Local Government
ABC Conference Calls
August 18**

- **Answer:** We don't have a way to get the email information for a new hire until they are keyed into Edison and they have entered email information into Edison. ABCs will need to have to continue to alert each new hire individually.

- **Local Gov Question:** Do you know if the 2016 Cigna and BCBS new hire packets are available yet?
 - **Answer:** Member handbooks from the health carriers won't be mailed out until after annual enrollment. But carriers will have provider books available for you to order. You can refer to the Vendor Contact List emailed to ABCs recently in ABC emails.

- **Local Gov Question:** If an employee is changing from Cigna to BlueCross and has dependents, will documentation have to be sent in for the dependents again?
 - **Answer:** No, you do not have to send in documentation again for any current, eligible dependent. The member has to only provide documentation if adding new dependents.

- **Local Gov Question:** Will the enrollment change applications change? If so, do we order these?
 - **Answer:** Yes, this form will change and you can print it directly from the [BA website](#). The revised form is not yet available, but we will alert you when it has been updated.

- **Local Gov Question:** We have sent a letter to BA to allow our employees to enroll in vision coverage. Is this (annual enrollment) when we will sign them up, and is there a different form besides our health insurance forms to use?
 - **Answer:** There is not a different form. You will need to print off the revised Enrollment Change Application for 2016 and use this form for all benefit selections. If your agency uses ESS, you can use Edison for the members to enroll in vision coverage.

- **Local Gov Question:** Can we order the Enrollment Change Applications or will we have to print them?
 - **Answer:** You will have to print the form from the ABC website or the member can use ESS/Edison to make benefit changes.

- **Local Gov Question:** So members are supposed to have their emails in Edison and the only way for the employee to enter it is in ESS. The employees have to wait for ABCs to provide them with their ID and password to add this information into Edison?
 - **Answer:** Emails are not required. The only option to add email addresses is in ESS. For new hires, ABCs are required to give them their ID and password and then they can enter their own email address into Edison.

**Combined Notes from
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- **Local Gov Question:** We use ESS but I thought we had to have a hard copy of the Enrollment Change Application in the employee file. So we don't have to have a hard copy?
 - **Answer:** Keeping a hard copy of the Enrollment Change Application is an Agency business decision. It is not a Benefits Administration requirement. Some agencies may decide to retain a copy of the form when an employee waives coverage for Affordable Care Act purposes. You can also use queries in Edison to get this information in place of paper forms.

- **Local Gov Question:** If an employee is adding dependents, do they send in the Enrollment Change Application with the dependent documentation only, or do they add the documents into Edison and send in the change form?
 - **Answer:** The member doesn't need to send in a change form. He or she can upload the dependent documentation directly, but will need to include the Social Security Number and Edison ID on the documentation or the ABC can upload the documentation if the member cannot.

- **Local Gov Question:** So does the Enrollment Change Application change for 2016?
 - **Answer:** Yes, because we will have new benefit options for 2016, the form will change. We will let you know when it has been updated.

**Combined Notes from
Local Education, Central State, Local Government and Higher Education
ABC Conference Calls
August 25 and 26**

Materials and Communications:

- **Annual Enrollment Updates:**
 - **2016 Annual Enrollment Information:** The links to ALEX have been posted on the homepage of the [ParTNers for Health website](#).
 - You will see two links under “**Introducing ALEX – Your Personal Benefits Expert**” headline.
 - One link is for [State and Higher Education employees](#).
 - Another link is for [Local Ed and Local Gov employees](#).
 - We have also updated the ParTNers website with information about the new plan and 2016 benefits.
 - The **2016 Decision Guide** pdfs have been posted to the ParTNers for Health website and they are located on the enrollment tab under “**Enrollment Materials**”.
 - Also, we did update dental information in the decision guide grid that includes more information about the orthodontia benefit for the Cigna prepaid plan.

Benefits

- **BlueCross BlueShield of Tennessee Vendor Presentation:** Amy Jordan with our health insurance carrier BlueCross BlueShield shared information about BlueCross and any updates for the 2016 calendar year.
 - **Local Ed Question:** Are all Fort Sanders locations in the BCBST network? Or just the ones in Knoxville?
 - **Answer:** These facilities are in the BCBST network:
 - Ambulatory Surgical Facilities, Acute Care Facilities, Dialysis Center, Outpatient Rehabilitation and Skilled Nursing Facilities in Knoxville & Sevierville.
 - If you have a specific facility you would like to have verified you can email the BI box at benefits.info@tn.gov and we will check with BCBST or you can check the provider network online at [the state’s designated BCBST website](#) and search under “**Find a Doctor or Hospital**”.
 - **Local Ed Question:** When you say Covenant Health, is this all of their locations, Oak Ridge, Lenoir, etc?
 - **Answer:** These Covenant Health facilities are in the network:
 - Claiborne Medical Center, Tazewell
 - Cumberland Medical Center, Crossville
 - Fort Loudoun Medical Center, Lenoir City
 - Fort Sanders Regional Medical Center, Knoxville
 - LeConte Medical Center, Sevierville

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- Methodist Medical Center of Oak Ridge
 - Morristown-Hamblen Healthcare System, Morristown
 - Parkwest Medical Center, Knoxville
 - Roane Medical Center, Harriman
 - If you have a specific facility, you would like to have verified you can email the BI box at benefits.info@tn.gov and we will check with BCBST or you can check the provider network online at the [state's designated BCBST website](#) and search under “**Find a Doctor or Hospital**”.
- **Local Ed Question:** How likely is the BCBS network to change over the next 15 months?
- **Answer:** Networks can change at any time. Before members seek services, unless it is an emergency, they should check the network as providers may change. The state will alert ABCs of any hospital or large provider group network changes.
- **Local Ed:** How can employees considering BlueCross see which providers are in network?
- **Answer:** You can go to the [state's designated BCBST website](#) and use the “**Find a Doctor or Hospital**” tool and search for Network S. Or, members can call the call center at 800.558.6213 and identify themselves as a state employee and the call center staff can search for a provider.
 - We will also post the electronic PDF of the 2016 provider directory on the ParTNers for Health website soon.
 - **Note: ABCs and members can find contact information for all vendors on the ParTNers for Health website under the “[Contact Us](#)” tab.**
- **State Question:** Is it possible to get this PowerPoint emailed after the call?
- **Answer:** The PPT is too large to email but we have posted the BCBST presentation on the [ABC webpage under Training](#).
- **Local Gov Question:** What hospitals are participating in the North West area, specifically Obion and Weakley counties?
- **Answer:** Baptist Memorial Hospital Union City is in Obion County and Volunteer Community Hospital is in Weakly County.
- **Local Gov Question:** Will there be a cost for the protection plan (ID protection)?
- **Answer:** No, there will not be an additional cost for members who select BCBST as their carrier.
- **Local Gov Question:** Whom do we contact with Blue for welcome packets?

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- **Answer:** Amy Jordan is the contact and her email address is Amy_Jordan@bcbst.com. Amy's contact information is listed on the Vendor Contact List, which was included in a recent ABC email. You can find the ABC emails archived on the [ABC webpage under Weekly Emails](#).
- **Local Gov Question:** Does the \$29 fee for access to gyms go to BlueCross or go to the gym?
 - **Answer:** The gym fee is paid to the contracted vendor that maintains the network of fitness centers and gyms.
- **Higher Ed Question:** If you ask a provider if he or she participates in local BCBS with an answer of yes, does this automatically equal the provider being in Network S?
 - **Answer:** The member must verify the provider is participating with Network S within the State of Tennessee and contiguous counties. If a member seeks services outside of State of Tennessee, he or she needs to use the BlueCard network. Members can call BCBST at 800.558.6213 or go to [www.bcbst.com/members/tn state](http://www.bcbst.com/members/tn_state) to search for a participating provider.
- **Higher Ed Question:** Are the gym fees for the individual?
 - **Answer:** The fees are for each member on the policy over the age of 18 who elects to enroll.
- **Higher Ed Question:** How will employees sign up for the security protection, which starts in 2016?
 - **Answer:** BCBST is still finalizing the details. BA will send information to ABCs when it is available.
- **Higher Ed Question:** Is identity protection free?
 - **Answer:** Yes, there is no additional cost for identify theft protection for members who select BCBST as their carrier.
- **Higher Ed Question:** Are the gym fees under 18 free?
 - **Answer:** There are no fees for those under 18, and therefore these dependents would not have a gym membership. The gym membership is a benefit for those 18 and older. Also, each facility varies on what they offer for child care.

Operations:

- **September New ABC Training:**

**Combined Notes from
Local Education, Central State, Local Government and Higher Education
ABC Conference Calls
August 25 and 26**

September 23:

State/Higher Ed: 1 p.m. to 3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2:

(All Entities Need to Attend this Class): 1 p.m. to 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

- **Reminder: Upcoming ABC Workshops:**
 - The September ABC Workshop will be about “**Queries to Run during Annual Enrollment/Healthways Appeal Process Webinar**” and will be held on September 17 from 1 p.m. to 2 p.m. Central.

- **Local Ed: Document Volume:** We wanted to share with you an update on the volume of documents that the active call center has received thus far in August.
 - On August 1, 2015, we started with 90 documents in the Local Education queue that were held over from July. Since then we received an additional 3,103 documents through August 24, 2015. We have processed 2,960 documents with 48 in our suspense queue awaiting additional information or clarification.
 - As is our standard, any documents received in our office by noon on Wednesday August 26 will be processed before close of business on Friday, August 28 so they will appear on your September bill. We currently have 120 documents in the queue.

- **Higher Education: Document Volume:** We wanted to share with you an update on the volume of documents that the active call center has received thus far in August.
 - On August 1, 2015, we started with 12 documents in the Higher Education queue that were held over from July. Since then we received an additional 926 documents through Tuesday, August 25. As of 3 p.m. on August 25, we have processed 809 documents with 14 in our suspense queue awaiting additional information or clarification.
 - As is our standard, any documents received in our office by noon Monday, August 24 will be processed before close of business on Friday, August 28 so they will appear on your September bill. We currently have 120 documents in the queue, 45 of which were received before the Monday deadline.

- **Call Volume/Member Documents:**
 - Average calls taken by the active service center in August have been 141.

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- Our average wait time is 1 minute and 50 seconds.
- Reminder: The BA Service Center is starting to see an increase in calls from ABCs and employees asking us if we received the documents they sent us. In an effort to help keep the phone lines as open as possible, we ask that when you fax or upload documents to us, you can verify that the documents have been received by checking the scanned documents section of the employee's record in Edison.
 - When faxing, send in the information separately for each member.
 - Our service level agreement is to make sure those documents are visible in Edison within 24 hours.
- **Local Ed/Local Gov/Higher Ed: PPACA Reporting:** BA is finalizing the query for agencies to run for their PPACA reporting to the federal government. We will be making this query available in Edison within the next week or two. Once it is ready, we will send out the instructions on how to run it. We encourage everyone to run it as soon as it is available and review the data for accuracy.
 - **We will have the final query you can use available in December.**

HEALTHSAVINGS CDHP/HSA QUESTIONS

- **Local Ed Question:** Do you get to roll over the money left in the account (HSA)?
 - **Answer:** Yes, the money in the HSA does roll over each year.
- **Local Ed Question:** I noticed during our CDHP training that the CDHP materials stated no individual deductible with family coverage. Can you explain that further?
 - **Answer:** For the CDHPs, there is no individual deductible with family coverage. When it is met, even if it is reached by just one family member, coinsurance rates will be charged until your out-of-pocket maximum is reached. For the PPOs, no single family member will be subject to a deductible or out-of-pocket maximum greater than the "employee only" amount. Once two or more members have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members.
- **Local Ed Question:** As to the CDHP/HSA grace period in March, our agency does not have the grace period and members can file to get some claims back, but they cannot have new claims in Jan- March of the following year. So we are confused about the grace period and zero balance in the FSA?
 - **Answer:** If you don't have a grace period this would not apply. As long as the employee is not getting reimbursed for claims incurred during the period of time they have the HSA it is not an issue.

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** Will the PPACA data be a query in Edison?

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- **Answer:** We communicated on the call that this would be a report with a separate navigation. We have now learned that it will be a query that you will be able to run in Edison.

- **State Question:** I have an employee with a dependent child and the child's last name has changed. Do we have to submit supporting documentation with the corrections and clarifications form to have this changed in the system (e.g., the dependent child was recently married and the last name changed).
 - **Answer:** BA just needs a copy of the marriage certificate.

- **Local Gov Question:** I cannot make the Thursday ABC new training this week and could not drop the class in the system. Can I sign up for the class in September instead?
 - **Answer:** Yes, you are welcome to register for the September new ABC training instead of the August training if this works better for you. Send an email to benefits.info@tn.gov and we will have your registration removed for the August new ABC training.

- **Higher Ed Question:** When someone is cancelling insurance and you send over the cancel form, do you also have to send over the enrollment form? Because on the enrollment form it also includes cancellations.
 - **Answer:** No, the Enrollment Change Application is typically not needed with the Request to Cancel form.

- **Higher Ed Question:** Is the 2016 PPT online yet?
 - **Answer:** The 2016 AEP PowerPoint presentation for state and higher education employees was posted this week and can be found on the ABC webpage under Training.
 - **Local Ed/Local Gov:** The 2016 AEP presentation for local education and local government employees will be posted by Friday, September 4.

- **Higher Ed Question:** Do you know when the Decision Guides will be mailed to those ABCs who have ordered them?
 - **Answer:** We expect the guides will start to drop in the mail on Monday, August 31 to ABCs, state and higher education employees and retirees.

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Materials and Communications:

- **Annual Enrollment Updates and Materials:**
 - **BCBST Network Update:** University of Tennessee Medical Center and affiliated physicians will be in BCBST Network S for members of the state-sponsored insurance plans.
 - We had a question asking if TriStar hospitals are in the BCBST network. HCA/TriStar hospitals are not in the BCBST network S. St Thomas (Baptist) hospitals are not in Cigna LocalPlus.
 - **To search for network providers, the provider directories are located on the Partners for Health website under the carriers tab at:**
http://www.partnersforhealthtn.gov/hlth_carrier_information.shtml
 - **Vendor Presentations:** All of the vendor and carrier presentations have been posted to the ABC webpage under training.
 - **Summary of Benefits Coverage (SBCs):** The Summary of Benefits Coverage or SBCs have been posted to the [BA website](#). Members can download a copy from the website or they can call us at the number on the postcard they received and we can send one in the mail to them.
 - **As a reminder:** The Summary of Benefits Coverage (SBC) **postcard** was mailed on August 14 to all enrolled and eligible but not enrolled employees. As required by law, members can receive a paper copy or download a copy of the SBC following the directions on the card.
 - **There is really no need for current employees to order this document as the 2016 Decision Guide mailed to all eligible employees is much more comprehensive but we are making it available as required by law.**

NOTE: We do need ABCs to help with informing new hires of the availability of the SBC. A great tool for making sure we meet this federal requirement is the “Employee Checklist”. It can be found on the [ABC webpage](#) under the heading for the different plans (State Plan, Local Education Plan and Local Government Plan). After clicking on “Employee Checklist”, look under the “Materials To Be Provided” section. The requirement for the SBC is to “provide the web address to locate the Summary of Benefits and Coverage or a printed copy if requested by the employee”. As a reminder, the SBC is located at <http://www.tennessee.gov/finance/section/fa-benefits>, under the “Summary of Benefits” heading in the main menu, just above the Agency Benefit Coordinators heading.

 - **Decision Guide Order Form:** The link for ABCs to order Decision Guides has been removed. If you still need to order guides or you forgot to order them for your new hires, you will need to fill out the order form, which is found on the ABC webpage by plan type.
 - **Reminder:** Decision Guides will be mailed to all eligible employees. You do not need to order guides for existing members, just for your new hires.
 - **2016 Forms:** We are still finalizing forms for 2016 benefits to include the Enrollment Change Application (for agencies who don’t use ESS), Cancel

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Request Form, the Application to Continue Insurance at Retirement, etc. We will alert you as we update and post these forms to the BA website and on the ABC webpage under Forms.

- **2016 AEP PowerPoint**
 - **State/Higher Ed:** The 2016 AEP PowerPoint presentations have been posted to the [ABC webpage under Training](#). You can use this presentation during your benefits fairs and to walk employees through their 2016 benefits, changes and updates. **The PowerPoint covers all benefits in great detail. Please feel free to edit this presentation yourself to best suit the needs of your employees.**
 - **And don't forget – members can always use [ALEX](#) to help them with their benefit options.**
 - **Local Ed/Local Gov:** The Local Ed and Local Gov 2016 ABC PowerPoint presentation is close to being complete and will be posted by the end of the week on the [ABC webpage under Training](#). **The PowerPoint covers all benefits in great detail. Please feel free to edit this presentation yourself to best suit the needs of your employees.**
 - **And don't forget – members can always use [ALEX](#) to help them with their benefit options.**
- **State/Higher Ed: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We have dates for employee webinars in which we will give a general overview of benefits options and the CDHP/HSA. We have **attached** a flier with today's email you can share with your employees. **Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.**
 - **September 14: 1:30 p.m. to 2:30 p.m. Central**
 - **September 15: 10:30 a.m. to 11:30 a.m. Central**
 - **September 21: 1:30 p.m. to 2:30 p.m. Central**
 - **September 25: 9:30 a.m. to 10:30 a.m. Central**
- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We have dates for employee webinars in which we will give a general overview of benefits options and the CDHP/HSA. We have **attached** a flier with today's email you can share with your employees. **Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.**
 - **September 30: 10:30 a.m. to 11:30 a.m. Central**
 - **October 1: 11 a.m. to 12:00 p.m. Central**
 - **October 5: 1:00 p.m. to 2:00 p.m. Central**
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**

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- **Local Ed/ Local Gov and Higher Ed: PayFlex:** We included information in the Friday, August 28 ABC email, but we wanted you to be sure to know that PayFlex will be on the ABC calls for the next two weeks to talk about the HSA, payroll deduction and reports.
 - ABCs received an email with a letter outlining the HSA payroll deduction process and how to set up file transfers with PayFlex. Please hold all of your questions for your ABC call on Tuesday or Wednesday.

 - **Local Ed/Local Gov: Annual Enrollment Infographic/Form**
 - We have uploaded an infographic to help your employees understand 2016 benefits options and how to access ALEX. You can download it and hand it out to employees and/or post in your break rooms.
 - You may need to create four different options showing the costs for all coverage tiers available (e.g., employee only, employee plus children, employee plus spouse and employee plus spouse and children)
 - Here is a link to the infographic:
 - http://tn.gov/assets/entities/finance/benefits/attachments/Annual_Enrollment_Infographic_form.pdf

 - **Local Ed/Local Gov: CDHP Make-Up Webinar:** Many of you were unable to join us at our in-person trainings across the state and we want to provide the CDHP information to you before annual enrollment begins. During an upcoming webinar, we will cover the information that was presented during the in-person training meetings. If you were unable to attend, would like to hear the information again, or have budget or financial staff that would like to participate please mark your calendar with the date and time. We will not have a registration page for this webinar so you will not have to sign-up. The webinar will be limited to 300 participants.
 - In the Friday, August 28 ABC email we included information about the CDHP Training make-up webinar. We had the wrong day of the week listed, but the date was correct. Here is the correct training day and time:
 - **Local Education and Local Government: Wednesday, September 9 from 1 p.m. to 2 p.m. Central.**
 - Webinar information:
Click on the link to join the webinar:
<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>
NOTE: You will need the latest version of Adobe Flash player:
<http://get.adobe.com/flashplayer/>
- The system can call you back directly if you use the “Call” feature when you login. If they system doesn’t call you or you would rather call in, the phone number is 1-877-820-7831 and enter the passcode: 217506#.

MATERIALS AND COMMUNICATIONS QUESTIONS

- **Local Ed:** Is the CDHP another benefit to choose as your health insurance?

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- **Answer:** Yes, it is another health insurance plan option.
- **Local Ed:** Is the 2016 Decision Guide online yet?
 - **Answer:** Yes, the guides have been posted to the Partners for Health website under the [enrollment materials tab](#).
- **Local Ed Question:** Is PayFlex on the call?
 - **Answer:** They are not on today's call but they will be on the next two ABC conference calls.
- **Local Ed Question:** You are still finalizing the 2016 presentation?
 - **Answer:** The Local Ed and Local Gov AEP PPT presentations will be posted on the ABC webpage under Training by the end of the week.
- **Local Ed Question:** Have the Decision Guides been mailed to the ABCs?
 - **Answer:** No, we are just now mailing the State and Higher Ed Decision Guides as their enrollment begins earlier. Decision Guides will be mailed around mid-September for Local Ed and Local Gov.
- **State:** Alex does not have information about having other plans and having other insurance. They can't have the CDHP, another plan and a HSA, correct?
 - **Answer:** Information about the CDHP and other plans is found in ALEX in the tax savings module in the section about the difference between a FSA and a HSA. We will also have information in ESS about not being able to enroll in the CDHP if you are enrolled in another plan. It is also found in the Decision Guide, in the HealthSavings CDHP section under "Restrictions".
- **State:** Does that (cannot have another plan and the CDHP) apply for children who are covered under divorced children's plans.
 - **Answer:** The dependents cannot be enrolled in your CDHP and in another plan. But if you claim the dependent children on your taxes, you can use your HSA to pay for their qualified medical expenses even if they are on another plan.
- **Local Gov:** So as ABCs, we don't have to give out the SBC to new hires?
 - **Answer:** SBC postcards go to all eligible employees prior to the beginning of annual enrollment based on the most current address file available at the time. Persons hired after the file is pulled won't be on the mailing list, so we need the Agency Benefit Coordinators to assist with informing new hires of the availability of the SBC.
 - A great tool for making sure we meet this requirement is the "*Employee Checklist*". It can be found on the ABC webpage under the heading for the different plans (*State Plan, Local Education Plan and Local Government Plan*). After clicking on "Employee Checklist", look under the "*Materials To Be Provided*" section. The requirement for the SBC is to "*provide the web*

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address to locate the Summary of Benefits and Coverage or a printed copy if requested by the employee”.

- As a reminder, the SBC is located at <http://www.tennessee.gov/finance/section/fa-benefits>, under the “Summary of Benefits” heading in the main menu, just above the Agency Benefit Coordinators heading. ABCs may prefer to print copies of the postcard and give that to new hires when discussing the Employee Checklist SBC requirement.

- **Local Gov:** I ordered the 2016 Eligibility Guides and I received the 2015?
 - **Answer:** The 2016 Eligibility Guides will not be ready until late November or early December. From now through the end of the year, you will give new hires the 2015 Eligibility and Enrollment Guide for current 2015 benefits, and the 2016 Decision Guide.

- **Local Gov:** When do we order Eligibility Guides because I didn’t receive any last year?
 - **Answer:** The 2016 Eligibility Guides will be ready at the end of November or early December. We will let you know when they are ready and you can order them.

- **Local Gov:** I ordered my Decision Guides and haven’t received them yet. Is this normal?
 - **Answer:** Yes. The guides are not back from the printer yet and thus have not been mailed yet. We will mail them later this month before the annual enrollment period.

- **Local Gov:** Will we receive the benefit guides (Decision Guides) prior to October 1?
 - **Answer:** Yes, and so will your eligible employees.

- **Local Gov Question:** Will all eligible new and already enrolled receive enrollment information?
 - **Answer:** Yes, currently enrolled and eligible employees will receive a 2016 Decision Guide.

State/Higher Ed: ParTNers for Health Wellness Program Presentation:

- Paige Turner is here along with Nancy Parker and Jennifer Neill from Healthways to talk about the Partners for Health Wellness program, the 2015 Partnership Promise results and the 2016 Partnership Promise.

WELLNESS PROGRAM QUESTIONS

- **State Question:** If you miss a coaching call and don’t call back are you taken off the Partnership Promise or do you still have time to call in for the one missed call?

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- **Answer:** Yes, the member could still call in and reschedule the missed coaching call. The process for coaching calls if a member misses one is that Healthways will make a second call attempt to the member. If the member is unable to take the second attempt call, he or she will receive a failed attempt letter. Members who fail to respond to the failed attempt coaching letter would then receive a transfer letter. Healthways will work with members who make an attempt to coach and respond to calls and letters so they can fulfill the requirement.
- **State Question:** Are you saying the start date for hire or effective date of insurance, regarding the Partnership Promise for the remainder of the year?
 - **Answer:** It is the coverage effective date. New enrollees/new hires with coverage effective dates September 1 to December 1 do not have to complete the new hire Partnership Promise requirements. Well-Being Connect will be down in December and these members would not have access to complete the Well-Being Assessment for the full 120 days.
- **State Question:** Will biometric screening clinics be offered though the state in 2016?
 - **Answer:** Yes. We are working on the screening schedule now and will be in contact with ABCs or Site Champions should we want to hold a screening at your location. We'll have more information available at a later date.
- **State Question:** If you are currently in coaching, do you have to continue in coaching through 2016 or when does the member come off of coaching?
 - **Answer:** Members currently enrolled in coaching will need to continue unless their coach tells them they have graduated from coaching. Here is an example, if a member is enrolled in April 2015, they will coach for a full year until April 2016. At that time, the member's data is re-evaluated, and if the risks are mitigated, the member may graduate from coaching or if the risks are not mitigated or the member has new risks, he or she may be required to continue coaching. The coach should relay this information to the member. The exception would be members enrolled in a disease management program. They do not graduate, except for those enrolled in an asthma program.
- **State Question:** My husband was picked for coaching but he has not been contacted at all is this normal?
 - **Answer:** It's not unusual that outreach is still ongoing for some identified members. He should expect a call, and he can always call Healthways directly to schedule his coaching call. We can also check the status by sending an email to the BI box at benefits.info@tn.gov and we can forward to Healthways to research.
- **State Question:** Will we have the option of having a screening clinic at our facility this year?

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- **Answer:** We will look at any location and make a determination if there is an area of opportunity. If you are interested in having your location considered for onsite screenings, you can send an email to the BI box at benefits.info@tn.gov and we will get back to you.

Operations:

- **OIM Security Training:** This training will detail how to navigate the initial setup of password reset questions in Edison. It will be most beneficial for ABCs who have employees who have not logged into Edison since the OIM upgrade in January 2015.
 - **September 3 from 1 p.m. to 2 p.m. Central**
 - **September 17 from 9 a.m. to 10 a.m. Central**
 - You can register for these trainings through Edison ELM.
- **September New ABC Training:**

September 23:

State/Higher Ed: 1 p.m.-3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2:

(All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.
- This is the last new ABC training until enrollment is over. The next new ABC training will be in December.
- **Upcoming ABC Workshops:**
 - The September ABC Workshop will be about “**Queries to Run during Annual Enrollment/Healthways Appeal Process Webinar**”.
 - September 17 from 1 p.m. to 2 p.m. Central
- **State Only: PPACA Full-Time to Part-Time Document and PPACA Information Sheet:**
 - We have two new information sheets available to you on the ABC website relating to PPACA. They are located in the “State Plan” section. The first document explains the process for employees changing status from full-time to part-time. The second is a general information sheet explaining what PPACA is and how it impacts state agencies. They are also **attached.**
- **Document Volume and Call Data:**

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- **Local Ed:** On 08/24/2015, we started with 244 documents in the Local Education queue that were held over from the previous week. We received an additional 937 documents and processed 1,023 documents out of the queue.
 - Our service level agreement was to have all documents we received prior to Noon on 8/24 by the end of the week. We surpassed that deadline by 3 days. Documents received through Thursday 8/27 were processed.
 - Average calls taken by the active service center last week was 130. Our average wait time 33 seconds.

- **State:** On 08/01/2015, we started with 62 documents in the State queue that were held over from July. Since then we received an additional 725 documents through Friday August 28. As of close of business Friday 8/28, we processed 736 documents with 21 in our suspense queue awaiting additional information or clarification.
 - Average calls taken by the active service center last week was 130. Our average wait time 33 seconds.
 - A reminder: We are starting to see an increase in calls from ABC's and employees asking us if we received the documents they sent us. In an effort to help keep the phone lines as open as possible, we ask that when you fax or upload documents to us, you can verify that the documents have been received by checking the scanned documents section of the employee's record in Edison. Our service level agreement is to make sure those documents are visible in Edison within 24 hours.

- **Local Gov:** On 08/24/2015, we started with 43 documents in the Local Government queue that were held over from the previous week. We received an additional 194 documents and processed 227 documents out of the queue.
 - Our service level agreement was to have all documents we received prior to Noon on 8/24 by the end of the week. We surpassed that deadline by 3 days. Documents received through Thursday 8/27 were processed.
 - Average calls taken by the active service center last week was 130. Our average wait time 33 seconds.

- **Higher Ed:** On 08/24/2015, we started with 151 documents in the Higher Education queue that were held over from the previous week. We received an additional 308 documents and processed 446 documents out of the queue.
 - Our service level agreement was to have all documents we received prior to Noon on 8/24 by the end of the week. We surpassed that deadline by 3 days. Documents received through Thursday 8/27 were processed.
 - Average calls taken by the active service center last week was 130. Our average wait time 33 seconds.

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** The ABC workshops listed on ELM are not clear on the topic of the workshop. Am I overlooking it?

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- **Answer:** It is the only workshop currently listed at this time on September 17.
- **State Question:** In regard to the provider directories and information on the dental insurance will you have that link on the ParTNers for Health website as you do for the health insurance?
 - **Answer:** Yes, we are working to have this information up and updated very soon.
- **State Question:** When I was trying to find the dental provider networks – one I couldn't find and the other I could not find?
 - **Answer:** The dental provider books are not yet complete. We will post them to the ABC website very soon.
- **State Question:** For dental insurance, if an employee has the prepaid plan and they want to go to MetLife will they have to satisfy a waiting period?
 - **Answer:** Yes, if they currently are in the prepaid plan and move to the MetLife dental preferred provider plan, the waiting periods would apply. Members who were enrolled in Delta Dental and stay with MetLife will have their time applied to the new vendor's waiting periods. Note: Cigna prepaid dental does not have any waiting periods.
- **State Question:** Are the health insurance provider directories up yet?
 - **Answer:** Yes. The links to the health carrier directories are found on the ParTNers for Health website under the [Carrier Information tab](#).
- **State Question:** For new employees hired after September 15, am I understanding they will not have an enrollment event in Edison?
 - **Answer:** They will have an ESS event to enroll as a new hire. Once the new hire event is processed, an annual enrollment event will be created the next day. They will be able to use ESS for annual enrollment as well, as long as they enroll as a new hire timely. Any new employee hired after the enrollment period ends will need to complete a paper application for annual enrollment if they want to make changes 1/1/16.
- **State Question:** Is Cigna still recruiting physicians and specialists?
 - **Answer:** The networks for both of our health insurance carriers can change at any time. The best location to find the most up to date carriers is by going to the online directories for each carrier found on the ParTNers for Health website under [Carrier Information tab](#).
- **State Question:** If you transferring from Delta Dental to Cigna would the waiting period apply?
 - **Answer:** There are no waiting periods in the Cigna prepaid dental plan.

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- **Local Gov Question:** If I took the training in August, can I take it again in September.
 - **Answer:** Yes. You can take the new ABC training as many times as you like. After the September training dates, the next available new ABC trainings will be in December.

- **Local Gov Question:** Are the workshops webinars?
 - **Answer:** Yes.

- **Local Gov Question:** Is there or will there be a query in Edison to help us with complete the 1095-C?
 - **Answer:** Yes, we are still working on it and testing it right now.

- **Local Gov Question:** Will that class be held any other day?
 - **Answer:** This is the last new ABC training we will offer until after annual enrollment. The next classes will be held in December.

- **Local Gov Question:** So we as ABCs only have to fill out the 1095-C forms?
 - **Answer:** It is up to the entity who is going to submit completed PPACA forms to their employees and a file to the IRS. Benefits Administration will be submitting the PPACA forms to state employees and the file to the IRS. Other entities may choose the Payroll or Financial Department to process the forms and files.

- **Local Gov Question:** Who fills out the 1094-C?
 - **Answer:** Your organization is responsible for all of the IRS forms and files. BA will provide some of the data, but we will not complete the forms. We hope to have the data available in the next few weeks.

- **Local Gov Question:** Are the forms only for 50 or more employees?
 - **Answer:** If you are referring to the forms for PPACA – yes, that is correct.

- **Local Gov Question:** I have several questions regarding adding staff in Edison who were not previously entered. Should I send this to benefits.info and someone will contact me?
 - **Answer:** Yes, send your request to the BI box at benefits.info@tn.gov and we will have someone contact you.

- **Local Gov Question:** After reading the Q&A document, if an employee becomes eligible for COBRA they can continue to use the money, but they can't add any more funds to it?
 - **Answer:** We are still researching this one and will provide an answer soon.

- **Local Gov Question:** On the CDHP/HSA who pays the interest over \$1,000 in the HSA accounts?

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- **Answer:** The interest paid on money in the actual HSA is paid by PayFlex. If when your account surpasses \$1000 and you choose to invest it, the interest on that money is paid by the investment funds you select.
- **Local Gov Question:** We have the problem of entering new hire employees in Edison only 30 days prior to their effective date. Can this be changed?
 - **Answer:** You can enter new hires more than 30 days before their effective date. You will get a system warning but you can bypass it. However, you will not be able to receive log in information for the employee to use ESS until their effective date is reached. This is due to security concerns.
- **Local Gov Question:** It also states that if you become Medicare eligible and start using benefits you can use the balance in the HSA to pay for healthcare expenses and Medicare premiums. So this is the only reason a person would be allowed to use the balance in their account to pay a premium? Did I understand that correctly?
 - **Answer:** A member enrolled in the CDHP/ HSA can use the HSA funds to pay premiums for long-term care insurance, health continuation coverage (such as coverage under COBRA), health care coverage while receiving unemployment compensation under federal or state law, and Medicare and other healthcare coverage if the member is 65 or older.
- **Local Gov Question:** If your spouse is on Medicare can you use the balance in your HSA to cover his or her medical expenses even if he wasn't on your CDHP plan?
 - **Answer:** Yes, you can use the funds to pay for covered medical expenses for your spouse and/or any tax dependent, even if he or she is not covered on your health plan.
- **Local Gov Question:** Where can I get more training on the CDHP plan?
 - **Answer:** There is a make-up webinar which will be held on September 9 at 1:00 p.m. Central for Local Gov and Local Ed employees.
- **Local Gov Question:** Do I need to sign up for the webinar (CDHP)?
 - **Answer:** No and you will log in with the same information for our ABC conference calls.
- **Higher Ed Question:** Can you clarify, when did Edison capture addresses to send out annual enrollment password reset letters so I know who to send who came on after the deadline
 - **Answer:** Password reset letters were generated this past weekend. Anything keyed before August 28 will be in the file.

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- **Higher Ed Question:** We have already received our password resets. Back in January, everyone received Edison letters and if employee set up their user profile in January – will the password will be reset?
 - **Answer:** If they had logged in within 90 days – they will not get a password reset letter.

- **Higher Ed Question:** When should we have received the password reset list
 - **Answer:** MTSU and UT have already received the lists. The other TBR agencies will receive them later this week or this weekend.

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Materials and Communications:

- **2016 Annual Enrollment Information:**
 - **Local Ed/Local Gov:** The Local Ed and Local Gov 2016 ABC PowerPoint has been posted to the [ABC webpage under Training](#). You can use this presentation during your benefit fairs and to walk employees through their 2016 benefits, changes and updates. The PowerPoint covers all benefits in detail. **Please feel free to edit this presentation yourself to best suit the needs of your employees.**
 - **Don't forget – members can always use [ALEX](#) to help them with their benefit options.**
- **State/Higher Ed: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We have dates for employee webinars during which we will give a general overview of benefits options and the CDHP/HSA. We sent out a flier last week you can share with your employees.
 - **Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.**
 - **September 14: 1:30 p.m. to 2:30 p.m. Central**
 - **September 16: 10:30 a.m. to 11:30 a.m. Central**
 - **September 21: 1:30 p.m. to 2:30 p.m. Central**
 - **September 25: 9:30 a.m. to 10:30 a.m. Central**

MATERIALS AND COMMUNICATIONS QUESTIONS

- **Local Ed:** This would be great but since we're a school system, our employees are teaching, etc.
 - **Answer:** We understand schedules may not permit an employee to participate in the webinar. There will be a recorded version provided as another option for employees.
- **Local Ed:** What is phone number for the CDHP info webinar?
 - **Answer:** The best thing to do is email out the webinar flier to employees. It contains the dates, times, call in number and web link. The flier was in the Sept. 3 email. In case you need it, the call in number is 1-877-820-7831 and enter Passcode: 217506#. The web link is:
<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>
- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**

- We have dates for employee webinars during which we will give a general overview of benefits options and the CDHP/HSA. We sent out a flier last week you can share with your employees.
- **Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.**
 - **September 30: 10:30 a.m. to 11:30 a.m. Central**
 - **October 1: 11 a.m. to 12:00 p.m. Central**
 - **October 5: 1:00 p.m. to 2:00 p.m. Central**
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**
- **Local Ed/Local Gov: CDHP Make-Up Webinar:** During the webinar, we will cover the information that was presented during the in-person training meetings. If you were unable to attend, would like to hear the information again, or have budget or financial staff that would like to participate please mark your calendar with the date and time. We will not have a registration page for this webinar so you will not have to sign-up.
 - **Local Education and Local Government: Wednesday, September 9 from 1 p.m. to 2 p.m. Central.**
 - Webinar information:
Click on the link to join the webinar:
<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>
NOTE: You will need the latest version of Adobe Flash player:
<http://get.adobe.com/flashplayer/>

The system can call you back directly if you use the “Call” feature when you login. If they system doesn’t call you or you would rather call in, the phone number is 1-877-820-7831 and enter the passcode: 217506#.

Benefits

- **Flu Shots:** Bringing in someone to administer flu shots at the workplace: Benefits Administration and the State Group Insurance Program are not a party to what you offer employees as an added benefit in the way of providing a flu shot clinic, etc.
 - If you choose to bring a certain nurse or physician group/office or pharmacy staff to your agency to administer flu shots or other vaccines to your employees, **BE AWARE** that it may not be covered by the State Group Insurance Program. If that is the case, then your employees will be responsible for the full cost of the vaccine.
 - To receive reimbursement through Cigna and BCBST:
 - The provider must file individual claims per member with the member’s carrier.
 - The carriers will not accept roster billing, “global” or list bills. Must file individual claims per carrier.
 - The individual or group giving the shots must also be an in-network provider.
 - The State Group Insurance Program makes available to all plan members a comprehensive flu/pneumonia shot benefit that is free of charge.

- The 2015-2016 flu shot benefit flier: <http://partnersforhealthtn.gov/flu.pdf>. It has been posted to the Partners for Health website on the [pharmacy page](#) as well.
- **State: Flu Shot Clinic Information**
Benefits Administration and the Partners Health & Wellness Center are hosting flu clinics again this year. We will send a flier that you can post or share with your employees out on Friday with the call notes. The flier includes times, locations and physical addresses. All clinics are from 9 a.m. until 3 p.m. Employees will need a State ID or driver's license for building access.
 - Friday, October 9 at the Tennessee Tower
 - Friday, October 16 at the Andrew Johnson building
 - Friday, October 23 at the Andrew Jackson building
 - Friday, October 30 at the Dept. of Health office at MetroCenter

BENEFITS QUESTIONS

- **State:** Is this for any state employee or only for employees on the health plan?
 - **Answer:** The clinics are intended for State Plan members but we will not turn away anyone who is not on the Group Insurance Plan.
- **State:** Is there a specific age for the pneumonia shot?
 - **Answer:** No, there is not. The shingles vaccination does have a specific age (age 60) requirement to receive the zero co-pay amount.
- **State:** The Andrew Jackson building restricts entrance to just employees working in that building. Will state employees from other state buildings be able to go to the flu clinic in the Andrew Jackson building?
 - **Answer:** Yes, state employees from other state buildings will be able to participate in the flu clinic at the Andrew Jackson building.

- **PayFlex Presentation**

PayFlex QUESTIONS

- **Local Ed:** When was the memo originally sent out?
 - **Answer:** It was sent out on Thursday, September 3.
- **Local Ed:** Our Open Enrollment is not until October 1. How can we have a September 1 date?
 - **Answer:** The September 1 deadline for employer contribution is an example of the deadline the State has set up for State and Higher Education new hires who enroll in 2016. It is not a requirement for your agency.
- **Local Ed:** If the employer is providing a contribution do they have to put the entire amount at one time in January?
 - **Answer:** The one time or pro-rata contribution is set and determined by the employer.
- **Local Ed:** Is there identity theft coverage provided by PayFlex?
 - **Answer:** You have a PayFlex debit card, which is a MasterCard®. All MasterCard debit cardholders now have access to Identity Theft Resolution Services at no cost.

- **Local Ed:** Has PayFlex been in touch with the Local Government Corporation, who does most of the accounting software for the LEA's to "set up" our deduction file for payroll?
 - **Answer:** The State and PayFlex are providing information to agencies and Agency Benefits Coordinators. You will need to communicate with the Local Government Corporation. The State does not have a contract or business associate agreement with them.
- **Local Ed:** Who will monitor the HSA limits? Will limitations and monitoring come back on the agency regarding the limits? Is the IRS going to come back to the agency if we don't monitor employee maximum annual contribution limits?
 - **Answer:** While the IRS is silent on penalties, the expectation is that an employer would not make a pretax contribution unless they believed at the time that the contribution would be excludable from the employee's income. The State plans to ensure that employees do not exceed the contribution limits by keeping track of how much money is payroll deducted. The following is the excerpt from the W-2 instructions: Health savings account (HSA) - An employer's contribution (including an employee's contributions through a cafeteria plan) to an employee's HSA is not subject to federal income tax withholding or social security, Medicare, or railroad retirement taxes (or FUTA tax) if it is reasonable to believe at the time of the payment that the contribution will be excludable from the employee's income. However, if it is not reasonable to believe at the time of payment that the contribution will be excludable from the employee's income, employer contributions are subject to federal income tax withholding, social security and Medicare taxes (or railroad retirement taxes, if applicable), and FUTA tax and must be reported in boxes 1, 3, and 5 (use box 14 if railroad retirement taxes apply), and on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.
- **Local Ed:** Will the employer have any liability to restate W2's if an employee makes more than the maximum contribution?
 - **Answer:** No. The employer responsibility is to report contributions. The employee is responsible for filing with the IRS. If there is an excess amount, the employee is responsible for paying the penalty.
- **Local Ed:** How do we complete a new client list by Sept. 25 when annual enrollment isn't until October?
 - **Answer:** The client list provides PayFlex information about your agency as an employer. We do not need the individual employee information by Sept. 25.
- **Local Ed:** If our Local Education Agency is not contributing to the CDHP account, do we still need to send in something by September 25?
 - **Answer:** Yes. PayFlex will need the information for employee contribution purposes.
- **Local Ed:** Will we have to submit Employee contributions after every payroll pay date or can it be done once a month after all payrolls for the month are processed?
 - **Answer:** It will be for each payroll.
- **Local Ed:** PayFlex will need to be involved in the conversations with Local Government. Is there a contact for payroll?
 - **Answer:** Questions can be sent to StateofTennessee@payflex.com.

- **Local Ed:** Does the school system have the option to offer the employee payroll deduction for the HSA? And if so, we don't have too, is this correct?
 - **Answer:** Payroll deduction is an option and the State is recommending that you do offer it to employees. However, it is not a requirement.
- **Local Ed:** Since an employee can claim on their taxes anyway, what is the benefit of the employer offering payroll deductions?
 - **Answer:** The employer benefits by a reduction in FICA payroll taxes. The employee benefits because he or she will not need to file additional forms with his or her taxes.
- **Local Ed:** So if the employees want to participate in the CDHP but we don't take the deduction, who do they send their money to?
 - **Answer:** An employee who enrolled in the CDHP is able to make direct contributions into his or her HSA with PayFlex. He or she can do this online through the PayFlex portal. He or she needs to keep records of the contributions and file an additional form with his or her tax return to receive the tax deduction for the contributions.
- **Local Ed:** Is there a minimum amount that employees must contribute? I understand that they can change the amount as often as they choose. I can see this will be confusing and a lot of work to keep up with.
 - **Answer:** There is no minimum amount required. They can change the amount once a month (per IRS regulations)
- **Local Ed:** Our FSA does not have a grace period. Employees do have until March to file claims. When are they able to have an HSA?
 - **Answer:** If your FSA period runs from April 1 to March 30 with no grace period, and the employee can begin contributing the has on April 1.
- **Local Ed:** Our open enrollment for our FSA isn't until February. It is my understanding that the employees in our system that are enrolled in our FSA cannot contribute to the HSA until January of 2017, correct?
 - **Answer:** Employees cannot contribute to their HSA account until the FSA grace period is complete. Typically, a FSA has a two and half month grace period. In your scenario, FSA grace period runs from March through mid-June. Employees can contribute to a HSA beginning July 1.
- **Local Ed:** How long does the process to make sure the employees who want to to start a HSA take? Checking their identity and such?
 - **Answer:** It can take up to 90 days.
- **Local Ed:** Who will be notified, the employee or just the employer?
 - **Answer:** PayFlex will notify employees directly via mailed letters. Employers have a portal so you can see account status reports, contribution summary, etc.
- **Local Ed:** How confusing is the age of the child going to be, why is this not the same?
 - **Answer:** This is an IRS regulation.
- **Local Ed:** We do not use a grace period but we allow a \$500 rollover. When would our FSA enrollees be eligible to contribute? When the rollover \$500 account is at \$0?
 - **Answer:**

- It acts like a grace period in which the FSA must be zero at end of plan in order to open an HSA so they need to spend down the FSA. HSA Guidance:
- Carryover funds may be moved from a General Purpose FSA (FSA) to a Limited Purpose FSA (LFSA) in order to preserve HSA eligibility
- If the plan offers a Limited Purpose FSA, the plan may automatically allow General Purpose FSA Funds to carry over into a Limited Purpose FSA for members who enroll in a HSA
- If LFSA is not an option, the plan may provide members the option of waiving the Carryover feature to preserve HSA contribution eligibility
- Plan documents must allow this option
- To avoid forfeiture and retain HSA eligibility, employees may be encourage to spend the money before the end of the plan year
- **Local Ed:** Is the employer contribution included in the employee annual contribution?
 - **Answer:** Yes. For example, an employee has single coverage. The maximum annual contribution for 2016 is \$3,350. The employer contributes \$500. The employee can contribute up to \$2,850. Any contributions above that limit are subject to penalties and taxes.
- **Local Ed:** Is the money pushed back to our bank to reimburse employees?
 - **Answer:** Yes. The money goes back into the bank account you provided to PayFlex.
- **Local Ed:** Do I understand that the employee would have to be enrolled in a CDHP in order to have a HSA?
 - **Answer:** Yes. The employee needs to be enrolled in the CDHP.
- **Local Ed:** Will PayFlex send us a file of anyone who has reached his or her maximum so we will know to stop payroll deduction in case an employee has contributed outside of their payroll deduction?
 - **Answer:** No. This is an employee responsibility.
- **Local Ed:** I thought a requirement of participating in the CDHP is to have an HSA account. Can an employee choose the CDHP for 2016 without opening an HSA with PayFlex?
 - **Answer:** The HSA account is automatically set up when the employee enrolls in the CDHP.
- **Local Ed:** We have to offer the CDHP plan, right?
 - **Answer:** Yes, you have to offer the CHDP as a health plan option.
- **State:** What is the maximum annual contribution?
 - **Answer:** For 2016, single coverage is \$3,350 and family coverage is \$6,750 with an additional \$1000 per year catch up contribution for HOCs 55 or older.
- **State:** Are employees required to contribute to the HSA on a bi-weekly or monthly basis? If so what is the maximum they need to contribute?
 - **Answer:** It depends on how your payroll is set up. Employees can contribute up to the annual maximums listed above. The employee sets payroll deduction amounts.
- **Local Ed:** If our agency's FSA ends in March when can employees have an HSA account?

- **Answer:** If you have a FSA grace period of two and half months, ending at the end of March, employees can open a HSA beginning July 1, 2015 (the first of the month following the grace period).
- **Local Ed:** Our agency deducts payroll prior to the month (December for January premiums). When will the HSA contribution come out of our account?
 - **Answer:** January payroll.
- **Local Ed:** If an employee does not contribute to a HSA can the employee open an FSA?
 - **Answer:** Yes, as long as the employee does not contribute to the HSA that year.
- **Local Gov:** Will you send the letter out to us in the notes? I cannot find this PayFlex letter in any of my emails.
 - **Answer:** We sent the memo out Thursday, September 3. We will add the memo to the call notes archive on the [ABC page](#).
- **Local Gov:** Is there a deadline for the employer to set up an ACH debit process with PayFlex?
 - **Answer:** Yes. September 25, 2015.
- **Local Gov:** So whatever amount the employer choses to contribute, can be placed under a cafeteria plan? But not the employee contribution? What about the amount of the premium for the CDHP health plan? Can I place the premium amount under the cafeteria plan?
 - **Answer:** Yes, if you let them pay for premium payments for other health plans. However, they cannot use the HSA to pay premiums.
- **Local Gov:** Do I understand that if an employee enrolls in the CDHP, they are automatically given a HSA account but I as the employer do not have to allow them to withhold through payroll deduction?
 - **Answer:** Payroll deduction is an option for your agency. We are strongly encouraging you to consider this as it is a tax benefit to your agency and employees.
- **Local Gov:** If the employer chooses not to payroll deduction nor contribute to HSA at this time, can we in the future?
 - **Answer:** Yes. Even if you do not offer payroll deduction or contribute this year, PayFlex needs to you fill out the New Client Checklist by September 25.
- **Local Gov:** Employer portions can also be placed under cafeteria plan as well correct?
 - **Answer:** Yes, both employer and employee portions of the premiums are pre-tax and can be placed under cafeteria plans. However, employees cannot use HSA funds to pay premiums.
- **Local Gov:** Can COBRA be paid for using HSA funds?
 - **Answer:** Yes.
- **Local Gov:** Will there only be one debit card issued? Just for the employee or also for spouse/children?
 - **Answer:** Members will receive a debit card and can call PayFlex to order additional cards for spouse and dependents.

- **Local Gov:** If an agency has started payroll deductions for an employee, but PayFlex is not successful with reaching out to employee over 90-day period, will the agency be responsible for refunding employee the amount that has been deducted? Will the employee have the option to contribute to HSA after 90-day period?
 - **Answer:** PayFlex will deposit the funds back into the agency's bank account on file, which PayFlex originally pulled the funds from. It is the employer's responsibility to return the money to the employee. For future contributions, the employee must first provide PayFlex with the required documentation to allow the account to open and for contributions to be reported and posted.
- **Local Gov:** If employees are not interested in CDHP, does the employer have to complete the PayFlex New client checklist?
 - **Answer:** Yes. You will need to submit new client checklist before open enrollment so you will not know who selects the CDHP during open enrollment.
- **Local Gov:** If the employer chooses not to offer payroll deduction, and employees claim these post-tax, do we need to still submit the new client checklist by 9/25/15.
 - **Answer:** Yes, we still need it. System needs the information to accept the information from employees.
- **Local Gov:** Can you participate in the CDHP and have a family member on Medicare?
 - **Answer:** Yes, as long as the family member is not enrolled in CDHP.
- **Local Gov:** Can an IRA be rolled into an HSA anytime during the year or only at the time the HSA is setup?
 - **Answer:** An IRA roll over is a one-time only option, but can be done at any time as long as the employee is in the HealthSavings CDHP. The amount does count towards the annual maximum contribution.
- **Local Gov:** Are we (ABCs) responsible to having to learn all of these rules to counsel employees of their responsibilities and rights? I am unsure if I can remember all of these rules and regulations and hate to know I am being held responsible for guidance when asked. I hope there will be a number for those who participate to call and inquire about their rights and use of an HSA.
 - **Answer:** Yes, there is a phone number 855.288.7345.
- **Local Gov:** How do we know if employees have any of these?
 - **Answer:** Employer would not necessarily know about a spouse's insurance including Medicare, VA, etc. Information on restrictions is listed in the decision guide and in ESS.
- **Local Gov:** Did the slide mean that the employee could not have Medicare at all or cannot have been treated in the last three months?
 - **Answer:** Employee cannot have Medicare at all. For employees receiving VA benefits, it is for the last three months.

- **Local Gov:** If an employee is enrolled in the HSA and incurs an expense over the amount of funds contributed, can he or she still use the HSA and recover the balance through continued contribution?
 - **Answer:** Yes If the funds are not in the HSA, the member cannot use the HSA, The employee will need to use personal funds and can reimburse him or herself from the HSA once the funds are available.. Direct provider payment schedules are also an option as is a member depositing additional funds to the HSA.
- **Local Gov:** Can an employer change the amount the agency contributes at any time or does have to be the same amount every month?
 - **Answer:** Annually, yes. We will check on monthly and follow up with you on the answer.
- **Local Gov:** Can the employer change their contribution every year at enrollment? If we do not contribute this year but want to in the years to come?
 - **Answer:** Yes, an employer can change the amount annually. We encourage communication to employees about those changes.
- **Local Gov:** What would cause an employee not to 'pass'?
 - **Answer:** Some examples include if a post office box is reported for the address; employee moved; employee changed name due to divorce or marriage. PayFlex checks national databases so there may be incorrect information. By law, every bank has to verify this information.
- **Local Gov:** Can we get this presentation to present to employees or is there one being developed for that?
 - **Answer:** There is a [general PayFlex presentation](#) on the ABC page. This presentation is specifically for Agency Benefits Coordinators.
- **Local Gov:** The New Client Checklist is only if we as the employer contributes or no?
 - **Answer:** No. PayFlex will need the information even if you are not contributing.
- **Local Gov:** If employee wants to make post tax contributions to the HSA, does PayFlex set up an ACH transfer from that employee's personal bank account?
 - **Answer:** The member will set up an online account with PayFlex providing banking information. Through this site, a member can transfer funds.
- **Local Gov:** Our employee will not know passwords. ABCs need a list for our group.
 - **Answer:** ABCs will receive a list of User IDs and passwords.
- **Local Gov:** Are the passwords for WBA?
 - **Answer:** No, the list is for employees who have not logged into Edison for 90 days or longer.
- **Local Gov:** Upon enrollment, should the ABC ask for verifying documentation or is that something PayFlex will handle?
 - **Answer:** PayFlex will mail a letter to employees.
- **Local Gov:** Is the contribution maximum amount an annual or account maximum amount?

- **Answer:** The contribution maximums are annual limits and are set by the IRS.
- **Local Gov:** When will password list be sent to ABCs?
 - **Answer:** Next week.
- **Local Gov:** Is it okay for us to use paper forms if we only have 58 employees?
 - **Answer:** Yes, if you have less than 100 employees. We encourage you to use ESS as it is easier for the ABC.
- **Local Gov:** The sample form for payroll deductions for HSA states that the year is 2015. Do we need to change it?
 - **Answer:** It is a sample. If you would like to use the form, please feel free to update it.
- **Local Gov:** If we do not use Edison, will our employee still receive letters (password reset letters)?
 - **Answer:** Yes, employees can still use Edison even if the agency does not.
- **Local Gov:** Employee insurance starts October 1, does she need to complete the Partnership Promise as a new hire?
 - **Answer:** For members with insurance coverage effective date between September 1 and December 31, 2015, they do not have to complete the 2015 Partnership Promise requirement for new members.
- **Local Gov:** If a new hire just received a password on 9/1/2015 for enrollment election to begin on 10/1/2015 was their password reset or no?
 - **Answer:** No the member's password was not reset. We only reset passwords for people whose have not logged into Edison in 90 days or longer.
- **Local Gov:** Where is the checklist located?
 - **Answer:** It is in the PayFlex memo sent out to ABCs on Thursday, September 3. We have posted the memo in the [2015 email archive](#).
- **Local Gov:** Are new hires with less than a year with agency (hired in Feb or March) allowed to contribute the full annual maximum?
 - **Answer:** Yes.
- **Local Gov:** Will the ABC receive a confirmation when the HSA has been deposited into the employee account?
 - **Answer:** No. The PayFlex account is the employee's. He or she can use the website to check the account balance, etc.
- **Local Gov:** Will a brochure be sent out explaining and listing what is covered, acupuncture, contact lens, etc?
 - **Answer:** The PayFlex website will have a list of qualified medical expenses.
- **Local Gov:** I have not gotten that email. Will the checklist will be included in Friday's email?
 - **Answer:** Yes, and can also be found in the [2015 Email Archives](#).
- **Local Gov:** If I do not receive the email on Friday, where can I find it on the website?
 - **Answer:** All of the [conference call notes](#) are posted on the [ABC page](#).

Operations:

- **September New ABC Training:**

September 23:

State/Higher Ed: 1 p.m.-3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2:

(All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

- **Reminder: Upcoming ABC Workshops:**

- The September ABC Workshop will be about “Queries to Run during Annual Enrollment/Healthways Appeal Process Webinar” and will be held on September 17 from 12:30 p.m. to 2:30 p.m. Central

- **Partnership Ineligibles Query:**

- The Partnership Ineligibles file from Healthways has been loaded. You can run the query **TN_BA309_INELIG_FOR_PARTNER** with a prompt value of INELIG2016. If you leave the prompt blank, it will return a list of all of your employees and not the ones that are ineligible.

- **State: VBP Billing.** If your agency has employees that took the voluntary buy out and enrolled in the 6 months of subsidized COBRA, we will be submitting a Journal Voucher (JV) to take the 80% premium from your agency. We will be doing this twice – once after the first 3 months and one at the end of the 6 months. This way we will only bill you for the amount of time the employee remains covered under COBRA.

- **Document and call information**

- We wanted to share with you an update on the volume of documents that the active call center last week.
 - **State:** On 8/31 we started with 59 documents in the queue that were held over from the previous week. We received an additional 211 documents and processed 194 documents out of the queue. All documents received through mid-day Wednesday Sept 2 have been processed. Average calls taken by the active service center last week was 141. Our average wait time is 34 seconds.
 - **Higher Education:** On 8/31 we started with 17 documents in the queue that were held over from the previous week. We received an additional 363 documents and processed 206 documents out of the queue. All documents

received through Tuesday Sept 1 have been processed. Average calls taken by the active service center last week was 141. Our average wait time is 34 seconds.

- **Local Gov:** On 8/31 we started with 14 documents in the queue that were held over from the previous week. We received an additional 165 documents and processed 118 documents out of the queue. All documents received through mid-day Thursday Sept 3 have been processed. Average calls taken by the active service center last week was 141. Our average wait time is 34 seconds.
- **Local Ed:** On 8/31 we started with 206 documents in the queue that were held over from the previous week. We received an additional 726 documents and processed 708 documents out of the queue. All documents received through Tuesday September 1 have been processed. Average calls taken by the active service center last week was 141. Our average wait time is 34 seconds.

OPERATIONS QUESTIONS

- **Local Ed:** Will the HSA information be on the Collections Report as vision is now?
- **Answer:** The HSA information will not be on the report but the CDHP information will be. HSA information will be provided from the individual agency directly to PayFlex.
- **State:** On last week's call you stated that new employees starting 9/15 or after would have to be keyed manually instead of in ESS, will this go against our ESS numbers?
 - **Answer:** No, it will not go against your ESS numbers. The ESS numbers are only for new hire enrollments. The employee will still need to use ESS as a new hire. If the employee is hired during the first 3 weeks of the enrollment period, they will still be able to use ESS for Annual Enrollment. The Annual Enrollment event will be created the morning after we finalize their new hire event. New employees hired the last week of the enrollment period or later who want to make annual enrollment selections will need to fill out a paper form. They will have 31 days from their hire date to do so.
- **State:** If a new employee enrolls in Assurant and it is effective 11/1/15, but they want to change to MetLife effective 1/1/16, will they have the opportunity to do that? If so, when since their insurance will be effective after Annual Enrollment?
 - **Answer:** Yes. They will make two elections, one for their new hire event (effective 11/1) and one for their annual enrollment event (effective 1/1/16).
- **State:** If during open enrollment someone wants to remove a dependent, is that still done on the cancellation form?
 - **Answer:** If removing the dependent during annual enrollment for an effective date of January 1, 2016, the employee would remove the dependent in ESS.
- **Local Gov:** For a new hire employee whose coverage begins October 1, is the employee still eligible to change coverage/carriers etc. via open enrollment period?
 - **Answer:** Yes. The new hire will need to make new hire selections and annual enrollment selections through ESS unless you are not required to use ESS. If you are not required to then a paper form for annual enrollment selections is needed.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **State/Higher Ed:** Annual enrollment started this week! We included a flier in the Friday September 11 ABC email you can share with your employees.
 - **State:** BA sent the email remainder to state employees on Sept. 15 about the annual enrollment period and it included links to Edison and the ParTNers for Health website. There was a small error in the flier that we sent to you on Friday. It included the sentence and link to ESS two times, but the information that was sent out this morning is correct.

- **State/Higher Ed: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We have two more upcoming dates for employee webinars in which we will give a general overview of benefits options and the CDHP/HSA. We sent out a flier on September 3 you can share with your employees.
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls. Participation limit is 300 people. It is first come, first serve.
 - **September 21: 1:30 p.m. to 2:30 p.m. Central**
 - **September 25: 9:30 a.m. to 10:30 a.m. Central**

- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We have dates for employee webinars during which we will give a general overview of benefits options and the CDHP/HSA. We sent out a flier on September 3 you can share with your employees.
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls. Participation limit is 300 people. It is first come, first serve.
 - **September 30: 10:30 a.m. to 11:30 a.m. Central**
 - **October 1: 11 a.m. to 12:00 p.m. Central**
 - **October 5: 1:00 p.m. to 2:00 p.m. Central**
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**

- **Local Ed/Local Gov: PayFlex Checklist:**
 - As mentioned on last week's call with PayFlex, if you plan on providing employer funding and/or allowing employee payroll contributions for the HSA, you must complete the new client checklist and submit it to PayFlex by September 25. The checklist can be found on the [ABC webpage under PayFlex Memo for Local Ed & Local Gov.](#)

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- **ESS Video:**
 - **State and Higher Ed:** The Quick Video: ESS How to Guide has been posted to the website for your employees. The video is a step-by-step guide for members including screenshots of ESS.
 - To access the video, go to www.partnersforhealthtn.gov and **click on the Enrollment tab** and then **click on the words ‘Edison ESS’**. The direct link to the video is <https://stateoftennessee.adobeconnect.com/a828793869/esshowto/>
 - **Local Ed/Local Gov:** We are working on a Quick Video about ESS, which is a step-by-step guide for members. We will let you know when it is posted.

COMMUNICATIONS QUESTIONS

- **Local Ed Question:** Is communication going to notify employees about the ESS videos and webinars?
 - **Answer:** We don’t have access to your employees email addresses and can’t email them information directly, but information about ESS was included in the 2016 Decision Guide. We ask ABCs to help communicate this information out to your eligible employees.
- **Local Ed/Local Gov Question:** When will updated enrollment change forms be available showing the CDHP?
 - **Answer:** The enrollment form has now been updated and you can find it on the BA website under forms or by [clicking here](#).
- **Local Ed/Local Gov Question:** When did the 2016 Decision Guides mail to employees?
 - **Answer:** For Local Ed and Local Gov eligible employees, they are dropping in the mail this week.
- **Local Ed Question:** Can you still order 2016 Decision Guides?
 - **Answer:** No, we have already sent out all of the printed guides for 2016 to everyone who ordered them in advance. We have no more copies, but you can find a copy of the Local Ed guide and print it out as needed from the ParTNers for Health website under the Enrollment tab, [Enrollment Materials](#).
- **Local Ed Question:** Do retirees use a paper application if they make changes during Annual Enrollment?
 - **Answer:** Yes, a retiree enrollment form is found in the Decision Guide mailed to the retiree. You can also find it on the BA website under the Retirement tab on the left, to go forms on this page and it is called the [“Annual Transfer Application for Retiree Participant”](#).

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- **Local Ed Question:** Has a dental provider nomination card been posted anywhere for new providers for MetLife?
 - **Answer:** Yes, you can go to the state's MetLife website found on the Partners for Health website under [Contact Us](#), click on "**Learn more about the MetLife Preferred Dentist Program**", then click on "**Choose from one of the largest networks**" to find the nomination form – "[Nominate a dentist](#)".

Benefits

- **State: Flu Shot Clinic Information**
 - Benefits Administration and the Partners Health & Wellness Center are hosting flu clinics again this year. We have **attached** a flier that you can post or share with your employees in the Nashville area. The flier includes times, locations and physical addresses. All clinics are from 9 a.m. until 3 p.m. Employees will need a State ID or driver's license for building access.
 - Friday, October 9 at the Tennessee Tower
 - Friday, October 16 at the Andrew Johnson building
 - Friday, October 23 at the Andrew Jackson building (employees can get in to this building for a flu shot if they have their state ID)
 - Friday, October 30 at the Dept. of Health office at MetroCenter
- **Explanation of Creditable Coverage Letter and Statement in the Decision Guide:**
- The Medicare PartD letter is posted here on our website:
http://tn.gov/assets/entities/finance/benefits/attachments/medicare_part_d_notice.pdf
 - Medicare Part D was passed into law in 2006. This provided prescription drug coverage to people with Medicare.
 - Medicare imposes a penalty if a person is enrolled in Medicare but does not enroll in a Medicare Part D plan when it is first available to you.
 - Plan members and spouse can stay on our plans as active members as long as they are working-no matter what their age.
 - If a person with Medicare has insurance through either their employer or their spouse's employment and it has 'creditable prescription coverage', the employee and/or spouse can forgo enrollment in Medicare Part D while having active coverage.
 - When the employee and/or spouse lose their active coverage due to termination and enroll in Medicare Part D, they can provide proof of the creditable prescription coverage through the employer so that Medicare will not charge a penalty for late enrollment.
 - We used to send out letters every year to all affected plan members (those 65 or older) but for the past few years have added a statement to the back of the Decision Guide that is mailed out each year just before Annual Enrollment. This is also a letter posted every September 1 to our BA website in the Medicare section. That letter, along with proof of enrollment in the group health insurance,

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would be the only proof that someone would need to provide showing that they had creditable drug coverage.

- **Higher Ed Flu Shots:** Bringing in someone to administer flu shots at the workplace: Benefits Administration and the State Group Insurance Program are not a party to what you offer employees as an added benefit in the way of providing a flu shot clinic, etc.
 - If you choose to bring a certain nurse or physician group/office or pharmacy staff to your agency to administer flu shots or other vaccines to your employees, **BE AWARE** that it may not be covered by the State Group Insurance Program. If that is the case, then your employees will be responsible for the full cost of the vaccine.
 - To receive reimbursement through Cigna and BCBST:
 - The provider must file individual claims per member with the member's carrier.
 - The carriers will not accept roster billing, "global" or list bills. Must file individual claims per carrier.
 - The individual or group giving the shots must also be an in-network provider.
 - The State Group Insurance Program makes available to all plan members a comprehensive flu/pneumonia shot benefit that is free of charge. You can find 2015-2016 flier regarding the flu shot benefit here: <http://partnersforhealthtn.gov/flu.pdf>. And it has been posted to the PFH website on the pharmacy page.
 - **Higher Ed Question:** Can you repeat the provider web address?
 - **Answer:** The free flu shot benefit information is found at info.caremark.com/stateoftn on the right side there is a link to Vaccine Pharmacy List that will bring up a [list of pharmacies that provide the flu shot](#).
- **Local Ed/Local Gov: PayFlex Presentation:** Kathy Stanton from PayFlex presented information on file formatting for employee HSAs. The presentation has been posted to the [ABC webpage under Training](#).
 - **Local Ed Question:** Do we have to fill this out (PayFlex checklist) if we are not going to offer payroll deductions on the HSA?
 - **Answer:** Yes. We need this information for employees who may contribute post-tax to their accounts. You do not have to fund your employees' HSAs, but your agency does need to complete the checklist and email it back to PayFlex.
 - **Local Ed Question:** Does the checklist have to have all employees on it? Even if all employees will not be on the CDHP?
 - **Answer:** The checklist is only for you as the employer, we just need the employer information.

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- **Local Ed Question:** You are talking about file formats that we need to send this with (PayFlex checklist). Are our software companies being notified as to what kind of files we will need to do this?
 - **Answer:** The new client checklist needs to be emailed to StateofTennessee@payflex.com . We do not know or have access to the software companies you work with, so your agency will have to work directly with any software company or your IT department on setting up the account and reporting files.

- **Local Ed Question:** Is this only for those agencies that are doing payroll deductions?
 - **Answer:** No, you will need to fill it out the checklist in case you have an employee who signs up and contributes directly to his or her HSA and/or your agency is reporting any payroll deductions or employer contributions.

- **Local Ed Question:** Does this file have to be uploaded before the actual payday?
 - **Answer:** Files will be processed within two business days. We suggest they be uploaded at least two days before payday.

- **Local Ed Question:** What "role" would our accounting department need to select from the PayFlex New Client Checklist? I will be selecting executive for me because I will be the one handling all of the deductions through payroll. But I wasn't sure what, if any our accounting department will need?
 - **Answer:** For ABCs, you may want to consider selecting PayFlex HSA, executive, reporting and communication. Website Administration is for your person or department handling IT and/or accounting. If you select executive role, it will allow you to access everything. As included in the memo:
 1. Executive: Receives high-level communication/general plan information from PayFlex.
 2. Communication: Contact receives notifications sent from PayFlex
 3. PayFlex HSA: Contact for HSA related items
 4. Website Administration: This role allows user to set up additional users and view participants within employer portal
 5. Reporting: Can view and run reports online through employer portal

- **Local Ed Question:** Can you show us exactly where the checklist form is located on the ABC website?
 - **Answer:** The checklist is found on the ABC webpage under PayFlex Memo for Local Ed and Local Gov. You can find [the checklist here](#).

- **Local Ed Question:** For our finance/accounting department, just the PayFlex HSA would suffice?

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- **Answer:** They may choose roles based on their needs. PayFlex HSA will allow them to view contributions. The Reporting role allows the person to view and run reports online through the employer portal.

- **Local Ed Question:** Where do we send the checklist?
 - **Answer:** The email address within the notification (due on September 25) is StateofTennessee@payflex.com

- **Local Ed Question:** We deduct insurance premiums a month in advance such as the premium due for January will come out of December paycheck. So, if an employee is making an HSA contribution would we start that in January and not in December? Because December contribution would show for 2015 on the W-2.
 - **Answer:** They are not eligible to contribute to the HSA until January 1, 2016. You would not want to take any payroll contributions for the HSA until 2016.

- **Local Ed Question:** If an employee has a HSA with Local Ed but the spouse is covered with another employer and the plan is not a HSA, can the HSA be used for any medical?
 - **Answer:** The employee enrolled in the CDHP with the HSA can use the funds in the HSA for any tax dependent. The spouse/children do not have to be on the employee's CDHP, but the spouse and children must be tax dependents. Note: The employee would not be eligible for the HSA if he or she is also covered by their spouse's non-CDHP plan.

- **Local Ed Question:** If the husband and the employee have a HSA, they can't file on both?
 - **Answer:** Between the two enrollees (family members) they cannot go over the family limit. If both claim children as dependents – then yes, they can both have a HSA.

- **Local Ed Question:** So you are saying the HSA deductions don't follow the health insurance deductions? So we deduct in December for January health coverage and we deduct in January of January HSA?
 - **Answer:** Yes. You may begin reporting payroll deductions starting with your first 2016 payroll.

- **Local Ed Question:** If you contribute to an HSA and a HSA-compliant plan is no longer available through the state, can you still use the funds in the HSA for medical expenses?
 - **Answer:** Yes, you would not be able to contribute to the account, but you can use the funds in the account to pay for approved medical costs. The only way in this situation you could still contribute is if you enrolled in another CDHP.

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- **Local Ed Question:** If we anticipate a small number of participants – 20 or less, would the manual process be easier?
 - **Answer:** It is up to the agency how you would like to set up the report.

- **Local Ed Question:** What are the guidelines for a HRA in regard to a spouse with HSA?
 - **Answer:** They are the same as if the employee had a FSA. The employee is not eligible for the HSA if they are covered by another non-CDHP health plan.

- **Local Ed Question:** Do I understand correctly that the state is going to track how much money is payroll deducted to make sure someone does not exceed the contributions limits?
 - **Answer:** Not for Local Ed agencies. The state is tracking for state employees who enroll in the CDHP. We do not have the capability to track for Local Ed employees, but your agency can track it. It is ultimately up to the employees to track their contributions. If you set up payroll deductions, you could give them a warning that they are nearing the limit.

- **Local Ed Question:** What do you mean program files?
 - **Answer:** It is programmed by you or your agency IT department. Whether or not you have that capability is up to your agency. You will need to work with your IT and finance departments and share this information with them if they have the opportunity to program the files.

- **Local Ed Question:** Would the employer and the employee contributions both be sheltered deductions?
 - **Answer:** The employee and employer contributions if made via payroll would be pre-tax. Employees who make post-tax contributions can claim these on their taxes.

- **Local Ed Question:** Will the PayFlex presentation be available today or on Friday?
 - **Answer:** The PayFlex presentation has been posted to the ABC webpage under Training. You can find it [here](#).

- **Local Ed Question:** If we, as an employer, are not offering payroll deduction, who gets in touch with the employee about contributing to the account. Does anyone get in touch with the employee?
 - **Answer:** Employees may link a personal bank account to their HSA or send a personal check with PayFlex deposit slip located online to make post-tax contributions or they may call PayFlex service center.

- **Local Gov:** Is the file layout you are referencing in the September 3 email included in the call notes. I didn't find it in the September 3 email.

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- **Answer:** Yes, the file layout document is found embedded in the memo. We have also posted these files on the ABC webpage under [PayFlex Memo for Local Ed and Local Gov.](#)

- **Local Gov Question:** So, I am understanding that the links in the September 3 email were working links?
 - **Answer.** Yes.

- **Local Gov Question:** Is this PowerPoint available?
 - **Answer:** The September 15 PayFlex presentation has been posted to the [ABC webpage under Training.](#)

- **Local Gov Question:** Are all insurance payments done through PayFlex?
 - **Answer:** No, only the HSA contributions are handled by PayFlex. Insurance premium deductions will be handled the same way they have been through BA.

- **Local Gov Question:** If we want to offer the HSA do we need to put in a request to the state?
 - **Answer:** No, you do not have to do anything. All agencies have to offer the CDHP with the HSA, but if you want to allow employee payroll deductions or employer contributions to the employees' account, you will have to set this up with PayFlex.

- **Local Gov Question:** If my county decides not to contribute, do we have to submit the forms?
 - **Answer:** Yes, the checklist is required whether you are giving contributions or not allowing payroll deductions, we still have to set you up to allow the member to contribute to the HSA and we need to have this available.

- **Local Gov Question:** We are a small company. Do we have to offer this through payroll or can they contribute on their own?
 - **Answer:** You do not have to offer payroll deductions or contribute to the HSA. Members can contribute on their own post-tax.

- **Local Gov Question:** When we do a W-2, will there be a box that we will have to mark to show how much the employee contributed to the HSA?
 - **Answer:** Yes, all contributions reported by the employer will need to be recorded in box 12 on the employee's W-2. This includes both payroll deductions and employer contributions.

- **Local Gov Question:** To make sure I am understanding this, the employee can participate (contribute) on their own but we have to set this up anyway?

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- **Answer:** Yes, all agencies have to send in the checklist information in the instance that you have an employee who enrolls in a CDHP, they can contribute to their account.

- **Local Gov Question:** On the PayFlex new client checklist, what if you do not know the answers to some of the questions at the bottom?
 - **Answer:** If we have a primary contact and an email address, and a file contact and email address along with your tax ID number, this will help us greatly. We will have someone-get back to you if we need more information.

- **Local Gov Question:** As I mentioned we are a small organization we do not have an IT dept. Is there someone who can walk us through this?
 - **Answer:** We don't but the screen shots in the presentation should help you through the process. They can be found on the [ABC webpage under Training](#). If you have specific questions then, email them to: StateofTennessee@payflex.com

- **Local Go Question:** Could you review the required test file again?
 - **Answer:** The credentials you will receive via email from PayFlex will enable you to upload a test file and for uploading live files. Once you have your employee ID number, you can create a test file. You can make up the information for the test file. And you would upload the test file to PayFlex by following the instructions in the email. PayFlex will check formatting or will ask for a second test file to confirm the file is set up correctly.

- **Local Gov Question:** Is there anyone who can come to a benefits fair and explain a CDHP to our employees?
 - **Answer:** I would refer your employees to ALEX and use the Decision Guide. We also have the AEP PowerPoint for ABCs to use during your health fairs, which is located on the ABC webpage under Training. Here is the link to the Local Gov PowerPoint: <http://www.tn.gov/finance/article/fa-benefits-abc>
 - On this page, select 2016 Annual Enrollment Presentation – Local Education and Local Government.

- **Local Gov Question:** Whom do we ask if we have questions about the checklist?
 - **Answer:** You can send an email to StateofTennessee@payflex.com for questions about the files and set up.

- **Local Gov Question:** When do you think the questions from our meetings will be sent? We have a board meeting on Thursday.
 - **Answer:** Questions from the CDHP Training sessions were emailed to all ABCs on Wednesday, September 16.

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- **Local Gov Question:** Is there a deadline as to when we need to have all of this set up?
 - **Answer:** The deadline to submit the checklist is September 25, but the sooner you can send it in the better. We'll continue to accept checklists after this date but cannot guarantee set-up will be available for January 1, 2016, enrollments which will therefore delay funding the HSA.
- **Local Gov Question:** What about the files and setting up the payroll deduction?
 - **Answer:** Once we receive the checklist, we can create the employee ID for you so you can send test files and the live files. The goal is to report the first payroll deductions to post on the pay date. We like to see test files in October to allow time for testing.
- **Local Gov Question:** Are all required to get set up for PayFlex?
 - **Answer:** Yes, even if the employee is sending in his or her own post tax contributions, PayFlex has to have your employer information set up to process the member's HSA.
- **Higher Ed: PayFlex Presentation:** Kathy Stanton with PayFlex presented information about the HSA, IRS requirements, eligibility, enrollment and funding.
 - **Higher Ed Question:** So a non-student age 19-26 cannot have HSA funds and also a student age 24-26? Or rather, the HOC cannot use the funds for that dependent?
 - **Answer:** If a child age 24 or under is claimed as a tax dependent and is on the employee's family plan, the HSA can be used for his or her medical expenses. If the child is age 25-26, even if he or she is on the HealthSavings CDHP plan, the HSA may **not** be used to cover his or her expenses. This dependent can have his or her own HSA account and contribute up to the family maximum in this account as long as he or she is not claimed on another tax return.
 - **Higher Ed Question:** How can an employer determine if an employee still has funds in FSA prior to setting up new HSA if an employee selects the CDHP during open enrollment?
 - **Answer:** If you are working with PayFlex in regard to the employee's FSA, you can check with PayFlex on the amount remaining in the employee's FSA account. ABCs can also run a query after annual enrollment to determine if employees who enrolled in a CDHP and contact them about their FSA. The state, for example, will send a letter to employees with a balance in their FSA who have enrolled in a CDHP letting them know they have to have a zero balance by December 31.

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- **State Question:** We are going to get a list of the people at the end of enrollment period who have funds left and are enrolling in the CDHP? Will BA send them a letter letting them know they still have funds in their FSA?
 - **Answer:** Yes. BA will send a letter to employees who enrolled in the CDHP and still have funds in their FSA. ABCs can also run a query to determine what plans your members selected and you can contact members who enroll in the CDHP and let them know that if they have a FSA, they will need to spend the funds down to zero by December 31.

- **Higher Ed Question:** If you have two employees who are married one with single coverage and one with employee plus child coverage, could both employees enroll in a HSA and would their HSA maximum limit be combined for family?
 - **Answer:** Yes, they can both enroll in a CDHP and have separate HSA accounts but they cannot put more than the family maximum into both accounts.

- **Higher Ed Question:** When an employee reaches the age of 55, is the contribution allowed at the beginning of the tax year or anytime the employee reaches the age during the year?
 - **Answer:** A catch up contribution is allowed within the tax year. The amount would be prorated depending on when the employee turns 55 and employee can contribute for the months that he or she is enrolled in a CDHP.

- **Higher Ed Question:** Can you clarify again the dependents that are 24 or older can they have their own HSA?
 - **Answer:** If they are still a tax dependent, they can be covered under the employee's CDHP and would have to open up his or her own HSA. The dependent can contribute to the family maximum amount and use these funds for themselves.

- **Higher Ed Question:** Are there additional fees for investing funds?
 - **Answer:** Yes, there is a small monthly fee if an employee opens up an investment account. Also, if a member stops a payment on a check or electronic payment, or issues a check when HSA balance does not cover the amount, or transfer funds from a personal bank account when their balance does not cover the amount; you may incur a fee. Refer to your fee schedule on your account online.

- **Higher Ed Question:** Is the HSA FDIC insured?
 - **Answer:** Yes, the HSA account is FDIC insured, the investment account is not.

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- **Higher Ed Question:** Will the \$1,000 be contributed to employee plus spouse or employee plus child, basically is the \$1,000 for any group other than employee only?
 - **Answer:** Yes.

- **Higher Ed Question:** Will you send a copy of the PowerPoint slides.
 - **Answer:** The PowerPoint is too large to email but has been posted to the [ABC webpage under Training](#).

- **Higher Ed Question:** Is that the same website you sign up for the FSA a well?
 - **Answer:** No, for higher education employees with a FSA there is a different website for the PayFlex FSA.

- **Higher Ed Question:** On the website for PayFlex there is an option if you forget your password – but not an option if they forgot their username they can reset it also?
 - **Answer:** The employee may contact the PayFlex call center and they will provide their username.

- **Higher Ed Question:** I have not received the 2016 PayFlex FSA enrollment information yet. Is that available yet?
 - **Answer:** This information should be available this week.

- **Higher Ed Question:** I have an employee who wants to transfer to the CDHP and contribute to the HSA himself. How does that process work and from there what does he need to do if he is going to do his own contribution?
 - **Answer:** Employees may link a personal bank account to their HSA or send a personal check with PayFlex deposit slip located online to make post-tax contributions or may call PayFlex service center.

Operations:

- **September New ABC Training:**

September 23:

State/Higher Ed: 1 p.m.-3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2:

(All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

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- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.

TRAINING QUESTIONS

- **Local Ed Question:** When I registered for training for Local Ed on September 24 - time offered is 10 a.m.
 - **Answer:** The time has been corrected in Edison.
- **Local Ed Question:** Will we receive a message and link the day of the workshop to sign in for the training?
 - **Answer:** You will receive an email the night before the training.
- **Local Gov Question:** I am trying to sign up for the training, I found out that my ABC roles had fallen off and had to be submitted again. We have submitted but till no access at this time. How can I still sign up for the training?
 - **Answer:** BA will have a trainer contact you.
- **PPACA Query Update**
 - **Local Ed/ Local Gov and Higher Ed:** The query you can use for PPACA reporting is now available for you to run in Edison. You can run the query through HCM Query Viewer – **Main Menu > HCM Reporting Tools > HCM Query Viewer**. The query name is **TN_BA364_PPACA_TAX_REPORT**. There is a prompt field for **Tax Year**. Use a value of **2015** to get the current year’s information.
 - If you have questions about the information provided on the report, please send an email to Benefits.Info@tn.gov with the subject: PPACA Query.
 - **Local Ed Question:** The PPACA report is not pulling dependent information correction – no names or dependents or birthdays – SSNs are pulling.
 - **Answer:** The query is being corrected in Edison. The corrected version should be available early next week.
- **Local Ed/Local Gov/ Higher Ed: Password Reset Update**
 - In addition to mailing the password reset letters to the employees and sending a spreadsheet to the ABCs, we are implementing new functionality this year to assist with password resets.
 - If the employee does not know their temporary password and they have not logged in to Edison this year and set up their security profile, they can use this link on the Edison homepage.
 - Once they click the link, they will be taken to this page. They will need to type in their Last Name, Edison Employee ID (found on the Caremark card), Birth Date, and Last 4 of their SSN and then click Submit.

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- After clicking Submit, they will be taken to a page to create their new password. The Access ID will be copied over, but they will still need to know this in order to log in to Edison. Once they have changed their password, they will be directed back to the Edison login page and will need to enter their Access ID and new password. Once logged in, they will need to set up their security profile.
- Please note, this functionality cannot be used if they have already set up their security profile.
- If they need assistance with logging in, they can contact the Password Reset Call Center at 844-330-9100 M-F, 7 a.m. - 4:30 p.m. Central. This number is also found in the Decision Guide.
- We have received feedback from some of the agencies that have already received their password reset spreadsheets. Some of the numbers and letters are difficult to differentiate. If you have trouble reading the file, change the font on the file to “Tahoma.” That should make it a little easier to read.
- **Higher Ed Only** – Encourage your employees to either ask you if they are having trouble reading the letter or instruct them to try using the Benefits password reset link on the Edison homepage if they have tried their password two times and haven’t been able to log in. The account will be locked after five incorrect tries and the only way for them to reset their password after it’s locked is to call the Password Reset Call Center.

PASSWORD RESET QUESTIONS

- **Local Ed Question:** Will our employees receive a password reset letter?
 - **Answer:** Yes, unless they have accessed Edison within the last 90 days.
- **Local Ed Question:** Do they get to choose their access ID?
 - **Answer:** No, the access ID is system generated.
- **Local Ed Question:** I didn’t have all of my employees on the report?
 - **Answer:** Employees or ABCs who used Edison within 90 days won’t be on the report.
- **Local Gov Question:** What is the number for the Password Reset Center?
 - **Answer:** It is 844.330.9100 and it is found in the Decision Guide and in the password reset letter mailed to employees.
- **Employees hired after the Annual Enrollment period ends**
 - As we have done in past years, the employee should submit a paper enrollment for their 2016 choices when they make their 2015 selections.
 - The paper document should be clearly marked that it is for 2016 choices for a new hire and can be faxed or uploaded through Edison. This can be done at the same time any necessary dependent documentation is sent in for their new hire selections, or it can be sent in separately. The document must be in our office within the same 31-day window as the new hire selections.

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○ **Document and Call Information:**

- **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center last week. On September 8, 2015, we started with 263 documents in the Local Education queue that were held over from the previous week. We received an additional 458 documents and processed 507 documents out of the queue.
 - All documents received through Tuesday September 8 have been processed.
 - Average calls taken by the active service center last week was 164.5 per day. Our average wait time 19 seconds.

- **State:** We wanted to share with you an update on the volume of documents that the active call center has received last week. On September 8, 2015, we started with 91 documents in the State queue. We received an additional 153 documents and processed 124 documents.
 - All documents received through mid-day September 8 have been processed.
 - Average calls taken by the active service center last week was 164.5 per day. Our average wait time 19 seconds.

- **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center has received last week. On 09/07/2015, we started with 64 documents in the Local Government queue. We received an additional 113 documents and processed 149 documents.
 - All documents received through mid-day September 10 have been processed.
 - Average calls taken by the active service center last week was 164.5 per day. Our average wait time 19 seconds.

- **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center has received last week. On 09/08/2015, we started with 176 documents in the Higher Education queue. We received an additional 259 documents and processed 291 documents.
 - All documents received through September 9 have been processed.
 - Average calls taken by the active service center last week was 164.5 per day. Our average wait time 19 seconds.

OPERATIONS QUESTIONS

- **Local Ed Question:** Are the carriers, BCBS & Cigna, still working on adding any hospitals as providers? Or are their 2016 Provider Directories firm? Cigna doesn't list UT Medical Center & several others that our employees use.
 - **Answer:** The carriers' networks can change at any time. We encourage you and your employees to call the customer service centers or review the

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provider network information found online. You can find links to the BCBST and Cigna websites on the ParTNers for Health website under [Contact Us](#).

- **Local Ed Question:** UT has signs up that they are no longer in BCBST Network S?
 - **Answer:** UT medical center **will be** in the BCBST Network S for all state group health plan members.

- **Local Ed Question:** I have an employee who is transferring from one school system to another. If the employee completed Partnership PPO requirements, would he or she transfer or do they have to complete them again?
 - **Answer:** Yes, the requirements will transfer, but Healthways will need to be notified. You can send an email to the BI box at benefits.info@tn.gov and we can send the information to Healthways.

- **State Question:** If an employee's spouse is a dependent and the spouse becomes Medicare eligible (and is retired), can he stay on the state's plan as a dependent or does he need to enroll in Medicare?
 - **Answer:** If the active employee still has coverage and is covering the spouse, the spouse can forgo Medicare enrollment until the employee terminates employment and the active coverage ends. Then the spouse would need to do something with his or her Medicare.

- **State Question:** If an employee signs up for the CDHP, would he or she have the option of not opening an HSA account?
 - **Answer:** The account is automatically set up for the employee, but the employee does not have to fund it.

- **State Question:** In ESS if an employee signs up for the CDHP in ESS – they can elect a zero contribution?
 - **Answer:** Yes.

- **State Question:** One of our employees was concerned because when they went to set it up it mentioned fees.
 - **Answer:** For members enrolled in the state's HealthSavings CDHP, the monthly maintenance fee is covered by the state. If they leave employment or enroll in a different plan, the HSA maintenance fee would revert to the member.

- **State Question:** A new hire whose insurance is effective 11-1 and they want to make changes for 2016, is there is a place in ESS to sign up for 2015 and 2016 coverage or do they have to fill out a paper form? What if it is outside of the annual enrollment period or close to the end of annual enrollment?

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- **Answer:** The employee must first complete the enrollment for 2015 coverage in ESS, then an enrollment event will be set up in ESS for 2016 coverage. If hired after the enrollment period or late in AEP, the member can use a paper form.
- **State Question:** Will the monthly premium charts for 2016 for retirees be on the BA/ABC page?
 - **Answer:** They are posted on the [PFH website under premiums for retirees](#) as well as on the BA website here: <http://www.tn.gov/finance/article/fa-benefits-premiums>
- **Local Gov Question:** I had an employee who received a Medicare Part D prescription plan worksheet. Is that different from the letter that was referenced earlier?
 - **Answer:** Yes.
- **Local Gov Question:** Do you anticipate Cigna providers will be as those in the Cigna LocalPlus network now? The Cigna Open Access Plus has more that the LocalPlus does now.
 - **Answer:** Our carriers' networks can change at any time. We encourage you and our members to use the online provider directories. You can find links to the BCBST and Cigna websites on the ParTners for Health website under [Contact Us](#).
- **Local Gov Question:** Can an employee add his wife to insurance during the Oct. 1 – Oct. 30 enrollment period, and what if his wife has a pre-existing illness. Will it be covered?
 - **Answer:** Yes, an employee can add a spouse and dependents to their insurance during the annual enrollment period. Due to PPACA, pre-existing illnesses are no longer an exclusion for coverage.
- **Higher Ed Question:** We have two employees who just started in July, they were on the state's plan and they had Delta Dental. Will this still count toward the 12-month waiting period?
 - **Answer:** Yes, if they were on the state plan, the time enrolled in Delta Dental will count toward their waiting periods.
- **Higher Ed Question:** When I am uploading the document for a dependent, once I get the verification that the document has been uploaded, when I try to move off the screen, I get a warning that the document has not been saved?
 - **Answer:** If you have this issue, please take a screenshot and email it to benefits.info@tn.gov with the time of day and employee that you completed the upload for. We were not able to recreate this issue.

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- **Higher Ed Question:** Have the new dental books been printed?
 - **Answer:** The 2016 dental member handbooks have been posted to the BA website, under Publications, [Member Handbooks – Dental 2016](#). You can order provider books, but a better way for members to search for a dentist is to use the call centers for our vendors.

- **Higher Ed Question:** Any word on the POMCO premiums for 2016?
 - **Answer:** They will be reviewed during the next Insurance Committee meeting to be held at the end of the month. We will let you know as soon as they have been approved.

- **Higher Ed Question:** On the Cigna website, it pulls up dental plus network and not the dental HMO?
 - **Answer:** This site is being revised to make it easier to find the Cigna Prepaid dental HMO providers.

- **Higher Ed Question:** We have an employee who is transferring between state agencies in the next month. We used to have a rule that if you were rehired that there would not be a break in service. Is that no longer applicable?
 - **Answer:** That rule is if the employee is hired within the same employer.

- **Higher Ed Question:** If moving from UT to Pellissippi it wouldn't apply? Does it apply within the TBR system?
 - **Answer:** That is correct. If a different employer number then the rule wouldn't apply, the employee would have to be rehired under the same employer with the same employer number.

- **Higher Ed Question:** The current Caremark site does not show the true pharmacy costs.
 - **Answer:** There are two ways to get this information. The member can look at the prescription leaflet and add the co-pay with what the plan pays. With the CDHP, the member would pay a percentage of these combined amounts. An easier way is to log into Caremark.com and look at your history. Here is how members can estimate their out-of-pocket coinsurance costs:
 1. Go to www.caremark.com
 2. Log in or create an account (will need your Caremark ID card)
 3. Click on "Prescriptions"
 4. Click on "Track Prescription Costs"
 5. Change the dates to the dates you are interested in reviewing (either 2015 year-to-date or all of 2014)
 6. After selecting the dates of prescription history you wish to review, click the red "Apply" box
 7. Check the box "Show all cost breakdowns"

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8. The total drug cost for each prescription shows up on the left hand side “Total Rx cost.” This is the total prescription amount including your copays and the amount the insurance paid.
 9. You would take this amount and multiply it times your applicable CDHP coinsurance amount (see Decision Guide for the applicable percentages).
 10. You can also click on the red “Download” box and export all of this to Microsoft Excel and view it all in a single spreadsheet. This would allow you to add columns and do simple math calculations to estimate your coinsurance for each medication.
 - For people not yet enrolled in any of our plans (i.e., new to coverage starting 2016) and who are considering a CDHP, we really have no way to help them estimate their prescription costs under the CDHP plan, as prescription drug costs vary widely from pharmacy to pharmacy and their costs would depend on which pharmacy they chose, the drug and strength, as well as the number of days’ supply of the medication.
- **Higher Ed Question:** Have I understood this correctly that there is coinsurance versus deductible for maintenance drugs ordered via 90-day mail order, but no insurance for maintenance drugs filled on a monthly basis?
- **Answer:** In the CDHPs, members pay the full (discounted) price of all drugs until they reach their deductible. After that, they pay coinsurance (20% in Wellness HealthSavings CDHP or 30% in HealthSavings CDHP). When they reach their maximum out-of-pocket, they pay nothing for the remainder of the year.
 - The only piece different from this relates to the “Maintenance tier” drugs (Anti-hypertensives, depression, CAD, CHF, Asthma/COPD, Statins, and diabetes). For these medications, a member does not have to first meet their deductible before starting to pay only the coinsurance IF they are filled in a 90-day supply through either mail order or a Retail-90 pharmacy. Members doing this would pay a smaller coinsurance of 10% (Wellness HealthSavings CDHP) or 20% (HealthSavings CDHP).
 - Whatever a member pays for these maintenance tier medications when they fill them for a 90-day supply **does not count toward their deductible** BUT DOES count toward their maximum out-of-pocket.
- **Higher Ed Question:** But the coinsurance for the CDHP is just for the 90-day supply?
- **Answer:** No, if in the Wellness HealthSavings CDHP, your coinsurance is 20% - but if you get a 90-day maintenance drug – it is 10% and you do not have to meet the deductible. The percentages are different in the HealthSavings CDHP. There are no copayments on the CDHP plans.

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- **Higher Ed Question:** If you have maintenance drug and only want a 30-day supply?
 - **Answer:** Then you would pay the higher coinsurance and you would have to meet your deductible first before coinsurance would begin. The lower coinsurance percentage would not apply in this situation.

- **Higher Ed Question:** In the Decision Guide under the Wellness CDHP, it is 20 percent after the deductible is met on the medical. In addition, it listed the same way for the pharmacy - unless it is a 90-day maintenance medication. They are paying the full price of the prescriptions until they meet the deductible?
 - **Answer:** Yes, that this correct. The only difference is with the maintenance drugs. With maintenance drugs, members pay a lower coinsurance and it is not applied to the deductible. But the coinsurance paid for the maintenance drugs do count toward the maximum out-of-pocket.

- **Higher Ed Questions:** Concerning the eligibility waiting period change that occurred on July 1, we have had two issues come up at two separate institutions. We have one employee who was an internal transfer and another state employee, both had coverage in their previous positions. The first day they worked was a Monday the third and they are not being allowed to come on the plan without a lapse in coverage. Our first reaction was to use 8-1 instead of 8-3 – how should we treat this going forward?
 - **Answer:** Based on the new rules, if they are hired on 8-3, then the coverage is effective for 10-1. We have had a few other agencies bring up this question. We will review the rules and get back to you.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **Dental plan materials:** The 2016 dental handbooks have been posted to the BA website under publications. Also, for MetLife and Cigna, we have posted dentist nomination forms on this same page.
- **ALEX:** Don't forget to tell your members about ALEX! Based on a survey of ALEX users, so far 88% of our members had a better understanding of their benefits by using ALEX. Links to ALEX are found on the [ParTNers for Health homepage](#).
- **State/Higher Ed: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - We reminded ABCs that the last employee CDHP/HSA overview webinar was held on this date: **September 25: 9:30 a.m. to 10:30 a.m. Central.**
- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - A reminder that we have dates for employee webinars during which we will give a general overview of benefits options and the CDHP/HSA.
 - We have **attached** a flier you can share with your employees.
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - **September 30: 10:30 a.m. to 11:30 a.m. Central**
 - **October 1: 11 a.m. to 12:00 p.m. Central**
 - **October 5: 1:00 p.m. to 2:00 p.m. Central**
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**
- **Local Ed/Local Gov: PayFlex Checklist and Corporate Authorization Form:**
 - **ABCs please note:** We had many questions about the PayFlex required forms. All agencies must complete and return the **PayFlex Checklist**. If you are offering HSA contribution funding and payroll deductions, return the signed **Corporate Authorization Form** as well.
 - Submit both forms to PayFlex by this Friday, September 25.
 - These forms are on the [ABC webpage](#) under **PayFlex Memo for Local Ed and Local Gov**.

MATERIALS AND COMMUNICATION QUESTIONS

- **Local Ed Question:** Where are the FAQs on the Partners for Health website?
 - **Answer:** They are found [here](#) under the Q&A and Definitions tab. You can also search for topics in the PDF by using Control F on your keyboard.
- **State Question:** There were some of our employees who were having trouble accessing Alex?

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- **Answer:** Members will need to make sure their Adobe flash software is current.
- **Local Gov Question:** Isn't this the second time BCBS information has been comprised?
 - **Answer:** BCBST did announce a security breach earlier this year however, this cyber-attack is an Excellus BlueCross BlueShield attack. BlueCross BlueShield of Tennessee and Excellus BlueCross BlueShield are separate companies with separate operations and information systems.
- **Local Gov Question:** How can I order more Decision Guides?
 - **Answer:** Printed decision guides available are no longer available. You can find the PDF of the guide on the ParTNers for Health website under the **enrollment material tab**.
- **Local Gov Question:** The enrollment guides will be sent to ABCs when? I was told we would not get them until after open enrollment?
 - **Answer:** ABCs who ordered 2016 **Decision Guides** should have already received these. The **2016 Eligibility and Enrollment Guides won't be complete until late November**. For annual enrollment, use the 2016 Decision Guide. For new hires through the end of the year, use the **2015** Eligibility and Enrollment Guide for 2015 benefits, and the 2016 Decision Guide. During 2016, you will use the 2016 Eligibility and Enrollment Guide.
- **Local Gov Question:** Someone else mentioned the eligibility and enrollment guides. Where will these be?
 - **Answer:** The 2016 Eligibility and Enrollment guides are not ready yet and won't be until late November. We will tell you when the order form is posted on the ABC webpage.
- **Local Gov Question:** I received the 2016 Decision Guides but my employees have not received their guides. Are they still being mailed out?
 - **Answer:** They are in the mail and a guide was mailed to every eligible employee in Edison.
- **Local Gov Question:** I logged in late is there anything I need to do about the security breach?
 - **Answer:** No. The information provided was for your information. Letters will be sent to members impacted by the Excellus cyber-attack.
- **Local Gov Question:** Is Cigna insurance for local government now going to be Cigna LocalPlus, and will they send out new cards?
 - **Answer:** Yes, all members in all plans across all regions can choose either Cigna LocalPlus or BCBST Network S as their carrier option. ID cards will be sent out in December.

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- **Higher Ed Question:** For east TN or west TN (The UT network announcement regarding Cigna LocalPlus)?
 - **Answer:** This is regarding UT hospitals and facilities in Knoxville.
- **Higher Ed Question:** Who is our contact person for MetLife?
 - **Answer:** We have posted the [2015 Vendor List](#) on the [ABC page](#).

CDHP/HSA QUESTIONS

- **Local Ed Question:** If someone has a medical expense early in the year but not enough money available to pay for it in their HSA, can he or she save that receipt and turn it in later on? Second question: Can you explain exactly what happens during open enrollment and will employees they only be choosing insurance (in Edison) or will they have information about HSA in Edison when they log in to enroll?
 - **Answer to Question 1:** Yes, members can save receipts to reimburse themselves for a qualified medical expense whenever the money is available, and transfer the money from their HSA into their personal account.
 - **Answer to Question 2:** Local Education members will use ESS to enroll in the CDHP. Questions about payroll deduction should come back to your agency; this is not done in Edison. CDHP enrollments are sent to PayFlex by the state and PayFlex will contact the member if they need more information during the vetting process. Once the members account is set up, PayFlex will send them their debit card and information in the mail.
- **Local Ed Question:** Is there going to be any training for payroll for PayFlex?
 - **Answer:** We have done a lot of training with PayFlex during ABC calls and presentations are found on the ABC webpage. If you have a specific question for PayFlex, you can email PayFlex at stateoftennessee@PayFlex.com.
- **Local Ed Question:** When they sign up for the CDHP, what happens?
 - **Answer:** BA sends the enrollment to PayFlex and PayFlex will set up the account if the member passes the vetting process (information about the CIP process is found on the ABC webpage in the PayFlex presentations). PayFlex will send the member a debit card with more information on how to contribute to the account.
- **Local Ed Question:** Where did you say that we needed to go in order to get the PayFlex forms that we need to send in?
 - **Answer:** You can find the PayFlex memo information on the [ABC webpage](#) under PayFlex Memo for Local Education and Local Government.
- **Local Ed Question:** So will they get something in the mail regarding how to put money into the account by direct draft? We are not doing payroll deductions.

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- **Answer:** Yes, members who enroll have their identity verified by PayFlex through their CIP process (information about the CIP process is found in the PayFlex presentations on the [ABC webpage](#)). Then the member will receive a debit card and information about the account in the mail.
- **Local Ed Question:** I'm still a little fuzzy on employees who have a FSA and who want to take the HSA. So, for example, our FSA ends 5/31 each year and they can still make claims through 8/31...BUT, if they have less than \$500 in the account it rolls to the next plan year. So, can the employee then drop the FSA & add the HSA at any point during that rollover time at the point the FSA goes to a zero balance?
 - **Answer:** No, the employee cannot open a HSA as long as he or she has a balance in a medical FSA. The employee will need to wait until the end of the FSA plan year before a HSA can be opened. If they have a grace period and money remains in the account during the grace period, they cannot open the HSA until the first of the month following the end of the grace period. Here is information found in the FAQs about FSAs which may clarify:

Can I have both a HSA account and a FSA account?

If you have an HSA you cannot not have a medical FSA account, but you can open a "limited purpose medical FSA" to use for dental and vision expenses. Dependent care, parking and transportation flexible spending accounts are still allowed. Consider a limited purpose FSA if you contribute the annual maximum to your HSA. You should consider contributing the maximum allowed to your HSA before contributing to your limited purpose FSA because HSA dollars are not "use it or lose it" like an FSA.

And, you cannot open an HSA if there are funds remaining in your 2015 Medical FSA in 2016 as follows:

If your FSA plan runs on a calendar year and has a grace period:

- *Your FSA balance must be zero on December 31, 2015, in order to be eligible for the HSA on January 1, 2016.*
- *If your FSA has a balance on December 31, 2015, you will not be eligible to set up your HSA until April 1, 2016.*

If you have an FSA plan that runs on a non-calendar year, you cannot fund your HSA until the end of your FSA year and if there is a grace period, use this example.

- *For an FSA that runs from 2/1/15 – 1/31/16 with a grace period allowing an employee to incur claims until 4/15/16 and if:*
- *Your FSA balance is not at zero on 12/31/15, you are not eligible to open an HSA until the end of the FSA calendar year (1/31/16) or, if your plan offers a grace period, until first of the month following the grace period, or 5/1/16 in this example, to fund or use the HSA.*

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NOTE: Any funds posted in the HSA cannot be used for claims incurred prior to or the date the HSA opened. For FSA plans where grace period is less than examples shown, employees are not eligible to open an HSA until the first of the month following that grace period.

- **Local Ed Question:** So if they would have 5-31 as the end of the FSA if you don't open the HSA until Sept 1 the member can only use the funds for claims after September 1?
 - **Answer:** Yes.

- **Local Ed Question:** So if our employees have their FSA funds through 2/28/2016, they would need to wait until 9/1/16 to contribute to HSA?
 - **Answer:** It is based on when the FSA ends. If members have an account balance on 02/28, they would not be able to open the HSA until the first of the month after the grace period ends.

- **Local Ed Question:** The only information I found about the CDHP is under tobacco cessation.
 - **Answer:** There is information about the CDHP on the [PFH homepage](#) and a link on this page to [HealthSavings CDHP](#) information. Members can also find links to ALEX on the homepage.

- **Local Ed Question:** Is PayFlex planning on having enrollees vetted by the end of the year? Our first payroll is Jan 15 and we will need to know when to take the payroll deductions before that time
 - **Answer:** Yes. The vetting process begins as soon as the enrollment is sent from BA to PayFlex.

- **State Question:** I understand that members can't have a medical FSA and HSA. I am believing they can pay some dental and transportation from FSA?
 - **Answer:** Members can sign up for a dependent care and transportation FSA. Member who enroll in the HSA can set up a Limited Purpose FSA to pay for dental and vision, but they cannot have a HSA and a medical FSA at the same time to pay for medical expenses even if the FSA is a spouse's.

- **State Question:** I'm having questions from employees concerning health care expenses based on the discounted network rates. How does this compare to a copay and is there anywhere they can go to see amounts?
 - **Answer:** Members can go to the BCBST and Cigna websites where they can log into their account and access their EOBs to see the allowed amount for services received. Every provider has different negotiated allowed service charges. Carriers may have different options for setting up accounts and viewing EOBs. Call their customer service departments if you have any difficulties accessing your online account. Our carriers also have tools on their websites for members to search for some procedures and costs.

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- **Local Gov Question:** If we are not signing up for PayFlex, do we have to send in any documentation (PayFlex checklist and Corporate Authorization Form)?
 - **Answer:** Yes, we need all agencies to submit the PayFlex checklist and agencies that are offering payroll deductions or contributions need to submit the Corporate Authorization form. Both are found on the ABC webpage under PayFlex Memo for Local Education and Local Government.

- **Local Gov Question:** I want to offer a HRA rather than a HSA with the CDHP. What is the process?
 - **Answer:** Your agency cannot offer a HRA with the state's HealthSavings CDHP. With the state's HealthSavings CDHP the HSA is automatically offered.

- **Local Gov Question:** Payflex only has the HSA, correct?
 - **Answer:** Yes.

- **Local Gov Question:** What form other than the PayFlex Checklist was required by Sept. 25?
 - **Answer:** The [Corporate Authorization Form](#) also found on the ABC webpage under PayFlex Memo for Local Education and Local Government agencies offering HSA contribution funding and payroll deductions.

- **Local Gov Question:** We can offer it (HealthSavings CDHP/HSA) but we don't have to do this from payroll deduction?
 - **Answer:** Correct, you do not have to offer payroll deduction.

- **Local Gov Question:** We only have two employees and they are choosing the PPOs (do we have to complete the forms)?
 - **Answer:** You could have someone enroll in the CDHP in the future. You do not have to fund the account, but as the employer we need your agency set up in the PayFlex system and the checklist needs to be submitted to PayFlex.

- **Local Gov Question:** Is there a fax number for the PayFlex check list? Do you find those forms on Partners for Health websites for CDHP and the HSA?
 - **Answer:** There is only an email address for the forms: stateoftennessee@PayFlex.com. The forms are on the ABC webpage under PayFlex Memo for Local Ed and Local Government.

- **Local Gov Question:** Is there a minimum amount for HSA contribution?
 - **Answer:** No.

- **Local Gov Question:** I'm speaking as the employer. It is my understanding that we do not have to offer the HSA, do I have to give you anything?

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- **Answer:** Your agency does have to offer the HealthSavings CDHP with the HSA, but you do not have to contribute funds to the HSA and you do not have to offer payroll deduction. But you still need to complete the checklist for PayFlex so that your employees may fund their HSAs.
- **Local Gov Question:** If our employer puts money in the employee's HSA, that money counts towards the employee maximum contribution right?
 - **Answer:** Yes.
- **Local Gov Question:** If we choose to not offer payroll deductions, employees will only be able to contribute post-tax. Does this mean we do not have to set up payroll deductions?
 - **Answer:** Yes, but you still need to complete the PayFlex checklist.
- **Local Gov Question:** After reading the corporate authorization for HSA savings account contribution form, do we need to fill this out if we will not be doing payroll deduction?
 - **Answer:** If you are not allowing payroll deduction or contributing to your employees' HSAs, you do not need to send in this form (Corporate Authorization Form), but you do need to submit the PayFlex checklist in the instance that your employees do sign up for the CDHP.
- **Local Gov Question:** Just making sure that I understand the CDHP. Basically the providers are the same as the other plans offered whether Cigna or Blue, however the primary difference is the Deductible & MOOP? However, the Partnership PPO and the Standard PPO plans are eligible for the HSA?
 - **Answer:** The CDHP is an insurance plan and members would select either BCBST or Cigna as their insurance carrier for providers. The main difference is how members pay for services. They would pay the deductible and coinsurance for services, no copays. The Partnership and Standard PPOs **do not** have the HSA, only the CDHP plan includes the HSA
- **Local Gov Question:** On the CDHP, the deductible counts toward the out-of-pocket (OOP) max. Does the deductible count toward the OOP max for the PPOs?
 - **Answer:** Yes.
- **Local Gov Question:** I came in late to the webinar today, so who can I contact to help me out with understanding the CDHP? Do we register for these webinars through ELM?
 - **Answer:** There is information about the HealthSavings CDHP on the ParTNers for Health website and presentations on the ABC webpage under Training. You can also use ALEX. For the employee webinars, you and your employees do not have to register and will use the same phone number and webinar link we use for ABC calls.

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- **Local Gov Question:** If your spouse is on Medicare, can your spouse enroll in the CDHP? If the member has his spouse's insurance and his employee insurance – he cannot enroll in the plan?
 - **Answer:** The employee could enroll in the CDHP in employee only coverage, the spouse on Medicare cannot enroll in the CDHP. The employee could use the HSA funds to pay for the spouse's expenses. Generally, employees cannot enroll in the CDHP and be enrolled in other coverage, such as a spouse's PPO.

- **Local Gov Question:** About Medicare, I have an employee who has Cigna and also has a spouse on Medicare. Can the employee get the CDHP and still be covered on the PPO?
 - **Answer:** No, the CDHP is a health plan. So, in other words if the employee signs up for the CDHP, she could not cover the spouse on the CDHP if he is enrolled in Medicare. And, the employee cannot enroll in two state health plans – he or she must select either a PPO or a CDHP.

- **Local Gov Question:** If an employee wants the CDHP, does he or she choose either BCBST or Cigna LocalPlus?
 - **Answer:** Yes, the CDHP is a health insurance plan. Once the member selects a plan, then he or she would choose between BCBST Network S or Cigna LocalPlus.

- **Local Gov Question:** On the pull agreement (Corporate Authorization Form), that information can be made up just to get information in the system?
 - **Answer:** No, this form is for your agency to complete and sign for payroll deductions and employer contributions. You can find more information on the ABC webpage under PayFlex Memo for Local Ed and Local Gov. The entire memo sent to ABCs is on this page, as well as a sample file guide.

- **Local Gov Question:** How much is the state funding in the HSA for state and higher ed employees?
 - **Answer:** The state is contributing \$500 for employee only coverage and \$1,000 for all other tiers.

- **Local Gov Question:** On the bottom of the PayFlex Checklist it asks about payroll deduction. We run two payroll dates one for salaried and one for hourly. Should I put both dates and are they combined?
 - **Answer:** You can list the frequency for both groups and it will be the first payroll dates in January.

- **Local Gov Question:** How does an employee set up PayFlex?
 - **Answer:** Employees don't have to set up the account as the enrollment is created by BA, but they will need to register on their account. They will have to respond to any letters that PayFlex may send to them.

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- **Local Gov Question:** Does the employer have to do anything if they are not contributing to the employee?
 - **Answer:** Yes, you will need to complete the PayFlex Checklist found on the ABC webpage under PayFlex Memo for Local Education and Local Government.

- **Local Gov Question:** If an employee takes the CDHP and has money in the HSA and is terminated, goes to another job and chooses other insurance that is not CDHP/HSA, will he or she be able to use that money in the HSA account and still have other coverage, which is not HSA?
 - **Answer:** Yes, the money in the account can be used to pay for qualified medical expenses. If the new employer offers a CDHP with a HSA, he or she can transfer the money in the account to the new HSA.

- **Local Gov Question:** We pay on the last working day of the month. I put the first pay date of 12-31-15 because that is the date that pays for January. Is that correct? Should I have put 1-31-16?
 - **Answer:** If that is your first payroll date for 2016, then that is the correct date.

- **Local Gov Question:** If we are not providing payroll deduction, how will the employee fund his or her HSA account?
 - **Answer:** Employees can link personal bank accounts like a checking or savings account and move money to contribute or they can send in a personal check with a PayFlex deposit slip, which is found on the PayFlex website.

- **Local Gov Question:** Can the employer break their contributions to the employee's HSA into quarterly or semi-annual?
 - **Answer:** Yes. They can select the frequency such as monthly, semi-monthly or quarterly.

- **Local Gov Question:** At the bottom of the checklist, it is says file contacts. Who would be the best person to be considered as the file contact? Would the executive person receive this information as well?
 - **Answer:** Someone in IT or payroll for reporting payroll deductions and contributions should be the file contact. The executive role goes to the employer portal and sees member status and reporting.

Benefits

- **Excellus Security Breach:** Benefits Administration was informed on September 10 of a cyberattack that may have affected records of those eligible for long term care through **MedAmerica** and, possibly, BlueCross Blue Shield members who have used the out of state BlueCard network.
 - Here is the website link for all of the information we have:
 - <http://lifethcfacts.com/faq.html>

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- Here are the facts as we know them right now:
- Computer systems at Rochester, NY-based **Excellus BlueCross BlueShield** were the target of a sophisticated cyberattack
- Excellus includes BlueCross BlueShield plans that received services in the insurer's area using their BlueCard and may have been exposed to the attack
- The cyberattack includes Excellus' non-Blues affiliate Lifetime Healthcare Companies, whose subsidiaries are Lifetime Benefit Solutions, Lifetime Care, Lifetime Health Medical Group, The **MedAmerica** Companies and Univera Healthcare
- MedAmerica has informed the state that they will be sending letters, between 9/25 and 9/30, to 152,000 state and higher education employees, retirees, and employees of local education and local government agencies that offer MedAmerica Long-Term Care insurance. Plan members' data included in the breach includes: Name, DOB, Hire Date, Employee ID and Department ID. A sample copy of that letter is located at the end of this document
- Information for members actually enrolled in Long-Term Care Insurance also included social security numbers and deduction amounts
- At this time we are not aware of any of our members' data having been used
- The cyberattack was discovered on Aug. 5 as part of an investigation of Excellus' computer systems, following attacks on several other large insurers, including Anthem, the parent of Empire BlueCross BlueShield
- The attack occurred on Dec. 23, 2013, and affects data going back as far as 1980, depending on which of the insurer's plans was used
- Excellus is offering two years free theft protection services through Kroll, including credit monitoring powered by TransUnion, to anyone affected by this incident – more information can be found on their website

- **State/Higher Ed:** The **Be Well at Work Program** is now live and available for all members of the state plan. As a reminder, Benefits Administration has contracted with Tufts Medical Center in Boston, Massachusetts to provide the **Be Well at Work Program**. For those who qualify, the program provides access to an emotional health professional who provides tools to help better manage stress and overall emotional health.
 - Please encourage your members to take 5 minutes and make a positive step toward managing stress & feeling better!
 - The process is simple;
 - Start by taking a short, anonymous online health survey
 - Complete the survey to be eligible for a chance to win a two night stay in a Tennessee State Park Cabin
 - Receive immediate, private results about your health
 - If you qualify, you could receive free, professional and personalized health services
 - Program is being administered by Tufts Medical Center in Boston Massachusetts
 - Contact us with any questions at john.allen@tn.gov

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- Participating is voluntary and confidential Members can find more information at www.bewellatwork.org/tn
- **Higher Ed Question:** Have you had anyone having trouble to log in to take the survey? I tried to log in this morning and my contact information was not recognized.
 - **Answer:** The screening is only open to members who have been in the health plan for at least 12 months. This determination is made when the member inputs their member ID and date of birth. Additionally, there are some internet browsers that do not work with the Be Well At Work site. You may want to try another internet browser. If you are still having trouble and if you are comfortable with it, provide John Allen with your member ID and information at john.allen@tn.gov. He will look into it.
- **How pharmacy benefits work under the CDHPs:**
 - BA's pharmacy director Keith Athow presented information on how the pharmacy benefits work with the HealthSavings CDHPs. You can find this information on the ParTNers for Health website under [HealthSavings CDHP](#) or by [clicking here](#).
 - Members pay the full (discounted) price of all drugs until they reach their deductible. After that, they pay coinsurance (20% in Wellness CDHP for state and higher ed employees only or 30% in HealthSavings CDHP). When they reach their maximum out-of-pocket (MOOP), they pay nothing for the remainder of the year.
 - The only piece different from this relates to the "Maintenance tier" drugs (Anti-hypertensives, depression, CAD, CHF, Asthma/COPD, Statins (high-cholesterol), and diabetes). For those and for certain drugs covered at no cost share as required by ACA [certain birth control, aspirin, Vitamin-D, immunizations, Folic Acid, tobacco quit products], a member does not have to first meet their deductible before starting to pay only the coinsurance IF they are filled in a 90-day supply through either mail order or a Retail-90 pharmacy. Members doing this would pay a smaller coinsurance of 10% (Wellness HealthSavings CDHP – state and higher ed employees only) or 20% (HealthSavings CDHP).
 - Whatever members pay for the maintenance tier meds when they fill them for a 90-day supply does not count toward their deductible BUT DOES count toward their MOOP.
 - **SPECIFICALLY:**
 - All drugs that the plan covers filled for a **30-day supply** – members must pay the full (discounted) cost of the prescription until the members meet their deductible. After that, they will only pay their 20% or 30% coinsurance. Their out-of-pocket coinsurance costs count toward their deductible and their MOOP.
 - Any drug that the plan covers that is **not considered a maintenance tier medication** but is filled for a **90-day supply** - members must pay the full

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- (discounted) cost of the prescription until they meet their deductible. After that, members will only pay their (ST/HE 20% or 30% coinsurance) (LE/LG 30% coinsurance). Their out-of-pocket coinsurance costs count toward their deductible and their MOOP.
- Any drug that is part of the **maintenance tier (or drugs required no member cost share through the ACA (aspirin, birth control, etc.) and is filled through mail order or a participating Retail-90 pharmacy:** Members do **not** have to first meet their deductible. They can fill a 90-day supply of these for a reduced coinsurance of (ST/HE 10% coinsurance for the Wellness HealthSavings CDHP) (20% coinsurance for the HealthSavings CDHP). **The money they pay DOES NOT count toward their deductible but it DOES count toward their MOOP.**
 - **Current members can estimate coinsurance in the CHDPs by following these steps:**
 - Go to www.caremark.com
 - Log in or create an account (will need your Caremark ID card)
 - Click on “*Prescriptions*”
 - Click on “*Track Prescription Costs*”
 - Change the dates to the dates you are interested in reviewing (either 2015 year-to-date or all of 2014)
 - After selecting the dates of prescription history you wish to review, click the red “*Apply*” box
 - Check the box “*Show all cost breakdowns*”
 - The total drug cost for each prescription shows up on the left hand side “*Total Rx cost.*” This is the total prescription amount including your copays and the amount the insurance paid.
 - You would take this amount and multiply it times your applicable CDHP coinsurance amount (see Decision Guide for the applicable percentages).
 - You can also click on the red “*Download*” box, export all of this to Microsoft Excel, and view it all in a single spreadsheet. This would allow you to add columns and do simple math calculations to estimate your coinsurance for each medication.
 - **For persons not yet enrolled in any of our plans** (i.e., new to coverage starting 2016) and who are considering a CDHP we really have no way to help them estimate their prescription costs under the CDHP plan, as prescription drug costs vary widely from pharmacy to pharmacy and their costs would depend on which pharmacy they chose, the drug and strength, as well as the number of days’ supply of the medication. Plan members may be able to ask their current pharmacy to print out their prescription history and costs. Some pharmacy chains have printouts that show the total cost breakdown including what the plan member paid and what insurance covered. These amounts added together comprise the total discounted price of their drugs upon which they can calculate their estimated coinsurance.

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- **To find a pharmacy in the Retail-90 pharmacy network where you can fill a 90-day maintenance tier medication and pay the lower coinsurance:**
 - Go to info.caremark.com/stateoftn
 - On the right side of the page in the box labeled “Network Lists” click on “90 day retail pharmacy list”
 - This is a nationwide list in alphabetical order by state, so scroll down to ~ page 427 until you see TN in the 3rd to last column. Then scroll through the cities in alphabetical order to find a pharmacy that meets your needs. Take your prescription from your physician to the pharmacy of your choice or have your physician call in a prescription for you.
 - To obtain the best price for you and the plan, remember to ask your physician for a **90-day supply with 3 refills** (this will last you 1 year) for your diabetes, anti-hypertensives, statins, coronary artery disease, congestive heart failure, depression, and asthma/COPD drugs.

- **State Question:** So you go by the prescription cost at Caremark.com, is that what you are saying?
 - **Answer:** Yes, on the far left hand side of the webpage is where you will find the total negotiated cost. You would multiply this amount by the coinsurance percentage to get your estimated cost.

- **Local Gov Question:** If you choose the CDHP you will pay the amount that is listed under the total cost on the CVS website for prescriptions until you meet the deductible?
 - **Answer:** Yes, that is basically correct, but for 90-day maintenance drugs ordered online or through a Retail-90 pharmacy, the member would pay coinsurance first without having to meet the deductible. But keep in mind that prescription costs can change at any time and are often different from pharmacy to pharmacy. You will only see your expenses or dependents under 18 for your Caremark account, you will not see your spouse’s information due to HIPAA.

- **Local Gov Question:** How does the spouse see his or her prescription history?
 - **Answer:** Spouses would have to register at Caremark.com to see their own history.

- **Higher Ed Question:** Are birth control pills free at all network pharmacies?
 - **Answer:** Yes, most birth control is covered at zero copay to the member. These include single source brands and generic birth control in our pharmacy network.

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- **September New ABC Training:** We informed ABCs about the new ABC trainings held on these dates:

September 23:

State/Higher Ed: 1 p.m.-3 p.m. Central

September 24:

Local Ed: 1 p.m. to 3 p.m. Central

September 25:

Local Gov: 9 a.m. to 11 a.m. Central

September 25 – Day 2:

(All Entities Need to Attend this Class): 1 p.m. – 3 p.m. Central

- ABCs can register for the training in Edison through ELM by searching the catalog for “ABC”.
- **New Upcoming ABC Workshop:** Workshop Topic: Explanation of Benefits Terminology and Searching Vendor Sites
 - Wednesday Oct. 7 at 1 p.m. Central
- **Local Ed/ Local Gov and Higher Ed: Edison Reminder:** All employees will need to log in to Edison using their Access ID. In previous years, they have been able to log in using their Edison Employee ID but that is not the case anymore. Their Access ID is on the password reset letter that the employees are getting and is also on the ABC spreadsheet. It is in the first column and is called the “OPRID” on the spreadsheet.
- **State/Higher Ed:** Edison will be down for maintenance from 6 a.m. to 10 p.m. Central on Saturday, September 26. There will be a message on the portal with the time period the system will be down. Please notify your employees if necessary.
- **Document Volume and Call Information:**
 - **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center last week.
 - On 09/14/2015, we started with 271 documents in the Local Education queue that were held over from the previous week. We received an additional 389 documents and processed 586 documents out of the queue.
 - All documents received through Friday September 18 have been processed.
 - Average calls taken by the active service center last week was 208 per day. Our average wait time 47 seconds.
 - **State:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 09/14/2015, we started with 131 documents in the State queue. We received an additional 223 documents and processed 242 documents.

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- We have exceeded the SLA to process all documents received by Noon on 9/15. All documents received through mid-day September 16 were processed prior to today's lockout.
- Average calls taken by the active service center last week was 208 per day (the State queue had the highest volume of 409 total calls last week – an average of 81 per day). Overall, our average wait time was 47 seconds.
- **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 09/14/2015, we started with 37 documents in the Local Government queue. We received an additional 122 documents and processed 106 documents.
 - All documents received through September 18 have been processed.
 - Average calls taken by the active service center last week was 208 per day. Our average wait time 47 seconds.
- **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 09/14/2015, we started with 163 documents in the Higher Education queue. We received an additional 294 documents and processed 395 documents.
 - All documents received through Friday, September 18 have been processed.
 - Average calls taken by the active service center last week was 208 per day. Our average wait time 47 seconds.

OPERATIONS QUESTIONS

- **Local Ed Question:** Are employees receiving their information to log into Edison?
 - **Answer:** Yes.
- **Local Ed Question:** Are we going to have any more follow-ups for the employee responsibilities PPACA before tax time?
 - **Answer:** We will continue to share information on the queries. We have not received much feedback but we will be on the calls later in the year to answer questions.
- **Local Ed Question:** Has the BA364 query been updated with dependent info?
 - **Answer:** Yes.
- **Local Ed Question:** The last time I tried to sign up for a training using a Remedy ticket, I wasn't allowed to proceed until I entered an employee Edison ID. I was not inquiring on anything to do with an employee just let you know I couldn't sign up for training through ELM. Is there a way to do a remedy ticket for a training without an Edison ID? Maybe I am doing something wrong?

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- **Answer:** If you are answering a general question you can use your own Edison ID. An Edison ID is required for every Remedy ticket.

- **State Question:** I have a member whose dentist takes MetLife but had not heard of MetLife DPPO?
 - **Answer:** The MetLife network for our plan is PDP. The Plus network is a different network for other clients. Members can go to the online directory and search for the directory for MetLife PDP dentists.

- **Local Gov Question:** If none of my employees are going to change insurance plans for BCBS or Cigna, they do not have to do anything right?
 - **Answer:** That is correct.

- **Local Gov Question:** How do you enroll for ABC classes?
 - **Answer:** You will need to go to ELM and search by ABC.

- **Local Gov Question:** I did not receive my access ID spreadsheet?
 - **Answer:** We had a few issues with a few ABCs in which we were missing and ABC email address. We have reached out to these ABCs and can follow up with you after this call.

- **Local Gov Question:** After the log in with the access ID, will members use their Edison ID for future logins?
 - **Answer:** No, they need to use their Access ID number. Members can call the password reset call center at 844.330.9100 if they need assistance resetting their password.

- **Local Gov Question:** They have used the first time to reset their passwords and this hasn't worked?
 - **Answer:** Employees will need to enter their employee ID initially if they are trying to use the "First Time Login for Benefits" link. Make sure they are entering this correctly. It should be their full 8-digit number that is found on the Caremark card. If they need help logging in, they can contact the password reset call center at 844.330.9100.

- **Local Gov Question:** Will ABCs still login as usual to Edison?
 - **Answer:** Yes, ABCs have always used the access ID number.

- **Local Gov Question:** We use the enrollment form to change our employees insurance. Do we need to put the hire date on the bottom of the form since employees are already in the system?
 - **Answer:** Yes, please put the hire date on the form and you can also use the notes section on the form to provide additional information. Example, if the employee went from Part-Time to Full-Time.

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- **Local Gov Question:** We have fewer than 100 employees, can we send in paper change forms?
 - **Answer:** Yes.

- **Local Gov Question:** The Clarksville facility for Tennessee State Veterans Homes ESS list only had one employee listed. They have approximately 14 employees.
 - **Answer:** The other employees may have accessed Edison within the last 90 days and wouldn't appear on the list you received.

- **Local Gov Question:** We now have Delta Dental and it will be changing to MetLife, correct? And new Dental cards will be mailed out for this as well. And does it take place effective January 1, 2016?
 - **Answer:** Yes to all of your questions.

- **Local Gov Question:** I have an employee retiring 11-1. She has already applied for Medicare. She asked to drop her insurance now, would the date be October 30?
 - **Answer:** Yes, for her insurance to end on 11-1, you would put October 30 on the form.

- **Local Gov Question:** So if they choose either BCBS and Cigna and whatever the carriers cover in benefits, the CDHP will cover, correct?
 - **Answer:** Yes, both carriers administer the benefit plan according to the member handbook and plan document, although medical necessity determinations may vary by carrier.

- **Local Gov Question:** I have an employee retiring 2-1-16, will they be eligible to be added to the retiring insurance plan since we will not be going on the state plan until 1-1-16?
 - **Answer:** Yes. You can send an email to retirement.Insurance@tn.gov if you have questions.

- **Higher Ed Question:** What is the best way to get the Access ID and password for employees that were omitted from the list? I have had difficulty getting these from the reset call center.
 - **Answer:** Members can try the new login found on the Edison homepage - "First Time Login for Benefits". Once they click the link, they will be taken to this page. They will need to type in their Last Name, Edison Employee ID (found on the Caremark card), Birth Date, and Last 4 of their SSN and then click Submit.

- **Higher Ed Question:** I have a question about the annual enrollment and dental. I just want to confirm that the waiting periods will be waived for the people enrolling in the MetLife that were in the Delta Dental.

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- **Answer:** If a member is currently enrolled in Delta Dental and plans to enroll in MetLife, the waiting periods will rollover from Delta Dental to MetLife. Time enrolled in Delta Dental will count toward their enrollment in MetLife.
- **Higher Ed Question:** We are having an issue with the September file update for basic life insurance. It looks to be an issue with those whose age has changed. Can someone help?
 - **Answer:** Email Melissa.wiseman@tn.gov with the specific information so we can look into it.
- **Higher Ed Question:** We have a dental practice that would like to join the MetLife network. How do they do that?
 - **Answer:** We have posted the MetLife [nomination form](#) on the BA website.
- **Higher Ed Question:** Regarding UT employees that are hired on or after September 1, how do we handle their annual enrollment information? Is that through Edison or do we have them fill out a paper form?
 - **Answer:** If they submit their new hire enrollment within the first 3 weeks of the enrollment period, they will need to use ESS for their annual enrollment event. The annual enrollment event will be available for them in Edison approximately three days after we receive their new hire form. If they submit their new hire enrollment during the last week of annual enrollment, we will accept a paper enrollment form for their annual enrollment changes. Please remember that they still only have 31 days from their hire date to make their selections.
- **Higher Ed Question:** How long does it take from when a new hire enrollment is closed to when an annual enrollment event is open?
 - **Answer:** If we have all of the information we need and we close out the new hire event, the annual enrollment event should open the next day. It will take approximately three days from the time we receive all of the documentation.
- **Higher Ed Question:** If some of our employees are not on the password list, does that mean that they do not have an annual enrollment event opened for them in Edison?
 - **Answer:** No, it does not mean that. If employees are not on your password list it means that they have logged into Edison in the last 90 days.

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Materials and Communications:

Annual Enrollment Announcements, Updates and Materials:

- Rhonda Bynum is our new account executive for BCBST and joined us on the calls this week. Rhonda is taking Debbie Sim's place. Amy Jordan continues to be a member of our BCBST team as well.
- **BCBST Fitness Blue Membership:** BlueCross BlueShield will offer a special enrollment opportunity for Fitness Blue Membership. This offer is only for those who have BCBST as their insurance carrier.
 - **In October, BCBST will waive the enrollment fee** for new people to enroll in Fitness Blue. This is for adults (18 and over) and is only offered during the month of October.
 - BCBST will share this information during benefits fairs and enrollment meetings.
 - BA has **attached** a flier with this week's Friday ABC email you can share with members that tells them how they can enroll.
- **Provider Networks:**
 - **UTMC:** As previously announced, UTMC and affiliated physicians will be in BCBST Network S for state group insurance plan members (state, higher education, local education and local government plan members) in 2016; this does not apply to other employers, but is applicable to all state group health insurance members.
 - **UTMC:** As announced last week, UTMC and affiliated physicians will also be in Cigna LocalPlus in 2016.
 - **Cigna Network Change:** This was not announced during calls, but Cigna informed Benefits Administration this week that Tennova Hospitals and Affiliated physicians will NOT be in the Cigna LocalPlus network in 2016.
 - **Note:** It will take a little time for any changes to be made to the online provider directories. The best way for members to verify what providers and facilities are in a network is to call the carriers service centers by calling the phone numbers found in the front cover of the Decision Guide.
- **ALEX:** Don't forget to tell your members about ALEX! Links to ALEX are found on the [ParTners for Health homepage](#).
- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - A reminder that employee webinars began this week.
 - We included a flier with the Friday, September 22 ABC email and we encourage you to share this with your employees.
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - Remaining webinars:

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- **October 5: 1:00 p.m. to 2:00 p.m. Central**
- **October 21: 2:30 p.m. to 3:30 p.m. Central**
- **October 27: 2:30 p.m. to 3:30 p.m. Central**

- **Local Ed/Local Gov: PayFlex Checklist and Corporate Authorization Form:**
 - If you have not yet completed the PayFlex Checklist, you need to email this document to PayFlex right away. You can send the completed checklist to StateofTennessee@payflex.com
 - *All agencies must submit this checklist.* Also, if you are offering payroll deduction or contributing to your employees' HSAs, you also need to complete the Corporate Authorization Form and send to PayFlex at the email address above.
 - Both documents are posted the [ABC webpage](#) under **PayFlex Memo for Local Ed and Local Gov.**

- **Marketplace Letter:** We had several questions about the Marketplace letters during calls this week so we are including this information:
 - The PPACA/Marketplace notices are located on the **ABC web page** at <http://www.tennessee.gov/finance/article/fa-benefits-abc>. Look for "*Required Federal Marketplace Notice*" under the appropriate State, Local Education, or Local Government group. There are separate notices for State and Higher Education under the State group.
 - The Marketplace letter must go to **each new employee and that includes part-time employees within 14 days of the employee's start date.** This is a federal requirement under the Patient Protection and Affordable Care Act (PPACA). Here is a link to the PPACA notice (Marketplace letter) guidance: <http://www.dol.gov/ebsa/newsroom/tr13-02.html>
 - **From the Dept. of Labor:** The Department will consider a notice to be provided at the time of hiring if the notice is provided within 14 days of an employee's start date.
 - **Employers must provide a notice of coverage options to each employee, regardless of plan enrollment status (if applicable) or of part-time or full-time status.**

COMMUNICATIONS

- **Local Ed Question:** When I pulled the updated Marketplace letter, I noticed the instruction memo says to provide to part-time and full time employees (first sentence). I thought this was only to go to full time/benefits eligible employees now (per the ABC conference calls)? Please advise.
 - **Answer:** The Marketplace letter must go to each new employee and that **includes part-time employees** within 14 days of the employee's start date. This is a federal requirement under the Patient Protection and Affordable Care Act (PPACA). Here is a link to the PPACA notice

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(Marketplace letter) guidance: <http://www.dol.gov/ebsa/newsroom/tr13-02.html>

- **Local Ed Question:** With the update of UT hospital on Cigna will you be update the vendor list?
 - **Answer:** Cigna is in the process of updating their online provider directory. In addition to adding the University of Tennessee Medical Center and affiliated physicians, **Tennova Hospitals and affiliated physicians will be dropped from the Cigna LocalPlus network in 2016.** We have attached a list of current Cigna and BCBST hospital in-network providers.

- **Local Ed Question:** Is Murfreesboro Medical Center apart of the Cigna LocalPlus Network?
 - **Answer:** Middle Tennessee Medical Center (now St. Thomas Rutherford) and Murfreesboro Medical **Clinic** are **not** in the Cigna LocalPlus network but Stonecrest Medical Center is in LocalPlus.

- **Local Ed Question:** Is the Medicare part D notice being sent from Benefits Administration?
 - **Answer:** BA no longer mails this out as it is referenced on the last page of the Decision Guides. You can find a copy of the notice [here](#).

- **Local Ed Question:** If an employee is not changing their insurance, do they need to do anything?
 - **Answer:** No.

- **Local Ed Question:** There have been some significant changes in the network over the last week or so. About UT Medical Center and BCBST, are you 100 percent accurate that UT medical center is available?
 - **Answer:** Yes, for state group health plan members, UTMC and affiliated physicians are in BCBST Network S. UTMC and affiliated physicians are also in the Cigna LocalPlus network for state group health plan members and other employers.
 -

- **State Question:** Have you had anyone complain about accessing Alex?
 - **Answer:** We have had a few members state they have had difficulty. Members need to make sure their Adobe flash software has been updated.

- **State Question:** UT Medical Center (UTMC) will be in both networks?
 - **Answer:** Yes, UTMC will be in BCBST Network S for state health group plan members (State, Higher Ed, Local Ed and Local Gov members) and also Cigna LocalPlus. Cigna LocalPlus was just announced last week.

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- **Local Gov Question:** So to confirm UTMC will now be in both BCBST Network S and Cigna LocalPlus for 2016?
 - **Answer:** Yes, that is correct.

CDHP QUESTIONS

- **Local Ed Question:** Will we get confirmation that they received it (PayFlex checklist)?
 - **Answer:** PayFlex is only responding back to agencies about the checklist if they have questions or need additional information. For agencies offering payroll deductions and/or employer contributions, if the Corporate Authorization Form has not been received, PayFlex will send an email to the agency with the form attached.
 - If your agency will not offer payroll deduction or employer contributions, PayFlex does not need the Corporate Authorization Form.
 - After PayFlex receives your information, they will send your agency an Employer ID once it is set up in the system.
- **Local Ed Question:** We are putting funds into our employees' accounts (HSAs) and they are contributing post tax. I believe employees can contribute to any HSA. My concern is if they ask if they can put money into any HSA or if they even can do it? Our **employer** contributions will be with PayFlex.
 - **Answer:** That is correct, employees enrolled in the CDHP could put post-tax money into a different HSA, but they would have to pay the administrative fees with any HSA that is not the PayFlex HSA as the state is paying these fees. Also, if your agency is contributing to the PayFlex HSAs and they use a different HSA, they would not have access to these employer funds. Note, if employees have more than one HSA, they cannot go over the annual employee or family maximum contribution limit.
- **Local Ed Question:** So if we offer a FSA can an employee enroll in the CDHP plan and use their FSA to cover their medical expenses?
 - **Answer:** No, if members enroll in the state's CDHP, the state is automatically setting up a HSA for the employee. Members cannot have both a HSA and FSA to use to pay for medical expenses. But they could have a **limited purpose FSA** to pay for dental and vision expenses. Also, a benefit to the HSA is that it has a higher maximum contribution and the money rolls over each year.
- **Local Ed Question:** Does the payroll deduction start in December 2015 or January 2015 since we deduct a month ahead normally in premiums? So not to cross the tax year?

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- **Answer:** If employees are paid in December 2015 for 2016 payroll and it would go on the 2016 W-2, then you could make this payroll deduction in December.

- **Local Ed Question:** For those considering the CDHP, how would they find out what the negotiated fee would be with their doctor and what they would pay instead of a copay? Is there a way to tell from a current EOB, or would a phone call to the doctor would be the best?
 - **Answer:** Members can look at their EOB history for an estimate of costs. They can also call the carrier or talk to their doctor.

- **Local Ed Question:** Is it possible that for 2017 the \$500 contributed to State employees will be contributed to the Local Education HSA plan?
 - **Answer:** No, I don't believe so. The state funds LEAs through the BEP. And there is also no guarantee that the 2017 contribution will be the same for state employees as this is a yearly decision.

- **Local Ed Question:** Does the PPACA form (Marketplace letter) have to be provided to all employees or only those who participate in the health plan?
 - **Answer:** The Marketplace letter must go to **each new employee** and that includes part-time employees within 14 days of the employee's start date. This is a federal requirement under the Patient Protection and Affordable Care Act (PPACA). Here is a link to the PPACA notice (Marketplace letter) guidance: <http://www.dol.gov/ebsa/newsroom/tr13-02.html>

- **Local Ed Question:** Different sources have relayed that the CDHP with the HSA is what the state is going to solely offer and not the other plans?
 - **Answer:** No, that is not correct. At the request of Local Ed agencies, we added the CDHP option to the current PPO options.

- **Local Ed Question:** Any way you can enroll in the HSA if your spouse is on Medicare?
 - **Answer:** We are researching IRS guidelines on this question.

- **Local Ed Question:** I have not sent in the Corporate Authorization Form because we are being told to wait to see if how many people enroll?
 - **Answer:** You can send in at the end of October after the end of the enrollment period, but it is an important piece for your members' enrollment and the sooner you send in the form the better.

- **Local Ed Question:** Can you transfer money from the HSA (when acquired \$1,000) to a retirement account with say like Edward Jones or does it have to stay with PayFlex investments?

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- **Answer:** If in the PayFlex HSA, the investment money would have to stay in the PayFlex investments. If members need to move funds back to the HSA to pay for medical expenses, they can transfer the money quickly from the investment to the HSA or vice versa.

- **State Question:** With the HSA, if someone participates for 2016 and for 2017, he or she does not want the CDHP/HSA, what happens to the HSA?
 - **Answer:** The employee could use the money in the HSA to pay for qualified medical expenses or he or she can leave the funds in the account for retirement. The employee would not be able to make any additional contributions to the account. If the employee is not enrolled in the CDHP, he or she would also be responsible for paying the monthly maintenance fee. Employees using the funds for unapproved medical expenses would pay a penalty plus taxes.

- **State Question:** If employees decided not to do the CDHP for 2017 (enrolled in the CDHP in 2016), could they use it (HSA) to pay for the copayments for 2017 in the PPO?
 - **Answer:** Yes, they could use it for any qualified medical expenses. But if they are not in a qualified CDHP, they can no longer make any contributions to the HSA.

- **Local Gov Question:** So you must sign up for the CDHP in order to get the HSA?
 - **Answer:** Yes, the HSA is not offered with any other plans.

- **Local Gov Question:** Is it possible to get a list of the new maintenance drugs? How much do they cost if you just get a maintenance drug in a 30-day supply?
 - **Answer:** Any prescription drug filled for a 30 day supply costs the regular 30 day copayment (or coinsurance) regardless of whether it is considered a maintenance drug or not. Those amounts are:
 - **Partnership PPO:** \$5 generic / \$35 preferred brand / \$85 non-preferred brand (if the cost of the drug is less than the copayment, the member pays the full cost)
 - **Standard PPO:** \$10 generic / \$45 preferred brand / \$95 non-preferred brand (if the cost of the drug is less than the copayment, the member pays the full cost)
 - **Limited PPO:** \$5 generic / \$35 preferred brand / \$85 non-preferred brand (if the cost of the drug is less than the copayment, the member pays the full cost)
 - **HealthSavings CDHP:** 30% coinsurance, generic / 30% coinsurance, preferred brand / 30% coinsurance, non-preferred brand (if the cost of the drug is less than the copayment, the member pays the full cost)

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There are too many medications to create a complete list of medications that are part of the maintenance tier (anti-hypertensives, asthma, COPD, Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), depression, diabetes, statins used to treat high cholesterol). However, the following are the most heavily used generics and preferred brand medications in the state-sponsored insurance plans at this time:

- **Anti-hypertensives**
 - atenolol
 - carvedilol
 - amlodipine
 - furosemide
 - hydrochlorothiazide (HCTZ)
 - lisinopril
 - losartan
 - metoprolol

- **Asthma/COPD**
 - ProAir HFA
 - montekulast

- **Coronary Artery Disease (CAD)**
 - Clopidrogel
 - Nitrostat

- **Congestive Heart Failure (CHF)**
 - Digoxin

- **Depression**
 - citalopram
 - duloxetine
 - escitalopram
 - fluoxetine
 - paroxetine
 - sertraline
 - venlafaxine

- **Diabetes**
 - BD Needles
 - Bydureon
 - Farxiga

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- Victoza
- Januvia
- Lantus
- metformin
- glimepiride
- Lantus
- OneTouch lancets
- OneTouch test strips

- **Statins used to treat high cholesterol**
 - atorvastatin
 - simvastatin
 - Crestor
 - lovastatin
 - pravastatin sodium
 - simvastatin

- ****Please note that the plan's preferred drug list is updated every January, April, July, and October and is subject to change.** Members should get in the habit of checking our Caremark splash page at **info.caremark.com/stateoftn** and clicking on the "Preferred Drug List" located in the box labeled "Drug List" to see which generics and preferred brand name drugs will cost them the least amount out-of-pocket in copays or coinsurance. Drugs listed here may change in the future to be a non-preferred brand, depending on manufacturer price increases and/or cost to the insurance plans. Our preferred drug list is updated on this website each January, April, July, and October.

- **Local Gov Question:** Will you please repeat the coinsurance requirement for maintenance drugs?
 - **Answer:** If filled for a 90-day maintenance drug supply through mail order or at Retail-90 network pharmacies, the coinsurance is the lower coinsurance rate for the HealthSavings CDHP (20%) All other drug tiers (30-day maintenance and non-maintenance; and 90-day non-maintenance) are the higher coinsurance rate for the HealthSavings CDHP (30%).

- **Local Gov Question:** There was a premium price break for Partnership PPO, but is there not one for those going to the CDHP?
 - **Answer:** The HealthSavings CDHP premiums are lower than any of the PPOs (applies to all three premium levels).

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- **Local Gov Question:** If someone swipes their debit card from the PayFlex account for non-medical supplies or over-the-counter medication along with prescription drugs will the card reject the non-prescription items?
 - **Answer:** It is likely most major chains will be able to determine if the item purchased is an allowable medical expense, but some smaller chains or independents may not have this capability. It is up to the employee to make sure the items he or she is purchasing are qualified medical expenses based on IRS guidelines.

- **Local Gov Question:** To confirm, if they choose the HealthSavings CDHP they **do not** have to complete the Partnership Promise requirements?
 - **Answer:** Yes.

- **Local Gov Question:** On the CDHP children can stay on the plan until 26. If the child is 25, can the employee use the HSA card to pay for medical expenses? I thought I read somewhere they could not per IRS guidelines.
 - **Answer: Note: We have a correction to this initial response.** The 25-year-old would need to set up their own HSA to use for their out-of-pocket expenses as he or she is no longer considered a tax dependent based on IRS guidelines.

- **Local Gov Question:** What is the wellness option for CDHP on new enrollment form for 2016?
 - **Answer:** That is an option available to active state and higher education employees only. Members who enroll in this option have to complete the 2016 Partnership Promise.

- **Local Gov Question:** I had an employee who asked what will happen to the money in their flex account should the employee pass away?
 - **Answer:** Do you mean the HSA? (Yes). When you register on the PayFlex site, there is a place you can designate a beneficiary. If a spouse, he or she can use the funds to pay for qualified medical expenses. If the employee selects someone other than a spouse, the beneficiary would have to pay taxes on the funds.

- **Local Gov Question:** Is there any type of beneficiary form that goes along with the HSA account?
 - **Answer:** Members can designate a beneficiary for the HSA on the PayFlex website. Members can also download a form online or request one through PayFlex member services.

- **Local Gov Question:** Are there any clear advantages to choosing the CDHP other than premiums and eligibility for the HSA?

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- **Answer:** The CDHP with the HSA is tax advantaged. Employee contributions are either pre-tax (payroll deduction) or post-tax as a tax deduction. Withdrawals for qualified medical expenses are tax free. Interest accrued on the account is tax free. The funds in the account roll over each year.
- **Local Gov Question:** If offered the HSA in the past and some of our employees have a balance on that HSA, will the amount roll over to the new HSA if they choose the CDHP?
 - **Answer:** Yes, they can roll funds from an existing HSA into the PayFlex HSA.
- **Local Gov Question:** If you do not use your money in your HSA account, the amount that is in that account is limitless (rollover amount)?
 - **Answer:** There is a yearly maximum amount an employee can contribute but the balance rolls over, can accumulate and there is no maximum limit on the HSA. Employees who leave the CDHP plan or leave employment can take this money with them.
- **Local Gov Question:** If your company does not offer money or participate in payroll deduction, do you still have to complete the forms?
 - **Answer:** Your agency has to complete the PayFlex checklist. You can find the form on the [ABC webpage](#) under PayFlex Memo for Local Education and Local Government.
- **Local Gov Question:** If we filled out the form (Checklist) and put undetermined regarding contributions and we now have an answer, do we need to resubmit the form?
 - **Answer:** You do not have to resubmit the form, you just need to send an email to StateofTennessee@PayFlex.com and identify what agency you are with and the change. We will respond back if we have any questions.
- **Local Gov Question:** If we are not contributing, we do not need to send in the Corporate Authorization Form?
 - **Answer:** Correct. If your agency is not contributing and not allowing payroll deductions, you do not need to send in the Corporate Authorization Form. We still need the PayFlex checklist from all agencies to set up your Employer ID in the system.
- **Higher Ed Question:** I had an employee who enrolled in the CDHP and then enrolled in FSA. She realized she should have enrolled in the limited purpose flexible spending account (LFSA), but the site would not let her change it. How does this get corrected? She said she called the number and they told her to call me (ABC).
 - **Answer:** Per PayFlex, the event should not be closed and the employee should be able to go in and correct to the limited purpose FSA.

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ParTNers for Health Wellness Program

- **OHD website:** The Physician Form, Physician Form instructions and text in the online scheduler have all been updated to reflect the 2016 information.
 - The onsite screening section has been added back to the site with a note that “worksite screenings are coming soon”. Our goal is to add all onsite screenings by February 1, 2016, and open up that section so members can sign up for an onsite screening. Here is the link to the OHD website:
 - <https://my.onsitehd.com/restricted/signup/tn>

- **OHD address**
 - OHD moved offices on Monday, 9/21. Their address is changing **from** Onsite Health Diagnostics, 7801 Mesquite Bend Dr. #106A, Irving, TX 75063 **to** Onsite Health Diagnostics, Results Department, 1199 S Belt Line Rd, Ste 120, Coppell, TX 75019.
 - The 2016 PSF and instructions in the online scheduler have the updated address listed on both the form and instructions.
 - If a member has a 2015 PSF and returns the completed form via mail to the old address, those forms will be forwarded to the new address for the next six months.

- **2016 Onsite Biometric Screening:** As a reminder, all members enrolled in a plan with the Partnership Promise will be required to complete a biometric screening in 2016.
 - We will hold onsite screenings again in 2016 to provide an alternative way for members to complete the biometric screening requirement.
 - Dates for screenings will be targeted for 4/1-7/15 but we may extend the dates into March.
 - On Wednesday October 7, many of you will receive an email from the ParTNers for Health email box because either you helped organize a screening site for your employees, or we would like you to offer a site in 2016. We ask that you reply back to the email, acknowledging you are still interested, provide an alternate contact if you will not be the one organizing the site or that you would not like to host a screening site.
 - Some of you will receive the email but you are not physically at the location we would like to use. As the primary ABC for that organization, we only have your contact information and ask that you provide the appropriate contact.
 - The next email will come from OHD with tentative date(s). Please work with OHD to finalize the schedule.

WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Does our agency need to let you know if we want to host an onsite screening?

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- **Answer:** If you do not receive an email from us on October 7 and you have an interest in hosting an onsite screening, send an email to the BI box at benefits.info@tn.gov letting us know you are interested to add your location as a site.
- **Local Ed Question:** Our school health coordinator set those up last time. Will they get the email this time as well?
 - **Answer:** No, we are sending these to ABCs initially. If you receive the email, please forward the email on to the contact or reply to us with the contact information.
- **Local Ed Question:** Will the biometric screenings be required for 2016?
 - **Answer:** Yes, all members enrolled in plans that include the Partnership Promise must complete the biometric screening requirement in 2016.
- **Local Ed Question:** If a member is moving from Standard to the Partnership PPO during annual enrollment, do they complete the new hire Partnership Promise requirements?
 - **Answer:** If they are transferring from one plan to another (already enrolled in a state plan) they would have the regular requirements for 2016. So, if on the Standard and transferring to the Partnership PPO, the member would have until March 15 to complete the WBA and July 15 for the biometric screening. New hires or newly enrolled to the state group health insurance have 120 days.
- **Local Gov Questions:** Do members who have just signed up as of July 1 and had their screenings in September need to redo their screenings again for the next year?
 - **Answer:** No, members can use biometric screening test results from July 16, 2015, and July 15, 2016, for the 2016 screening requirement.
- **Local Gov Question:** Is the biometric screening only required for Partnership PPO (members)?
 - **Answer:** Yes, for local education and local government employees (and covered spouses) enrolled in the Partnership PPO, that is correct. But members enrolled in all plans can get a screening.

Operations:

- **Upcoming ABC Workshop:** Workshop Topic: Explanation of Benefits Terminology and Searching Vendor Sites
 - Wednesday Oct. 7th at 1 p.m. Central
 - To register, go to Edison Enterprise Learning Management (ELM) and search for ABC workshop.

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- **Local Ed/Local Gov/Higher Ed:** Reminder: Please run query **TN_BA364_PPACA_TAX_REPORT**. Use Tax Year **2015**. Please report any issues that you identify to benefits.info@tn.gov as soon as possible.
 - ABCs can use these instructions to run the PPACA query through Schedule Query.
 - We have **attached** a document that walks you through the query.
 - This method can be used if Edison times out or you are unable to run the query through Query Viewer. This process is best for larger agencies because the PPACA file may be too big to run through Query Viewer.
- **Higher Ed: Transfers/Keying Term/Rehire:** Previously we had a question concerning the eligibility waiting period change that occurred on July 1 and the effects on Higher Ed hires or transfers. Based on the new rules:
 - Higher Ed to Higher Ed Transfers should not be affected by the new eligibility waiting period as they do not have a break in coverage.
 - The termination row is removed and replaced with a transfer row by BA Service Center analyst.
 - If there is a break in service of more than 30 days, there will be a break in coverage.
 - The termination row will remain in job data and a rehire row will be added with the new hire date.
 - This is a relatively new rule, therefore; analysts have been refreshed on the process of entering transfers into Edison to avoid gaps in coverage.
 - If you do have employees that you feel have gaps in their coverage and we made the error in keying these, send to the BI box at benefits.info@tn.gov, attention Peggy.
- **Document Volume and Call Information:**
 - **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center received last week.
 - On 09/21/2015, we started with 113 documents in the Local Education queue that were held over from the previous week. We received an additional 520 documents and processed 568 documents out of the queue.
 - Our Service Level Agreement is to have all documents received by noon on September 23 processed before COB September 30. Currently, all documents received through Friday September 25 have been processed.
 - Average calls taken by the active service center last week was 199 per day. Our average wait time 49 seconds.
 - **State:** We wanted to share with you an update on the volume of documents that the active call center received last week.

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- On 09/21/2015, we started with 126 documents in the State queue. We received an additional 214 documents and processed 264 documents (we were in lockout two days).
- All documents received through September 25 have been processed.
- Average calls taken by the active service center last week was 199 per day. Our average wait time 49 seconds.

- **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center received last week.
 - On 09/21/2015, we started with 61 documents in the Local Government queue. We received an additional 131 documents and processed 162 documents.
 - Our Service Level Agreement is to have all documents received by noon on September 23 processed before COB September 30. Currently, all documents received through Friday September 25 have been processed.
 - Average calls taken by the active service center last week was 199 per day. Our average wait time 49 seconds.

- **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center received last week.
 - On 09/21/2015, we started with 117 documents in the Higher Education queue. We received an additional 210 documents and processed 299 documents.
 - Our Service Level Agreement is to have all documents received by noon on September 23 processed before COB September 30. Currently, all documents received through Friday September 25 have been processed.
 - Average calls taken by the active service center last week was 199 per day. Our average wait time 49 seconds.

OPERATIONS QUESTIONS

- **Local Ed Question:** Will there be a specific report formatted to upload for Local Government? We were able to import some yesterday but the file had to be manipulated tremendously?
 - **Answer:** No. Agencies are using different vendors and we will not be able to modify the report based on a specific vendor's needs. You will need to work with your vendor to get the report in the format the vendor needs.

- **Local Ed Question:** When will the Edison password change letter be sent to our employees? Some including myself and my employees have received an email concerning the password change.
 - **Answer:** The password reset letters have all been mailed to all eligible employees in Edison.

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- **Local Ed Question:** Did BA send out a revised password reset letter to employees about enrolling in their benefits? We received letters saying Sept 15 through October 15 was the enrollment period.
 - **Answer:** The password reset letters included both sets of enrollment dates for State/Higher Ed and Local Gov/Local Ed employees, as the system could not separate out the letters by plan. The enrollment dates for Local Ed and Local Gov are on the letter, October 1 – October 30.

- **State Question:** My question is about optional term life insurance. I have an employee whose spouse is on family coverage. If the spouse is becoming a state employee, do they need to contact Minnesota Life to change from family or individual coverage?
 - **Answer:** The member will need to complete a [Service Request Form \(SRF\)](#) to surrender the spouse coverage (effective date is the end of the month following received request). The spouse will have to apply for employee coverage within his enrollment period or during the Annual Enrollment. The form is on the BA website under forms. You can also find it [here](#). Or the member can call MN Life at 866.881.0631 to request the form. The ABC can also provide MN Life with both of the insured's information.
 - The current spouse coverage will be transferred over to employee coverage once MN Life receives the profile information for the new employee. The new employee (spouse) will still have his/her new hire enrollment options.

- **State Question:** I had a couple of new hires state that they don't have their 2016 elections or event in Edison, when should they see this?
 - **Answer:** If the new hire enrollment is complete with BA and they don't see their 2016 options yet, please contact BA at benefits.info@tn.gov with the employee ID and we will research.

- **State Question:** One employee did not have the open enrollment option in Edison and has been here since 2012. I had him fill out the 2016 enrollment form. Any other issues with employees not having access?
 - **Answer:** If the employee does not have an open enrollment event and this is error, you will need to submit a Remedy ticket. An address change or other change in Edison may cause another event to open. BA won't take paper forms, so let us know so we can correct in the system and the employee can enter elections in Edison.

- **State Question:** I know you are not taking paper forms, but if we have someone that will be hired in the next few days, will you take a paper form?
 - **Answer:** If the employee's 31-day new hire enrollment runs after the open enrollment event, then yes, we will take a paper form. New hires are handled differently.

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- **Local Gov Question:** I have an employee who retired from Jackson State and is still on the (state's) insurance. She will be turning 65 next year and wants to know if you offer a supplemental insurance?
 - **Answer:** Yes, if she is eligible, there is a Medicare Supplement plan available. If she was hired before July 1, 2015, we encourage her to talk to a retirement specialist. She can send an email to retirement.insurance@tn.gov

- **Local Gov Question:** When and where do we terminate in Edison?
 - **Answer:** Any employee who is no longer employed or eligible needs to be terminated in Edison. You can enter the termination through the Non-Payroll Job Data page, which can be found on the Benefits tab in the Benefits Administration box on the left side of the screen.
 -

- **Local Gov Question:** The coverage begin date is January 1, 2016, correct?
 - **Answer:** For changes made during annual enrollment, yes.

- **Local Gov Question:** I have a question on employees who waive insurance. During the ABC training, I was told to send the enrollment form in to BA to have proof. During the calls, I was told to keep them?
 - **Answer:** If you are an agency that keys new hires, you can keep the active enrollment form in-house. If you are an agency that doesn't key new hires, you will need to submit that form to BA so that we can enter the employee as eligible for benefits.
 -

- **Local Gov Question:** I want to confirm that the dental waiting periods do not apply if employees are simply allowing themselves to be transferred to the new dental plans? Several have seen the waiting periods listed in the Decision Guide and are concerned.
 - **Answer:** Any time the member was enrolled in Delta Dental will transfer to the MetLife waiting periods. So if a member was enrolled for a year in Delta Dental that time will transfer toward the MetLife waiting period. The Cigna prepaid dental plan (replacing Assurant) does not have any waiting periods.

- **Local Gov Question:** Will the 90-day maintenance drugs copay go toward the out-of-pocket maximum (OOPM)?
 - **Answer:** Yes.

- **Local Gov Question:** Will the Metlife premiums be the same as the Delta Dental premiums?
 - **Answer:** Yes. The preferred dental plan provider (MetLife replacing Delta Dental) premiums **will not** increase in 2016; the premiums for the prepaid plan (Cigna replacing Assurant) **will** increase in 2016. This information is in the Decision Guide.

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- **Local Gov Question:** Can you enroll children on dental up to age 26 like health insurance?
 - **Answer:** Yes.

- **Local Gov Question:** What about part-time employees or temporary employees who are not eligible for insurance, should they be entered into Edison for Local Gov?
 - **Answer:** No, only employees eligible for insurance should be entered into Edison.

- **Local Gov Question:** Can you clarify the dental coverage for dependents? The Decision Guide states that coverage is up to age 19 for dependents on the DPPO.
 - **Answer:** The age for dependents to be qualified for dental coverage is the same for health insurance coverage except for orthodontia.

- **Higher Ed Question:** I've received a few forms from new hires for annual enrollment. When we send those to BA, are you going to send the information back to us when you send the information for ESS enrollees (in ESS query), or do we need to key those forms here into our payroll? They are for new hires, but for annual enrollment and we have given them the form to do that part (enroll in 2016 benefits). One is a transfer. My question is when you send the information back to us to feed into payroll, will that information be in there (ESS query) as well? I don't have to worry about keying into my payroll?
 - **Answer:** It depends on what query you are using to load the deductions. If you are using the ESS query (BA265 query) then those enrollments will not be on the query as this only pulls enrollments entered into Edison through ESS. If you use the TN_BA219_MED_DEN_ELECTIONS, then the enrollment will show up in this query. As for forms for new hires for 2016 coverage, we should only get paper forms for employees who are effective during the last week of annual enrollment. These employees should have an open event in Edison for 2016 benefits changes.

- **Higher Ed Question:** What process are we asked to run?
 - **Answer:** Please run query **TN_BA364_PPACA_TAX_REPORT**. Use Tax Year **2015**. Please report any issues that you identify to benefits.info@tn.gov as soon as possible.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **2016 Eligibility and Enrollment Guide:** The order form for ABCs to order 2016 Eligibility and Enrollment Guides has been posted to the top of the ABC webpage. You will need to order enough guides for the estimated number of new hires you will have in 2016.
 - Also, we did receive a few more printed 2016 Decision Guides (same guide that employees received in the mail). If you need a few more copies of the 2016 Decision Guide, use the order form found by plan, write 2016 Decision Guide on the form and submit back to BA as instructed on the form.
- **State/Higher Ed: Wellness CDHP and the Partnership Promise:** This is a reminder that members who did not complete the Partnership Promise requirements this year in 2015 cannot enroll in the Partnership PPO and **cannot enroll in the Wellness HealthSavings CDHP for 2016 coverage.**
- **Dental Treatment of Care Information:** This information was not shared during calls this week, but Benefits Administration has received questions about dental benefits for members whose treatment is in progress. We have **attached** a one-page document that explains coverage for treatments in progress for both Cigna, the 2016 prepaid dental provider, and MetLife, the dental preferred provider organization.
- **Excellus/MedAmerica Breach:** We have received a few emails from ABCs asking about letters members are receiving from MedAmerica. These letters are connected with the Excellus breach we have talked about during previous ABC calls and included in information we sent in Friday ABC emails.
 - **150,641 members will receive a letter as they were in an eligibility file received by MedAmerica,** even though members may not be enrolled in long-term care with MedAmerica. This file included the member's name, DOB, hire date, employee ID and department ID.
 - **Local Ed/Local Gov:** If you do not offer LTC – then your employees' information would not be included in this file.
 - Approximately 2,750 members who are or were enrolled in long-term care with MedAmerica are also receiving the letters.
 - To reiterate, the letters members are receiving from MedAmerica (The Lifetime Healthcare Companies) are a part of the Excellus breach. Members can sign up for the two years of Identity Theft Protection offered in these letters.
- **Medicare/HealthSavings CDHP Enrollment:** We want to clarify whether or not members who have spouses enrolled in Medicare can enroll the **spouse** in a CDHP plan. Members can enroll the spouse who is on Medicare in the CDHP as a dependent/family coverage, but if the member/HOC is on Medicare, he or she cannot enroll in a CDHP plan. We have had some confusion and misinformation.

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- If you or your members have questions about the HealthSavings CDHP and HSA, they can send an email to the BI box at benefits.info@tn.gov
- **Medicare Supplement Rates for 2016:** Last week, the Insurance Committee approved the Medicare Supplement Rates for 2016. The total monthly premium rate will increase by \$1.79 to \$138.47 per plan member for 2016.
- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - Webinars are still available for employees to learn more about their benefit options.
 - We included a flier with the Friday, September 22 email and we encourage you to share this with your employees
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**
- **Local Ed/Local Gov: PayFlex Checklist and Corporate Authorization Form:**
 - On Monday, 269 agencies received an email from BA as PayFlex has not yet received your PayFlex checklist. If you are offering payroll deductions or employer contributions, you will also need to complete the Corporate Authorization Form. PayFlex needs the checklist back from all agencies to assign your organization an Employer ID.
 - On Monday, 69 agencies received a request to complete the Corporate Authorization Form as PayFlex has not yet received this document from your agency.
 - You can send the completed forms to StateofTennessee@payflex.com
 - Both documents are posted the [ABC webpage](#) under PayFlex Memo for Local Ed and Local Gov.
- **University of Tennessee Medical Center (UTMC) and Affiliated Physicians:** We have had a few questions about whether or not UTMC will be an in-network provider **as UTMC is mailing letters to some of our members. In 2016, UTMC and affiliated physicians will be in-network for BCBST Network S health plan members and Cigna LocalPlus health plan members.**
- **Cigna Provider Network Updates:** Sharon Tansil joined us on calls this week to discuss changes to the Cigna LocalPlus provider network.
 - Cigna LocalPlus relayed to Benefits Administration last week that Tennova facilities and affiliated physicians will be leaving the LocalPlus network as of 12/31/15. Therefore, Tennova facilities and doctors will not be in Cigna LocalPlus in 2016.

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- We also sent ABCs a list of the Tennova physicians who will be out of network in 2016 and the UTMC affiliated physicians who will be in-network in 2016.
- Also, Sharon provided this information on transition of care: Transition of Care, allows for review and consideration for you to continue to receive services for specified medical conditions with health care professionals who are not in the Cigna network at in-network coverage levels. This care is for a defined period of time until the safe transfer of care to an in-network doctor or facility can be arranged. You must apply for Transition of Care at enrollment, or when there is a change in your Cigna medical plan. You must apply no later than 30 days after the effective date of your coverage.
- **State: ParTNers Health & Wellness Center and the HealthSavings CDHPs**
 - The HealthSavings CDHPs are structured differently – they have a higher deductible that must be reached, per Federal regulations, before the plan begins to pay for a portion of medical expenses.
 - For members enrolled in a HealthSavings CDHP in 2016, The ParTNers Health & Wellness Center will submit a claim to your insurance company for the services you receive in the Center. After your insurance company processes the claim, UCHS will send you a statement with the amount you owe. You may either mail or call in your payment to UCHS' billing department. The Center front desk staff will not take payments directly; however, they may assist you with contacting the billing department to process a payment by phone.
 - We have updated the website and have information in the FAQs: www.partnershealthcenter.com. The Center staff is prepared to assist members enrolled in the HealthSavings CDHPs who utilize services and with the billing process.

COMMUNICATION QUESTIONS

- **Local Ed Question:** So even if we don't offer MedAmerica, some of our employees were on the file (Excellus/MedAmerica breach)?
 - **Answer:** No, only agencies that offer long-term care through MedAmerica would have had employees on the eligibility file.
- **Local Ed Question:** Could you please give the number for password changes again?
 - **Answer:** It is 844-310-9100.
- **Local Ed Question:** Two of our employees have had trouble enrolling in Alex. They both said they went through Alex and still couldn't get it on the benefits summary. Any suggestions? They clicked on the benefits enrollment on Alex and couldn't get it done when it went to the benefits page?
 - **Answer:** The only comparisons in ALEX are for health and dental, ALEX does not compare vision. Employees cannot enroll in Alex, but the link to ESS should take to them to the Edison sign-in page.

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- **Local Gov Question:** What is the difference between a convenience clinic or an urgent care facility
 - **Answer:** Convenience clinics are often located in grocery stores or drug stores and they treat common, non-life threatening conditions like minor burns, sprains, sinus infections, sore throats, etc. Urgent care centers treat more serious illnesses like broken bones or deep cuts that may require x-rays or more complicated lab tests. They are often adjacent to or associated with a hospital.

- **Local Gov Question:** Did your pharmacy expert put together a list of commonly used Maintenance Medications?
 - **Answer:** Yes, that information was included in the September 29 and 30 ABC call notes and you can find them the [ABC webpage here](#). Note: We cannot include all of the medications as the list is too long. The information included many of the common generic and preferred brands as they are now. The preferred drug list can change and is updated quarterly.

- **Local Gov Question:** Do the prescription drug coverage notices (Medicare Part D) and Medicare notices go to all employees or just those Medicare eligible?
 - **Answer:** It should go to all employees once a year. We did include it in the Decision Guide.

- **Local Gov Question:** As an ABC, do I need to send out the Medicare Part D notice or is that sent by the state to all employees?
 - **Answer:** The state included the Medicare Part D notice in the 2016 Decision Guide sent to all eligible employees. You can print out a copy of the notice and give to new hires. The form the [BA website](#), under Publications, Medicare Supplement and found here. You give it to new hires who did not receive a Decision Guide for 2016 benefits.

- **Local Gov Question:** How do we find a provider list for the dental groups? I have been to the websites several times and it wants me to put in my information as if I was enrolled in the plan. I just need to get the provider list to show employees so they can make a choice? I have several employees who want to see if they are on the list.

Answer: To access the BA website, go to:
<http://www.tn.gov/finance/section/fa-benefits>
Click on [Quick Links](#)
Cigna:
Click on Cigna Prepaid Dental Member Home Page
Click on “How to find a dentist”
Select “Dentist”
Key Zip code
Click on “Next”
Select A Network – DENTAL CARE NETWORK

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Click on “Search”

MetLife:

Click on MetLife DPPO Dental Plan

Click on Member Home Page

Key Zip code in “Find a Dentist” field

Click on “Go”

- **Local Gov Question:** Is the amount \$138.47 for the employee only on the Medicare Supplement?
 - **Answer:** The \$138.47 is the base premium rate for one person enrolled in the Medicare Supplement plan. Some retirees receive premium support; this is the amount without any support for one person enrolled in the Medicare Supplement.

CDHP QUESTIONS

- **Local Ed Question:** I have an employee who has seven children and all are on his insurance, but they are also all on TennCare. Can he enroll in the CDHP as this is affecting his children?
 - **Answer:** Yes. The dependents on another plan can also be covered by the HealthSavings CDHP and the member will qualify for the family maximum in his or her HSA. The HSA funds can be used to cover dependent medical expenses not covered by the other insurance plan.
- **Local Ed Question:** If I have an employee whose spouse is on Medicare, but the HOC is not. Are you saying that the member (HOC) can enroll both of them on the CDHP plan?
 - **Answer:** Yes, the rule about Medicare has to do with the enrollee or member (HOC). As long as the HOC is otherwise eligible to have a HSA (not on Medicare, not enrolled in another plan that is not a qualified HDHP, not claimed as a dependent on another individual’s tax return) he or she can choose the HealthSavings CDHP.
- **Local Ed Question:** If we did not hear from anyone (PayFlex) can we assume they received it if we already sent it (PayFlex checklist) in?
 - **Answer:** Yes. PayFlex will contact you if they need additional information.
- **Local Ed Question:** We are not going to set up payroll deduction this year and do not want to send in any bank info. We are just going to send in the checklist and not the banking form?
 - **Answer:** Then that is correct. PayFlex doesn’t need the banking (Corporate Authorization Form) form if your agency is not contributing pretax dollars and you are not allowing payroll deduction for the HSA.

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- **Local Ed Question:** Do we have to have a certain number of employees to open HSAs to be able to send a file to PayFlex and if it is under that minimum amount, do we key that manually?
 - **Answer:** No, you do not have to have a minimum number of employees with HSAs, you can have just one person and you do not have to key this manually.

- **Local Gov Question:** Can you use the Health Savings Account for an employee's dependents if they are not on state insurance?
 - **Answer:** Yes, HSA funds may be used for qualified medical expenses but the dependents have to be tax dependents.

- **Local Gov Question:** We received a second request for the Corporate Authorization. We have no one signing up for it (CDHP). Do we need to send it in?
 - **Answer:** No, you don't have to send in the Corporate Authorization Form but all agencies have to complete the PayFlex checklist. Only agencies that are offering employer contributions or allowing payroll deductions have to send in the Corporate Authorization Form.

- **Local Gov Question:** We are an agency with one employee. Do we will still have to do Payflex?
 - **Answer:** No, if the one employee will not enroll in CDHP/HSA, you would not need to submit the information, but we request that you provide the PayFlex checklist in the instance that you hire an employee and they would like to enroll in the HealthSavings CDHP to avoid any delays in funding their HSA.

- **Local Gov Question:** Do we still have to send in the Payflex authorization form and the checklist if we are not contributing or nobody is taking it (HealthSavings CDHP)?
 - **Answer:** We request that you submit the PayFlex checklist, but you do not have to submit the Corporate Authorization Form.

- **Local Gov Question:** How do we know if PayFlex has received the form?
 - **Answer:** PayFlex will contact you if they need additional information.

- **Local Gov Question:** My boss asked if by filling out the authorization form, it gives (PayFlex) authorization to debit our account at any time? Or will I manually login to submit payment, or does it get deducted?
 - **Answer:** PayFlex will only debit the bank account upon the receipt of a successful contribution file. If your agency is not providing an employer contribution and not allowing payroll deductions to the HSA, then the authorization form is not needed. This should be noted on your checklist as to what you are offering or not offering.

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- **Local Gov Question:** Whom do we send that email to (for PayFlex)?
 - **Answer:** The PayFlex email address is stateofTennessee@PayFlex.com

- **Local Gov Question:** Do you have Marshall County's PayFlex forms?
 - **Answer:** Yes, the forms have been received by PayFlex.

- **Local Gov Question:** I understand how the deductible works in the PPO but I need some clarification on how the deductible works in the CDHP?
 - **Answer:** Once the total amount spent by any one or more covered family member meets the total family deductible then your coinsurance would apply. One person could reach it or the entire family combined could reach the family deductible amount. With the PPOs, no single family member is subject to a deductible greater than the employee only amount. This does not apply to the CDHP and the total family deductible must be met.

- **Local Gov Question:** With a CDHP, if I have an employee who has to have surgery, would he or she have to meet the \$3,000 on his or her own? For the PPOs, one member can meet as an individual? The CDHPs? If one family member goes to the hospital and has surgery, how much of the deductible has to be met?
 - **Answer:** The entire \$3,000 family deductible has to be met. One family member could meet the \$3,000 CDHP deductible on his or her own and it would be considered met for the entire family.

- **Local Gov Question:** If you carry a dependent that is 24 on your insurance but you do not claim them on your taxes – can they still use the PayFlex?
 - **Answer:** **Answer:** No, the dependent must be a tax dependent to use your HSA funds for their medical expenses. Health Plans must cover adult dependents until age 26. If your adult dependent is no longer considered a tax dependent, the dependent can set up his or her own HSA at any HSA institution they want and because they are under the family plan, both the member and dependent can contribute up to the family maximum contribution amount to their own HSA and use their funds for their own medical expenses.

- **Higher Ed Question:** The question concerning being able to participate in the high deductible if the spouse is 65 years or older. We were told by BA that our employees could not enroll in the high deductible (plan). When did this decision change?
 - **Answer:** We determined through IRS regulations that the restriction applies on the enrollee or head of contract (HOC). If the member (HOC) is on Medicare, he or she cannot enroll in the CDHP as they are ineligible for the HSA. If anyone has made an annual enrollment decision based on misinformation, BA can review and change this for him or her if the member would like to enroll in the CDHP and cover a spouse who is on Medicare.

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- **Higher Ed Question:** On the HSA enrollment, what is the process for this? If a member enrolled in the CDHP, what is the process for the HSA?
 - **Answer:** If an employee enrolls in the CDHP, then it is our understanding that TBR will create a form for the member to complete payroll deductions. For UT: UT will send an email with a link to the form for the member to complete the employee contribution (payroll deduction).

- **Higher Ed Question:** I have an employee who already received her HSA card. It seems early?
 - **Answer:** Benefits Administration determined that the HSA card received was for a different organization. BA has not yet transferred any enrollments to PayFlex and PayFlex has not sent any HSA cards to any state group insurance plan members. Members should expect to receive HSA debit cards sometime in December.

- **Higher Ed Question:** I was told that there is a CIP process prior to enrolling in the HSA?
 - **Answer:** Yes, it is required by the federal government that every member must go through the Customer Identification Process (be vetted) due to the Patriot Protection Act. PayFlex takes care of this. The CIP process must be complete before PayFlex can process the HSA enrollment and for the member to receive a card for his or her HSA.

CIGNA NETWORK QUESTIONS

- **Local Ed Question:** Is this for East Tennessee? West Tennessee has Tennova facilities as well?
 - **Answer:** The Tennova provider change will not impact any other area in TN. The Tennova facilities and physicians who will not be in LocalPlus in 2016 are in East Tennessee only.

- **Local Ed Question:** What about our local hospital in Sevier County? Leconte Medical Center was not in the list we received last week?
 - **Answer:** LeConte Medical Center will be in Cigna LocalPlus effective 12/1/2015.

- **Local Ed Question:** This is huge for our County (Jefferson). The one and only hospital in our entire county is a Tennova hospital.
 - **Answer:** Although not in Cigna LocalPlus, Tennova Healthcare Jefferson Memorial Hospital is in BCBST Network S. The following Hospitals are in LP and are within 25 miles of Jefferson county. Morristown –Hamblen, Claiborne Medical, Fort Sanders, Leconte Medical . Keep in mind if you are having a true emergency then you seek care at the nearest facility and your care will be considered in-network.

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- **Local Ed Question:** Will Murfreesboro Medical Center be in LocalPlus?
 - **Answer:** No, the Cigna hospital facility in Rutherford County is Stonecrest Medical Center.

- **Local Ed Question:** When we first started talking about OAP going away, I thought I recalled that there were some exceptions about when you are out of town and only had LP network that you could use OAP. Is this correct? Alternatively, can you help me recall what those exceptions are?
 - **Answer:** If the member or member's dependent is out-of-state and not in a LocalPlus market, then the enrolled member would use the Open Access Plus network at in-network rates. The entire state of Tennessee is a LocalPlus market and if seeking services in Tennessee, the member will need to use the LocalPlus network to receive in-network rates.

- **Local Ed Question:** It is big for Obion County as well. It knocks out a large amount of our doctors. Employees are not happy!
 - **Answer:** The Baptist hospital facilities in Tipton, Huntington and Union City are all in Cigna LocalPlus. Cigna has sent contract requests to several physicians in this area and we hope to have this information if they are in LocalPlus next week.

- **Local Ed Question:** Is Starr Regional in Athens and Etowah in network with Cigna Local Plus? I did not see them on the current list that was sent.
 - **Answer:** Yes, both facilities are in Cigna LocalPlus. These hospitals were not included on the last list provided, but the list has been updated. Starr Regional in Athens and Etowah are in both in-network facilities and on the list provided with today's ABC email.

- **Local Ed Question:** What about the Ft. Sanders Loudon Hospital? It is under the umbrella of Ft. Sanders, so why would the main hospital be in plan but the branch hospitals of Fort Sanders be out of plan?
 - **Answer:** Fort Loudon Medical Center will be in-network as of 12/1/15. Fort Sanders Regional Medical Center in Knoxville is a Cigna LocalPlus provider. Both facilities are on the list provided today.

- **Local Ed Question:** So would the employee just need to call member services when seeking out-of-network care?
 - **Answer:** Yes, if the member is traveling, he or she can call member services at 800.997.1617 24/7 to find an in-network provider. In the case of an emergency, the member should go to the nearest hospital facility.

- **Local Ed Question:** If an emergency service and you taken to a Tennova facility, how will that billing be processed? In-network or out-of-network?

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- **Answer:** If an emergency, the member should go to the nearest hospital facility. When seeking care for an emergency, seek care at the nearest facility and your care will be processed under the in-network benefits

- **Local Ed Question:** Who determines if it a true emergency? I have heard that only if you arrive at the hospital in an ambulance?
 - **Answer:** That is not true. Again, if you are having an emergency, the employee should seek care at the nearest emergency facility.

- **Local Ed Question:** I'm in Obion County and if we are waiting to see if our clinic and women's clinic will be in LocalPlus in Obion. Will they have time to enroll?
 - **Answer:** We (Cigna) should have an answer sometime next week. As a reminder, all Local Ed and Local Gov employee enrollment events are open until October 30 and employees can go in and make changes up to 4:30 p.m. Central on this date.

- **Local Ed Question:** Do you know of any negotiations with Starr Regional in Athens and Etowah?
 - **Answer:** Cigna relayed that Starr Regional in both Athens and Etowah are both a part of the LocalPlus network. They are in-network facilities and included on the attached list of Cigna in-network facilities.

- **Local Ed Question:** Local Ed still has UT as in-network?
 - **Answer:** Yes, UTMC is in-network for state group health plan members, which includes LEA members, for both BCBST Network S and Cigna LocalPlus in 2016.

- **Local Ed:** Is McKenzie Regional in the LocalPlus network?
 - **Answer:** Yes, McKenzie Regional Hospital in Carroll County is in the LocalPlus network.

- **Local Ed Question:** Who made the decision to change to Cigna LocalPlus since there seems to be many issues?
 - **Answer:** This change in the network is a result of the procurement of contracts and competitive bids. Cigna's LocalPlus network includes facilities and health care professionals offering more affordable contract terms than Cigna's Open Access Plus (OAP) network. Some participating LocalPlus facilities and health care professionals have agreed to special contract terms with Cigna to make the network more affordable than OAP. Some facilities and health care professionals which participate in OAP do not to participate in LocalPlus for reasons that include: (1) Cigna has secured special contract terms with some LocalPlus providers in exchange for a more limited network panel; (2) some health care professionals do not have admitting arrangements

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to a participating LocalPlus facility; and (3) existing OAP contract terms may not be consistent with the affordability level of LocalPlus.

- **Local Ed Question:** For those of us in Middle Tennessee area will there be a big change?
 - **Answer:** In general, LocalPlus has all of the HCA/TriStar facilities and BCBST has the St Thomas facilities in Middle Tennessee. We provided an updated facility list for both Cigna and BCBST with today's ABC email.
- **State Question:** In Middle Tennessee, is Vanderbilt University Medical Center and Children's Hospital in LocalPlus?
 - **Answer:** Yes.
- **Local Gov Questions:** I had an employee ask, if I am in a car accident and the ambulance takes me to a hospital that is not in my plan, will the insurance pay for the charges at the in-network rate?
 - **Answer:** Yes, in emergency situations, the services would be covered in-network.
- **Local Gov Question:** Employees do not want to drive 25 miles to the hospital plus change doctors.
 - **Answer:** In today's ABC email, we have included the updated in-network facility lists for both BCBST and Cigna.
- **Local Gov Questions:** If an employee has a doctor who is contracted with UTMC currently and this is the only hospital she is affiliated with, would the hospital be covered and at to what extent with surgery there?
 - **Answer:** If a UTMC affiliated provider, that provider will be in-network and has been (UTMC was in the 2015 OAP) in-network. Last week, BA sent a list of UTMC in-network physicians and you can check that list or the member can call the carrier directly.
- **Local Gov Question:** Can you clarify the status of Skyridge Medical Center in Cleveland? They were on the Local Plus list sent Friday, but were recently purchased by Tennova. Will they be in or out of network on Jan. 1?
 - **Answer:** SkyRidge Medical Center in Cleveland is in the LocalPlus network. This facility is included in the attached facility list.
- **Higher Ed Question:** Dyersburg regional in Dyersburg was just a taken over by Tennova. However they will still be in Cigna LocalPlus?
 - **Answer:** Yes, this facility will be in Cigna LocalPlus. The only Tennova facilities that are impacted are the ones in east Tennessee.
- **Higher Ed Question:** Tennova acquired four west Tennessee hospitals in September 2015, will they be leaving also?

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- **Answer:** No, this provider change only impacts east Tennessee Tennova providers.

- **Higher Ed Question:** You said that Starr Regional in Etowah was omitted. But I notice that Starr Regional in Athens is also not listed. Is Starr Regional in Athens a Cigna LocalPlus provider?
 - **Answer:** Yes, Starr Regional in both locations Etowah and Athens are in the LocalPlus network and included on the attached updated LocalPlus list.

- **Higher Ed Question:** Any chance St. Francis Hospital in the West Region will be joining LocalPlus?
 - **Answer:** No, they will not be a LocalPlus provider.

- **Higher Ed Question:** Could you please state again what three Baptist hospitals are in-network?
 - **Answer:** Baptist Memorial in Huntington, Union City and Tipton are currently participating. There are a few primary care physicians and a GYN group in Union City that are not currently contracted with LocalPlus, but Cigna is working on these contracts.

- **Higher Ed Question:** It was stated before that if an employee lives in or visits a state that doesn't have a LocalPlus network, he or she won't be charged out of network rates. Is this written anywhere?
 - **Answer:** If outside of a LocalPlus network, the member will use the OAP network and get the in-network rate. The entire state of Tennessee is a LocalPlus network, but if out-of-state and not a LocalPlus network, the member can use OAP providers and would pay the in-network rate. This information is included in the Cigna member handbooks.

- **Higher Ed Questions:** Our employees are upset that the network changes are occurring now and unhappy Tennova is out-of-network. Why do hospitals and networks make these changes at the end of the year?
 - **Answer:** In this instance, we (Cigna) worked to expedite the negotiations as quickly as possible. Provider changes can happen at any time throughout the year, and BA tries to get the information of major network changes to ABCs as quickly as possible.

- **Higher Ed Question:** When I called for some of our Kentucky residents, I was told that if they are within a 125 mile radius, they would need to go to a LocalPlus in Tennessee.
 - **Answer:** That is NOT correct. Cigna will go back to their service center to make sure they have the correct information.

Benefits

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- **Partners for Health Wellness Program**
 - **2016 Onsite Screening Email Reminder:** Just a reminder from last week's call. We will hold onsite screenings again in 2016 to provide an alternate way for members to complete the biometric screening requirement.
 - On Wednesday October 7, many of you will receive an email from the ParTners for Health email box because either you helped organize a screening site for your employees previously or we would like you to offer a site in 2016.
 - We ask that you reply to the email by either acknowledging you are still interested, providing an alternate contact if you will not be the one organizing the site or that you would **not** like to host a screening site.
 - **Note:** Some of you will receive the email, but you are not physically at the location we would like to use. As the primary ABC for that organization, we only have your contact information and ask that you provide the appropriate contact.
 - The next email will come from OHD with tentative onsite screening date(s). Please work with OHD to finalize the schedule.

- **Q4 Wellness Challenge – The Training Camp Fitness Challenge:** This is a six-week challenge that will help you improve strength, endurance, flexibility, agility and balance. Whether you are a beginner, regular exerciser or anywhere in between, this challenge will inspire you to get moving. Using the exercise tracker in Well-Being Connect, you will be guided to enter an exercise goal that is right for you and then record the types and duration of exercise and activities to note your progress during the challenge.
 - Enrollment: October 5-19
 - Challenge: October 12 – November 23
 - The enrollment flier is **attached**. You can share this with your state employees and group health insurance plan members.

PARTNERS FOR HEALTH WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Do you have to be in the Partnership PPO to do the challenge?
 - **Answer:** No, members enrolled in any plan can do the challenge. If members do not have a Well-Being Account, they would need to set one up in Well-Being Connect.

- **Local Ed Question:** For those members who will be removed from Partnership PPO due to not fulfilling their 2015 Partnership Promise, can they enroll in the CDHP/HSA Plan for 2016? I was thinking the members would still have to complete the biometric screening and online well-being assessment.
 - **Answer:** Members can enroll in the HealthSavings CDHP because fulfilling the Partnership Promise is not required.

- **Local Ed Question:** Are Partnership Promise appeals finished?
 - **Answer:** The deadline was August 31, but Healthways is still processing some appeals. BA receives a weekly update of members who are overturned and will be allowed to stay in the Partnership PPO. We encourage ABCs to

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continue to run the TN_BA309_INELIG_FOR_PARTNER query throughout annual enrollment to determine if members are eligible for the Partnership PPO.

- **Local Ed Question:** As I complete open enrollment presentations with my employees I've had several ask or say that they have been told by a Health Coach/Healthways that there is a time requirement that an employee must be on a call with their health coach for the call to "count".
 - **Answer:** No, there is not a time requirement for the coaching call, but the employee must engage with the coach during the call. Coaching calls on average last about eight minutes.

- **Local Ed Question:** I have heard from several employees who are receiving coaching calls that when they ask the coach what they are being coached for, the coach does not know.
 - **Answer:** The first call the member receives will be from an engagement specialist. This person is not a coach but is calling to verify the member, the preferred number to call and to set up the coaching calls. The engagement specialist **will not** have access to why the member is being asked to enroll in coaching.
 - Then when talking with the coach, the member should always be able to find out why he or she is in coaching. The member can ask the coach and if the coach does not know why, the member can always ask for a supervisor to review. A member of the account team will then get back to the member.
 - If you have the names of the employees who have had this experience, we can research and get back to you. You can send an email to the BI box at benefits.info@tn.gov.

- **Higher Ed Question:** Will members be given the option (in ESS) for the Wellness HealthSavings CDHP and Partnership if they are not eligible?
 - **Answer:** No.

- **Higher Ed Question:** What if an employee is in the middle of an appeal (Partnership PPO) and is not enrolled during annual enrollment this year? What if it turns out that the member can enroll in the Partnership PPO or the Wellness HealthSavings CDHP?
 - **Answer:** Healthways is sending BA weekly updates and we are automatically correcting these back to Partnership PPO. If the appeal occurs after the enrollment period, BA would have to review the enrollment and make changes as necessary. If the employee is notified they are eligible and wants to change plans (other than the Partnership PPO), the ABC would need to send in the enrollment change form and write "Annual Enrollment-Healthways Appeal" at the top of the form and BA will review it.

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Operations:

- **Upcoming ABC Workshop:** A reminder that the ABC Workshop: Explanation of Benefits Terminology and Searching Vendor Sites was held on Wednesday Oct. 7 at 1:00 p.m. Central.
 - In addition, the ABC Workshop - Annual Enrollment Do's and Don'ts presentation has been added to the ABC webpage.

- **Loc Ed/Loc Gov/Higher Ed: TCRS Retirees:** We are working with TCRS to obtain the last employer for all TCRS retirees who are on the State insurance plan. We will be sending out lists of retirees soon for you to review and confirm. It is very important for you to review this list in its entirety and report any issues back to us as soon as possible. We will be using these lists to send you the retiree enrollment information in December you to use to send out 1095-C forms. We are also working on a list of COBRA enrollments that will be sent to you in December.

- **Loc Ed/Loc Gov and Higher Ed: The Password Reset Call Center** will now be providing the Access ID if an employee calls and does not know what that is. However, if they don't know their Access ID they will need to provide their Edison Employee ID. The Password Reset Call Center will not be able to reset their password without either. The call center has to be able to correctly verify their identity. As a reminder, their Edison Employee ID can be found on their Caremark card. It is an 8-digit number that starts with two leading zeros.

- **State and Higher Ed: Annual Enrollment Deadline: The October 15 Annual Enrollment deadline is approaching.** Employees who added dependents to their coverage have until 4:30 p.m. October 15 to submit the proper dependent verification documents. Beginning October 16, the dependents without proper verification documents will be removed. The agency ABC will be notified via email when this action occurs.
 - ABCs can check this information ahead of the deadline by running the TN_BA311_ESS_NEW_DEPENDENTS query. If the last column (Proof Rcvd?) has an "N" in it, BA has not received that dependents verification documents.
 - The employee is entitled to appeal to Benefits Administration to have the dependent added back onto the coverage. An appeal letter may be submitted to BA and must indicate why the verification was not sent in on time. The appeal will be reviewed by the Active Call Center Director, Tony Del Priore and a decision will be communicated to the ABC and employee. The deadline for submitting these appeals is 4:30pm Central on December 1.

- **State and Higher Ed: New Hire ESS Enrollment Document:** In an effort to assist new hire employees to be prepared to use Employee Self Service on their first day, Benefits Administration has created a document that the HR staff can email to the new hire after an offer has been accepted. The document has links to allow the employee to view their health insurance options before they arrive for their first day.

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- The document was written as a template so each agency can edit the information to fit their needs (just don't change the links!). You can find the document on the ABC website in the FORMS section. The document is titled Pre-Enrollment Benefits Information.
- **State:** Benefits Administration continues to evaluate and recommend opportunities to reduce insurance costs to the state and our members and align our plan coverage with the prevailing industry practice.
 - Our Insurance Committee approved moving the coverage end date from the last day of the month following the employee separation date to the last day of the month of the employee separation effective 1/1/2016.
 - In an effort to support the operation portion of this process – we implemented a LEAN event and you will hear about these results in the upcoming months.
- **Document Volume and Call Information:**
 - **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center last week.
 - On 09/28/2015, we started with 113 documents in the Local Education queue that were held over from the previous week. We received an additional 312 documents and processed 367 documents out of the queue.
 - Currently, all documents received through October 1 have been processed.
 - Average calls taken by the active service center last week was 212 per day. Our average wait time 48 seconds.
 - **State:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 09/28/2015, we started with 93 documents in the State queue. We received an additional 214 documents and processed 285 documents.
 - All documents received through October 2 have been processed.
 - Average calls taken by the active service center last week was 212 per day. Our average wait time 48 seconds.
 - **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 09/28/2015, we started with 40 documents in the Local Government queue. We received an additional 167 documents and processed 124 documents.
 - Currently, all documents received through October 1 have been processed.
 - Average calls taken by the active service center last week was 212 per day. Our average wait time 48 seconds.
 - **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center has received last week.

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- On 09/28/2015, we started with 35 documents in the Higher Education queue. We received an additional 189 documents and processed 208 documents.
- Currently, all documents received through October 3 have been processed.
- Average calls taken by the active service center last week was 212 per day. Our average wait time 48 seconds.

OPERATIONS QUESTIONS

- **Local Ed Question:** So will the retiree list that you are sending us, is that the only those who have retired this calendar year?
 - **Answer** No, any retiree that is on medical coverage. You will be responsible to send to the enrollee and the government the 1095C form indicating that the retiree had health insurance coverage.
- **Local Ed Question:** Would TCRS not be responsible for this?
 - **Answer:** No, it is the employer that is responsible to report this coverage.
- **Local Ed Question:** If the employee has had Delta Dental and met the waiting period, will they have another waiting period for MetLife?
 - **Answer:** No.
- **Local Ed Question:** Will the retiree list include premium amounts?
 - **Answer:** No, this first list will be just for you to confirm that these are your agency's retirees. The list you will receive in December for reporting purposes will include premiums.
- **Local Ed Question:** If an employee is with Delta Dental and wants to stay with MetLife, do they have to enroll in MetLife or will they automatically be enrolled?
 - **Answer:** The employee will automatically be enrolled in MetLife.
- **Local Ed Question:** Is it the PDP or PDP plus network (for MetLife)?
 - **Answer:** It is the PDP network for MetLife dental.
- **State Question:** This (coverage end date change) is only for employees who have terminated on January 1, 2016 forward?
 - **Answer:** Yes, and the change in the coverage end date only applies to state employees.
- **State Question:** What is the query to check for annual enrollment?
 - **Answer:** ABCs can check this information ahead of the deadline by running the TN_BA311_ESS_NEW_DEPENDENTS query. If the last column (Proof Rcvd?) has an "N" in it. The [list of ABC queries](#) is on the ABC webpage under Training.
- **State Question:** Will employees be reimbursed for their premium payment for the month after the separation?

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- **Answer:** Yes, they would receive reimbursement with the following payroll disbursement check.
- **State Question:** Can someone be removed for dental coverage for 2015 during open enrollment?
 - **Answer:** No, the open enrollment event is for 2016. Only employees who have a qualifying event that make them eligible to make a change in 2015, could remove dental coverage.
- **State Question:** I need clarification for an employee hired after July 1, 2015. Will they not have the option to continue insurance after they retire? Was this passed by the insurance committee?
 - **Answer:** This change is actually a new law. If the employee is first hired after July 1, 2015, then yes, they will not have the option of retiree health insurance coverage from the state.
- **State Question:** About the Fitness Blue membership, does this only pertain to employees currently in BCBST?
 - **Answer:** The **special offer is to waive the enrollment fee during the month of October** for current BCBST members. New BCBST members with coverage effective dates in January 2016 can still enroll in Fitness Blue at a later date, as well as current members but they would not have the enrollment fee waived. Both carriers BCBST and Cigna offer fitness center discount programs for members.
- **State Question:** For new employees who are starting in annual enrollment, if they make their enrollment changes through ESS for the rest of 2015, how will they make changes to their benefits for 2016?
 - **Answer:** In ESS, shortly after employees complete their 2015 benefits selections, another annual enrollment event will open. If they select 2015 benefits any later than the end of this week, we will accept a paper form for 2016 as long as you make a note on the form as to why.
- **State Question:** Can a document be uploaded into Edison to remove someone from dental coverage for the remainder of 2015.
 - **Answer:** Yes, if the member has a qualifying event that would allow them to drop his or her dental coverage, then you can upload the document in Edison along with the Cancel Request Form.
- **State Question:** If we have a new hire start during open enrollment and they enroll for 2015 coverage, do they need to go back in and make selections if they don't want to change anything?
 - **Answer:** No, the benefits they select as a new hire will transfer over to 2016 if they do not make any changes, with the exception of medical or dependent care flexible benefits.

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- **State Question:** If someone separates 10/15/15 what is his or her coverage end date?
 - **Answer:** For 2015, it will be 11/30/15. Starting in January 2016, the coverage end date would be the end of the same month the employee separates employment.

- **State Question:** For the TN_BA311_ESS_NEW_DEPENDENTS query mentioned earlier, what is the beginning event date and ending event date we should use?
 - **Answer:** You would use 01/01/16 for both the beginning and end dates. You need to type in “OE” for the event class.

- **State Question:** The pre-employee benefits enrollment form, is that under the forms section on the ABC website?
 - **Answer:** Yes, the form is on the [ABC webpage](#) under the title Forms on this page and it is the last link titled [Pre-Enrollment Benefits Information](#).

- **State Question:** If someone receives notice to increase optional term life insurance premium through MN Life, is it only the paper form we submit to decrease coverage to prevent an increase in premiums? The increase is due to the change in age bracket.
 - **Answer:** The member can call the MN Life service center at 866.881.0631, M-F, 7 a.m. to 6 p.m. Central or the member can complete the [Optional Term Life Service Request form](#) that is found on our Benefits Administration website.

- **State Question:** UT hospitals will not participate in Network S for BCBST for 2016, is this correct? Employees are receiving letters from BCBST telling them that if they are in the state plan that they can use these physicians.
 - **Answer: That is not correct.** UTMC and affiliated physicians will be in BCBST Network S for members of the state group health plan. UTMC is not in Network S for everyone, just for state group insurance plan members.

- **State Question:** I have an employee hired on Oct 5, 2015 and choosing benefits for 2015, and then he needs to select for 2016. How long would he have to make his annual enrollment elections?
 - **Answer:** The employee would have 31 days to complete both enrollments. In this case, BA will take a paper enrollment with the 2016 submission, but both enrollments would need to be submitted within 31 days of their hire date.

- **Local Gov Question:** If there is an employee who has a thyroid medication and cannot take the generic medication, can they get the discounted price? The generic medication caused a medical problem.
 - **Answer:** Thyroid medications are not considered maintenance medications.

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There may be a reduced copay if they choose the preferred brand, the member would pay the lower amount if less than the copay amount. The member could also take the non-preferred brand and pay a higher copay.

- **Local Gov Question:** Most of our employees were on Cigna Open Access and are having to change plans since Cigna LocalPlus does not cover our local hospital. An employee asked if, for example, they now pay a monthly charge for a CPAP machine, would it be the same with the new insurance? They are switching to BlueCross.
 - **Answer:** The member will need to call the carrier, BCBST, to verify the charge for the CPAP machine.

- **Local Gov Question:** We have an employee that passed away this week. Do I need to send in a copy of the death certificate when I submit the change application? The special enrollment is to add someone and I am only dropping the employee.
 - **Answer:** Yes.

- **Local Gov Question:** Could you explain how the \$100 deductible works in the Limited PPO?
 - **Answer:** A \$100 deductible would have to be met by each plan member before the plan benefits apply for that member.

- **Local Gov Question:** I have a current employee that is changing carriers for 2016. On the 2016 Enrollment Change Application form, Section Coverage Begin, do I write in effective date as 1-1-16?
 - **Answer:** Yes, and write Annual Enrollment in the “Other” section on the top of the form.

- **Local Gov Question:** For retirees in COBRA, what form will be used, the 1095-C?
 - **Answer:** Yes, the 1095C form. This is the same form used for active employees.

- **Local Gov Question:** How do we handle enrollment of employees who we determine are eligible for coverage due to ACA requirements if we determine that after the close of open enrollment?
 - **Answer:** They would be considered newly eligible and the effective date in Edison would be 12/1/16 for coverage beginning 1/1/16.

- **Local Gov Question:** Can I get the query to run to see what changes employees have made during the enrollment period? Can it be put in the notes along with other queries that may be needed?

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- **Answer:** You can run the TN_BA265 query but there are a number of queries that can be run based on the specific information you are looking for. Under the training section, there is a list and you can find it here:
http://tn.gov/assets/entities/finance/benefits/attachments/abc_query_list.pdf
- **Local Gov Question:** I have a few employees who will be eligible for 2015 benefits on 11/1 & 12/1, but they don't have an Access ID/Password to be able to sign up for 2016 benefits. How can they get the information so they can enroll for 2016?
 - **Answer:** For those not eligible until 11/1/15 or later, you will have to submit a paper application and it must be submitted within the 31-day window for enrollment for new hires.
- **Local Gov Question:** Individuals who have Cigna OAP, do they need to fill out a new application for Cigna LocalPlus?
 - **Answer:** No, if they keep Cigna as their carrier, they will automatically have Cigna LocalPlus.
- **Local Gov Question:** Where can I go to get the form that allows me to be added to getting the information as an ABC?
 - **Answer:** You can send your info name and agency to the BI box at benefits.info@tn.gov. For agencies that have new ABCs, you can use the security form found on the ABC website.
- **Local Gov Question:** I am the ABC for my company. I am having trouble logging in and I get a message saying there is a technical problem. What do I need to do?
 - **Answer:** Call our Service Center at 800-253-9981 or enter a remedy ticket so that someone can assist you.
- **Local Gov Question:** All Cigna participants will receive a new insurance card
 - **Answer:** Yes. All members enrolled in health insurance will receive new cards this year as we have a change in copays for convenience clinics and urgent care centers.
- **Local Gov Question:** If we aren't enrolling but just being changed from the Cigna LocalPlus instead of Cigna OAP will all Cigna members get new insurance cards?
 - **Answer:** Yes.
- **Local Gov Question:** An employee's daughter will turn 26 next October. Will she lose her coverage effective 10/31/16? And will she be notified that the coverage will end?

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- **Answer:** Yes, the dependent daughter will lose her coverage and the employee will receive a confirmation statement that the child is being dropped. The notice goes to the head of contract (HOC).

- **Local Gov Question:** What about cards for vision?
 - **Answer:** No, there are no changes to vision this year and new cards won't be issued, unless the employee is a new enrollee in vision coverage.

- **Local Gov Question:** How long will it take to get new insurance cards to arrive?
 - **Answer:** Members will receive their insurance cards before the end of December.

- **Local Gov Question:** I inadvertently missed a possible "eligibility waiting period change" that may have been provided in combined notes in September ...please clarify any new change. I am with local government plan.
 - **Answer:** This change only applies to state and higher education employees.

- **Higher Ed Question:** Can the enrollment be extended due the provider changes?
 - **Answer:** No, the enrollment period is set and will close on October 15 (for state and higher ed employees).

- **Higher Ed Question:** I have had employees ask me to upload their AEP dependent verification documents. Are they being received or should I send them by another way, i.e., fax?
 - **Answer:** You can check the employee record in Edison. It should be uploaded within 24 hours. If you don't see it, then you should contact the service center.

- **Higher Ed Question:** Could you please repeat about the retiree insurance?
 - **Answer:** Your school will be required to send 1095C forms to your retirees. BA is pulling the retiree lists together for you and the first list you will receive will be the list of names of retirees for your organization.

- **Higher Ed Question:** Is there about a 24-hour wait before we can see if documents that an employee uploaded are in Edison?
 - **Answer:** Yes, that time is about 24 hours. As BA is getting busier, the time may be a little longer, but our estimate is within 24 hours.

- **Higher Ed Question:** We had a new hire enrolled in dental and vision and not health, if not enrolling in health do they check "refuse" on the enrollment form? We thought that the employee should check accept if only they choose health insurance?
 - **Answer:** If the member enrolls in any benefit we want the member to check the accept box as he or she is accepting the rules listed on the form.

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- **Higher Ed Question:** We have been having *employee assistance days* for people to set up Edison accounts and we assist if they have trouble. We have a few people that when they click on Benefits Enrollment and it takes them back to that same screen and it opens up a second session?
 - **Answer:** We have not yet been able to duplicate this problem. If you are still having this problem, please send a screenshot of the issue with the employee name and ID so that we can research further.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **Annual Enrollment:**
 - **State/Higher Ed:** Enrollment ended this Thursday, October 15 at 4:30 p.m. Central. As a reminder, all dependent verification documents had to be submitted by this same deadline.
 - **State/Higher Ed – Annual Enrollment Saved by Not Submitted Report:** Employees who are on the Saved but Not Submitted report will have five additional days to contact Benefits Administration service center.
 - The service center analyst will verify the employee’s elections and process the enrollment over the phone. No changes will be made; we will only confirm/finalize what was saved. The employee will also be able to submit dependent verification if applicable.
 - **This must be done no later than Thursday, October 22, 2015, at 4:30 p.m. Central. After this date, the employee will have to file an appeal.**
- **Cigna DHMO (Prepaid Network) Update:** For 2016, the State of Tennessee has been notified by Cigna that the following dental offices will not be in the State’s Prepaid Dental Plan, the Cigna DHMO Dental Network, after December 31, 2015:

Office Number	Facility Name
1395	Aspen Dental Cleveland, TN
104387	Griffin Dental Hendersonville, TN
104388	Griffin Dental Goodlettsville, TN
526901	Southeastern Dental
160208	Dr. Timothy Kutas

- Employees, retirees, and their dependents who are currently enrolled in Assurant, or have enrolled in the Cigna DHMO with the intention to select one of these offices as their primary general dentist should choose a different general dentist or switch to the MetLife DPPO (PDP network).
- To find a Cigna DHMO Dental Network general dentist access <http://cigna.benefitnation.net/cigna/docdir.aspx> or call Cigna at 800.997.1617. A person should not choose a dental provider if the “Accepting New Patients”

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indicator is showing “N” (no) and the person is not already a patient of the dental provider.

- To view the MetLife DPPO network (PDP network) general dentists directory access <https://mybenefits.metlife.com/MyBenefits/public/ssi/commonAccess.do> or call MetLife at 855.700.8001.

- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**

- Two webinars are still available for employees to learn more about their benefit options.
- We included a flier with the Friday, September 22 email and we encourage you to share this with your employees
- Employees do not have to register for the webinar. They will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**

- **Local Ed/Local Gov: PayFlex Checklist and Corporate Authorization Form:**

- On Monday, BA again sent emails to agencies that have not yet completed the required PayFlex checklist and/or the Corporate Authorization Form and sent these back to PayFlex.
- You can send the completed checklist to StateofTennessee@payflex.com.
- Both documents are posted the [ABC webpage](#) under PayFlex Memo for Local Ed and Local Gov.

COMMUNICATIONS QUESTIONS

- **Local Gov Question:** Some of our employees have received calls telling them to change to BCBS. We are not sure who is calling? The group was HGA. We called the number back and didn't get an answer and couldn't leave a message.
 - **Answer:** We do not know who this group is and if you can find out more information, please let us know. If it is a medical group outreaching to patients, we do not have any control over how they message to patients.
- **Local Gov Question:** Can I get a copy of this PowerPoint?
 - **Answer:** The PowerPoints used during ABC calls are too large to email. We include the same information presented here in the call notes and post these on the ABC webpage under [Conference Call Notes](#), all combined notes for 2015.

CDHP/HSA QUESTIONS

- **Local Ed Question:** If a retiree is **not** on Medicare, can he or she enroll in the HealthSavings CDHP?
 - **Answer:** Yes.
- **Local Ed Question:** What happens once he or she is on Medicare?

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- **Answer:** At that point, the retiree cannot contribute to his or her health savings account. He or she can use the funds in the account for qualified medical expenses. If age 65 or older, he or she can use the funds for non-medical expenses but will need to pay taxes on that amount.
- **Local Ed Question:** On the Payflex paperwork, our agency was not going to deposit any in the Health Savings Account. Since that time, the county has decided to deposit money to the HSA, how do we make that change?
 - **Answer:** You will need to resubmit both of the forms to stateoftennessee@payflex.com.
- **State Question:** Can an employee who chooses the HSA (CDHP plan) spend money from the HSA on eligible expenses for their spouse? The spouse is not on the state plan and has his or her own insurance.
 - **Answer:** Yes, the employee can pay for your spouse's qualified medical expenses from the employee's health savings account.
- **State Question:** What if the spouse has Medicare?
 - **Answer:** Yes. The member can still use the health savings account for the spouse's qualified medical expenses not covered by Medicare.

Benefits

- **BCBST Provider Reminder:** Rhonda Bynum with BlueCross BlueShield joined the calls to answer any questions about Network S.

BCBST QUESTIONS

- **Local Ed Question:** I have recently heard Vanderbilt is in negotiations with BCBS right now, is that correct?
 - **Answer:** Yes, BCBS and Vanderbilt are currently in negotiations and they are going well. We will let you know of any more information as it becomes available.
- **Local Gov Question:** I received a phone message from BlueCross today that was asking for the disclosure list. What is that? They asked for information on all employees.
 - **Answer:** We checked with BCBS and they would need more information to determine what the call was about. You can email the BI box at benefits.info@tn.gov with your information and we can continue to research this question.
- **Local Gov Question:** When will we know something about the BCBST/Vanderbilt discussions?
 - **Answer:** The negotiations are ongoing and the contract renews January 1.

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- **Local Gov Question:** Could we please go over the issue with Vanderbilt and BCBS?
 - **Answer:** There is not an issue. BCBST and Vanderbilt are going through contract negotiations. This is normal as they come up every two years. We will let ABCs know when we have more information.

PARTNERS WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Do the health coaches still call? I have not heard from mine in a while.
 - **Answer:** Yes, health coaches are still making calls. If you haven't received a coaching call and want Healthways to check on it, please send your information to benefits.info@tn.gov. In general, calls can be scheduled eight to 10 weeks apart.
- **Local Ed Question:** We received an email about hosting a biometric screening at our location. When will we receive additional information?
 - **Answer:** Onsite Health Diagnostics (OHD) plans to start reaching out the week of October 26. The email will come from Leslie with OHD.
- **Local Gov Question:** If I have a new employee hired in October and he or she enrolls in the Partnership PPO option, does the new employee have to complete the screening process?
 - **Answer:** In this case, no because new hires with coverage effective dates Sept 1 through Dec 1 do not have to complete the new hire requirements. This is because there is a blackout in Well-Being Connect in December (website where the member completes the Well-Being Assessment). Members would not have a full 120 days to access this site. If they stay in the Partnership PPO for 2016, they would complete the 2016 Partnership Promise requirements.

Operations:

- **Upcoming ABC Workshop:** We have an ABC Workshop scheduled in November:
 - **November 5, 1 p.m. – 2 p.m. Central**
 - **Topic: Queries to Run after Annual Enrollment**
 - This is a web-based training.
- **Queries to run for Annual Enrollment:**
 - **TN_BA133_AUDIT_OPEN_ENRL_ESS:** This query will show all of an employee's elections made through ESS with a date/time stamp. If the employee submits the enrollment multiple times, all of the activity will show on this report.

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- **TN_BA311_ESS_NEW_DEPENDENTS:** This query will show you all new dependents that were added by the employee through ESS. Type “OE” in the event class field and use beginning and ending dates of 01/01/2016.
 - **Reminder:** All dependent verification is due on the last day of AE, so be running the query now and reach out to your employees who have dependents that haven’t been verified.

- **TN_BA219_AETP_INS_ELECTIONS:** This query will show who has made changes to their health insurance during AE. It will show the old coverage and the new coverage. It can only be run during and just after the AE period ends.
 - **State/Higher Ed:** We recommend running and saving this on October 16.
 - **Local Ed/Local Gov:** We recommend running and saving this on November 2.
 - Use an event date of 01/01/2016.

- **TN_BA219_MED_DEN_COVERAGE:** After the AE events are closed, this query will show any new coverage that is effective 1/1/2016. This query can also be run throughout the year for new hire enrollments or changes for special qualifying events. This query also includes vision.
 - Use a coverage begin date of 01/01/2016.

- **TN_BA219_OE_NOT_SUBMITTED:** This query will show everyone who has not submitted an enrollment, including those who have made changes in ESS but have not submitted their enrollment. They will need to go back and submit for the changes to take effect. Look for the employees with "SAVED" in the "Saved but not submitted" column in the query. Use an event date of 01/01/2016. We are sending out emails to remind employees if they have an email address in Edison, but if they don’t have an email that will not be an acceptable reason for an appeal so please reach out to your employees.

- **TN_BA265_OE_ELECTIONS_IN_ESS:** This query is an audit of all elections made by your employees during AE. If they submit an enrollment multiple times, each enrollment they submit will show with a date and time stamp.
 - **Higher Ed and Offline agencies** – use Schedule ID OEH15.
 - **State** – use Schedule ID OES15
 - **Local Ed** – use Schedule ID OET15
 - **Local Gov** – use Schedule ID OEG15

- **Document Volume and Call Information:**
 - **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center last week.
 - On 10/05/2015, we started with 87 documents in the Local Education queue that were held over from the previous week. We received an additional 392 documents and processed 363 documents out of the queue.
 - Currently, all documents received through October 8 have been processed.

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- Average calls taken by the active service center last week was 268 per day. Our average wait time 48 seconds.
- **State:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/05/2015, we started with 23 documents in the State queue. We received an additional 276 documents and processed 69 documents (we were in State lockout for 2 days).
 - All documents received through October 7 have been processed.
 - Average calls taken by the active service center last week was 268 per day. Our average wait time 48 seconds.
- **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/05/2015, we started with 85 documents in the Local Government queue. We received an additional 210 documents and processed 199 documents.
 - Currently, all documents received through October 8 have been processed.
 - Average calls taken by the active service center last week was 268 per day. Our average wait time 48 seconds.
- **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/05/2015, we started with 24 documents in the Higher Education queue. We received an additional 269 documents and processed 218 documents.
 - Currently, all documents received through October 8 have been processed.
 - Average calls taken by the active service center last week was 268 per day. Our average wait time 48 seconds.

OPERATIONS/BENEFITS QUESTIONS

- **Local Ed Question:** I ran the TN_BA265 query (TN_BA265_OE_ELECTIONS_IN_ESS) yesterday. What is the Elect after submit column? There are a couple that have a Y under that column and I was unsure what that meant.
 - **Answer:** It means that members made selections, submitted those changes, and then made additional selections. The most recent changes will be made in Edison.
- **Local Ed Question:** Can you give the details of the coverage codes again please? A, B, C, D which one is single, etc.
 - **Answer:** A is for employee; B is for family; C is for employee plus spouse; D is for employee plus children. A list of codes posted on the [ABC website under Edison Information](#). There are documents for both 2015 and 2016 coverage selections.

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- **Local Ed Question:** My agency asked me what is the best query to run for payroll to see what or who made changes?
 - **Answer:** You can run query TN_BA265_OE_IN_ESS. Use the most recent date and time stamp.

- **Local Ed Question:** I ran the PPACA query. Is there supposed to be an amount under the employer?
 - **Answer:** No. BA will provide the full amount/cost. The agency needs to determine the employee amount and what needs to be reported on the W2 forms.

- **Local Ed Question:** On the retiree form, the retiree will just check the HealthSavings CDHP? And, then select a carrier (BCBS or Cigna)?
 - **Answer:** Yes.

- **Local Ed Question:** I have noticed a retiree who is not showing up on my retiree list that was recently sent out. I have not checked everyone yet. Should all retirees show up on the list through June 2015 who are enrolled in the state insurance plan?
 - **Answer:** The report shows through 2014. You will need to look at the final report for 2015. BA will send this final report in December of 2015.

- **Local Ed Question:** If there are changes that need to be made to the PPACA report, when are those changes due?
 - **Answer:** As soon as possible.

- **Local Ed Question:** On the PPACA report, are we supposed to make changes to send back to BA? I'm not sure what is needed from us on the report.
 - **Answer:** Please respond to the email we sent you regarding the report. We will correct any changes you send in.

- **Local Ed Question:** On the premium reports, does it show any retro amounts that are either owed to agency or by the agency (is it broken out in separate column)?
 - **Answer:** The retro amounts are listed separately. There should be a summary at the bottom of the report. There is also a query available and the complete list of the queries available on the ABC page titled **Edison Query List** and [found here](#).

- **Local Ed Question:** I found some yesterday that were just listed on the Employee line (PPACA report)?
 - **Answer:** If you find specific member issues on your reports, please submit a REMEDY ticket so we can review the issues and correct if needed.

- **Local Ed Question:** Are other Aspen Dentals denying Cigna coverage?

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- **Answer:** The update we were given lists Aspen Dental in Cleveland, Tenn. (#1395) as a dental provider that will not be in the State's Prepaid dental plan after December 31, 2015

- **Local Ed Question:** Some of our employees have contacted MetLife about the dental insurance and when they do, MetLife asks for the group number?
 - **Answer:** We verified with MetLife and members do not need a group number. Members should mention that they are on the State Group Health Insurance Plan for the State of Tennessee and the call center should be able to assist them. The MetLife call center was given the list of participating agencies to help identify members who do not say they are with the State of Tennessee.
 - Once the member has been automatically enrolled or selected MetLife, the eligibility file is loaded and the IVR prompts will be turned on. Employees will then enter their employee ID or SSN prior to reaching a customer service representative. At that point, the representative will have the member and plan information on the screen when the call is answered.

- **Local Ed Question:** Some of our members are having issues when they log in to Edison. It is showing a double login page.
 - **Answer:** If you could email us screenshots of this issue when it happens, that would be helpful. We have not been able to recreate this scenario to pinpoint the issue. Those screenshots can be emailed to benefits.info@tn.gov.

- **Local Ed Question:** I logged into Edison to register for the Nov. 5 training and I can't find it. Can you please let me know where to go to register for this?
 - **Answer:** We will have a trainer reach out to you. If you are having trouble registering, please call into the service center and ask for one of the trainers to contact you.

- **Local Ed Question:** Does a retiree send a fax directly to Benefits Administration if they make a change during the annual enrollment period? They do not access Edison to make the changes?
 - **Answer:** Retirees do not have access to Edison. They will need to fax or mail in the completed form. The form is in the 2016 Retiree Decision Guide and found on the ParTNeers for Health website under Enrollment Materials. Document is titled **Retiree Annual Enrollment Application** and is found [here](#). The retiree enrollment period ends on October 30 at 4:30 p.m. Central.

- **State Question:** If an employee is on the spreadsheet but does not have 'saved' beside his or her name, is that okay?
 - **Answer:** Yes. That means they have not made any changes.

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- **State Question:** Once an employee hits submit, how long before we can see his or her selections on Edison?
 - **Answer:** It usually take overnight for those selections to show up in the system.

- **State Question:** Was there a query for vision insurance coverage too?
 - **Answer:** Yes. Vision is included on the TN_BA219_MED_DEN_COVERAGE query.

- **State Question:** I have been asked about crowns for dental. If a physician has recommended several crowns. Is this considered a work in progress? However, each crown is done separately.
 - **Answer:** Coverage will depend on which dental provider the member has selected. This information is found on the Dental Treatment document emailed to ABCs on Friday, October 9.
For Cigna Dental DHMO (Prepaid)
 - The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage is excluded (not covered).
For MetLife DPPO
 - Prosthodontic Treatments - Crowns and Bridgework – Treatment (preparation and impressions) started prior to, but placed after the MetLife effective date will be considered an eligible expense under the MetLife dental plan.

- **State Question:** No changes are being made with pharmacy and the PPO correct?
 - **Answer:** The only change for pharmacy is the expansion of the maintenance tier medications.

- **Local Ed Question:** We have a new part-time employee and need to know if they would be allowed to work more than 30 hours while in training or does the 30-hour limit apply to part-time? Our agency does not have insurance for part-time. They are regularly scheduled for 24 hours (a week).
 - **Answer:** Based on federal guidelines, the employee would have to average 30 or more hours a week during your measurement period. If the employee averages more than 30 hours per week, then they are eligible for coverage.

- **Local Gov Question:** On the out-of-pocket maximum (OOPM) column (benefits chart) is that truly the most out-of-pocket that an employee will have to pay each year or are there certain things that could be billed that would cause an employee to have to pay more?
 - **Answer:** If the services and treatments are in-network and covered, once the member meets the OOPM for the plan, the plan will pay the full costs of the in-network, covered services. With the CDHP, the same would apply, but the

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member has to make sure the expenses are approved medical expenses and provided by an in-network provider.

- **Local Gov Question:** Is it set in stone that Tennova will not be participating in Cigna LocalPlus or is there still a change they could come on board? Our local hospital in our town is Tennova so this could be a big issue for us. So, there could be charges that would not be covered in the event of a hospital stay?
 - **Answer:** The lists we sent to ABCs last week of in-network hospitals and facilities are the most current facility updates for both Cigna and BCBST. In an **emergency**, members can go to an out-of-network hospital and the charges should be in-network.

- **Local Gov Question:** If someone goes to a local hospital that is not in-network with the insurance, you will have to pay out-of-network or nothing at all?
 - **Answer:** If members go to an out-of-network hospital and receive covered services, the member will have out-of-network benefits and could be subject to the out-of-network maximum out-of-pocket, the deductible and the lower level of benefits as outlined in the Decision Guide. This will be the column that lists the out-of-network costs by plan type. If a true emergency situation, then charges should be in network for the member.

- **Local Gov Question:** Our new employees are enrolling in 2015 coverage in ESS and we are sending in a paper form for their 2016 choices with a note to BA that the paper form is for AETP. That is correct? Right?
 - **Answer:** Yes.

- **Local Gov Question:** I had an employee who was sent for a colonoscopy and he was told he would have to pay his deductible. Was the facility wrong?
 - **Answer:** It would depend. If the member went in for a screening colonoscopy and it was filed that way with insurance, then the deductible would not apply. But if the colonoscopy is a diagnostic procedure, then out-of-pocket costs could apply. If you have a claim for a member you would like for us to research, send that information to the BI box at benefits.info@tn.gov.

- **Local Gov Question:** If employees want to terminate dental and their health coverage, can we do this on the same enrollment change application?
 - **Answer:** Yes.

- **Local Gov Question:** Can dropping medical insurance be done in ESS?
 - **Answer:** Yes, during annual enrollment, members can add, drop and change coverage options.

- **Local Gov Question:** On the dental comparison, sheet it states age limit on MetLife is 19. Is this something different from the coverage age of 26?

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- **Answer:** This applies to fluoride treatment with cleaning and orthodontia services.

- **Local Gov Question:** One of the main hospitals doesn't accept Cigna in our area and I expect a BCBST change as well. If members go to this hospital, it will be out of network, but in an emergency it will be treated as in-network?
 - **Answer:** Yes, that is correct.

- **Local Gov Question:** Is there anything an employee can do if they have dental work started under Assurant that is not finished by December?
 - **Answer:** Cigna will not pay for any treatment already started under Assurant. We included this information in the Treatment in Progress document sent to ABCs on Friday, October 9.
 - Cigna Dental DHMO (Prepaid):
 - The completion of crowns, bridges, dentures, or root canal treatment already in progress on the effective date of your Cigna Dental coverage is excluded (not covered).
 - If you or your family member started treatment before you joined the Cigna Dental Prepaid Plan (called "orthodontics in progress"), this treatment is excluded (not covered).

- **Local Gov Question:** These non-covered medical items that could be charged, would the employee be liable for these charges, again in a hospital stay?
 - **Answer:** If the services are non-covered medical services or treatments, then the member would have to pay the costs. If the member uses an out-of-network provider in a non-emergency situation, the out-of-network costs would apply for covered services. With the in-network provider, typically an in-network is required to get Prior Authorization for services if those services aren't authorized in advance. It is difficult to answer this question, as each scenario is different.

- **Local Gov Question:** If an employee gets divorced and terminates health insurance for the spouse and it is official as per the judge, are we required to inform the ex-spouse that he or she is no longer has health insurance?
 - **Answer:** No, but BA sends out a COBRA letter for the ex-spouse, but that is the only information we will send about the termination of insurance.

- **Local Gov Question:** If you add a spouse on your dental coverage, do you have to submit document for verification?
 - **Answer:** Yes, if the spouse has not been previously covered under any other insurance and we do not have any verification on file. However, if the spouse already has health insurance under the employees plan, then we wouldn't need verification.

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- **Higher Ed Question:** In the BA219 elections query, will it show OSA and optional products such as MN Life?
 - **Answer:** No, the Optional AD&D coverage will show on the audit queries. As far as optional term life and any change, we do not store these elections in Edison and they would not be on the query.

- **Higher Ed Question:** Can you post the presentation on the ABC webpage?
 - **Answer:** We post this same information in the call notes on the ABC webpage by date. The queries with descriptions are already posted on the ABC webpage under Training, called Edison Query List.

- **Higher Ed Question:** Do the employees have to go in and submit before the deadline?
 - **Answer:** Yes, they need to submit by 4:30 p.m. Central, October 15.

- **Higher Ed Question:** I have run the report for documentation and I know I uploaded documents on Monday but I don't see them under the employee's record and an employee submitted documents on Monday. Where are those being placed where I can see them under the document?
 - **Answer:** If they have been processed under our document ID process, you should look under general correspondence; either number 1 or number 5. Dependent verification documents in Edison are saved under general correspondence.

- **Higher Ed Question:** I have a question regarding Tennova and Cigna. Last week, our Cigna rep confirmed that it was only East Tennessee facilities that were no longer in the Cigna Local Plus network. West Tennessee was specially addressed and we were told that these facilities were in-network with Cigna. Tennova has sent an email out regarding facilities that were no longer in network and Jackson Regional was listed as one of the facilities. Is Jackson Regional in or out of network with Cigna for 2016?
 - **Answer:** Jackson Regional has not been on the lists we have provided as being in the LocalPlus network.

- **Higher Ed Question:** I spoke with someone at Tennova in LaFollette and they told me they are in negotiations with Cigna and to stay in but we only have until tomorrow to make the decision to change. My employees are coming in upset.
 - **Answer:** This facility is not on our list as in-network for Cigna LocalPlus. They are in BCBST Network S.

- **Higher Ed Question:** I have assisted a couple of employees who didn't have a saved email in Edison. But when we tried to update it, it wouldn't permit it. I added it in Edison under Modify, but will the employee have to go back in to request an email confirmation opposed to U.S. mail?

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- **Answer:** The employees will have to go in and add the email address into Edison themselves.

- **Higher Ed Question:** Can an employee open another HSA through a bank if he enrolled in the CDHP? A member wants to open up one (HSA) in Wells Fargo, is he still tied to enroll in the state's HSA? And if he didn't satisfy the Partnership Promise and can't enroll in the Wellness CDHP, correct?
 - **Answer:** Yes, he can open another HSA at another bank, but he'll have to pay the administrative fees and he can't do pre-tax payroll deduction. If he enrolls in the HealthSavings CDHP and does open a HSA at another facility, he will have to prove that he is in a qualified HDHP. And yes, if the member did not complete the Partnership Promise requirements, he would not be eligible for the Wellness CDHP.

- **Higher Ed Question:** If someone is in the process of making changes but doesn't submit until after 4:30 p.m. Central, will it still be accepted?
 - **Answer:** If they make their selections and submit them by midnight on October 15, they will be accepted.

- **Higher Ed Question:** An employee came by yesterday and wants to enroll in CDHP. He has met Partnership Promise and he verified through Healthways. However, when he logged into Edison neither the Partnership PPO nor Wellness HealthSavings not offered as his choices. He definitely wants to enroll in the Wellness HealthSavings CDHP. He immediately called Healthways who verified that he and spouse met promise. He went ahead and enrolled in CDHP. What should he do?
 - **Answer:** Send in the member's name and ID to the BI box at benefits.info@tn.gov and we will research this for you.

- **Higher Ed Question:** I want to clarify when the agenda that the call notes and things, that for the treatment in progress for dental – this is for individuals that are already enrolled and currently in the prepaid plan?
 - **Answer:** With Cigna, treatment in progress for services started prior to the effective date would not be covered. MetLife says that the transition of care would be covered, but Cigna has said that any treatment started prior to Cigna would not be covered.

- **Higher Ed Question:** Any news on the POMCO premiums for 2016?
 - **Answer:** The Insurance Committee approved the rates for 2016 and the total monthly premium rate will increase by \$1.79 to \$138.47 per plan member for 2016. This amount is prior to any support the retiree may receive for their years of service.

- **Higher Ed Question:** Has the POMCO brochure been updated? I found the letter with the new premiums but not the new brochure.

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- **Answer:** We are in the process of updating the brochure and will let you know when it is complete.

- **Higher Ed Question:** But how long after 4:30 p.m. will enrollments be taken and if in the call queue before 4:30 p.m., will the member be assisted?
 - **Answer:** If in the queue and the member remains on the line, the call will be taken. The 4:30 p.m. time for ESS enrollments is a soft deadline and we will take enrollments up to midnight.

- **Higher Ed Question:** I have an employee who logged into Edison and clicked on open enrollment (OE) and welcome to employee self-service, but it stated, “You do not have an open benefits enrollment, contact your ABC”. What do I need to do?
 - **Answer:** Email the BI box at benefits.info@tn.gov with the employees ID and we will go in and set up an annual enrollment event for the member.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **State/Higher Ed:** Benefits Administration has decided to cancel the weekly ABC calls for the next two weeks.
 - In November, calls will be during the third week of the month due to the Veterans Day holiday during the second week.
 - The next monthly ABC calls will be:
 - **State:** November 17
 - **Higher Ed:** November 18

- **State: Flu Shot Clinics:** As a reminder, The ParTNers Health & Wellness Center is hosting flu shot clinics and we still have these dates for employees in the Nashville area:
 - **Friday, October 23, from 9 a.m. to 3 p.m. Central**
 - **Andrew Jackson building**, 500 Deaderick St., Hearing Room, room 201
 - **Friday, October 30:**
 - **MetroCenter – Dept. of Health**, 665 Mainstream Dr., 1st floor, Mockingbird Room
 - **Note:**
 - No appointment is necessary
 - Employees need their State ID or driver’s license for building access
 - Shots are given on a first come, first served basis
 - Beginning in November, flu shots will be available in the ParTNers Center by appointment only, while supplies last.

- **Local Ed/Local Gov: General Benefits and CDHP/HSA Overview Employee Webinar:**
 - Webinars are still available for employees to learn more about their benefits options. We included a flier with the Friday, September 22 email and we encourage you to share this with your employees.
 - Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - **October 21: 2:30 p.m. to 3:30 p.m. Central**
 - **October 27: 2:30 p.m. to 3:30 p.m. Central**

- **Local Ed/Local Gov: Quick Link Video - Employee Benefits Webinar:** We have posted a link to a Quick Links video for Local Ed and Local Gov employees to learn about their 2016 benefits options. This is recording of the live webinars offered to employees. The video is on the ParTNers for Health website, under [Enrollment Materials](#).

- **Local Ed/Local Gov - PayFlex – Employer Portal Access:** On Monday, October 19, BA emailed the following information along with the **HSA Employer Portal Guide** to all ABCs.

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- PayFlex will send two emails to all of the contacts provided on your agency's PayFlex checklist;
 - One email with the user name
 - One with the password for access to the Employer Portal located at www.payflexdirect.com/Employer/EmployerLogin.aspx
 - Use the guide we sent you on Monday to assist you with using this site.
- PayFlex emails will **also** go to Local Ed and Local Gov contacts on record (primary ABCs) with the state if the checklist was not provided back to PayFlex.
- All contacts referenced on the checklist will receive access to the employer portal.
- **Higher Ed: PayFlex – Employer Portal Access:** On Monday, we sent an email to UT and TBR contacts that included the HSA Employer Portal Guide as well as the URL for the employer portal:
 - www.payflexdirect.com/Employer/EmployerLogin.aspx
 - PayFlex will send two emails: one email with the user name and one with the password for access to the Employer Portal.
 - The PayFlex emails will go to all current FSA contacts for Higher Ed agencies.

COMMUNICATIONS QUESTIONS

- **Local Ed Question:** Just to be sure, UT health center will accept BCBST Network S?
 - **Answer:** Yes, **UT Medical Center** is in-network for state group health insurance plan members in all plans and with both carriers BCBST and Cigna.
- **Local Ed Question:** Update on Vanderbilt?
 - **Answer:** No updates at this time, but we do not anticipate any issues.
- **Local Ed Question:** Will St Thomas hospital be in LocalPlus?
 - **Answer:** No, St. Thomas Hospital is in BCBST Network S.
- **Local Ed Question:** Do you think Tennova will change their minds and join Cigna LocalPlus?
 - **Answer:** No, the last list we sent to ABCs is the most current list of in-network facilities for both Cigna LocalPlus and BCBST.
- **Local Ed Question:** Are negotiations still ongoing between Tennova and Cigna or is it final that Tennova is out of network on December 31?
 - **Answer:** To BA's knowledge, the decision is final.
- **Local Ed Question:** BCBS also made changes to Network S. Do we know what changes have been made? It seems that all we hear about is Cigna.

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- **Answer:** BCBST joined us on calls last week to give updates. UT Medical Center is in Networks S for state group health plan members. Note: Providers can join and leave networks at any time. We always suggest that members check the online network directories for the most up-to-date information. The changes to the facilities for 2016 are included in the lists located on the ParTNeers for Health website on the [Health Carriers page](#).
- **Local Ed Question:** Our district does not participate in the dental and vision through the state. However, the mailers about dental and vision that have gone out cause a lot of confusion, which results in me getting a lot of calls and emails. I understand BA sends this out regardless of the LEAs that participate or not, but in the future is there any way to only send these mailers out to those LEAs that do participate in the state plans?
 - **Answer:** Dental coverage postcards were mailed to some LEA members in error. EyeMed, the state's contracted vision care vendor, did not mail out any information about vision coverage to our members.
- **Local Gov Question:** Is Vanderbilt going to be in network with BCBS for 2016?
 - **Answer:** We do not have any updates from BlueCross, but do not anticipate that Vanderbilt will not be in BCBST for 2016.
- **Higher Ed Question:** I have a member who is currently enrolled in the Assurant plan for dental. She was confused and concerned about the MetLife mailing she received.
 - **Answer:** MetLife sent a general postcard to all eligible members. It does not mean that she is enrolled in MetLife for 2016 Benefits.

PAYFLEX (HSA) QUESTIONS

- **Local Ed Question:** How do we find out if it (the checklist) was received?
 - **Answer:** PayFlex is not responding back to agencies that provided the checklist. The state has sent out emails advising those agencies who have not sent in the checklist. If you sent in the checklist and PayFlex has questions, they will contact you directly.
- **Local Ed Question:** Will we be getting the emails even if we are not offering the payroll deduction option?
 - **Answer:** Yes, as long as you provided contacts on the checklist, PayFlex will set you up with access to the portal. In the absence of receiving a checklist back from an agency, we will communicate with the primary ABC.
- **Local Ed Question:** Are you going to touch on testing for the file feed?
 - **Answer:** Yes, that will be another step. PayFlex is in the process of setting up the file contacts with secure access. Once that is complete, PayFlex will be on

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the calls to let you know the connectivity has been set up and you can access the file feed.

- **Local Ed Question:** Are we going to have any training regarding using PayFlex or uploading the file to them?
 - **Answer:** We posted PayFlex PowerPoint presentations from previous calls on the ABC webpage that can help you with uploading files. Specifically from the September 15 ABC call, a presentation titled PayFlex for Local Ed/Local Gov on File Reporting is on this site. You can find the presentations [here](#).
- **Local Ed Question:** Will we have a master list of this information usernames or passwords?
 - **Answer:** No, these are individual emails that are automated that go out to your contacts from PayFlex. PayFlex will have access to the usernames but not the passwords.
- **Local Ed Question:** Will there be a number for employees to contact PayFlex if they have forgotten their username and password? Employees lose this information and will contact me.
 - **Answer:** If an individual employee signs up for PayFlex and they have forgotten their username and password they will be able to call the number on the back on their PayFlex debit card for assistance.
- **Local Ed Question:** Is the contact the same as the checklist contact?
 - **Answer:** Yes, the contacts you provided on your checklist will receive the emails with usernames and passwords. On the checklist you completed for PayFlex there were questions about whom you wanted to have access to the portal (roles). These are the contacts that will be able to go on the employer portal and they will receive their own email to access the portal.
- **Local Gov Question:** If I have employees who do not use a computer how will they set up their account and will they be mailed a monthly statement?
 - **Answer:** Once the account is set up by PayFlex, members will receive their debit card in the mail, which will have information about their account. Members can also use a mobile app to check their account.
- **Local Gov Question:** So there are no paper applications that are required in office?
 - **Answer:** No, members do not have to fill out an application for the HSA account. But if you are offering payroll deduction, you will have to determine how they will set this up with your agency. Once the member enrolls, the enrollment will be sent from BA to PayFlex. PayFlex will set up the account once the member goes through the Customer Identification Process (CIP) due to the Patriot Protection Act. PayFlex takes care of this. The CIP must be

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complete before PayFlex can process the HSA enrollment and for the member to receive a card for his or her HSA.

- **Local Gov Question:** What was the customer service number?
 - **Answer:** The PayFlex customer service number is 855.288.7345.
- **Local Gov Question:** If our county is contributing to the HSA for our employees what is the process for our agency to get that money into their accounts?
 - **Answer:** PayFlex presented information about the payroll deduction and the file reporting process and this information is included in the presentation found on the [ABC webpage under Training](#) and is dated September 16. If you have questions about this process, you can email PayFlex at stateoftennessee@payflex.com and they will assist you.
- **Local Gov Question:** So the file would be submitted after each payroll.
 - **Answer:** The file would need to be submitted around the same time as payroll so that PayFlex can deduct the funds from your agency's account to put the payroll deduction into the employee's account as soon as possible. You can email PayFlex at stateoftennessee@payflex.com if you have questions.
- **Higher Ed Question:** Regarding Payflex's test debit, how much money does the agency need to make sure is in the account before the test debit happens?
 - **Answer:** The withdrawal is usually \$1 and then we put the funds back into the account. The purpose it to make sure the withdrawal goes through without any issues.

PARTNERS WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** Is the appeals process with Healthways over or are appeals still being considered?
 - **Answer:** Some members are still in the process for appeals and Healthways will continue to send them over on a file to be moved back to the Partnership PPO.

Operations:

- **Upcoming ABC Workshop:** A reminder, we have an ABC Workshop scheduled in November:
 - **November 5, 1 p.m. – 2 p.m. Central**
 - **Topic: Queries to Run after Annual Enrollment**
 - **Web-based training**

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- **State - Coverage Term Date Changes:** As a reminder, the term date of coverage will be changing effective 1/1/16. As of 1/1/16, active insurance will terminate on the last day of the month the employee is in active pay status.
 - For example, if an employee's last day in active status is 1/5/16, active insurance will terminate on 1/31/16.
 - We have received several applications for retirement recently for employees that are retiring in 2016 that have an incorrect termination date of active coverage and as a result an incorrect start date for retirement insurance.
 - Please make sure the correct termination date of employment (last day in positive pay status) and the last day of coverage as an active employee is certified correctly on the Application to Continue Insurance at Retirement.
 - With the coverage end date changing to the end of the month in which they terminate, the retirement insurance effective date will be one month sooner now for eligible retirees. Please communicate this change to your employees who are retiring on or after 1/1/16 that their termination date of active coverage will be on the last day of the month and as a result, their retirement insurance effective date will be affected.
 - **Please note: The insurance terminates based on the effective date in Job Data. If the employee's last day of work is 1/31/16 and the date of the termination on Job Data is 2/1/16, then their insurance will terminate at the end of February and NOT the end of January.**

- **Document Volume and Call Information:**
 - **Local Ed:** We wanted to share with you an update on the volume of documents that the active call center last week.
 - On 10/12/2015, we started with 132 documents in the Local Education queue that were held over from the previous week. We received an additional 222 documents and processed 199 documents out of the queue. The State and Higher Education annual enrollment deadline refocused our priority away from keying documents. We are now working overtime to catch up.
 - Average calls taken by the active service center last week was 459 per day. Our average wait time 3:20 seconds.

 - **State:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/12/2015, we started with 239 documents in the State queue. We received an additional 249 documents and processed 151 documents. The annual enrollment deadline refocused our priority away from keying documents. We are now working overtime to catch up.
 - Average calls taken by the active service center last week was 459 per day. Our average wait time 3:20 seconds.

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- **Local Gov:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/12/2015, we started with 98 documents in the Local Government queue. We received an additional 139 documents and processed 87 documents. The State and Higher Education annual enrollment deadline refocused our priority away from keying documents. We are now working overtime to catch up.
 - Average calls taken by the active service center last week was 459 per day. Our average wait time 3:20 seconds.

- **Higher Ed:** We wanted to share with you an update on the volume of documents that the active call center has received last week.
 - On 10/12/2015, we started with 82 documents in the Higher Education queue. We received an additional 207 documents and processed 117 documents. The annual enrollment deadline refocused our priority away from keying documents. We are now working overtime to catch up.
 - Average calls taken by the active service center last week was 459 per day. Our average wait time 3:20 seconds.

OPERATIONS QUESTIONS

- **Local Ed Question:** How do I search for the ELM training for queries for November 5? I am in ELM and trying to browse the catalog and cannot find the number?
 - **Answer:** We did verify during the call that the training is listed in ELM. You can find it by searching for “ABC Workshop”. If you are having trouble finding the workshop, you can email the BI box at benefits.info@tn.gov and we will have a trainer assist you.

- **Local Ed Question:** Will the Retiree PPACA report be in the same format as the PPACA report that we pull out of Edison? It will make things a lot easier if the two reports will be in the same formats and easier to upload to our app.
 - **Answer:** Yes, we are working to make a similar as possible and we do recognize that would make it easier.

- **Local Ed Question:** Will the November 5 workshop be recorded? I want to attend and I have just learned I have an offsite meeting.
 - **Answer:** We have not recorded the workshops in the past but we are going to try to record the November 5 workshop.

- **Local Ed Question:** When running the Query BA265 employees that made changes show two lines w/changes & only one line is marked "Y". Is this the most current date/time stamp?

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- **Answer:** The “Y” is for those that submitted an enrollment and then made additional changes. The changes with the latest date/time stamp are the changes that will load in Edison.

- **Local Ed Question:** Do you want an application submitted for all dependent document verification or can we just send in the documents?
 - **Answer:** The employee would need to make Annual Enrollment elections via ESS and submit dependent documents via Edison upload or they can fax to 615-741-8196.

- **Local Ed Question:** Some of our employee uploaded dependent verification eligibility information. Can they also fax this in?
 - **Answer:** Yes.

- **Local Ed Question:** I don’t believe that retirees can use ESS – is that correct? I had an employee come in yesterday and I used the form off the ABC website to change their vendor, is this correct?
 - **Answer:** Yes.

- **Local Ed Question:** I added new coverage for an existing employee by faxing the dependent verification documents in. They are not showing on the query, but the documents are showing in the scanned documents?
 - **Answer:** Due to the volume of documents we are receiving right now, it may take a few days for us to enter the information into the system to show up on the query.

- **Local Ed Question:** Is there any type of document that can be given a new hire on how to make hire sections in ESS? If so, please advise where it can be found.
 - **Answer:** There is a Quick Video on the BA website on the “For New Employees” page under Resources. Instructions are also in the 2016 Decision Guide.

- **Local Ed Question:** If an employee’s spouse has a different Annual Enrollment time frame from the state and the new coverage or changes take effect 11/1, can the employee use this as a Special Qualifying Event to add coverage to the state plan?
 - **Answer:** No, this would not be a qualifying event to add state coverage as the spouse voluntarily dropped his or her own coverage during his or her Open Enrollment. The employee can elect to add their spouse during the Local Ed/Local Gov Open Enrollment but coverage will not become effective until 1/1/16.

- **Local Ed Question:** I have had many new employees who were given temporary usernames and passwords and they are saying they are not working for them.

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- **Answer:** Sometimes the characters in the passwords are difficult to decipher. Members can call the Password Reset Call Center at 844.330.9100 or use the first time login for benefits that is available on the Edison homepage.
- **Local Ed Question:** How long with the BA265 query be available? Last year they were purged on Dec 3.
 - **Answer:** The queries do not purge and are still available for last year and this year. To view all dependents use OET15 for this year or OET14 to look at last year's information.
- **Local Ed Question:** Do we give them the Edison Help Desk number or the BA number if they need password help?
 - **Answer:** You would give them the Password Reset Call Center number, which is 844-330-9100.
- **Local Ed Question:** If employees have questions about enrollment I am giving them the BA number, is this correct?
 - **Answer:** Yes.
- **State Question:** So you are saying for employees with a term coverage date after 1-1-16, regardless if they are retiring or ending employment? If you have an employee leaving at the end of the month – in January – separating in January – we key the last day of the month? We key on the last day of employment.
 - **Answer:** For agencies using ePAF, you will need to submit the ePAF as soon as you are notified that the employee is leaving. For the most part if you know in advance, you can enter the term date right away. The ePAF doesn't have to be approved at any level, just submitted. For non-executive branch, entries go into Edison without approval. The time you term the employee may depend on his or her position. We suggest you send an email to the BI box and we will contact you.
- **State Question:** What about an employee on Term Annual Leave?
 - **Answer:** If the employee is on term leave and they are still employed and receiving a paycheck, the employee is considered active. If they are on annual term leave and for example if they start running it today and it runs out Jan 2, his or her insurance will term on Jan 31 as the last day of leave status is January 2.
- **State Question:** If the term annual leave runs out 12-29-15, then their active insurance goes through 1-31-16?
 - **Answer:** Yes. As this coverage end date change does not start until 1-1-16, the coverage end date in this case would be 1-31-16. If term annual leave runs out on 1-29-16, the coverage end date would be 1-31-16.

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- **State Question:** So insurance is taken out one month in advance?
 - **Answer:** Yes, insurance is taken out one month in advance. That is why we are terming based on the ePAF when submitted by the agency. It is highly recommended that you submit the ePAF when you are notified that the employee is leaving. If the termination date changes, you can change this in Edison and it will void out and issue a new coverage end date. The sooner you can get an ePAF started the better.

- **State Question:** The retirement ePAF you are speaking about is Term AL? After all comp leave is done, I enter an ePAF for annual leave. Is this something retirement does? It is once term leave runs out they are separated.
 - **Answer:** The ePAF we are referring to is the one you will enter for separation once the employee runs out their annual leave.

- **Local Gov Question:** Can you clarify the effective date for benefits if someone transfers from part-time to full-time? For example, hired part-time 5/1/15 and then transferred to full-time on 9/25/15.
 - **Answer:** The coverage effective date is the first of the month following the change in status.

- **Local Gov Question:** I recently asked the question regarding new hire enrollment. I have been helping new hires enroll in ESS for their 2015 choices. I sent a paper form with their 2016 choices noting that it is for AETP (annual enrollment). I asked if that was correct in one of the recent conference calls and was told that yes it was. I received an email from Benefits stating I must enroll 2016 in the ESS. So now I am totally confused. I have sent in several paper forms and am afraid I will miss someone if I have to redo all my new hires!
 - **Answer:** You would need to send an enrollment form for 2016 Annual Enrollment (AE) if your new hire was hired during the AE time period and would not be able to make AE elections in Edison. The service center analysts have been aware of this process so you should not receive any emails.

- **Local Gov Question:** If an employee is dropping her spouse from health insurance effective 1/1/16, does she need to do a cancellation in addition to her open enrollment form?
 - **Answer:** Yes, she will need to submit an enrollment change application removing the spouse from coverage.

- **Local Gov Question:** I assume that computer problems on the employee's part, not Benefits Administration, will not be cause for an appeal?
 - **Answer:** If the reason for the appeal is due to computer problems or no access to a computer, this will not be grounds for an appeal.

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- **Local Gov Question:** I have an employee who has single coverage and got married earlier in the year. She does not want to add spouse, but does want to change her name on her insurance. Can she do that in ESS or I need to do that?
 - **Answer:** The member cannot make the change in ESS. BA would need the marriage certificate to verify the name change. BA Service Center staff will make the change in the system.

- **Local Gov Question:** I ran the PPACA Tax report query and found that there are a few people on the report who are no longer with the agency and have been gone for quite a while. Is there a certain date in Edison I should use to terminate them from Edison?
 - **Answer:** If the employee doesn't have coverage and terminated at any point prior to 1/1/15, use a term date of 12/1/14 in Edison. That way they will not show on the report for any month in 2015.

- **Local Gov Question:** Can dependents be covered on dental/vision but not on medical?
 - **Answer:** Yes.

- **Local Gov Question:** If employee gets married in October and wants to add her husband and his children, can she add them in ESS and make it effective 1/1/16? or 11/1/2015?
 - **Answer:** She can add them during open enrollment in ESS for coverage effective 01/01/16. If she wants it to be effective 11/1/15 then she will need to submit an enrollment change application within 60 days of her marriage date.

- **Local Gov Question:** I have an employee who has not previously had our insurance. He will be changing over to our family coverage. Would they be added through ESS or do I mail in a paper application?
 - **Answer:** If your agency uses ESS, the member should have an open enrollment and can add coverage and add the dependents in ESS.

- **Local Gov Question:** Just making sure that if an employee who has Cigna and is staying with Cigna, they will automatically be transferred/enrolled to the LocalPlus? So, no paperwork is needed?
 - **Answer:** That is correct. If the employee currently has Cigna as his or her carrier and doesn't make any changes, then he or she will continue to be enrolled in Cigna.

- **Local Gov Question:** Just to confirm; small employers can fax in AETP (annual enrollment) changes?
 - **Answer:** Yes, if your agency has less than 100 employees, then you can submit paper enrollment forms to BA.

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- **Local Gov Question:** Many of our employees will be doing their ESS changes at night or on the weekend. Is there any chance the password reset number will be available for extended hours. We have had many temporary passwords that do not work.
 - **Answer:** No, the Password Reset Call Center is only available from 7:00 a.m. to 4:30 p.m. Central, M-F. BA recommends that employees use the first time login for benefits that is available on the Edison homepage if they are having trouble logging in with their temporary password and cannot call during the day.
- **Local Gov Question:** An employee is a Type 1 diabetic, and he has asked if he takes the Limited PPO option, can he use the pens that he uses now? (He is not covered with us currently and he is on his mother's insurance elsewhere). Also, the same employee asked would the health, dental and vision be used as his primary insurance? (If he has all of that on his mother's insurance).
 - **Answer:** As of right now we cover the following as preferred brand insulins:
 - Humulin R U-500
 - Lantus vials
 - Lantus Solostar
 - Levemir FlexPen
 - Levemir FlexTouch
 - Novolin
 - Novolin N
 - Novolin R
 - Novolog
 - Novolog Mix 70/30
 - Toujeo
 - Some are vials and some are pens, but this is the list of all insulins covered under the plans, and there are no generic insulins. The copayment or coinsurance varies depending on the plan option a person is enrolled in, but when and where possible their biggest savings comes from filling these through either the mail order or at a Retail-90 pharmacy (e.g., CVS, Walmart, Kroger, Rite-Aid, Food City, etc.) where members can get a 90-day supply at the maintenance tier copayment for less than the 30-day supply copayment.
 - Note: The preferred brand of diabetic supplies (e.g., test strips and lancets) is OneTouch and these are the only diabetic testing supplies covered at the preferred brand copay. The member can use other brands but he would have lower copays using this brand. The member can call the Caremark customer service number at 877.522.8679 if he has questions.
 - As long as the other coverage is not the same under the same entity state sponsored plan then yes the employee can have dual coverage. The vendors will determine which plan would pay as primary through the Coordination of Benefits process.

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- **Local Gov Question:** If an employee wants to only change dental and has medical and vision, do you only want to see the dental change on the paper enrollment form?
 - **Answer:** Yes.

- **Local Gov Question:** I submitted an AETP (annual enrollment) application for an employee to term vision child and received an email asking to submit an application stating what vision the employee wants. Do I still have to submit a new application with just his? He wants to keep everything the same except dropping his son from vision.
 - **Answer:** Yes, you will need to submit an application showing the employee only coverage for vision if this is the case.

- **Local Gov Question:** I had an employee who wants to terminate his child's dental and they told me to put on the enrollment form. I sent it on the insurance cancel form.
 - **Answer:** If terminating coverage for a dependent who is still eligible then you would need to submit an Insurance Cancel Request Application. If you are removing a dependent that is no longer eligible for example due to divorce then you would submit this request on an Enrollment Change application.

- **Local Gov Question:** Will employees be required to submit paperwork to choose new dental or will it auto enroll?
 - **Answer:** They will automatically enroll in the same type of coverage (from Assurant to Cigna; or Delta Dental to MetLife). If they want to switch plans, they would have to make this election during annual enrollment.

- **Higher Ed Question:** Do we need to register for the Nov. 5 webinar?
 - **Answer:** Yes, you will need to register through ELM, and search for “ABC Workshop”.

- **Higher Ed Question:** Is anyone else concerned about the saved but not submitted report? I only have one or two showing up and that isn't the norm for my members.
 - **Answer:** No one has called in or entered a REMEDY ticket about the query being incorrect.

- **Higher Ed Question:** I tried to run the PPACA report and I don't think I am setting it up correctly?
 - **Answer:** If you have a large agency, you will need to run the query through HCM Schedule Query instead of HCM Query Viewer.

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Materials and Communications:

Annual Enrollment Updates and Materials:

- **Local Ed/Local Gov: Annual Enrollment:** As relayed on Friday afternoon, the large volume of enrollments and other administrative activities has overloaded the Edison ESS system. **Annual Enrollment has been extended until Tuesday, Nov 3, 2015, at 4:30 p.m. Central**
 - Employees will have access to ESS in Edison over the weekend.
 - If they have questions they can call the:
 - Edison Password Reset Call Center: 844-330-9100
 - Monday, Nov 2: 7:00 am – 4:30 p.m. Central
 - Tuesday, Nov 3: 7:00 am – 4:30 p.m. Central

- **Local Ed/Local Gov: Benefits and CDHP/HSA Overview Employee Webinar:**
 - The last employee webinar is October 27 at 2:30 p.m. Central.
 - If you have employees who would like to learn more about their benefits, they can join the call later today. Employees will not need to register for the webinar and they will use the same webinar dial in number and webinar link we use for the ABC conference calls.
 - As a reminder, we also posted a Quick Video about employee benefits on the ParTners for Health website on the Enrollment tab under Enrollment Materials.

- **PayFlex Updates:** PayFlex joined calls this week to let agencies know they are sending out emails with usernames and passwords for the employer portal, as well as usernames and passwords for those contacts in your agency who have access to file reporting.
 - **Once PayFlex is ready to accept test files, they will let you know.**
 - Emails start going out today (October 27) through Friday and will include the username and password to access the site. These are different than the emails with the username and password for the **employer** portal, which gives you access to view member activity.
 - Access to file reporting requires a unique access to the PayFlex site so the username is specific and allows your agency's contact to upload funding files. To help you determine if the email is about file reporting, it will include information about SFTP in the body of the email.

COMMUNICATIONS AND MATERIALS QUESTIONS

- **Local Ed Question:** Baptist Hospital in Huntington is not showing up when our employees check the Cigna website, this is making our employees nervous to continue with Cigna. I just want to verify that the hospital is in fact in network for Cigna LocalPlus.
 - **Answer:** Baptist Hospital in Huntington, Union City and Tipton are all in the updated online version of the provider directory and are in Cigna LocalPlus.

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- **Local Ed Question:** I have a couple employees who said they called Cigna to verify in-network providers and say they were told by Cigna that Tennova is in-network.
 - **Answer:** For 2016 coverage, Tennova facilities in east Tennessee are not in LocalPlus. In West Tennessee, Tennova branded facilities will be in LocalPlus. When calling employees need to specify coverage as of January 1, 2016. Cigna will remind their customer service representatives to verify this with state group health plan members.

- **Local Ed Question:** Our employees are also getting a letter about Baptist Medical Group that they will not be in the Cigna network for 2016. So that means that the hospital is in network but some of the physicians are not, correct?
 - **Answer:** The Baptist Medical Group physicians will not be in LocalPlus in 2016.

- **Local Ed Question:** Is the best way to make sure that the doctors that are covered under Tennova in east Tennessee to go to myCigna.com and look that up? We have many of the physicians who are giving employees conflicting information.
 - **Answer:** Mycigna.com is intuitive to your location and will pull up providers for Cigna Open Access Plus as these are the current 2015 providers. The best place to look for physicians for January 1, 2016 coverage is to go to Cigna.com. Members can call Cigna at 1-800-997-1617 and need to ask for the 2016 network and not this year's network.

- **Local Ed Question:** So Caremark is the coverage for both BCBST and Cigna? Is St. Thomas not covered under the Cigna LocalPlus? What about the Tennova facility in Jackson TN?
 - **Answer:** Yes, Caremark is the pharmacy provider for all members who have BCBST and Cigna as their carrier. St. Thomas hospitals are not in Cigna LocalPlus and Jackson Regional is not a part of Cigna LocalPlus.

- **Local Ed Question:** I had a retiree call and say that a Cigna representative told her she would remain in Open Access. Are retirees different from everyone else?
 - **Answer:** No. For 2016, all members who choose Cigna will need to use the LocalPlus network except for those who live in an area where there is no LocalPlus network. For these members, Open Access Plus would be the network they would use. This retiree mentioned above may live in an area that does not have a LocalPlus network.
 - As a reminder, members, dependents, students and retirees who are traveling or living in an area that does not have LocalPlus providers will use Open Access Plus providers for in-network services.

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- **Local Ed Question:** Did the State change the Cigna plan from Open Access to LocalPlus for cost effectiveness, or what? It seems this change has created a lot of angst for many people, at least in the West Tennessee area.
 - **Answer:** The contracts were rebid and yes, cost effectiveness and quality as well as access were considerations.

- **Local Ed Question:** In our area, the dental changes are causing the most confusion. Local dentists are giving conflicting information.
 - **Answer:** We do not have the control over what the dentists are saying, but the vendors can help members with information about dentists and BA is relaying information to ABCs and to members. Members can call the Cigna or MetLife customer service numbers that are found in the 2016 Decision Guide and on both the [BA](#) and [ParTNers for Health](#) websites.

- **Local Ed Question:** Has anyone else received a letter from Amerigroup RealSolutions about TRICARE WellPoint Military Care? I just wasn't sure what this was and if I needed to do anything with it.
 - **Answer:** The letter is not from BA and it doesn't have anything to do with the state's benefits.

- **Local Ed Comment:** Just an FYI that many of the employees who are having to move to BCBST are not happy. They liked Cigna, but love their doctor....so they are between a rock and a hard place. Just an FYI...they love Cigna.

PAYFLEX QUESTIONS

- **Local Ed Question:** When can new employees who sign up for the CDHP expect to get the information to set up their HSA account?
 - **Answer:** PayFlex will set up the account once the member goes through the Customer Identification Process (CIP) due to the Patriot Protection Act. PayFlex takes care of this. The CIP must be complete before PayFlex can process the HSA enrollment and for the member to receive a card for his or her HSA. Members who pass the CIP process will receive their debit card and information in early December.

- **Local Ed Question:** We are not doing payroll deduction for PayFlex, do we still have to set up with the username and password?
 - **Answer:** You do not have to access the portal, but in case you have a member who signs up at a later date, you have the username and password to access the **employer portal** if needed.

- **Local Ed Question:** So did you say that usernames and passwords are only going to the employers and not the employees?
 - **Answer:** Correct. These are for the employer portal or for those who will have access to file reporting.

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- **Local Ed Question:** I made the indication on the checklist that we would NOT have employer contributions or allow employee payroll deductions and I still received an email from PayFlex with the username and password.
 - **Answer:** Yes, that it correct. All agencies are set up in case you have an employee who signs up for the CDHP at a later date. You do not have to use these, but if PayFlex did not receive a checklist back from your agency, the primary ABC is the contact who will receive the emails with the username and passwords.

- **Local Ed Question:** We sent the checklist and had no beside employer contributions and no beside payroll deductions.
 - **Answer:** Your agency will still have a contact set up in the system with a username and password who can access the **employer** portal.

- **Local Ed Question:** Will the PayFlex HSA accounts only have one owner for the account?
 - **Answer:** Yes, each HSA is set up for the employee and they are considered the account holder.

- **Local Ed Question:** I thought that I sent in that we were having employer contributions and employee payroll deductions, but my emails from PayFlex were very short, with only the username on one and password on another. Should I not have access to the portal and the file upload?
 - **Answer:** It does sound like you have received the portal emails. We are still in the process of sending out the file reporting emails and they will have information about SFTP in the bed of the email. If you have any questions you can email PayFlex at stateoftennessee@payflex.com.

- **Local Ed Question:** If we are not sending in deductions do we need to access the portal?
 - **Answer:** No, you don't have to access the portal, but every agency will have one contact set up with a username and password to access the employer portal. You will be set up for the portal, which allows you to have access should you have any employees who sign up for the CDHP. You do not have to go in and monitor it.

- **Local Ed Question:** Is there a separate application that the employees need to complete for enrollment in the HSA? You may have already answered this question but I joined late.
 - **Answer:** No, the employee will receive a debit card and will need to register online for the HSA, but they do not have to fill out a separate application for the HSA.

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- **Local Ed Question:** The HSA account will have a beneficiary. If something happens to the account holder, the money goes to the beneficiary on file. At that time, how is this money treated? Does it stay in the HSA and used according to those guidelines or is a check sent to the beneficiary and that money counted as income?
 - **Answer:** The account holder should name a beneficiary. If the beneficiary is the spouse, the HSA continues to act as an HSA and he or she can use for medical expenses. If no beneficiary named, then the funds are taxable as it goes to the estate. If a beneficiary is not a spouse, the funds go to the estate and are considered income.

- **Local Gov Question:** Nobody took it (CDHP) and we didn't offer anything. I got an email today from PayFlex and I am not sure why I would need to set up an account. We don't anticipate anyone is interested.
 - **Answer:** All agencies will be set up to access the **employer portal**. For agencies that did not complete the checklist, the primary ABC will receive the username and password for access to the employer portal. You do not have to access it.

- **Local Gov Question:** I have received four emails from PayFlex, two with different usernames and password. They were sent separately and I don't understand why I have two. I am guessing that the time the email was sent will give me a clue as to which password goes with which username, but wonder why we have two different accounts? Is one of these for the portal and one for the upload you just described. How do I know which is which?
 - **Answer:** PayFlex is checking on this, but PayFlex may have reset your username and password due to an issue on their end. You can email stateoftennessee@PayFlex.com if you have questions.

- **Local Gov Question:** I did the very minimum because no one wanted the CDHP. Is there anything else I am required to do?
 - **Answer:** No, if you specified you would not give employer contributions or payroll deductions you don't have to do anything else. But your agency will have access to the employer portal should someone enroll in the CDHP at a later date. This is why all agencies are receiving emails with usernames and passwords.

- **Local Gov Question:** Would everyone on my list have received an email for portal name and passwords? My other people did not get that email.
 - **Answer:** Yes, each individual assigned a role will receive a username and password for access to the **employer portal**.

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- **Local Gov Question:** My emails came from Automail@payflex.com, is that for the portal? One says an account has been created for you – the password will be sent in another email.
 - **Answer:** These emails are for the portal. You'll get one with the username and another one with the password.
- **Local Gov Question:** What is the address of the portal?
 - **Answer:** www.payflexdirect.com/employer/employerlogin.aspx
- **Local Gov Question:** Actually, in looking back I did not receive my username and password email. The only thing I received was an email from BA stating that I would be receiving it.
 - **Answer:** PayFlex is still in the process of sending these emails out to agencies.

PARTNERS FOR HEALTH WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** An employee who is pregnant and is due April 2016, is she exempt from the biometric screening for 2016?
 - **Answer:** Yes. Employees who are pregnant are exempt from completing all of the requirements. But BA and Healthways have no way of knowing this and the employee would need to notify BA or follow up with Healthways directly.
- **Local Ed Question:** A related question to the one about the employee with a due date in April. Does the same thing apply to someone who is due the first week in January 2016?
 - **Answer:** Yes, this member would be exempt from completing the requirements but would need to notify BA or Healthways.
- **Local Ed Question:** What is the time frame for pregnancy and screening in 2016?
 - **Answer: Clarification.** Any member who is pregnant during a program year will be exempt from the WBA and biometric screening as well as coaching participation. Should a member become pregnant during the program year while enrolled in health coaching, she should inform her coach and the coach will remove the member from coaching and have a medical exception filed to create an exemption for the remaining requirements (WBA and biometric screening). The member will receive a letter validating the exception.
- **Local Ed Question:** If pregnant, does she have to complete the Well-Being Assessment?
 - **Answer:** No, any member who is pregnant during a program year will be exempt from the WBA and biometric screening as well as coaching participation. Should a member become pregnant during the program year while enrolled in health coaching, she should inform her coach and the coach

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will remove the member from coaching and have a medical exception filed to create an exemption for the remaining requirements (WBA and biometric screening). The member will receive a letter validating the exception.

- **Local Gov Question:** What is the waiting period again to enroll in the Partnership PPO if you have bene transferred due to not completing the requirements.
 - **Answer:** One year.

Operations:

- **Upcoming ABC Workshop:** A reminder, we have an ABC Workshop scheduled in November:
 - **Topic: Queries to Run after Annual Enrollment**
 - **November 5 from 1 p.m. – 2 p.m. Central**
 - Web-based training and you will sign up in ELM.
- **Document Volume and Call Information:**
 - **Local Ed:** On 10/19/2015, we started with 227 documents in the Local Education queue that were held over from the previous week. We received an additional 409 documents and processed 474 documents out of the queue.
 - Documents received through mid-day on 10/23 have been processed.
 - Average calls taken by the active service center last week was 239 per day. Our average wait time was 1:11.
 - **Local Gov:** On 10/19/2015, we started with 210 documents in the Local Government queue. We received an additional 240 documents and processed 189 documents.
 - Documents received through mid-day on 10/23 have been processed.
 - Average calls taken by the active service center last week was 239 per day. Our average wait time was 1:11.

OPERATIONS QUESTIONS

- **Local Ed Question:** The query for dependent verification is showing documents not received. I have emailed employees and they said they uploaded those and they are wanting me to check on that – how can I do that?
 - **Answer:** Employees can call into the service center and we will see if the documents were received. ABCs can check the scanned documents section in Edison for the member's dependent verification documents.
- **Local Ed Question:** In the new dependent query BA311 there is an "N" in the proof rec'd column & I rec'd confirmation that documents were successfully uploaded in Edison?

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- **Answer:** This means that the employee’s verification is in the queue to be processed. We have received a large number of documents this week. As long as you can see the documents in scanned documents then the verification has been received.

- **Local Ed Question:** Is there a specific contact for the PPACA report?
 - **Answer:** No, if you have questions you can respond back to the PPACA email you received, or send an email to the BI box at benefits.info@tn.gov.

- **Local Ed Question:** Under General Info on Edison Running Existing Queries and Report Overview, is the computer-based training and manual for running existing reports and queries still up to date? It is dated 8/4/2014.
 - **Answer:** That is a document created by Edison. We suggest that you attend the November 5 workshop on running queries after annual enrollment. Also, there is a list of queries found on the [ABC webpage](#) under training and there is a PowerPoint presentation about running queries on this site as well.

- **Local Ed Question:** One of our employees called BCBS and Caremark to verify prescriptions coverage before changing plans. Both informed him that BCBS paid 20% of the drug cost. They did not pay as the tiering shows in the decision guide. Example of pricing was on the drug Nadolol. He was quoted \$29.67 for 3-month supply. Is this correct? With Cigna a 3-month supply is \$5.00
 - **Answer:** The following are the plan member copayments or coinsurance for a 30-day supply of the medication nadolol (the generic version of the brand name drug Corgard). Because this medication is an anti-hypertensive and that is one of the medications classes in the maintenance tier, plan members can fill this for a reduced cost either through Caremark’s Mail Order pharmacy OR at a participating Retail-90 network pharmacy (e.g., Food City, Walmart, Kroger, CVS, Kmart, The Medicine Shoppe, Publix, and numerous other local independent pharmacies). This and other materials can be found on the State of TN/Caremark website: info.caremark.com/stateoftn

Plan Type	30 day supply	90 day maintenance supply @ mail order or a Retail-90 network pharmacy
Partnership PPO	\$5	\$5
Standard PPO	\$10	\$10
Limited PPO	\$10 (after meeting the \$100 per person deductible)	\$10 (after meeting the \$100 per person deductible)
Wellness CDHP	20%	10% coinsurance (without having to meet deductible)

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<ul style="list-style-type: none"> ▪ HealthSavings CDHP 	<ul style="list-style-type: none"> ▪ 30% 	<ul style="list-style-type: none"> ▪ 20% coinsurance (without having to meet deductible)
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- This medication is not covered or paid for through either Cigna or BCBS. Plan members should present their Caremark ID card at a pharmacy to fill this and their other prescriptions.

- **Local Ed Question:** In the query 265, if there is not a "Y" in the Elect after submit column, do they need to go back in to Edison to complete?
 - **Answer:** The Y shows up when they submit their elections and then go back in and make additional changes. As long as on the query, they have made a selection and the latest date/time stamp is the information that will be loaded.

- **Local Ed Question:** For changes for the PPACA report, how do we submit changes?
 - **Answer:** You can respond to the email you received or send in an email to the BI box. If you have the spreadsheet or have a question, email the BI box at benefits.info@tn.gov.

- **Local Ed Question:** I'm having trouble with the BA311 for dependents – not showing as adding dependents?
 - **Answer:** You can send a message to the BI box at benefits.info@tn.gov and we will have a trainer contact you.

- **Local Ed Question:** I don't think I received an email. When was this sent?
 - **Answer:** It was sent a couple of weeks ago. If you have retirees you would have received an email. You can email the BI box at benefits.info@tn.gov if you have questions.

- **Local Ed Question:** So the only ones that are on this list (PPACA) are the ones that still have the insurance under our system?
 - **Answer:** Yes, if they are on the list they had insurance as of December 2014.

- **Local Ed Question:** Should all retirees be on the PPACA report for retirees? I have a unique situation but just wanted to check.
 - **Answer:** The retiree report lists retirees having insurance deducted through a TCRS pension check. If you have some that think should be on the list, send an email to the BI box at benefits.info@tn.gov and we will research for you.

- **Local Ed Question:** That retiree list that I received does not have the retirees from this year on it. How do I go about getting the new names to you?

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- **Answer:** 2015 retirees are not on the initial pull from TCRS but will be on the next report you receive.

- **Local Ed Question:** I have a few retirees showing on my list that are over 65, should they be on the list?
 - **Answer:** It is possible that they had insurance for part of 2014 or are not Medicare eligible. If you have questions, you can send them to the BI box at benefits.info@tn.gov.

- **Local Ed Question:** I am having a problem with submitting a Remedy ticket. When I enter Remedy for the password, it comes up access not allowed. Has the password changed? Sometimes it works, sometimes it doesn't.
 - **Answer:** We will have a trainer contact you.

- **Local Ed Question:** How do we get the PPACA report?
 - **Answer:** For active employees you can run the TN_BA364 query. It will show active employees on the state insurance. If you have retirees on insurance through their TCRS pension, you would have received an email with those names a couple of weeks ago. If you didn't get an email probably don't have retirees.

- **Local Gov Question:** I would like to register for the workshop but I am not able to log in to Edison?
 - **Answer:** We will have a trainer contact you.

- **Local Gov Question:** Is the Mirena IUD covered under BCBST and Cigna the employer is trying to provide between providers?
 - **Answer:** As long as medically necessary, then yes it is covered as a family planning benefit.

- **Local Gov Question:** Is it too late for a Local Government Agency to enroll in vision coverage?
 - **Answer:** It is. The deadline was this past summer. Agencies that would like to add dental or vision coverage have to give us notice prior to July 1, 2016, to add 2017 vision or dental coverage. We will send out emails and notices next year prior to the deadline.

- **Local Gov Question:** My agency has implemented a spousal carve out policy to take effect 1-1-16. Whom should I contact at BA to ensure I am taking the correct steps to carry the policy out for our agency?
 - **Answer:** Agencies are not allowed to offer this type of coverage in addition to the state's group health insurance. Individual agencies shall not determine eligibility in a way that conflicts with the Local Government Plan Document. This is considered a conflict.

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- **Local Gov Question:** When do you expect to have the 2016 Eligibility and Enrollment Guides available?
 - **Answer:** They should be available around December 1.

- **Local Gov Question:** My agency has less than 50 employees, how do I submit our change forms?
 - **Answer:** For agencies with less than 100 people, paper enrollment forms can be submitted for Annual Enrollment Elections by uploading the documents or faxing them to BA. You can call the BA call center if you have questions at 800.253.9981.

- **Local Gov Question:** An employee has medical with us and dental and vision through her spouse. If he loses his benefits next year, is that a qualifying event for her to add dental and vision.
 - **Answer:** Yes.

- **Local Gov Question:** What report should we run to make sure changes have been received by fax?
 - **Answer:** We are still keying in enrollments and you will need to wait until after the annual enrollment period is over. If you can participate in the November 5 ABC Workshop about queries to run after Annual Enrollment, it will help you with the queries you can run to see all coverage changes.

- **Local Gov Question:** All forms and information for ESS have to be completed by October 30?
 - **Answer:** Yes, by 4:30 p.m. Central on this date.

- **Local Gov Question:** We have an employee leaving on November 30, when will they receive a COBRA notice?
 - **Answer:** It would depend on when the termination has been keyed into Edison. The COBRA letter is mailed as soon as BA knows about the termination of coverage.

- **Local Gov Question:** What is the address for the November 5 ABC Workshop?
 - **Answer:** You have to sign up in Edison (in ELM) and it is a webinar. The day before the webinar, you will receive an email with a link to join the webinar and it is a similar format to the ABC conference calls.

- **Local Gov Question:** Where can an employee get a list of dentists available under the Cigna DHMO plan?
 - **Answer:** There are dental provider links on both the [BA](#) and the [ParTners for Health](#) websites under dental. Members can also call the call centers for both Cigna and MetLife and ask about a specific dentist. The contact information is

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found for all vendors if also found on both websites and is listed in the 2016 Decision Guide.

- **Local Gov Question:** Which query is the best to run to see if changes were submitted properly?
 - **Answer:** We will go over all of the queries during the November 5 Workshop but there are three queries you can run.
 - **TN_BA265_OE_ELECTIONS_IN_ESS:** Is an audit of all changes through ESS.
 - **TN_BA219_OE_NOT_SUBMITTED:** Will show every person that has not submitted an enrollment. Look for the column of saved. It's the second to last column on the query. If the employee has a value of "SAVED" in the field it means that the employee has saved but not submitted his or her elections.
 - **TN_BA311_ESS_NEW_DEPENDENTS:** Shows all new dependents added through employee self-service. You would put in OE as the event class and 1-1-2016 as the begin and end date. The last column will show if verified with a "Y". If it has an "N", either BA has not received any dependent verification by the deadline or it could mean the enrollment was submitted and has not yet been keyed into Edison. Be sure to look in Edison under scanned documents for your employees' dependent verification documents.

- **Local Gov Question:** Which query would I run if employees do not use ESS and we fax in all changes?
 - **Answer:** At this point, all events are open and there is not a query to run. After annual enrollment ends and BA has had time to key in all enrollments, you can run the TN_BA219_MED_DEN_COVERAGE query.

- **Local Gov Question:** Where can we find the interpretation of the queries we should be running?
 - **Answer:** On the ABC webpage under training is a [list of all of the queries](#). It may be helpful your to you attend the Nov 5 Workshop on running queries after annual enrollment.

- **Local Gov Question:** What do you go under ELM to sign up for the webinar?
 - **Answer:** You will go to Edison in the ESS section, my learning, search catalog, type in ABC and all available trainings will populate. You will then find workshop with 11-5 date.

- **Local Gov Question:** It is my understanding that an employee with less than 50 employees does not have to do reporting (for PPACA).
 - **Answer:** We are seeking clarification on your reporting requirements. We will provide more information on an upcoming ABC call.

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- **Local Gov Question:** Employees do not have to elect benefits in Edison if they don't have any changes, correct?
 - **Answer:** Yes, that is correct.

- **Local Gov Question:** Where can I find the premiums?
 - **Answer:** On the [BA](#) and [ParTNers for Health website](#) under premiums and in the Decision Guide, which is also found on the ParTNers for Health website.

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Materials and Communications:

- **Annual Enrollment Update:** As we relayed in an email sent last Friday, due to a large number of enrollments and other administrative activities, annual enrollment was extended and ends today (November 3) at 4:30 p.m. Central.
 - Members who need help logging in to Edison can call the Password Reset Call Center today at 844.330.9100 until 4:30 p.m. Central.
 - As a reminder, dependent verification documents are due by 4:30 p.m. Central today as well.

COMMUNICATIONS QUESTIONS

- **Local Ed Question:** When will the weekly calls go back to monthly calls?
 - **Answer:** In November, the monthly calls will resume during the third week at the regularly scheduled time. Calls will be held during the third week instead of the second week due to the Veteran's Day holiday.

ANNUAL ENROLLMENT QUESTIONS

- **Local Ed Question:** I have someone who is trying to enroll and talking with Edison. The system is still not allowing her to enroll. She waived coverage last year. If not resolved today and Edison is not allowing her to go in and make selections, what do I need to do?
 - **Answer:** You can send an email to the BI box at benefits.info@tn.gov and we will look at it and get back to you.
- **Local Ed Question:** If someone faxed in a paper enrollment because he does not have computer access, will he be denied coverage?
 - **Answer:** Yes, because you are a Local Education agency, your employees must use ESS to make benefits selections.
- **Local Ed Question:** I have an employee who was transferred to the Standard PPO and wants to enroll in the Partnership PPO and he does not have the option available in Edison?
 - **Answer:** Send an email to the BI box at benefits.info@tn.gov with his information and we will follow up with you.
- **Local Ed Question:** I was told on Friday that we could fax things in and we were directed to do so. But that does not include new hires?
 - **Answer:** I'm sorry but you were given incorrect information. Local Education agencies must use ESS in Edison for Annual Enrollment activities. But for new hires, you can submit paper enrollments.
- **Local Ed Question:** We have less than 100 employees is that okay (to send in paper enrollments)?
 - **Answer:** No, Local Education agencies are required to use ESS.

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- **Local Ed Question:** I was directed by Benefits Administration to fax this information in (enrollment application) and now you are telling me my employee is not going to be covered? She is in a classroom and was waiting for husband's enrollment information.
 - **Answer:** For Local Education Agencies, employees must enroll using ESS. Please contact the BI box and we will have someone follow up with you.
- **Local Ed Question:** I was directed to do that as well with an employee who was covered under his parents plan. The employee decided to have his own plan and was already active in Edison. Then I was told I could not fax the form I had to send a letter and make changes in Edison.
 - **Answer:** Send an email to the BI box at benefits.info@tn.gov and we will follow up with you.
- **Local Ed Question:** If an employee did not receive a confirmation email, is that a cause for concern?
 - **Answer:** No, but members will only receive a confirmation email if they have an email address in Edison. If they select email confirmation, they will not receive a mailed confirmation.
- **Local Ed Question:** Can dependent verification documents be faxed?
 - **Answer:** Yes.
- **Local Ed Question:** A couple of employees have emails in Edison and did not receive a confirmation, but they are showing up on my report?
 - **Answer:** You do not need to do anything. The employees may have not recognized the secure email confirmation they received.
- **Local Ed Question:** Is the confirmation statement going to employees via secure email? Many are advising it is and they cannot access/open it.
 - **Answer:** Yes, the email has to be sent securely because it has protected health information. Members can set up a password to access the email. They can also log back in to Edison, make their changes, and select mail to receive a mailed confirmation.
- **Local Ed Question:** Does the following qualify for a special qualifying event. If the spouse has open enrollment.
 - **Answer:** No, the spouse would have to be losing coverage with his or her employer for this to be a qualifying event. Also, a life change that is a qualifying event would enable the employee to make a change.
- **Local Ed Question:** Is the following a Special Qualifying Event (SQE)? Spouse has an open enrollment in March and wants to drop his dental/vision coverage and instead be covered on the employee's dental/vision coverage. Can he make the change in March?

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- **Answer:** No, that does not count as a qualifying event. You would need to have the member enroll in the employee's dental/vision coverage during annual enrollment.

Benefits:

- **PayFlex:** Emails were issued last week by PayFlex to your file contacts providing them usernames and passwords to upload funding files. The emails contained an error in the username and in the user guide attached to their email.
 - **Another email was sent out on Friday, October 30, to the file contacts advising them to disregard the first emails.**
 - Friday's email also provided direction to the file contacts on where to locate their Employer ID within their username. The Employer ID is required within their file. The email also directed the file contact to upload a test file once they receive their new credentials with the corrected user guide.
 - The file contacts will receive their new credentials with the correct user guides for uploading HSA contribution files to PayFlex by this Friday, November 6.
 - If you have questions you can email PayFlex at stateoftennessee@payflex.com

PAYFLEX QUESTIONS

- **Local Ed Question:** I did not receive any emails from PayFlex and I am listed as a file contact. We are not doing payroll deduction.
 - **Answer:** If you completed the checklist and are one of the contacts listed, you should receive emails from PayFlex. If your agency is not allowing payroll deduction and not doing employer contributions and did not list a file reporting contact, you will not receive file reporting emails.
- **Local Ed Question:** Can we take PayFlex contributions back from an employee (via payroll deduction) if they are terminated or quit before the end of the period for which we have contributed? Is there a law against taking funds back from payroll deduction or that we cannot deduct from their first payroll check?
 - **Answer:** Generally, once the funds are in the account they belong to the member. The only example would be allowed if the employee is not eligible for the HSA, or if the funds from your agency put the employee contribution over the maximum allowed each year. You would need to check with your legal counsel about any laws associate with the account.
- **Local Ed Question:** Would we still have to set up a password account if we are not doing any deductions nor contributing?
 - **Answer:** I believe you are talking about the username and password for file contracts, and no, you do not have to anything. But if you have employees whom could sign up for the CDHP at a later date, it is okay to set up the accounts now.

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- **Local Ed Question:** I had gone in and set up password before I heard not to do anything. Did I mess up by doing this?
 - **Answer:** No, if we need to send you a new login and you would need to reset this, you will receive another email from PayFlex. When you get the new emails, just follow the directions.

- **Local Ed Question:** No one has chosen the HSA but we will educate the employee if anyone enrolls. Do I need to set up the account now or wait until someone enrolls?
 - **Answer:** You do not need to send a test file now, but you can do so to avoid delays in providing funds to your employees should any enroll throughout the plan year. Secure credentials were sent to you and you can set up a test file.

- **Local Ed Question:** When should the test files be run by PayFlex?
 - **Answer:** You will need to run a test file by the end of November and need to have the test file completed by the end of December in order for contributions to be in your employees' accounts.

- **Local Gov Question:** If our department does not wish to participate in PayFlex, do we need to follow up with the email to send a test file?
 - **Answer:** No, you do not have to do anything, but we do suggest that if you may have employees sign up at a later date, you should set up the accounts. If you do not, it could delay the funding process for the employee.

- **Local Gov Question:** I received two emails with the passwords and then the email to delete them. Have these been sent again?
 - **Answer:** The revised emails were issued 11/2 and 11/3 with the correct usernames and passwords.

- **Local Gov Question:** How long will it take our account managers to contact us for the test file? The email said to contact an accounts manager for the test file.
 - **Answer:** You should have received an email last Friday and this email will walk you through what you need to do to set up a test file. If you have received the emails with the corrected file details, you may submit a test now using one of the PayFlex file formats.

Operations:

- **Upcoming ABC Workshop:** A reminder, we have an ABC Workshop scheduled this week:
 - **November 5 from 1 p.m. – 2 p.m. Central**
 - **Topic: Queries to Run after Annual Enrollment**
 - Web-based training

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- For reference, when searching for a training, go to the ELM tab in Edison, type ABC and it will pull up all of the ABC trainings available. Search for the date of the training.
- ABCs will receive an email the day before the training with instructions on how to login to the webinar.

TRAINING QUESTIONS

- **Local Ed Question:** Has it been decided if the November 5 ABC Workshop will be recorded? If the recording does not work would you offer alternate dates for the November 5 training?
 - **Answer:** We will attempt to record it and if it works, we will make the link available. We will post the slides from the training on the ABC webpage under training and will look at our schedule to see if we can set up another training on this subject.
- **Local Gov: PPACA Reporting:** In the case of a self-insured plan, there is no insurer to report enrollment under Code section 6055, so the filing obligation falls on the employer. **Small employers that are not Applicable Large Employers (ALE) are obligated to report enrollment on Form 1095-B**, parts I, III and IV and all parts of Form 1094-B.
 - **Note:** Non-ALEs are not subject to employer shared responsibility obligations under Code section 6056 and thus are not required to report information about the coverage it offers to employees on the Form 1095/4-C series Forms.

PPACA REPORTING QUESTIONS

- **Local Ed Question:** Is there specific information I need to give my payroll department for the PPACA report?
 - **Answer:** You can run the TN_BA364 query and it will give you the information you need.
- **Local Gov Question:** For Federal PPACA reporting and agencies that have less than 50 employees, what do we need to do?
 - **Answer:** The filing obligation falls on the employer and your agency is obligated to report enrollment information on 1095B and all parts of form 1094B. Non-applicable large employers (Non-ALEs) are not required to report information on the 1094C and 1095C forms. You can review the IRS guidelines on 1094B and 1095B reporting here:
<https://www.irs.gov/instructions/i109495b/ar01.html>
- **Local Ed/Local Gov: Saved But Not Submitted Report:** Employees who are on the Saved but Not Submitted report will be granted additional days to contact the Benefits Administration service center. This extension was granted due to the AE extended deadline.

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- The service center analyst will verify the employee's elections and process the enrollment over the phone. No changes will be made we will only confirm/finalized what was saved. The employee will also be able to submit dependent verification if applicable.
- **This must be done no later than Tuesday, November 10, 2015 at 4:30 p.m. Central, after this date the employee will have to file an appeal.**

- **Document Volume and Call Information:**
 - **Local Ed:** On 10/26/2015, we started with 309 documents in the Local Education queue that were held over from the previous week. We received an additional 639 documents and processed 470 documents out of the queue. The Annual Enrollment volume has now put the total over 500 and we are working overtime to make sure we get all the documents processed timely.
 - Documents received through 10/28 have been processed.
 - Average calls taken by the active service center last week was 438 per day. Our average wait time was 1:10...this was reduced significantly by the Edison problems toward the end of the week.

 - **Local Gov:** On 10/26/2015, we started with 227 documents in the Local Government queue. We received an additional 457 documents and processed 384 documents. The Annual Enrollment volume has now put the total over 400, we are working overtime to make sure we get all the documents processed timely.
 - Documents received through 10/27 have been processed.
 - Average calls taken by the active service center last week was 438 per day. Our average wait time was 1:10...this was reduced significantly by the Edison problems toward the end of the week.

GENERAL OPERATIONS QUESTIONS

- **Local Ed Question:** I verified that dependent docs are in scanned docs but two employees are not showing up as marked "Y" showing received in the BA_311 query? Can you give me instructions for going to the query? I am having trouble getting in to the queries I need.
 - **Answer:** As long as they are showing in scanned documents, then you are fine. We have not had time to key in all of the documents. The November 5 Workshop will go over this and the queries you can run. You can find a full list of the queries on the [ABC webpage](#) in the Training section, and a PowerPoint document that walks you through how to run queries.

- **Local Ed Question:** So, dependent verification documents sent after 10/28 will not show in Edison yet...right? I have a few that say they have sent them but I still can't see them in Edison.
 - **Answer:** You should be able to see them in scanned documents. You can send an email to the BI box at benefits.info@tn.gov and we will check.

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- **Local Gov Question:** What is the query to run to let us know if any dependent verification is needed?
 - **Answer:** The TN_BA311 query and you will need to run this with the event class of OE and begin and end dates of 01/01/16. If the report shows a “Y”, the dependent has been verified. If it shows an “N”, the documents have not keyed and you need to make sure they are in the scanned documents location.

- **Local Gov Question:** What is the query to run for all changes or additions done during annual enrollment, or will we learn these on November 5
 - **Answer:** We will over all of these queries during the November 5 Workshop. You can also find a full list of queries on the [ABC webpage](#) in the Training section.

- **Local Gov Question:** What does it mean that you are self-insured?
 - **Answer:** As a self-insured plan, we have vendors who administer the benefits for our members but Benefits Administration actually pays all the medical claims.

- **Local Gov Question:** We submit paper enrollment forms. Checking this morning, I noticed an error and we forgot to sign the form. Should we resend with a note that it is corrected with a signature? There are four enrollment forms.
 - **Answer:** For open enrollment, the ABC did not have to sign the form, but the employee did have to sign the form.

- **Local Gov Question:** What if one missing signature was the employee signature?
 - **Answer:** We do need the employee signature and you would have to resubmit the form with the signature.

- **Local Gov Question:** I have had several employees who added dependents during open enrollment. They have asked me when they need to cancel their current coverage. I told them to wait until they receive their insurance card in December, is this good advice?
 - **Answer:** Coverage for dependents added during annual enrollment will not begin until January 2016. If they want to have continual coverage for the dependents, they would not want to cancel the old coverage before the new coverage effective date begins (on January 1, 2016).

- **Local Gov Question:** We send in paper forms. I missed sending dependent verification documents, do I note this?
 - **Answer:** You will need to put the employee’s Edison ID or SSN on the dependent verifications documents before sending them in. You do not have to resubmit the enrollment form.

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- **Local Gov Question:** I faxed our change form in last week and noticed I forgot to check the child's box on the premium level and dependent info. Do I need to do anything to correct this?
 - **Answer:** For open enrollment, you would not have to do this, but for a new hire you would need to revise the form and send it in.

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Materials and Communications:

- **2016 Eligibility and Enrollment Guides:** Links to the 2016 Eligibility and Enrollment Guides have been posted to the BA website under [Publications](#) and on the ParTners for Health website on the [Enrollment Materials](#) page.
 - Benefits Administration will mail guides to ABCs who ordered them during the first week of December.
 - If you need to order 2016 Eligibility Guides, you can complete the order form found at the top of the [ABC webpage](#).

- **New Employee Checklist:** The Employee Checklist, which you are required to complete during the initial enrollment period, has also been updated and you can find it on the ABC webpage by plan type. As a reminder, both the employee and ABC must sign the form and you will need to keep a copy of this checklist in the employee's benefits file.

- **State/Higher Ed: 2016 New Employee Benefits Presentation:** We have posted links to the 2016 New Employee Benefits Presentation on the [BA website](#).
 - **For employees**, there is a link to the presentation with audio on the [For New Employees](#) page.
 - **For ABCs**, there is a link to a PowerPoint titled "2016 New Hire PowerPoint Presentation – ST/HE" on the [ABC webpage under State Plan](#). You can use this version to walk your new employees through all of their benefits options.

- **Member Contact Information Reminder:** Our vendors will begin to mail new ID cards and materials to members beginning in December. Please be sure that members have their current contact information in Edison, or if a spouse on a plan that includes the Partnership Promise, with Healthways.

- **ALEX for New Hires:** An updated version of Alex for new hires is now on the homepage of the [ParTners For Health website](#).
 - **ALEX Survey:** Benefits Administration will send ABCs a survey in the upcoming weeks about ALEX.

Benefits:

- **Local Ed/Local Gov: PayFlex: File Reporting Process Reminder:** Kathy Stanton with PayFlex joined the calls this week to remind you about how to create a test file, how to upload the test file, and information on how Payflex will begin testing the bank accounts for those agencies that will be uploading HSA funding files.
 - We have included the slides from the PayFlex presentation below, and have posted these same slides to the [ABC webpage](#) under PayFlex.

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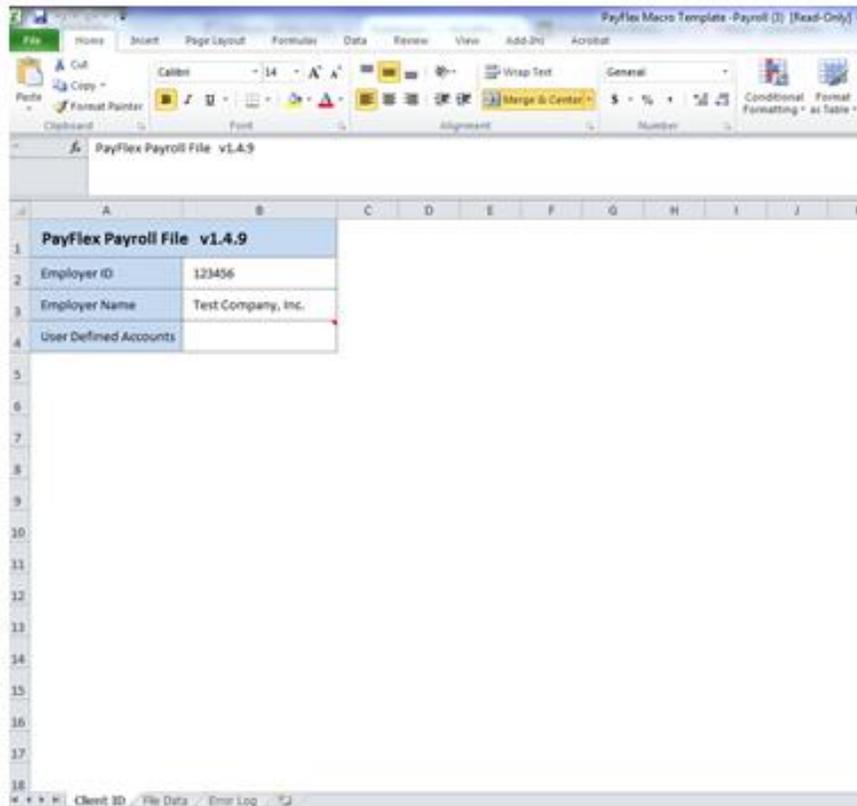
Create Test File using the “PayFlex Macro Template –Payroll”

Tips:

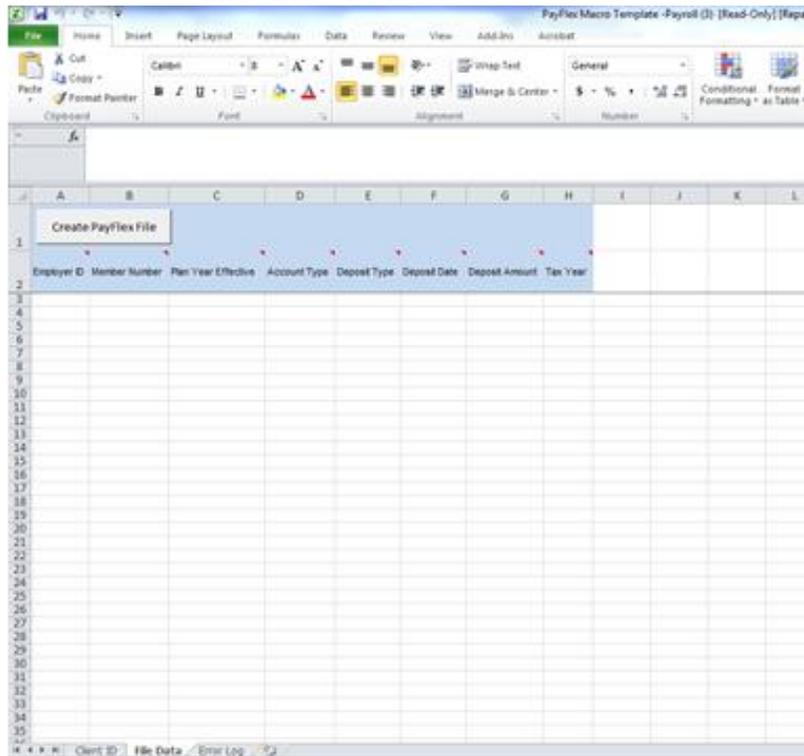
- Successful TEST file is required prior to uploading any live production file.
- Once file is opened, there may be a yellow band across the top of the file with a button “Enable Content”, click on that button to allow you to populate the file.
- Create a line for each employee who is to receive HSA contributions.
- Hover mouse over column titles to see tips on how to populate the field.

Steps

- First tab requires your Employer ID# and agency name only.
- Employer ID is the 6 digit number from within your username that you use to log into the secure site
- Member Number is SSN (no dashes, use an apostrophe if the SSN starts with a zero)
- Plan Year Effective is 01/01/2016 for the plan year of 2016
- Account Type is 16 for all HSA members
- Deposit type is 1 for payroll deductions; it is a 2 if you are reporting employer contributions. If you are reporting both types of contributions; enter 2 separate line items for that employee.
- Deposit Date is your pay date (example of format is xx/xx/xxxx)
- Deposit Amount is without dollar signs and 8 characters; example is '00010.00 for \$10.00 (use apostrophe before the zero)
- Tax Year is 2016 until you begin reporting 2017 tax year contributions.
- Follow steps to upload file below.



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Upload Test File

Upload Test File

- Refer to Employer SFTP Guide
 - After creating the file using tips on prior slide, save the test file to your computer
 - On Tab 2 of file, click on the button labeled Create PayFlex File
 - Once you click on that button, it saves the file in .txt format to the same place on your computer
 - Name your file as shown on Page 3 of the guide
 - Example: PF.PFM.123456_Deposit.TEST_yyyymmdd_hhmmss.txt (replace 123456 with your unique Employer ID#)
 - Uploading the .txt version to PayFlex site using test credentials:
 - See Page 5 of the guide for the URL
 - » <https://ftpuat.payflex.com> for a test file
 - » <https://sftp.payflex.com> for live production file
 - Log in with your username and password for test files (Separate usernames were provided based on if you are sending a TEST file or PRODUCTION file)
 - See Page 6 of the guide; look for the FLEX folder then the IN folder
 - Locate the .txt version of the file from your computer
 - Drag and drop it
 - Page 6 of the guide refers you to what you will then see

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ACH Corporate Pull

- Over the next several business days, PayFlex will begin testing bank accounts provided by agencies that HSA funds will be pulled from. This ensures there are no blocks that would delay funding HSAs.
- This pertains ONLY to those agencies who will be uploading HSA funding files.
- PayFlex will debit and credit \$1.00 from the designated bank account within minutes of each other.
- 2-3 days later the agency can expect to see that debit and credit in their account.
- PayFlex asks that the agency confirm back to stateoftennessee@payflex.com when they see this within their account as confirmation.

- Any further questions may be directed to stateoftennessee@payflex.com

PAYFLEX/HSA QUESTIONS

- **Local Ed Question:** Can you remind us when/how we will know if anyone enrolls in the HSA? I only have five employees who enrolled in the CDHP.
 - **Answer:** All employees enrolled in the CDHP will automatically have a HSA opened for them.
- **Local Ed Question:** Where do we get the template?
 - **Answer:** The template is on the [ABC webpage](#) in the PayFlex section.
- **Local Ed Question:** I have no employees enrolling in the CDHP. What information do I need to enter on the TEST file to upload?
 - **Answer:** Employee details could be fictitious information. PayFlex tests for format only.
- **Local Ed Question:** We don't have to do anything if the employer is not contributing to the HSA or allowing the employees to contribute through payroll to deductions, is this correct?
 - **Answer:** Correct, you do not need to submit the test file or the Corporate Authorization pull form. Please remind employees who did enroll in the HealthSavings CDHP that they can make post-tax contributions and claim those on their taxes for the tax deduction. Here is the link to the PayFlex

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website which is found on the ParTNers for Health website:
stateoftn.payflexdirect.com

- **Local Ed Question:** But if employees are still contributing to a FSA (because our plan year ends 3/31/16) then they cannot participate, correct?
 - **Answer:** If you do not have a grace period, employees would be able to start contributing to the HSA on April 1. If you have a grace period, then employees would need to wait until the first of the month following the end of the grace period before contributing to the HSA. Note that HSA funds cannot be used for claims incurred prior to their established date (date the HSA opened).

- **Local Ed Question:** How will we know how much we need to deduct?
 - **Answer:** This is an agency function that you will need to capture on your end. The file you send to PayFlex tells PayFlex how much of your funds need to go to employees' accounts. We have a sample HSA deduction form included in [Reporting Memo & Checklist PDF](#).

- **Local Ed Question:** So the employee will come to us with what they want coming out of their check (for payroll deductions)?
 - **Answer:** Yes.

- **Local Ed Question:** I received an email from PayFlex on 11/2 stating I should disregard previous emails and wait for another corrected email by 11/6. I never received the corrected email. What should I do?
 - **Answer:** If you still have the 11/2 email, it contains the correct information. The email with the wrong information was sent on 10/30. If you have questions, email stateoftennessee@payflex.com

- **Local Ed Question:** Do we need to do a self-audit of some kind for our employees who have FSAs?
 - **Answer:** It is best to contact your FSA vendor to see if they can run a report of those individuals who currently have a balance. If they have enrolled in the HealthSavings CDHP, you may want to remind them that the FSA balance needs to be zero by the last date of your FSA plan in order to open a HSA the first of the next month. Also, keep in mind your grace period for your FSA. Contributions can be made the first month following the end of the grace period.

- **Local Ed Question:** Please go back over the guidelines for when an employee can contribute to an HSA if the FSA grace period ends March 31, 2016.
 - **Answer:** Employees can contribute to their HSA the first day of the month following the grace period. If your plan's grace period ends March 31, 2016, employees can make contributions beginning April 1, 2016.

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- **Local Ed Question:** We do not have a grace period for our FSA, but a carryover (if balance is under \$500). So, if they have money in the FSA at the end of the plan year, they would have to wait the entire next FSA plan year?
 - **Answer:** Regarding a carryover of the funds, the account must be at zero or the funds would need to be transferred to a Limited Purpose FSA.
 - **HSA Guidance:**
 - FSA balance must be zero on last day of plan in order to be eligible to open an HSA.
 - Carry over funds may be moved from a General Purpose FSA (FSA) to a Limited Purpose FSA (LFSA) in order to preserve HSA eligibility.
 - If the plan offers a Limited Purpose FSA, the plan may automatically allow General Purpose FSA Funds to carry over into a Limited Purpose FSA for members who enroll in a HSA.
 - If a Limited Purpose FSA is not an option, the plan may provide members the option of waiving the carry over feature to preserve HSA contribution eligibility.
 - Plan documents must allow this option.
 - To avoid forfeiture and retain HSA eligibility, employees may be encouraged to spend the money before the end of the plan year.
- **Local Ed Question:** I am still confused on the test file (for PayFlex).
 - **Answer:** Please send an email to PayFlex at stateoftennessee@payflex.com and someone will follow up with you.
- **Local Gov Question:** We did not have anyone enroll in the HealthSavings CDHP. Do we need to proceed with the test field and production setup?
 - **Answer:** There is a chance an employee could enroll throughout the year and we suggest that you proceed with setting up the test file. But it is up to your agency. If someone enrolls at a later date and we don't have your agency set up, it would delay the processing of your files.
- **Local Gov Question:** Will the information just given in the presentation along with the correct codes number for the boxes be in the notes?
 - **Answer:** The slides presented during the calls are included above. The only other number you would need to enter is your Employer ID, which is specific to your agency. If you have questions, send an email to stateoftennessee@payflex.com and PayFlex will get back to you.
- **Local Gov Question:** What is the deadline to send the test files to PayFlex?
 - **Answer:** No deadline, but we need to receive all tests to ensure that they are valid and they go through without issues to be ready for January.
- **Local Gov Question:** Can we get a copy of the PowerPoint?

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- **Answer:** This information is provided in the call notes.
- **Local Gov Question:** I was interrupted during the call but has PayFlex already emailed the template for submitting the test file?
 - **Answer:** The template was provided during other ABC calls, and in the initial memo emailed to you from PayFlex. It is also posted on the [ABC website](#) under the PayFlex header.
- **State/Higher Ed: Be Well at Work:** Benefits Administration has shared information with you on the Be Well at Work program and Debra Lerner is here with us today to give you more information.
 - We have had thousands of employees complete the survey, but we still have room for about 200 more members to join the program.
 - We have **attached** a flier that we would like for you to share with your employees about the program.

Operations:

- **Local Ed/Local Gov/Higher Ed: PPACA Tax Query:** We have discovered some issues with the TN_BA364_PPACA_TAX_QUERY returning information for employees who have transferred between agencies and some who had no changes during 2015. We are working on creating an updated report that will be on a new page in Edison.
 - We will let you know in a Friday email when this updated report is available and how to run it. We have also added some description fields and are changing the headers of some of the rows that will better explain what they are for.

OPERATIONS QUESTIONS

- **Local Ed Question:** What kind of errors are you finding (PPACA query)?
 - **Answer:** If you have employees who transferred from another agency or did not make changes during annual enrollment, we have noticed that those individuals are not currently showing up on the report.
- **Local Ed Question:** When will the AETP reports be completed to run?
 - **Answer:** You can run the reports now. We are still finishing a few AETP forms and dependent verification documents. Everything should be complete by next Wednesday, November 25.
- **Local Ed Question:** Is there a report that shows what coverage they have currently and what coverage they are moving to after the first of the year?
 - **Answer:** Yes, the TN_BA219_AETP_INS_ELECTIONS query will give you this information. A complete list of queries is on the [ABC page](#). Here is a direct [link to the list](#) as well.
- **Local Ed Question:** When will the PPACA report be finalized and ready for us to upload for 1095s?
 - **Answer:** The report will be ready at the end of the month.

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- **Local Ed Question:** Did all participants receive letters in the mail regarding enrollment changes? An employee who did not elect a change received a letter and is confused.
 - **Answer:** Members who are enrolled in Cigna for medical coverage received a letter letting the member know the network will be LocalPlus in 2016.

- **Local Ed Question:** We are having employees call due to receiving letters from the State stating their coverage was changed effective 1/1/2016. They did not change anything during AETP. Is this due to Cigna Open Access changing to Cigna Local Plus?
 - **Answer:** Yes it is.

- **Local Ed Question:** Do you have information about the TCC?
 - **Answer:** You will need to register for your TCC. We suggest you review IRS publication 5164 and 5165. You may also want to consult your legal counsel and tax professional regarding what is needed and when. We suggest you start the process early. It could take about a month to get everything set up.

- **Local Ed Question:** When I gave the TennCare Notice to a new employee, the employee asked about a child that is currently on BlueCare. Do you know if BlueCare is part of TennCare?
 - **Answer:** Yes, BlueCare is part of TennCare as is AmeriGroup.

- **Local Ed Question:** I have an employee whose spouse is currently in annual enrollment at work. Can the employee sign up for our insurance as a Special Qualifying Event (SQE)?
 - **Answer:** No, this is not an SQE.

- **Local Ed Question:** The TN_BA364 query that is ready at the first of December, will it include retirees and COBRA participants?
 - **Answer:** No, this information will be emailed to you.

- **Local Ed Question:** We don't have up-to-date address information on many retirees, will that information be included in the retirees and COBRA info we get from BA for 1095-C?
 - **Answer:** Yes, we will include the most recent address we have for the member on the file.

- **Local Ed Question:** What email do we need to respond to regarding retiree and COBRA reports? We did not receive an email.
 - **Answer:** If you didn't receive an email, BA is not showing that you have any retirees or COBRA participants. If this is in error, please email us at benefits.info@tn.gov so we can look into it. If you did receive the list, please respond to that email.

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- **State Question:** When will the enrollment forms be updated on the website?
 - **Answer:** The updated forms are posted on the BA website under the [forms page](#). We have also posted the updated form to the ABC webpage under Forms.

- **Local Gov Question:** Do we need to start using the new checklist now or January 1?
 - **Answer:** You can use the revised version that is on the ABC website. This version reminds you to tell your employees about the new plans for coverage effective January 1, 2016.

- **Local Gov Question:** An employee received the letter dated 11-6 but the Medical is not correct. I sent in the change form to CDHP but it still says PPO?
 - **Answer:** Send an email to the BI box at benefits.info@tn.gov with the employee's name and ID number and we will research this for you.

- **Local Gov Question:** Do you all have data on the number or percentage of people who selected the CDHP plan for Local Government?
 - **Answer:** The data is not yet finalized as we are still processing enrollments and dependent verification documents. We will share this information with you as soon as it is available.

- **Local Gov Question:** We also have employees who have received letters that have their current coverage and not the "new" coverage they enrolled in for 2016?
 - **Answer:** Enter a Remedy ticket or call the call center. You may have employees who received letters that did not have changes. If they have Cigna as their carrier, they will receive a statement letting them know the network changed from Cigna OAP to Cigna LocalPlus.

- **Local Gov Question:** Is there a query to run that will show all health insurance elections even if they did not make any changes?
 - **Answer:** Yes, the TN_BA219_MED_DEN_COVERAGE query. You will need to be sure to use a 01/01/2016 event date and it will show all employees with coverage.

- **Local Gov Question:** I have an employee who just lost health insurance as of 11/1/15 with her spouse due to a resignation with his prior employer. She felt getting the SQE requested letter on company letterhead might be difficult to get now since he is no longer employed and did not leave on the best circumstances. She already has the COBRA letter, so can I send that instead, along with the enrollment form in lieu of that required documentation letter?
 - **Answer:** The loss of coverage document for the member's spouse needs to be from his former company and needs to list who has coverage, why they lost

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coverage and the effective dates. The employee could try the company's human resource department for a letter or you could reach out to the insurance carrier to see if they have some kind of documentation.

- **Higher Ed Question:** When will we be getting the final retiree list?
 - **Answer:** You will receive the list in December. We have had to reach out to some agencies that did not respond to the initial email and list. You will receive a separate file and it will be emailed to you.

- **Higher Ed Question:** Did you change the file layout so the fields are no longer in the same slots? We have to have verified dependents to get the HSA to work. How many columns are we talking about?
 - **Answer:** The fields are in the same fields but we added a column next to the relationship type, and the headings have changed. The revised list should be available the first week of December.

- **Higher Ed Question:** When will the 2016 Eligibility guides be ready?
 - **Answer:** They have already been posted on two places on our websites. We expect to have printed guides back from the printer next week. For ABCs who ordered them, they will begin mailing to ABCs the first week of December. If you have not yet pre-ordered guides and need a supply, you can find the order form link at the top of the [ABC webpage](#).

- **Higher Ed Question:** So both carriers will be sending new cards, even to employees who did not make a change?
 - **Answer:** Yes.

- **Higher Ed Question:** I have a question about changes to employee records for those who went in during annual enrollment and enrolled for 2016 as a single employee. Between then and now, the employee had a life change and we have added a new dependent. Will this automatically go in to next year's enrollment or is there something that we need to do to follow up with employees who have made changes since the close of annual enrollment? What happens to their 2016 coverage?
 - **Answer:** That would be a Special Qualifying Event (SQE) and BA pulls the changes through to the next year and includes the changes to the 2016 elections. Note, the change will not be on the annual enrollment file and you may have to go in and fix on your end manually.

- **Higher Ed Question:** How long will the AETP query be available and will it be available after January 15?
 - **Answer:** Yes, the query will be available indefinitely.

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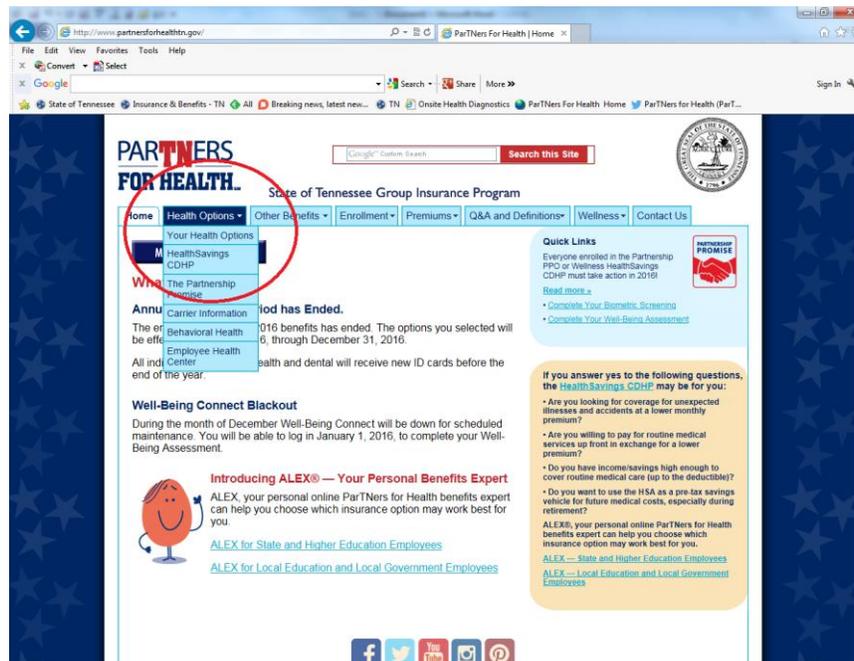
Materials and Communications:

- **2016 Eligibility and Enrollment Guide:** ABCs should start to receive the 2016 Eligibility and Enrollment Guides if you ordered them. If you still need to order guides, the order form is still located at the top of the [ABC webpage](#). You will be able to continue to order these guides throughout the year.

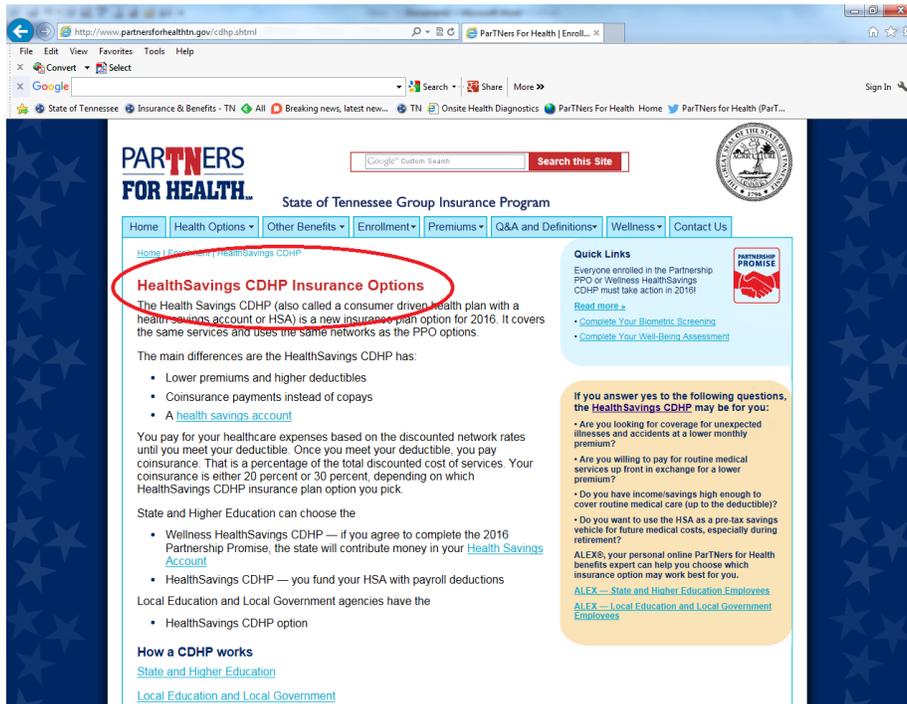
- **ALEX for New Hires:** As a reminder, we do have a link to ALEX for new hires on the homepage of the [ParTNers for Health website](#). You can direct your new hires to ALEX to learn more about their benefits.

- **ALEX ABC Survey:** On December 1, we sent all ABCs a link to a survey about ALEX. We sent out a reminder about the survey on Tuesday December 8 at 12:00 p.m. Central.
 - Here is the link again to complete the survey:
<https://www.surveymonkey.com/r/ABCALEXsurvey>
 - We would really like to get your feedback and comments about ALEX, and we would appreciate if you would complete this anonymous survey.
 - If you have already filled out the survey, thank you and you do not need to fill it out again.

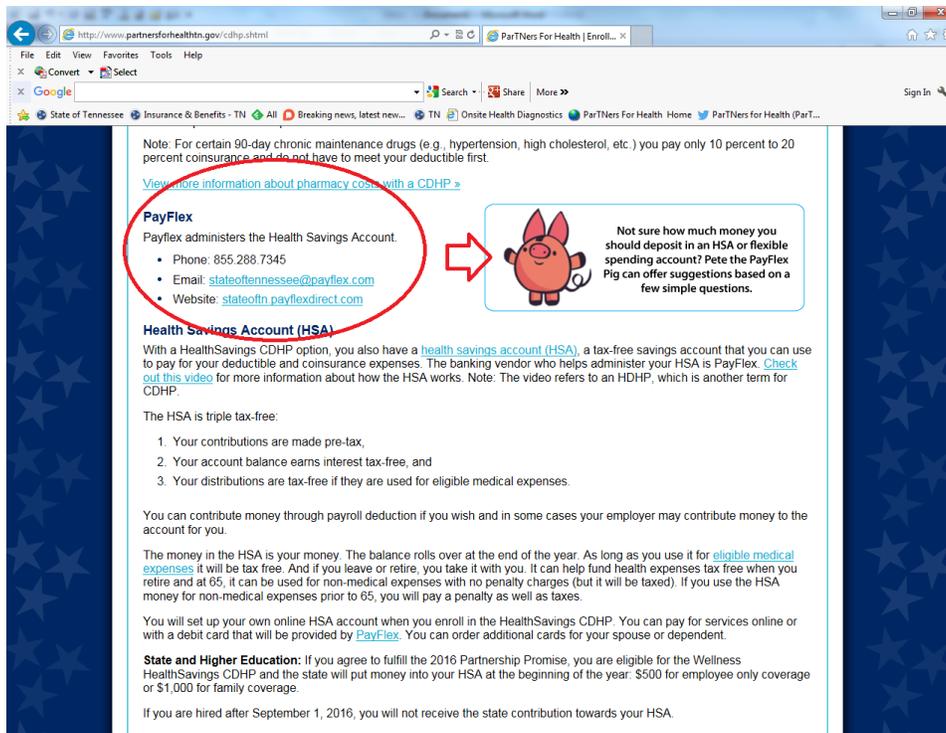
- **PayFlex HSA Video:** Also, we have added a link to a PayFlex video that members can view to learn about their HSAs. The link to the video is located on the ParTNers for Health page. Click on Health Options and then click on HealthSavings CDHP. PayFlex's character, Pete the PayFlex Pig, can offer suggestions based on a few simple questions. We have included screenshots below of where you can find the link to this video:



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On the HealthSavings CDHP page:



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- **2016 ABC Call Schedule:** For 2016, monthly ABC calls will continue to be held on the second Tuesday and Wednesday of each month, except in months that the calls would not be held in the same week. In these instances, the calls will be held during the third week.
 - We have included the dates below through the month of July.

2016 ABC Conference Call Schedule January through July 2016
<p>January 12 and January 13 Local Education – Tuesday, January 12 at 9:00 a.m. Central Central State – Tuesday, January 12 at 10:30 a.m. Central Local Government – Tuesday, January 12 at 1:00 p.m. Central Higher Education – Wednesday, January 13 at 9:00 a.m. Central</p>
<p>February 9 and February 10 Local Education – Tuesday, February 9 at 9:00 a.m. Central Central State – Tuesday, February 9 at 10:30 a.m. Central Local Government – Tuesday, February 9 at 1:00 p.m. Central Higher Education – Wednesday, February 10 at 9:00 a.m. Central</p>
<p>March 8 and March 9 Local Education – Tuesday, March 8 at 9:00 a.m. Central Central State – Tuesday, March 8 at 10:30 a.m. Central Local Government – Tuesday, March 8 at 1:00 p.m. Central Higher Education – Wednesday, March 9 at 9:00 a.m. Central</p>
<p>April 12 and April 13 Local Education – Tuesday, April 12 at 9:00 a.m. Central Central State – Tuesday, April 12 at 10:30 a.m. Central Local Government – Tuesday, April 13 at 1:00 p.m. Central Higher Education – Wednesday, April 13 at 9:00 a.m. Central</p>
<p>May 10 and May 11 Local Education – Tuesday, May 10 at 9:00 a.m. Central Central State – Tuesday, May 10 at 10:30 a.m. Central Local Government – Tuesday, May 10 at 1:00 p.m. Central Higher Education – Wednesday, May 11 at 9:00 a.m. Central</p>
<p>June 14 and June 15 (third week of the month) Local Education – Tuesday, June 14 at 9:00 a.m. Central Central State – Tuesday, June 14 at 10:30 a.m. Central Local Government – Tuesday, June 14 at 1:00 p.m. Central Higher Education – Wednesday, June 15 at 9:00 a.m. Central</p>
<p>July 12 and July 13 Local Education – Tuesday, July 12 at 9:00 a.m. Central Central State – Tuesday, July 12 at 10:30 a.m. Central Local Government – Tuesday, July 12 at 1:00 p.m. Central Higher Education – Wednesday, July 13 at 9:00 a.m. Central</p>

- **Local Ed/Local Gov: 2016 New Employee Benefits Presentation:** We have posted links to the 2016 New Employee Benefits Presentation on the BA website.
 - **For employees,** there is a link to the presentation with audio on the [For New Employees page](#).

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- **For ABCs**, there is a link to a PowerPoint titled “2016 New Hire PowerPoint Presentation – LE/LG” on the [ABC webpage](#) by plan type. You can use this version to walk your new employees through all of their benefits options.
- **State: 2016 ParTNers Health & Wellness Center ID Card Process:** Beginning January 1, all members will need to bring their insurance card when visiting the ParTNers Health & Wellness Center.
 - We are updating our material with information on the website, a reminder when you call to make an appointment, and with a flier at the front desk.
 - We will send you a flier to distribute to your Nashville area employees.

MATERIALS AND COMMUNICATIONS QUESTIONS

- **Local Ed Question:** When will the new Insurance ID cards for 2016 begin to mail out?
 - **Answer:** The second week in December.
- **Local Ed Question:** Do all Cigna members get a new insurance card this year?
 - **Answer:** Yes, all members will get a new insurance card this year.
- **Local Ed Questions:** Did you say all employees will receive new insurance cards?
 - **Answer:** Yes.
- **State Question:** When will employees receive their new dental cards?
 - **Answer:** Employees should start to see them the second week of December and this is the same as with PayFlex debit cards and any other insurance cards. All are due in members’ homes before January 1. All members will receive a new health insurance card this year due to changes in urgent care copays.
- **Local Gov Question:** Is there an update as to the talks with BCBS and Vanderbilt as a covered provider?
 - **Answer:** BCBST has reached an agreement to stay in all lines of business, including our Network S, except for Medicare Advantage. This does not have any effect on the state plans but FYI, negotiations have ceased for the BCBST Medicare Advantage network with Vanderbilt and they will terminate at the end of 2015.

Benefits:

- **Local Ed/Local Gov - PayFlex Process Reminders:** Kathy Stanton with PayFlex joined the call today as she has received questions from ABCs on some of the processes for setting up files and how to create and upload test files.

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- **Local Ed Question:** Can you resend this information in an email today or do we have to wait until Friday night to rerun this report after you send the information on Friday?
 - **Answer:** We sent the information to Local Ed ABCs in an email on Tuesday, December 8.

- **Local Ed Question:** When will those who elected the CDHP/HSA begin receiving documents/debit cards?
 - **Answer:** These started to go out on December 9 and members should start to receive them in the mail within the next 10 days.

- **Local Ed Question:** If someone else is now going to handle doing this process, would he or she need a username and password? I am assuming so since I received one but was not sure
 - **Answer:** Will need to send an email to PayFlex to put in the request to add the new contact to the process. They will have their own username and password.

- **Local Ed Question:** When they receive documents will they receive instructions on how to make individual contributions?
 - **Answer:** We sent out documents to ABCs you can use for members on how to make payroll deductions. For members who want to make contributions on their own, they can call member services number they will find on their debit cards or you can help them answer this question. If you need additional information about this subject, email stateoftennessee@payflex.com

- **Local Ed Question:** My employee wants to fund her HSA directly. She is concerned about how soon she can fund it. I thought it was 1-1-16. But she wants to know how fast it will credit to her account so that funds are available for her to use ASAP. Do we know a timeline about how fast the credits to the HSA occur?
 - **Answer:** The account is open on 1-1-16 and he or she can link to a personal bank account to move money to the HSA. This transaction usually occurs within 24 hours. A personal check will take longer. The quickest way is through a link to their bank account.

- **Local Ed Question:** If our agency is not contributing to the employees HSA, is their contribution pre-tax or post-tax?
 - **Answer:** The contribution made by the account holder is post tax and they may take the tax credit when they do their taxes at year end. Payroll deductions and employer contributions reported by the employer via the PayFlex electronic file are considered pre-tax.

- **Local Ed Question:** If another user name and password is needed for the PayFlex upload – how long is this processed?
 - **Answer:** It will take a couple of business days.

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- **Local Gov Question:** We are not allowing employees the option for HSA contributions through payroll deduction. What if someone elects the CDHP and wants to make contributions on their own?
 - **Answer:** If you are not providing any contributions on the file, members can still make contributions by linking to their bank account online or they may send a check directly to PayFlex. Since these are considered post tax contributions, they may take the tax credit when they do their taxes at year end.
- **ParTNers for Health Wellness Program Updates**
 - **Well-Being Connect Reminder:** We are currently in the blackout period. Well-Being Connect will go live at 12:01 a.m. Central on 1/1/16.
 - **2016 Welcome Mailer:** Will be mailed to all members enrolled in the Partnership PPO and the Wellness HealthSavings CDHP.
 - Head-of-contract (HOC) version should arrive starting on Jan 11.
 - Spouse version should arrive starting on Jan 13.
 - **Onsite Screenings Update:** All members are required to complete a biometric screening in 2016, so we will continue to offer the workplace screening as a convenient option. Most of the sites are scheduled. Those sites should appear on the OHD website in early January. We do still have sites we are working to finalize.
 - 130 scheduled sites
 - 19 pending final confirmation
 - Our goal is to finalize all sites by the end of the year so that the locations will be available for members to view on the OHD website beginning in January.
 - **Materials and Program Updates:**
 - **Appointment Reminder Emails:** Healthways will begin sending email reminders for committed coaching appointments 48 hours before the scheduled appt. The goal is to improve the member response rate to committed calls.
 - **Healthways customer service:** Healthways has contracted with Teletech, a third party vendor to manage call volume during peak times. The main customer service team will remain in Franklin, TN. Teletech will assist with overflow during peak call volume. This usually occurs after the first of the year and around deadline periods. They will operate within Healthways Firewalls and systems. The change will occur take place next month, but we don't expect call volume increases until the second week of January.
 - **Inbound Coaches:** Healthways will be expanding the inbound coaching support team. As a reminder, these are dedicated coaches who will assist members who have missed their scheduled appointment and are calling back in or who receive a failed attempt letter. We hope this reduces member

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frustration and will allow them to get back on track with their coaching calls after a missed appointment.

- **2016 New Hire and Partnership Promise flier:** The new hire flier has been updated and has been posted to the ParTNers for Health website. In addition, we have made available a one-page handout for the 2016 Partnership Promise. Both are **attached** with this week's email.
- **Healthways Holiday Hours:**
 - **Christmas and New Year's:**
 - Thursday 12/24 – Closed
 - Friday 12/25 – Closed
 - Thursday 12/31 – Closed at 5 p.m. Central
 - Friday 1/1/2016 – Closed

WELLNESS PROGRAM QUESTIONS

- **Local Ed Question:** For new hires who are eligible for insurance effective 1-1-16, when would they have to complete the Partnership Promise? Would their deadlines be the same as ongoing employees?
 - **Answer:** If a new hire's coverage effective date is 1-1-16, then he or she would have 120 days from their coverage effective date to complete the WBA and get a biometric screening.
- **Local Ed Question:** Did I hear that an email will be sent out 48 hours prior to their coaching call, is this correct?
 - **Answer:** Yes, if we have an email address on file for the member, they will receive an email 48 hours prior to the scheduled coaching call. As a reminder, members have to put their own email addresses into Edison, or members can call Healthways directly and give them their email address.
- **Local Ed Question:** If email addresses are not available, then the process will just fall back to what it was – that you call back to Healthways if you miss your call?
 - **Answer:** The only way we can send an appointment reminder is by email. The coach will leave a voicemail for the member. If the member doesn't have an email on record in Edison, he or she can update and include their email address with Healthways directly. Covered spouses would need to call Healthways and give them their email address.
- **Local Ed Question:** Can we update our employees email addresses in Edison?
 - **Answer:** No, only the employee or the service center can update email addresses for the employees at this time.

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- **Local Ed Question:** Employees with an insurance effective date of September - December fall under the same guidelines as an ongoing employee for the Partnership Promise correct?
 - **Answer:** Yes. These members are not able to access Well-Being Connect for the full 120 days, so they would complete the 2016 Partnership Promise requirements that all Partnership PPO members have to complete.

Operations:

- **Local Ed/Local Gov/Higher Ed: PPACA Report Available:** The new version of the PPACA Tax Report is now in Edison.
 - Instead of running the TN_BA364_PPACA_TAX_REPORT query, ABCs will go to a separate navigation in Edison to run it. The changes that needed to be made caused the report to be too complex to run through the Edison query process.
 - The navigation is Main Menu > HCM > Benefits > Review Employee Benefits > TN PPACA Tax Report.
 - In order to run the report, you will need to create a run control or select an existing one. To add a new run control, click the **Add a New Value** tab, type in **PPACA** (or another name of your choosing).
 - After entering or selecting a run control, you will be taken to a page to enter the year for which you want to run the report. Make sure that this field says **2015**. Click the **Run** button. Click **Ok** on the Process Scheduler Request page. You do not need to make any changes to this page.
 - If you have a large agency, the report may take a couple of hours to run. Once the report has completed, you will see the results in the **My Reports** section on the Edison homepage. The report will be named **TN_HCM_4873**. Click the link for the report. This will open a new window that will show you the report output files. You can open either the Excel (.xlsx) or CSV (.csv) version of the report depending on your needs.
 - **Please only run the report one time and wait for it to finish.** It could take several hours to run. We recommend scheduling it to run overnight. In order to change the time that report runs, select a different time in the “Run Time” field on the Process Scheduler Request page. A screenshot is included below.

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Process Scheduler Request

User ID: ██████████ Run Control ID: 138

Server Name: Run Date:

Recurrence: Run Time:

Time Zone:

Process List						
Select	Description	Process Name	Process Type	*Type	*Format	Distribution
<input checked="" type="checkbox"/>	TN PPACA Tax Report	TN_HCM_4873	Application Engine	Web	TXT	Distribution

○ **Note: The premiums have been corrected on the PPACA Tax Report.**

- **Higher Ed: Term Date Change for State:** Starting January 1, 2016, we are changing the termination date for state employees to the end of the month in which the term occurs instead of the end of the following month.
 - **This DOES NOT impact Higher Ed in any way.** We have noticed that we have been getting some retirement forms with coverage end dates that are at the end of the month in which the employee terminates.
- **New Training Manager:** Holly Girgias is the new training manager for BA and is replacing Dana Simons who accepted another position with the state. Holly has been with BA since March of 2015 and we are excited to have her in her new role.

OPERATIONS QUESTIONS

- **Local Ed Question:** Our district is changing email providers and I need to change the domain for all employees – can I send a document to upload the information?
 - **Answer:** No, this option is no longer available.
- **Local Ed Question:** I ran the latest PPACA report last week, was this update done since then?
 - **Answer:** No.
- **Local Ed Question:** For the 12-month employee waiting period for those moving from Delta Dental to MetLife – how will they know that they met that if they have to choose a new dentist?
 - **Answer:** The coding used for Delta Dental will be the same as with MetLife. MetLife is getting the file with the members’ original coverage effective

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dates. The dental provider may have to verify the information with MetLife but the provider should be able to know when the coverage started.

- **Local Ed Question:** If a part-time employee working less than 29 hours per week goes to 40 hours per week job for approximately 5 to 6 weeks and is offered enrollment in health insurance, when the employee drops back to less than 29 hours per week, do they lose their insurance coverage?
 - **Answer:** You would have to look at the measurement period and the stability period. Based on this if he or she was deemed eligible for benefits, then you would have to allow them to keep insurance.

- **Local Ed Question:** I have an employee and when I ran the PPACA report, her son is not showing as a dependent. But also my billing was not showing Family coverage either so not sure if I run this again?
 - **Answer:** Please provide the Edison ID for this employee to the BI box and we will research the issue.

- **Local Ed Question:** Is there an ETA for retirees and COBRA participants report?
 - **Answer:** Not at this point as we are still loading the information. We hope to have these complete within the next two weeks.

- **Local Ed Question:** What is the query to run to get the AETP changes? I ran BA219 AETP elections and it would not show any changes. I submitted a Remedy ticket and they said to run a different file but it shows everyone's coverage?
 - **Answer:** You can run the **TN_BA219_MED_DEN_ELECTIONS** query to see all changes during a date range, or the **TN_BA265** query just to see AE changes. The information about these queries is found on the ABC webpage under training and is called Edison Query List.
http://www.tn.gov/assets/entities/finance/benefits/attachments/abc_query_list.pdf

- **Local Ed Question:** If we have people who have changes in December, will they show up on the PPACA report?-
 - **Answer:** It depends on when you run the query. You may need to keep track of these December changes on your own.

- **Local Ed Question:** Did you say COBRA PPACA report won't be available for two weeks?
 - **Answer:** Yes, that is correct.

- **Local Ed Question:** Is HIPAA training for new ABCs available anytime or must they wait until the next training offered?

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- **Answer:** We have a new privacy officer and she is working on putting the training in Edison so you can take at a time that works for you. We will introduce the new privacy officer during an upcoming ABC call.
- **Local Ed Question:** For agencies that have two ABCs, is it necessary that they both do the conference calls?
 - **Answer:** That is an agency decision. The call information is in the conference call notes. During annual enrollment when we move to more frequent calls it might be good to have both ABCs on the calls.
- **Local Ed Question:** How will we be notified when the retiree and PPACA reports are available?
 - **Answer:** BA will email these to you as a secure email as you do not have access to run the reports.
- **State Question:** How do we schedule HIPAA training?
 - **Answer:** We have a new privacy officer and will ask her to join us in January. The intent is to put the HIPAA training on Edison in the Enterprise Learning center. As soon as we have more information we will share it with you.
- **State Question:** Do we have any data on how many employees signed up for the CDHP/HSA?
 - **Answer:** We are still finalizing these numbers and will include it in an upcoming Friday email.
- **State Question:** In regard to EPAF separation, an employee left on the last day of the month and their effective date in Edison was the first day of the previous month will their insurance extend to the last day of the next month?
 - **Answer:** Yes, that is correct. **It is based on the effective date in Edison.** If last date is January 31, his or her Edison effective date is Feb 1 and then the coverage end date is the last day in February. This only applies to the last day of the month.
- **State Question:** Are you referencing the ones that are leaving on the 30th – do you readjust the billing?
 - **Answer:** Yes, if we don't know about it in advance, then we would have to refund the member on the next off-cycle pay check.
- **State Question:** If someone's separation date is 12-17-15, when will his or her benefits end?
 - **Answer:** The new rule doesn't take effect until January 2016. So the coverage effective end date is the same right now and the coverage would end on the last day in January.
- **State Question:** Can you repeat the end of benefits rules?

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- **Answer:** If an employee's last day of week is Jan 30 and the Edison end date is January 31, their coverage would end on January 31. If the last effective date **in Edison** is January 31, then their coverage effective date will end Feb 29, 2016.

- **Local Gov Question:** I was late to the meeting; will this presentation be available on the ABC website?
 - **Answer:** We won't post the presentation on the website, but all of the information is included in the call notes we will send out on Friday

- **Local Gov Question:** Could you please send a recorded version of this PowerPoint?
 - **Answer:** We do not record these presentations, but the information will be included in the call notes.

- **Local Gov Question:** Could you please tell me what the PPACA stands for?
 - **Answer:** Patient Protection and Affordable Care Act, also known as Affordable Care Act (ACA) or Obamacare.

- **Local Gov Question:** What is the tax report used for?
 - **Answer:** It is used to provide information for your employees with health insurance coverage, so you can report information to your employees and to the Federal Government as required by the Affordable Care Act

- **Local Gov Question:** Can you verify when we can run the reports (PPACA)?
 - **Answer:** You can run at any time, the only thing we have identified that is not correct for all members is the premium amount we will notify when we have that amount.

Corrected response:

- **Local Gov Question:** Can you repeat the form names?
 - **Answer:** For employers with **less than 50 employees** you will need to complete the **1094B and 1095B forms**. For those with **more than 50 employees**, the **1094C and 1095C forms**.

- **Local Gov Question:** So we can go ahead and run it and if we are an agency that has an error, you will let us know?
 - **Answer:** If you had employees prior to 2015, there were errors, but we have corrected this information. The errors occurred in the amount we bill the agency, but this should not be applicable as this may not be the amount the employee pays. This is the information you will need to pull from your payroll systems.

- **Local Gov Question:** Is the information about the PPACA report on the website?
 - **Answer:** It was included in emails sent on November 25 and November 30.

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Corrected response:

- **Local Gov Question:** Do we have to send a 1094C with every **1095C form**?
 - **Answer:** No the 1094C form is a summary form that includes all information that goes to the federal government. The **1095C forms** are individual for each employee.

- **Higher Ed Question:** Where are we on retirees for PPACA reporting?
 - **Answer:** We are working on them. We hope to have them in the next week. The COBRA information is close to complete, but are still working on retirees.

- **Higher Ed Question:** Will this apply (new termination date procedure) to off line agencies?
 - **Answer:** No, just to Central State.

- **Higher Ed Question:** When should we expect the file to load our 2016 information from AETP?
 - **Answer:** The premiums due report can be run for January coverage now. General deductions for Optional Term Life, Universal Life, and MedAmerica changes will not be on the report yet. According to the payroll calendar, the next report will be available on December 11 and it will include these changes.

- **Higher Ed Question:** We are running our month payroll Friday. Can we have the billing file soon?
 - **Answer:** We are still waiting on payroll to load all of those changes and will not be ready until Friday.

- **Higher Ed Question:** Is BA going to provide ACA info for COBRA participants? How would we know if a termed employee enrolled in COBRA otherwise?
 - **Answer:** Yes, we will provide the file to you. One file for COBRA and one file for retirees. It will have the same general information and the addition of the address.

- **Higher Ed Question:** When we call in, the IVR asks for the Edison ID but the call center reps still need it. Does it not show up on their screen?
 - **Answer:** We are having some difficulties with the IVR. Sometimes the information does not pull up and that is why they are asking for it again.

- **Higher Ed Question:** Have paper 2016 eligibility and enrollment guides been mailed yet?
 - **Answer:** Yes, they are going out this week.

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- **Higher Ed Question:** If an employee is on direct bill but did not pay, will the agency continue to be charged for basic life, no health?
 - **Answer:** Yes, because they are still an employee. The employee will have to wait until annual enrollment to sign back up for health insurance.