

**Combined Conference Call Notes**  
**Local Ed, Central State, Local Government and Higher Ed**  
**January 12 and 13, 2016**

**Materials and Communications**

- **Higher Ed: Be Well at Work:** Be Well at Work is a new, time limited program for members that is being provided through a contract with Tufts Medical Center in Boston. The confidential program involves taking a brief emotional health screening. Everyone who takes the screening is able to enter for a two-night state park stay. Members will be provided with screening results and those who qualify have the opportunity to enroll in the online and on the phone program that has been created to reduce stress and improve emotional health.
  - We currently have 170 members enrolled in the Be Well Program, the majority of those are state employees.
  - Higher Ed has a history of leading the way with EAP utilization and I did not want your members to miss this unique opportunity.
  - This afternoon you will be receiving two promotional pieces about the program. **Please send both or chose one to send to your employees.**
  - There are only 130 more members who can take advantage of the program before enrollment will be closed.
  
- **Medical ID Card Reminder:** We shared this information in the Friday, January 8 ABC email. We are hearing that several members are reporting non-receipt of medical ID cards. As a reminder, cards cannot be delivered to an invalid address. If you are getting complaints from members who haven't received medical ID cards, you should first verify their current mailing address and make sure any necessary update is made in Edison. The carriers can't update addresses or mail ID cards to invalid addresses. Once the address on file is verified as being correct, however, members can contact the carriers to request new cards. Members also have the option of ordering new ID cards or printing temporary ones from the carrier's member home page. For the online option, members will need to go to one of the website links provided here and create an account or use their secure ID and password to sign in if they already have an account.
  - Here are the links to the carriers' websites:
  - BCBS: [http://www.bcbst.com/members/tn\\_state/index.page](http://www.bcbst.com/members/tn_state/index.page)
  - Cigna: <https://my.cigna.com/web/public/guest>
  - As a reminder, all members will receive 2016 medical carrier cards as the copays for retail convenience clinics and urgent care have changed.

**Local Ed Questions – ID Cards:**

- Should BCBS ID cards have dependent names on the cards or will they just receive head of contract (HOC) cards?
  - Answer: BCBS cards only have HOC names. The dependents will be located on the piece of paper that comes with the cards. Cigna's cards have dependent names.
- Is Caremark the same way?
  - Answer: Caremark does have the dependents listed on their own card. The employee should receive a card for each covered member.
- What does the "RC" with the copay stand for?
  - Answer: Retail Convenient Care clinics.
- Can they request cards for dependents?

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- Answer: BlueCross: You can ask for as many cards as you need. The cards will not have the dependents' names on them. You can also ask for more cards with Cigna.
- Can we get copies of the BCBS provider's directory for 2016?
- Answer: Yes. Email Amy Jordan at: [Amy.Jordan@BCBST.com](mailto:Amy.Jordan@BCBST.com).
- I have an employee who has BCBS and her cards all have her name on it, but her Caremark cards also all have her name on them?
  - Answer: Some dependent cards will come in a separate envelope from the HOC. You can always call Caremark's Service Center and they can straighten it out for you. Ask members to watch for second envelopes.
- Do all existing BCBS members receive new ID cards even though no changes were made during open enrollment?
  - Answer: Yes. It was a mass mailing this year. Everyone should receive a card because copays changed. If someone didn't receive the card, they can call BCBS member services.

**State Questions – ID Cards:**

- I had an employee whose husband received a new (medical) card, but she did not. She was told that she didn't need a new card because she made no changes. Should everyone enrolled in insurance receive an ID card, or just the ones who changed plans?
    - Answer: Everyone should have received new medical cards this year because there were changes in the copays for retail convenience clinics and urgent care facilities.
  - Will employees receive new CVS/Caremark Prescription cards?
    - Answer: They will not receive new Caremark cards if they did not make changes.
  - Do you have to register your Caremark card in order for it to be active?
    - Answer: Not in order for it to be active. But if you want to be able to utilize the website, then you will need to register it. The only card that should require activation is the PayFlex HSA card for the CDHP plan.
  - For employees that chose the CDHP and HSA will the employees receive two cards or just one PayFlex card?
    - Answer: The CDHP medical plan is a card that will come from either BCBS or Cigna. The HSA debit card is a separate card that will clearly say "PayFlex" on the card.
  - For CDHP, How many cards will they receive?
    - Answer: BlueCross: One if it is a single plan. Two if there are dependents initially. If you need more cards, please call member services or use the secure portal. For Cigna, they will receive a card for each person on the plan. The dependents' names will be on the cards.
  - How many PayFlex debit cards will they receive?
    - One for the HSA. If you need additional cards, you may order additional cards online or using the phone number on the card at no additional cost.
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- **Annual Enrollment Numbers - CDHP:**

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<b>CDHP Enrollments</b>	
State	1,405
Higher Education	1,081
Offline Agencies	7
Local Education	574
Local Government	308
Retirees	24
<b>Total</b>	<b>3,399</b>

- **Marketplace Letters Revised for 2016:** The marketplace letters have been revised for 2016. We have updated the minimum value standard premium information you will need for 2016. Please use the version now found on the [ABC webpage](#) by plan. As a reminder, all new employees need to receive a copy of this letter within 14 days of their hire date.
- **State: HSA Funds:** State employees who enrolled in Wellness HealthSavings CDHP plan should have their state contribution funds in the account on January 15, if the employee gets a paycheck on the 15<sup>th</sup>. In the instance the employee is paid monthly, they will have the funds at the end of the month.

### **Benefits**

- **MetLife Dental Letter Clarification:** Some members received a letter from us that they received a MetLife enrollment packet in error and they were **not** enrolled in MetLife. These members received this letter in error. MetLife mailed a follow up letter late last week letting them know **they are enrolled** in MetLife and if they need a new welcome packet or cards, how they can get another one.
  - Also, we are hearing that a few MetLife members did not receive their welcome information and ID cards. You can send a secure email to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) with the member's name and ID number and we can research for you.
  - As a reminder, make sure your employees are keeping their addresses current so they will receive their dental cards.
  - In the interim, members can print a temporary ID card through MyBenefits, [www.mybenefits.metlife.com/StateofTennessee](http://www.mybenefits.metlife.com/StateofTennessee) anytime, 24/7. They can also use the site to get estimates on care, check coverage and claim status.
  - Members who have not received a kit and have requested one through the call center should start to receive them as they are beginning to be mailed out. Enrollment packets are sent within 5-7 business days of the request.

### **State Questions - MetLife:**

- Will there be packets mailed out to those who did not receive one? A member called MetLife and they informed them that they would not be sending out any more packets.
  - Answer: Yes. The kits will be mailed out to those who have not received one yet. MetLife apologizes for that misinformation. The call center has now been

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updated to the situation. Employees need to call the customer service center and tell MetLife that they never received a welcome kit, and they will be sent one. Some employees have already been identified as not receiving one and are already in the process of being sent a kit.

- When emailing the BI box, is the member's ID number their Edison ID?
  - Answer: Yes
- Will we be notified if we have an employee affected by this?
  - Letters went directly to the members. So, no, ABC's will not be notified. If a member calls you, email the Benefits.info box or refer the employee to the BA or MetLife service center.

**Higher Ed Questions - MetLife:**

- So they don't need to call?
  - Answer: If they haven't received a Welcome kit, ABCs can email the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov). Employees can also call the MetLife call center and tell them that they never received a packet.
- Can employees still use their SSN at the dentist's office if no card is received?
  - Answer: Yes, they can use their SSN or their employee ID. Members don't have to have a card to receive services.
- What is the group number?
  - Answer: The active group number is 161596; the retiree group number is 161605.
- What are the waiting period group numbers?
  - Answer: It would be the group number, then the plan numbers fall after that.
- **MD Live (Cigna) and Physicians Now (BCBS) Mailings:** We have a new telehealth benefit for all enrolled health plan members beginning February 2. For Cigna members it is called MD Live; and for BCBS members, it is called Physicians Now powered by MD Live. Members will start to receive information by mail towards the end of January about the benefit and we wanted you to know about it.
  - Members can connect with a physician by telephone or by video-conferencing (internet connection) anytime their doctor is not available, including nights and weekends.
  - This is not an emergency service, but provides medical services for instances of ear infections, allergies, pediatric care, some prescriptions (if needed), nausea and vomiting, sinus problems, respiratory infections, etc.
  - The cost to the member is the equivalent of a primary care physician office visit depending on the plan.
  - Pre-Registration through the website provided in the welcome packet is recommended for faster access to services when needed.
  - BCBS reminded ABCs that employees can enter the site through BlueCross's secure member portal.

**Local Gov Questions - Telehealth:**

- How do you pay the cost of the telehealth benefit? By Credit Card?
  - Answer: Credit Card or those on the high deduct plan can use the HSA debit card.

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- **Local Ed/Local Gov: PayFlex Process Reminders:** Kathy Stanton with PayFlex is here with us today to go over process reminders and to answer any questions you may have about the payroll contribution process. The email you can use to ask other PayFlex questions is [stateofennessee@payflex.com](mailto:stateofennessee@payflex.com)

**Local Ed Questions - PayFlex**

- Is there an official form from PayFlex to let payroll know what a person wants to be deducted?
  - There is a form the state provided if you want to use it. It is a form you can use to capture what each employee wants to take from his or her paycheck. If you would like to have a copy email Kathy at [stateofennessee@payflex.com](mailto:stateofennessee@payflex.com)

**Local Gov Questions - PayFlex**

- When I sent my PayFlex file the other day it had an error because BA had not keyed the enrollment. When I called I was told that BA has 30 days to key our enrollments even if we get them in by the noon deadline set each month. Is this correct?
  - Answer: No. The deadline to send in the enrollment is set so we can key it by the time payroll runs next, which is usually around a week. We are behind a little bit. But we're trying to catch up.

**ParTNers for Health Wellness Program**

- **2016 Welcome Mailer:** All members enrolled in the Partnership PPO and the Wellness HealthSavings CDHP will receive the welcome mailer. The layout of the mailer is a calendar and has the due dates for the WBA and screening clearly marked. Those started mailing over the weekend.
  - Head-of-contract (HOC) version will arrive first
  - Spouse version should arrive this week
- **Onsite Screenings Update:** All members are required to complete a biometric screening in 2016. We will continue to offer the workplace screening as a convenient option. The confirmed sites are now showing on the OHD website. When you enter your zip code, it will show sites available in your area. All but two sites are finalized.
  - 138 scheduled sites
  - 1,146 members have signed up for an onsite screening
  - Once the final sites are confirmed, we will provide you with a list of sites in all counties

**Local Ed Questions – Wellness Program:**

- What is the deadline for completing the biometric screening?
  - Answer: July 15.
- What is the deadline for completing the WBA?
  - Answer: March 15.

**State Questions – Wellness Program:**

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- Where do you go to register for the biometric screening on site?
  - Answer: You go to the OHD website. The link is on the main page of the [Partners for Health website](#). You then will have the choice of printing a physician's screening form or registering for an onsite screening.

**Local Gov Questions – Wellness Program**

- When I received my January bill, I noticed that three employees that were declared ineligible for the Partnership Promise were reinstated. I did not receive any notice of this. Has the process ended or can I still expect to find others who have won their appeals on the next bill? Is there a cut-off date for this?
  - There are members whose appeals are being finalized. A member may not have realized they were transferred even though they received a letter. We are allowing members to switch if they met the requirements. However, we will not go too far into the new plan year, so you should be able to run the report.

**Operations**

- **PPACA Reporting IRS Deadline Extension:** We included this information in last week's ABC email but want to make sure you are aware that **a deadline extension has been granted by the IRS for the PPACA report filing**. The IRS has extended the employer's deadline to provide statements to **employees** by two months (from Feb. 1, 2016 to March 31, 2016), and also extended the deadline to **file with IRS** by three months (from Feb 29, 2016 to May 31, 2016 for paper filing, and from March 31, 2016 to June 30, 2016 if filing electronically).
  - Here is the link to the official release: <https://www.irs.gov/pub/irs-drop/n-16-4.pdf>
  - **As a reminder, employers with less than 50 employees need to complete the 1094B (IRS form) and 1095B (employee) forms. Employers with more than 50 employees need to complete the 1094C (IRS form) and 1095C (employee) forms.**
- **PPACA Reports:** We have discovered an issue with the PPACA Tax Report in Edison leaving off rows for some terminated employees and only showing December rows for other employees that had coverage for the whole year. This became an issue when we changed the report for another issue on December 10. If you have run the report since December 10 and have discovered issues with your employees, please run it again.

**Local Ed Questions - PPACA:**

- Is it correct to assume that you have to file the 1095 for your taxes for this year? A lot of people like to file early and they won't have this to file. How will they file this if we don't get it to them until March?
  - Answer: You do not have to have a 1095 form in order to file taxes. That information is addressed in question 3 at this link: <https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
- I ran my PPACA report and all employees did not show 12 months. Is there a way I can try to run it again?

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- Answer: Yes. You probably had the issue mentioned above. Try running it again and if you still have issues, send it to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will have someone help you.
- We had already sent out a notice to be looking for the 1095 and that it would be necessary for tax filing and I had an employee whose dependent was not listed. Is this something that may be corrected with this fix.
  - Answer: Try running it again. If you still have problems, send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov).
- I had a couple of questions on my retiree PPACA report and haven't had a reply. Do I need to inquire through the [benefits.info](mailto:benefits.info@tn.gov) email?
  - Answer: Sandra Klukas is the person who researches retiree PPACA report questions. You can email the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can forward to her to research.

**State Questions - PPACA:**

- If the IRS sends a questionnaire, whom do they send it to?
  - Answer: We anticipate that they will send it to whoever is listed as the contact on the Marketplace letter.
- Will people be delayed in filing 1040 due to waiting for the 1095?
  - Answer: No. The 1095 will not be required in order to file the 1040.

**Local Gov Questions - PPACA:**

- With the PPACA reporting how do we know if we are self-insured or not?
  - Answer: Local government is self-insured.
- With the PPACA filing for under 50 employees, are those two forms listed all that has to be turned in/filed?
  - Answer: The 1094B form goes to the IRS and the 1095B form goes to the IRS and to the employee.
- Can employees file without the PPACA report?
  - Answer: Yes. Here is more information for members:  
<https://www.irs.gov/Affordable-Care-Act/Questions-and-Answers-about-Health-Care-Information-Forms-for-Individuals>
- We pay for employees insurance in full, so do we still have to file the 1094B and 1095B forms?
  - Answer: We suggest consulting your tax advisor or legal team on this matter. It is our impression that everyone must file these forms. We do not have an individual number for each employee as far as how much his or her agency pays for each employee. So it is the agency's responsibility to file.
- We were told we only fill out the 1095C forms since we are self-insured. We asked this question and was told this by the state. So do we as the employer fill out both forms?
  - Answer: Yes
- I spoke with someone at the IRS and this person told me insurance (BCBS/Cigna) would send these forms out?
  - Answer: No. This is the employer's responsibility. They may have answered this because they did not realize that you are self-insured. BCBS/Cigna are third parties and not responsible for this.

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- So is the 1095B form required for the employee to file taxes? As in, they can go ahead and file, but will still have to turn in this form?
  - Answer: The employee will not have to file this form. It is for their personal records.
- So we report just what employee pays out of pocket or the whole amount that employer and employee pay?
  - Answer: The single employee only lowest cost premium (that is not the Partnership plan) is what the state will be using.
- Can you provide any guidance on using 2G (ER offered coverage affordable under the FPL (federal poverty level) line safe harbor vs. 2H (ER offered coverage affordable under the rate of pay safe harbor)?
  - Answer: The code used on line 16 of the 1095C depends on the affordability safe harbor an employer chooses to use. Agencies that are using the federal poverty line safe harbor to meet the affordability test are using 2G. The state is using the rate of pay affordability safe harbor and therefore will use 2H. On the 1095C instructions, page 10-11, you will find the explanation of the codes to use.
- I just want to make sure about the PPACA report that is available on Edison, is it fixed and can we now download this report?
  - Answer: Yes
- Since we are employer sponsored, whose information do we enter in Part II of 1095B? Would we use ours?
  - Answer: If you have less than 50 employees, you will leave it blank. If you have more than 50, you would use the C form.
- Whose information do I enter in Part III?
  - Answer: Your organization's information as you are self-insured.
- How do we run PPACA in Edison?
  - Answer: Go to the main menu, HCM>Benefits>Review Employee Benefits>TN PPACA tax report.
- Do we order these forms from the IRS?
  - Answer: The form can be downloaded at IRS.gov
- On the 1094B form, section 9 asks the total number of forms 1095B submitted with this transmittal
  - Answer: It's how many forms you gave to your employees
- It is my understanding that Part II Line 16 on the 1095C is not a requirement to complete. Is that correct?
  - Answer: On the forms for state employees, the State of TN is going to complete line 16.
- We pay an allowance to people who don't have insurance?
  - Answer: We do not know the answer to that question. We suggest asking your tax accountant.
- I completed my 1095B forms a couple weeks ago and was told in Part III to use Cigna and CBS info. Can you clarify?
  - Answer: That is incorrect. We are self-insured. You should use your information. Part III is completed if you provide self-insured insurance, which all agencies on the state plan do.

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- What premium amount do we use?
  - Answer: Using the State as an example, we offer several different health programs. We can't use the Partnership PPO premium because it is tied to wellness requirement and it's not allowed to use plans with wellness requirements. On all our 1095 reports we are going to use the premium \$139.49. They are looking for the least expensive premium you offer to your employees for single coverage. It is what you offer, not what they chose.
- For single coverage, if the employee doesn't have to pay a premium then what do we put zero?
  - Answer: Yes.
- If we pay every penny whether it's single or family, then do we put zero?
  - Answer: Yes.
- The employee has single coverage. Do I have to list employee's dependents, even if dependents are not enrolled?
  - Answer: If the dependents are not covered, then they don't need to be listed on the federal forms.
- Please clarify the premiums that should be reported?
  - On the 1095C on line 15, it asks for the employee share of the "lowest cost monthly premium for self only." So you are going to use the employee only premium that is the lowest cost non-Partnership plan.
- It was my understanding what is reported is what the employee pays for their health only. In all the discussions on the calls, I don't remember anything about using the lowest premium?
  - Answer: It is not what employees pay. It's what they're offered. We can offer a low priced premium and you don't have to take it. What we have to prove is that we are offering affordable health insurance.
- This is not what is showing on the PPACA. It shows all the premiums.
  - Answer: We are showing you the total amount of the premium because that is what we bill you. We do not know how much each employer provides for individual employee's insurance.
- We are using form 1094B and 1095B. So we only put down what we offer and not what is paid?
  - Answer: Correct.
- This is exactly what I have done showing what each employee has paid for the year.
  - Answer: You are trying to prove to the IRS that your premiums are affordable. That they meet the affordability test. So use the lowest non-Partnership program premium offered.
- If my lowest premium is less than 9.5% do I use rate of pay safe harbor or federal poverty level?
  - Answer: We are hesitant to give advice on this matter. We suggest discussing this with your tax accountant or on your legal team. That is what we did.
- What line on the 1095B form do the amounts go?
  - Answer: We are not seeing a field for the premium on the 1095B.
- We offer three different premium options/levels. Are you saying that it does not matter which insurance option the employee chooses that they are only credited with the lowest plan?

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- Answer: Yes. Report the lowest (non-Partnership) premium amount regardless of if they chose it or not. You are proving that you offered it.
- For line 3, for the code of type of coverage, do we use government sponsored?
  - Answer: No, use employer sponsored.
- I have an employee with a child who is under 26. The child is getting married soon. Can she keep the insurance she has with her mother even though she is getting married?
  - Answer: Yes.
- One of our employees is turning 65 and going to go on Medicare instead of our insurance. Is this ok?
  - Answer: Yes.

Here is the link to the instructions for the 1094C and 1095C forms: <https://www.irs.gov/pub/irs-pdf/i109495c.pdf>

**Higher Ed Questions - PPACA**

- Our responsibility to delay reporting does this delay filing taxes?
  - No, According to the IRS, employees do not have to have the 1095C on hand to file their taxes. They need to keep for their records in case they get audited.
- What info are we supposed to use for retirees PPACA my report has people on it who are deceased or over age 65.
  - Retirees will show on the report if they have dependent only coverage. You can tell what coverage they have by looking at the coverage code column on the file.
    - A – Employee Only
    - B – Employee + Spouse + Children
    - C – Employee + Spouse
    - D – Employee + Children
    - E – Spouse Only
    - F- 2 or more Children Only
    - I – Child Only
    - K – Spouse + Children
- I would like clarification on the PPACA enrollment forms that we are sending in because new people become eligible every month, when we send the forms in do you want their eligibility date or their original hire date? We are getting stuff kicked back for employees that are PPACA eligible.
  - Answer: We want their eligibility date, otherwise if we see their hire date they may not seem eligible. We need their eligibility date that would be better. If they are kicked back let Peggy know by emailing the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov).
- I received the retire PPACA report but it included an employee who never retired from our system. I got an email that the person would be removed, but not a response if we would get a new report?
  - Answer: You will **not** get a new report. You will just need to remove this person from the report.

**Local Ed Questions - Operations:**

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- Employees are receiving emails regarding changing the Edison password. They are accustomed to using the sign on only during open enrollment. Can you speak to how often they are required to change the password and why they need to keep the sign on current throughout the year? Things they can do outside of open enrollment time? Finally, if they can't successfully change their password do they call the Edison helpdesk number?
  - Answer: Employees are receiving the Edison system generated email advising them to reset their password. If they are not a frequent user of Edison, there is no immediate need to reset their password.  
The Edison system is set up to send reminders to reset passwords every 90 days. Please wait to reset your password closer to the 2016 Annual Enrollment period. If they reset it now it will expire again before annual enrollment and the employee will have to call again.
- Is the BA still behind on processing paperwork? Like 10-15 days?
  - Answer: We're catching up, but we are still behind.

**Local Gov Questions - Operations:**

- Where do we find a change of address form for employees?
  - Answer: You can use the corrections/clarifications form on the ABC website.

**Higher Ed Questions - Operations**

- A lot of conversations about offering coverage code – can you tell is the state using the 1E for offering coverage code because we offer creditable coverage or are you changing based on annual enrollment
  - Answer: No, we are not changing the code as it is based on the coverage offered.
- Will the funds the state is providing for HSA show up on a report anywhere or will it only show up on the PayFlex site?
  - Answer: We have requested that the employee information be sent to all of the TBR schools.
- Is it possible to list the website on the emails that are going out regarding employees needing to change their passwords?
  - Answer: We have asked about this and Edison will not add the website because employees they may think it is a spam or an unsecure email.
- If we have an employee who is eligible because of ACA and they move immediately into a full time position. What paperwork do you need? Do we need to send in ACA or full time benefits? When we have a transfer from one agency to us, we still do enrollment paperwork for that individual and we send something into BA. The employee is going from a non-benefitted to a benefitted employee.
  - Answer: We don't track the reason they are eligible, it wouldn't matter to BA that they are ACA or now full-time. The difference in the eligibility dates could make the difference. If they are already on coverage we don't need any more paperwork.
- When you log into Edison and looking at benefits page, when you scroll through their benefits, even though it lists under current benefits, it lists dental as Assurant and Delta Dental?

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- Answer: This information would change when they have a coverage type change. These are the same plans as before so the names did not change.
- If the employee goes from ACA to full-time I was informed that is considered an SQE, so that is no longer the case?
  - Answer: We would allow the person to have a new eligibility period to pick up or change coverage.
- I want to clarify this if I have a person that becomes PPACA eligible but we don't get anything from that employee to enroll, but later they become a regular employee and now they want to enroll, are they not now eligible to enroll. Don't want to enroll in ACA as they don't know if it will still be available.
  - In this case, we will allow the employee to have a new eligibility period and pick up or change coverage.
- In regard to a qualifying event to add a stepson for coverage for the child, we are required to send in a birth certificate and marriage certificate. Is there anything else we need to send in other than the enrollment form? The dependent is not a minor?
  - Answer: No, you do not have to send in any additional information.

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**February 9 and 10**

**Materials and Communications**

- Benefits Administration did not have any materials or communications updates.

**COMMUNICATIONS**

**State Questions**

- Do you know if EyeMed sent vision cards?
  - **Answer:** New membership cards were sent to newly enrolled members and to current members if they made changes to their coverage.

**Local Gov Questions**

- How can we order eligibility guides?
  - **Answer:** There is an order form found on the [ABC webpage](#) by plan type. You can either fax or mail it back to Benefits Administration
- Where is the marketplace letter for Local Government?
  - **Answer:** It is found on the [ABC webpage](#) by plan and is called “Required Federal Marketplace Notice.”

**Benefits**

- **PayFlex – Employer Guide HSA Portal:** Kathy Stanton with PayFlex is here with us today to talk about the Employer Guide HSA Portal PDF document we sent to all ABCs last Friday with the ABC email.

**PAYFLEX QUESTIONS**

**State Questions**

- So is this just for our information, or is there something that we need to be doing with these accounts?
  - **Answer:** No, these are just for your information. If you have questions, email Kathy Stanton at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com)

**Higher Ed Questions**

- Is the employer guide an update from the one we received during open enrollment?
  - **Answer:** This is an updated document for your reference.
- When we went with healthhub for our FSA, we were assigned log in credentials and I don't remember this for the PayFlex site. From the healthhub site, I see my payflex.com but am only seeing dependent care?
  - **Answer:** The site is different from the FSA site. Log into payflex.com and choose “Employers” from top bar to sign in. If you have not received credentials for the HSA, email [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com) and we can assign a role to you.

- **MetLife Dental Presentation:** Debbie Skelley with MetLife joined the conference calls to provide a quick refresher about the DPPO dental plan, waiting periods and to answer questions. We have **attached** a copy of the slides she presented.

**Local Gov Questions:**

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- My dentist was unaware of the change from Delta Dental. Can his practice join MetLife network? If so, how?
  - **Answer:** Dentists or members on their behalf can make a request to be added to the MetLife network. Members may complete the Dentist Nomination Form found on the Benefits Administration website under Publications and submit the form to MetLife.
- I have four employees so far who have asked about the new MetLife dental cards. They did not receive them. Was everyone supposed to receive new cards?
  - **Answer:** Yes. Since MetLife is a new plan, everyone should have received new cards. If you have members who did not receive dental packets and cards, you can send an email to the BI email box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov). and we will follow up.
- The claim form requires signatures for both the dentist and the patient? So who is supposed to file for reimbursement, the patient or the dentist if his dentist is out of network?
  - **Answer:** Most dentists will submit the claims directly to MetLife. The dentist should be able to submit the claim online, but if that is not possible, then the member can also submit the claim for reimbursement. They can call the MetLife service center at 855.700.8001, Monday through Friday from 7:00 a.m. to 10:00 p.m. Central if they have any questions.
- This is our agency's first time using the dental insurance offered through the state. Does the waiting period apply to our employees even though they had previous dental coverage through a different carrier?
  - **Answer:** The only individuals who have waiting periods that count toward the MetLife waiting periods are those members who had coverage last year with Delta Dental under the state's group dental insurance program. Members previously enrolled in Assurant or any other dental plan who are now enrolled in MetLife have to fulfill all of the MetLife waiting periods for services.
- So if you had the Delta Dental last year, there is no waiting period, correct?
  - **Answer:** It depends on how long the member was enrolled in Delta Dental. If they had coverage all year, then they will not have waiting periods with MetLife. But if they were with Delta Dental for a few months, then the member would have to satisfy the remaining months under the MetLife enrollment. For example, if enrolled in Delta Dental last year for three months, they would have to be enrolled in MetLife for three months this year to have met the six-month waiting period for major restorations or crowns. The enrollment in the state's Delta Dental program last year must have been continuous and current as of December 31, 2015.
- I am with Johnson County 911. We signed up for MetLife and have four employees effective January 1. We are still not in the system.
  - **Answer:** Yes, we are aware of these four members and have contacted MetLife to research. We will get back to you.

**State Questions**

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- So are you saying if the employee was enrolled in Delta Dental then the waiting periods is waived?
  - **Answer:** That depends on how long they were enrolled in Delta. For six months or more, the waiting period is waived for some services such as major restorations, crowns and complete upper dentures. If 12 months or more, the orthodontia waiting periods were waived and all of the waiting periods with MetLife are waived. It is the amount of time enrolled in Delta Dental that counts toward MetLife. There cannot be a gap in coverage, and the coverage must have been current as of December 31, 2015.
  
- Could you repeat the phone number again?
  - **Answer:** The MetLife call center number is 855-700-8001.
  
- If an employee was **not** in Delta Dental and switched to MetLife, do they still have to complete the waiting period?
  - **Answer:** Yes, if not in Delta Dental then the MetLife waiting periods will apply. The time enrolled in Assurant will not count.
  
- I have staff that have had issues that their dentist is listed as in-network, but when they go into dentist files, it's rejected. Dentists are listed under provider listing on website. Employees have had to call MetLife.
  - **Answer:** We would need specific examples in order to research this for you. You can send an email to [Dskelley@metlife.com](mailto:Dskelley@metlife.com).
  
- In reference to MetLife versus Delta Dental, if a dentist took Delta and not MetLife, is there a chance that these dentists will reach an agreement with MetLife, especially employees in east TN around the Knoxville area?
  - **Answer:** Within the state of TN, we sent a communication out to all dentists that we were aware of that we were contracted with the State of Tennessee. We have had dentists join our network. Traditionally, MetLife asks for larger discounts than Delta Dental might, but the way the State of Tennessee plan is set up, it shouldn't matter to the providers. We can maybe go back and talk to specific providers or the member can contact us about a certain provider, and our contracting team can follow up with the dental provider.
  
- We do not have not specialized dentists for periodontal within 100 miles of Johnson City and an employee's dependent needs this service. What does an employee do in this instance?
  - **Answer:** MetLife will check with the provider networking team.

**ParTNers for Health Wellness Program**

• **Completion Numbers**

- **WBA:** 26,534 as of 2/7. We will have an update during the next call.
- **Onsite screening:** 2,730 members have signed up for an onsite screening
- **PSFs:** 16,876 have been ordered and 6,192 have been sent to Onsite Health Diagnostics (OHD).

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- **The “Mission Nutrition” Wellness Challenge Reminder:** Mission Nutrition is a fun, six-week nutrition challenge that is designed to help you easily decode nutrition facts labels and use this information when you shop, plan meals and cook each day. It’s also meant to help you feel good about making smart food choices. The challenge runs from February 8 to March 20. Registration opened on Feb 1 and the last day to register is February 15. We included a flier with the Friday, January 29 ABC email.
- **Onsite Screenings Update:**
  - All onsite screening sites have been finalized. There are a total of 186 dates. Several of these are multiple dates at the same location. We have included a list of sites in both pdf and excel as well as a blank screening flier that you can post or share.
  - **Walk in policy:** Onsite Health Diagnostics will accept as many walk-ins as they have supplies and time to screen. OHD will ship an additional 20% supplies over the number of people signed up for the onsite screening three days in advance. New hires will still be able to attend an onsite screening. There may be a slight delay in getting their data transmitted to Healthways until they show up on the eligibility file. Once the member is on the eligibility file, OHD will be able to get their data transmitted to Healthways.
- **Targeted Well-Being Assessment Reminders:** Healthways is sending targeted email reminders this week to those who have not yet completed a WBA. They went out in batches throughout the week. Next week, we will have a targeted screening reminder.
  - **Coaching Transfer Letters:** Will start going out in March. As a reminder, these will continue to go out every month.

## **WELLNESS PROGRAM QUESTIONS**

### **State Questions**

- Where can I find the schedule for the onsite wellness screenings?
  - **Answer:** We emailed the schedule in the Friday, February 12 email. We will post the list on the ParTNers for Health website next week and will let you know where it is located.

### **Local Gov Questions**

- Employees who started coverage on 7-1-15 with the PPO and who had their physical within the allotted time, do they still have to have another physical again this year?
  - **Answer:** Screening results from 7-16-2015 to 7-15-2016 will be accepted. As long as members had their screening after July 16, 2015 there should be no issue with using those results.
- For new employees, do you have a list of the 120-day date for when they need to have the questionnaire and screening done.
  - **Answer:** There is a chart with the coverage effective date and deadline on the ParTNers for Health website on the [Partnership Promise](#) page.
- If you change from the Partnership PPO to the Limited PPO, should you still be receiving health coaching calls?
  - **Answer:** The coach should be able to see that the employee is with a different plan as the program is voluntary if they are enrolled in the Limited PPO. The employee should be given the opportunity to decide if they want to continue.

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- Are you only accepting the preprinted form for the biometric screening?
  - **Answer:** Yes, for biometric screenings completed at the doctor's office, the member will have to download the form from the Onsite Health Diagnostics website (OHD). This form is preprinted for the member. Members can go to [ParTNers of Health website](#) and in the Quick Links box and click on "Complete your Biometric Screening", and this takes you to the OHD website. On this site, members can register for an onsite screening or download your Physician Screening Form.

**Operations:**

- **State only: Minnesota Life – Death Claim Process:** Beginning February 16, 2016, Benefits Administration will be passing the majority of the death claim process to Minnesota Life. When you are notified of a death of an employee or a dependent, please submit a completed Change/Enrollment form (check death in the upper right corner of Part 1), a Notice of Death form and any and all beneficiary information you have on file. (The Change/Enrollment form and the Notice of Death form can be found on the ABC Website (<http://www.tn.gov/finance/article/fa-benefits-abc>). Our team will submit this information to Minnesota Life. You or the beneficiary/employee will be contacted by a Minnesota Life representative from that point on.
- **New ABC Training Webinars:** Trainings for new ABCs will be held on the following dates and times:
  - 2/23 - Local Education: 9 a.m.-11a.m., State 1 p.m.- 3p.m. Central
  - 2/24 - Local Gov: 9 a.m.-11 a.m. Central
  - 2/24 - Day 2 all plans combined: 1 p.m. -3 p.m. Central
- **ABC Workshop**
  - "Explanation of Benefits Terminology and Vendor Sites"
  - February 18, 1 p.m. -2 p.m. Central
- **ABC Training**

Instructions for ABCs to enroll in ABC Web Training:

  1. Log into Edison.
  2. Navigate to ESS > Learning > Search Catalog > Click the "Catalog Items" link > Enter ABC in the "Search the Catalog" field > Click the "Search Catalog Items" button.
  3. Locate the training you are interested in.  
ABC Training Webinar (ABCT1000) – New ABC Training  
ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC's
  4. Click Enroll.
  5. Locate the specific dates you would like to attend the webinar.
  6. Click Enroll.
  7. Click Submit Enrollment.
  8. Once you have enrolled, you will see the following message under your name at the top of the page.

**State Questions**

- How do you enroll for the February 18 ABC Workshop?

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- **Answer:** The training enrollment information is listed above and you will need to enroll in the ABC Workshops (ABCT4000).
- How can we know if we have completed required training as a new ABC?
  - **Answer:** It is a two-day training and you would have received a certificate after you completed the training.

## **OPERATIONS**

### **State Questions**

- For the HSA, one of our employees put in her yearly amount taken out, but wanted to know when that is taken out. Can she divert the monthly amount to just one paycheck? Does she have the ability to change this? The money they contribute for the year is only available after the money is available in their account, correct?
  - **Answer:** Payroll deductions are paid per pay period depending on how the member is paid, either semi-monthly or monthly. Yes, the money is available only after contributed. This is different from FSAs.
- Will we need a signature on the enrollment form when reporting a death?
  - **Answer:** You will need the employee's signature if it is a dependent death.

### **Local Gov Questions**

- I have a question regarding the enrollment date for new hires. If we use Feb 1 for the Edison date, will my employees be covered on March 1? Feb only has 29 days and I ran into this problem before and BA said that new employees had to wait until April to be covered because the 30-day waiting period was not met since Feb only had 28 days, but later rescinded and said that Feb 1 start date would be effective March 1. I want to be sure that is still the case.
  - **Answer:** Yes, March 1 is the coverage effective date.
- We have some employees that are on Medicare. Do we have to fill out the PPACA form for these employees?
  - **Answer:** If they are eligible for coverage through your agency then you have to fill out a PPACA whether or not they are enrolled.
- What about HIPAA training this year?
  - **Answer:** We are currently in the process of uploading HIPAA training into ELM will be an interactive webinar. We will have more information on the March ABC conference calls.
- Who do I contact to get access to ESS? I still cannot access from the main menu?
  - **Answer:** You can send your contact information to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will have a trainer get back to you.
- We have had some members switch to BCBS and they are getting letters about secondary insurance?
  - **Answer:** If new to BCBS, they may receive a letter with questions about dual coverage. Members who receive these letters should respond directly back to BCBS.

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
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- I got a RX for a 90-day supply. I took it to Walgreens and they told me they couldn't fill it if it were 90 days. They said I had to go to CVS.
  - **Answer:** Walgreens is not in the state's Retail-90 pharmacy network; therefore, prescriptions with a days supply greater than 30 days cannot be filled there. You can access a list of participating Retail-90 pharmacies by going to [info.caremark.com/stateoftn](http://info.caremark.com/stateoftn) > Network Lists > 90-Day Retail Pharmacy List. Scroll until you see TN pharmacies listed. You are not required to go to CVS for a 90-day supply of your medication; there are other pharmacies in the Retail-90 network such as Walmart, Kroger, Kmart, Food City, Sam's Club, Publix, as well as many independent pharmacies across Tennessee.

**Higher Ed Questions:**

- Are you aware of the state's participation in the "Quittin Time" in Tennessee, which is a statewide campaign to promote quitting smoking?
  - **Answer:** Yes, we are aware of the campaign and Benefits Administration will send information out to the state employee wellness councils about it.
- If we have an employee who retires age 65 and older, are they eligible to continue vision and dental into retirement? Can an employee take vision under COBRA for 15 months?
  - **Answer:** Only employees in retirement that are on the group insurance are eligible to continue vision coverage. If retirees themselves are not if not enrolled in vision. For dental coverage, retirees must be an ORP or TCRS retiree. Yes, anyone terminated can take COBRA. Members under 65 who are not eligible will have to come off the vision and dental coverage. If over 65 and they want vision coverage, they can opt to do this through COBRA.
- If an employee terminated this month and her last deduction comes out at the end of the month, it covered her for March, correct? If she has a baby in March, will the baby be covered at that time? Can this be placed in the notes?
  - **Answer:** Yes, if she has paid for March coverage and the baby is born in March, then they are covered. You will need to submit an Enrollment Change Application to add the baby for that month.
- I have two retirees. Both had optional term life insurance with Minnesota Life and told them they would get information from Minnesota Life on continuing these policies – one wanted to cancel ahead of time and is not retiring until July1. Minnesota Life told her that she had to contact MTSU HR resources to cancel her life insurance? At the time, she did not tell me they were going to complete the form.
  - **Answer:** The retiree does not need to contact Minnesota Life to cancel the insurance. There is a service request form on the BA website that ABCs can complete along with the employee/retiree. You can send an email to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can research. The form found on the website only requires the employee's signature.

**Combined Conference Call Notes**  
**Central State, Local Government and Higher Ed**  
**February 9 and 10**

- Can Minnesota Life be cancelled at any time, or is this limited to the Annual Enrollment time?
  - **Answer:** Voluntary term life insurance can be cancelled at any time. Members cannot increase or decrease the amount, but cancellation at any time is allowed. Name of the form is the [Service Request Form](#).
  
- About death benefits for beneficiaries, it is my understanding that they have a continuation of insurance for six months for free. Does this apply to dental and vision?
  - **Answer:** No, this only applies to their health insurance.

**Conference Call Notes**  
**Local Education, State, Local Government and Higher Ed**

**Materials and Communications Updates**

- **Staff Update:** We introduced Heather Pease, our new Communications Outreach Coordinator. Heather has replaced Seannalyn Brandmeir on the communications team. Seannalyn graduated from law school, passed the bar and now is the Procurement and Contracting Manager for BA. Heather’s primary responsibilities will be supporting the Behavioral Health and EAP programs, and our voluntary products programs.
- **Tennova Hospitals Update:** We included this information in the Friday, March 4 ABC email. Tennova’s parent company, CHS, is re-branding with the Tennova name, five middle Tennessee facilities that they already owned. There is no change to BCBST Network S or the Cigna LocalPlus network. Both carriers will update their online provider directories. The changes are below and we have posted revised hospital lists on our websites.

<b>Old Name</b>	<b>New name</b>
<b>Jamestown Regional Medical Center</b>	<b>Tennova Healthcare-Jamestown</b>
<b>Gateway Medical Center</b>	<b>Tennova Healthcare-Clarksville</b>
<b>University Medical Center</b>	<b>Tennova Healthcare-Lebanon</b>
<b>Heritage Medical Center</b>	<b>Tennova Healthcare-Shelbyville</b>
<b>Harton Regional Medical Center</b>	<b>Tennova Healthcare Harton-Tullahoma</b>

- **ALEX Available for New Hires:** We just want to remind all ABCs that links to ALEX are still available on the [ParTners for Health website](#) with information for your new hires. The convenience of ALEX allows new hires and their spouses to review benefits information at any time and from home. We encourage you to let your new hires know about ALEX and where to find the link.
- **State: PayFlex Employer Portal and Access:** Last month, we shared information on the PayFlex employer portal. Recently BA learned all state employees are included in the portal and agencies are unable to search only on their members. BA will be managing the central state portal information from our office. If there is specific information you need, BA will internally work to gather that information for you. We apologize for any confusion this created for any ABCs.

**Higher Ed Questions – Carrier Network**

- We received the hospitals’ lists on Friday with revised hospitals and they listed UT as being in network for “Network S.” But I was under the impression it was only for certain plan members?
  - **Answer:** UT Medical Center is considered **in-network** for state insurance program members due to an agreement between the carriers and the provider.

**Benefits**

**Conference Call Notes**  
**Local Education, State, Local Government and Higher Ed**

- **Local Ed/Local Gov: Memorandum of Understanding (MOU) Presentation:** The Director of Vendor Services, Kendra Gipson, presented information about the Memorandum of Understanding as it impacts health insurance coverage. We informed ABCs about a policy update as well as an upcoming change to the MOU that has been driven by changes we've seen in one of our plans. We have included information presented below. In addition, an attachment was included with the March 11 Friday ABC email that provided more detailed information.
  - The Limited PPO was introduced in 2004 to the Local Government Plan to provide a lower price point product.
    - Local Government agencies receive no state support for insurance
  - The Local Education Plan authorized the expansion of the Limited PPO to the LEAs starting in 2014.
    - This was in response to requests from LEAs concerned about meeting the employer responsibility requirements of the Affordable Care Act (ACA or PPACA)
  - The Limited PPO covers the same services as the other plan options but the member cost sharing is higher than the other two PPO plans.
  - Given the higher cost-sharing, the Limited PPO product is primarily designed as a good choice for members who are healthier and do not use many health care services or for members who are more careful about their health care use and spending.
  - Limited PPO premiums in 2014 and 2015 were set based on the past and expected enrollment profile and claims experience that the Local Government Limited PPO has had
    - BA had many years' cost and utilization to evaluate
  - Based on historical plan experience **Limited PPO premiums are 36 percent lower** than the Partnership PPO in both the Local Education and Local Government Plans.
  - During mid-late 2015, BA became concerned that plan expenses in the Local Education plan were greater than we forecast so we evaluated the root cause. It became clear that the Limited PPO cost/revenue difference was driving the adverse trend.
  - Due to the adverse trend, BA has approval from the Insurance Committees to revise the MOU and strictly enforce the types of products agencies can offer with the health plans.
  - Training on the MOU will be offered to ABCs and we will communicate this information when it is available.

**Local Ed Questions – Memorandum of Understanding (MOU)**

- What about HRA (health retirement accounts) plans?
  - **Answer:** HRAs will also not be allowed.
- Will people have the chance to switch plans if we have to drop the Gap programs?
  - **Answer:** Yes. The change will not go into effect until 2017. We will communicate the information prior to and during annual enrollment and members can switch plans during annual enrollment.
- Will this be effective the budget year or calendar year?
  - **Answer:** The 2017 calendar year.
- In January 2017?
  - **Answer:** Yes. Changes will be effective January 1, 2017.
- Do we have an idea what the rate increase will be on the other PPOs for 2017?
  - **Answer:** The premiums have not been determined yet for the 2017 calendar year. We typically have an estimate late spring, but the rates are not finalized until the

**Conference Call Notes**  
**Local Education, State, Local Government and Higher Ed**

- Insurance Committees meet and approve the premiums in June. BA will communicate information to ABCs as soon as it is available.
- Our finance people have heard that it's 6.01% premium increase. Where is that coming from?
    - **Answer:** That is an estimated figure included in budget projections. As we stated, premiums will not be finalized until the Insurance Committee approves them this summer.
  - What about Flexible Spending Accounts (FSA) plans?
    - **Answer:** Members are allowed to have FSAs in addition to health insurance.
  - So if we offer the limited, we can no longer offer the Gap plans?
    - **Answer:** Correct. For the 2017 calendar year, you cannot offer a gap plan, wrap-around plan or any other type plan that offsets member costs with any of the state offered health plans.
  - So am I correct in understanding that if it is an indemnity plan that does not coordinate benefits with the insurance and not a gap plan we can still offer it?
    - **Answer:** Yes, agencies can offer indemnity plans.
  - Will the increase be an overall increase or will it be by each plan?
    - **Answer:** That is to be determined. It could be a rate increase by plan but could also be an overall increase, which has been our practice in recent years.
  - We have been told that the Gap plans are not wraparound plans. Can you give us info that supports that it is?
    - **Answer:** These plans are directly coordinating with our plan benefits. They've been designed to cover our deductibles, coinsurance and other out-of-pocket costs. We're aware that brokers are saying they are not wraparound policies or calling them by other names, but they are Gap plans.
  - How is this different from a Medicare Supplement?
    - **Answer:** The Medicare Supplement is a self-insured plan and is a wraparound to Medicare, which is not our plan.
  - The Gap plan only covers some outpatient costs and hospital costs...it does not help with usual office visits and medications. How is that a wraparound?
    - **Answer:** Typically, Gap plans pick up the deductibles and co-insurance. They pay for the out-of-pocket expenses a member would pay to receive services.
  - Have you spoken directly to teachers and declared the real impact of their out of pocket expenses?
    - **Answer:** We have not communicated directly with teachers. As a reminder, we don't have a way to communicate with teachers aside from snail mail. As we get closer to annual enrollment, we will communicate this change directly to members in our Decision Guide in addition to sending information to ABCs to share with your employees.
  - Can you repeat what you said about an increase in 2017?
    - **Answer:** The 2017 premiums have not yet been determined. We are currently analyzing this and will share more information with ABCs as it becomes available.
  - We need an estimate, even if not exact? We are doing budgets now.
    - **Answer:** We cannot provide an estimate at this time. We will share more information with ABCs as it becomes available.
  - What was said about a 6 percent increase?
    - **Answer:** It is a placeholder in the budget, but it may not be the final number.
  - Our plan does not increase visits...does not help at all.

**Conference Call Notes**  
**Local Education, State, Local Government and Higher Ed**

- **Answer:** We are seeing the results of Gap plans and they are having a financial impact. Hospital visits are more impactful to the plan than doctor's visits.
- Who gets the deductible that an employee has to pay?
  - **Answer:** Member deductibles are used to pay the providers for the services received by the member.
- Effective with the 2017 year, Gap plans are no longer allowed?
  - **Answer:** That is correct.

**Local Gov Questions – Memorandum of Understanding (MOU)**

- I see the language that does not allow another plan, such as a Gap policy in our MOU for our LGA. Do the LEA MOU's also contain that same language? Asking because our county and school have been approached by gap policy providers.
    - **Answer:** Yes, the language is the same in both MOU's today and additional clarifying language will be added to both updated MOUs.
  - Can we go back to the Gap insurance issue for a moment? I need to show my director the portion of the MOU to which you are referring that we would be in violation. Are you referring to the statement that the LEA may not offer any other health plan to our employees? It is item #9 under the responsibilities of the LEA.
    - **Answer:** That is the portion of the MOU, but as we indicated, we are in the process of making updates to the MOU. Soon, a new MOU will be going out to the agencies, which will include additional language to clarify. But the statement you are referencing, #9, is already in the MOU.
- **HIPAA Training Update:** We introduced Chanda Rainey, our new HIPAA Privacy & Security Officer and she gave us an update on HIPAA training.
    - The HIPAA Compliance training program has been developed and will be available in Edison soon.
    - The class will be an online webinar that individuals will sign up and take using Edison ELM.
    - The training will be accessed at your convenience and completed at your workstation.
    - After the webinar training, ABCs will complete a quiz, which is graded (ABCs must score a minimum of 80 percent), and recorded. ABCs can take the quiz as many times as necessary.

**Local Ed Questions – HIPAA Training**

- Does everyone have to do the training this year?
  - **Answer:** Yes. It will be an annual training going forward.

**Local Gov Questions – HIPAA Training**

- Will we be notified when HIPPA training is ready?
  - **Answer:** Yes. An email will be sent out to ABCs when it is available in Edison.

**Higher Ed Questions – HIPAA Training**

- Does everybody have to retake the HIPAA each year?
    - **Answer:** Yes, it is an annual training.
- **MetLife Dental:** Debbie Skelley and Julie Salomone with MetLife presented additional 2016 dental updates and answered questions during all calls.

**Conference Call Notes**  
**Local Education, State, Local Government and Higher Ed**

**Local Ed Questions – MetLife Dental**

- Do we contact MetLife for replacements or whom should the employee contact?
  - **Answer:** Employees can call MetLife at 855-700-8001. Employees can also go to the [MetLife website](#) and print ID cards.
- If an employee was on Delta Dental in 2015, do they still have to have the waiting periods?
  - **Answer:** If a person was enrolled in the state's group Delta Dental program on December 31, 2015, then all continuous time enrolled in Delta Dental will transfer to MetLife. For example, if the member was with Delta Dental for the last six months of 2015, that time will transfer to MetLife. Members who were with Delta Dental for a full year (all of calendar year 2015) will not have waiting periods.
- It would be helpful to put Group numbers for each vendor on the Partners for Health website
  - **Answer:** We can take that back. Some vendors have several group numbers, but we will consider it.
- I have a local dentist who wants to join the network. They have contacted MetLife and haven't heard anything.
  - **Answer:** You can send an email to [StateofTennessee@metlife.com](mailto:StateofTennessee@metlife.com) and MetLife will contact the dentist directly. (The [StateofTennessee@metlife.com](mailto:StateofTennessee@metlife.com) email address is just for the use of ABCs. Do not provide this email address to employees or others.)

**Higher Ed Questions – MetLife Dental**

- Many of our employees have not received their enrollment cards. I received an email in January that stated cards were to be mailed later in the month. I have asked each employee to call MetLife and request that a card be mailed to his or her home address.
  - **Answer:** We know there was a problem with USPS getting cards to people, and we have reissued thousands of cards. Everyone should have cards by the end of March if not sooner. If a member has requested an enrollment kit/card because one was not received and they don't receive the replacement within two weeks, they should call us back at 855-700-8001. When members call, the request is processed immediately and a card should be sent out within three days.
- The cards that were originally sent, did they have the 161596 group number on them?
  - **Answer:** Some did, some did not. But the providers have been informed that 161596 is the group number for state employees. Also, employees do not need to have a card to receive services. They would just need to share their Social Security Number or Edison ID with providers.
- I have a question about the MetLife waiting period and employees who were in Delta Dental who have satisfied the waiting period. We are getting many calls for people who are being denied even though they've satisfied the wait period. How do we handle those calls?
  - **Answer:** Those calls are coming directly to MetLife as well and the information is being updated in the system after verifying with the state the correct waiting period. The member or ABC needs to contact MetLife directly.
- But how did MetLife get that information?
  - **Answer:** MetLife received data from Edison and Delta Dental. The state provided additional information in situations where the employee had made a coverage level

**Conference Call Notes**  
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change since originally enrolling in Delta Dental. Most members should have this corrected now in our system.

- **Local Ed: PayFlex – Employer Guide HSA Portal:** Kathy Stanton with PayFlex shared information about the Employer Guide HSA Portal information sent to ABCs with the Friday March 4 ABC email.

**ParTNers for Health Wellness Program**

- **Well-Being Assessment Deadline:** The deadline to complete the Well-Being Assessment is Tuesday, March 15. The third round of targeted reminder emails started going out this week.
  - Healthways Customer Service will be open on Saturday, March 12 from 8:00 a.m. to 4:30 p.m. Central to assist members should they have any questions. As we always mention during this time, with the high number of members who still need to complete the requirement, the call volume for Healthways customer service will increase drastically as we approach the deadline. Healthways is fully staffed but members need to be reminded to have patience. We still have more than 48,000 members who need to complete the requirement. We encourage members to do the WBA as soon as possible.
- **Completion Numbers**
  - **Well-Being Assessment:** As of March 9, 74,357 members have completed the WBA, this is up 9 percent since Sunday, March 6. Members are responding to the WBA reminders as we move closer to the deadline. **A final reminder email will go out on Monday, March 14.**
  - **Onsite screenings:** 6,987 have signed up for an onsite biometric screening.
  - **Physician Screening Forms:** 28,691 have ordered a physician screening form and 10,014 have been returned.
- **Onsite Screenings Update:**
  - Onsite screenings will start later this month. Each week an email will go out to the site contact to keep them up to date on screening sign-ups for each location. If we do not have 40 people signed up for the screening 10 business days before the event, the screening site will be canceled. Some site locations have changed as well as the screening times. We are working with Healthways to keep the screening information up to date. We will send revised screening PDFs to ABCs with the Friday ABC email.

**Local Ed Questions – ParTNers for Health Wellness Program**

- What will happen if the Well-Being Assessment is not met by the March 15 deadline? Will members automatically be enrolled into the Standard PPO for not completing the requirement?
  - **Answer:** Healthways will work with members to complete the requirement. If they don't complete the WBA, the member and all dependents (if applicable) would be transferred into a different plan for the 2017 year. It is very important to complete it by March 15. If there is a situation where they cannot get it done (technical difficulties for example), the member will need to file an appeal and submit the appeal to Healthways.
- If an employee goes to an onsite screening to complete their biometric screening-does that count as well visit for insurance purposes? Would they be able to go to their doctor later in the year and have a physical?
  - **Answer:** An onsite screening will not count as an annual physical visit for the year. The member will be able to go to your doctor for an annual physical.

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- How does the ABC find out how many have signed up for the onsite screening?
  - **Answer:** Healthways sends out a list every Thursday to the site contacts for the location. If you would like to be added to the list, please send a request you're your email address to [benefits.info@tn.gov](mailto:benefits.info@tn.gov). In addition, we are encouraging the site contacts to forward the information to the ABC.
- I had a member say they received a diagnosis recently and within just a few days a health coach called her about it. This seems a little invasive that information is shared that quickly before the employee even has time to process the diagnosis
  - **Answer:** You can send the member's name/ID to the email box. We'll be glad to reach out to that member and explain why they were chosen for coaching.

**State Questions – ParTNers for Health Wellness Program**

- If a member is identified for coaching in 2016 what is the date the coaching is required to begin?
  - **Answer:** It depends on when the member consents to enroll in coaching. If they're identified today and we called them to enroll tomorrow, then depending on the program they are in, they would be in the program for 12 months beginning the day they consent. Disease management coaching is an ongoing coaching program.
- Can a member go to onsite screenings if enrolled in the CDHP?
  - **Answer:** All enrolled members can complete an onsite screening, but it is required for Partnership PPO and Wellness HealthSavings CDHP members.

**Local Gov Questions – ParTNers for Health Wellness Program**

- Is the WBA required for the employees with the Limited PPO?
  - **Answer:** No. But members with the Limited PPO plan can utilize it and the tools in Well-Being Connect if they want to, but it is not required.
- I have employees who have doctor's appointment scheduled for later this month. Do they need to do the onsite screening also, since it will be after the 15<sup>th</sup>?
  - **Answer:** For most members, the biometric screening isn't due until July 15. If they complete it with their doctor, then they do not need to do an onsite screening
- Are the onsite screenings available for all employees regardless of the plan they are enrolled in?
  - **Answer:** Yes. It is required for those in the Partnership PPO and Wellness HealthSavings CDHP, but all members may participate.
- Did I hear that the onsite screenings are required for employees enrolled in HSA?
  - **Answer:** They are required for members in the Wellness CDHP, which is a plan offered to state and higher education employees. Members in the HealthSavings CDHP do not have to complete the requirement.
- Is there a query to run to see who has not done their WBA?
  - **Answer:** No. Members can utilize the Healthways automated phone system IVR at 888-741-3390 to check and see if they've completed the requirement.
- What number do members use to speak with Healthways?
  - **Answer:** They can call 888-741-3390, Monday through Friday, 8 a.m. to 8 p.m. Central.
- What is the requirement for a new hire that signed up for Partnership coverage with regard to WBA?
  - **Answer:** New hires have 120 days from their coverage date to complete their WBA and biometric screening.

**Conference Call Notes**  
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**Higher Ed Questions – ParTNeRS for Health Wellness Program**

- Some of our employees have completed it and haven't received an email for confirmation. Should they receive an email?
  - **Answer:** Healthways does not send WBA completion emails once members complete their assessment. Upon completion of the WBA, members have the option to input their email address to be notified via email when their Well-Being Plan is ready. This is not required and is probably where there is some confusion that some are getting an email and some are not. The best way to confirm completion is to have members call into the automated verification system to check the status of their Partnership Promise by dialing 888.741.3390 and selecting option 1.

**Operations:**

- **ABC Trainings:** The new ABC trainings for March:
  - **3/23 Local Education:** 9 a.m. – 11 a.m. Central  
**State:** 1 p.m. to 3 p.m. Central
  - **3/24 Local Gov:** 9 a.m. – 11 a.m. Central
  - **3/24 Session 2 combined:** 1 p.m. - 3 p.m. Central
  
- **ABC Workshop:**
  - **3/17 How to Manually Run Automatic Collections:** 1 p.m. to 2 p.m. Central
  
- **Local Ed/Local Gov: Employee Termination Dates:** The BA Quality Assurance Team has been noticing a large amount of employee termination dates entered in Edison are being back-dated prior to 12/1/2014.
  - 12/1/2014 should be as far back as the employee termination dates go.
  - When ABCs use older dates, from prior years especially, it increases the amount of rework by the QA staff to clear up the employee's Edison record.
  
- **State: Minnesota Life – Death Claim Process:** Last month we talked to you about the change in the Death Claims process. The new/updated procedure has now been posted on the ABC website. The Notice of Death Form has been altered to highlight the sections that **MUST** be filled in when submitting the form.
  
- **Higher Ed: Minnesota Life – Death Claim Process:** Beginning February 16, 2016, Benefits Administration passed the majority of the death claim process to Minnesota Life. When you are notified of a death of an employee or a dependent, continue to submit a completed Change/Enrollment form (check death in the upper right corner of Part 1), a Notice of Death form and any and all beneficiary information you have on file. The Change/Enrollment form and the Notice of Death form can be found on the ABC Website  
<http://www.tn.gov/finance/article/fa-benefits-abc>
  - Please submit these documents the same way you would any other documents, by uploading in Edison or via fax. Our team will submit this information to Minnesota Life. The beneficiary/employee will be contacted by a Minnesota Life representative from that point on. The new/updated procedure has now been posted on the ABC website. The Notice of Death Form has been altered to highlight the sections that **MUST** be filled in when submitting the form.

**Conference Call Notes**  
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**Local Ed Questions - Operations**

- If an employee has current coverage and has a newborn they want to add, can he or she at that time change to Cigna or do they have to stay on BCBS?
  - **Answer:** The employee cannot change carriers when just adding a newborn.
- Do we have to turn in a Special Qualifying Event form for newborn?
  - **Answer:** No, just a change of enrollment form and a birth certificate. It's considered a life event. The only time it's a Special Qualifying Event is if you are adding other previously eligible dependents at the same time.
- My question is about retiree insurance. The "Continuing Insurance at Retirement" booklet only mentions that retirees can come on the insurance through open enrollment due to qualifying events. Under ACA, shouldn't they be able to enroll in coverage regardless?
  - **The following response was revised on 03/16/16:**
  - **Answer:** Retirees cannot bring themselves onto health insurance during open enrollment. They have to have a qualifying event if they chose not to take the retirement insurance when they retired, and would have met the eligibility requirements for retirement insurance at the time of termination of active coverage. A TCRS/Higher Ed ORP retiree can sign up for new **dental** enrollments at any time. Retirees may not elect vision at any time. A retiree must be receiving a monthly TCRS pension or be a higher education ORP retiree and be enrolled in the group health plan to elect vision coverage. If the retiree does not elect vision upon the initial continuance of group health insurance as a retiree, he or she may elect vision during the Annual Enrollment Period or if he or she loses other vision coverage under the special enrollment provision.
- Can a surviving spouse of a retiree get the POMCO Medicare Supplement?
  - **Answer:** If the retiree's spouse was not on POMCO at the time the retiree died, they are not allowed to enroll at a later date. Only spouses on POMCO at the time the retiree died are allowed to continue it.
- What if the spouse died before they turned 65?
  - **Answer:** The spouse would not be allowed to have it. Spouse only insurance is no longer allowed.
- Why the change (with spouse coverage on POMCO)?
  - **Answer:** These changes were effective 1-1-2016. If the spouse was not on the insurance when the retiree died, they are not eligible. Spouses are not allowed on POMCO if the retiree is not.
- So is this the change due to POMCO policy or State of Tennessee policy?
  - **Answer:** The change in eligibility rules was decided by the State Insurance Committee. This rule is consistent across all programs. These decisions are reflected in the Medicare Supplement plan document on the [BA Insurance website](#).

**State Questions - Operations**

- If an employee's last day they worked was Feb 29, and their effective date of separation is March 1, what would be the termination date for the insurance?
  - **Answer:** The employee's coverage would end on March 31 at midnight.
- When it comes to the deductibles for the Wellness CDHP, it looks like the \$2,800 has to be met. In the past if you were on the PPO you paid \$450 deductible for one person vs. the entire family deductible. If you're in the CDHP you have to pay the entire deductible before you start qualifying for the 20% coinsurance.

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- **Answer:** For family tiers the deductible/out-of-pocket maximum amounts have to be met by the family as a whole. It is not \$2,800 per person. Family expenses are combined until the \$2,800 deductible is met. This could be met by one, or more than one person in the family.
  - What is the individual maximum per person for CDHP plans?
    - **Answer:**  
Individual Maximums:  
Wellness HealthSavings CDHP (in-network) employee only = \$2,300  
Wellness HealthSavings CDHP (in-network) family tiers = \$4,600  
HealthSavings CDHP (in-network) employee only = \$3,800  
HealthSavings CDHP (in-network) family tiers = \$6,850\*
- \*Federal law states that no one family member can contribute more than \$6,850.  
Example: Member A is enrolled in HealthSavings CDHP family coverage and incurs claims where their portion of the cost (deductible + 30% coinsurance) is \$7,000 they will only pay \$6,850 (\$3,000 deductible + \$3,850 coinsurance). If Member A's spouse then incurs claims and their portion is \$2,000 the spouse will pay \$750 (\$7,600 maximum minus \$6,850 already paid by member). At this point, the family has reached their annual in-network out-of-pocket maximum.

**Local Gov Questions - Operations**

- I had an employee/new hire who came in to enroll and we sent in the enrollment form to be processed, and the employee's enrollment took a long time to process because he was already in the system. I had no idea until a month later. Is there any way for ABCs to receive emails updating them on the status of the other company terminating them?
  - **Answer:** Yes, we will notify your agency via email that the application is pending and the reason for the delay, and notify you again once the application has been processed.
- What form do we use when an employee is getting divorced? The cancellation or enrollment change form?
  - **Answer:** We will accept either form.
- So what will the likelihood of having an affordable Limited PPO plan next year?
  - **Answer:** The HealthSavings CDHP is a plan an employer can use for PPACA requirements. We will have an idea of premium costs toward the end of spring and the insurance committee will vote in June. We will communicate information with ABCs as soon as it is available.

**Higher Ed Questions - Operations**

- If an employee recently becomes guardian of a disabled person as a dependent, whom do they appeal to if they were denied?
  - **Answer:** The dependent has to be under age 26 and on our coverage prior to that determination. Even if the dependent is disabled and lost coverage, they cannot be added unless they meet that qualification.

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**Materials and Communications**

- **Materials and Communications Updates**
  - **Introduced Natalie Bannon:** We were delighted to introduce you to Natalie Bannon. Natalie joined our communications team Monday, April 11.
    - Natalie is taking Greta Hollar's position as our new wellness/digital media communications coordinator. She most recently served as PR and Social Media Specialist with United Methodist Communications here in Nashville.
    - Natalie has a Bachelor's Degree in Communications from the University of Tennessee-Chattanooga and 15 years of communications, PR and TV experience, including international communications, social media management, media relations, video production, and writing for print, digital and promotional mediums.
    - Best of all, she once did investigative reporting for a Chattanooga TV station. We haven't figured out how we are going to use that skill set here yet so meanwhile she will spend her time updating, monitoring and maintaining all 10 of our social media sites and overseeing the communications needs of our *Working for a Healthier Tennessee* Initiative.
  - **ALEX:** Pending approval from the Insurance Committee, we will have ALEX available again next year for you and our members. As a reminder, new hires/employees can currently use ALEX to learn about benefits options. Your members simply have to go to the [ParTners for Health](#) homepage, and click on the link for your plan. We have provided the links below:
    - [ALEX for State and Higher Education Employees](#)
    - [ALEX for Local Education and Local Government Employees](#)
  - **HIPAA Reference Guide:** On the [ABC webpage](#), we have posted a new HIPAA reference guide under the heading HIPAA. You can find the guide [here](#).
  - **HIPAA Training Update:** The online Edison HIPAA training will be ready in the next few weeks. We will send an update about this training in an upcoming Friday ABC email.

**COMMUNICATIONS QUESTIONS**

- State Questions: Will we be recommending that supervisors take this training too?
  - Answer: Yes, anyone who works with benefits or with our insurance products should complete annual HIPAA training.

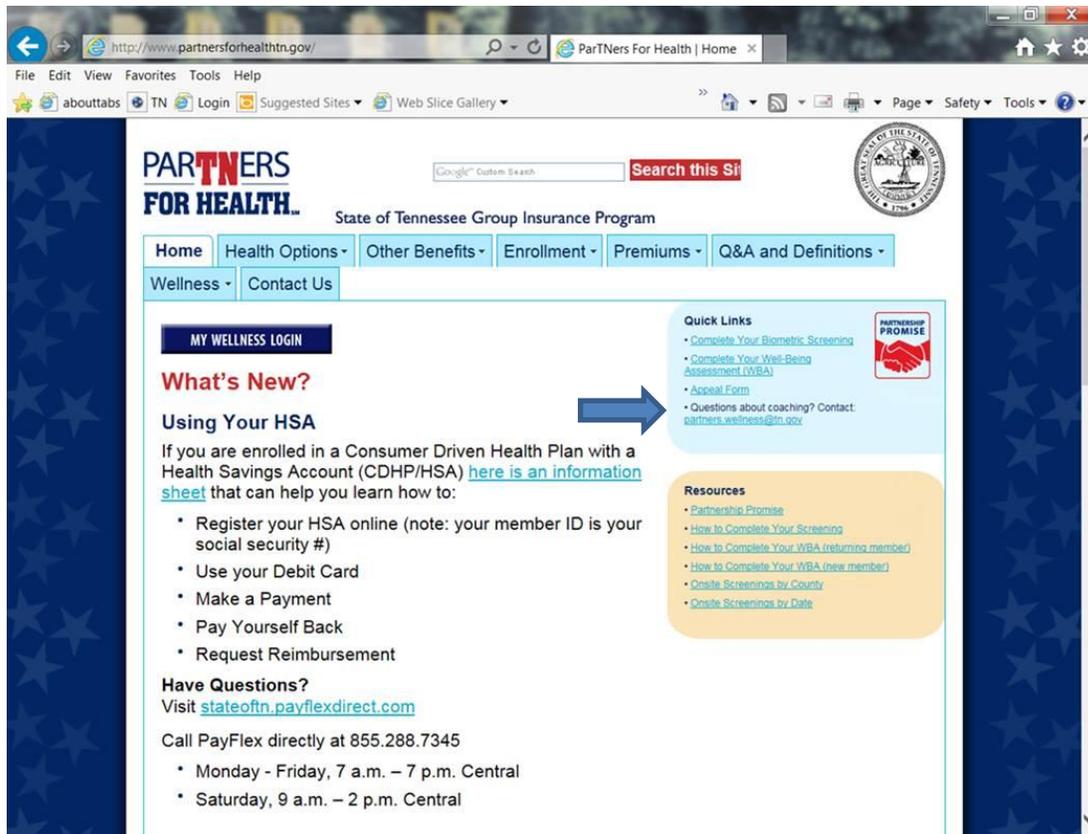
**ParTners for Health Wellness Program**

- **Healthways Account Team Update:** Nancy Parker, who has been with us since the start of the ParTners for Health Wellness program, has taken another position within Healthways. She moved to Atlanta last week. We will miss her passion and dedication to our program and members. We are happy to welcome Joe Nebel to our team as our new account manager. Joe has been working with us since the first of the year. Joe has already proven to be a great asset to our team, and we are thrilled to have him on board. In addition to Joe, Peter Gehm is also a new member of the team, and will be supporting us in an Associate Account Manager capacity with Healthways.
  - We have updated the [vendor contact list](#) on the ABC webpage and have **attached** with the Friday, April 15 ABC email.
  - Please continue to send your specific questions to the [benefits.info@tn.gov](mailto:benefits.info@tn.gov) box and we will work with Joe and the rest of the team to review and get you a response.

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- As a reminder, please don't send members or member issues directly to Joe or anyone on the account team.
- **Partnership Promise Update:**
  - **Well-Being Assessment (WBA):** Eighty-nine percent completion rate with 100,540 completed through April 10.
  - **Biometric Screening:** Onsite screenings have started. Targeted reminders will continue to go out to members.
  - **Coaching:** We have previously provided updates on the call metrics for coaching and will continue to do so in 2016. Healthways committed call rate is 98 percent. That means that the coach calls the member at the scheduled call time or within 30 minutes of that call time 98 percent of the time. Healthways inbound coaches are able to assist members calling back in for missed appointments about 90 percent of the time.
  - **Best Times to Call Pilot:** We are in the process of a pilot project with Healthways on chase calls for members who missed their committed coaching call. Members answer their scheduled coaching calls 54 percent of the time. So, 46 percent of members have to have a chase call. Seventy percent of member's preferred time for a coaching call is between 4-8 p.m. In addition, we asked that Healthways outreach to members for chase calls during their preferred time. Connectivity for the chase call during the preferred time is 20 percent. Because half of our members do not take their scheduled call, we are having issues with following up on the chase calls.
    - The pilot started a few weeks ago and is currently only for members enrolled in Disease Management. Healthways has extended the call window to include the hours of 2-4 p.m. Central. For members who are contacted outside of their best times to call, Healthways will ask if now is a convenient time to complete the call. If not, another appointment is scheduled. So far, connectivity and call completion has been between 18-20 percent during this expanded chase call window, which is very close to the answer rate during the regular best times to call. We will continue to track and will consider expanding the pilot if there is no negative feedback from members.
  - **Coaching Inquiries:** We recently added an email box on the Partners for Health website to allow members to get answers about coaching. Healthways will review and follow up with members. We have highlighted in the graphic below where members can find the email address on the homepage

**Combined Conference Call Notes**  
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- **Transfer Letters:**
  - **Well-Being Assessment (WBA):** WBA transfer letters should arrive in member homes around early May.
  - **Coaching:** First transfer letter for this program year will go out to about 3,000 HOCs and should arrive in member homes on Monday, 4/11.
- **Coaching Videos:** Healthways put together a series of three coaching videos for members to get to know some of the coaches and what coaching is really about. Those videos have been sent to members who were identified, consented and enrolled in coaching. Each quarter, a new group will receive the emails as they become engaged in coaching. The video links are posted on the ParTners for Health website on the [coaching page](#), in a box on the right hand side titled **Coaching Videos**.
- **Gaps in Care Outreach:** To augment the current gaps in care support provided by Healthways on regularly scheduled coaching calls, targeted Interactive Voice Response (IVR) calls will begin to members in the Disease Management program with two or more gaps in care. Gaps in care could include flu shots or other vaccinations, or for example, diabetics could get a call about foot exams and other blood tests. The focus is to assist members on missed preventive screenings and/or medications. If the member answers, the IVR automated system will prompt the member to confirm his/her identity to ensure it is the correct person, and then will ask a series of health-related questions. If no answer, a voice message will be left requesting the member call back into the IVR technology using a toll-free number. Delivery and content of these calls are HIPAA-compliant and within FCC guidelines. The program is currently scheduled to start in May.
- **Q2 Wellness 10K-A-Day Challenge:** The ultimate goal of this fun six-week challenge is to walk a “10K” or 10,000 steps per day and meets the U.S. Surgeon General’s recommendations for 30 minutes of moderate physical activity daily.

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- Enrollment dates are April 18 through May 2.
- Challenge start date is April 25 and ends June 5.
- We have **attached** a challenge flier with the Friday, April 15 ABC email.

**PARTNERS FOR HEALTH WELLNESS PROGRAM QUESTIONS**

- **State:** The i-Phone has an app you can use for free that will track your steps (for the wellness challenge).
  - **Answer:** Yes, that is true, but if you sign up for the challenge, you have to log your steps into Well-Being Connect (WBC). As Fitbits will synchronize with WBC, you wouldn't have to log your steps.
- **Local Ed:** For participants who are going to do an onsite screening with Healthways, do they have to bring a Physician Screening Form (PSF) with them?
  - **Answer:** No, the member does not have to bring a PSF or any other form. Once the member makes an appointment for an onsite screening, a form will be generated and the staff will have it at the screening. Members need to remember to fast prior to their screening.
- **Local Ed:** I have some people who have not been called for coaching and are participating, should they call them (Healthways)?
  - **Answer:** Yes, they can call or you can direct them to the coaching inquiry link on the ParTNers for Health website, and we can answer their questions.
- **Local Ed:** Do you have an example of what someone could get a call about for gaps in care?
  - **Answer:** Using a diabetic as an example, it could be a flu shot or other vaccination reminder or a reminder for an annual foot or eye exam. These are tests and preventive services to best manage the chronic disease.
- **Local Ed:** Doctors' offices have told me it is taking 2-3 days for the biometric screening forms to be accepted after it was faxed. Have you heard of any issues?
  - **Answer:** The faxes are received at Onsite Health Diagnostics (OHD) and we have never reached capacity on the fax line. We will check with OHD. Doctors can also upload the form and directions are found on the ParTNers for Health website on the [biometric screening page](#).
- **Local Gov:** Does there have to be a year between biometric screenings?
  - **Answer:** No, you don't have to have a full year between screenings. As long as the screening is completed between July 16, 2015, and July 15, 2016, the member can use his or her results for this year's requirement. There can't be more than a year. For example, if members had their screening last year prior to July 15, 2015, they could not use it to meet this year's requirement.
- **Local Gov:** An employee had a screening completed last June and the doctor said that there had to be a year before insurance would pay. Should I try to tell her to go ahead?
  - **Answer:** Members do not have to wait a full year to have their annual exam and have it covered. Each year on January 1, the benefits reset. The doctor could call BCBS or Cigna to confirm.
- **Local Gov:** How are blood draws handled at onsite screenings?
  - **Answer:** It is a finger stick, not a venipuncture. The member will receive a sheet of paper with their results, which are automatically sent to OHD. The member does not have to do anything after completing an onsite screening.
- **Local Gov:** Is there a query to see who will be transferred?

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- **Answer:** We won't have one until annual enrollment and it will be for members who will be transferred next year for not completing the Partnership Promise. We do not have a query specific to each individual requirement.
- **Local Gov:** We have a new employee and his insurance will not be in effect until June. Does anything need to be done as far as the questionnaire and blood work?
  - **Answer:** Yes, he would have to complete both the WBA and biometric screening within 120 days of his coverage effective date. A schedule of coverage effective dates and due dates is found on the [Partnership Promise page on the website](#).
- **Higher Ed Comment:** The language line Healthways uses has been a huge help for one of our employees. I have an employee whose first language is Chinese, and when the coach calls, there is a Chinese-speaking interpreter on the phone. He said that this has helped him fully understand what is expected.
- **Higher Ed:** An employee took her biometric screening form to the doctor, and the doctor's office made her pay a \$25 copay. Shouldn't the exam be free? The doctor's office said she would have to pay it and could get it back from BCBS.
  - **Answer:** The member may have been charged a form fee. You can send that member's information to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can research. Members should not have a copay for an annual physical.

### **Operations**

- **Update on Last Year's ABC Survey Results:** When Benefits Administration conducted our second annual Customer Satisfaction Survey for Agency Benefits Coordinators (ABCs) in the spring of 2015, 92.7 percent of our combined customer groups - State, Higher Ed, Local Ed, and Local Gov't - rated the overall customer service experience with the BA service center as meeting or exceeding expectations. We appreciate your responses and we take your opinion, comments and suggestions seriously.
- You also communicated that the Benefits Administration Service Center's (BASC) knowledge and consistency of answers continued to be areas needing improvement. In an effort to improve these areas, the management team created a plan of action.
  - In 2015, we adopted a "Recalibration" approach to training our service staff. We "recalibrated" the entire service staff in March 2016 with the requirement to pass the Plan Document test with a grade of 100.
- While we implemented a new Knowledge Base Software to assist with our accurate and consistent answers, it didn't fully meet our needs. Also, we heard your feedback that Web Remedy didn't meet your needs as a user friendly tool for communicating with us and obtaining quick and accurate answers to your issues and questions.
  - So, we are in the process of implementing **Zendesk** software. We believe this software will meet **both** our needs. This product is used by national companies like Zappos, Groupon, Xerox, Four Square and more. The State Department of Labor and Workforce Development and Department of Revenue are using it for their customers now.
  - If you would like to be a part of User Acceptance Testing, contact [benefits.info@tn.gov](mailto:benefits.info@tn.gov). We believe you will be as delighted as we are with the ease of use with this product. Our implementation date is 7/1/2016.
  - **Local Ed/Local Gov/Higher Ed:** Additionally, in an effort to streamline the enrollment process for our non-payroll ABCs, we are implementing a **forms automation process** on 7/1/2016.
  - Once an ABC obtains a completed and signed enrollment form with the applicable required dependent documentation, the ABC will be able to:

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- Enter personal and job data plus the benefit enrollment data into an online Benefits Enrollment form,
- Attach the dependent documents, and
- Submit it directly to BA.
- Once a service center analyst evaluates the transaction for completeness and accuracy, it will be approved and submitted to Edison. If additional documentation is necessary to complete the transaction, it will be sent back to the ABC via the Edison system workflow with the request for additional information. You will be alerted by email when you have a form that has been sent back for revision. You will also be able to view the form to see where it is in the approval process after it has been submitted.
  - Currently, we are locked out of making job and/or enrollment changes in Edison for certain groups, for six (6) workdays a month. With this new functionality, we will continue to validate and submit transactions that will be placed in a holding status and released immediately once the lockout is lifted. We expect our document processing time to improve significantly.
- **ALL:** As mentioned last year, if an ABC experiences inconsistent or inaccurate answers, please report it **immediately** to Tony DelPriore at **tony.delpriore@tn.gov** and Patrice Steinhart at **Patrice.steinhart@tn.gov** so that we can pull the call, ticket, or document for coaching purposes.
- **2016 ABC Survey:** BA will send the 2016 ABC survey on Tuesday, April 19.

**FORMS AUTOMATION QUESTION**

- **Local Ed:** How will this new function (forms automation) affect ESS?
  - **Answer:** ESS will still be available. Most of the LEA organizations don't use ESS for new hires, but ESS will still be used for annual enrollment.
- **Local Gov:** Does this new system mean an ABC will be able to upload a new enrollment instead of the employee using ESS (in the case where employees do not want to use ESS)?
  - **Answer:** This is mainly for those agencies who are smaller than 100 employees and they use forms for enrollments.
- **Zendesk Preview:** On July 1, 2016, BA will implement Zendesk to replace Web Remedy. Zendesk will include a comprehensive knowledge base that will allow ABCs and employees to easily search for and find answers to commonly asked questions. If an answer isn't found in the knowledge base, it will allow ABCs to easily submit requests to the BA Service Center. Information on requests is viewable online, including a user's personal history of requests, as well as updates on requests being received via email.

**ZENDESK QUESTION**

- **Local Gov:** So, we go into Edison to see the Zendesk ticket? Or is it taking the place of Remedy?
  - **Answer:** It is taking the place of Remedy. You won't go into Edison to see the ticket. Only when you login will you be able to see the status.
- **Higher Ed:** Do you have a subject (in Zendesk) about billing? I recommend that you have something about billing.
  - **Answer:** At this point, we haven't finalized all of the topics.

**Combined Conference Call Notes**  
**Local Education, Central State, Local Government and Higher Education**  
**April 12 and 13, 2016**

- **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.
- **Edison Upgrade:** Edison will be conducting a system upgrade at the end of April. **The system will be down from Wednesday, April 27 at 5:00 pm until Monday, May 2 at 8:00 am.** This update is primarily for the Financials piece of Edison, which isn't used by ABCs, however there will be updates to the "look and feel" of the pages that you use.
  - We will add information to upcoming workshops to show you what will be changing. Our call center will remain open on Thursday, April 28 and Friday, April 29 so that we can assist members with triage issues. We will not be able to make any changes in the Edison system, but we will be able to make manual updates to our vendors' systems if a member is in need of services.
- **Local Ed/Local Gov/Higher Ed: Annual Security Audit:** We will be conducting our annual security audit this month. You will receive an email with a spreadsheet that lists everyone that has an ABC role in Edison for your agency. Please review the spreadsheet and follow the instructions in the email if you see any discrepancies. We will need a response even if everything is correct so that we can maintain the information for audit purposes.
- **ABC Trainings:**
  - **ABC Workshop:**
    - **April 14:** BA Calls vs. Insurance Carrier Calls - 1 p.m. to 2 p.m. Central
  - **Training for New ABCs - April 19 and 20**
    - **April 19:** LE - 9 a.m. Central; and State/HE - 1 p.m. Central
    - **April 20:** LG - 9 a.m. Central
    - **April 20:** All plans combined with new Edison - 1 p.m. Central
  - **ABC Workshop:**
    - **May 19: Collections Applied Reports – Current and Past**
      - LE and LG – 9 a.m. to 10 a.m. Central
      - HE – 10:30 a.m. to 11:30 a.m. Central
      - State – 1 p.m. to 2 p.m. Central
  - **ABC Training Enrollment Instructions:**

Instructions for ABCs to enroll in ABC Web Training:

    1. Log into Edison.
    2. Navigate to ESS > Learning > Search Catalog > Click the "Catalog Items" link > Enter ABC in the "Search the Catalog" field > Click the "Search Catalog Items" button.
    3. Locate the training you are interested in.  
ABC Training Webinar (ABCT1000) – New ABC Training  
ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC's
    4. Click Enroll.
    5. Locate the specific dates you would like to attend the webinar.
    6. Click Enroll.
    7. Click Submit Enrollment.
    8. Once you have enrolled, you will see the following message under your name at the top of the page.

**TRAINING QUESTIONS**

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- **Local Ed:** Does BA ever have live trainings across the state?
  - **Answer:** We will be out this summer for live training focusing on the CDHP/HSA, and we'll have trainers available to answer questions about all benefits.
- **Local Ed:** When will the training be in May for this new function in Edison?
  - **Answer:** We haven't scheduled them yet but will let you know. It will be a webinar. For some of the larger school systems, we can possibly set up an in-person training with you directly.
- **Local Ed:** Do we register for the trainings in ELM?
  - **Answer:** Yes, the instructions are included in the call notes.
- **Local Gov:** Are these trainings required?
  - **Answer:** They are not required, but recommended.
- **Local Gov:** Do you have to register for the training?
  - **Answer:** Yes, you do have to register in ELM just as you do for the other classes.

**OPERATIONS QUESTIONS**

- **Local Ed:** Is there a way to know who has and has not signed up for screenings?
  - **Answer:** No, we don't have a list of members who have signed up for a screening, but your members can call Healthways at 888.741.3390 and check through the IVR.
- **Local Ed:** I have received a call asking me about this (annual security audit). I assume I need to fill out the audit as well?
  - **Answer:** Yes, the call you have received is because we have had issues getting the audit to the correct contact. Yes, you will still need to reply.
- **Local Ed:** The HIPAA training that is mandatory. Has it been scheduled?
  - **Answer:** The online Edison HIPAA training will be ready in the next few weeks. We will send more information in an upcoming Friday ABC email.
- **Local Ed:** Do you know why BCBS or Cigna don't issue the 1095C?
  - **Answer:** The State of Tennessee Group Insurance plan is a self-insured plan. BCBS and Cigna will only issue 1095s for plans they insure.
- **Local Ed:** Any updates on expected rate increase for next plan year?
  - **Answer:** We do not have an update to provide at this time. We hope to have more information in May. But note, premiums are not finalized until the Insurance Committee approves them. This will probably take place in June.
- **Local Ed:** I have a question about billing, how do I reach someone with health billing?
  - **Answer:** You will need to put in a Remedy ticket.
- **Local Ed:** When will MOUs go out?
  - **Answer:** We will notify you in an ABC email when they are complete and being sent out.
- **Local Ed:** What is the (CMS) data match memo?
  - **Answer:** This is a data match questionnaire that Centers for Medicare and Medicaid Services (CMS) issues out to several agencies. We have had several questions about information that needed to be provided. You would have received a letter from CMS if your agency needed to complete the questionnaire.
- **Local Ed:** Will it be the same information for CMS (for future requests)?
  - **Answer:** It depends. The request for information is for specific plan years and that information can change. When we start getting CMS requests we will let agencies know.

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- **Local Ed:** Is there an update about Gap plans or if they will be allowed to be offered next year? Or will that decision not be made until the Insurance Committee meets in June?
  - **Answer:** We do not have any updates to share at this time. We will let LEAs know as soon as we have more information.
- **State:** Will BA conduct any trainings this year?
  - **Answer:** The state will conduct in-person trainings this summer focusing primarily on the CDHP. The training team will go out as well. And we will have the annual in-person ABC training in August.
- **Local Gov:** We have more than 50 employees, so we are told our local government MUST use ESS. Not sure if you were saying we can use the new system too once available or not?
  - **Answer:** We are still staying with our existing policy that if you have less than 100 you could use the enrollment form. If you have more than 100 employees, you must use ESS.
- **Local Gov:** For Local Government, does the employee have to use ESS to enroll for their coverage? We have more than 50 employees, but I am finding that more and more new hires are not enrolling online at Edison because they have such a problem with their passwords not working and they get tired of trying to call and getting someone who doesn't want to help walk them through the process of enrolling. Can I enroll these employees as the ABC?
  - **Answer:** Not at this point. We are working with Edison on improving the password reset experience.
- **Local Gov:** We have more than 50 employees and have always only used the paper forms instead of ESS. We thought it was more than 100, so it is 50?
  - **Answer:** Agencies with more than 100 employees have to use ESS.
- **Local Gov:** When an employee goes from full-time to part-time and not eligible for coverage, in the Edison system there used to be this option to choose but now it only allows for a termination option. Will this affect the PPACA report?
  - **Answer:** You will need to make sure that only employees who are eligible for coverage are in Edison. Entering a termination record for non-eligible employees helps us ensure that we are reporting only benefits-eligible employees to you for PPACA reporting.
- **Local Gov:** How do we change ABCs?
  - **Answer:** We will have a trainer reach out to you directly.
- **Local Gov:** I just received a call from BA to update my information, but just this week my extension changed. How do I update this?
  - **Answer:** We will have a trainer reach out to you.
- **Local Gov:** But if employees work 30 or more hours during their measurement period as a full-time employee before they change to a part-time employee, would they not be eligible for benefits as a part-time employee?
  - **Answer:** In this case, we would want them to remain full time in Edison. This doesn't matter to BA's system. If they are not eligible for benefits, then they should not be put in the system or they should be terminated.
- **Local Gov:** My boss has asked me about premiums for the new budget. Any ideas when those will be available?

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- **Answer:** We don't have this information available yet. We hope to provide you an estimate soon but premiums are not finalized until the Insurance Committee approves them, which will probably be in June.
- **Higher Ed:** If an employee is being transitioned to direct bill with Minnesota Life for optional term life, will they alert BA of the change, or is there something I need to do on my end? The employee is paying MN Life directly and BA is still billing us.
  - **Answer:** Minnesota Life should stop sending us the deduction.
- **Higher Ed:** Could we get clarification between when you are supposed to send a Remedy ticket versus a corrections and clarification form? We get a lot of rejected submissions.
  - **Answer:** The Corrections and Clarifications form is used to correct errors on an employee or dependent in Edison. This form is not to be used to request new coverage, a special qualifying event or any other coverage change.
  - These corrections are made by Benefits Administration when the Agency Benefits Coordinator (ABC) cannot key the correction because their Edison permission will not let them or, if the agency does not have keying capabilities. The ABC's should make all corrections as long as they have the ability.
  - Before processing, be sure that the ABC has signed the form.
  - Some examples of corrections are:
    - Job Data hire or term date corrections
    - Update or correct a dependent's social security number, name or date of birth.
    - Position number change.
  - Remedy Tickets issue examples: There are several categories and/or types of tickets for Benefits Administration.
    1. ABC Replies: used for calls from ABC's that inform, notify, or respond to previous emails and or calls that were sent from our office to them.
    2. ABC Training Requests: Are used for agencies or benefit coordinators who have requested training, inquired about trainings, or the issue is related to training.
    3. Billing Follow-Up
    4. COBRA Follow-Up
    5. Death Claims-State EE Only
    6. File Errors
    7. Generic Incident
    8. Incapacitated Dependent
    9. Triage Incident
- **Higher Ed:** Do you have an idea of when annual enrollment will be this year?
  - **Answer:** It will be in October and we will have the dates very soon.
- **Higher Ed:** For PPACA reporting for next year, will BA make any changes to the reports?
  - **Answer:** We believe we will make changes. We are keeping a running list of recommendations. We will start looking at what reporting changes will be, but we are hesitant to make major changes due to reporting software that agencies use.

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**Materials and Communications**

- **2017 Annual Enrollment Dates:** Here are the dates for the 2017 annual enrollment period:
  - **Local Ed/Local Gov:** For Local Education and Local Government, employees will have four business weeks to enroll in their benefits. Retirees will also have four business weeks.
    - Here are the annual enrollment dates:
      - **Local Ed/Local Gov: October 3 to October 28**
      - **Retirees: October 3 to October 28**
  - **State/Higher Ed:** For 2017, the **annual enrollment period for State and Higher Education employees will be two business weeks** instead of four. Over the last several years, we have reviewed our service center call statistics during open enrollment. Because the majority of employees make benefits changes during the last week of the enrollment period this change will still provide you and our members the support they need and will be more efficient. Retirees will have four business weeks.
    - State and higher ed employees will enroll during the first two business weeks in October. Here are the annual enrollment dates:
      - **State/Higher Ed: October 3 to October 14**
      - **Retirees: October 3 to October 28**
- **ABC Survey:** The ABC survey has been sent to all primary ABCs this week. The deadline to complete the survey is Friday, May 27 at 4 p.m. Central.
- **HIPAA Training Update:** Due to high traffic following the Edison system upgrade, we delayed sending the HIPAA training information to you. We plan on sending this information next week.
- **Optional Products to Voluntary Benefits:** BA will be transitioning from saying “optional products” to “voluntary benefits” in our communications materials. This will apply to dental, vision, long-term care, voluntary ad&d, and voluntary term life.
- **State/Higher Ed: August In-Person Meetings:** In August, we will hold the in-person, all-day benefits meeting for State and Higher Ed ABCs at the Tennessee Tower. Our usual venue, Ellington Agricultural Center is not booking any meetings this summer. The dates for the in-person ABC annual enrollment meetings are:
  - **Higher Ed ABCs: August 11 from 9 a.m. to 4 p.m. Central**
  - **State ABCs: August 12 from 9 a.m. to 4 p.m. Central**
  - This will be your opportunity to hear directly from BA and our vendors about any benefits updates and changes for the 2017 year. We will send you an email with a link to register.
- **Local Ed/Local Gov: Adding or Dropping Dental and Vision for 2017:** 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, 2017, **you must notify Benefits Administration by July 1, 2016.**
  - 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.

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- Please send your letter to Holly Girgies at [holly.m.girgies@tn.gov](mailto:holly.m.girgies@tn.gov). When your agency joins the plan for 2017, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
- **Dropping Dental or Vision:** Also, if your agency would like to drop dental or vision coverage for the 2017 calendar year, the same July 1 deadline applies, and BA needs a written notice sent to Holly Girgies by this date.

**COMMUNICATIONS QUESTIONS**

- **Local Ed:** Please advise when the revised MOU will be forwarded?
  - **Answer:** We will have more information after the next Insurance committee meeting. We will let you know to look out for it when it is available.
- **Local Gov:** We already take HIPAA privacy course every year at CDC/Shelbyville. This is done through Relias. Will this suffice for your purposes?
  - **Answer:** No, you will need to take the HIPAA course BA offers in Edison.
- **Local Gov:** Do we have to take HIPAA training each year?
  - **Answer:** Yes, you must take the HIPAA training offered by BA each year.
- **Local Gov:** Will there be an increase in monthly EyeMed premiums for 2017?
  - **Answer:** The vision benefit premiums are fixed by the contract and will not change for the next calendar year.
- **Higher Ed:** What are the dates for AEP again please?
  - **Answer:** For state and higher education employees, the annual enrollment period will be the first two business weeks in October, October 3 – 14.
- **Higher Ed:** Will voluntary term life insurance be a part of annual enrollment or will it be separate?
  - **Answer:** Voluntary term life options will be offered the first two weeks of October to coincide with the other enrollment opportunities.

**Benefits**

- **Local Ed/Local Gov: CDHP/HSA Presentation:** Scott Bolton with Knox County Schools presented information on how they funded and marketed the HealthSavings CDHP/HSA for their members. If you would like a copy of the presentation, you will need to send an email to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) to request a copy.

**KNOX COUNTY SCHOOLS PRESENTATION**

- **Local Ed Question:** Can we get the charts in our email on Friday?
  - **Answer:** We have decided not to post the presentation on the ABC webpage as it is specific to Knox County schools, but if you would like a copy of the presentation emailed to you, you can send a request to [benefits.info@tn.gov](mailto:benefits.info@tn.gov).

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- **All Calls: Long-Term Care Presentation:** Phyllis Shelton, consultant for MedAmerica, presented information, a reminder about the benefit, and how and when members can enroll. If you would like more information, contact Lawrence Vivenzio, LTC Consultants at 888.400.1118 x120, 8 a.m. to 5 p.m. Central. Personal consultations may be scheduled at <http://www.gotltci.com/ltcconsultations/LTC-TN/>

**LONG-TERM CARE QUESTIONS**

- **State:** Did you say parents of employees are eligible?
  - **Answer:** Yes, parents, spouses, in-laws and other dependents are all eligible but all will go through medical underwriting.
  
- **Local Gov:** What was that website again, please?
  - **Answer:** You can find more information at [www.ltc-tn.com](http://www.ltc-tn.com) and at <http://www.gotltci.com/ltcconsultations/LTC-TN/>
  
- **Local Gov:** Will these slides be included in the email notes?
  - **Answer:** We have posted the slides and additional information about the long-term care benefit on the [ABC webpage](#) under Conference Call Notes, Long-Term Care Presentation. You can also find the [Long-Term Care Reference Guide](#) under Training on this same page.
  
- **Local Gov:** So this is available to the employees' parents and in-laws as long as the employee enrolls?
  - **Answer:** The employee does not have to enroll in order for the employee's spouse, or other eligible family members to enroll.
  
- **Local Gov:** No minimum enrollment (for our agency)?
  - **Answer:** No, there is not a minimum enrollment for any agency.
  
- **Local Gov:** Do they go through underwriting if new to the plan (our agency)?
  - **Answer:** No, all eligible employees will have 60 days to enroll without medical underwriting if your agency is new to the plan. New hires have 90 days to enroll without underwriting. But all eligible spouses, parents and other eligible dependents must go through medical underwriting.
  
- **Local Gov:** We have someone in the plan already. Do we still have to send a letter if someone else wants to sign-up?
  - **Answer:** No, the employee can contact [www.LTC-TN.com](http://www.LTC-TN.com) directly to enroll online or set up a personal consultation for help at <http://www.gotltci.com/ltcconsultations/LTC-TN/>
  
- **Local Gov:** Can premiums be deducted through payroll?
  - **Answer:** Yes, this is a requirement for your agency, and the deduction is monthly. But employees can be direct billed and pay the premium quarterly, semi-annually or annually.

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- **Local Gov:** But only the employees are not subject to underwriting as a new plan entry – the parents and in-laws are subject to underwriting?
  - **Answer:** Correct, only employees who enroll during the applicable time period as a new agency or a new hire have guaranteed issue. All eligible family members and dependents are subject to medical underwriting.
  
- **Local Gov:** Is there a cost to the employer?
  - **Answer:** No, it is employee paid.
  
- **Local Gov:** As your age goes up, does the premium go up?
  - **Answer:** Once you enroll at a set premium for your age, it will only increase if there is an increase for everyone in the plan. There may be a premium increase at some point in the future. As a point of reference, there has only been one premium increase since 2003.
  
- **Local Gov:** Can we get something sent to us so I can look over the rules and options?
  - **Answer:** We have posted the presentation and additional information about long-term care on the [ABC webpage](#) under Conference Call Notes, Long-Term Care Presentation.
  
- **Local Gov:** If you sign up and for some reason you leave your job, can you keep your LTC policy at same premium if you have the premium taken from your own personal account?
  - **Answer:** Yes, your long-term care coverage is portable and you pay an age-based premium from your HSA if you are enrolled in a CDHP, before or after leaving your job.
  
- **Local Gov:** Would it be a pretax deduction for payroll?
  - **Answer:** Payroll deducted premiums would be post-tax.
  
- **Higher Ed:** If someone enrolls during the year, how long before it shows up on the collections applied report?
  - **Answer:** It depends on if the employee has to go through medical underwriting. It will usually be on the collections applied report during the month BA receives the enrollment information as it is directly tied to payroll. It would have to be on the payroll file at the beginning of the month following enrollment. If someone applies for LTC and has an underwriting process, it may take longer to be approved. Your agency will know when an employee is enrolled by reviewing the premium due report.
  
- **State/Higher Ed: Beneficiary Designation Reminder:**
  - It is very important to periodically review your beneficiaries. Events when you may want to update your beneficiaries:
    - Marriage or Divorce
    - Death of a previous beneficiary
    - When a minor beneficiary comes of legal age to inherit
  - For **state employees** this would include:

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- **Basic Life (and AD&D) and Voluntary AD&D:** In Edison - Main Menu/HCM/Benefits/Employee/Dependent Information/Life Insurance Beneficiaries
- **Voluntary Term Life** on the Securian (MN Life) website:  
[lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn)
- **TCRS** in the Concord System -  
<https://mycrs.tn.gov/DPAS.WebUI.Internet/Common/Pages/Login.aspx>
- **Deferred Compensation** – complete a form and send it to Empower/Great West. Form location -  
<http://www.fascore.com/PDF/tn/401%28k%29BeneficiaryDesignation.pdf>
- **Leave Balances** – complete a form and employee sends to the ABC office. Form location -  
[http://www.tn.gov/assets/entities/hr/attachments/Beneficiary\\_Designation\\_For\\_Leave\\_Balances\\_And\\_Last\\_Wages.pdf](http://www.tn.gov/assets/entities/hr/attachments/Beneficiary_Designation_For_Leave_Balances_And_Last_Wages.pdf)
- For **Higher Ed employees** this would include:
  - **Basic Life (and AD&D) and Voluntary AD&D:** In Edison - Main Menu/HCM/Benefits/Employee/Dependent Information/Life Insurance Beneficiaries
  - **Voluntary Term Life** on the Securian (MN Life) website:  
[lifebenefits.com/stateoftn](http://lifebenefits.com/stateoftn)
  - **TCRS** in the Concord System -  
<https://mycrs.tn.gov/DPAS.WebUI.Internet/Common/Pages/Login.aspx>

#### **BENEFICIARY DESIGNATION QUESTIONS**

- **Higher Ed:** So higher ed employees do have access to Edison throughout the year, not just during annual enrollment?
  - **Answer:** Yes, but the employee may have to reset his or her password.
- **Higher Ed:** For death benefits, if the employee updated a beneficiary during AETP, you all will have that information so no form needs to be sent over?
  - **Answer:** Yes, that is correct.

#### **ParTNeRS for Health Wellness Program**

- **Partnership Promise Updates:**
  - **Biometric Screening:** As a reminder, the deadline for members to complete a biometric screening is July 15, 2016. [Updated numbers as of 05/13/16] So far, we have 13,112 members signed up for an onsite screening and 6,000+ members who have completed the onsite screening. 51,535 have ordered a Physician Screening Form (PSF) and 30,143 who have returned a PSF. Targeted reminders will continue to go out to members as we approach the deadline.
  - **Transfer Letters:**
    - **Well-Being Assessment (WBA):** 9,646 HOCs received a transfer letter. We understand that some of these transfer letters went to newly eligible members.
      - BA is working with Healthways to review the new hire file that is sent to Healthways each month to determine the issue. As soon as we confirm how many members received the letter in error, Healthways will create a retraction

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letter. In the meantime, please reassure members who received this letter that they just need to stick to the deadline of completing the requirements within 120 days of their coverage effective date.

**WELLNESS PROGRAM QUESTIONS**

- **Local Ed:** Is there a list available of members who received the transfer letters?
  - **Answer:** No, there is not a list.
  
- **Local Ed:** Is there a list of members who have signed up for the onsite biometric screenings?
  - **Answer:** We have a list of the total number of members who have signed up for an onsite screening, but we don't have a detailed list with members' names.
  
- **Local Gov:** Are ABCs supposed to complete the appeal for the employees who want to appeal being transferred to Standard for 2017?
  - **Answer:** We would prefer the employee appeal because of privacy and HIPAA questions. If members have any questions about transfer letters or appeals, please contact the ParTNers for Health Wellness Program at [tnappeals@healthways.com](mailto:tnappeals@healthways.com) or call us toll-free at 1.888.741.3390. Members can call Healthways and file an appeal over the phone.
  
- **Local Gov:** Will the ABCs be notified of employees being transferred to the Standard PPO for 2017?
  - **Answer:** ABCs will be able to run a query right before annual enrollment that will list members who will be transferred to the Standard PPO. We will let you know when the query is available.
  
- **Higher Ed:** Our new hires with insurance coverage effective dates of 5/1/16 are receiving transfer letters. Will they be sent a correction?
  - **Answer:** Yes, retraction letters will be sent to these members.

**Operations**

- **Local Ed/Local Gov/Higher Ed: Security Audit:** You should have received an email on April 22 requesting action for our annual security audit. We have received approximately 60 percent of the responses back. If you have not yet responded, please do so as soon as possible.
  - The deadline was last Friday, May 6. It was sent through secure email from [Ian.Harris@tn.gov](mailto:Ian.Harris@tn.gov). If you need us to resend a copy of the email, please email Ian.
  
- **State: 1095-C Forms Returned Due to Incorrect Address:** Benefits Administration has begun to receive 1095-C forms from the U.S. Postal Service that were undeliverable due to employees' incorrect mailing addresses in Edison.
  - The 1095-C form was not required for filing taxes for 2015; however, the state is required to provide this form to all employees for their records. If we receive a returned 1095-C form for your employee, the service center will notify you via email to request that you update the employee's record with the correct mailing address. This is needed to ensure all employees receive a 1095-C timely.

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- Once you have completed the updating process, please respond to the email through the [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov) email box so that we can resend the 1095-C to the correct address.
- **Directions for updating the employee's mailing address are provided:**

**Instructions for Updating an Employee's Address in Edison:**

1. Go to the **Modify a Person** screen and search for the employee.
2. Click the **Contact Information** tab at the top.
3. Click the **View Address Detail** link.
4. Click the "+" sign at the top right. Change the **Effective Date** to the day the new address became active.
5. Click the **Add Address** link and enter the new street address, city, state, zip code, and county.
6. Click the **OK** button. Click the **OK** button again.
7. Click **Save**. If you don't, your changes will not be saved.

- **State/Higher Ed: Death Claim Process – Update:** Benefits Administration made changes to the Death Claim process a few months ago. We have continued to monitor the new process and have looked for additional ways to streamline this procedure while showing compassion and sympathy during a very difficult time.
  - A suggestion was made to require only the ABC signature on the *Enrollment Change Application* in order to remove a dependent due to death.
  - After review of the current process, we agree this is a valid suggestion and an adjustment has been made to the process. Effective immediately, we will no longer require the employee signature on an *Enrollment Change Application* in order to remove a dependent due to death. We will still require the signature of the ABC and all supporting documents as outlined on the [ABC website](#) under the title of Death Claim Process as shown:

## Death Claim Process

- [Notice of Death Form](#)
- [Notice of Claim for Accelerated Benefit Form](#)
- [Life Insurance Waiver of Premium Claim Form](#)
- [Life Insurance Beneficiary Statement](#)
- [Life Insurance Preference Beneficiary Statement](#)
- [Process — State](#)
- [Process — Higher Education](#)
- [Termination due to Death — Local Education and Local Government](#)
- [Response to Funeral Home](#)

- **ABC Trainings:**

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- **New ABC Training: May 24 and May 25**
  - **May 24:**
    - **Local Ed session 1:** 9 a.m. to 11 a.m. Central
    - **State session 1:** 1 p.m. to 3 p.m. Central
  - **May 25:**
    - **Local Gov session 1:** 9 a.m. to 11 a.m. Central
    - **All plans session 2:** 1 p.m. to 3 p.m. Central
  
- **New ABC Training: June 21 and 22**
  - **June 21:**
    - **Local Ed session 1:** 9 a.m. to 11 a.m. Central
    - **State session 1:** 1 p.m. to 3 p.m. Central
  - **June 22:**
    - **Local Gov session 1:** 9 a.m. to 11 a.m. Central
    - **All plans session 2:** 1 p.m. to 3 p.m. Central
  
- **ABC Workshops:**
  - This Thursday, **May 12**, BA again offered the workshop **Navigation in the New Edison**. This webinar was at 1 p.m. (Central).
  
  - **May 19: Timing and Payroll Billing**
    - Local Ed/Local Gov: 9 a.m. to 10 a.m. Central
    - Higher Ed: 10:30 a.m. to 11:30 a.m. Central
    - State: 1 p.m. to 2 p.m. Central
  
  - **Instructions for ABCs to enroll in ABC Web Training (we have also attached instructions for your reference):**
    1. Log into Edison.
    2. Navigate to Main Menu > ELM > Self Service > Learning > Search Catalog > Click the “Catalog Items” link > Enter ABC in the “Search the Catalog” field > Click the “Search Catalog Items” button.
    3. Locate the training you are interested in:
      - ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC’s
    4. Click Enroll.
    5. Locate the specific dates you would like to attend the webinar.
    6. Click Enroll.
    7. Click Submit Enrollment.
    8. Once you have enrolled, you will see the following message under your name at the top of the page.1.

**TRAINING QUESTIONS**

- **Local Ed:** Where do we go into Edison to join the ABC workshop for this Thursday, the workshop doesn’t come up?
  - **Answer:** We did find an issue for some ABCs and the class was not appearing in Edison. We will have a trainer reach out to you to join the class.

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- **Local Ed:** When will other dental insurance be considered?
  - **Answer:** The two plans we have in place right now are both five-year contracts and will be in place for the next four years.
  
- **State:** About the two-week time for annual enrollment, as an ABC, I have many other duties and that two-week time frame looks extremely stressful. Would you consider opening up to four weeks. I'm worried about the time constraints. Will this stand firm for flexible benefits as well?
  - **Answer:** We understand that it does shorten the total time members can enroll, however, as we mentioned, even though employees previously had a month, the majority of members still enrolled during the last two weeks. Yes, this process will be the same for FSA enrollments.
  
- **State:** When is the HIPAA training?
  - **Answer:** It is an online training. We initially planned to send out instructions on how to complete the training last week, but due to the Edison upgrade, we decided to wait and send the training information out next week. Once you receive the information, we recommend completing the training within 30 days.
  
- **State:** Will the new rate information be available before open enrollment?
  - **Answer:** Yes, the new rate information will be available as soon as the insurance committee approves the premiums. We will have new information on a new statewide network, short-term and long-term disability (State and Higher Ed employees only), any rate increases for other products and all new benefits. We will start weekly phone calls prior to annual enrollment, and information will be sent to members in newsletters and the Decision Guides.
  
- **State:** Can our HR employees who are not ABCs take the HIPAA training?
  - **Answer:** Yes, it is online in ELM. We will send the link out next week.
  
- **State:** I know we haven't talked about dental, but I have employees who can't find dentists that are taking new patients within forty miles of their home.
  - **Answer:** Cigna is actively recruiting dentists statewide and they would like to take names to recruit into the network. Anyone can call in the name of a dentist. ABCs and employees can call 800.997.1617, and nomination forms are on the BA website, [Publications page](#).
  
- **State:** Is Cigna actively recruiting doctors and hospitals?
  - **Answer:** The LocalPlus network is a set, narrow network. But we do want to remind ABCs that provider networks can change.
  
- **State:** Employees are having issues with doctors and hospitals concerning Cigna insurance?
  - **Answer:** We can research for you if you send in examples to the benefits email box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
  
- **State:** Do you know yet if we will have the same dental providers for 2017?

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- **Answer:** Yes, the dental contracts are for five years and we will have the same dental providers, MetLife and Cigna, in 2017.
- **Local Gov:** This question is regarding health insurance for retirees; some of our employees think it is free after 10 years of service. That seems incorrect but I need to know in case they know something I don't.
  - **Answer:** The state doesn't fund any retiree insurance for Local Gov employees, so each agency will have different rules for what you contribute, if you contribute to retiree insurance.
- **Local Gov:** Some ABCs do not key in Edison. Can we request a copy of list for our organization be emailed or faxed to us if employees are being dropped from Partnership Plan for non-compliance?
  - **Answer:** Even though you don't key, you are still responsible to run reports in Edison so you can run the query in the fall that will show employees who will be transferred to the Standard PPO. If you need assistance running reports, you can contact the service center for assistance and we will have a trainer contact you, or you can submit a Remedy ticket.
- **Local Gov:** Can someone tell me what the copay is for an urgent care visit under the Limited plan? I have an employee who went to urgent care and was charged \$55, his card says \$55, and the book says \$55. However, his EOB said it should only be \$45 and when he called the carrier they confirmed it should be \$45.
  - **Answer:** It is \$55 for in-network under the Limited PPO. You can send the member's name and ID by secure email to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can check with the carrier.
- **Local Gov:** Did I hear correctly earlier when you all said health premium increases would be released in June? Does this include dental, too?
  - **Answer:** Yes, we will have the final, approved health insurance premiums for 2017 after the Insurance Committees meet in June. If we have any information to share any earlier, we will send this information to ABCs right away. We will send the dental and vision premium rates in next Friday's ABC email.
- **Local Gov:** Our employees insurance is effective the first day of the following month they are hired. What date do you want inputted into Edison? It was always the first day of the month prior to benefits being effective. Recently, I was told it had to be has the employee's actual hire date?
  - **Answer:** We have trained all ABCs to use the first day of the month. You may have recently been informed to include the actual hire date, as this will generate the same effective date. We want to make sure the employee has the full 31 days to make his or her benefit decisions. If you input the actual hire date, it will give the employee the full 31 days.
- **Local Gov:** Is the effective date the first of the month following the 31 days of hire?
  - **Answer:** If you do not have a probation period, then yes, it would be the first of the month following 31 days of hire. Probation periods are set by each agency.

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- **Local Gov:** I had understood the well woman exam didn't have to be a year apart in regard to mammograms and other tests? Do these have to be a year apart? Most doctors won't allow it.
  - **Answer:** No, for our plan, they do not have to be a full year apart. The benefits reset on January 1 of each year. The plan will pay for the yearly tests one per calendar year.
  
- **Higher Ed:** We had two deaths and uploaded the documents and found out that no action had been taken until this week – April 8 and April 22. My concern is that no one at BA had done anything about this? How can the ABCs make sure that the claims have been forwarded on to Securian (MN Life). The beneficiaries are calling about the status of the claim, and we would like to see a status. For future reference, there should be some notes in the system. What is the reasonable expectation (amount of time) to see notes?
  - **Answer:** We are aware of this situation as it became known yesterday. This is an isolated incident. We generally have notes in Edison as to when we file the claim. For death claims, BA has 6-8 weeks for processing. If documents are uploaded, you should be able to see them within 48 hours. Within 3-4 days, you should see some action in the notes as to the status of the claim. You can submit a Remedy ticket if you have any questions regarding the status of the claim.
  
- **Higher Ed:** I did not receive the email regarding the security audit. Can it be resent or has the deadline already passed? Also, the date for the AEP, are for October of this year, correct?
  - **Answer:** You can email [Ian.Harris@tn.gov](mailto:Ian.Harris@tn.gov) and he can resend the information to you. The enrollment dates for state and higher ed employees will be October 3 – 14 (two business weeks) for the 2017 plan year.
  
- **Higher Ed:** Will there be changes to the ACA process for 2016?
  - **Answer:** Possibly, we are still reviewing this year's process for changes for this year's reporting. We will let ABCs know as soon as we have more information.
  
- **Higher Ed:** Are there new products for annual enrollment?
  - **Answer:** There will be new short-term disability and long-term disability for state and higher ed employees. We will announce this information after the insurance committee approves the vendor. We will also have a new statewide network – very broad – designed for physicians or facilities currently not in one of our networks. The statewide network will cost more. We will be transferring the FSA from Treasury to BA and the FSA will be through PayFlex. We will have a new Medicare Supplement contract, which may or may not be with the current vendor, and finally we will have a new behavioral health contract and could have a new vendor.
  
- **Higher Ed:** With the condensed enrollment times, are the vendors ready and available for benefits fairs?
  - **Answer:** Yes. It is a short time but everyone waits until the last two weeks to enroll. The vendors are already getting requests for benefits fairs and they are prepared to

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take them. A revised [vendor contact list](#) has been posted and is attached with the Friday ABC email.

- **Higher Ed:** BA will handle both the FSA and HSA?
  - **Answer:** Yes, we are looking at PayFlex to take over the FSA for 2017.

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**Materials and Communications**

- **Communications Updates**
  - **ABC Training Materials:**
    - **Local Ed/Local Gov:** Due to the Edison upgrade and the changes in navigation in Edison, BA has updated the New ABC training PowerPoint presentation, Query Manual and the ESS guide found on the [ABC webpage](#).
    - **State/Higher Ed:** Due to the Edison upgrade and the change in navigation in Edison, BA has updated the New ABC training PowerPoint presentation and the Query Manual found on the [ABC webpage](#).
  - **Vendor Fair Process:** This is just a reminder that you can use the Vendor Contact List to contact vendors for materials or to request a vendor partner to attend your upcoming benefits fair. The list is found on the ABC webpage under [Conference Call Notes](#).
  - **ABC Survey Responses:** First, thank you to all of the ABCs who completed the 2016 ABC survey. More than 300 ABCs completed the survey. We are in the process of reading all the comments now but wanted to just quickly respond to one of the general comments.
    - The call notes are searchable. If you are trying to find information on a certain topic, depending on what version of Adobe you have, you may be able to click on the binoculars on the left hand side, or right click and type in a topic to search in the FIND box for specific information. The same is true for the ABC emails archived on the ABC webpage.
  - **ABC Annual Enrollment Conference Calls:** Weekly annual enrollment ABC conference calls will begin in September and continue through annual enrollment.
    - **Local Ed/Local Gov:** Annual enrollment conference calls will begin the first Tuesday in September after Labor Day and will end the first week of November.
    - **State/Higher Ed:** Annual enrollment conference calls will begin the first week in September after Labor Day and will end the last week in October.
      - We'll post an annual enrollment conference call schedule on the ABC website in the next few weeks.
  - **State/Higher Ed: ABC In-Person All-Day Meeting:** A reminder, here are the dates for the state and higher ed ABC all-day meetings which will take place at the Tennessee Tower in Nashville:
    - **Higher Ed ABCs: August 11, 9 a.m. to 4 p.m. Central**
    - **State ABCs: August 12, 9 a.m. to 4 p.m. Central**
      - We will send out a registration link with more details in the next few weeks.
  - **Save the Date: ABC In-Person Training Schedule:** BA will hold the following in-person ABC trainings prior to annual enrollment, which will focus on the CDHP/HSA, and operations updates on Zendesk and forms automation. For state and higher ed, we will also go over FSAs. More details including the times and agenda items will follow in the coming weeks, but here is a list of the dates and locations:
    - **Tuesday, August 16 – Chattanooga**
    - **Thursday, August 18 – Dickson**
    - **Friday, August 19 – Murfreesboro**
    - **Tuesday, August 23 – Johnson City/Kingsport**
    - **Wednesday, August 24 – Knoxville**
    - **Monday, August 29, Jackson**
    - **Tuesday, August 30 – Memphis**

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- **HIPAA Training Update:** As a reminder, all ABCs are required to complete HIPAA training annually. So far, we have had this percentage of completion by plan:
  - Local Education- 22%
  - Local Government- 20%
  - State- 23%
  - Higher Education- 27%
    - After BA sent out HIPAA training information to ABCs on May 19, we did hear from a few ABCs who have had difficulty accessing the training. The issues were varied. Here are some suggestions for those who have had issues:
    - Be sure to use the Chrome browser or Internet Explorer 11. You may need to allow pop-ups and clear out the cache.
    - You can also try “Search Catalog” rather than “Browse Catalog” to find the training. You would enter HIPAA to search for a list of trainings and select the training for 2016.
    - If you still are not able to find the HIPAA training or you cannot gain access, please call the BA service center at 800.253.9981.
    - For those ABCs who have not yet completed the training, we have included the instructions on how to access the training in the Friday, June 17 ABC email.

**HIPAA TRAINING QUESTION**

- **State:** Is there a timeframe for us to complete the HIPAA training?
  - **Answer:** For new hires (new ABCs), they will need to complete the training within 30 days. For current ABCs, this is an annual requirement but we ask that you complete the training by July 1.
- **Local Ed/Local Gov: Spouse Eligibility Memo:** In the Friday, June 3 ABC email, we included information about a plan document change that would PERMIT local education and local government agencies to deny health coverage to the spouses of agency employees if the spouse is employed and eligible for group health insurance through their employer.
  - As we stated in the memo, this does not mandate anything. Some participating agencies in the state-sponsored plans have requested that the local education and government plans permit, not require this practice.
  - Please make sure you shared the information sent to you with your leadership and fiscal officers.
- **Local Ed/Local Gov: Plan Document and Marketplace Letter Update:** Based on the change just mentioned, we have updated the plan documents and marketplace letters to reflect this change. The documents are found on the [ABC webpage](#) by plan.
- **Local Ed/Local Gov: Adding or Dropping Dental and Vision for 2017:** A reminder that 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, 2017, **you must notify Benefits Administration by July 1, 2016.**
  - 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.

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- Please send your letter to Holly Girgies at [holly.m.girgies@tn.gov](mailto:holly.m.girgies@tn.gov). When your agency joins the plan for 2017, your employees will be eligible to enroll during the Annual Enrollment Period this fall.
  - **Dropping Dental or Vision:** Also, if your agency would like to drop dental or vision coverage for the 2017 calendar year, the same July 1 deadline applies and BA needs a written notice sent to Holly Girgies by this date.

**COMMUNICATIONS QUESTIONS**

- **Local Ed:** Has the premium increase, MOU and Gap information been finalized?
  - **Answer:** No, there is an insurance committee meeting on June 30 and we will have more information after the July 4 holiday, if not sooner.
  
- **Local Ed:** I know webinars are the way to go, but are there any live trainings for new changes in Edison or forms and such? Hands on is helpful. I thought the in person trainings mentioned were for the CDHP?
  - **Answer:** The August in-person ABC trainings we mentioned will include information about the CDHP/HSA, but members of the training team will also go over the new processes and programs such as Zendesk, forms automation and other items.
  
- **Local Ed:** Will you have an agenda with time frames later for live trainings?
  - **Answer:** Yes, we will have more details at a later date. We will have ABCs register and will send you a link and an agenda, locations and directions for the in-person trainings.
  
- **Local Ed:** Is the vendor contact list given to us earlier, for example for teacher in services? Or for benefits fairs?
  - **Answer:** The vendor contact list on the ABC webpage is for benefits fairs.
  
- **Local Ed:** Can you give the location of that benefits vendor information again?
  - **Answer:** It is on the [ABC webpage](#), under Conference Call Notes, [Vendor Contact List](#).
  
- **Local Ed:** Who is the contact with BA to get more information about fairs?
  - **Answer:** You can send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov). The Vendor Contact List is **not** a new list, but is the updated list we use for materials and vendor partners.
  
- **State:** What is the time and place of the August meeting (in-person all day meeting)?
  - **Answer:** For state ABCs, the all-day in-person training will take place on August 12 from 9 a.m. to 4 p.m. at the Tennessee Tower. We will send additional information and a registration link very soon.
  
- **Local Gov:** Can you tell me again when we can expect to have the medical premium details for 2017?
  - **Answer:** We will have more information after the July 4 holiday, if not sooner. We have two Insurance Committee meetings in June and we will have more information after these meetings.

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- **Local Gov:** On denying spouse coverage, the memo states informing employees prior to annual enrollment. But, what if our agency is considering this as a policy for new hires only? First, can we do that? And, second, could we make that any effective date once our Commission approves such a change?
  - **Answer:** We are working on answers to these questions and will get back directly with the ABC. If other ABCs have questions about the spouse eligibility memo, you can send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov).

**Benefits**

- **BlueCross BlueShield Fitness Blue Promotion and ID Protection Presentation:** Rhonda Bynum and Amy Jordan with BCBS shared information about the June FitnessBlue promotion and the new ID theft protection services that will be available to members beginning on July 1, 2016. We have **attached** PDFs of the slides presented. Members must currently have BCBS as their health insurance carrier and must call BCBS at 855.315.1332 to access the FitnessBlue promotion. You can share this information with your eligible plan members.

**BLUECROSS BLUESHEILD FITNESSBLUE AND ID PROTECTION QUESTIONS**

- **Local Ed:** What if you have BCBS dental as well. Will this apply to those employees, or just the employees who have the health insurance through BCBS?
  - **Answer:** The ID theft protection services are only available for those members who have BCBS as their medical insurance carrier but **the FitnessBlue is available for members with BCBST medical or dental.**
- **Local Ed:** What month is the enrollment fee waived ?
  - **Answer:** The enrollment fee is waived for the month of June and members must call 855.515.1332 to enroll.
- **State:** How are you letting BCBS know about the waiver for June? Are you doing promotions or is it on the BCBS website? It would be good to have information on the BCBS website as we may not forward information directly to our employees.
  - **Answer:** Generally, members can find information about FitnessBlue and other BluePerks on the website once they log in. For this FitnessBlue promotion, we do ask ABCs to share this information with members. For the ID protection services, all members will receive a postcard in the mail, but they must opt in for this service.
- **State:** Will you send the promotional flier in the weekly email?
  - **Answer:** We did send a FitnessBlue promotional flier with the May 20 ABC email and we have included it with the June 17 ABC email. We have also included PDFs of the FitnessBlue information and the ID Theft Protection information with today's Friday June 17 ABC email.
- **Higher Ed:** Is that \$29 per family?
  - **Answer:** No, it is \$29 per adult (18 and older) who wants to enroll. For the HOC and enrolled spouse it would be \$29 per person/month, but the enrollment fee is waived in June.
- **Higher Ed:** Can they go to multiple gyms or just one?

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- **Answer:** It is a nationwide network, so there are multiple gyms in Tennessee and across the country. You do not have to go to just one gym, but can go to different participating gyms.
- **Higher Ed:** Can you enroll in ID protection before July 1 or do you have to wait until 7-1?
  - **Answer:** BCBS members will have to wait until July 1, 2016, to enroll in the ID theft protection.
- **Employee Assistance Program (EAP) Services Reminder:** John Allen, our director of behavioral health and EAP services, presented a reminder about EAP benefits. Partners EAP (Employee Assistance Program) is a program you can use when you need it the most. Members can call 24/7, 365 days a year. EAP services are offered at no cost to those individuals eligible to participate. All state and higher ed eligible employees and dependents can use EAP services, and for local ed and local gov, enrolled members and enrolled dependents are eligible.
  - Call: 1-855-Here4TN(437-3486)
  - Or go to: [www.here4tn.com](http://www.here4tn.com)
  - Just a few of the many issues ParTNers EAP can help with:
    - Family or relationship issues
    - Feeling anxious or depressed
    - Dealing with addiction
    - Legal or financial issues
    - Child and elder care
    - Difficulties and conflicts at work
    - Grief and loss
    - Work/life balance
  - John also shared on the calls that he is leaving state government month. His EAP responsibilities will shift to Paige Turner and Dr. Andrea Dowdy will assume responsibility for our behavioral health program.

**PARTNERS EAP BENEFIT QUESTIONS**

- **Local Ed Question:** Can an employee take advantage of the state EAP if we offer a local EAP?
  - **Answer:** Yes, any employee enrolled in the state's health plan has access to the state's EAP.
- **Local Gov Question:** EAP is not available for part-time employees, correct?
  - **Answer:** Correct, for local ed and local government agencies, it is only available for members enrolled in the health plan and their eligible dependents.

**ParTNers for Health Wellness Program**

- **Partnership Promise Updates**
  - **Biometric screening deadline:** The biometric screening deadline is July 15.
    - 9,444 members have completed an onsite screening and we have 4,458 signed up for the remaining 25 sites. 63,225 Physician Screening Forms (PSF) ordered to date and 42,384 returned. Healthways will continue to send out reminders.
  - **Coaching:** Just a little fact that I thought might be of interest. Healthways implemented (late November 2015) an option for email reminders. We have seen a three percent

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increase in adherence for LM and two percent increase in adherence for DM. That means that Healthways has seen an additional 700-900 completed coaching calls per month.

- **Gaps in Care Reminder:** To augment the current gaps in care support provided by Healthways on regularly scheduled coaching calls, targeted Interactive Voice Response (IVR) calls will start on June 21, to members in the Disease Management program with two or more gaps in care. Gaps in care could include flu shots or other vaccinations, or for example, diabetics could get a call about foot exams and other blood tests. The focus is to assist members on missed preventive screenings and/or medications. If the member answers, the IVR automated system will prompt the member to confirm his/her identity to ensure it is the correct person, and then will ask a series of health-related questions. If no answer, a voice message will be left requesting the member call back into the IVR technology using a toll-free number. Delivery and content of these calls are HIPAA-compliant and within FCC guidelines. Again, the program is currently scheduled to start next week on June 21 and then on a quarterly basis moving forward.
- **Best Times to Call Pilot:** As we mentioned on a call earlier this year, Healthways was in the process of a pilot we were calling “Best Times to Call Pilot” (BTTC). A refresher on the background: Members set their coaching appointments at a time that works best for their schedule, but 50 percent miss their scheduled appointment. Healthways will ask for the preferred call window and try to schedule the appointment during that time as well as the chase call that happens when a member misses the appointment. Seventy percent of members have a preferred time for a call between 4 p.m.- 8 p.m. and connectivity for the chase call during the preferred time is 20 percent. Healthways extended the call window to include the hours of 2 p.m. - 4 p.m. Central. For members who are contacted outside of their best times to call, Healthways will ask if now is a convenient time to complete the call. If not, an appointment is scheduled. Healthways tracked connectivity and found they actually achieved a higher connectivity during the expanded time than during a member’s preferred time. The initial pilot was only for those enrolled in disease management but Healthways will be extending the pilot to those enrolled in lifestyle management coaching in the coming weeks. They will track and monitor the data and member feedback.

**PARTNERS FOR HEALTH WELLNESS PROGRAM QUESTIONS**

- **Local Ed:** Are these calls (gaps in care) in conjunction with other coaching calls or are these additional phone calls?
  - **Answer:** These calls are in addition to a regularly scheduled coaching call, but this is an IVR (voice mail) call/message. Also, these calls will only go out to those who have two or more gaps in care.
- **Local Ed:** What happens if these (gaps in care calls) are not done?
  - **Answer:** There are no consequences. These calls are intended to be helpful to the member. Especially in the instance of diabetes, these calls are to help the member manage their condition.
- **Local Gov:** After the biometric screening if employees are required to have health coaching, do you reach out to them by mail or a call to let them know?

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- **Answer:** It is a combination of both mail and phone calls. First, an engagement specialist will call to set up the first coaching call. If they cannot reach the member after two attempted calls, Healthways will follow up with a letter to the member letting them know they need to enroll in coaching.

**Operations**

- **Local Ed/Local Gov/Higher Ed: Forms Automation Update**
  - Reminder: We will be implementing a new functionality in Edison on July 18 that will allow you to enter benefits enrollment information for your new hires, upload dependent documents, and submit it directly to Benefits Administration. This will be an option for annual enrollment.
  - Once the form is submitted, it will route to the BA Service Center for review and approval. If documentation is missing, we will be able to send the electronic form back to you for revision. You will receive an email notification when this happens. You will also be able to view the form to see where it is in the approval process after it has been submitted.
  - **Employees will still be able to use ESS as an alternative.**
  - The choice is yours to make. You will need to inform your employees about how you want them to make changes or enroll in benefits.
  - **Local Gov:** For ABCs who have fewer than 100 employees and do not use ESS, we encourage you to go ahead and submit the form to get access to ESS to key so you are familiar with how to use the system. You can find this form on the [ABC webpage under the Forms](#), titled **Edison Benefits Security Authorization Form**.
  - All ABCs will need to attend training. Here are a list of forms automation training dates:

**July**

7/7	9 a.m. – 10 a.m.; 1 p.m. – 2 p.m.	Forms Automation
7/12	9 a.m. – 10 a.m.	Forms Automation
7/14	9 a.m. – 10 a.m.	Forms Automation
7/21	9 a.m. – 10 a.m.; 1 p.m. – 2 p.m.	Forms Automation

**FORMS AUTOMATION QUESTIONS**

- **Local Ed:** With forms automation, is this different from what we have to upload in Edison now?
  - **Answer:** Yes, the navigation is different in Edison. You will have a separate form to create the event, and you can upload the dependent documentation with the form. You will use the same enrollment form and instead of just sending the enrollment form, you will key the information into Edison.
- **Local Ed:** Did I understand that instead of sending in new hire paperwork, we have to enter it into Edison too?
  - **Answer:** Yes, for new hires and rehires, you will be able to enter the enrollment into Edison instead of faxing the documents to BA. You can enter it into Edison or

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have your employees use ESS. It will be up to the ABCs on whether they want the members to use ESS or if you want to enter the enrollment information into Edison.

- **Local Ed:** Which webinar training will we have to do for the forms?
  - **Answer:** We will have a separate training for forms automation and have included the dates/times in the call notes above.
- **Local Ed:** Is this for open enrollment and new employees?
  - **Answer:** Forms automation will be for new hires, rehires and for use during annual enrollment. If your employees use ESS, then you can continue to ask them to do so, the choice is yours.
- **Local Ed:** So we will no longer be able to fax in the enrollment forms, we will need to enter into Edison instead?
  - **Answer:** When forms automation goes live on July 18, faxed forms will no longer be accepted for new hire and rehire transactions. You will need to use Edison to submit these enrollments and dependent verification documents. We will still accept faxed forms for all other enrollment actions (SQE, Life Event, Corrections, cancel requests etc.).
- **Local Ed:** So faxing documents to BA is now not an option – when is this in effect?
  - **Answer:** The go live date for forms automation is July 18. For qualifying events, you can still fax in documents.
- **Local Ed:** We will not be able to fax after July 18 unless it is a qualifying event? If the employees don't use ESS, we have to scan and upload into Edison? This seems so much more complicated than faxing. Not sure if this is a faster process for us.
  - **Answer:** Yes, for SQEs, life events, corrects and cancel requests, you can fax in forms. This will help us streamline the process. Our main goal is to help the employee to make sure they get their insurance as quickly as possible. We do have many agencies who do not fax now and they find it easier to upload.
- **Local Ed:** What about new hires transferring from new systems? What is the process?
  - **Answer:** You will be able to enter the information in the form and that will notify our office that they have a record with another agency that needs to be terminated. We will then be able to push the process through more quickly and efficiently.
- **Local Gov:** Where is this form to submit (for access to Edison to key)?
  - **Answer:** It is on the [ABC website](#), under Forms, titled **Edison Benefits Security Authorization form**.
- **Local Gov:** Can you still submit the enrollment applications by fax?
  - **Answer:** If you have fewer than 100 employees you can submit enrollments by fax. But we encourage you to sign up for access to keying and take training to learn how to use ESS and forms automation. This is a good time to make the switch to keying capabilities.
- **Local Gov:** If we currently key, is this different?

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- **Answer:** Yes, it is similar but different. The process will change how you enter new hire information but the fields will be similar. The new piece is that you will now be able to key the benefits enrollment application information.
- **Higher Ed:** Going back to open enrollment and forms automation, is this going to be in the published documents going out to employees?
  - **Answer:** No, if you want to offer forms automation, you have to tell your employees.
- **Local Ed/ Local Gov and Higher Ed: Federal & State Agency Notices and Calls – Exchanges and HIPAA Audits**
  - In the coming weeks, the federal Department of Health and Human Services (HHS) will begin contacting employers to verify insurance eligibility for employees who enrolled in the federal Marketplace insurance exchange and received premium tax credits to subsidize their coverage.
  - **You may be notified through the mail, email, or by telephone** based on the information that was listed on the Marketplace letters you provided to your employees.
  - We have **attached** a sample of the type of notice you may receive in the mail. Please share this information with anyone that you feel may be contacted in your agency.

**FEDERAL & STATE AGENCY NOTICES AND CALLS QUESTIONS**

- **Local Ed:** If the Department of HHS gives us a call, how do we know who we are talking to is legitimate?
  - **Answer:** You can ask for a telephone number to call back. In the email you could receive, it will have digital links back to HHS. You can check the website in that email.
- **Local Gov:** About the Dept. of Health (HHS) letter that came with the ABC email, what does the letter ask?
  - **Answer:** The letter emailed to you was a sample letter. If you receive an actual letter, you should respond to it. HHS wants contact information in the instance of a breach. You need to respond to the email and click on the links.
- **State: Federal & State Agency Notices and Calls – Exchanges and HIPAA Audits**
  - In the coming weeks, the federal Department of Health and Human Services (HHS) will begin contacting employers to verify insurance eligibility for employees who enrolled in the federal Marketplace insurance exchange and received premium tax credits to subsidize their coverage.
  - **You may be notified through the mail, email, or by telephone** based on the information that was listed on the Marketplace letters you provided to your employees. **If you are contacted, please send an email to [Benefits.Info@tn.gov](mailto:Benefits.Info@tn.gov) immediately with detailed information on the request.** We will help you confirm the information requested. *This is extremely important as the state could be penalized for not responding timely or accurately.*
  - We have **attached** a letter that explains more about these requests. Please share this information with anyone that you feel may be contacted in your agency. We have also **attached** a sample of the type of notice you may receive in the mail.

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- We have also updated the State Marketplace letter that is on the ABC website to include contact information for Benefits Administration instead of your specific agency's information. Please start using this updated form immediately with any new employees that you hire. This will allow Benefits Administration to be contacted with questions in the future instead of your agency.

**FEDERAL & STATE AGENCY NOTICES AND CALLS QUESTIONS**

- **State:** Can you repeat whom we are supposed to email if we get contacted by FDHHS?
  - **Answer:** You should email [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
- **ABC Trainings/Workshops**
  - **ABC Workshops: We have several workshops planned in June.**
    - **Zendesk Workshops:** There are several Zendesk workshops scheduled in the next few weeks:
      - **Thursday, June 16,** 9 a.m. to 10 a.m. Central
      - **Friday, June 17,** 9 a.m. to 10 a.m. Central; 1 p.m. to 2 p.m. Central
      - **Monday, June 20,** 9 a.m. to 10 a.m. Central; 1 p.m. to 2 p.m. Central
      - **Monday, June 27,** 1 p.m. to 2 p.m. Central
    - **Additional workshops:**
      - **Thursday, June 16: Local Ed: Rehires,** 1 p.m. to 2 p.m. Central
      - **Thursday, July 14: OIM Security Training/Password Reset/Alternative Browsers,** 1 p.m. to 2 p.m. Central.
  - **June ABC Training for New ABCs: June 28 and 29**
    - **June 28 - Local Ed:** Session 1 – 9 a.m. to 11 a.m. Central
    - **June 28 - Higher Ed/State:** Session 1 - 1 p.m. to 3 p.m. Central
    - **June 29 - Local Gov:** Session 1 - 9 a.m. to 11 a.m. Central
    - **June 29 ALL plans:** Session 2 – 1 p.m. to 3 p.m. Central
  - **Instructions for ABCs to enroll in ABC Web Training (we have also attached instructions for your reference):**
    1. Log into Edison.
    2. Navigate to Main Menu > ELM > Self Service > Learning > Search Catalog > Click the “Catalog Items” link > Enter ABC in the “Search the Catalog” field > Click the “Search Catalog Items” button.
    3. Locate the training you are interested in:
      - ABC Workshops (ABCT2000) – Workshops on various topics for New and Established ABC's
    4. Click Enroll.
    5. Locate the specific dates you would like to attend the webinar.
    6. Click Enroll.
    7. Click Submit Enrollment.
    8. Once you have enrolled, you will see the following message under your name at the top of the page.1.

**TRAINING QUESTIONS**

- **State:** Where do you sign up for the Zendesk trainings?

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- **Answer:** In Edison and in ELM, you would search for ABC and look for the training by the training date.
- **Local Ed:** If I need to reschedule one of the trainings, can I do that in Edison or do I need to send an email?
  - **Answer:** You can go into Edison, and it will give you the option to drop the class.
- **Local Ed:** I always have a problem signing up for a training in ELM. Any suggestions?
  - **Answer:** You can send an email to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can have a trainer get back to you.
- **Local Ed:** I need more help with navigation in Edison. Is there another webinar for training in this new Edison?
  - **Answer:** You can call the service center for assistance and information about how to navigate in the new Edison found in the new ABC PowerPoint trainings, session 2 on the ABC webpage.
- **Local Gov:** Are the Zendesk workshops located under the ESS trainings?
  - **Answer:** Yes, you can find them in Edison in ELM and search by ABC and then Workshop.
- **Local Gov:** How do you attend the webinars?
  - **Answer:** You can sign up for the webinars in Edison/ELM and we will send you instructions on how to login prior to the webinar. Or, on the day of the workshop, you can click the link for the ABC Zendesk Workshops and dial 866.741.6464.  
<http://stateofennessee.adobeconnect.com/abcworkshops/>
- **Zendesk:** Beginning July 1, Benefits Administration will be using a new help ticket and phone call database, called ZENDESK. Zendesk replaces our Remedy database and will be accessible through the Benefits Administration web page.
  - Zendesk is also replacing our CISCO call system. The biggest change you will experience when you call BA is the prompts. You will no longer be asked to enter the employee's Edison ID.
  - We have been testing the phone system for the past month, but it is still going to be very new to us, so we ask for your patience while we adjust to the new database.
  - In addition, you may find that the analysts' may ask you a few more demographic questions about you or the employee you are calling about. This is to help us establish a "customer" in Zendesk. We don't have the ability to integrate with Edison at this time, so we have to set up the profiles manually. The questions will be limited to the HOC name, Edison ID, phone number and agency name.
  - We realize that you will have many questions. The ABC workshops should answer many of the questions about how you receive the answers to your ticket submissions and phone questions, and how you can monitor the progress of those tickets.
  - Zendesk on BA website will have a knowledge base and will help you answer questions

**ZENDESK QUESTIONS**

- **Local Ed:** Is Zendesk training mandatory?
  - **Answer:** It is not mandatory but highly recommended.

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- **Local Ed:** Is Zendesk mandatory?
  - **Answer:** Yes, Zendesk is replacing Remedy but you can still call the service center instead of submitting a ticket. The Zendesk website will have a lot more content so you may be able to find answers to your questions without having to call the service center.
- **State:** So this will be easier to use than Remedy?
  - **Answer:** Yes, and you can search for answers to your questions as we'll have content and information in the system. The system does not REQUIRE you to log in to search the knowledge base or ask a question. If you would like to create an account, you will be able to track the progress of your issues when submitting a help ticket or if you called the service center via phone.

**OPERATIONS QUESTIONS**

- **Local Ed:** Are there any trainings on Medicare supplement offered to retirees?
  - **Answer:** No, but if you have questions you can call the service center at 800-253-9981 and talk to one of our retiree representatives.
- **Local Ed:** Is there any specific training for ABCs who are meeting with retiring employees regarding insurance?
  - **Answer:** We recommend that the employee contact our retiree division directly as each employee situation is different. Anyone can call the service center and press option 2 to talk someone in retirement to get clarification.
- **State:** When we are separating employees, I know we need to enter them in Edison as soon as we know they are separating. But do we complete the approval process, or do we need to wait until their last day? What is the process?
  - **Answer:** You will need to wait until the final approval is complete. You can complete the first few levels but do not submit the final approval to DOHR until the person is no longer with your agency. As soon as the separation is entered, it will terminate the insurance.
- **State:** If the income tax form will suffice to add a spouse, why does this not suffice to add a child?
  - **Answer:** We require the birth certificate. The tax form does not prove relationship for a child dependent. The birth certificate is required to add a natural child and court or adoption documents are required for adopted or children deemed to be in the legal custody of the employee.
- **Local Gov:** Will our agency be responsible for paying ACA PCORI fees that are due by July 31 for self-funded plans or will state BA pay the fees?
  - **Answer:** BA will be responsible for the ACA PCORI fee.
- **Local Gov:** I just attended a conference and I need to know about the ERISA SPD. Where do I get this?

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- **Answer:** As a self-insured non-federal governmental group health plan, we are not subject to ERISA. Our Plan Documents, Member Handbooks, SBCs and other required plan materials are available online.
- **Local Gov:** What is the ACA Fee you are talking about? How do I know if we owe any fees?
  - **Answer:** The Patient-Centered Outcomes Research Trust Fund fee (PCORI) is for plan years 2012-2019. This fee is to fund the Patient-Centered Outcomes Research Institute. The institute will assist through research, patients, clinicians, purchasers and policy-makers, in making informed health decisions by advancing the quality and relevance of evidence-based medicine. The institute will compile and distribute comparative clinical effectiveness research findings. BA is responsible for the PCORI fee.
- **Local Gov:** Do I have to give a copy of the plan document to employees or just have it available upon request?
  - **Answer:** You have to have a copy of the plan document and the SBC available for employees upon request. You can find the plan document on the [ABC webpage](#) by plan and you will find the tab for Summary of Benefits on the left hand side of BA's [Insurance and Benefits page](#), and found [here](#).
- **Higher Ed:** Any news on the upcoming ACA process? I have an employee whose wife and child are not eligible for SSNs. It said something about children didn't have to have a SSN. What are we going to do about people who are not eligible for SSNs? What happens if you get the error?
  - **Answer:** BA has been putting their tax ID number in place of the SSN. But whenever you file, you may get an error on those records. Our understanding is that as long as you send the information by June 30, you will not have a penalty for not sending the file on time.

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**Materials and Communications**

• **Communications Updates:**

- **AEP PowerPoint Presentation:** As we finalize plan design and information, we are working to complete all annual enrollment materials as quickly as possible. We anticipate the 2017 annual enrollment PowerPoint presentation will be complete around August 1. If you need a presentation any earlier for a benefits fair or a benefits presentation, email Joan at [joan.williams@tn.gov](mailto:joan.williams@tn.gov)
- **Employee Benefits Webinars:** We will have benefits webinars for employees and we have included the dates on the screen. We will include this information in the Decision Guides, on the ParTNers for Health website and as we get closer to the webinar dates, we will send you a flier you can share with your employees.
  - **Local Ed/Local Gov:**
    - October 4 – 10 a.m. to 11 a.m. Central
    - October 7 – 10 a.m. to 11 a.m. Central
    - October 11 – 2 p.m. to 3 p.m. Central
    - October 19 – 2 p.m. to 3 p.m. Central
    - October 25 – 2 p.m. to 3 p.m. Central
  - **State/Higher Ed:**
    - October 4 – 2 p.m. to 3 p.m. Central
    - October 5 – 10 a.m. to 11 a.m. Central
    - October 11 – 10 a.m. to 11 a.m. Central
    - October 12 – 2 p.m. to 3 p.m. Central

**COMMUNICATION AND 2017 PLAN QUESTIONS**

- **State:** The all-day in-person training is usually at the agriculture center. Is this what is taking place at the Tower?
  - **Answer:** Yes, the Agricultural center was not available this year, so the meeting will be at the Tennessee Tower on the third floor.
- **State:** Do you have to register for the ABC training at the across the state offices, i.e. Sullivan County H.D.?
  - **Answer:** Yes, we have included the registration link in today's ABC email.
- **State:** When will the Decision Guides be available?
  - **Answer:** They will arrive in homes the second week in September.
- **State:** When will be able to order copies of the Decision Guides for our agency?
  - **Answer:** We will post the order form around the first of August. We will not have guides in house to fill orders until the second week of September.
- **State:** Will we get a copy of this PowerPoint?
  - **Answer:** We don't send it out as the file, even as a PDF, is too large for some ABCs' email accounts. We have included all of the information in the call notes. We have **attached** a short PDF of slides about the plan changes and premiums.
- **Local Gov:** When will we receive new rates?

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- **Answer:** The Insurance Committee met this month. We will put information together for you very soon. We will also have additional local gov and local education ABC conference calls on July 26 to go over all of the plan changes and premiums.
    - **Higher Ed:** When will Decision Guide be mailed out? With a shortened enrollment period, will you still send it the last two weeks of September? Our employees will need more time to review the changes.
      - **Answer:** We plan to mail it to arrive in homes the second week in September.
    - **Higher Ed:** If retirees want to make changes, they still have the entire month?
      - **Answer:** They will have four business weeks from October 3 to October 28.
- **State/Higher Ed: 2017 Premium and Plan Announcements:** For 2017, some plan names, options, benefits and costs will change. There will be three plans offered and two will have Partnership Promise options.
  - We want to emphasize that employees will need to look closely at all their Plan options for 2017. Here are some key benefits changes:
    - There is NO across the board premium increase this year. Some premiums are increasing and some are decreasing and co-pays, coinsurance and deductibles are changing.
    - Depending on the Option you choose:
      - Pharmacy Co-Pay increases – \$2 to \$15
      - New Specialty Pharmacy Tier
      - Emergency Room Co-Pay increased - \$25 to \$30
      - Coinsurance for Labs, X-rays and Diagnostics – 10% or 20%
      - Preventive services still covered at 100%
  - Benefits Enhancements:**
    - Combined Medical and Pharmacy MOOP
      - Partnership/Standard PPOs will be lower than current
    - Coverage of Brand Obesity Medications
      - Less-expensive non-surgical option to try
    - Telehealth Co-Pay Reduction to \$15/PPO \$38/CDHP

Premiums	Employee only	Employee + Child (ren)	Employee + Spouse	Employee + Spouse + Child(ren)
<b>Partnership PPO</b>				
Partnership Promise PPO (includes Partnership Promise)	\$133	\$200	\$280	\$346
No Partnership Promise PPO	\$183	\$250	\$380	\$446
<b>Standard PPO</b>	\$130	\$197	\$275	\$340
<b>HealthSavings CDHP</b>				
Promise HealthSavings CDHP (includes Partnership Promise and HSA money \$500 or \$1,000)	\$84	\$127	\$177	\$219
No Promise HealthSavings CDHP	\$84	\$127	\$177	\$219

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- Due to federal rule changes, in 2017 members who did not complete the 2016 Partnership Promise will not be transferred out of their current plan. However, members who were in the Partnership PPO or the Wellness HealthSavings CDHP in 2016 and did not complete the 2016 Partnership Promise will not qualify for the lower Partnership PPO premium or state health savings account (HSA) money.
- This means these members will pay more in 2017 if they stay in the Partnership PPO or if they stay the HealthSavings CDHP, the state will not put money in their HSA – unless they make a plan change during annual enrollment.
  - The cost change will take place automatically unless the member switches to a different plan during annual enrollment.
  - They can choose a different plan during annual enrollment.
- **2017 Network Change:** As a result of a recent network statewide procurement, BA will implement the OAP network statewide across all three regions. The network will be in addition to the current BCBS Network S and Cigna LocalPlus networks. OAP is Cigna's broad network and they have agreed to add providers and facilities at the state's request. However, the network will cost more for members who choose it. For employee only or employee plus children tiers, it will cost \$40 more each month; for employee plus spouse or employee plus spouse plus children it will cost \$80 more each month.
  - We have **attached** a few benefits slides that explain the changes in more detail. We will also present more information about all benefits during the in-person ABC trainings next month.

**STATE/HIGHER ED 2017 BENEFITS QUESTIONS**

- **State:** On your chart, was the Partnership Promise PPO premium more expensive than the Standard PPO?
  - **Answer:** Correct, but the benefits for the plans and cost sharing is different as well.
- **Higher Ed Question:** Will ALEX be available for employees to help with decisions and when?
  - **Answer:** Yes, Alex will be available on September 1.
- **Higher Ed Question:** Do you have a chart showing the OAP premium for each plan?
  - **Answer:** Not at this time, but we will include this information in the 2017 Decision Guide. Members who choose OAP will pay \$40 or \$80 more each month for their premium depending on their coverage tier.
- **State: ABC In-Person Training Reminder:** We hope you can join us for our annual all-day, in-person ABC training at the Tennessee Tower on Friday, August 12, from 9 a.m. to 4 p.m. Central (312 Rosa L. Parks Avenue, Nashville, TN 37243).
  - The training will include Benefits Administration updates and vendor partner presentations. Our vendor partners will be available to talk with you throughout the day. You can bring your lunch, and we will have area maps of local restaurants if you would prefer to eat offsite.
  - Here is the [link](#) to register. The deadline to register is August 1.

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- **Higher Ed: ABC In-Person Training Reminder:** We hope you can join us for our annual all-day, in-person ABC training at the Tennessee Tower on Thursday, August 11, from 9 a.m. to 4 p.m. Central (312 Rosa L. Parks Avenue, Nashville, TN 37243).
  - The training will include Benefits Administration updates and vendor partner presentations. Our vendor partners will be available to talk with you throughout the day. You can bring your lunch, and we will have area maps of local restaurants if you would prefer to eat offsite.
  - Here is the [link](#) to register. The deadline to register is August 1.
  
- **In-Person Statewide ABC Trainings Update:** Registration links as well as the chart with dates, times and locations for the in-person, statewide trainings are included below. We will be training on the CDHP plan and Health Savings Account, Forms Automation, and Password login and reset.
  - **Registration Link Local Ed/Local Gov:** [https://docs.google.com/forms/d/1h-Ns9\\_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit](https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit)
  - **Registration Link State/Higher Ed:** <https://docs.google.com/forms/d/13D-qfr2KX9xxNVPrOYHIMFbQPI3BMumYmwlgTnQPKNQ/edit>

<b>Date</b>	<b>Location</b>	<b>Address</b>	<b>City</b>	<b>Times</b>
Tuesday, Aug. 16	TN Career Center	5600 Brainerd Road Suite A-5	Chattanooga	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Thursday, Aug. 18	Renaissance Center	855 TN-Hwy 46	Dickson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Friday, Aug. 19	Linebaugh Library	105 Vine Street	Murfreesboro	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg.	154 Blountville Bypass	Blountville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Wednesday, Aug. 24	Knoxville Environmental Field Office	3711 Middlebrook Pike	Knoxville	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Monday, Aug. 29	Lowell Thomas State Off Bldg	225 Martin Luther King Blvd.	Jackson	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov
Tuesday, Aug. 30	TN Career Center	480 Beale Street	Memphis	9 a.m.-10:30 a.m.-State and Higher Ed 11:30 a.m.-1 p.m.-Local Ed and Local Gov 2 p.m.-3:30 p.m.-Local Ed and Local Gov

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**Benefits**

- **State/Higher Ed: Voluntary Disability Insurance to be offered**
  - We are excited to announce that beginning January 1, 2017, the State Group Insurance Program will include voluntary short term and long term disability insurance for state and higher education employees. Enrollment will be available in Edison during this year's Annual Enrollment Period and will be on a guaranteed-issue basis (no medical underwriting questions). During subsequent Annual Enrollment Periods, those wishing to enroll will be required to submit medical underwriting applications. Guaranteed issue will be available after January 1, 2017, for new hires that enroll within their initial 31-day eligibility period. The employee will pay 100% of the premiums.
  - **Higher Ed:** The higher education long-term disability insurance program with Prudential expires on December 31, 2016. Currently enrolled members will be automatically transferred to the new state program. Time enrolled in the Prudential plan will count toward some of the pre-existing provisions of the new state plan.
  - **State/Higher Ed:** Details of the new state plan will be presented at the in-person ABC meetings in August. We know that you will have many questions concerning this new voluntary program, and we will be sharing information on the program as communication material is developed.
  
- **Higher Ed:** But members have to actively enroll in the short-term disability, correct?
  - **Answer:** Correct.
  
- **2017 Behavioral Health Vendor:** We mentioned during last month's calls that we will have a new behavioral health and EAP vendor and we are happy to announce that Optum Health will be our new vendor starting in 2017. Representatives from Optum Health will join us on calls before annual enrollment to answer any questions you may have. We will have different providers with Optum Health and we will communicate this to our members in the Decision Guide and in other member materials.

**ParTNers for Health Wellness Program**

- **Biometric Screening Deadline:** The deadline is this Friday, July 15.
  - We've had over 14,000 attend an onsite screening to date.
  - 81,343 PSFs ordered and 63,595 returned.
  - At this point, if members do not have an appointment with their provider, the best option is to download the PSF and take it to an in-network clinic or urgent care.
  
- **EEOC Final Regulations and changes to health plan options** – In May 2016, the Equal Employment Opportunity Commission (EEOC) released final regulations on wellness programs under the Americans with Disabilities Act (ADA) and Genetic Information Non-Discrimination Act (GINA). **These regulations will go in to effect on January 1, 2017.**
  - The one rule that has the most significant impact on our health plans and wellness program is that employers may not deny coverage under any group health plan to employees for nonparticipation or limit the extent of benefits. This is called a "gated" program. Thus, employees/spouses who choose Partnership but decline or do not complete the wellness requirements must still have access to the Partnership plan benefit. They would just pay more than employees who participate in the wellness requirements. It is important to note that members who do not complete the requirements will not be transferred to the Standard PPO for 2017. They will remain in

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- the Partnership PPO (or the HealthSavings CDHP) but will not receive the premium discount.
- **State/Higher Ed:** For those enrolled in the CDHP, they will not receive the state funds in their HSA.
- During annual enrollment members will have the option to choose Standard PPO, HealthSavings CDHP and for Local Ed and Local Gov, the Limited PPO as well.
- **State/Higher Ed: 2017 Partnership Promise:**
  - Well-Being Assessment (WBA) by March 15
  - Biometric Screening by July 15
  - Coaching (Disease Management and Case Management only), Lifestyle Management (LM) will be voluntary for 2017
  - Keep contact information up to date
  - **New Hires/New Members:** WBA and biometric screening within 120 of coverage effective date.
- **Member Testimonial Campaign:** We have been working with Healthways to make it easier for members who want to inspire, encourage and share their wellness journey. On Monday, July 18, an email will be sent to those enrolled in the Partnership PPO and Wellness HealthSavings CDHP, as well as to Standard PPO, Limited PPO and HealthSavings CDHP members who have completed the WBA, screening and/or two coaching calls. They will be invited to complete a short survey and, if they agree to share their story, then an authorization form will be sent to the member to sign. Some of the stories will be added to the ParTNers website and shared with members. We already have some stories in the works and hope to have those finalized and posted later this summer. The survey will also be linked to the weekly e-tips, made available via social media and the challenge emails.
- **Q3 Wellness Challenge:** Head To Tone Exercise Challenge is a six-week challenge for state employees and members/spouses enrolled in the State Group Health Plan. The goal is to help you move more, feel good and have fun. Each week you will receive a weekly email with one new exercise focused on a specific body area along with a reminder to use the exercise tracker and chatter board in Well-Being Connect. The flier you received with last Friday's email included instructions on how to register and set up your exercise tracker. Enrollment started on July 11 and the challenge runs from July 18 to August 28. Last day to register is July 25.

**PARTNERSHIP PROMISE QUESTIONS**

- **Local Ed:** Will the premium insurance with higher premium be the same as the Standard plan?
  - **Answer:** No, the Partnership PPO will have different benefits and has a different value. The Standard PPO has higher cost sharing for members; they would have a higher deductible, copays, coinsurance and out-of-pocket maximum.
- **Local Ed:** If they do not complete the promise I missed what plan they will be defaulted to if they do not chose to move to another plan?
  - **Answer:** Unless they make a change during annual enrollment, they will stay in the Partnership PPO, but they will have to pay a higher premium each month.

**Combined Conference Call Notes**  
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- **Local Ed:** Will they pay higher premium or more out-of-pocket (if they don't complete the requirements and stay in the Partnership PPO)?
  - **Answer:** They will pay a higher premium. The benefits are the same for both Partnership PPO options.
  
- **Local Ed:** How will we know who met the promise and who didn't?
  - **Answer:** In the fall, we will get a report from Healthways of members who did not complete the requirements? You will be able to run the ineligibility query after we get this information. We will let you know when it is available. Members can stay in the Partnership PPO and will get the benefits of staying in the plan, but they don't get the lower cost premium. They have the option to stay in the Partnership PPO or they can choose a different option during annual enrollment.
  
- **Local Ed:** Will there be a separate mailer sent to the member? Will it be announced in annual enrollment materials?
  - **Answer:** We will include this information in the Decision Guide. We will also send information to you that you can forward out to your employees.
  
- **Local Ed:** Will those increased premiums be published before open enrollment just in case they want to switch to Standard instead of staying on Partnership?
  - **Answer:** Yes, we will post them to the website and send them to you and you can forward out to your members.
  
- **State:** Will members be notified if they are no longer required to be in the coaching program?
  - **Answer:** Toward the end of the year, members will be told by their coach that they no longer have to coach. Members can always call Healthways at 888.741.3390 and ask if they will have to continue to coach.
  
- **State:** Can a member call and ask or are we relying on the coaches?
  - **Answer:** Yes, they can call Healthways and ask, and if they want to continue in 2017, they can let the coach know.
  
- **State:** Are members required to participate for 2016? If so, will they be penalized for failure to complete the coaching?
  - **Answer:** Yes, members who are required to coach will still to continue to coach in 2016 if they want to either stay in the Partnership PPO and qualify for the lower premium plan, or qualify for state HSA funds if they are in the HealthSavings CDHP.
  
- **State:** To make sure I am clear, disease management and case management are mandatory, whereas lifestyle management is not, right?
  - **Answer:** For 2017, that is correct.
  
- **State:** So if someone has high blood pressure or is overweight then they will still be called for coaching?
  - **Answer:** These are considered lifestyle management risks under our structure, so the members who had these risks would probably not have to coach.

**Combined Conference Call Notes**  
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- **State:** Can members ask their coach if they are in lifestyle management?
  - **Answer:** Yes.
  
- **State:** Will the deduction and copays increase as well if they do not comply with the promise?
  - **Answer:** No, the benefits are the same. The only differences are the premiums in the Partnership PPO options, and in with the HealthSavings CDHP options, if the member does not complete the requirements or chooses the option that doesn't require them to the complete the promise, they won't get state HSA funds.
  
- **State:** Just to ask again, if someone does not complete their 2016, biometric screening can they stay in a Partnership plan in 2017?
  - **Answer:** Yes, but they will be in the Partnership option that costs \$50 to \$100 more per month and does not include the Promise requirements.
  
- **State:** So the employees that are paying the higher co-pays this year get any refund?
  - **Answer:** No, the EEOC and plan changes are for 2017.
  
- **Local Gov:** Do we know the premium difference?
  - **Answer:** We will have the plan and premium information for local ed and local gov agencies later this month. **We will have additional ABC conference calls on July 26 for local ed and local gov to go over all of the 2017 plan changes and premiums.** We will send you more information very soon.
  
- **Local Gov:** Those on the Standard PPO now, will they continue?
  - **Answer:** Will they remain on the Standard PPO? Yes, they will unless they make a change during annual enrollment. Current Standard PPO and Limited PPO members would qualify for the Partnership PPO option that will have a lower premium if they agree to fulfill the Partnership Promise in 2017.
  
- **Local Gov:** Will there be a report to show who did not complete the promise so we will know who will need to pay the higher premium?
  - **Answer:** In the fall, we will receive a file from Healthways with members who did not complete the promise. Once that file comes in from Healthways, you will be able to run the Ineligibility query. We will let you know when that query is available.
  
- **Higher Ed:** So, how many Partnership plans will there be that include wellness?
  - **Answer:** Two, the Partnership PPO and HealthSavings CDHP will both have the Partnership Promise option. The plan options are called Partnership Promise PPO and the Promise HealthSavings CDHP (currently called the Wellness HealthSavings CDHP).
  
- **Higher Ed:** If you were previously in Partnership but opted to go to Standard, would you get the coaching?
  - **Answer:** If you are in the Standard PPO, you don't have to coach. But any enrolled member can opt-in to coaching.

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**Operations**

- **Local Ed/Local Gov/Higher Ed: Forms Automation User Acceptance Testing:** We are going live with our new Forms Automation eForms on Thursday, July 21. If you haven't signed up for training yet, please do so.
  - As a reminder, all agencies (except for local gov agencies with less than 100 employees) will need to use this process to hire new employees and enter benefits enrollment information directly in Edison.
  - We are looking for ABCs to help with User Acceptance Testing this week. If you are interested in participating, please send an email to [Holly.M.Girgies@tn.gov](mailto:Holly.M.Girgies@tn.gov). Testers will be able to use our test environment to use dummy data to get practice on using the new forms.
  - Information about Forms Automation training is below.

**FORMS AUTOMATION QUESTIONS**

- Higher Ed: Are retiree forms also going to be this way?
  - Answer: No, retirees will still submit their forms directly to BA.
- **Local Ed/Local Gov/Higher Ed: SSN Corrections for PPACA:** We have heard from some agencies that have had their 1095 reports accepted with errors from the federal government due to SSN issues. If you have an employee or their family member that has the incorrect SSN in Edison, please send a Corrections and Clarifications form in to the Service Center so that we can make the correction for reporting in future years. If you have more than 20 SSNs to correct, we will accept one Corrections and Clarifications form with a spreadsheet of the information to be corrected. Please include the Employee ID, the member's name, and the correct SSN on the spreadsheet. You can email the spreadsheet with the C&C form to [Tony.DelPriore@tn.gov](mailto:Tony.DelPriore@tn.gov) and [Peggy.X.Birthrong@tn.gov](mailto:Peggy.X.Birthrong@tn.gov). **If you are unable to email the information, you can fax it to Benefits Administration with the subject "PPACA Reporting Corrections."**

**SSN CORRECTIONS QUESTIONS**

- **Higher Ed:** About the forms from the IRS, what I have found in addition to SSN is that the spouse often has a different last name from what the employee gave us. They gave us a marriage certificate but it does not prove the spouse's last name and we will need to change the spouse name.
  - **Answer:** You can send that information on the Corrections and Clarifications form too or on a spreadsheet if you information for more than 20 employees to correct.
- **Zendesk Implementation Feedback:**
  - With our new Zendesk system, the emails you receive from us are actually help tickets. Because of this we are asking that you do not respond to the emails with THANK YOU! when the issue has been resolved. This causes the ticket to re-open and forces us to do some busy work. We appreciate that all of you have great manners and it is proper to thank someone for the service they provide you, but we grant you a waiver of proper manners in order for us to be able to move on to the next issue.
  - Please DO respond to any resolved ticket if you have further questions, need further explanation or if something needs to be changed.

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- Please do not attach documents to the ZenDesk ticket/email. We are still abiding by the rule that the documents need to be Uploaded or faxed to us so that we can process them timely and archive them properly.
- We would like your feedback on Zendesk. You can send your comments via email to [tony.delpriore@tn.gov](mailto:tony.delpriore@tn.gov)
- **State: Marketplace notifications about New Hires:**
  - We began receiving notifications from the Marketplace that some State employees had obtained insurance and received a subsidy or tax credit toward the premium. We are appealing these decisions. We have communicated previously that it is imperative that all benefit eligible new hires are offered insurance and the preferred approach for enrolling is using Employee Self Service even when the newly hired employee is declining insurance.
  - The new hire process involves three levels of checks and balances to make sure the employee, and the State as the employer, have done everything properly within the 31 day timeframe:
    1. The ABC has access to all the New Hire information and training to provide the employee with the correct information when they report to work. This includes our ongoing in-service training and the procedure and documents available for review on the ABC website. This includes the Pre-Enrollment Benefits Information document that can be sent to the employee to educate him/her on the enrollment process.
    2. BA checks the employee's enrollment half-way through their 31-day period. If choices have not been made or if documentation is missing, an advisory email is sent to the ABC. Going forward, a notification will also be sent to the employee by either email or U.S. Mail.
    3. Lastly, the employee is sent a letter after their 31 days has expired informing them that they either did not enroll in coverage (waiver letter) or a confirmation statement that informs them of the choices that they made. The employee then has 30 days from the effective date to correct any errors that were made in their selections (i.e., BCBS to CIGNA). Going forward, the ABC will receive a copy of the waiver letter.
    4. These notifications will be scanned into Edison and can be viewed on the employee record. BA will use these notifications as documentation with our appeal letter to the IRS.
- **State: PPACA Health Insurance Marketplace Letters:** Benefits Administration has started receiving Marketplace letters from the federal government. Some of them have been addressed to Benefits Administration but others have been sent directly to the agencies. We have not been able to find out how the federal government determines who the letter is sent to. All of the letters received have been addressed to "Benefits Manager."
  - We have included a sample envelope for your reference.
  - If you receive a form in the mail, please email [Benefits.Info@tn.gov](mailto:Benefits.Info@tn.gov) to let us know and messenger mail the letter to Benefits Administration, 19<sup>th</sup> Floor TN Tower immediately. We only have a limited amount of time to respond, otherwise we will be subject to penalties.
- **State: SSN Corrections for PPACA:** We have received the reports back from our federal ACA files, and we have about 2,300 SSN errors. Unfortunately, the report just tells us the SSN

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of the head of contract and not the specific family member that has an incorrect SSN in our system. We will first review our scanned documents in Edison to determine if an SSN was keyed incorrectly. If the SSNs in the system match the documentation we have, we will be reaching out to you to collect SSN verification for the entire family, either a Social Security Card or a tax return.

**State: Rehires and Insurance Eligibility:** We are implementing a process change for rehires due to the ACA. If an employee terminates state employment and is rehired within 13 weeks to any agency, then we are required to begin their insurance on the first date of employment because we have to treat them as if they never left. We are in the process of creating a query to identify this situation and will begin emailing you to let you know if you rehire someone that needs to start insurance immediately.

- **ABC Trainings/Workshops**
  - **New ABC Trainings:**
    - **July 19**
      - **Local Ed:** 9 a.m. - 11 a.m. Central
      - **State/Higher Ed:** 1 p.m. - 3 p.m. Central
    - **July 20**
      - **Local Gov:** 9 a.m. - 11 a.m. Central
      - **All plans:** 1 p.m. - 3 p.m. Central
  - **ABC Workshops:**
    - **July 14: OIM Security Training/Password Reset/Alternative Browsers: 1 p.m.- 2 p.m. Central time**
    - **August 18: Annual Enrollment Do's and Don'ts, 1 p.m.-2 p.m. Central time**
    - **Local Ed/Local Gov/Higher Ed: Forms Automation Workshop:** Forms automation is a new process, and starting July 21, all ABCs will need to hire employees using the eForm function. Agencies will have the option of using eForms or ESS for benefits enrollment. The only exception to this will be LG agencies that are not set up with keying access. It is very important that you join one of the Forms Automation workshop webinars below:
      - July 14 – 9 a.m. to 10 a.m. Central
      - July 21 – 9 a.m. to 10 a.m. Central
      - July 21 - 1p.m. to 2 p.m. Central
        - Please follow the instructions below to sign into the webinar.
        - Instructions for signing in:
        - To attend the web meeting click the following link or copy it into your web browser:
          - <http://stateoftennessee.adobeconnect.com/abcworkshops/>
        - Select the “Enter as a Guest” radio button and enter your first and last name.
        - Using your desk or conference room telephone, call the conference line to communicate during the meeting. The conference call-in number: 1-866-741-6464
- **Instructions for ABCs to enroll in ABC Web Training**
  1. Log into Edison.

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2. Navigate to Main Menu > ELM > Self Service > Learning > Search Catalog > Click the “Catalog Items” link > Enter ABC in the “Search the Catalog” field > Click the “Search Catalog Items” button.
  3. Locate the training you are interested in:
    - ABC Workshops - Workshops on various topics for New and Established ABC’s
  4. Click Enroll.
  5. Locate the specific dates you would like to attend the webinar.
  6. Click Enroll.
  7. Click Submit Enrollment.
  8. Once you have enrolled, you will see the following message under your name at the top of the page.1.
- **HIPAA Training Webinars**
- If you can access ELM in Edison, please complete the training online.
  - If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar. If you have more than one person viewing the webinar, please send an email to the HIPAA Privacy Officer with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda’s email address is [chanda.rainey@tn.gov](mailto:chanda.rainey@tn.gov).
  - Here are the webinar dates and times:
    - **July 19 at 10:00 a.m. Central**
    - **July 21 at 10:00 a.m. Central**
  - The conference call-in number: **1-877-820-7831 passcode 217506#**
  - Instructions for signing in:
    1. To attend the web meeting hold down the Ctrl key and click the following link or copy it into your web browser.  
[http://stateofennessee.adobeconnect.com/hipaa\\_2016/](http://stateofennessee.adobeconnect.com/hipaa_2016/)
    2. Then, select the “**Enter as a Guest**” radio button and enter your first and last name.
    3. **Click Enter Room.**
    3. Using your desk or conference room telephone, call the conference call-in number to communicate during the meeting.

**OPERATIONS AND TRAINING QUESTIONS**

- **Local Ed:** When do you start and end new employee insurance for new hires for the school year (ex. Oct-Sept or Sept-Aug)?
  - **Answer:** Agencies have been doing it both ways. It is up to your agency how you would like to set it up.
- **State:** Will there be any more training for the Zendesk?
  - **Answer:** We don’t have any scheduled at this time, but the PowerPoint slides are on the ABC website.
- **State:** Who do I need to contact to get access to Zendesk?
  - **Answer:** All of the ABCs have been set up with an account but we will have a trainer reach out to you to walk you through the process.
- **State:** With re-hires, should they still go to Edison with the enrollment of paper?

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- **Answer:** Re-hires who have to be reinstated with coverage on their date of hire will have to complete a paper application because we are not able to process them through an ESS event. They will not count against you in your monthly report.
- **Local Gov:** If employees are hired before the July 21 date, will we be able to enter those employees with the new system? I am talking about employees who would not be effective for benefits until August 1, 2016.
  - **Answer:** If you have an employee that starts work prior to July 21<sup>st</sup> that has not been keyed in Edison prior to that date you will hire them using the new process
- **Local Gov:** Just for clarification, employers who use ESS do NOT need to register for the forms training?
  - **Answer:** No, you do not have to take this training, but it would be a good idea to attend the training as you may have an employee who cannot use ESS.
- **Local Gov:** I've already taken the HIPAA training and passed it do I have to do anything else?
  - **Answer:** No, you are done with your required HIPAA training for the year.
- **Local Gov:** I have an employee whose last day is Friday and she is losing her insurance. Her husband works for the state and he will add her to his insurance. Do I have to send any type of letter letting you know that she is losing her coverage?
  - **Answer:** Yes, and you will need to document his name and information and fax or upload to the service center.
- **Local Gov:** Did I misunderstand you to say that if an employer is not required to use ESS they are not required to use the e-forms? Did I misunderstand that?
  - **Answer:** The only exception to using eforms is for local government agencies with less than 100 employees who do not have keying access.
- **Local Gov:** I sent in a request to the benefits.info email about getting past billing statements. Is that the correct place to ask?
  - **Answer:** You will need to put in a Zendesk ticket if you have not had a response.
- **Local Gov:** Do we still need to do remedy tickets for billing problems?
  - **Answer:** Remedy is no longer available. You will need to use Zendesk from now on.
- **Local Gov:** If we do not have keying access, then we do NOT need to complete the eForms training? Is that correct?
  - **Answer:** That is correct, but if you would like to have keying access to have access for forms automation we can get you this access and you can take the training.
- **Local Gov:** Before using Zendesk, will I need to do the Zendesk training? Is the Zendesk training is it the same as the Eforms training?
  - **Answer:** Zendesk is different than eforms. Zendesk is our new system that is replacing Remedy. Forms automation or eforms is how you can now key in an enrollment and upload for a new hire instead of faxing the form to BA. The Zendesk

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training is available on the ABC website and can be reviewed prior to entering your first ticket. If you did not receive an email with information on setting up a Zendesk account you can call our service center.

- **Local Gov:** The Limited plan meets all of the requirements for PPACA correct?
  - **Answer:** Yes, all of the state's plans meet the minimum essential coverage requirements for PPACA.
  
- **Higher Ed:** With Zendesk you have to create a Microsoft something?
  - **Answer:** I think you are talking about the encrypted emails? With Zendesk you should not have to do that. All emails are secure without encrypting them and going forward it should not be a problem. If you received an email in order to open it you can create a one-time password. Once you open it, respond back to it and we can figure out who sent it. Going forward, you should not be getting an email asking you to create a password.

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**Materials and Communications**

• **Communications Updates**

- **Decision Guide Order Form:** The order form for ABCs to order extra Decision Guides will be available on **August 1**. Remember, all eligible employees will get a guide in the mail prior to annual enrollment. The link to the order form will be on the ABC webpage.
- **Summary of Benefits Coverage (SBC) Postcards:** Benefits Administration will mail postcards to all eligible members at the end of August letting them know 2017 SBCs are available.
  - Links to the 2017 SBCs will be available September 1 on the BA website, on the left hand side - tab is called Summary of Benefits.
  - As listed on the Employee Checklist, ABCs must provide the web address or a copy of the SBC to the employee upon request.
- **In-Person Statewide ABC Trainings Reminder** Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings are included below.
  - We will be training on the CDHP and Health Savings Account, Forms Automation, and password login and reset.
  - Please be sure to register as soon as possible.
    - **Registration Link - Local Ed/Local Gov:** [https://docs.google.com/forms/d/1h-Ns9\\_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit](https://docs.google.com/forms/d/1h-Ns9_FOBTIZtgwjNmHdrZKOQduSmzFWJ9sxs0PFOVE/edit).

<b>Date</b>	<b>Location</b>	<b>City</b>	<b>Times</b>
Tuesday, Aug. 16	TN Career Center 5600 Brainerd Road, Suite A-5	Chattanooga	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Thursday, Aug. 18	Renaissance Center 855 TN – Hwy 46	Dickson	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Friday, Aug. 19	Linebaugh Library 105 Vine Street	Murfreesboro	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg. 154 Blountville Bypass	Blountville	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Wednesday, Aug. 24	Knoxville Environmental Field Office 3711 Middlebrook Pike	Knoxville	State and Higher Ed: 9 a.m.-10:30 p.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Monday, Aug. 29	Lowell Thomas State Off Bldg. 225 Martin Luther King Blvd.	Jackson	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Tuesday, August 30	TN Career Center 480 Beale Street	Memphis	State and Higher Ed 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.

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**COMMUNICATIONS QUESTIONS**

- **Local Ed Question:** Are we sure it will be at Library in Murfreesboro? Last time, the site was changed at last minute and some of us did not get notified.
  - **Answer:** We do not anticipate the location will change, but if it does change, we will let you know as quickly as possible.
  
- **Local Ed:** Will these slides be available online soon? There are several pages I want to print.
  - **Answer:** We have attached the 2017 plan and premium slides as a PDF.
  
- **Local Gov:** Is this training (in-person) required?
  - **Answer:** No, but it could be beneficial for you to learn more and answer your questions.
  
- **Local Gov:** Is this presentation going to be available on the BA website?
  - **Answer:** We have attached the 2017 plan information slides as a PDF.
  
- **Local Gov:** Will we have most of the materials for 2017 that we need for the ABC Trainings in August in the event we have questions?
  - **Answer:** Yes. We are finalizing the Decision Guides and 2017 ABC PowerPoint presentation you can use for benefits fairs and presentations now. As soon as the Decision Guide is available, we will post it on the website for you to review and download. We will have copies of the Decision Guide available for you at the in-person August trainings and copies will be mailed to arrive in the homes of all of your eligible employees in mid-September.
  
- **Local Gov:** Do we need to order material for open enrollment or will it be sent out automatically?
  - **Answer:** Yes, you will need to order any extra Decision Guides you think you may need, and if you want to order materials from our vendors and carriers, you will have to contact them directly.
    - **Note:** Vendors may have fliers available and other materials, but our carriers BCBS and Cigna will **not** have 2017 member handbooks available until December.

**Benefits**

- **Local Ed and Local Gov - 2017 Plan and Premium Information:** Benefits Administration Executive Director, Laurie Lee, presented information on the 2017 plan design and premiums. We have **attached** the slides from the presentation, which includes plan and premium information as a PDF for your reference.

**2017 PLAN AND PREMIUM QUESTIONS**

- **Local Ed Question:** We have a new Director of Schools. Will the MOU still have a section where the Director will have to sign? I am assuming so, but please let me know.
  - **Answer:** Yes, we will send the MOU to the directors of schools next week and we will also send an email to ABCs asking that you make sure the director and fiscal officer director sees it, sign it and return it prior to Annual Enrollment (October 3, 2017).

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- **Local Ed:** Will we be able to offer critical illness policies going forward?
  - **Answer:** We will make this very clear in the MOU, if a policy is voluntary, the employee pays the premium and it does not alter the cost-sharing of our products, then they are permitted. A typical critical illness policy or cancer policy pays the member directly a fixed amount that they can use for anything, to buy groceries, pay bills, etc. If the critical illness policy does not coordinate with our medical plan and doesn't pay for the deductibles, copays or coinsurance, then typically, those plans are allowed. If it is a policy that pays for our plans cost-sharing, that is what is problematic.
  
- **Local Ed:** What about a separate dental and vision policy instead of the one you offer?
  - **Answer:** This is permitted. They do not interact with our group policy.
  
- **Local Ed:** If we offer the state dental/vision are we allowed to offer an additional option or do we have to not offer the states (dental and vision)?
  - **Answer:** You can offer both the states' dental and vision and other products, but only the state offered products will be in Edison or on the enrollment application.
  
- **Local Ed:** If you are diabetic and have to have blood work every 3 months or 6 months, will you now have to pay co-insurance, did I read this correctly?
  - **Answer:** It will depend on how the provider codes it. For 2017, in-network lab claims billed as preventive would still be no charge to the member, but lab claims billed otherwise would require coinsurance.
  - **Note:** We did check with our carriers BCBS and Cigna and they confirmed that there are multiple procedure codes for labs that can be considered preventive including lipid panels to check for cholesterol and triglycerides and urinalysis to check glucose. The key is that these labs must be billed with a preventive diagnosis code to be considered a preventive service. The billing provider determines what procedure codes and diagnosis codes are appropriate based on the services provided and their clinical evaluation of the patient.
  
- **Local Ed:** Will the No Partnership Promise PPO plan be an option to choose during Open Enrollment?
  - **Answer:** Yes.
  
- **Local Ed:** There are no changes in copays for office visits?
  - **Answer:** Correct.
  
- **Local Ed:** Will the Limited PPO still have the \$100 pharmacy drug deductible?
  - **Answer:** Yes, for the Limited PPO, there is a \$100 per person pharmacy deductible.
  
- **Local Ed:** The rate increase is 6.1%, but for the CDHP it is going up 19%? Our members were in the Partnership PPO and our BEP funding will not go up?
  - **Answer:** The 6.1% is the aggregate (average) across the board increase and is what the state budget is based on. The BEP funding starting in January will not only reflect the 6.1% aggregate increase, it will also take into consideration the aggregate results of open enrollment and depending on the plans employees choose may

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include additional funding. If more members move to a higher premium plan, the BEP funding will go up and be adjusted in the aggregate for all LEAs.

- **Local Ed:** What is the premium amount if a member chooses Cigna Open Access Plus next year?
  - **Answer:** The premium cost will be \$40 more each month for employee and employee + child(ren) tiers, and \$80 more each month for employee+spouse and employee+spouse+child(ren) tiers. In the 2017 Decision Guide, we will include the premium rates that include the costs for the OAP network
  
- **Local Gov:** So I understand that as long as our employees are paying for a plan under AFLAC or Colonial we can still offer these plans to them?
  - **Answer:** We are going to be sending out the revised MOU with very specific language that will help clarify. Colonial offers critical illness plans but they also offer supplemental plans. For critical illness, the guidelines are the plan must be truly voluntary – the member is paying 100% of the premium. If the plan is underwritten as a voluntary product and the product does not pay or subsidize any of the state's cost sharing, deductibles, copays, and coinsurance it is probably allowed. If the product is offsetting the cost sharing for the member, then it is not allowed. There are some policies that you might not be sure if they fit the description. You can send the policy to BA (benefits.info@tn.gov) and we can provide some guidance.
  
- **Local Gov:** Is a HRA plan on the backend that buys down the deductible considered "cost sharing" and therefore, prohibited?
  - **Answer:** We would have to see how that is written. Based on the information you have, I would have to say yes, it would be prohibited. If it offsets the deductibles and coinsurance, then it is offsetting the cost sharing for the member and is not allowed.
  
- **Local Gov:** Any idea if StoneCrest in Smyrna will be in the OAP?
  - **Answer:** Yes, Stonecrest is in both the LocalPlus and Open Access Plus network.
  
- **Local Gov:** Was BlueCross Network P considered?
  - **Answer:** Yes, both Cigna and BCBS bid in the Request for Proposals (RFP). Cigna was the best evaluated. BCBS Network P was considered.
  
- **Local Gov:** Do you have the rates for the OAP network yet?
  - **Answer:** The premium cost will be \$40 more each month for employee only and employee + child(ren) tiers, and \$80 more each month for employee+spouse and employee+spouse+child(ren) tiers. In the 2017 Decision Guide, we will include the premium rates that include the costs with the OAP network.
  
- **Local Gov:** I'm not sure what our premium level is?
  - **Answer:** To confirm premium level you can email us at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we can confirm.

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- **Local Gov:** When you say "broader plan" does that mean more doctors or more hospitals or both?
  - **Answer:** Both, the provider network is much, much broader. There will be more in-network doctors and facilities.
  
- **Local Gov:** Is there a larger network going to be offered for BCBS?
  - **Answer:** No, the large network is going to be Cigna OAP. There will be three networks offered in 2017, BlueCross BlueShield Network S, Cigna LocalPlus and Cigna Open Access Plus (OAP).
  
- **Local Gov:** Can you tell us what percent level 1 local gov premium is going up to?
  - **Answer:** It is not an across the board increase this year. We have attached the premium information for all three levels. Please make sure you and your members review this information carefully.
  
- **Local Gov:** Are there any issues with UT medical system and Network S this year?
  - **Answer:** I believe you are talking about BCBS Network S members using the UT medical system providers as in-network. UT Medical Center and its affiliated providers will continue to be in Network S in 2017 for the State of Tennessee Group Health Insurance members.
  
- **Local Gov:** Our MOU does not allow us to look for more affordable health insurance, yet premiums are pricing us out of the affordable market. Our employees are finding it difficult ... so what are our options?
  - **Answer:** You don't have to be on the state plan. You can create your own plan or offer other coverage if you want to. By law, your plan will have to be equal or superior to the state plan. The MOU does state that you have to be on the state plan for two years and if you were to leave the state group insurance program, you have to stay off for two years. We will provide more information about what it means to be equal or superior and considerations if you leave the state plan when we send out the revised MOU early next week.
  
- **Local Gov:** Can we get these increases earlier next year for our budget?
  - **Answer:** We do try to get you the premium information as soon as it is available. This year, the premium information was delayed, but we hope that next year we will have the information earlier.
  
- **Local Gov:** If the companies that are using the supplemental products quit using these, will the insurance possibly go down next year?
  - **Answer:** That is a difficult question because there are different variables that impact premiums. The answer is probably, but we could not say for sure.
  
- **Local Gov:** Will the paper enrollment forms change for 2017 or will we use the current one?
  - **Answer:** They will change to include the new options. We will post them prior to annual enrollment and we will let you know when they are posted.

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- **Local Gov:** You mentioned that we would start having coinsurance for labs. Would that also apply for a service and you are sent for an exam or x-ray? Will that be covered as preventive?
  - **Answer:** It will depend on how the provider codes it. For 2017, in-network lab claims billed as preventive would still be no charge to the member, but lab claims billed otherwise would require coinsurance.
  - **Note:** We did check with our carriers BCBS and Cigna and they confirmed that there are multiple procedure codes for labs that can be considered preventive including lipid panels to check for cholesterol and triglycerides and urinalysis to check glucose. The key is that these labs must be billed with a preventive diagnosis code to be considered a preventive service. The billing provider determines what procedure codes and diagnosis codes are appropriate based on the services provided and their clinical evaluation of the patient.
  
- **Local Gov:** Can Mayor and Aldermen join the health insurance for local government?
  - **Answer:** Yes, they are considered eligible employees.
  
- **Local Gov:** What was the deductible going up to and out of pocket?
  - **Answer:** It varies for each plan. The key is that the information is changing and ABCs and members need to review the information carefully.
  
- **Local Gov:** Did dental and vision rates change?
  - **Answer:** Yes, for Cigna, prepaid dental, the premiums will go up 3%; for MetLife dental the premiums will go up 4%. Vision premiums will not change.
  
- **Local Gov:** What if you do lab work quarterly?
  - **Answer:** It depends on how the provider files the claim. If you go in for repeated tests and they code it as preventive/screening labs, then there would be no cost. If coded as something else, then you will have coinsurance. We included this information earlier:
  - For 2017, in-network lab claims billed as preventive would still be no charge to the member, but lab claims billed otherwise would require coinsurance.
    - **Note:** We did check with our carriers BCBS and Cigna and they confirmed that there are multiple procedure codes for labs that can be considered preventive including lipid panels to check for cholesterol and triglycerides and urinalysis to check glucose. The key is that these labs must be billed with a preventive diagnosis code to be considered a preventive service. The billing provider determines what procedure codes and diagnosis codes are appropriate based on the services provided and their clinical evaluation of the patient.
  
- **Local Gov:** If we dropped vision and dental in 2015 and we do not have it with the State in 2016, do we have to wait until 2018 to get back on the State plans?
  - **Answer:** You have to notify us by July 1 of each year if you want to add or drop dental or vision for the following calendar year. You would have had to notify us this past July 1 for 2017. For 2018, you will have to notify us by July 1, 2017, that you want to add or drop dental and/or vision.

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**ParTNers for Health Wellness Program**

- **2017 Partnership Promise Change:** Members who did not complete the 2016 Partnership Promise will not be transferred out of their current plan.
  - Members who were in the Partnership PPO and did not complete the 2016 Partnership Promise will not qualify for the lower Partnership PPO premium. This means they will pay more if they stay the Partnership PPO.
  - Cost change will take place automatically unless the member switches to a different plan during annual enrollment.
  - Member can choose a different plan during annual enrollment.
  
- **2017 Partnership Promise:**
  - Well-Being Assessment (WBA) by March 15
  - Biometric Screening by July 15 – **all members**
  - Coaching - Disease Management and Case Management only. Lifestyle Management (LM) will be voluntary for 2017
  - Keep contact information up to date
  - **New Hires/New Members:** WBA and biometric screening within 120 of coverage effective date

**PARTNERSHIP PROMISE QUESTIONS**

- **Local Ed:** What falls under disease management or case management?
  - **Answer:** For disease management- diabetes, COPD, asthma, coronary artery disease, heart failure. For case management, the member would be contacted by BCBS, Cigna and Magellan.
  
- **Local Ed:** If a person does not meet the Partnership Promise will they remain on the wellness plan until the following calendar year at which time BA will move them to the non-wellness Partnership plan?
  - **Answer:** If a member does not complete the 2016 Partnership Promise, they can stay in the Partnership PPO for 2017, but they will have to pay a higher premium for the No Partnership Promise PPO in 2017. They would not qualify for the lower premium Partnership PPO. They also would have the option to select another plan for 2017 during annual enrollment.
  
- **Local Ed:** Will the new hires that come on the insurance Sept 1 or later this year, do they have complete the Partnership Promise?
  - **Answer:** No, members with coverage effective dates of September 1 through December 1 do not have to complete the Partnership Promise requirements for 2016. If they stay in the Partnership PPO in 2017, they will need to complete the 2017 requirements.
  
- **Local Ed:** But this will be done automatically by BA (switching the member to the No Partnership Promise PPO) unless they elect a different plan? Also, will they have to wait a year before trying to get back into the wellness plan this will be done automatically?
  - **Answer:** Yes, the cost change is done automatically. Members who do not complete the 2016 Partnership Promise will stay in the Partnership PPO and pay a higher premium, unless they make a change during annual enrollment. They will have to

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wait one full calendar year (2017) to receive the premium discount for the Partnership Promise PPO.

- **Local Ed:** How do you get the wellness incentive? Do you get it directly or is it reflected in the premium?
  - **Answer:** The incentive is the lower monthly premium for members who agree to complete the Partnership Promise.
- **Local Ed:** The wellness incentive, those employees that did not do the Partnership Promise, the incentive is not to have to pay to do that?
  - **Answer:** No, the incentive is that if you sign up for the Partnership Promise PPO, and agree to complete the requirements you will pay less in monthly premiums.
- **Local Gov:** Is the wellness incentive a one time annual payment to the member?
  - **Answer:** No, it is a monthly discount on the premium.
- **Local Gov:** Can the people who have been switched to Standard go back to PPO without wellness?
  - **Answer:** Yes, for 2017, they can enroll in the No Partnership Promise PPO, which does not include the Partnership Promise requirements.
- **Local Gov:** If an employee didn't complete the requirements for Partnership Promise in 2016, but completes in 2017 will they be charged the higher rate?
  - **Answer:** If the employee doesn't complete requirements for 2016, they are not eligible for the Partnership Promise and the premium discount. They can stay in the Partnership PPO, but they will pay a higher premium in 2017 if he or she stays in the Partnership PPO. The employee will be eligible for the premium discount in 2018 if they elect the Partnership Promise PPO during annual enrollment.
- **Local Gov:** So if an employee was on the Partnership PPO and did not complete it (the requirements) in 2016, they will pay a higher premium in 2017 unless they choose something else at open enrollment?
  - **Answer:** Yes, that is correct. One thing we are strongly encouraging members to do is to look at all of the benefits. Yes, the premium will be more, but the benefits for both Partnership PPO options are the same. Members do need to take action to select another plan if they do not want to pay the higher premiums.
- **Local Gov:** If you do not do the lifestyle management then you will be considered as not doing the requirements?
  - **Answer:** In 2016, members who are in lifestyle management coaching will still need to continue coaching for the remainder of 2016. This is important if they want to stay in the Partnership PPO next year and pay the lower monthly premium. But lifestyle management coaching will be considered voluntary in 2017; it will not be a requirement.
- **Local Gov:** Can you ever be moved from the Partnership non-wellness program?

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- **Answer:** For 2017, all members can enroll in any plan option. There are no requirements for the non-wellness Partnership plan, which is called the No Partnership Promise PPO. So no, a member would not be moved out of this plan.

**Operations**

- **ABC Workshops**
  - **July 28: eforms, 1 p.m. – 2 p.m. Central time**
  - **August 4: Zendesk, 1 p.m. - 2 p.m. Central time**
    - You don't have to enroll in Edison for the Zendesk training. On August 4 at 1 p.m. Central, click on the link to connect directly to webinar:
    - <http://stateoftennessee.adobeconnect.com/abcworkshops/>
    - Call in number – 866-741-6464
  - **August 18: Annual Enrollment Do's and Don'ts, 1 p.m. - 2 p.m. Central time**
- **eForms Lessons Learned:** If you are having an issue seeing eForms in the Benefit tab, you may need to clear your cache, close the browser and re-log in or even update your shortcut/fav link. [www.edison.tn.gov](http://www.edison.tn.gov)
  - Once the eBenefit form is submitted and approved, any changes will have to be made by an enrollment change application even if they are still within their eligibility period.
  - If you have already entered a new hire in either Non-Payroll New Hire or by using an eHire form, it is not necessary re-enter them. Whenever an employee is hired twice, it creates an error. If you used NP New Hire before eForms went live, just create an eBenefit form to enroll your employee in benefits.
  - When adding dependents on the eBenefits form, you will need to will go ahead and click the Add Dependent at the bottom to enter **all** dependents before you hit "Next" to move to the uploading page. Just click on the Add Dependent for each one you need to add.
  - If there is a newborn without a SSN yet that needs to be added, you will need to enter it as 999999999.
  - When you start hiring a new hire in eForms and get to Step 2 it creates the Employee ID "Edison ID". At this point and until you click submit button on Step 2 if you decided to close out this hire process for any reason, you will be able to retrieve it later. For example, you are hiring in a new hire and get to Step 2. While on Step 2, you did not know which Empl Class to select, and click the Close button. At this point, you have already entered all the Personal Information along with Home Address. If you start over on a new eForm with the same social security number, it will populate the Empl ID and name. However, the Green Check Active Job or Yellow Check In-Active Job will not appear in the Job section.
  - When you are rehiring an employee with dependents, once you select enroll Benefits at the end of Step 3 or create a Benefit eForm on Step 1 of the Create A Benefit eForm, it will show you their previous dependents. There is no "Verification Needed" showing. Dependent verification will be needed after ninety (90) days after the employee's termination.

**EFORMS QUESTION**

- **Local Gov:** What about rehiring employee with ID, do you still go through the same process as hiring a new person?
  - **Answer:** Yes, it is the exact same process.

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- **Local Gov:** I missed the training for the eforms. Is there any way we can get this online, to help me understand how to enroll our employees in coverage?
  - **Answer:** We have posted the PPT on the [ABC webpage](#), under [Training, titled forms](#).
- **Local Gov:** Is everyone required to do the eForms?
  - **Answer:** Agencies with fewer than 100 employees who do not currently key in Edison are not required, but all other agencies are required to use eForms.

**OPERATIONS QUESTIONS**

- **Local Ed:** Also, when we print off the query will you see those employees who did not follow through with the requirements for the Partnership PPO?
  - **Answer:** You will be able to run the TN\_BA309\_INELIG\_FOR\_PARTNER query to identify the people that are being moved to the No Partnership Promise plan.
- **Local Gov:** I entered all termination information for non-renewals and got a hire sheet to not hire. I sent a clarification form to take out the termination date for her benefits – as she should not have been termed. Did I do the correct process?
  - **Answer:** Yes, you did the correct process.
- **Local Gov:** The ineligible query will tell me who needs to be charged the higher premium. Will this be for the entire plan year of 2017?
  - **Answer:** The best place to look at what to bill is the Premiums Due/Collections Applied Report.
- **Local Gov:** Can the Premiums Due Collections Applied Report be run early (November) so we know the correct premiums to deduct for in December (which is when we pay for Jan. premiums)?
  - **Answer:** We typically run that process early in December so you can load that information early for mid-December payrolls.
- **Local Gov:** If an employee is moving from one LEA to another and they were on the state health plan, is that considered a "rehire" or do we "hire" them?
  - **Answer:** This is considered a transfer so you would go in and click on the ehire form, and it will create an error message. BA will then need to notify the other agency to go in and term the employee and then you can go in and hire them.
- **Local Gov:** What does clear out your cache mean?
  - **Answer:** That is a good question. Sometimes your browser's history needs to be cleared out so you can run the most recent applications and get to the most current documents on our websites. You can check with your IT person if you have questions or call the BA service center and we can have a trainer help you.
- **Local Gov:** Do we fax clarification forms or upload them? We were told in the training to fax those?
  - **Answer:** You can fax or upload forms, but we recommend using the Edison Upload process if you have access to key in Edison.

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**Materials and Communications**

• **Communications Updates**

- **Decision Guide Order Form:** The order form for ABCs to order extra Decision Guides is available at the top of the [ABC webpage](#). Remember, all eligible employees will get a guide in the mail prior to annual enrollment. You should order guides for any new hires you will have from September through December 2016.
- **In-Person Statewide ABC Trainings Reminder** Registration links as well as a chart with dates, times, and locations for the in-person statewide trainings have been included with the Friday ABC emails. You will need to sign up right away if you have not already.
  - We will be training on the CDHP/Health Savings Account (HSA), forms automation, and password login and reset.

<b>Date</b>	<b>Location</b>	<b>City</b>	<b>Times</b>
Tuesday, Aug. 16	TN Career Center 5600 Brainerd Road, Suite A-5	Chattanooga	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Thursday, Aug. 18	Renaissance Center 855 TN – Hwy 46	Dickson	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Friday, Aug. 19	Linebaugh Library 105 Vine Street	Murfreesboro	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Tuesday, Aug. 23	Sullivan Co Health & Ed Bldg. 154 Blountville Bypass	Blountville	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Wednesday, Aug. 24	Knoxville Environmental Field Office 3711 Middlebrook Pike	Knoxville	State and Higher Ed: 9 a.m.-10:30 p.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Monday, Aug. 29	Lowell Thomas State Off Bldg. 225 Martin Luther King Blvd.	Jackson	State and Higher Ed: 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.
Tuesday, August 30	TN Career Center 480 Beale Street	Memphis	State and Higher Ed 9 a.m.-10:30 a.m. Local Ed and Local Gov: 11:30 a.m.-1 p.m. Local Ed and Local Gov: 2 p.m.-3:30 p.m.

**COMMUNICATIONS QUESTIONS**

- **Local Ed:** When will the data pull for the Decision Guides being mailed to home addresses? I'm trying to figure out which new hires I will need to send them to?
  - **Answer:** September 1.
- **Local Ed:** Where is the form to order Decision Guides?
  - **Answer:** On the BA website, at the top of the ABC webpage under [2017 Decision Guides](#).

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- **Local Gov:** Will we receive confirmation for the meeting time we will signed up for (in-person training)?
  - **Answer:** Yes, you will receive an email confirming your meeting date and time.
- **Local Gov:** What did you say the trainings (in-person, statewide) covered?
  - **Answer:** We will cover the HealthSavings CDHP and HSA, forms automation, password login and reset. We will also be able to answer your annual enrollment questions.
- **Local Gov:** I just wanted to ask about the MOU email that was sent out. I think I understand it correctly that a separate email was sent with the MOU that is to be signed and sent back. If so, who will this be sent to?
  - **Answer:** A letter from our executive director was sent to the agency head on August 1. We also sent an email to primary ABCs on Monday, August 1, with a copy of the MOU letting ABCs know that the MOU was sent and to make sure that the agency head received a copy, to have it signed and send back the signature page to BA.
- **Local Gov:** Could you provide clarification on “Additional Benefits” information as contained in recent MOU. Our agency offers additional/ voluntary benefits, which do not affect LG health plan. Do we submit a list of the other plans we offer to BA to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) so that the division of Benefits Administration can approve those plans; and if so, other than name of insurance company and type of plan(s) offered, do you need any other information?
  - **Answer:** Yes, any other voluntary products do need to be approved. You can send an email with the voluntary products information to [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
- **Local Gov:** Who is considered the fiscal director on the MOU?
  - **Answer:** Your budget officer or finance person. Or, it could be the same person as the agency head and it is okay to have the same person sign in both locations.
- **Local Gov:** The BA copy of my copy is not signed by Laurie Lee?
  - **Answer:** Yes, that is correct. First, you will have your agency head sign the signature page, and then BA will sign and send a copy back to your agency for your files.
- **Local Gov:** Are critical illness (policies) prohibited if the LGA is paying the premium?
  - **Answer:** You will need to send the information about the policy to BA at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and our program integrity group will review it and get back to your agency.
- **Local Gov:** Do we just need to send the signature page back (regarding the MOU)?
  - **Answer:** Yes.

**Operations**

- **ABC Workshops:**
  - **August 18: Annual Enrollment Do’s and Don’ts, 1 p.m. - 2 p.m. Central time**
  - You’ll attend by going to the link below.  
<http://stateofennessee.adobeconnect.com/abcworkshops/>

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**Dial: 1-877-820-7831**

**Passcode: 217506#**

**TRAINING/WORKSHOP QUESTIONS**

- **Local Ed:** Will there be another time for Do's and Don'ts ABC workshop? I have my statewide training on the 18<sup>th</sup> at the same time?
  - **Answer:** We don't have another scheduled, but we will post the slides from the workshop on the ABC webpage after the training.
- **Local Gov:** About the August 18 in-person training in Dickson, why is the other training (ABC workshop) scheduled at the same time?
  - **Answer:** We are sorry for the overlap of the trainings, but we have many trainings going on right now and that is just how the scheduling worked out this time. We will post the workshop slides on the ABC webpage after the training.
- **Local Gov:** Will there be a link to do the training online sent out?
  - **Answer:** We will send a link to the Do's and Don'ts workshop with the Friday call notes. After the workshop, we will put a link to the PowerPoint on the ABC webpage.
- **PPACA - Retiree Enrollments in Edison:**
  - Last year, we had to email out lists of retirees on coverage so that they could be included with your PPACA reporting. There wasn't a way for you to view this information in Edison.
  - This year, you will see retiree enrollment information on the PPACA report you run for your active employees. You will also be able to view retiree enrollment information in Edison. You will not be able to key enrollments for retirees. Those enrollment forms will continue to be keyed by our office.
  - We have created new departments in Edison for each of your agencies. Your retirees will be moved into these new departments and you will be granted security access to them. This changeover will take a few months. We are currently in the process of verifying the employer for all retirees. Once that is done, we will move the retirees into the new departments. We will be starting the process to grant you security access soon. Once your access is granted, you will receive an email with the new department information.
  - **Local Gov:** We have tried BA, ABC and Edison for eforms and they are not there?
    - **Answer:** The information is in Edison. We will have a trainer reach out to you and show you where you can access the information
- **BA Service Center Update:** We are experiencing longer than normal wait times on the phones. As a reminder, you and your employees can go to our website and search our knowledge base (Zendesk) for help answering questions, or to submit a ticket. Go to the [ABC website](#) and click the link for "Zendesk Website" at the top.

**OPERATIONS QUESTIONS**

- **Local Ed:** How can I make sure that my new hires I entered in Edison are showing for my department?

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- **Answer:** If through the eforms process, it will give you the employee ID when you are processing the form. We also have a query that lists all active employees for your agency, TN\_BA\_302\_PERSON\_AND\_JOB.
- **Local Gov:** If I need to send a completed Insurance Cancellation Form, do I just scan and upload in Edison or is there a new process?
  - **Answer:** You will need to scan and upload it.
- **Local Gov:** I understand that we will required to key January 1. When we will we be trained for this?
  - **Answer:** We will be reaching out to each agency to share information about the transition and get you scheduled for training over the next few months.
- **Local Gov:** Next year "Lifestyle Coaching" will be voluntary. What types of issues are considered Lifestyle Management?
  - **Answer:** Tobacco cessation, high blood pressure, high cholesterol, weight management, stress, nutrition, etc.
- **Local Gov:** On the last conference call you were talking about blood work that is not preventive has coinsurance. Is this something new?
  - **Answer:** Yes, for 2017, all plan options will have coinsurance for labs, diagnostics and x-ray. For the member's cost, it will depend on how the provider codes it. **In-network lab claims billed as preventive would still be no charge to the member, but lab claims billed otherwise would require coinsurance.**
  - **Note:** We did check with our carriers BCBS and Cigna and they confirmed that there are multiple procedure codes for labs that can be considered preventive including lipid panels to check for cholesterol and triglycerides and urinalysis to check glucose. The key is that these labs must be billed with a preventive diagnosis code to be considered a preventive service. The billing provider determines what procedure codes and diagnosis codes are appropriate based on the services provided and their clinical evaluation of the patient.
- **Local Gov:** Are the Partnership Promise PPO benefits and the No Partnership Promise PPO benefits the same?
  - **Answer:** Yes.

### **Benefits**

- **HealthSavings CDHP/HSA Presentation:** Heather Pease, our communications outreach coordinator, is here to present information on the HealthSavings CDHP, and Kathy Stanton with PayFlex will present information on the HSA and how it works.
  - Alex will be live on September 1

### **HEALTHSAVINGS CDHP/HSA QUESTIONS**

- **Local Ed:** Can I use my PayFlex (debit card) to cover costs of copays? Pharmacy? Etc? Will PayFlex question every medical expense that you use on your card? And what documents will they accept?
  - **Answer:** If you have out of pocket expenses that apply to your deductible, you can use money from your HSA funds, as well as use funds for your eligible expenses –

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pharmacy, dental, vision and medical. PayFlex will not question the expense as long as it is an eligible expense. The member is responsible for all expenses. As for documents, you don't have to submit claims, you would just swipe the card to pay the expense or pay the provider directly. The member is responsible for holding on to all receipts in the instance of an IRS audit.

- **Local Ed:** If you enroll in the CDHP and already have an HSA with a spouse do you have to set up your own HSA?
  - **Answer:** You do not. But if you do enroll in the state's HealthSavings CDHP, a HSA is automatically set up for you. You would have to register this HSA and go through the vetting or Customer Identification Process (CIP) process.
  
- **Local Ed:** It has been my experience using the PayFlex card through my spouse that we often have to verify our expenses even though we are using it for eligible expenses, copays, prescriptions, dentist, etc. My husband's employer has PayFlex.
  - **Answer:** The PayFlex debit card has merchant restrictions and therefore may reject a transaction if it is not a qualified medical expense item. Check the qualified expense list on your PayFlex portal. If you send PayFlex an email with a specific example, we can research. You can email PayFlex directly at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com). The account could be a FSA product and not a HSA product.
  
- **Local Ed:** We have one employee for 2016 (who is enrolled in the CDHP/HSA), and not sure about 2017. If we do not have any participants for the HSA, will our username and password just remain active in case we have activity again the following year?
  - **Answer:** Yes, we do ask that you hang on to your credentials. You can email us at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com) if you have any issues or if we need to reset your password.
  
- **Local Gov:** Is the full amount than employee contributes to his HSA available January 1?
  - **Answer:** No, if the employee is contributing monthly, for example from payroll deduction, he or she can only use the funds that are in the account. The money has to be put in the account from the employee or employer and then it is available.

**Combined ABC Conference Call Notes**  
**Local Education, State, Local Government and Higher Education**  
**September 6 and 7, 2016**

**Materials and Communications**

• **Communication Updates:**

- **Weekly calls:** Weekly annual enrollment calls started this week and will continue for all plans through October (Local Ed and Local Gov will go one week later and will end on November 1). We have posted an updated call schedule on the [ABC webpage](#).
- **Enrollment dates:**
  - **State/Higher Ed:** October 3 to October 14 (two business weeks)
  - **Local Ed/Local Gov:** October 3 to October 28 (four business weeks)
  - **Retirees:** October 3 to October 28 (four business weeks)
- **Decision Guide Update:**
  - **State/Higher Ed:** Decision guides started to drop in the mail last week to all eligible employees.
  - **Local Ed/Local Gov:** Decision guides will begin to drop in the mail next week to all eligible employees.
- **ALEX:** ALEX is available and links are up on the [ParTNers for Health website](#). Here are the direct links by plan:
  - [ALEX for state and higher education employees](#)
  - [ALEX for local education and local government employees](#)
  - We encourage you and your members to use this decision tool to learn about the benefit options for 2017.
- **Flu shots:** A flier was sent with the Friday September 2 ABC email with information about getting flu shots.
  - **State:** For those in the downtown Nashville and Metro Center areas, we will have flu shot clinics in October and we sent out a flier to the downtown area ABCs this week with more information.
- **State/Higher Ed: Disability Insurance Update:** At this time, we don't have any premium information or any more details to share about disability insurance. We hope to have more information for you in mid-September and will let you know right away when we do have that information available.

**MATERIALS AND COMMUNICATIONS QUESTIONS**

- **Local Ed:** *When will the Decision Guides come in for those orders that ABCs placed?*
  - **Answer:** We are processing those right now, so it will be within the next two weeks.
- **Higher Ed:** *Are these weekly calls going to be at the same time every Wednesday?*
  - **Answer:** Yes, the weekly calls will be at the same time, same day every week.
- **Higher Ed:** *How are you going to get contact information for long-term and short-term disability? Will you send that out as a flier?*
  - **Answer:** We will set up a training on disability insurance for you all and we will put together communications pieces for you as soon as we have that information available.
- **Higher Ed:** *Will employees sign up for the short-term disability through Edison?*
  - **Answer:** Yes.

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**Benefits Presentations**

- **2017 Benefits Changes Overview:** Kendra Gipson, director of contracting and vendor services and Paige Turner, population health director presented an overview of the 2017 benefits changes to include deductibles, combined out-of-pocket maximums and other benefits enhancements. The presentations slides have been posted on the [ABC webpage](#) by plan.

**2017 BENEFITS QUESTIONS**

- **Local Ed:** *If employees did not complete their Partnership Promise in 2016, will they still be defaulted to the Standard PPO as in the past? If so, can they enroll for the 2017 in the No (Partnership) Promise PPO? Or will they be required to stay off the Partnership altogether for 2017?*
  - **Answer:** There is “no transfer to the Standard PPO” anymore due to EEOC changes (federal rule changes). Members who do not complete the 2016 Partnership Promise requirements can stay in the Partnership PPO, but they will pay higher monthly premiums. They can make a change to the Standard PPO, Limited PPO or HealthSavings CDHP during annual enrollment. The 2017 Decision Guide includes information about the federal rule change.
  
- **Local Ed:** *Will this information be included in the notes or found on the ABC website? This would be extra helpful for me as I am conducting employee meetings.*
  - **Answer:** Yes, this information is in the call notes and we have posted the presentation slides (2017 benefits changes, Optum Health, ParTNeRS for Health Wellness Program) on the [ABC webpage](#) under Presentations.
  
- **Local Gov:** *Can you talk about the No (Partnership) Promise plan please?*
  - **Answer:** The Partnership PPO (Promise and No Promise) has the same cost sharing and benefits for the member. The difference is that if you agree to the Partnership Promise, you get the \$50 or \$100 discount on the monthly premium.
  
- **Local Gov:** *I’m not sure what telehealth is?*
  - **Answer:** With both of our vendors, BlueCross BlueShield and Cigna, you have access to telehealth, which is a virtual visit with a healthcare provider. You can reach out to a physician via your smartphone or computer. It’s the same process as when you go to your doctor physically. This service could be used for minor visits like colds and allergies, infections, colds and flu. For 2017, cost is only \$15 per visit for all PPOs. CDHP members pay \$38 per visit until the deductible is met.
  
- **Local Gov:** *Are x-rays, labs and diagnostics subject to deductible and co-insurance or just co-insurance?*
  - **Answer:** For the PPOs, the x-rays, labs and diagnostics are not subject to a deductible, but they are subject to co-insurance. For the CDHP options, the services are subject to the deductible and co-insurance. For all plans, if the services are considered preventive and received in-network, they are covered at 100%.
  
- **Local Gov:** *Is telehealth available for every plan option?*
  - **Answer:** Yes.

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- **Local Gov:** *Is the actuarial value for the new expanded Cigna shown here?*
  - **Answer:** The actuarial values are for the plan options (PPO/CDHP/Limited) and don't apply to the networks. Cigna is one of our network carriers, and there is no actuarial difference in any of the network options. The difference between Cigna LocalPlus and Open Access Plus (OAP) is that OAP is a larger network with more facilities and doctors. Plus the premium for OAP is \$40/\$80 more per month.
  
- **Local Gov:** *Who is the provider for the EAP program?*
  - **Answer:** Currently, Magellan is our vendor through the end of the year. Optum is the new provider for 2017.
  
- **Local Gov:** *So we have to participate in the wellness program to be in the Partnership Promise PPO, but not with the No Partnership Promise PPO? Can you speak briefly to what is required with the wellness program.*
  - **Answer:** Yes, that is correct. We will go into details about the 2017 Partnership Promise and wellness program later in the call.
  
- **Local Gov:** *What does actuarial value mean? What does that mean to the member?*
  - **Answer:** In the Decision Guide, we included a section that explains actuarial value and it says that insurance plans have an actuarial value – on average for plan members as a whole, a percentage of total costs for covered benefits that a plan will pay for (members pay the rest through copays deductibles and coinsurance). The higher the percentage or actuarial value, the more the plan pays on average for the group. So, the higher the actuarial value, the higher the premium, but typically the lower the cost sharing for the member (lower copays, coinsurance and deductibles).
  
- **Local Gov:** *With the Partnership (Promise) PPO and the required biometric screening, is that lab work subject to the 10% coinsurance or will that one be covered 100%?*
  - **Answer:** It would be considered preventive and covered at 100%. All preventive services are covered at 100% regardless of the plan you are on.
  
- **Higher Ed:** *With the Partnership Promise, if you don't fulfill the promise, will you default to the No Partnership plan or to the Standard plan?*
  - **Answer:** You will stay in the plan option you're in currently. So, in this case if you are currently in the Partnership PPO and don't complete the requirements, you will default to the higher premium No Partnership Promise PPO. However, members can change to the Standard PPO, or the No Promise HealthSavings CDHP during annual enrollment if they would like.
  
- **Higher Ed:** *For those who have been intentionally electing the Standard plan, when they log in, will it leave them in Standard? If they've been in Standard what will they be in?*
  - **Answer:** If they do not make any changes during annual enrollment, they will stay in the plan they are currently enrolled in. If they are currently in the Standard PPO and don't make any changes during annual enrollment, they will stay in the Standard PPO for 2017 coverage.

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- **Higher Ed:** *Since you have the No (Partnership) Promise plan, what is the point of having Standard?*
  - **Answer:** The Standard PPO has a cheaper premium. The premium is lower because the benefits are lower in value. It is a lower cost option for those who might **not** be a high utilizer of care. The premiums cost less than the No Promise Partnership PPO but the cost sharing (copays, deductibles, and coinsurance) is higher than the Partnership PPO options. The Standard PPO premiums actually went down a little for state and higher education employees.
  
- **Higher Ed:** *Are you going to discuss the new Cigna network?*
  - **Answer:** For 2017, there will be three network options. The new Cigna network, Cigna Open Access Plus (OAP) is broader and it is statewide. The monthly premiums do cost more, but it will include more doctors and additional facilities. You pay more, but you get more choices. It is another option alongside the other two options (Cigna LocalPlus and BCBS Network S), so it does not replace anything. We will have a Cigna representative on the September 27 and September 28 ABC conference calls to discuss the Cigna network options and to answer your questions.
  
- **Higher Ed:** *There is no HSA funding September 1 – December 31, right?*
  - **Answer:** If you have a coverage effective date of **September 2 through the end of December 31, the State will NOT deposit funds in your HSA.**
  
- **Higher Ed:** *Will PETE be available?*
  - **Answer:** Yes, PETE helps explain the HSA and a link is available on the [ParTNeRs for Health website on the HealthSavings CDHP page](#). There is also some good HSA information in [ALEX](#) as well. And here is a [link to some HSA questions and answers](#).
  
- **Optum Health/Transition of Care:** Optum Health is the new behavioral health, substance abuse and EAP vendor for 2017. Meg Hartlege with Optum Health presented information on their services and transition of care.

**OPTUM HEALTH QUESTIONS**

- **Local Gov:** *Is telehealth available for behavioral health?*
  - **Answer:** Yes, it is.
  
- **Local Gov:** *In the past, each issue could be dealt with up to five times free in the year. Is this not an option in 2017?*
  - **Answer:** It is the same with Optum in 2017. For EAP, you still get five free visits per problem episode per year.
  
- **Local Gov:** *I called our EAP provider last year and they gave me a list of counselors. I called them and none of them worked after 5 p.m. I really wanted to go after work so I did not have to say why I was taking off work. I ended up not seeing anyone. Is there anything that can be done about this?*

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- **Answer:** You can call Optum and we can help you find a provider that does have after-work hours. I know there are some that do provide this and we will help you find one that would be a good fit for you. Telemental health is also a good option for this because of convenience and you will still be able to see your provider via your smartphone or computer.
  
- **Local Gov:** *Regarding training, are you available to conduct group trainings on specific topics, regardless of whether or not all participants are enrolled in our health plans?*
  - **Answer:** Yes, we have 250 different types of training topics available that we can do for your employees. We can work with your group to see which might be the best option for your employees.
  
- **Local Gov:** *Do you do drug-free workplace training/seminars?*
  - **Answer:** Yes, Optum does do Drug Free Workplace training. They have a one-hour drug free training for employees, and a two-hour manager training.
  
- **Local Gov:** *Will the toll-free number change with the new provider?*
  - **Answer:** No, it will not. The 855-Here4TN toll-free number and the website Here4TN.com are dedicated to Benefits Administration, so it will just transition over to Optum.
  
- **Local Gov:** *Can I order Optum fliers for my New Hire Packets?*
  - **Answer:** Yes, you can send a request to [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
  
- **Higher Ed:** *Will you come out and do the will and estate planning?*
  - **Answer:** Yes, Optum has verified that they offer training on the importance of having a will and also one on estate planning. Optum will publish a catalog on the different trainings and it is updated quarterly. Optum has more than 250 different programs and as soon as there is a copy of the trainings available and posted online, we will let ABCs know.
  
- **ParTNers for Health Wellness Program/Healthways:** Paige Turner, BA's population health director, and from Healthways, Sr. Account Manager Joe Nebel and Jennifer Dzwonkowski, the engagement marketing manager presented information on the 2016 ParTNers for Health wellness program completion numbers, 2016 member testimonials and the 2017 program requirements. The presentation can be found on the [ABC webpage](#).
  - **2016 Partnership Promise Requirements completion numbers:**
    - WBA completion - 95% completion
    - Biometric screening -94% completion
    - Coaching:
      - Lifestyle management – 62% have enrolled in the program
      - Disease management – 36% have enrolled in the program
  - We had a question about the query you can run that will list the members who did not complete the Partnership Promise requirements, the Ineligibility Query. You won't be able to run this query for 2017 ineligibility until early October, but here is the name of the query: TN\_BA309\_INELIG\_FOR\_PARTNER

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**PARTNERS FOR HEALTH WELLNESS PROGRAM QUESTIONS**

- **Local Ed:** *Is it true that someone who smokes or uses tobacco will no longer be required to coach?*
  - **Answer:** Yes. Tobacco use is under lifestyle management. Lifestyle management coaching will not be required in 2017.
  
- **State:** *Will the appeals process be completed by that date (the date that the ineligible query is available)?*
  - **Answer:** For the most part, yes. Our goal is to complete decisions on appeals by that time. We are turning appeals around as quickly as possible. Sometimes there are appeals that come in after the deadline date (September 12), but we should have the majority of those appeals addressed and finalized by the time the ineligible query is available. The member can always call Healthways at 888.741.3390 to address his or her appeal. If it has been several days or a week or so, the member is welcome to call and ask about their status of the appeal..

**Local Government questions about Partnership PPO and Standard PPO:** We had a few questions about the Partnership PPO, No Promise PPO and the Standard PPO. We have included the information to help clarify the difference in the three options:

For local government there is one plan that requires completion of the Partnership Promise in 2017. That is the Partnership Promise PPO. Previously, members were transferred to the Standard PPO and they had to sit out of the Partnership PPO for a year. **In 2017, everyone can remain in the Partnership PPO**, but those who did not complete the Partnership Promise requirements will not get the \$50-100 premium discount. For the members who are currently in the Partnership PPO and who did not complete the 2016 requirements, they will remain in the No Partnership Promise PPO and pay the higher premium.

The Partnership PPO has the same actuarial value (and the same copays, deductibles and coinsurance) whether you have the Promise or No Promise. You have a lower premium if you agree to the Partnership Promise. Members who did not meet the 2016 requirements might not want to pay the higher premium, so they might want to choose the Standard PPO or the HealthSavings CDHP. With the Standard PPO, the cost sharing for the member is higher, which means the copays, coinsurance, deductibles and out-of-pocket maximum is higher than the Partnership PPO.

- **Local Gov:** *If an employee was transferred to Standard last year, does he still have to wait another year to go back to Partnership?*
  - **Answer:** If the member was transferred to the Standard PPO for the 2016 calendar year, then the member can enroll during this upcoming annual enrollment in the Partnership PPO for the 2017 calendar year.
    - Members who don't complete the requirements have to wait one calendar year before they are eligible for the lower premium Partnership PPO.
  
- **Local Gov:** *If an employee did not meet the Partnership Promise requirements (for 2016) will they automatically be transferred to the Partnership without Promise*

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*program (No Partnership Promise PPO) or would the member have to go in and choose which other program they want to go to?*

- **Answer:** The employee will automatically default to the higher premium No Partnership Promise PPO for 2017 coverage unless he or she takes action and chooses a different option during annual enrollment.
  
- **Local Gov:** *I'm still confused about the "No Promise" Plan. What is the difference between the Partnership No Promise Plan and the Standard Plan? I thought the Standard Plan was the same as the Partnership Plan except it cost more because you aren't required to participate in the Promise. Can you explain the difference?*
  - **Answer:** The cost-sharing/benefits structure in the Partnership Promise PPO and the No Partnership Promise PPO is the same, which means the copays, coinsurance, deductibles and out-of-pocket maximum is the same for both options. The difference is the Partnership Promise PPO has a lower monthly premium if you qualify and agree to the Partnership Promise. **The Standard PPO has different premiums, and higher cost sharing for the member than the Partnership PPO** – which means it has higher copays, coinsurance, deductibles and out-of-pocket maximums. The benefits grid in the 2017 Decision Guide can help as it shows the differences in cost sharing for the member.
  
- **Local Gov:** *Can a person currently enrolled in the Standard this year sign up for the Partnership PPO?*
  - **Answer:** Yes, and in this case, the member would qualify for the Partnership Promise PPO. All members can enroll in the Partnership PPO in 2017, but if members did not complete the 2016 Partnership Promise requirements, they do not qualify for the lower premium Partnership Promise PPO option.
  
- **Local Gov:** *So members who did **not** fulfill the Promise can choose any plan this year except the Partnership **Promise** PPO?*
  - **Answer:** Yes.

## Operations

- **Regional in-person trainings:** Patrice Steinhart thanked ABCs for attending the regional ABC in-person trainings. BA will send a survey to ABCs who attended these trainings in the next few weeks.
  
- **Local Ed/Local Gov/Higher Ed: Password Resets:** With annual enrollment fast approaching, we are excited to let you know that employees are now able reset their own passwords, retrieve their access ID, and first time users can set up their Edison user profile.
  - For security reasons, letters will **not** be mailed this year to employees with temporary passwords. ABCs will not be sent spreadsheets. It is employee's responsibility to use the **1st Time User/Password Reset** to get logged in to make their changes with ESS. They can go ahead and do this now. Their passwords are good for 90 days and this process is live in Edison.
  - They will need their Edison ID, which is on their Caremark card or on the 302 Query and this will give you the Edison ID. If they are locked out, they can call the BA

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Service Center to get their accounts unlocked. The step-by-step guide is on the ABC website.

- **Local Ed:** *Did I hear correctly that if an employee has no clue what their username and password is for Edison, he or she is to contact BA service center?*
  - **Answer:** No, employees can reset their passwords in Edison on the home page by going to the 1st Time User/Password Reset link on the Edison homepage. There is also information in the Decision Guide that they will receive that will tell them what they need to do to reset their password.
- **Benefits Administration will hold the following ABC workshops and trainings:**
  - **ABC Workshops:**
    - **Queries to Run During Annual Enrollment**
      - September 15 - 1 p.m. Central time
    - **Annual Enrollment Do's and Don'ts**
      - September 29 – 1 p.m. Central time
  - **ABC Training**
    - **New ABC Training**
      - **September 20**
        - Session 1 – Local Ed: 9 a.m. to 11 a.m. Central time
        - Session 1 – State: 1 p.m. to 3 p.m. Central time
      - **September 21**
        - Session 1 – Local Gov: 9 a.m. to 11 a.m. Central time
        - Session 2 - All plans: 1 p.m. to 3 p.m. Central time
- **HIPAA Training:**
  - **Local Ed/Local Gov and Higher Ed:** Many agencies have not completed HIPAA training. All ABCs are required to complete HIPAA training annually. Instructions on how to complete the training in Edison have been included in several Friday ABC emails and are included.  
**Instructions for ABCs to Enroll in HIPAA Web Training**
    1. Login to Edison.  
Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
    2. Locate the appropriate Activity Code –  
BA\_ABC\_HIPAA\_Higher Education  
BA\_ABC\_HIPAA\_Local Education  
BA\_ABC\_HIPAA\_Local Govt
    3. Click Enroll
    4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop. To begin the webinar click on the **Launch button**.

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- **HIPAA webinars:** BA has scheduled two HIPAA training webinars. If you can access ELM in Edison, please complete the training online. **If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar.**

If you have more than one person viewing the webinar, please send an email to BA's HIPAA Privacy Officer, Chanda Rainey, with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is [chanda.rainey@tn.gov](mailto:chanda.rainey@tn.gov).

**Here are the webinar dates and times:**

- **September 8 at 10:30 a.m. Central time**  
For the September 8 webinar you will use the following information:  
You will use the WebEx link, access code, password and dial-in number below:  
<https://tngov.webex.com/tngov>  
**Meeting number (access code):** 648 493 200  
**Meeting password:** P4FwfuSk  
**Join by phone: 1-415-655-0003**
- **September 19 at 10:30 a.m. Central time**  
For the September 19 webinar you will use the following information:  
You will use the WebEx link, access code, password and dial-in number below:  
[Join WebEx meeting](#)  
**Meeting number (access code):** 644 568 085  
**Meeting password:** hN4E3wKb  
**Join by phone: 1-415-655-0003**

**OPERATIONS QUESTIONS**

- **Local Ed:** *Where do we register for the query?*
  - **Answer:** Register at Edison ELM and we will also send the direct link in the call notes.
- **Local Ed:** *USABLE has sent out policy information, enrollment material and promotional literature on cancer, critical illness and hospital confinement. Do we need to send these into BA for approval because of the updated MOU? If we do need to send these in where do we send them to?*
  - **Answer:** You need to email us and let us know which policies you are using and what portion your agency is paying. You can email that information to [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
- **Local Ed:** *Do we have a time frame as to when BA will notify us of the approval for these voluntary benefits (policies sent to BA)?*
  - **Answer:** No, we do not have a time frame yet, but as soon as we do, we will let you know.
- **Local Gov:** *We only have 60 employees, can I still use paper enrollment forms?*

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- **Answer:** At this point, you can. If your agency is currently not doing data entry and has less than 100 employees, you can until the end of the year. At that point, a trainer will reach out to you to get you switched over to data entry.
- **Local Gov:** *Will our Collections Applied Report reflect the 50/100 premium discount each month?*
  - **Answer:** Yes, those premium rates are built into the system and that will show on your Collections Applied Report monthly.
- **Local Gov:** *Currently, I enter new hires in the system and then fax a signed copy to Edison. Does that change?*
  - **Answer:** Yes. For all new hires in the system, you will have to use the e-Forms process. You will upload the documents into e-Forms. You do not need to fax a signed copy in addition to uploading it in e-Forms.
- **Local Gov:** *If employees make no changes, do they have to do anything?*
  - **Answer:** No, they do not.
- **Local Gov:** *I have completed the HIPAA training. My boss has not. I am the ABC and he is the backup. He doesn't get on Edison, join in on the conference calls, etc. Is he still required to do the HIPAA training?*
  - **Answer:** We recommend that anyone who handles protected health information (PHI) take the training, but as long as the primary ABC takes the training that will be sufficient.
- **Local Gov:** *If we enter in e-Forms and the employee selects Partnership (Promise) PPO, don't we still have to send that signed form in because of the Promise?*
  - **Answer:** Yes. You will attach it directly to the e-Form. It doesn't have to be faxed separately, just attach it to the e-Form.
- **Local Gov:** *What is the contact name for the HIPAA training?*
  - **Answer:** Chanda Rainey and you can reach her at [chanda.rainey@tn.gov](mailto:chanda.rainey@tn.gov)
- **Local Gov:** *I am a new ABC and this is my first time for the annual enrollment process. Should everyone fill out an enrollment form regardless if he or she is accepting or refusing the insurance?*
  - **Answer:** If they want to keep their same coverage, they do not have to do anything. They only have to fill out information if they want to make a change.
- **Local Gov:** *If you have a dependent under the age of 26 that gets married, is he or she still eligible for insurance through local government and the State of Tennessee?*
  - **Answer:** Yes, marriage status does not affect eligibility.

**Combined ABC Conference Call Notes  
Local Education, State Local Government and Higher Education  
September 13 and 14, 2016**

**Materials and Communications**

- **Communication Updates**
  - **Enrollment date reminder:**
    - **State/Higher Ed:** October 3 to October 14 (two business weeks)
    - **Retirees:** October 3 to October 28 (four business weeks)
    - **Local Ed/Local Gov:** October 3 to October 28 (four business weeks)
  - **Decision Guides:** ABCs who pre-ordered decision guides should be receiving these guides now. If you sent in a paper form within the last week, your order is still being processed.
    - **Local Ed and Local Gov:** Decision Guides for eligible employees are dropping in the mail this week.
  - **Network Directories and Update:** Updated PDFs of the carrier directories have been posted on the [ParTNers for Health website](#).
    - Members can find the most up to date carrier network information by going to the PFH website, going to the [Health Carrier tab](#) and clicking on the links to the carriers' websites to search the online directories, or they can call the carriers directly.
      - Contact information and the carrier website links are also found on the [Contact Us tab](#) at the top of the PFH website.
    - Representatives from both carriers will join us on upcoming ABC calls.
      - BCBS will join us on September 20 and 21 to talk about Network S
      - Cigna will join us on September 27 and 28 to talk about the LocalPlus network and the new Open Access Plus (OAP) network.
  - **Employee Webinars:** As a reminder, BA will hold webinars for employees to learn more about the HealthSavings CDHP option. As we get closer to the webinars, we will post the webinar links and dial in information on the [ParTNers for Health homepage](#). We have **attached** a flier you can share with your employees. Here are the dates and times:
    - **State and higher education employee benefits webinars:**
      - October 4 – 2:30 to 3:30 p.m. Central time
      - October 5 – 10:30 to 11:30 a.m. Central time
      - October 11 – 2:30 to 3:30 p.m. Central time
      - October 12 – 2 to 3 p.m. Central time
    - **Local education and local government employee benefits webinars:**
      - October 3 – 10 to 11 a.m. Central time
      - October 7 – 2 to 3 p.m. Central time
      - October 12 – 12:30 to 1:30 p.m. Central time
      - October 19 - 10:30 to 11:30 a.m. Central time
      - October 26 – 12:30 to 1:30 p.m. Central time

**This question and response is from the September 6 Local Ed ABC Conference Call:**

- **Local Ed:** *Can you speak briefly on the reasoning behind the higher increase in premiums for Limited and CDHP plans specifically?*
  - **Answer:** The plans are priced using past data and assumptions about who will enroll and how much health care they will use. The Limited PPO and CDHP plans were priced lower because they typically attracted fewer members who used less

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healthcare. With the introduction of the Supplemental, or Gap policies many more members moved to the Limited PPO and used more healthcare than projected because so much of the member cost share was covered. The plan premiums have been adjusted to more closely match the value of the plans and to reflect past and anticipated future enrollments and claims experience.

**COMMUNICATIONS AND GENERAL QUESTIONS**

- **State:** *I am getting many questions about disability? Will you have disability information available for us prior to annual enrollment?*
  - **Answer:** Yes.
  
- **Local Gov:** *What is the change on the emergency room copay?*
  - **Answer:** Emergency room copays are listed in the 2017 Decision Guide by plan. For the PPOs, the costs have increased by \$25 to \$35 and for the Health Savings CDHP the coinsurance has stayed the same.
  
- **Local Gov:** *Is the decision guide online?*
  - **Answer:** Yes, the Decision Guides are found under the Enrollment tab, under [Enrollment Materials](#).
  
- **Local Gov:** *Will the anti-obesity medications will be available after Jan. 1?*
  - **Answer:** Yes.
  
- **Local Gov:** *Just curious, do you know if there are any significant changes in providers for either carrier?*
  - **Answer:** We don't know of any significant changes at this time, but we encourage you to join us on the calls when the representatives from BCBS and Cigna will be able to answer your specific questions.
  
- **Local Gov:** *What is Telehealth? Is that in place of visiting a Dr., or only to schedule an appointment?*
  - **Answer:** It is a virtual visit with a provider. You can contact a doctor by phone or smart phone for minor illnesses such as cold and flu, infections, fever and more. Members can schedule a visit from anywhere, at any time. For 2017, cost will be \$15 for the PPOs. CDHP members will pay \$38 until the deductible is met and then coinsurance per visit after that. Pre-registration is very important so that members will be able to access telehealth services when they need them. Members may call the customer service number on their insurance ID card if they have any questions about telehealth or need assistance with the registration process.
  
- **Higher Ed:** *When will we be hearing about short and long-term disability costs?*
  - **Answer:** Early next week.
  
- **Higher Ed:** *When will we have access to the new short-term disability plan?*
  - **Answer:** We'll have more information next week.

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- **Higher Ed:** *Are there any new Network S changes about doctors?*
  - **Answer:** We are aren't aware of any changes. BCBS will join us on the September 21 call and can answer your questions about Network S.
  
- **Higher Ed:** *Is Baptist hospital the same as Baptist Memphis?*
  - **Answer:** Baptist Memphis is the facility that is a part of the new OAP network. There are many Baptist hospital facilities that will be a part of Cigna OAP. We will have a representative with Cigna on the calls September 28 to help answer your questions and there are provider directories that have been posted to the [Health Carrier page](#) on our website.
  
- **Higher Ed:** *About my previous question, do you know if UT Medical Center and their related physicals will be in Network S or do I need to wait until next week?*
  - **Answer:** UT Medical Center and affiliated physicians (UPA) will continue to participate in Network S for the State.

**Benefits**

- **2017 Pharmacy Benefits Presentation:** Keith Athow, BA's director of pharmacy, FSA and HSA benefits, joined us to go over the 2017 pharmacy benefits changes in detail. Here is information he shared with us during the call:
  - The amount that the insurance plans pay for prescription drugs has increased from \$21.9 million in August 2010 to \$37.5 million in June 2016 – a 71 percent increase.
  
  - Prior to 2010, we had a PPO, POS plans, and regional HMOs with the same pharmacy benefits. In 2011 when the Insurance Committees put the Partnership and Standard PPOs in place, they changed copays across the board for all plans. That reduced the amount that the plans had been paying for prescription drugs by about 2 percent. Ever since then, however, they have not changed pharmacy copays (except for a small \$5 increase in 2013 on brand name drugs). As the cost of prescription drugs has increased overall nationwide, the change in copays has not kept pace with inflation. The insurance plans now pay in excess of 90 percent of the cost of all prescription drugs and members pay around 9 percent. This is not sustainable in order to continue provide comprehensive benefits for everyone at an affordable price.
  
  - The Insurance Committees voted to increase copays on the PPO options from \$5-\$15 in 2017. The coinsurance in the CDHPs remains the same, except in the No Promise HealthSavings CDHP where the coinsurance will actually decrease.
  
  - The cost of specialty drugs is increasing dramatically and is one of the greatest drivers of the rate of increase in the state group insurance program. The Insurance Plans spent about \$3 million in claims on specialty drugs in July 2010 and today is spending over \$12 million per month. That's more than a 300 percent increase.
  
  - The net (plan) cost of each specialty prescription drug has increased from about \$1,750 in July 2010 to almost \$4,500 for each specialty drug prescription today. An almost 150 percent increase.

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- In June 2016, only 2 percent of our plan members who use the pharmacy benefit and only 1 percent of all prescriptions filled accounted for 32 percent of our total pharmacy costs.
- The Insurance Committees have chosen to put coinsurance in place for specialty drugs on the Partnership Promise/No Promise Partnership PPO, Standard PPO and Limited PPO for 2017. 10 percent coinsurance will apply to each specialty prescription filled, with a member minimum of \$50 and maximum of \$150. These costs will apply to the overall maximum out of pocket amount in each plan. The current coinsurance for the CDHP options will remain in place. As has been the case since 2010, members may only fill a specialty prescription in a 30-day supply and must fill it from a specialty pharmacy in the CVS/Caremark Specialty Pharmacy Network.
- These are some of the most commonly prescribed and utilized specialty drugs in our population:
  - Humira - Rheumatoid arthritis
  - Enbrel - Rheumatoid arthritis
  - Harvoni - Hepatitis C
  - Truvada - HIV
  - Prolia - Osteoporosis
  - Tecfidera - Multiple Sclerosis
  - Sensipar - Renal disease
  - Xolair - Asthma
  - Stelara - Psoriasis
  - Copaxone - Multiple Sclerosis
- As it is today, the group insurance program pays approximately 99 percent of the overall cost of all specialty drugs, with members paying the remaining 1 percent through their copayments. Moving to a coinsurance structure will change this to a cost sharing of approximately 97 percent / 3 percent.

**PHARMACY/SPECIALTY DRUGS QUESTIONS**

- **Local Ed:** *Is Caremark still the best Pharmacy vendor for the State or is there something else out there?*
  - **Answer:** There are lots of pharmacy benefits managers. We are on the second year of a five-year contact with our current vendor. They have saved the plan through rebates and flow back to the benefits more than \$150M in savings back to the plan. Our audits, which verify processes and payments for pharmacy claims, have also been good. We believe they are the best vendor for us at this time.
- **State:** *How do we know what drugs fall under this category (specialty drugs)?*
  - **Answer:** On the [CVS/caremark splash page](http://info.caremark.com/stateoftn), which is the state's dedicated page (info.caremark.com/stateoftn), there is a preferred drug list and on the right hand side, there is a specialty drug list (in the Drug Lists box). It is updated several times during the year. All of the specialty drugs are on this list.

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- **State:** *If you receive a 90-supply for a specialty drug, will that now be two times the 10 percent (coinsurance)?*
  - **Answer:** No. A 90-day supply of specialty drugs is not available as dosing for specialty drugs may change. The plan only allows for a 30-day supply of specialty medications.
- **Local Gov:** *Can you review again types of maintenance drugs?*
  - **Answer:** We have **attached** a current list of maintenance drugs on the ParTners for Health website. NOTE: This list changes often. Members should check with their pharmacist to determine if their drug is considered a maintenance drug.

**Operations**

- **Operations Update:** Tony Delpriore has assumed new responsibilities within Benefits Administration. Going forward, ABCs who contacted Tony directly in the past can email Renee Boles, Customer Service Administrator at [renee.boles@tn.gov](mailto:renee.boles@tn.gov)
- **ABC Workshops:**
  - **Queries to Run During Annual Enrollment**
    - September 15 - 1 p.m. Central time
  - **Annual Enrollment Do's and Don'ts**
    - September 29 – 1 p.m. Central time
- **ABC Training**
  - **New ABC Training**
    - **September 20**
      - Session 1 – Local Ed: 9 a.m. to 11 a.m. Central time
      - Session 1 – State: 1 p.m. to 3 p.m. Central time
    - **September 21**
      - Session 1 – Local Gov: 9 a.m. to 11 a.m. Central time
      - Session 2 - All plans: 1 p.m. to 3 p.m. Central time
  - **Local Ed:** *I was able to enroll in the 9-15 session, but could not locate the 9-29 session?*
    - **Answer:** We will have a trainer reach out to you.
    - The link to join the meeting is:  
Join WebEx meeting  
<https://tngov.webex.com/join/hgirgies>  
Join by phone  
+1-415-655-0003 US TOLL  
Access code: 648 330 453
- **HIPAA Training:**
  - **Local Ed/Local Gov and Higher Ed:** Many agencies have not completed HIPAA training. All ABCs are required to complete HIPAA training annually. Instructions on how to complete the training in Edison are below.

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**Instructions for ABCs to Enroll in HIPAA Web Training**

1. Login to Edison.  
Click on **Main Menu** > Click on **Employee Self Service** > Click on **Learning** >  
Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –  
BA\_ABC\_HIPAA\_Higher Education  
BA\_ABC\_HIPAA\_Local Education  
BA\_ABC\_HIPAA\_Local Govt
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page. You have successfully enrolled in HIPAA Training Webinar/Workshop. To begin the webinar click on the **Launch button**.

- **HIPAA Webinar:** BA has one remaining HIPAA webinar. If you can access ELM in Edison, please complete the training online. **If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar.**
  - If you have more than one person viewing the webinar, please send an email to BA's HIPAA Privacy Officer, Chanda Rainey, with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is [chanda.rainey@tn.gov](mailto:chanda.rainey@tn.gov).
  - **Here is the webinar date and time:**
    - **September 19 at 10:30 a.m. Central time**
  - You will use the Webex link below, and the access code, password and dial-in number on the screen:
    - [Join WebEx meeting](#)
    - **Meeting number (access code):** 644 568 085
    - **Meeting password:** hN4E3wKb
    - **Join by phone: 1-415-655-0003**

**TRAINING QUESTIONS**

- **Local Ed:** *Does the person who is the backup ABC supposed to take the HIPAA training?*
  - **Answer:** Yes, all backup and primary ABCs and agency directors should complete the annual HIPAA training.
- **Local Ed:** *I attended HIPAA training in May. Do I need to take it again?*
  - **Answer:** No, you only need to take it once a year. It is an annual training.
- **State:** *Will the agencies be given a list of employees who have not taken the HIPAA training?*

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- **Answer:** No, we will not send out the names of ABCs who have not completed the training, but we can verify if an ABC has completed the training. Primary and backup ABCs, and directors should take the HIPAA training annually. Anyone who has access to employees' protected health information should complete HIPAA training each year.
- **State:** *If I'm not sure if I completed HIPAA training, should I email Chanda?*
  - **Answer:** Yes, you can send an email to [Chanda.rainey@tn.gov](mailto:Chanda.rainey@tn.gov) to verify if you have completed HIPAA training.
- **State:** *How do we check again about HIPAA training?*
  - **Answer:** You can email Chanda at [Chanda.rainey@tn.gov](mailto:Chanda.rainey@tn.gov). If you have taken the training in ELM it will show that you have completed the training in Edison.
- **Higher Ed:** *Who should take this training (HIPAA)?*
  - **Answer:** Primary and backup ABCs and your agency director.

**OPERATIONS QUESTIONS**

- **Local Ed:** *If an employee has filed an appeal and it was overturned (Partnership Promise), will there be any thing that she will have to do during open enrollment?*
  - **Answer:** No. If this member's appeal was overturned, then the member should have the Partnership Promise PPO option available in ESS during annual enrollment.
- **Local Ed:** *Do you have an email so we may contact you with more questions?*
  - **Answer:** You can send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and this triggers a Zendesk ticket, or you can submit a Zendesk ticket directly with your questions.
- **State:** *Do we have a contact number for Optum that employees will need to call to transition from Magellan?*
  - **Answer:** It will be the same phone number and website, 1.855.HERE.4.TN and [www.here4tn.com](http://www.here4tn.com).
- **State:** *When will we receive this presentation so we can inform employees of the pharmacy changes accurately?*
  - **Answer:** This information is in the 2017 Decision Guide members have already received and posted on the ParTNers for Health website.
- **State:** *How do we find out who accepts Optum?*
  - **Answer:** Optum is still adding and finalizing providers and the provider directory will be on the Here4TN website on October 1.
- **Local Gov:** *We are still not able to get the eForms?*
  - **Answer:** We will have a trainer reach out to you.
- **Local Gov:** *For employees who did not complete the Partnership Promise, will they get a letter explaining that the No Partnership Promise is more expensive?*

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- **Answer:** If they do not complete the requirements, they will get a letter from Healthways letting them know that they did not complete the requirements and it includes that they do not qualify for the lower premium Partnership Promise PPO. The information is also stated on page 1 of the Decision Guide sent to every eligible employee.
- **Local Gov:** *Will you let us know of Decision Guides that are returned due to incorrect address or would you just send the returned ones to us?*
  - **Answer:** No, we can't because we don't know. We do pull the most current addresses available for employees from NCOA immediately prior to the annual mailing. Guides that cannot be delivered because of inaccurate addresses are not returned to the state by the post office.
- **Local Gov:** *For employees hired after annual enrollment, how do they select next year's insurance options?*
  - **Answer:** It depends on the situation. Members will have to submit a paper enrollment form to our office, **only if they have changes for 2017.**
- **Local Gov:** *Is there still a query ABCs can run to show which employees will be removed from the Partnership Promise plan?*
  - **Answer:** Yes, it was in the call notes last week:  
TN\_BA309\_INELIG\_FOR\_PARTNER We will talk about this query in more detail on an upcoming call and when you can run it for next year.
- **Local Gov:** *For open enrollment, will ABCs be allowed to use the new eForm method or does ESS have to be used?*
  - **Answer:** You can use the eForms for annual enrollment instead of ESS, but you will have to tell your employees this information. Some agencies are not offering eForms. It is entirely the agency's choice.
- **Local Gov:** *Have the decision guides been mailed?*
  - **Answer:** They are going out this week.
- **Local Gov:** *We do not have keying capability. Can I still submit paper forms?*
  - **Answer:** Yes, if your agency has less than 100 employees, you can still submit paper forms if you don't have keying access in Edison.
- **Local Gov:** *When is the cutoff for Decision Guides being mailed so I know when to start giving them to new hires?*
  - **Answer:** You should give a Decision Guide to employees hired after September 1 through the end of the year. Then for employees hired from January 1 on, you would give them the 2017 Eligibility and Enrollment Guide, which has not been completed yet.
- **Local Gov:** *I have a new hire who started on Sept 6. Will he have to do the WBA and Physicians Screening or wait until next year?*

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- **Answer:** The new hire will not have to complete the Partnership Promise requirement for new members. As a reminder, if a member's coverage begins between September 1 and December 31, he or she will NOT have to complete the requirements for new members. But if the member stays in the Partnership Promise PPO in 2017, he or she will have to complete the 2017 Partnership Promise requirements.
  
- **Local Gov:** *Is the revised 2017 Enrollment change application form now available?*
  - **Answer:** Yes. You can find it on the [BA website under Forms](#).
  
- **Local Gov:** *When will we be able to run the query to see those employees that are being dropped from Partnership Promise in CY2017?*
  - **Answer:** The query should be available soon and we will let you know when it is ready for you to run.
  
- **Local Gov:** *Is it still one year before employees can come back to Partnership Promise?*
  - **Answer:** Yes, members who do not complete the 2016 requirements must wait one calendar year before they would be eligible for the lower premium Partnership PPO option.
  
- **Local Gov:** *Can they sign up for the No Partnership Promise PPO?*
  - **Answer:** Yes, all members can enroll in the No Partnership Promise PPO option. The difference is the premiums are higher in the No Partnership Promise PPO than the Partnership Promise PPO option.
  
- **Local Gov:** *The query that shows the employees that were dropped from the Partnership is it available?*
  - **Answer:** Not yet. We will let you know when it is available.
  
- **Higher Ed:** *What query do we run for Edison IDs?*
  - **Answer:** It is the 302 query.
  
- **Higher Ed:** *When will AFLAC be contacting members to let them know about the direct bill option?*
  - **Answer:** TBR staff is researching and we'll include information in next week's email.

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**Materials and Communications**

• **Communication Updates**

- **Enrollment date reminder:**
  - **State/Higher Ed:** October 3 to October 14 (two business weeks)
  - **Retirees:** October 3 to October 28 (four business weeks)
  - **Local Ed/Local Gov:** October 3 to October 28 (four business weeks)
- **October 2016 Preferred Drug List:** The list has been posted to both the BA and the ParTNers for Health websites for members. We have attached the list with today's ABC email.
- **State: Employee annual enrollment email reminders:** Benefits Administration started to send out reminder enrollment emails this week to all benefits eligible state employees including employees we have email addresses for in the Comptroller's office, court system and legislative branch.
- **State: Disability Insurance Update:** In order to obtain better rates through the procurement competitive negotiation process and provide for a more robust communications effort, the State Insurance Committee has **delayed** the **short-term and long-term disability insurance implementation for one year.**
  - **Enrollment for short-term (STD) and long-term disability (LTD) will be in October 2017 for benefits beginning January 1, 2018.**
- **State:** Here are some important things for you to know:
  - State employees will not have access to this coverage during the 2017 calendar year. Benefits Administration will update the online Decision Guide and send an email to all state employees about this delay.
  - Edison will not allow anyone to enroll in short or long-term disability during this year's annual enrollment in October 2016, or prior to next year's annual enrollment period.
  - This one-year delay provides additional time for a comprehensive training and communications roll-out.
  - The initial enrollment period, which will occur during the 2017 Annual Enrollment Period, will provide a one-time opportunity for guaranteed issue.
  - If you have questions, please send them to [benefits.info@tn.gov](mailto:benefits.info@tn.gov).
- **Higher Ed:** Here are some important things for you to know:
  - Higher Education will continue to offer long-term disability in 2017 through their current vendor and will continue to administer their own LTD plan going forward.
  - Starting 1/1/2018, higher education employees along with state employees will be able to participate in the short-term disability program.
  - UT and TBR HR staff will provide information about disability insurance enrollment to their employees.
  - State employees will not have access to this coverage during the 2017 calendar year. Benefits Administration will update the online Decision Guide and send an email to all state employees about this delay.
  - Edison will not allow anyone to enroll in short or long-term disability during this year's annual enrollment in October 2016, or prior to next year's annual enrollment period.

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- This one-year delay provides additional time for a comprehensive training and communications roll-out.
- The initial enrollment period, which will occur during the 2017 Annual Enrollment Period, will provide a one-time opportunity for guaranteed issue.
- If you have questions, please send them to [benefits.info@tn.gov](mailto:benefits.info@tn.gov)

**COMMUNICATIONS QUESTIONS**

- **Local Ed:** We had a few ABCs inquire about the status of the review of their voluntary products policies.
  - **Answer:** We are reviewing these policies and will get back to agencies as soon as it is finalized.

**Partners for Health Wellness Program**

- **Gaps in Care:** The Healthways Gaps in Care IVR quarterly campaign began calling members on September 20 in the evening between 6-8 p.m. As a reminder, Healthways will call members who have two or more gaps in care that could include, for example, routine care for diabetes, flu shots, other vaccinations, etc.
- **Onsite Health Diagnostics:** The Onsite Health Diagnostics (OHD) website has been updated with the 2017 Partnership Promise requirements and instructions.

**PARTNERS WELLNESS PROGRAM QUESTIONS**

- **Local Ed:** Is this (gaps in care) considered part of the required coaching?
  - **Answer:** No, the gaps in care calls are not required for coaching, but it lets members know of tests they need, such as a flu shot, for example.
- **Local Ed:** Is the query for those employees who did not meet the Partnership requirements ready now to be printed off? Are the appeals all done?
  - **Answer:** Information about queries is coming up later in the calls. We have received the data from Healthways that includes the members who have not completed the requirements. These members will default to the No Partnership Promise PPO and pay a higher premium unless they take action during annual enrollment. We will start to receive exception files when appeals have been cleared. The goal is to get as many in the Edison system as possible. Members can also call Healthways at 888-741-3390 to check on the status of their appeal.

**Benefits**

- **BlueCross BlueShield Carrier Network Presentation:** Rhonda Bynum with BlueCross BlueShield presented information about their services and network.

**BLUECROSS BLUESHIELD QUESTIONS**

- **Local Ed:** Will Tennova in Jefferson City be in the network (Network S)?
  - **Answer:** Yes, Tennova Healthcare Jefferson Memorial Hospital is in BCBS Network S. All of the Tennova facilities are in Network S.
- **Local Ed:** Is St. Thomas still in BlueCross BlueShield, correct?

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- **Answer:** Yes, in Middle Tennessee, all of the St. Thomas facilities are in Network S.
- **Local Ed:** What about Memorial hospital in Chattanooga (in Network S)?
  - **Answer:** Yes, they are in BCBS Network S.
- **Local Ed:** If I understand correctly, there are no HCA/TriStar facilities in Network S?
  - **Answer:** Yes, that is correct.
- **Local Ed:** Are provider directories ready to be ordered?
  - **Answer:** Yes, and you can contact Amy Jordan about directories. Her information is on the vendor contact list on the [ABC webpage](#).
- **Local Ed:** Are TriStar hospitals like Centennial on BCBS (Network S)?
  - **Answer:** No, TriStar/HCA hospitals are not in Network S.
- **Local Ed:** BCBS and Cigna LocalPlus – are they similar? What is the difference?
  - **Answer:** They are different networks. Different facilities and doctors may or may not be in the each network, so members need to check the networks carefully for their doctors.
- **State:** Is Tri-Star not going to be covered by BCBST?
  - **Answer:** TriStar/HCA facilities will not be and have never been in Network S.
- **State:** My doctors are no longer covered under Cigna, but they are with BCBS Network S, and they are with a HCA facility/TriStar?
  - **Answer:** Some physicians may be in Network S. It is just the HCA/TriStar facilities that aren't in Network S. You may need to check with your doctor to see if they have admitting rights to other facilities.
- **State:** What is the procedure to obtain the code needed for the health facilities discount for members of BCBS? I have two employees who want to join a gym and the person at the gym needed a code. They went to the website and called and a representative with BCBS told her that HR has the code. I located a form, but what is the procedure?
  - **Answer:** After the member has signed up for FitnessBlue, the member will typically receive a membership card from the gym and another FitnessBlue/Prime card (for use if they travel and visit other participating gyms). They should only need to use the gym membership card to access the gym each time. No code is needed for visiting the fitness centers.
- **Local Gov:** Is Maury regional included in Network S?
  - **Answer:** Yes, Maury Regional is in BCBS Network S.
- **Local Gov:** In Memphis, is it all Methodist?
  - **Answer:** Methodist Memphis healthcare is in the network.

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- **Local Gov:** Do you have to sign up separately for the BlueCard, or are you automatically a part of that when you travel?
  - **Answer:** Members will automatically get access to the Bluecard PPO network when you are outside of the state of Tennessee.
  
- **Local Gov:** Is there a copay for the telehealth?
  - **Answer:** Yes. For 2017, the cost will be \$15 for the PPOs. CDHP members will pay \$38 until the deductible is met and then coinsurance per visit after that. Pre-registration is very important so that members will be able to access telehealth services when they need them. Members may call the customer service number on their insurance ID card if they have any questions about telehealth or need assistance with the registration process.
  
- **Local Gov:** I go to the Wellness Center in Johnson City and it is not on the Blue Fitness. Is there a possibility it can be added?
  - **Answer:** Yes, there is a process and they could be added. We will reach out to you directly. You can also send an email to Amy Jordan and she can check on a facility for you. Her contact information is found on the vendor contact list which is on the [ABC webpage](#).
  
- **Local Gov:** For Telehealth, isn't the doctor going to ask you to see a doctor for an exam? Like if you have a cold will they not want to look at your throat and listen to your lungs?
  - **Answer:** It depends. You will need to register before you use the service and then they will ask you qualifying questions before seeing you over the phone. After completing the qualifying questions, they may refer you to seeing a physician in person.
  
- **Local Gov:** Is the identity theft protection still available with BCBS and is it free?
  - **Answer:** Yes, it is available and there is no additional cost.

**Operations**

- **Partnership Promise Ineligible Query:** TN\_BA309\_INELIG\_FOR\_PARTNER. This query can be run to identify the employees who will be moved from the Partnership Promise PPO plan option to the No Partnership Promise PPO plan option.
  - **This query will show members who will pay a higher premium on the Partnership PPO plan. They will NOT be automatically transferred to the Standard PPO automatically, but will be defaulted to the higher premium No Partnership Promise PPO.**
  - These members can also choose a different plan option during annual enrollment and would have to make the selection in ESS in Edison. They will need to take action to make a change.
  - The file from Healthways will be loaded this week. You can begin running the query on Friday. The prompt to use on the query to identify the ineligible for 2017 is "INELIG2017". Instructions for how to run a query can be found in our query manual, which is located on the ABC Website under the Training section, and can also be accessed with this link:

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[http://www.tn.gov/assets/entities/finance/benefits/attachments/abc\\_edison\\_query\\_manual.pdf](http://www.tn.gov/assets/entities/finance/benefits/attachments/abc_edison_query_manual.pdf)

- **ABC Workshops:**
  - **Annual Enrollment Do's and Don'ts**
    - September 29 – 1 p.m. Central time
  
- **ABC Training (this training has already occurred)**
  - **New ABC Training**
    - **September 20**
      - Session 1 – Local Ed: 9 a.m. to 11 a.m. Central time
      - Session 1 – State: 1 p.m. to 3 p.m. Central time
    - **September 21**
      - Session 1 – Local Gov: 9 a.m. to 11 a.m. Central time
      - Session 2 - All plans: 1 p.m. to 3 p.m. Central time

**OPERATIONS AND TRAINING QUESTIONS**

- **Local Ed:** Members who did not complete 2016 Promise can choose to move to the Standard PPO instead of being moved to the No Partnership Promise during annual enrollment?
  - **Answer:** Correct, but they will have to go into Edison to make this choice.
  
- **Local Gov:** How are the level premium tiers determined and how do we know what tier our agency is on?
  - **Answer:** Premium tiers were determined when your agency came onto the plan. You can send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will get back to you with your premium level information.
  
- **Local Gov:** On the CDHP, is the out-of-pocket \$7,000 individual or family? And can you clarify the individual and employer contributions? What is the maximum for employee and employer?
  - **Answer:** The \$7,000 out-of-pocket is for all tiers other than the employee only tier, and can be met by one or more family members. In this plan option, individual family members may contribute unlimited eligible expenses up to the total. This means that it is possible that one person could meet the deductible and out-of-pocket maximum for the whole family.
  - For HSA contributions, IRS guidelines allow total annual tax-free contributions up to \$3,400 for individuals and up to \$6,750 for families. At age 55 or older, you can make an additional \$1,000 per year contribution to those amounts. The maximum includes any contribution from the employee and the employer.
  
- **Local Gov:** If new employees are not eligible for insurance until November 1, will they have the opportunity to choose a new network beginning January 1 since they missed the open enrollment period?
  - **Answer:** Yes, they could still fill out a paper application within their 31-day initial enrollment period, so if they wanted to change benefits for January, they would complete two forms, one for 2016 coverage and one for 2017.

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- **Local Gov:** Is there a flier for Telehealth?
  - **Answer:** We don't currently have a flier for Telehealth, but the carriers have information on their websites about Telehealth. Members may need to log in to access this information. We've included links to their websites:
    - [BlueCross BlueShield of Tennessee](#)
    - [Cigna](#)
  
- **Local Gov:** What is the copay for Telemental health calls?
  - **Answer:** Regardless of face to face or telephonic, tele "mental" health is a routine outpatient behavioral health visit. The cost would be the same as the behavioral health copay outlined in the benefit grid in the Decision Guide.
  
- **Local Gov:** On page 14 of the Decision Guide, regarding PPO deductibles, what does the phrase, **depending on premium level mean** (in the footnote)? Employee plus children – can you give an example of how this would work?
  - **Answer:** We have included information and examples to explain what premium level means and an example of how this would apply:
- ***Only eligible expenses will apply toward the deductible and out-of-pocket maximum. Charges for non-covered services and amounts exceeding the maximum allowable charge will not be counted.***
  - **For PPO plans, 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 family members (depending on premium level) have met the total deductible and/or out-of-pocket maximum, it will be met by all covered family members.**
  - **For CDHP Plans, the out-of-pocket maximum amount can be met by one or more persons.**
    - The deductible is the amount that must be paid out by plan members before the insurance will begin paying benefits for certain services like hospital stays, home health and therapy services, MRIs, etc.
    - The out-of-pocket maximum is the most that plan members will have pay for eligible services in a Plan Year. It includes eligible amounts applied to the deductible. Once an individual meets their out-of-pocket maximum, insurance pays their eligible claims at 100% for the remainder of the Plan Year.
      - Note: Monthly premiums must be paid to maintain coverage. Premium amounts do not count toward deductible and out-of-pocket maximum amounts.
    - **The phrase from the footnote "depending on premium level" is intended to allow for the fact that deductible and out-of-pocket maximum amounts may differ between the different premium levels and to account for the fact that the "Employee + Child(ren)" and "Employee + Spouse + Child(ren)" premium levels may include different numbers of individuals based on family size.**
  
- **PPOs:** For families enrolled in PPO plan options, each family member has an individual limit on the deductible amount that has to be paid out before the insurance

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starts paying. This is the most that any **one family member** can contribute toward satisfying the family's total deductible.

- Once an individual family member reaches this amount – equal to the “employee only” deductible highlighted in the chart below – that individual's deductible is met and that individual will only have to pay coinsurance for the remainder of the plan year for services that would normally require a deductible and coinsurance. The other family members will continue paying a deductible amount and coinsurance until they meet their own individual deductible amount or the total family deductible is met.
  - Eligible expenses that are paid out after an individual or family deductible is met will count toward the family's out-of-pocket maximum. **Each family member also has an individual limit on the maximum out-of-pocket amount that has to be paid** out before the insurance starts paying eligible expenses at 100 percent for the remainder of the plan year. Once an individual family member reaches this amount – equal to the “employee only” out-of-pocket maximum highlighted in the chart below – that individual's out-of-pocket maximum is met and insurance will begin paying 100 percent of eligible expenses for that individual. Other family members will continue paying their share of eligible expenses until they meet their own individual maximum amounts or the total family out-of-pocket maximum is met.
- **CDHP:** For families enrolled in CDHP plan options, there are no individual limits on the deductible or out-of-pocket maximum amounts that have to be paid out.
- All eligible out-of-pocket expenses for each family member are counted until the total family amounts are met. Once the family meets their deductible, they will only have to pay coinsurance for the remainder of the plan year for services that would normally require a deductible and coinsurance. Once the family meets their out-of-pocket maximum, insurance starts paying eligible expenses at 100 percent for the remainder of the plan year. In these plan options, individual family members may contribute unlimited eligible expenses up to the total. This means that it is possible that one person could meet the deductible and out-of-pocket maximum for the whole family.
- **EXAMPLE:**
- A family of four (Employee and three children) is enrolled in the **Partnership PPO plan option** – “Employee + Child(ren)” premium level
  - The total family deductible for the coverage elected is \$750; no individual family member will pay out more than \$500 (the “employee only” amount) toward meeting the total family deductible amount.
  - Family member 1 has \$800 in eligible expenses: \$500 can be counted toward the family's total deductible. The \$500 also means that this family member has met their individual deductible (equal to an “employee only” amount) and will only have to pay coinsurance for services that are normally subject to deductible + coinsurance for the remainder of the plan year. The full \$800 counts toward meeting the out-of-pocket maximum. So where does this leave the family? \$750 total family deductible - \$500 family member 1 contribution = \$250 deductible balance to be met by other family members. If one or more family members contributes \$250 in eligible expenses toward the deductible balance, the total family deductible is met

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and no covered family members will have to pay any additional deductible amounts for the remainder of the plan year.

- \$5,400 total family out-of-pocket maximum - \$800 family member 1 contribution = \$4,600 to be met. Since \$3,600 (equal to an “employee only” amount) is the most any one family member can contribute toward the family’s out-of-pocket maximum, this means that family member 1 can only contribute up to an additional \$2,800 (\$3,600 - \$800). If family member 1 does contribute an additional \$2,800 in eligible expenses toward the family’s out-of-pocket maximum for a total of \$3,600 (\$800 + \$2,800), that family member will have met their individual out-of-pocket maximum and the insurance will begin paying 100% of their eligible expenses. That would leave an out-of-pocket maximum balance of \$1,800 for the other family members to meet (\$5,400 - \$3,600). If one or more family members contributes \$1,800 in eligible expenses toward the out-of-pocket maximum balance, the total family out-of-pocket maximum is met and insurance will cover 100% of eligible expenses for all covered family members for the remainder of the Plan Year.

In-Network Plan Requirement	Coverage Level	Partnership PPO	Standard PPO	Limited PPO	HealthSavings CDHP (State and Higher Education only)	Local HealthSavings CDHP (Local Education and Local Government only)
<b>DEDUCTIBLE</b>	Employee Only	\$500	\$1,000	\$1,600*	\$1,500	\$2,000
	Employee + Child(ren)	\$750	\$1,500	\$2,200*	\$3,000	\$4,000
	Employee + Spouse	\$1,000	\$2,000	\$2,500*	\$3,000	\$4,000
	Employee + Spouse + Child(ren)	\$1,250	\$2,500	\$3,200*	\$3,000	\$4,000
<b>OUT-OF-POCKET MAXIMUM</b>	Employee Only	\$3,600	\$4,000	\$6,600	\$2,500	\$3,500
	Employee + Child(ren)	\$5,400	\$6,000	\$13,200	\$5,000	\$7,000
	Employee + Spouse	\$7,200	\$8,000	\$13,200	\$5,000	\$7,000
	Employee + Spouse + Child(ren)	\$9,000	\$10,000	\$13,200	\$5,000	\$7,000

\*NOTE: There is a separate \$100 per member deductible amount for the Limited PPO option

- **Local Gov:** If an employee enrolled in the CDHP turns 65 this year and is still having payroll deduction contributions being made to their HSA, when would he stop being eligible to contribute to HSA?
  - **Answer:** The member can still continue to contribute as long as he is not enrolled in Medicare. Being able to contribute to a HSA has to do with whether or not the

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member is enrolled in Medicare and not all employees who turn 65 have to automatically enroll in Medicare.

- **Local Gov:** Regarding the HSA funds, can the county divide any contributed amount over 12 months, or does the county have to give it as a lump sum up front? Also, do we have to use PayFlex, or can the employees use a different HSA?
  - **Answer:** It is up to your agency how you contribute money to the employees' HSAs and you have to use Payflex for the HSA. You can contact PayFlex to set up or change your payroll deduction file frequency.
  
- **Local Gov:** If an employee is PPACA eligible, is he or she eligible for both medical and voluntary benefits?
  - **Answer:** Yes, if PPACA eligible, the employee is eligible for medical and any state voluntary benefits you offer to your employees.
  
- **Local Gov:** If an employee is PPACA eligible, and already has private health insurance, he or she is still eligible for dental, correct?
  - **Answer:** Yes.
  
- **Local Gov:** About the CDHP, does the employee and employer have to contribute? If our agency wanted to contribute the entire max individual of \$3,400 is that allowed?
  - **Answer:** No, both the employer and the employee do not have to contribute, and yes, the agency could contribute the entire maximum individual allowed contribution amount.
  
- **Local Gov:** Can you tell me where to find or send me instructions to setup the test file for HSA payroll deduction? We didn't offer the CDHP last year and want to offer it this year.
  - **Answer:** If you have questions about setting up test files or payroll deduction, you can send an email to PayFlex at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com)
  
- **Local Gov:** The Medicare Supplement, is this for retirees only?
  - **Answer:** Any retired state employee or local education certified teaching staff receiving a monthly retirement allowance from the Tennessee Consolidated Retirement System (TCRS) or higher education optional retirement plan who is eligible for Medicare Part A may apply for coverage under this plan. **Retired local education support staff and local government participants eligible for Medicare Part A who receive a monthly retirement allowance from TCRS** are also eligible to apply for coverage. Your eligible dependents may also apply.
  
- **Local Gov:** If an employee turns 65 in December, can they sign up for Medicare Supplement and keep working, if they don't retire?
  - **Answer:** No, the Medicare Supplement is only available for retirees. In this case, the employee is still eligible to stay on the medical insurance for active employees as long as he or she is an employee. If an active eligible employee retires, then he or she can pick up the Medicare Supplement if eligible

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- **Local Gov:** An employee’s coverage effective date is Nov.1, 2016. Do we send in the change form now or in October?
  - **Answer:** If you have the information now, you can go ahead and send it in.
  
- **Local Gov:** Can employee retire at age 64, get COBRA until they get Medicare, and then get the Medicare Supplement?
  - **Answer:** Any member who is terminated for a COBRA-eligible reason and had group health coverage as an employee may enroll in COBRA. If the member is receiving a TCRS pension check based on his or her own work history, the member is given the opportunity to enroll in the Medicare Supplement once the member becomes Medicare-eligible. We suggest the employee call the service center at 800-253-9981 and select option 2 to speak to a retirement analyst.
  
- **Local Gov:** Who do I contact to get Payflex setup?
  - **Answer:** You can send an email to [stateoftennessee@PayFlex.com](mailto:stateoftennessee@PayFlex.com)
  
- **Local Gov:** Who is the State's contact for ACA Compliance?
  - **Answer:** Submit any ACA questions you have through Zendesk and they will be reviewed and answered. There is not one specific contact.
  
- **Local Gov:** Since we do not key in, when will we get new applications forms?
  - **Answer:** We have posted the [enrollment form on the ABC webpage](#) under Forms titled **2017 Enrollment Change Application**. Forms are also found on the BA webpage under the Forms tab on the left hand side.
  
- **Higher Ed:** Do we have the premiums for POMCO yet?
  - **Answer:** Yes, here is the information we sent last week in the Friday ABC email:

**2017 Medicare Supplement Rates**

There will be no change from 2016 Rates. The total base monthly premium remains \$138.47.

PREMIUMS EFFECTIVE JANUARY 2017		
Base Monthly Premium	\$ 138.47	
	State Support	Retiree Pays
30+ years of service	\$ 50.00	\$ 88.47
20-29 years of service	\$ 37.50	\$ 100.97
15-19 years of service	\$ 25.00	\$ 113.47
Less than 15 years of service	\$ 0.00	\$ 138.47
Dependents (spouses)	\$ 0.00	\$ 138.47
Local education support staff	\$ 0.00	\$ 138.47
Local government	\$ 0.00	\$ 138.47

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- **Higher Ed:** After open enrollment, will employees have a window of opportunity to file appeals on any type of discrepancies?
  - **Answer:** We will discuss the appeal timeframe on an upcoming call.
  
- **Higher Ed:** Will TBR still offer AFLAC now that short-term and long-term disability will not be offered by the state?
  - **Answer:** We will not. The AFLAC contract will end on December 31, 2016. Your employees will receive portability information this week, and we will provide communication that the ABCs can provide to their specific participants this week.

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**Materials and Communications**

- **Communications:**
  - **Enrollment date reminder:**
    - **State/Higher Ed:** October 3 to October 14 (two business weeks)
    - **Retirees:** October 3 to October 28 (four business weeks)
    - **Local Ed/Local Gov:** October 3 to October 28 (four business weeks)
  - **2017 Enrollment Form:** The 2017 enrollment form has been posted to the ABC webpage under forms. So you can now find it in two places – on the ABC webpage and on the Insurance & Benefits website under Forms.
  - **Premiums in Decision Guide:** We wanted to clarify information in the Decision Guides. For active employees, the premiums are rounded numbers and these are the actual premiums.

**COMMUNICATIONS QUESTIONS**

- **Local Ed:** Can you remind me what time on October 28, 2016, open enrollment ends?
  - **Answer:** At 4:30 p.m. Central time. We included the time on page four of the Local Ed Decision Guide.
- **Local Gov:** What time on Oct 3 will ESS be open for enrollment purposes?
  - **Answer:** 12:01 a.m. Central time.

**Benefits**

- **FSA Update/Changes:** Keith Athow, BA’s director of pharmacy, FSA and HSA services, gave state and higher ed agencies an update on the flexible benefits plan and reviewed changes. We have **attached** the slides for your reference.

**FSA QUESTIONS**

- **State:** If employees sign up for multiple FSAs that do use the debit card, will they receive a card for each FSA or one for all?
  - **Answer:** Members will receive one debit card that has different “purses” on it. So if they sign up for the CDHP with the HSA and the L-FSA, they will use one card. To clarify, members can only sign up for the FSA **OR** the L-FSA, they cannot sign up for both. CDHP participants may only sign up for the L-FSA (which only allows claims for vision and dental expenses). The dependent care FSA (DC-FSA) does not have a debit card associated with it, and plan members who enroll in and contribute to a DC-FSA must file a claim with PayFlex or submit a claim via the PayFlex app.
- **State:** For dependent care, will the reimbursement period still be 7-10 business days after a claim is submitted?
  - **Answer:** Yes, 7-10 days is the typical reimbursement. Members can also link their bank account and Payflex can submit the reimbursement directly into their accounts. When you set up your FSA, you will go in and set it up on the PayFlex site where you can link to your banking account.

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- **State:** I have an employee who has insurance through the military. He is asking if he can contribute to an HSA account through the state to use with his military benefits?
  - **Answer:** No, having a military benefit would not be a qualified benefit (plan) and would not qualify for the HSA. Members enrolled in any military plan are not eligible to contribute to a HSA.
  
- **Higher Ed:** Can an employee have the FSA and the LFSA at the same time?
  - **Answer:** No, they can have one or the other. If enrolled in the CDHP with the HSA, they can only enroll in the LFSA for dental and vision expenses.
  
- **Higher Ed:** Can I have the FSA for dental, or will I need to have the LFSA for dental? I use my FSA for dental. Can I contribute the maximum for LFSA?
  - **Answer:** You could have either one, but you cannot have a LFSA and a medical FSA at the same time. You may contribute up to \$2,550 to either the medical FSA, which allows for medical, vision, and dental expenses or if you are enrolled in the CDHP you may opt for the L-FSA which only allows claims for dental or vision expenses. You could contribute up to \$2,550 to the L-FSA.
  
- **Higher Ed:** The IRS is known to raise the annual limit maximum for FSAs up and they are expected to rise to \$2,600. If this is the case, can employees contribute the extra \$50? Or is this a done deal?
  - **Answer:** If that happens, this would be a decision we would have to determine administratively. We would have to discuss amongst the three groups. The State is currently waiting to hear more from PayFlex regarding this, and will then discuss it with the University of Tennessee and the Tennessee Board of Regents to decide how we wish to proceed.
  
- **Higher Ed:** Will everyone get a new MasterCard debit card or will the old ones we have still work? I am referring to the FSA cards.
  - **Answer:** Anyone who currently has a card will receive a new card this fall with a different phone number on it.
  - Only people who enroll in the CDHP/HSA and any of the FSAs during Annual Enrollment will get new cards in December.
  - If you are currently in the CDHP and enroll in a L-FSA, you will use the same card and PayFlex will add your L-FSA “purse” to your existing card in December for use starting in January. You will not receive a new card. No one will ever have two different cards from PayFlex.
  
- **Higher Ed:** If a CDHP participant has the Payflex debit card, will they get a card or use the existing (card)?
  - **Answer:** If you already have a debit card, you will get a new card sometime in October because we are changing the phone number.
  
- **Higher Ed:** Just to confirm, an employee is eligible for an FSA or an L-FSA (not both) or an HSA and an L-FSA?
  - **Answer:** Yes. You can have a dependent care account, and a HSA and a LFSA, but you can't have the medical FSA with the LFSA.

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- **Cigna Carrier Network Presentation:** Sharon Bowling-Tansil with Cigna presented network information for both Cigna LocalPlus and the new network, Cigna Open Access Plus, as well as Cigna prepaid dental information. As a reminder, we sent the current list of facilities for both LP and OAP to all ABCs on Monday, September 26.
  - **Note: Tennova Healthcare Regional Hospital Jackson will no longer be an in-network facility as of January 2017. This change impacts approximately 150 members and these members received a letter about this network change.**
  - **Local Ed:** Do you have information to contact Celeste Sims?
    - **Answer:** You can contact Celeste Sims at [Celeste.sims@cigna.com](mailto:Celeste.sims@cigna.com). Celeste's information is found on the vendor contact list on the ABC website found [here](#).
  - **Local Ed:** What is the reason behind Tennova-Knoxville not being in the LocalPlus Network? We have a lot of employees who use this hospital.
    - **Answer:** The LocalPlus network is a smaller network of providers and in order for Cigna to provide more significant discounts, we have to align ourselves with specific providers. We have aligned ourselves with UT and the UT suite of providers. However, in the new, more expensive, statewide option, OAP, you will have access to the Tennova suite of providers.
  - **Local Ed:** Do we also have a doctor network for all networks for both Cigna and BCBS?
    - **Answer:** Yes, the State of Tennessee specific directories are posted on the [Partners for Health website](#) that include all of the directories and providers. You can use mycigna.com and you can also call Cigna at 800-997-1617 and we can assist with any provider questions. On September 29, ~~will~~we'll have the paper directories available. You can contact Celeste and you can order a hard copy directory.
  - **Local Ed:** Is OAP in Kentucky? We have a teacher that lives in Kentucky and was just dropped by her husband's insurer.
    - **Answer:** Yes, it is an OAP market, not a LocalPlus market. If the member selects LocalPlus they would utilize OAP providers in Kentucky.
  - **Local Ed:** Why would someone want to pay more for the Open Access Plus if they have the opportunity outside of Middle Tennessee to use the Open Access network?
    - **Answer:** That is an option. The statewide OAP option was put in place because employees wanted more choice. If you are in LocalPlus and your providers are in LocalPlus, then there is no need to consider OAP, which costs more, because with LocalPlus if you go outside of Tennessee to a non-LocalPlus market, you have access to the larger market. However, there are some employees, especially in the west part of Tennessee that would like to have access to the Baptist facilities that are in OAP. Members need to look at the providers they are currently using before they make their choice.

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- **Local Ed:** Can you see about getting more providers in upper East Tennessee especially Morristown, Rogersville, Greeneville, Surgoinsville, Kingsport? This is for dental coverage.
  - **Answer:** Yes, for both our dental and medical, we are constantly recruiting and we will continue to exhaust every effort to do so. If you would like to recommend a provider, you can send in a provider nomination form, which is found on the Cigna website, under the Cigna Dental DHMO Prepaid Plan tab. We have also **attached** the form for your reference.
  
- **Local Ed:** The Tennova Facility in Jackson, Tennessee has always allowed Cigna LocalPlus participants to use their facility with no out of network charge. Is this still true this year?
  - **Answer:** In 2017, the Tennova Healthcare Regional Hospital Jackson facility will no longer be participating in any Cigna network. This change impacts about 150 individuals and these members were sent a letter. They are in the network today, but will not be in the network starting in January 2017.
  
- **Local Ed:** Will the St. Thomas doctors at St. Thomas also be in-network?
  - **Answer:** St. Thomas facilities and St. Thomas owned physician practitioners are in the new more expensive OAP network option. St Thomas facilities and physician owned practitioners are **not** in Cigna LocalPlus.
  
- **Local Ed:** Last year, we received a specific list of doctors for both Blue and Cigna and it was easy to attach these lists to an email. When looking at the Partners for Health website, it (PDF directory) is over 300 pages long. Can we get a list specific to these networks for Blue and Cigna?
  - **Answer:** Last year, the list of doctors sent to ABCs was not an entire list of doctors in each network. The list of doctors in the networks would be hundreds of pages long. Members can search the PDFs for their providers (they can search by name in the index), they can call the carriers directly to ask about a provider, and Cigna will soon have a searchable directory on their website.
  
- **Local Ed:** How do we order provider handbooks?
  - **Answer:** You can contact Celeste Sims at [Celeste.Sims@cigna.com](mailto:Celeste.Sims@cigna.com). Her contact information is found on the vendor contact list (under Conference Call Notes) which is on the ABC webpage found here.
  
- **State:** **Answer:** I noticed St. Thomas in Nashville is no longer available through Cigna Local Plus. When did it change, or am I mistaken? Was it ever in Local Plus?
  - **Answer:** St. Thomas has not been in LocalPlus, but it is in Cigna OAP in 2017. The St. Thomas facilities have been and still are in Blue Cross Network S.
  
- **State:** When you click on the Cigna link thru Partners for Health it just says coming soon. Do you know when that will be available?
  - **Answer:** If you go to the Cigna website: <http://www.cigna.com/sites/stateoftn/index.html> and click on the left hand side, then click on medical provider directories, all of the PDFs are there. The searchable

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directories are not yet available. Printed directories are available and you can order them by contacting Celeste Sims at [celeste.sims@cigna.com](mailto:celeste.sims@cigna.com)

- **State:** Will you explain the orthodontic benefit? What is the employee's responsibility for this coverage?
  - **Answer:** The orthodontia benefit is on the patient schedule. You can click on the [patient charge schedule](#) on the patient tab and it will show you the applicable pay you will pay for orthodontia. Typically for a 24-month period of time, you will have specific copays for those services. There are monthly copays and additional fees for banding. If you have more specific questions about some of these services, you can call the dental services center at 800-997-1617 and they will go into more specific detail about these benefits.
  
- **State:** Can you give the url address again?
  - **Answer:** <http://www.cigna.com/sites/stateoftn/index.html>
  
- **State:** Can you use Cigna dental as secondary for someone who has Dental Blue as primary through their spouse's employer?
  - **Answer:** Because this plan does require you select a primary dentist and there are copays, there is some coordination. The member would still be required to pay some copays, and it may not make sense for the member to have as a secondary plan. The provider would have to be in the Cigna network and the member would have to select Cigna as the primary dentist and would be responsible for the copays.
  
- **Local Gov:** Do carriers have the ability to tell members how much they spent the previous year on copays, deductibles and co-insurance?
  - **Answer:** Yes, you can go to [mycigna.com](http://mycigna.com) and access this information and it will track your deductible and OOP spend and track your deductible information. You can also call 800-997-1617 and they can assist you. Both carriers provide this information on their websites and in their call centers.
  
- **Local Gov:** How current is the providers' list?
  - **Answer:** The provider directory that is posted on the ParTNeers for Health website on the [health carriers page](#) was just printed about three weeks ago and has new signed contracts specific to the state of Tennessee. It is a 2017 version. Anytime you print, changes can happen and we do try to get the changes to the state as soon as possible. We will soon have a searchable link and that will be updated regularly.
  
- **Local Gov:** We had a member receive an EOB for out-of-network charges for an emergency room visit. He got a concussion during a football game and they were traveling. They went to the closest emergency room. Should they call about this being out-of-network since it was an emergency situation?
  - **Answer:** Yes, anytime you are having an emergency you should seek care at the nearest emergency room and this claim should process at the in-network level. The member should call the number on the back of the card and inform Cigna that this was an emergency room visit, and a representative will pull the claims and process them accurately.

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- **Local Gov:** Please review again, if you have LocalPlus and are traveling out of state, what doctors may you go to? Would this be a narrow network (LocalPlus) and do you have to call Cigna to find a preferred provider in this case?
  - **Answer:** If you are in the state of Tennessee and selected LocalPlus as your network, you will use LocalPlus providers. If you are traveling or have a student away at college and there are not LocalPlus providers in that state, then you would use the larger OAP network. If you are outside of the LocalPlus market or not sure, call Cigna at 800-997-1617.
  
- **Local Gov:** I have an employee who has requested to see listings of all procedure exclusions for Cigna Local Plus and Cigna Open Access. Where can I find this?
  - **Answer:** The plan documents for 2016 are on the [BA website](#) and this information is valid through the end of the year. There are thousands of procedures. Generally if a procedure is investigational, you should do a predetermination with your doctor to see if it would be covered. The plan documents will give you a high level of what is included.
  
- **Local Gov:** As to my earlier question an employee is trying to make a decision about 2017 coverage. She has already been told that the exclusions "probably" won't change however, she cannot afford to make a decision on probably. I think your suggestion to have the provider do a predetermination on the procedure is good, however, her 2016 plan is BlueCross and the procedure is not covered. Can she contact Cigna and ask about the procedure?
  - **Answer:** Yes. The employee can contact Cigna to ask about a specific procedure. Alternatively, the name of the procedure can be submitted to Benefits Administration at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will be happy to research the coverage question with Cigna. While there are some very specific exclusions listed in the Member Handbook and the Plan Document, there are also broad categories of exclusions like the exclusion on procedures and services that are deemed experimental, investigational or unproven. It just isn't feasible to list all the thousands of different covered or excluded services and procedures individually, but both Cigna and BCBS will work with members and Benefits Administration to answer any coverage questions not specifically addressed in plan materials.
  
- **Local Gov:** I understand the network of hospitals is larger, that aside, why are the premiums so much more expensive? For example, the family plans are \$80 more in regards to the Standard PPO.
  - **Answer:** The state decided to add a larger, statewide plan and with access to a larger network of providers. The OAP network has more costly providers. Therefore the option is there for the member to make the decision to pay a higher premium to have a more robust network of providers.
  
- **Local Gov:** On OAP, are the doctors and hospitals the same, just more than LocalPlus?
  - **Answer:** There is significant overlap between the two networks. Many providers are the same under both networks but some providers have agreed to a deeper discount.

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If you are currently in LocalPlus and your providers are in this network, then there is probably not a need for you to move over to the more expensive network.

- **Local Gov:** Did I see that Cigna has some vision benefit included?
  - **Answer:** Through our discount program Healthy Rewards and not part of the medical plan. This is not an additional benefit, but a discount arrangement on exams and hardware.
- **Local Gov:** My provider is not showing up in the LocalPlus or Open Access Plus directories. However, the billing office ensures the provider is in both networks for 2017. How can I verify this?
  - **Answer:** You can call us at 800-997-1617 and we can verify.
- **Local Gov:** Was that Jackson General Hospital?
  - **Answer:** Tennova Healthcare Regional Hospital Jackson.
- **Local Gov:** January 1, 2017, Tennova Regional in Jackson, TN will not be in any Cigna Network, but it will be in BCBS?
  - **Answer:** Yes, that is correct.
- **Local Gov:** If you have a child going out of state to college, will the coverage still cover the student if they have to go to the doctor, and is there a specific network they would have to stay in?
  - **Answer:** For Cigna LocalPlus, you would have to use the LocalPlus network if in a LocalPlus market. But if out of the LocalPlus market, you would use the OAP network.
  - For BCBS, you would use Network S in Tennessee, but outside of the state you would use a Bluecard PPO network provider.
  - If your child is unsure of what market they are in, they can call the network carrier and they will help them find providers in their area. The number will be on their ID card.
- **Local Gov:** What if you have an emergency and choose a hospital that you live near to go to and it is in-network, but some of the tests you have done or the contracted ER doctor on call is not in network. How does that work? An employee was billed for out of network for the doctor, which was very expensive?
  - **Answer:** For emergency services, anything you have done should be covered as in-network. The member should call the number on the back of the card about that claim.
- **Higher Ed:** Since there is only 14 LocalPlus markets is there a comprehensive list of the sites?
  - **Answer:** We can provide what we have in place today, but Cigna is adding LocalPlus markets. The best place to find out about LocalPlus markets is to call the Cigna service center at 800-997-1617 or on mycigna.com. We have **attached** a flier that shows the current markets for your reference.

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- **Higher Ed:** We have an employee whose child lives in Illinois. Is there a specific mileage for an in-network provider? They are given a LocalPlus provider that is 50 miles away. Do they have to travel 50 miles to see a LocalPlus provider?
- **Answer:** If the employee selects LocalPlus, they would use LocalPlus in Tennessee. If the child is going to school and in a LocalPlus market, they would need to use LocalPlus providers. But Cigna is cognizant of mileage for providers, the cutoff is around 50 miles. If the child is not in the LocalPlus market, then the child would use OAP providers.

**Operations**

- **ABC Training:**

- **ABC Workshop – Annual Enrollment Do’s and Don’ts (this training has already occurred)**
  - **September 29, 2016 – 1 p.m. Central time**
  - **Join WebEx meeting**  
<https://tngov.webex.com/join/hgirgies>
  - **Join by phone**  
+1-415-655-0003  
**Access code:** 648 330 453
- **Local Ed:** I pulled the query to see who had not completed the Partnership Promise. I have three new hires whose dates were to begin on 09/01/2016. It was my understanding that a 9.1.16 (coverage date) did not have to complete the Partnership Promise for 2016 to be eligible?
  - **Answer:** Yes, members with coverage effective dates of September 1 through December 1, 2016, do not have to complete the new hire requirements within 120 days. We have heard that a few new hires were included on the transfer file that shouldn’t have been on the file. Healthways has made the correction.
- **Local Ed:** When are we going to receive the 2017 Decision Guides?
  - **Answer:** Guides started going out to members last week. Some ABC orders are still being processed.
- **Local Ed:** Please confirm for the not eligible query? NELIG2017?
  - **Answer:** The query is TN\_BA309\_INELIG\_FOR\_PARTNER and you would use “INELIG2017”.
- **Local Ed:** How will I know if they are removed (from the INELIG query)?
  - **Answer:** You can rerun the query. Once the member has been removed, they will no longer be on the query.
- **Local Ed:** How often should we run the query?
  - **Answer:** We will start to receive a file once a week, so we would recommend running it on a weekly basis during and immediately after the enrollment period.

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- **Local Ed:** Can we still order more decision guides? If so, where do we order again?
  - **Answer:** We have gone through our supply of printed guides, but we may have a few more returned from the mail house. You can submit an order form with what you need. Order forms are found on the ABC webpage, and you would write in what you need.
  - You or the new hire can also print a guide from the PDF found on the ParTNers for Health website. As a reminder, you will use these guides for new hires now through the end of the year. Beginning in January of 2017, you will give members the 2017 Eligibility and Enrollment Guides, which we are finalizing now. We will let you know when these are ready to be ordered.
  
- **Local Ed:** Do changes during annual enrollment have to be completed by using ESS or can we, the ABC, use the new ebenefits to make those changes?
  - **Answer:** You have the option between the two. An employee can use ESS, or if you want the employee to use eForms, the employee can complete a form and you, the ABC, can upload the information into eForms.
  
- **Local Ed:** Will retirees have access to Edison to make changes, or do they need to fill out the paper form?
  - **Answer:** They will need to fill out the paper form found in their Decision Guide and we have the form on the [ParTNers for Health website](#) found [here](#).
  
- **Local Ed:** Is the appeals process finished?
  - **Answer:** We still have members in the process of an appeal and when they are processed, they will come over to BA on a file. If members have a question about the status of their appeal, they can call Healthways at 888.741.3390.
  
- **Local Ed:** If the deductible is \$1,600 and maximum out of pocket is \$6,000, is that all they would have to pay that year even if some of the services are out of network?
  - **Answer:** With the deductible and the out-of-pocket maximum, you have separate amounts for in-network and out-of-network. Those amounts do not cross apply, meaning that services received in-network only count toward your in-network amounts and services received out-of-network only count toward your out-of-network amounts. For example, the Limited PPO “employee only” coverage level has an in-network deductible of \$1,600 and the out-of-pocket maximum is \$6,600. The separate out-of-network amounts are \$3,000 and \$10,000. As a reminder, if a service is not eligible for coverage, it will not count toward your deductible or out-of-pocket maximum amounts. Members can track deductible and out-of-pocket information on the carriers’ websites. Year-to-date totals are also included on medical Explanation of Benefits (EOB) statements.
  
- **Local Ed:** The coinsurance that is being charged for the x-ray, labs and diagnostics, is the annual deductible involved?
  - **Answer:** For the PPOs, if it is a service such as a simple chest x-ray, there is coinsurance and it is not subject to the deductible. In the CDHP, a deductible would

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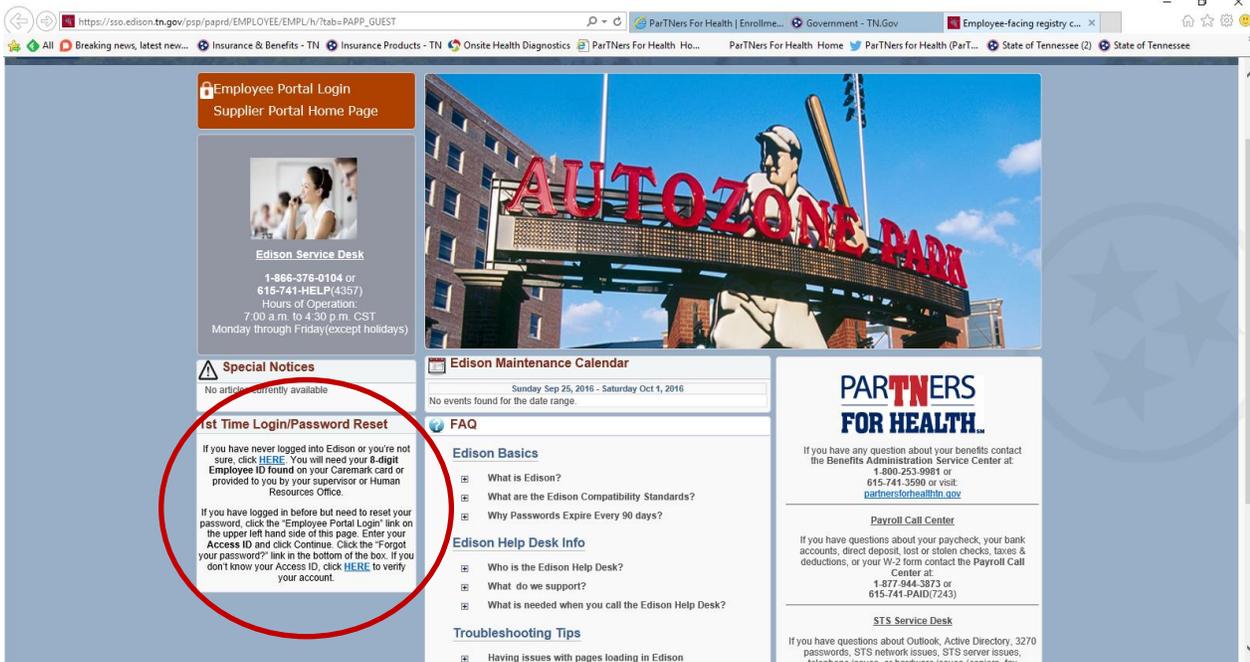
apply. If it is an MRI or other more advanced test, then the deductible would apply. The benefits chart in the Decision Guides includes this information at the top of the grids.

- **Local Ed:** If folks don't do changes in ESS, then they do a paper form in eForms? How do we enter that? I tried to search for them under eBenefits?
  - **Answer:** Yes, the member can complete a form and the ABC can submit the information in eForms. The member would have to have an open benefits event, and for annual enrollment, the open benefits event will not open until October 3 at 12 a.m. Central time in Edison.
  
- **Local Ed:** The CDHP is the lowest affordable premium but it has 30 percent coinsurance and that applies when the deductible is met. Is there a place we can find the discounted network rate? A lot of our employees can't afford this.
  - **Answer:** As a reminder, all preventive services are covered 100 percent. Members can go to their carriers' websites and login to see past costs for services, they can also call their providers for costs for doctors' visits, etc., to get an estimate of costs. The same is true for pharmacy services.
  
- **Local Ed:** So, to clarify on the eBenefits question. Employees can make changes in Edison, or the ABC can make the changes in the eBenefits section for the employee. Is that correct?
  - **Answer:** Employees can use ESS, or the ABC can submit the information in eForms that the member has completed on a form.
  
- **Local Ed:** Again the only way for employees to receive their Edison ID and usernames, is to log into Edison, correct?
  - **Answer:** Employees can get their Edison ID number from their Caremark card or from the 302 query. They can get their usernames by going to the Edison homepage and clicking on 1<sup>st</sup> Time Login. We have included a screenshot below:

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- **Local Ed:** So you all are not sending out a list of usernames and temporary passwords
  - **Answer:** No. Members can reset their passwords by going to the links on the homepage of Edison.
  
- **State:** If an employee switches to the HealthSavings CDHP are they able to use the HSA for pay for teeth whitening since the insurance does not cover it?
  - **Answer:** No, teeth whitening is not considered a qualified medical expense and is not covered. It is considered a cosmetic procedure.
  
- **State:** Are there any exclusions on using the FSA or HSA because something is experimental? I have an employee who wants to try an experimental injection instead of disc surgery but is unsure if it will be something she could use the FSA or HSA for. It is not covered by insurance. She tried to call the IRS and could not get through.
  - **Answer:** The cost of prescription and experimental drugs is an eligible medical expense. It is listed on the members list under their resources in the PayFlex member portal. When members log into PayFlex site, <https://stateoftn.payflexdirect.com/EmployeeLogin.aspx> they enroll and then log in and click on resources tab, there is a list of resources. Also, the IRS has a list of what is reimbursable and what is not – [irs.gov/publications/p502](https://irs.gov/publications/p502)
  
- **State:** Will you please go over what happens to employees who did not meet the requirements of the Partnership Promise for 2016?
  - **Answer:** If members were in the Partnership PPO or the Wellness Healthsavings CDHP and did not complete the 2016 Partnership Promise, they can stay in their current options. However, they will pay the higher premium in the No Partnership Promise PPO. Or, if in the CDHP, they will be in the No Promise HealthSavings

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CDHP and the state will not put funds in your HSA. **IMPORTANT:** If they do not make a change, these cost changes will take place automatically. They can enroll in a different plan, but they must take action during annual enrollment.

- **State:** Is it possible to get these PowerPoint presentations from the call sent to us either by mail or email?
  - **Answer:** No, we don't send the PowerPoint out prior to the calls as information is often added right up to the start of the calls and the files are too large for some ABCs to receive. We do include all of the information and more in the call notes.
  
- **Local Gov:** If we are in LocalPlus, and during open enrollment I wanted to switch to OAP, do I complete a form just like usual and make a change during annual enrollment?
  - **Answer:** Yes, you can make this change during annual enrollment and you can make this change in ESS.
  
- **Local Gov:** I have an employee who starts Monday and I'm trying to get him on insurance for October. Did I miss the cut off? Do I put in today's date?
  - **Answer:** It depends on if you have a probationary period. You would use the actual hire date and with coverage start date as October 1. We have switched to using the actual start date and then employee has more time to make his elections.
  
- **Local Gov:** An employee wants to go to go with Cigna LocalPlus in 2016 and during annual enrollment wants to go to OAP for 2017, so I would go back in for 2017?
  - **Answer:** Yes, during the enrollment period, the Annual Enrollment event will be available the day after we finish processing the new hire event.
  
- **Local Gov:** I'm sorry...what are the "handbooks" referenced in the answer to the question regarding benefit exclusions?
  - **Answer:** Every year in December, depending on your enrollment elections, you will get a welcome packet and a member handbook from either BCBS or Cigna. We are not expecting to make any changes to the exclusions part of the 2017 handbooks, so the exclusions in the 2016 handbooks should hold true for 2017.
  
- **Local Gov:** Do the married employees need to send in a current proof of joint ownership if they are already on our insurance?
  - **Answer:** No.
  
- **Local Go:** My agency has a 60-day eligibility/waiting period for benefits for new hires. If an employee elects coverage, the coverage will start the first day of the month after completing the eligibility/waiting period. How soon should I add the employee in Edison and what hire date/effective date should be used in Edison? My agency has a 60 day eligibility waiting period for benefits.
  - **Answer:** You should use the first of the month before the coverage would begin, so if they have satisfied the probationary period, coverage will begin on 10/1, then the hire date would be 9/1.

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- **Local Gov:** Is EAP available to Local Gov or only to State employees? The verbiage was a little confusing as I read it.
  - **Answer:** Yes, the member must be enrolled in the plan to be eligible for EAP. The employee's eligible dependents do not have to be enrolled in the plan to be able to use EAP services.
  
- **Higher Ed:** The 2017 Decision Guide (page 23) regarding the Limited Purpose FSA states that this plan (LFSA) is only available to employees who enroll in a CDHP plan with a health savings account (HSA)?
  - **Answer:** That is an error and we apologize for the error. The LFSA is available to anyone who wants to enroll. It is particularly attractive to those in the CDHP, because you can't have both the HSA and the FSA. You also can't have both the medical FSA and the LFSA. **But note, you can only use the LFSA for dental and vision expenses; you cannot use it for medical expenses.**

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**Materials and Communications**

- **Communications Updates:**
  - **Annual Enrollment has started!**
    - **State/Higher Ed:** Now through October 14
    - **Retirees:** Now through October 28
    - **Local Ed/Local Gov:** Now through October 28
  - **Edison Confirmation Email Issue:**
    - From October 3 at 12:00 a.m. until October 4 at 11:00 a.m., there was an issue with the Edison-generated confirmation email that goes to employees who have submitted their benefits choices. The Edison team worked to correct this as quickly as possible. During the time the confirmation email was incorrect, the following information was posted on the ParTNers for Health website and in Edison.
      - Attention: Benefits enrollees who have an email address in Edison get an email generated confirmation statement that outlines your choices once you have submitted them in Edison. Currently the monthly health insurance premium rate shows up as \$84 no matter which plan you have selected. Please be assured that Edison has recorded your selection correctly. At the end of the enrollment period, you will receive a corrected statement in the mail confirming your choices and the associated premiums.
      - **Members will receive a corrected statement by mail at the end of the enrollment period.** The following message is now posted on the Edison homepage:
        - **Attention: If you enrolled in health insurance between 12:00 a.m. on 10/3 and 11:00 a.m. on 10/4, your email-generated confirmation statement showed your premium rate as \$84 no matter which plan you selected. Please be assured that Edison recorded your selection correctly. At the end of the enrollment period, you will receive a corrected statement in the mail confirming your choices and the associated premiums.**
  - **BlueCross BlueShield Clarification:** The announcement made by BlueCross BlueShield of Tennessee last week advising that for 2017, the company will offer plans in only five of the eight Affordable Care Act Marketplace regions – withdrawing from the Memphis, Nashville and Knoxville regions -- **has nothing to do with the State of Tennessee options** available through Benefits Administration. BCBST received permission earlier this year to implement a 62 percent rate increase for their Marketplace products. **This rate increase has nothing to do with the health insurance offered by the state plan.** The BCBST rates included in the 2017 Decision Guides are current and accurate.
  - **Local Ed/Local Gov and Higher Ed: Sample Employee HSA Payroll Deduction Form:** We have posted a sample HSA payroll deduction form on the [ABC webpage under the PayFlex header](#).

**COMMUNICATION QUESTIONS**

- **Local Ed:** When will the enrollment packets (Decision Guides) go out to members?

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- **Answer:** The Decision Guides were mailed a few weeks ago, and all eligible employees should have received them in the mail. If they did not receive it, we do not have an accurate address on file for them. As a reminder, you and members can also print a Decision Guide from the [ParTNers for Health website](#). If you're referring to welcome packets from BCBS and Cigna, those will go out to members the second week of December.
  
- **Local Ed:** Where do employees get their Access ID?
  - **Answer:** Employees will get it by going through the Edison first-time user process. There is now a video on the ParTNers for Health website, under [About Enrollment, Using Edison ESS](#) that will show employees step-by-step how to get their Access ID. Employees will write down their Access ID and use it going forward.
  
- **Local Ed:** Are you going to go over the policy not permissible under the current MOU? Specifically, hospital confinement?
  - **Answer:** No. We are not going to go over that. Please send your specific question to [benefits.privacy@tn.gov](mailto:benefits.privacy@tn.gov).
  
- **State:** Do we have a provider list for BCBS?
  - **Answer:** There is a PDF of the participating [BCBS network hospitals](#) on the ParTNers for Health website. There is also a [BCBS provider directory \(PDF\)](#) located on the ParTNers website. If you need a provider list that includes all physicians and facilities, you should go to the [BCBS carrier website](#), which you can reach through the ParTNers website.

**HEALTHSAVINGS CDHP/HSA AND FSA QUESTIONS**

- **Local Ed:** If we currently don't have any employees enrolled in the CDHP, but have one member who has enrolled effective 10/1, what will happen when they elect to contribute to HSA? We do not have anything set up through PayFlex currently and do not want to since this will only affect one employee.
  - **Answer:** They aren't able to contribute anything through Edison to their HSA, so they would have to go through you to contribute. If the employer is not going to contribute to the employee's HSA, they can still enroll. They will receive a debit card from PayFlex, and they can set up their account on the PayFlex portal. They will be able to contribute funds to their account through that website. Employees will need to keep their receipts for tax deduction purposes.
  
- **Local Ed:** Is there a fee involved with PayFlex in order to do this straight through PayFlex?
  - **Answer:** No, there is not a fee. The only fees associated with PayFlex are if employees need to stop a payment on a check, have an overdraft, non-sufficient funds or need to do a wire transfer.
  
- **State:** In regards to HSA, is there a minimum amount that an individual can contribute each pay period?

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- **Answer:** There is **not** a minimum amount. The annual maximum amount is \$3,400 for individuals and \$6,700 for families. This includes all agency contributions. For state and higher education employees who enroll in the Promise HealthSavings CDHP, the state puts \$500 for employee only coverage, and \$1,000 for all other tiers. Also, at age 55 and older, employees can make an additional \$1,000/year contribution.
  
- **State:** I have an employee who participated in the CDHP last year and wants to contribute in 2017. Will the pre-tax deductions from his paycheck continue to deposit in the HSA account? Will it continue as is without any action from him in 2017?
  - **Answer:** No, he will need to take action and update his contribution for 2017. We sent an email or a letter this week to all state employees currently enrolled in the CDHP with this information.
  
- **State:** Can employees add to HSA or FSA accounts throughout the year by sending checks to PayFlex so that they can use their card if they use all of the funds?
  - **Answer:** The HSA does allow check contributions or transfers from personal bank accounts; however, all contributions will go toward that maximum set by the IRS, and so employees need to be careful of that. For the FSA, there is no option to send in checks.
  
- **State:** On the flex spending account, do I understand it will keep up to \$500 transfer to the next year?
  - **Answer:** Yes. For 2017 into 2018, members can carryover up to \$500 in their healthcare or limited purpose FSAs. Anything amounts above \$500 in an employee's healthcare FSA or limited purpose FSA after 12/31/17 will be forfeited, per IRS rules. The \$500 carryover provision does not apply to the dependent care FSA (DC-FSA). That plan still continues as is: use it by 12/31/17 or lose it.
  
- **Higher Ed:** If you currently have an HSA and register with Payflex, do you have to register again with Payflex? An employee tried to register again and was not recognized on the website?
  - **Answer:** We would have to make sure the employee is logging in to the correct url. There is some confusion with the correct url. The credentials, the username and password, must correspond with the correct url. If you have specific questions, you can send your questions to Kathy with PayFlex at [Stantonk1@aetna.com](mailto:Stantonk1@aetna.com)
  
- **Higher Ed:** For the higher education institutions, when they go to the state's PayFlex website sometimes the employer ID needs to be entered. For the FSA, enter the social and zip code and you need the 2017 FSA employer ID.
  - **Answer:** This is exactly right.
  
- **Higher Ed:** There is concern that once an employee signs up for the FSA on the state PayFlex website that they won't have access to their current FSA on the TBR site. Would you state how they will be able to toggle between the two?
  - **Answer:** Employees will have access to both just like they do today. They will have access to the 2016 product, but just different logins and different employer numbers.

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- **Higher Ed:** (TBR Question): Will at some time the health hub login be shut off?
  - **Answer:** PayFlex stated that employees will likely have access for up to 18 months.
  
- **Higher Ed:** If the employee is not changing their contribution to their HSA they do not have to anything right, their HSA contributions will be there for them, correct?
  - **Answer:** Per Lisa Reed: For TBR, we are not requiring them to reselect their contributions, only if they want to make a change. We have made both the 2016 and 2017 forms available to the benefit coordinators. If they don't want to change they don't have to do anything. For state employees, they **do** have to go into Edison and reselect their contribution amounts.

**ParTNers for Health Wellness Program**

- **Add On: Q4 Wellness Challenge: Add On** is a fun, six-week weight management challenge that runs from **October 10 to November 20**. It's all about adding more of the good things to your lifestyle. And it's meant to help you get the "extras" from your smart choices that lead to a healthier weight. The *Add On* challenge is open to all state employees and members of the State Group Insurance Plan. **Enrollment is from** October 3-17

**Operations**

- **Local Ed/Local Gov: Active Employees Continuing Group Health as a Retiree:**
  - If you have a member who is retiring and their active insurance is ending 1/1/17 or earlier, AND they want to make a change in their insurance enrollments for 2017, the member needs to submit an Annual Enrollment Application for Retiree Participant along with the Application to Continue Insurance at Retirement.
    - **EXAMPLE:** member is currently enrolled in Partnership Promise Cigna LocalPlus; member wants to change to Partnership Promise Cigna Open Access 1/1/17. Member retires 10/28/16 and active coverage ends 11/1/16. Any Annual Enrollment change keyed on the member's active record will be wiped out with the termination. If we do not have the Annual Enrollment Application we cannot key the change the member wants.
    - **EXAMPLE:** member is currently enrolled in Standard BCBS; member wants to change to Partnership Promise BCBS 1/1/17. Member retires 12/23/16 and active coverage terminates 2/1/17. We do NOT need an Annual Enrollment Application as we can see the change in Edison effective 1/1/17.
    - The Annual Enrollment application can be found on the BA website under the forms tab
    - <http://www.tn.gov/finance/article/fa-benefits-for-retirement>
  
- **State/Higher Ed: Active Employees Continuing Group Health as a Retiree:**
  - If you have a member who is retiring and their active insurance is ending 1/1/17 or earlier, AND they want to make a change in their insurance enrollments for 2017, the member needs to submit an Annual Enrollment Application for Retiree Participant along with the Application to Continue Insurance at Retirement.
    - **EXAMPLE:** member is currently enrolled in Partnership Promise Cigna LocalPlus; member wants to change to Partnership Promise Cigna Open Access 1/1/17. Member retires 10/28/16 and active coverage ends 11/1/16. Any Annual Enrollment change

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keyed on the member's active record will be wiped out with the termination. If we do not have the Annual Enrollment Application we cannot key the change the member wants.

- **EXAMPLE:** member is currently enrolled in Standard BCBS; member wants to change to Partnership Promise BCBS 1/1/17. Member's last day at work is 12/23/16 but annual terminal leave runs out 1/17/17, with active coverage terminating 2/1/17. We do NOT need an Annual Enrollment Application as we can see the change in Edison effective 1/1/17.
  - The Annual Enrollment application can be found on the BA website under the forms tab
  - <http://www.tn.gov/finance/article/fa-benefits-for-retirement>
- **Local Ed/Local Gov/Higher Ed: eForms Transfer Process:** We have enhanced the eForm process for employees transferring from one agency to another. Previously, when you hired an employee who was active in another agency, the Hire eForm went into an Error status and routed to Benefits Administration for review. We then had to reach out to the losing agency to enter the termination for the employee in Edison. Now, this process has been streamlined, and we are more fully utilizing the available functionality with eForms. When you enter a Hire eForm for an employee that is currently working for another agency, now the form will route directly to the losing agency to verify the term date and approve. The losing agency will be able to agree to the term date requested, select that the employee is not terminating, or change the term date if it is not correct. Once the agency selects the term date, it will load the termination and the rehire in the Edison system and the gaining agency will be notified when complete. We will be holding a couple of webinars to demonstrate this new functionality. We will also send out a training guide for you to use.
  - **Local Ed/Local Gov: 1<sup>st</sup> Time Login/Password Reset** Reminder: The Caremark card contains their Edison Employee ID. Members will need to use the 1<sup>st</sup> Time Login/Password Reset process to retrieve their Access ID. They will need their Edison Employee ID in order to obtain their Access ID.
  - **Local Ed/Local Gov/Higher Ed: Retiree Enrollments for PPACA Reporting:** Several months ago we shared with you that we were working on a process to get all retiree enrollments in Edison so that the retirees would show on your PPACA reports. We have now almost finished that process. The majority of retirees have now been moved to agency-specific departments. We are working on setting up all ABCs with access to these new departments. **We anticipated that this would be complete by the end of the week but have been notified it will be the end of next week.** You will receive an email notification once your access has been set up. Once you have been granted security access to your new retiree department(s), the retirees will show up if you run the TN PPACA REPORT for 2016. The report can be found here: HCM > Benefits > Reports > TN PPACA REPORT.
  - **Higher Ed: Call BA for Password Assistance:** We have been getting reports that a lot of Higher Ed users have been calling the Edison Help Desk to get password assistance instead of the Benefits Administration Service Center. **Please direct your employees to BA at 800-253-9981 if they need help resetting their password.** Also, many employees are saying they've been told that the Access ID is what is on their Caremark card. The Caremark card contains

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their Edison Employee ID. They will need to use the 1<sup>st</sup> Time Login/Password Reset process to retrieve their Access ID.

- **ABC Training Dates:**

- **ABC Workshops on eForm Transfer Process**

- **10/07/2016 – 10-11 am Central time (already occurred)**

- Join WebEx meeting

- <https://tngov.webex.com/ABCworkshop>

- Meeting number (access code): 640 681 406

- Meeting password: emncgVSB

- **10/13/2016 – 1-2 pm Central time**

- Join WebEx meeting

- <https://tn.gov.webex.com/ABCworkshop>

- number (access code): 646 620 891

- Meeting password: ZEY3Umhc

## **OPERATIONS QUESTIONS**

- **Local Ed:** Is it possible to get a list of our retirees who are ineligible for the Partnership Promise for 2017?
  - **Answer:** Yes. Once you're granted security access, they will start showing on the 309 query. We are in the process of getting security added and will notify the ABCs by email once it is granted, which should be by the end of next week.
- **Local Ed:** I have some employees who are having trouble logging in for the first time. They are using their correct password and ID number and it's telling them it's wrong and that they have tried to update and change their password. What should they do?
  - **Answer:** Please make sure they are using their Access ID and not their Edison ID. The Access ID should start with the first four characters of their first name. There is now a video on the ParTners for Health website, under the Enrollment tab, [About Enrollment/Using ESS](#), that will help first-time users log in to Edison step by step. The video can also be accessed in the "1<sup>st</sup> Time Login/Password Reset" box on the Edison login page. If they are still having issues, members can call the BA Service Center at 1-800-253-9981.
- **Local Ed:** What is the process when we discover an employee has never been entered into Edison?
  - **Answer:** You will need to enter the employee as soon as possible with the current date in the system and enter a Benefit eForm to waive the coverage. The next morning the annual enrollment event will generate for that employee.
- **Local Ed:** If a person does not want to make changes do they need to log in to Edison?
  - **Answer:** No. They only need to log in if they want to make changes for 2017.
- **Local Ed:** Some of our employees are saying they are getting a "syntax" error once they click to confirm their election.

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- **Answer:** We have not heard of that. Please send in a Zendesk ticket, and we will follow up.
  
- **Local Ed:** When adding an employee who has never been entered into Edison, do I need to also upload the form to refuse benefits when I enter the eHire form?
  - **Answer:** No. As long as you have a form on file, we don't need one on file at BA.
  
- **Local Ed:** Is there a specific PayFlex employee deduction form on the website that we can use for HSA employee contributions?
  - **Answer:** There is a sample form and we have posted to the ABC webpage under PayFlex, [found here](#). You can download the form as a reference.
  
- **Local Ed:** About the Telehealth option, information on the ParTNers for Health website says that the copay is equal to primary care office visits, but I thought that previous BA info said the copay was \$15?
  - **Answer:** Currently, the copay for the PPOs is equal to office visits in 2016, but in 2017 it is changing to \$15. The PPO copay information on the website was for 2016 and we have updated it for the 2017 PPO copay amount. To clarify, for **telemental** health, the copay will still be the same copay as an office visit.
  
- **Local Ed:** Are copays included in the out-of-pocket maximum? This year it was included in Limited, but I do not see it anywhere for 2017.
  - **Answer:** Yes, copays are included in the out-of-pocket maximums. On page 12 of the Decision Guide on the 2017 Benefit Comparison page, at the top it states that the costs on the page “do apply to the annual out-of-pocket maximum”. This is the same for the PPOs and the CDHP.
  
- **Local Ed:** Is the workshop for the eForm transfer process on ELM yet? I'm not finding it.
  - **Answer:** They are in ELM. The path in Edison is Main menu>ELM>Employee Self Service>Learning>Search Catalog>Advanced search. Enter Code ABCT 4000. All the available workshops are listed.
  
- **Local Ed:** How can an employee be sure the insurance selections they chose in Edison went through? Can the ABC view that in Edison for them?
  - **Answer:** The employee can check to make sure their selections went through by going to the Benefits Enrollment page in Edison. They will click **View** link under “View/Print Confirmation Statement” and can see their changes there. The ABC will not be able to see this in Edison until after the enrollment period ends and we finalize enrollment. Also, if the employee has an email address on file in Edison, they will receive a confirmation statement through email.
  
- **State:** I have an employee who termed on September 30<sup>th</sup> and he wants to drop insurance as of the September 30<sup>th</sup>. He enrolled in Medicare months back not knowing he didn't need to do that. They took deductions out for November. What reason do I mark on the form?
  - **Answer:** We will reach out to you offline about this.

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- **State:** I have an employee who started September 15 and is already enrolled in insurance. Edison shows that he has an open enrollment event, but should he be filling out a paper form? I have heard that there have been difficulties in the past with this situation in Edison.
  - **Answer:** No, he should not be filling out a paper form and should complete his annual enrollment changes in Edison ESS. This actually simplifies the process and reduces the errors.
  
- **State:** I have an employee that added his son to his dental insurance and Edison gave him a message stating he needed to provide evidence of insurability. The son is already on the health and vision insurance. Is this just a standard note that is given to all employees?
  - **Answer:** No. That message should only show up if it is an unverified dependent. Please send a ticket into Zendesk, and we will see what is going on.
  
- **State:** The spreadsheet that was sent out asking for additional information under the Affordable Care Act where dependents' names might not match, has that been resolved? If we sent stuff in can we file away what we sent?
  - **Answer:** That is all we need. We made all updates we have received so that we can refile with the federal government.
  
- **State:** Going forward, how are we going to handle situations where employees' spouses' last names are different than what they put on the form?
  - **Answer:** We have voiced those concerns to the federal government and we have been told they are working on a process where we can do a data match before the file is sent to them.
  
- **State:** This is a question about Cigna prepaid dental. As part of the Healthy Rewards Discount Program, members are allowed to get free eye exams. How do the employees take advantage of that?
  - **Answer:** They will need to call the Cigna service center at 800.997.1617.
  
- **State:** If we have new employees, do they need to select benefits (for 2016) and then they'll get an open enrollment event?
  - **Answer:** Yes, for new hires, if they go in and make their selections, then the next day after their event is processed, which will be right away if they don't have dependents and don't enroll in the Partnership Promise plan, they will have an open enrollment event available. If they enroll as a new hire next week and they don't get an open enrollment event in the last few days of open enrollment, we will accept a paper form for those new hires.
  
- **Local Gov:** If new employees with health insurance effective December 1, 2016, would like the 2017 health insurance options, do we send in the 2017 forms? Do I make the changes online?
  - **Answer:** Yes, within their 31 day initial enrollment period they would have two enrollments: one for new hire and one for 2017. If the employee used ESS for the

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2016 coverage, you will need to use a paper form for the employee to make an enrollment change for 2017.

- **Local Gov:** When terminating an employee, do we still go to the non-payroll data and terminate there? If so, I could not get it to work yesterday.
  - **Answer:** Yes, you do use that page. We were confirming our payroll yesterday so that's why the page was locked out yesterday. It is locked out once a month. We have a calendar of blackout dates on the [ABC website](#), under Edison Information, [External Agency Calendar - October](#).
  
- **Local Gov:** Will BA be monitoring the eForm process? What if the losing agency does not go in and make the change? Who should we contact?
  - **Answer:** If the losing agency is not making the change, then you should reach out to BA by calling our service center at 800-253-9981 or by entering a Zendesk ticket and we will follow up with the losing agency.
  
- **Local Gov:** We have an employee retiring 1/21/17 who has requested to cancel insurance. Do I use 12/31/16 as the termination date?
  - **Answer:** No, in Edison you would use 11/30/16 to make their insurance terminate on 12/31/16. Or since they will be losing insurance 1/1/17, they can go into ESS and cancel it themselves during open enrollment. Either way would work because coverage termination date would be effective on the same date.
  
- **Local Gov:** Just to clarify, if I have a new hire employee and they are eligible for coverage 12/1/16 and I have completed an eForm for them, then will they need to enroll again for coverage beginning 1/1, or will what they select for the 12/1 coverage not roll forward if they are good with what they selected for the 12/1 coverage?
  - **Answer:** If they want to continue the same coverage for 2017, you do not need to do anything. The 2017 form is only required if the person wants to make a change to their benefits.
  
- **Local Gov:** So to clarify, an ABC can make an employee's changes during annual enrollment on eForms?
  - **Answer:** Yes, that is correct.
  
- **Local Gov:** I have an employee who is enrolling her husband during the annual enrollment period. I have keying ability. Can I key this spouse's information through eForms?
  - **Answer:** If she's adding him during annual enrollment, then yes. You would just need all of the dependent verification information uploaded by the enrollment deadline.
  
- **Local Gov:** When will a report generate to show what changes employees made during open enrollment?
  - **Answer:** You can run a report any time during the enrollment period using this query TN\_BA265. All other changes you can get after the enrollment period ends. We will be having a workshop on queries to run.

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- **Local Gov:** In the past, we have received an email with employee passwords for accessing ESS. Did I miss that?
  - **Answer:** We did not send out that information this year. Our security team developed a new process that is secure. That process is the 1<sup>st</sup> Time Login/Password Reset so employees can reset their passwords on their own. This can be found on the [Edison home page](#) on the left hand side. There is a video on the ParTNeRS for Health website that will take members through the process step by step. The video can also be found on the 1<sup>st</sup> Time Login/Password Reset box on the Edison login page. You can find that video [here](#).
  
- **Local Gov:** I have an employee who is retiring in December and she wants to go on to the retirement insurance. She said she is retiring on December 12 and her insurance will cover her through December 31. She doesn't have to re-enroll in October because she's not taking that insurance, correct?
  - **Answer:** Right. She wouldn't need to do anything as an active employee since her insurance is going to terminate 12/31/16.
  
- **Local Gov:** I have two employees who want to enroll in vision and dental. Where do I get these forms to enroll?
  - **Answer:** The enrollment forms are on the [ABC website](#) (2017 Enrollment Change Application). If you have less than 100 employees, submit those through fax. If you have 100 or more, you will use that form and key the enrollment yourself.
  
- **Local Gov:** So during which months will a new employee in 2016 need to fill out the 2016 forms if they want 2017 options?
  - **Answer:** Any new hire in November and December will need to fill out the 2017 form. October is a little tricky. It depends on the month they're hired. If they are hired this week or next week, they can make their changes in ESS. It's all about the timing when a new hire enrollment is keyed. If you have specific questions, enter a Zendesk ticket or contact the BA Service Center at 800-253-9981.
  
- **Local Gov:** To make changes to an employee's coverage or to add a dependent, we use the benefit eForm then can create an annual enrollment eForm?
  - **Answer:** Yes. You will create an annual enrollment eForm by typing in the employee ID.
  
- **Local Gov:** I thought that eForms was for new hires only, but you just said we can use this to make changes during open enrollment?
  - **Answer:** Correct. You can use it for changes during open enrollment.
  
- **Local Gov:** If an employee wants to enroll in dental or vision can they do this through Edison?
  - **Answer:** Yes, all employees have access to ESS in Edison regardless if your agency has access to key or not. Any employee can make changes through ESS.

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- **Local Gov:** I currently do not have keying ability in Edison. Should I sign up for the eForm training? I was advised I would be contacted for training but have not heard from any one.
  - **Answer:** We're starting that process in January. If you want to go ahead and take an eForms training when we offer it, you can certainly do that and we will be happy to switch you over. Otherwise, we will reach out to you after the first of the year.
  
- **Local Gov:** Will all employees automatically have an open enrollment event in Edison?
  - **Answer:** Yes, all eligible employees will have an open enrollment event.
  
- **Local Gov:** I have a contracted employee who is not an employee on our payroll and she asked me if she can get employee insurance with the state and I believe she has to physically be our employee and have at least 32 hours of full-time service, correct?
  - **Answer:** Yes. She has to be a full-time worker with an average of 30 hours a week.
  
- **Local Gov:** Is there a way to get a list of all employees that our agency has set up in Edison? Not just the ones who are currently enrolled in benefits.
  - **Answer:** Yes. You can run the TN\_BA302 query. It lists all employees who are active in Edison.
  
- **Local Gov:** I have an employee who is going on FMLA for 12 weeks then she will transition to leave without pay. She wants to cancel her insurance effective today. How do I classify this as a qualifying event?
  - **Answer:** With this question, I would recommend you contact our service center at 800-253-9981 or you can enter a Zendesk ticket.
  
- **Local Gov:** If we want to change the terms in our contract to include employees who work 25 hours a week to be eligible for insurance, how do we do that?
  - **Answer:** You have to follow the state's rules for full-time employees. You are not allowed to modify the terms to make additional people eligible for coverage.  
**Follow up question:** Is 30 hours the minimum?
  - **Answer:** Yes, 30 hours is the minimum.
  
- **Local Gov:** We have an employee who is currently on Medicare and wondered if the state insurance would function as a supplement?
  - **Answer:** The state insurance is the primary insurance. Medicare would be secondary.
  
- **Local Gov:** Do we need to notify BA if we receive an HHS letter regarding a part-time EE applying for insurance through the exchange?
  - **Answer:** No, you do not need to notify us.
  
- **Local Gov:** If an employee gets married in September, is the spouse eligible in October for the insurance?
  - **Answer:** The spouse would be eligible on the date of marriage or the first of the next month.

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- **Higher Ed:** When employees go to the Edison login page and they click on the link to sign in, they are given a message to call?
  - **Answer:** They are if they have locked their account or because they have not set up an email address and they need to call the service center to get their password reset.
  
- **Higher Ed:** If an employee has an email and we have updated it, can we go in and fix it?
  - **Answer:** No, the email address for a one-time password reset is stored in a different location. The majority of people that logged in did enter an email address. More likely they have locked themselves out of Edison. The email the ABC enters into the system will not populate. Just make sure they are using the correct Access ID and not their User ID.
  
- **Higher Ed:** We had an employee who called and waited for an hour?
  - **Answer:** The employee must have called the Edison Help Desk. The BA Service Center only allows calls to hold for 20 minutes before being transferred to voicemail.
  
- **Higher Ed:** We have new hires starting in October and benefits eligible December 1. If they want to make changes for 2017, we have been told they need to the 2017 paper form application. What do we do with them? Scanned documents or ESS?
  - **Answer:** You would upload in Edison or fax them in. Just make sure it is within the 31 day eligibility period so we can process the enrollments timely.
  
- **Higher Ed:** The people who were in the Partnership PPO who did not complete the Promise will be moved to the No Partnership Promise, not the Standard, correct? They would have to actively make a change to the Standard if they want?
  - **Answer:** Correct. And yes, they would have to actively make a change to the Standard PPO.
  
- **Higher Ed:** We have tried several computers, and the vision option doesn't show up for one of our employees?
  - **Answer:** Most likely when he was hired initially, vision was selected "no". You should submit a Corrections and Clarifications form so that BA can make the correction and he should be able to enroll.
  
- **Higher Ed:** I have an employee out on medical leave is she is not able to make a change. Is there any process to assist those employees?
  - **Answer:** Those are handled on an individual basis. If she cannot use ESS, you could do a paper form and use eForms.
  
- **Higher Ed:** I have a question about an employee who is canceling coverage for a spouse due to a divorce. At the bottom of the Cancel Request form, it states: "By signing this application, I attest that I and/or my dependent(s) are eligible to cancel coverage either because we have become newly eligible for coverage under another plan or because we are enrolled in the prepaid dental option administered by Cigna and there is no participating general dentist within a 40-mile radius of our home. I further

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attest that the information I am submitting is true and accurate. Is true and accurate. I understand that by making this request, the participant(s) whose coverage is canceled will not be eligible for COBRA.” For this employee, should I use the Cancel Request form in this instance?

- **Answer:** Your employee would need to complete the Enrollment Change Application form. You would only use the Cancel Request form when you are cancelling dependents that are still eligible.
  
- **Higher Ed:** I have a new hire and I’m using eForms. What if I do something completely wrong? Is anyone checking the form to make sure the information is correct? For example, I have a new hire who enrolled in medical, dental and vision. It used to be I could see this in the documents.
  - **Answer:** It only routes to us if the employee enrolls in the Partnership Promise or if they the employee has new dependents. So no, we depend on ABCs to enter the information correctly.

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**Materials and Communications**

- **Communications Updates**
  - **Annual Enrollment**
    - **State/Higher Ed:** Enrollment ends Friday, October 14
      - **Deadline is 4:30 p.m. Central time**
      - **For state and higher education employees, dependent verification documents must be received by the deadline or dependents will not be enrolled.**
    - **Retirees:** Enrollments is now through October 28
    - **Local Ed/Local Gov:** Enrollment is now through October 28. Deadline is 4:30 p.m. Central time on October 28. For local education and local government employees and retirees, dependent verification documents must be received by the deadline or dependents will not be enrolled.

**COMMUNICATIONS QUESTIONS**

- **Higher Ed:** Speaking of letters, people have been receiving letters from MN Life. Have there been changes?
  - **Answer:** No, there have not been changes to the programs, but individual members may have had changes. Members eligible for a \$5,000 guaranteed issue increase in their voluntary term life insurance were sent a post card from MN Life. The deadline if members would like to accept this increase is the same enrollment deadline, October 14. Members must respond directly to MN Life via the [Securian website](#) or complete and fax the [Voluntary Term Life Enrollment form](#) which may be found on the BA website at [http://www.tn.gov/assets/entities/finance/benefits/attachments/life\\_term\\_form.pdf](http://www.tn.gov/assets/entities/finance/benefits/attachments/life_term_form.pdf)
    - In addition, MN Life mailed a conversion opportunity letter to members in the basic term life insurance program whose coverage was reduced due to the member reaching an age milestone of 65 or greater. The member may convert to an individual policy the amount of basic term life insurance removed due to age.
    - Additionally, for **basic term life insurance** BA has sent out one reduction in the coverage letter due to a member's age, and the other is change in coverage due to a new salary level.
    - Also, members in the voluntary term life insurance program may have received a letter concerning a premium increase effective January 1 if the member will be in a higher age bracket as of January 1.
- **Higher Ed:** I had one of my employees receive one of the basic term life letters and it led her to believe that she could drop this coverage?
  - **Answer:** No, she cannot drop this coverage. This coverage is partially subsidized by the state.

**Operations**

- **Local Ed/Local Gov: Annual Enrollment Appeals:** The deadline for Annual Enrollment appeals will be Thursday, December 15<sup>th</sup> at 4:30 p.m. Central time.
  - Employees who elect to receive a mailed confirmation statement should get their statements in the mail by the middle of November, giving them a month to review and appeal. The annual enrollment changes will be sent to the vendors on Wednesday,

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November 23<sup>rd</sup> so any appeals submitted after that time may cause the employees to get incorrect insurance cards. Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.

- **Local Ed/Local Gov: Queries to Run during Annual Enrollment:** As the enrollment period gets going, we wanted to remind you of a few queries you should be running each week in order to assist your employees with making their elections.
  - **TN\_BA219\_OE\_NOT\_SUBMITTED** – This query should be run with an event date of 1/1/2017. Anyone with a value of “SAVED” in the “Saved but Not Submitted” (8th) column of the query has made changes in Edison but has not submitted their elections. Please reach out to them and let them know that the changes will not be made unless they go back into Edison and submit. We will also be sending emails weekly to this group of people if they have an email address in Edison. Since not all employees have an email address, we rely on you to reach out to them as well.
  - **TN\_BA311\_ESS\_NEW\_DEPENDENTS** – The event class should be “OE” and the Beginning and Ending Event Date should be 1/1/2017. This query will show you all new dependents that have been added through ESS during Annual Enrollment. The last column on the query results, “Proof Recvd?” will say Y or N for Yes or No. If it has a “Y” then we have received the necessary dependent verification. If it has a “N”, then we either haven’t received the verification or we have received it but not yet processed it. We recommend reviewing the people with a “N” to see if they have dependent information in Scanned Documents in Edison. If not, please reach out to these employees and let them know that they must submit dependent verification by 4:30 p.m. on Friday, October 28th in order to add the dependents to coverage. They can either go back in Edison and upload it, or you can upload or fax it to us for them.
- **State/Higher Ed: Annual Enrollment Appeals:** The deadline for Annual Enrollment appeals will be Thursday, December 1<sup>st</sup> at 4:30 p.m. Central time.
  - Employees who elect to receive a mailed confirmation statement should get their statements in the mail by the beginning of November, giving them a month to review and appeal by submitting to BA a letter stating the reason for the appeal and an enrollment change application. The annual enrollment changes will be sent to the vendors on Wednesday, November 23<sup>rd</sup> so any appeals submitted after that time may cause the employees to get incorrect insurance cards. Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.
- **State/Higher Ed: Queries to Run during Annual Enrollment:** As the enrollment period winds down to a close, we wanted to remind you of a few queries you should be running this week in order to assist your employees with making their elections.
  - **TN\_BA219\_OE\_NOT\_SUBMITTED** – This query should be run with an event date of 1/1/2017. Anyone with a value of “SAVED” in the “Saved but Not Submitted” (8<sup>th</sup>) column of the query has made changes in Edison but has not submitted their elections. Please reach out to them and let them know that the changes will not be made unless they go back into Edison and submit. We will also be sending emails this week to this

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group of people if they have an email address in Edison. Since not all employees have an email address, we rely on you to reach out to them as well.

- **TN\_BA311\_ESS\_NEW\_DEPENDENTS** – The event class should be “OE” and the Beginning and Ending Event Date should be 1/1/2017. This query will show you all new dependents that have been added through ESS during Annual Enrollment. The last column on the query results, “Proof Recvd?” will say Y or N for Yes or No. If it has a “Y” then we have received the necessary dependent verification. If it has a “N”, then we either haven’t received the verification or we have received it but not yet processed it. We recommend reviewing the people with a “N” to see if they have dependent information in Scanned Documents in Edison. If not, please reach out to these employees and let them know that they must submit dependent verification by 4:30 p.m. on Friday in order to add the dependents to coverage. They can either go back in Edison and upload it, or you can upload or fax it to us for them.
- **Local Ed/Local Gov/Higher Ed ABC Training Dates:**
  - **ABC Workshops on eForm Transfer Process**
    - **10/13/2016 – 1-2 pm Central time (this workshop has already occurred)**
    - Join WebEx meeting
    - <https://tn.gov.webex.com/ABCworkshop>
    - Meeting number (access code): 646 620 891
    - Meeting password: ZEY3Umhc

**OPERATIONS QUESTIONS**

- **Local Ed:** I have an employee who is retiring at the end of November and I sent in the Application to Continue Coverage, but the employee wants to change coverage for January. Do they enroll in ESS? What do they need to do?
  - **Answer:** If the active coverage will terminate on or before 01/01/2017 the employee should not use ESS to elect changes to coverage because it will not carry over to the retirement record. In this instance, if the retiree coverage will be effective December 1, use the retiree enrollment form found in the retiree Decision Guide and we can key the retiree coverage in for the employee. There is an Annual Enrollment Application for Retiree Participant on the [ParTNers for the Health website under enrollment materials](#) and you can find it [here](#).
  -
- **Local Ed:** Is there a list of acronyms such as PPOV1M and PPLV1M to show the specific plan? Some of these acronyms list out the plan in Edison and some do not.
  - **Answer:** Yes, the list is called the [2017 Plan Code and Coverage Level Description](#) and it is available on the [ABC webpage](#) under Edison Information. We have **attached** the 2017 list with the Friday ABC email.
- **Local Ed:** Has the Partnership Ineligible query been updated? I ran last week and there were five employees on the list. I ran this week and there were none?
  - **Answer:** Yes, the list is current. Some members are still going through the appeals process and could be removed from the list.

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- **Local Ed:** I have several employees who have called Healthways and have been told that they have met their Promise, yet they are showing up on the ineligible Partnership Promise query. What do they need to do?
  - **Answer:** Healthways is sending regular file updates to BA for those who had an appeal overturned. It is a manual process and takes a few days to complete. We are happy to research specific members for you. You can send an email to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will forward your message to Paige Turner.
  
- **Local Ed:** When employees are going in to ESS and they want the confirmation to come to them by email, and when they need to update their email address, it doesn't allow them to go back to where they were previously. Is there a way to work around this?
  - **Answer:** Unfortunately, there isn't. They will have to navigate back to the ESS Benefits Enrollment page and submit their final elections.
  
- **State:** If in Cigna LocalPlus, you cannot change to Cigna OAP unless there is not a LocalPlus in your area? I thought I had heard that if you were in an area with LocalPlus you could not enroll in OAP?
  - **Answer:** No, this year you can enroll in either LocalPlus or OAP, but if you change to OAP the monthly premium costs \$40 to \$80 more. If you enroll in LocalPlus, you have to use LocalPlus providers unless you are in an area that doesn't have in-network LocalPlus providers. In this case, you would use OAP providers and they would be considered in-network.
  
- **State:** I have an employee in the appeals process and the employee does not have the option to enroll in the Partnership Promise PPO and doesn't know what to do? What is the process?
  - **Answer:** If the member needs an update on the status of the appeal, you can send that member's information to the BI box at [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will research with Healthways. We would recommend that the member make changes as if the appeal will not be overturned. If it is later overturned, we will reach out to the ABC when reprocessing the enrollment to confirm what choice the employee would like if they made a change to another plan during Annual Enrollment.
  
- **State:** Why are the deadline dates different for state and higher education employees versus retirees?
  - **Answer:** The retirees do not have ABCs and state and higher education employees do, so we felt it was fair to give them more time. They also don't have access to ESS and have to use paper forms.
  
- **State:** We've just gone through hiring the last few weeks and employees are enrolling for the first time. If they hit submit for 2016 today, tomorrow they should be able to make changes for 2017 in ESS?
  - **Answer:** If they enrolled right away and hit submit right away, they should have an open enrollment event open up for them the next day, but the best thing to do is to submit their 2017 changes by paper form. If they don't have coverage changes though, they don't have to do anything and you don't have to submit the paper form.

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- **State:** I have an employee who has LocalPlus and has a daughter at Mississippi State. Her daughter will have access to OAP?
  - **Answer:** If her daughter is outside of a LocalPlus market, she would use providers in the Cigna OAP network.
  
- **State:** Is there a certain area they have to be within (for LocalPlus)?
  - **Answer:** All of Tennessee is a LocalPlus market. LocalPlus is available in certain areas. If the area doesn't have a LocalPlus market, members would use an OAP provider. With the September 30 ABC email, we sent a Cigna flier that included information about the LocalPlus markets. You can also find it in the ABC email archives [here](#).
  
- **State:** If they have no changes for their plans, employees still need to go through and submit and save everything again correct?
  - **Answer:** No, they don't have to do anything **unless they have a FSA or a HSA**, and then they need to go in and select their contribution amounts for 2017.
  
- **State:** I have had some employees changing from Standard to Partnership and it asks for dependent verification documentation. Do they still need to send it if it is asking for it?
  - **Answer:** If dependents are already on the employee's plan, then they can just click through this screen.
  
- **State:** I have an employee and both her husband work for us and she carried the children on her plan. They switched and he will now carry the children under his plan. Do I need to resubmit the children's documents?
  - **Answer:** Yes, he would have to submit the dependent documents as we would not be able to tell that the husband and wife's insurance are connected.
  
- **State:** Are there changes in vision insurance?
  - **Answer:** There are no changes in vision insurance. The plan and benefits are the same as last year.
  
- **State:** Do employees have to re-enroll an amount into the HSA account like FSA? For example if I had an HSA account and didn't go in and change anything would the annual amount stay the same?
  - **Answer:** **No, the amount won't stay the same.** Employees have to go in and enter their HSA contribution amount for 2017. They have to update the amount every year. This is a recent update we have communicated directly to employees currently enrolled in a CDHP with the HSA by email and letter.
  
- **State:** An employee had a final divorce and his wife did not complete the Partnership Promise, but he did. Can he complete an appeal to stay in the plan with the Promise?
  - **Answer:** He would not need to appeal to Healthways. Once the divorce document is submitted, BA would have to receive notification that he would wish to switch back to the Partnership Promise PPO. If his ex-spouse is the one that cause the transfer,

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we will reach out to Healthways and manually put him back in the plan with the Partnership Promise.

- **State:** I have a new hire and within his first 31 days of hire, he made changes in Edison for 2017 enrollment. Does a paper form need to be submitted as well?
  - **Answer:** No, if he has already submitted a new hire enrollment as well, and his 2017 enrollment, you do not need to submit a paper enrollment
- **State:** Can you clarify what employees have to do with their HSAs?
  - **Answer:** Members currently enrolled in a CDHP with a HSA who will continue in a CDHP/HSA next year will need to update their HSA contribution amounts for 2017.
- **State:** Can an employee make changes to their HSA amount during the year?
  - **Answer:** Yes.
- **Local Gov:** Could you please repeat the deadlines for dependent verification?
  - **Answer:** For local government employees, dependent verification documents must be received on October 28, the last day of the enrollment period, by 4:30 p.m. Central.
- **Local Gov:** I have an employee who was hired this week and her benefits are going to be effective November 1. Which application does she need?
  - **Answer:** She would need to use the 2016 Enrollment Change Application and that would carry over to 2017 unless she wanted to change something for January. Then we would need the Enrollment Change Application for 2017 in addition to the 2016 form.
- **Local Gov:** What is the query for employees that will be transferred to the Partnership No Promise plan?
  - **Answer:** The query is TN\_BA309\_INELIG\_FOR\_PARTNER. You should run that with INELIG2017.
- **Local Gov:** What sort of verification was needed by October 14?
  - **Answer:** That verification was for State and Higher Ed employees. Their deadline for annual enrollment is this Friday, October 14. For local government employees, the deadline is October 28 at 4:30 p.m. Central.
- **Local Gov:** We do not have keying access. Do we have to fax our changes in or can we upload them in Edison?
  - **Answer:** You can upload in Edison even if you do not have keying access. If you have inquiry access, you should be able to upload.
- **Local Gov:** If an employee does not want to make any changes, do they have to do anything at all?
  - **Answer:** No, they do not.

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- **Local Gov:** If we have a new hire in the middle of November, do we enroll them with the 2016 enrollment form?
  - **Answer:** For the new hire, you would do a form or upload (depending on if you key or not) for the 2016 elections and then send us a form for the 2017 changes, if they have any, because you will not be able to access those events at the end of October and we will have to process those.
- **Local Gov:** I have an employee that received a letter stating he would be transferred for not meeting the Partnership Promise. However, he is not showing up on the INELIG2017 list?
  - **Answer:** We can research that. Please send his information to [benefits.info@tn.gov](mailto:benefits.info@tn.gov)
- **Local Gov:** Do we need to send in forms for retirees whether they make changes or not?
  - **Answer:** No. Retirees are the same as active employees. We only need an enrollment application if they want to make changes for 2017.
- **Local Gov:** On the premium chart, is the No Partnership Promise plan an extra \$50 for employee only coverage?
  - **Answer:** Yes. The premiums listed in the Decision Guide for the No Partnership Promise PPO include the premium increase.
- **Local Gov:** If someone makes changes in Edison on their own, do we still need to have them fill out a paper form?
  - **Answer:** No, you do not. The ESS changes are sufficient.
- **Local Gov:** What query do we run to determine who has not fulfilled the Partnership Promise and will subsequently be changed to the No Partnership Promise effective January 1, 2017?
  - **Answer:** It's TN\_BA309\_INELIG\_FOR\_PARTNER. You should run that with INELIG 2017.
- **Local Gov:** Is there an HSA contribution form?
  - **Answer:** There's a sample form on the [ABC webpage](#) under the PayFlex header.
- **Higher Ed:** I tried to run the new dependent query but it would not run?
  - **Answer:** You can run it through HCM Schedule Query or you can put in a Zendesk ticket and we can assist you. We also have query instructions on the [ABC webpage](#).
- **Higher Ed:** What was the appeal date again?
  - **Answer:** The deadline for Annual Enrollment appeals will be Thursday, December 1<sup>st</sup> at 4:30 p.m. Central time.
- **Higher Ed:** I've had a couple of people and their Edison ID is not being accepted. The number is incorrect and every time they log in, they get to the point, they've logged to ESS and they are being dumped out?

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- **Answer:** If the Edison ID number is correct, you should have them call the BA service center. Also, you could also try to clear the cache on the computer.
- **Higher Ed:** On the dependent added report, will it tell us whether or not they have added their supporting documents?
  - **Answer:** The TN\_BA311\_ESS\_NEW\_DEPENDENTS will **not** tell if you if the documents have been uploaded, but it will tell you if the documents have been verified. If it has an “N” it may mean the documents are not be submitted or processed. Right now we are about two days behind processing the documents. You can also look at scanned documents folder to see if the documents have been uploaded.
- **Higher Ed:** Is there a deadline for getting the dependent verification documents in?
  - **Answer:** Yes, 4:30 on Friday, October 14.
- **Higher Ed:** I have done the e-Forms training previously. Is the e-Forms training offered on 10/13/16 the same training offered before or a new workshop?
  - **Answer:** It is a new workshop about the transfer process and this process has been updated with new functionality. Documentation about the workshop is on the [ABC website](#) under Training.
- **Higher Ed:** Will the service center be open additional hours this week?
  - **Answer:** No, the BA Service Center will have the same hours 8 a.m.- 4:30 p.m. Central time Monday through Friday.
- **Higher Ed:** We have had several calls from retirees who received the letter about Medicare supplement and they are not understanding the letter as the base premium has not changed?
  - **Answer:** Yes, we’ve had an increase in calls because of that letter. It was just a notification that the premiums are staying the same. We will consider this for year’s letter.
- **Higher Ed:** For the BA\_311 query, what do we enter for class?
  - **Answer:** OE for open enrollment.
- **Higher Ed:** Any new ACA information you can share?
  - **Answer:** No, not on the ACA. Retirees are still loading into the system, but as far as federal ACA, we don’t have any updates
- **Higher Ed:** This year since the IRS is letting companies do a good faith effort, do we have to file a 1095?
  - **Answer:** You will still have to provide the 1095 directly to your employees and the employees will keep for their own personal records. But you will have to send it by the end of January. Similar to the W2, employees may have to provide the 1095 to a tax preparer.

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- **Higher Ed:** Can I get verification if an active employee turns 65, does basic term life insurance reduce to 65%, and again at age 70, it reduces again?
  - **Answer:** Yes, the amount of the employee's Basic Group Term Life and the amount of the employee's and spouse's Basic AD&D coverage will begin to decrease when the employee reaches age 65; to 65 percent at age 65; to 45 percent at age 70; and to 30 percent at age 75. The Basic Dependent Term Life is not reduced.
  
- **Higher Ed:** In regard to the HSA seed money, do you know what our target dates for receiving this money are this year? Will there be some changes this year?
  - **Answer:** We don't know yet. We will address this during an upcoming call.

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**Materials and Communications**

- **Communications Updates:**
  - **State/Higher Ed:** Annual enrollment ended on Friday, October 14. We sent out an email on Monday, October 17 with additional enrollment information and this information is included in the notes.
  - **Local Ed/Local Gov/Retirees:** Annual enrollment continues and the deadline is October 28 at 4:30 p.m. Central time. Dependent verification documents must also be submitted by this deadline.

**Operations**

- **Local Ed/Local Gov: Reminder: eForms Available for Annual Enrollment:** Employees can use ESS to make their changes OR they can fill out a paper enrollment application and you can submit the enrollment changes through a Benefit eForm in Edison.
  - The process is similar to entering an eForm for a new hire.
    - Navigate to the Benefit eForm page (HCM > Benefits > Benefit eForm).
    - Select the option to Create a Benefit Enrollment eForm.
    - Enter the Employee ID of the employee and click Search.
    - Enter the enrollment information and submit the eForm. You will be required to upload documentation if the employee is adding new dependents or if they have enrolled in the Partnership Promise plan and they weren't previously enrolled.
- We are expecting high call volumes, especially next week. This is a great way to avoid the hassle of you and your employees waiting on hold for long periods of time waiting for assistance with logging in and making changes. Since it is **not** mandatory that you offer the eForm for Annual Enrollment, we are not letting employees know about this option. It is up to you to communicate to them if you will accept the paper enrollment forms.
  - **You will have to submit all Benefit eForms by 4:30 p.m. Central time on Friday, Oct. 28 for the enrollment to be accepted.**
- **Local Ed/Local Gov: Annual Enrollment Appeals:** Reminder: the deadline for Annual Enrollment appeals will be Thursday, December 15 at 4:30 p.m. Central time. Employees who elect to receive a mailed confirmation statement should get their statements in the mail by the middle of November, giving them a month to review and appeal. The annual enrollment changes will be sent to the vendors on Wednesday, November 23, so any appeals submitted after that time may cause the employees to get incorrect insurance cards.
  - Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.
- **Local Ed/Local Gov: Queries to Run during Annual Enrollment:** As the enrollment period continues, we wanted to remind you of a few queries you should be running each week in order to assist your employees with making their elections.
  - **TN\_BA219\_OE\_NOT\_SUBMITTED** – This query should be run with an event date of 1/1/2017. Anyone with a value of “SAVED” in the “Saved but Not Submitted” (8th) column of the query has made changes in Edison but has not submitted their elections.
    - Please reach out to employees and let them know that the changes will not be made unless they go back into Edison and submit. We will also be sending emails weekly to this group of people if they have an email address in Edison. Since not all employees have an email address, we rely on you to reach out to them as well.

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- **TN\_BA311\_ESS\_NEW\_DEPENDENTS** – The event class should be “OE” and the Beginning and Ending Event Date should be 1/1/2017. This query will show you all new dependents that have been added through ESS during Annual Enrollment. The last column on the query results, “Proof Recvd?” will say Y or N for Yes or No. If it has a “Y” then we have received the necessary dependent verification. If it has a “N”, then we either haven’t received the verification or we have received it but not yet processed it. We recommend reviewing the people with a “N” to see if they have dependent information in Scanned Documents in Edison. If not, please reach out to these employees and let them know that they must submit dependent verification by 4:30 p.m. on Friday, October 28 in order to add the dependents to coverage. They can either go back in Edison and upload it, or you can upload or fax it to us for them.
  
- **State/Higher Ed: Annual Enrollment Appeals:** Reminder: the deadline for Annual Enrollment appeals will be Thursday, December 1 at 4:30 p.m. Central time. Employees who elected to receive a mailed confirmation statement should get their statements in the mail by the beginning of November, giving them a month to review and appeal. The annual enrollment changes will be sent to the vendors on Wednesday, November 23, so any appeals submitted after that time may cause the employees to get incorrect insurance cards.
  - Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.
  
- **State/Higher Ed: Saved but not Submitted Elections:** We have approximately 1,000 employees who made changes in Edison but did not submit their elections. Please run the **TN\_BA219\_OE\_NOT\_SUBMITTED** query to identify these employees. The event date to use to run the query is 1/1/2017. The employees who are in this status have a value of “SAVED” in the second to last column on the query.
  - **If these employees call the Benefits Administration Service Center by this Friday Oct. 21 at 4:30 p.m. Central Time we will finalize their elections for them over the phone.** Otherwise, they will need to wait until next year’s annual enrollment to make changes. **Please reach out to the employees to notify them of this opportunity.**
  
- **State and Higher Ed: Dependent Verification:** If you have employees who submitted partial dependent verification by the 4:30 p.m. Central time deadline last Friday, they have **until this Friday Oct. 21 at 4:30 p.m. Central time to submit the remaining documentation to Benefits Administration.**
  
- **State and Higher Ed: Enrollment:** If you have employees who attempted to contact our office last Friday and weren’t able to speak with an analyst, BA will accept a paper enrollment change application as long as it is **received by this Friday Oct. 21 at 4:30 p.m. Central time. We must have proof that the person spoke with us or left a voicemail to return their call.** We returned all voicemails by 5:30 p.m. last Friday night (Oct. 14), but were not able to speak directly with all callers.

**OPERATIONS QUESTIONS**

- **Local Ed:** In the past month, I have sent by email nine corrections and clarification forms to update SSNs. In reviewing those records to ensure updates have been

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processed, I have noticed inconsistency in keying changes, which causes confusion on my end. Is there a process for SSNs to be updated consistently?

- **Answer:** Anytime you have notice something like this, please submit a Zendesk ticket or a Corrections and Clarifications form and we will get back to you directly.
  
- **Local Ed:** If a correction form sent in has been keyed incorrectly, what is the process for correction?
  - **Answer:** You can submit a Zendesk ticket or submit another Corrections and Clarifications form with the correction marked.
  
- **Local Ed:** When uploading documents for beneficiaries and these documents are scanned in their record as received, when will the “N” be changed to “Y” on the New Dep query?
  - **Answer:** The “N” won’t be changed to a “Y” on the query immediately as we are processing state and higher education enrollments right now. But you can check scanned documents to see if the documents have been submitted. As we get the documents processed, you will see the “N” change to a “Y” on the new dependent query.
  
- **Local Ed:** If an employee elects the CDHP/HSA, does s/he have to use PayFlex or can s/he set up the HSA with his/her own bank account?
  - **Answer:** Plan members are not required to use the state-sponsored insurance program’s vendor, PayFlex, for their HSA. However, when you enroll in a CDHP an HSA will automatically be set up for you with PayFlex and it will be the employee’s responsibility to close it if he or she chooses to do so. Also, be aware that actively enrolled plan members’ monthly account maintenance fees for the HSA are being paid for by the State Insurance Program. If an employee opens another HSA elsewhere, the employee will be responsible for any monthly account fees. Further, the employer (whether it be the State, a Higher Education institution, a local education school system, or a local government entity) will not be able to take funds from the employee’s paycheck on a pretax basis and transmit them to your HSA institution. If the employer plans to transmit their contributed funds (not your paycheck contributions) on a monthly or bi-monthly basis to PayFlex, the employee would likely lose out on those funds as they are already set up to transmit to PayFlex. If an employee wants to open an HSA with his or her own institution, the employee would need to contribute after-tax funds (up to the maximum contribution) via check or electronic deposit, and then take an above-the-line tax deduction on his or her taxes next year.
  
- **Local Ed:** Are the deductibles & copays the same for Partnership Promise PPO and the No Partnership Promise PPO?
  - **Answer:** Yes.
  
- **Local Ed:** We were looking for clarification yesterday on BCBS Network S for accepted hospitals facilities. In the 2017 directory, it lists Baptist Restorative Care. Does this mean all Baptist Hospitals?
  - **Answer:** No, this is for this facility only. The best thing you and members can do to determine if a facility or provider is in-network is to call the carrier directly.

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- **Local Ed:** I have had several questions regarding the BCSBT pull-out. Does this affect the state plan for local education or just the Marketplace?
  - **Answer:** Just the Marketplace. **This does not impact the state plan in any way.**
  
- **Local Ed:** On the query listing New Dependents added via ESS (TN\_BA311\_ESS\_NEW\_DEPENDENTS) the notes say to choose OE for the Event Class. I do not see that class listed?
  - **Answer:** It is not listed in the drop down, but you can just type it in to the box.
  
- **Local Ed:** If an employee is eligible to receive free health care at any VA, can he or she enroll in the CDHP plan?
  - **Answer:** We are providing additional information in response to this question. The short answer is no. At the IRS website that is included below, there are a series of questions and answers that have been posed by employers and payors alike regarding Health Savings Accounts and CDHPs (also known as HDHPs – high deductible health plans). Q&A 5 addresses the question posed, and we have cut and pasted it below for your convenience:

Q-5. If an otherwise eligible individual under section 223(c)(1) is eligible for medical benefits through the Department of Veterans Affairs (VA), may he or she contribute to an HSA?

A-5. An otherwise eligible individual who is eligible to receive VA medical benefits, but who has not actually received such benefits during the preceding three months, is an eligible individual under section 223(c)(1). An individual is not eligible to make HSA contributions for any month, however, if the individual has received medical benefits from the VA at any time during the previous three months.

Because a plan member must enroll in a CDHP in order to open an HSA and because the HSA is automatically opened for them once they enroll in a CDHP option, this would preclude your employee from enrolling in the CDHP since the employee is receiving free healthcare at a VA facility. **The only provision that would allow the employee– in this instance – to enroll in the CDHP and open an HSA is if the employee either:**

- 1. Does not receive any care from a VA facility for 3 months -OR-**
- 2. Only receives care from a VA facility for a service-connected disability (and it must be a disability)**

[https://www.irs.gov/irb/2004-33\\_IRB/ar08.html](https://www.irs.gov/irb/2004-33_IRB/ar08.html)

- **Local Ed:** Is there a way employees can verify that dependent documents are verified and accepted by BA? Or would their only option be to call BA call center?
  - **Answer:** There is not a way to look in Edison. The best way is for the ABC to look in scanned documents. Employees can call the service center but the call volume will be high. If the documents are in scanned docs, they have been submitted but not necessarily accepted. If the documents are not accepted, we will reach out to the ABC to let them know.

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- **Local Ed:** When putting in OE in the query TN\_BA311\_ESS, I get the message “No matching values found”?
  - **Answer:** Be sure you are using 1/1/2017 as the beginning and end date. It could be that none of your employees have added dependents. We will have a trainer reach out to you.
  
- **Local Ed:** If I fax in the dependent docs, will it go in go directly into scanned docs?
  - **Answer:** No, it has to be identified first, which usually happens within 24 hours, and then it will go into scanned docs.
  
- **Local Ed:** So you go to the eForms page, you don’t put information in and you skip the ehire form and go to the benefits form?
  - **Answer:** That is correct. You do not need to enter anything on a New Hire eForm for an annual enrollment change. Navigate directly to the Benefit eForm page.
  
- **Local Ed:** Is anyone else having problems with logging into Edison or navigating Edison and it kicking you out?
  - **Answer:** You may need to clear your cache or use a different browser. Edison does not work with Chrome. You and members should use Internet Explorer 11 or Firefox.
  
- **Local Gov:** What is the query to see who will get their plans changed?
  - **Answer:** Query TN\_BA219\_AETP\_INS\_ELECTIONS will show you who has made changes to their health insurance during AE. It will show you the old coverage and the new coverage. A complete query list is on the [ABC webpage](#) under Training called **Edison Query List**.
  
- **Local Gov:** My employees are having problems with password resets. After waiting for 30 or more minutes, they are being told that they have to call me to give them their Access ID...then they have to call back again and wait again to try to get their password reset! That seems like a waste of time for everyone. Why can't BA look up the employee by DOB and SSN like they used to?
  - **Answer:** We do look up the employee and provide the Access ID. **It sounds like employees are contacting the Edison help desk and not the BA service center,** as members are **not** on hold for longer than 20 minutes with BA before going into voicemail. As a reminder, **members can use the Edison homepage links to get their Access ID information.**
  
- **Local Gov:** Is there a query that will show me all changes made with ESS?
  - **Answer:** You would use query TN\_BA265\_OE\_ELECTIONS\_IN\_ESS. Note: if employees submit an enrollment multiple times, each enrollment they submit will show with a date and time stamp. A complete query list is on the [ABC webpage](#) under Training called **Edison Query List**.
  
- **Local Go:** Did I understand you correctly, if an employee had the Standard PPO and changed to Partnership PPO, we would have to submit more documents even though all the documentation was submitted when they were hired?

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- **Answer:** You would have to submit the Enrollment Change Application showing that the employee signed and agreed to complete the Partnership Promise. You do not have to resubmit dependent verification unless they are adding dependents that weren't previously covered.
  
- **Local Gov:** Can dependents stay on vision until they are 26?
  - **Answer:** Yes.
  
- **Local Gov:** Does the state pay anything toward local government retiree insurance?
  - **Answer:** No, the state does not pay anything toward local government retirees' premiums.
  
- **Local Gov:** I have an employee who got married last weekend and her last name has changed. She is quitting her job and her health insurance will end on 10/31. Do I still need to send you a form to let you know that she has changed her name and marital status?
  - **Answer:** Yes, due to PPACA reporting, you will want to send in a Corrections and Clarifications form with that information.
  
- **Local Gov:** I ran the TN\_BA\_302 query and some employees have an incorrect address, some do not show email addresses, and some phone numbers are not showing. Do I need to send changes on these or can the employees change this information in Edison?
  - **Answer:** The employees can change this information in Edison. ABCs can also change this information in Edison or you can submit the changes to BA and we will make the changes.
  
- **Local Gov:** Can an employee enroll in vision if they do not have health insurance?
  - **Answer:** Yes, active employees can enroll in vision coverage if they don't have health insurance. Note: Retirees are eligible for vision coverage only for those family members who are enrolled in retirement group health insurance and receiving a monthly pension from TCRS.
  
- **Local Gov:** When do we get information regarding telehealth provider?
  - **Answer:** There is not a directory for telehealth providers. When an employee registers and needs to use the service (telehealth is a doctor's visit by phone or computer), they will select a time and provider to use at that time from the providers available through the telehealth service. If employees have specific questions about telehealth they can contact BCBS or Cigna directly. For [BCBS](#), telehealth is called PhysicianNow, and for [Cigna](#) it is called MDLive. Information about telehealth is found on the carriers' websites.
  
- **Local Gov:** How do the plans work if a member is out of the country for a doctor or hospital?
  - **Answer:** Out-of-Country Care: When traveling outside of the United States for business or pleasure, eligible expenses incurred for medically necessary emergency and urgent care services are covered at the in-network level. Other medically necessary care will be covered at the out-of-network level. No benefits

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will be paid if a covered person travels to another country for the purpose of seeking medical treatment outside the United States.

- For additional questions about out-of-country benefits, members can call either BCBS Member Service at 800-558-6213 or Cigna Member Services at 800-997-1617.
  - BCBS also has a specific number for BlueCard Worldwide Providers. Call 800-810-BLUE (2583) for more information.
  
- **Local Gov:** If I need to access EAP now, do I contact Magellan?
  - **Answer:** Yes, through 2016, Magellan is the behavioral health provider. The telephone and website won't change in 2017 and members will still call 855.HERE.4.TN or go to [www.here4tn.com](http://www.here4tn.com) for access to providers and services.
  
- **Local Gov:** Can a spouse get the Medicare Supplement and is the rate the same as if it were the employee?
  - **Answer:** The spouse of a retiree can enroll in the Medicare Supplement if the retiree is eligible for TCRS and is already enrolled in the Medicare Supplement. Premium for the spouse is the full premium amount. Currently the full premium amount is \$138.47 per month.
  
- **Local Gov:** If an employee passes while employed, can the spouse keep the insurance for a certain period of time or is that up to the agency?
  - **Answer:** If a spouse is covered then the spouse and the dependents get coverage for six months free. After six months, then dependents are eligible for COBRA or possibly retiree coverage if the member was eligible for retiree coverage when the member passed.
  
- **Local Gov:** Do I need to register our city to use telehealth?
  - **Answer:** No, telehealth is a benefit that is a part of health insurance for the member. The member will need to pre-register on the carrier's website, so if they are a BCBS member they will need to register for PhysiciansNow and if they are a Cigna member for MDLive. Members can find more information by going to the carriers' websites.
  
- **Local Gov:** Our employees in Local Gov are now under the Local Access (Cigna LocalPlus). If they are not making any changes, do we need to send in updated forms for LocalPlus? They do not want to pay the surcharge or higher premium. These employees were already listed in Open Access Plus on the past forms. Will they automatically be put into LocalPlus?
  - **Answer:** If they don't want to make a change, they don't have to do anything. If they are currently enrolled in Cigna LocalPlus, and don't make any changes, they will stay in Cigna LocalPlus.
  
- **Local Gov:** If I have an employee effective 11-1, do I also need to have them fill out a 2017 enrollment change form or will whatever they choose for 11/1 remain the same for next year?

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- **Answer:** If the employee doesn't have coverage changes, the employee only needs to complete the enrollment form for 2016. If they do want to make changes for 2017, you will need to submit both forms.
- **Local Gov:** If the employee has trouble enrolling for 2017 we can go into eForms and make the 2017 enrollment changes?
  - **Answer:** Yes, you can use eForms for anyone with 2017 enrollment changes.
- **Local Gov:** Can all retirees access the Medicare Supplement or is that something Local Government must elect to participate in?
  - **Answer:** Any retiree receiving a TCRS pension check based on their own service is eligible for the Medicare Supplement. We send information and enrollment forms out to retirees, about two months before they turn 65. Even if they don't elect coverage, they can still select this coverage at a later date subject to late applicant approval.
- **Local Gov:** What is the Schedule ID# I need to use for query TN\_BA265\_OE\_ELECTIONS\_IN\_ESS?
  - **Answer:** You would use OEG16. A complete query list that includes the query prompt information is on the [ABC webpage](#) under Training called **Edison Query List**.
- **Local Gov:** Are Walmart vision centers going to be added to the network in 2017?
  - **Answer: This is a revised response: Walmart Vision Centers are not in the EyeMed network in Tennessee and will not be part of the network next year. Walmart will generally assist a member in filing an out-of-network claim.**
- **Local Gov:** What query can I run to show elections for all employees?
  - **Answer:** It depends if the changes are just in ESS or if you want all changes. For ESS changes, you would use the TN\_BA265\_OE\_ELECTIONS\_IN\_ESS query. If you are also keying forms, then you will have to wait until annual enrollment is over and run the TN\_BA219\_MED\_DEN\_COVERAGE or the TN\_BA219\_MED\_DEN\_ELECTIONS query. You can always submit a Zendesk ticket and a trainer can get back to you to help you with queries. A complete query list is on the [ABC webpage](#) under Training called **Edison Query List**.
- **Local Gov:** Is the ability to use the eForm only available to agencies that key in their own application or can anyone use that?
  - **Answer:** You do have to have keying access in Edison to use eForms.
- **Local Government:** I have an employee who is turning 65 next July. He will be taking Medicare. He is currently on the CDHP plan. Does he need to change his plan now or will that be a SQE in July?
  - **Answer:** He may stay enrolled in the CDHP plan for 2017, and once he enrolls in Medicare he can notify you or our retirement team here in Benefits Administration that he wishes to cancel his coverage through the state-sponsored plans completely. Either you or our retirement team can assist him next July when he wants to cancel his coverage. **What is important for him to know, however, is**

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**that he may not provide the full IRS-approved HSA contribution to his HSA for 2017 since he will not have HSA-approved coverage for the full 12 months of 2017.** The full HSA contribution amounts for 2017 are (and these include any employer contribution):

Single coverage	\$3,400 + \$1,000 catch up contributions if over 55 = \$4,400
Family coverage	\$6,750 + \$1,000 catch up contributions if over 55 = \$7,750

The final year's HSA contribution is pro-rata in the year you turn 65 and enroll in Medicare. Example: Jim was covered by a self-only CDHP and eligible for an HSA in 2017, but turned 65 on July 2, 2017, and enrolled in Medicare. Jim lost eligibility for an HSA as of July 1, 2017. For 2017, Jim was eligible for 6 months of the year. The federal HSA limit for Jim is \$4,400 (\$3,400 individual HSA limit plus a \$1,000 catch-up). Accordingly, Jim's calculation is  $6/12 \times \$4,400 = \$2,200$ . Jim's maximum contribution for 2017 is \$2,200.

- **Local Gov:** Do you have to submit a Zendesk ticket if you would like to talk to a trainer regarding eForms?
  - **Answer:** We can have a trainer reach out to you.
- **Higher Ed:** If BA speaks with an employee & finalizes their elections, will they no longer show up as 'SAVED' in the query?
  - **Answer:** The employees enrollment should no longer show up as saved in the query if their enrollment is submitted by BA.
- **Higher Ed:** I am getting a lot of calls and email about the confirmation email that is sent to employees. What information are employees supposed to access in that email? It seems they are missing the instructions. **Additional question:** I don't see any of the instructions and the email the employee gets is one in which you have one secure email to pick up and when you log in there is a gray box and it takes you the McAfee secure email.
  - **Answer:** All secure emails will be from Microsoft. Employees can either sign up for an email or have a one-time passcode sent to them to be able to sign up for the email. They have to save a file and open it and use the one time passcode, and then there are instructions for them in the email. The email you received sounds like a quarantined email. We will need to see an example. You can send an example to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) and we will have someone get back to you.
- **Higher Ed:** A lot of employees called the Edison help desk number this year. Next year, can they keep everything on the same site? If you need assistance and the phone number is there?
  - **Answer:** Unfortunately, we don't have control as to where the BA information on the Edison site is located. Right now, the BA service center information is on the right hand side of the Edison homepage.
- **Higher Ed:** Do you think next year we will keep the two weeks for enrollment? I liked the two week enrollment period. Also, can the call center be open later next year?
  - **Answer:** After the enrollment period ends, we will take a look at the service center data and see if we need to make changes to next year's enrollment period.

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- **Higher Ed:** In regard to the saved and submitted report, after talking with someone in BA about a couple of employees, I'm still seeing their names on the report?
  - **Answer:** Their names should not be on the report. If you will send in their names and IDs to [benefits.info@tn.gov](mailto:benefits.info@tn.gov) we can research this for you.
  
- **Higher Ed:** What happens if an employee enrolls (in health insurance) for the first time and enrolls in the basic life? Does it automatically change if they change their coverage?
  - **Answer:** It doesn't automatically change or enroll them in basic term life, but we have a program that we run to catch this, and we also have a query that we run.
  
- **Higher Ed:** I have a husband and wife who are both employed with our organization and they are going through a divorce. The husband currently has his wife on his coverage and he went in during annual enrollment and removed her from the coverage. How is he going to be contacted not to remove her from coverage?
  - **Answer:** We have no way of knowing about this situation that he should not remove her from the coverage, so we have to rely on the ABC to make a correction. The ABC can submit an enrollment change application with the information and you can send it in without his signature. We can add her back on the coverage.
  
- **Higher Ed:** Do you have any updates on ACA?
  - **Answer:** Not at this point. We are still in the middle of enrollment for the other plans and we don't have any updates at this time.

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**Materials and Communications**

- **Communications Updates**
  - **Eligibility and Enrollment Guides:** The order form to pre order 2017 Eligibility and Enrollment Guides has been posted to the top of the ABC webpage. ABCs will need to order guides for new hires for the 2017 calendar year. You will be able to continue to order guides during the year if needed using the regular order form.
    - As a reminder, from now through the end of the year, you will give new hires the **2016** Eligibility and Enrollment Guide for current benefits along with the 2017 Decision Guide.
    - **Beginning in January, you'll give new hires the 2017 Eligibility and Enrollment Guide for 2017 benefits selections.**
  - **Annual Enrollment Calls/Monthly Call Schedule:**
    - **Local Ed/Local Gov:** Next week will be our last annual enrollment weekly call. Regular monthly ABC calls will resume on Tuesday, November 8. Monthly calls will continue in December and into 2017. Here is the remaining call schedule **at the regularly scheduled call times:**
      - **Local Ed:**
        - Tuesday, November 1 at 9 a.m. CT
        - Tuesday, November 8 at 9 a.m. CT
        - Tuesday, December 13 at 9 a.m. CT
      - **Local Gov:**
        - Tuesday, November 1 at 1 p.m. CT
        - Tuesday, November 8 at 1 p.m. CT
        - Tuesday, December 13 at 1 p.m. CT
    - **State/Higher Ed:** This is our last weekly annual enrollment call. Regular monthly ABC calls will resume the second week of November, and calls will be on November 8 and 9. Here is the remaining call schedule for 2016 **at the regularly scheduled call times:**
      - **State:**
        - Tuesday, November 8 at 10:30 a.m. CT
        - Tuesday, December 13 at 10:30 a.m. CT
      - **Higher Ed:**
        - Wednesday, November 9 at 9 a.m. CT
        - Wednesday, December 14 at 9 a.m. CT

**Benefits**

- **Higher Ed: PayFlex: FSA Enrollment Information:** Kathy Stanton with PayFlex went over 2016 and 2017 FSA enrollment information.

**Operations**

- **Local Ed/Local Gov: Reminder: eForms Available for Annual Enrollment:** Employees can use ESS to make their changes OR they can fill out a paper enrollment application and you can submit the enrollment changes through a Benefit eForm in Edison.
- The process is similar to entering an eForm for a new hire.
  - Navigate to the Benefit eForm page (HCM > Benefits > Benefit eForm).
  - Select the option to Create a Benefit Enrollment eForm.

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- Enter the Employee ID of the employee and click Search.
- Enter the enrollment information and submit the eForm. You will be required to upload documentation if the employee is adding new dependents or if they have enrolled in the Partnership Promise plan and they weren't previously enrolled.
- We are expecting high call volumes this week. This is a great way to avoid the hassle of you and your employees waiting on hold for long periods of time waiting for assistance with logging in and making changes. Since it is not mandatory that you offer the eForm for Annual Enrollment, we are not letting employees know about this option. It is up to you to communicate to them if you will accept the paper enrollment forms.
  - **You will have to submit all Benefit eForms by 4:30 p.m. CT on Friday, Oct. 28 for the enrollment to be accepted.**
- **Local Ed/Local Gov: Reminder: Queries to Run during Annual Enrollment:** We want to remind you of a few queries you should be running in order to assist your employees with making their elections.
  - **TN\_BA219\_OE\_NOT\_SUBMITTED** – This query should be run with an event date of 1/1/2017. Anyone with a value of “SAVED” in the “Saved but Not Submitted” (8th) column of the query has made changes in Edison but has not submitted their elections.
    - Please reach out to employees and let them know that the changes will not be made unless they go back into Edison and submit. We will also be sending emails to this group of people if they have an email address in Edison. Since not all employees have an email address, we rely on you to reach out to them as well.
  - **TN\_BA311\_ESS\_NEW\_DEPENDENTS** – The event class should be “OE” and the Beginning and Ending Event Date should be 1/1/2017. This query will show you all new dependents that have been added through ESS during Annual Enrollment. The last column on the query results, “Proof Recvd?” will say Y or N for Yes or No. If it has a “Y” then we have received the necessary dependent verification. If it has an “N”, then we either haven't received the verification or we have received it but not yet processed it. We recommend reviewing the people with an “N” to see if they have dependent information in Scanned Documents in Edison. If not, please reach out to these employees and let them know that they must submit dependent verification by 4:30 p.m. on Friday, October 28 in order to add the dependents to coverage. They can either go back in Edison and upload it, or you can upload or fax it to us for them.
- **Local Ed/Local Gov: Annual Enrollment Appeals Reminder:** Reminder: the deadline for Annual Enrollment appeals will be Thursday, December 15 at 4:30 p.m. Central time. Employees who elect to receive a mailed confirmation statement should get their statements in the mail by the middle of November, giving them a month to review and appeal. The annual enrollment changes will be sent to the vendors on Wednesday, November 23, so any appeals submitted after that time may cause the employees to get incorrect insurance cards.
  - Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.
- **State/Higher Ed: Annual Enrollment Appeals Reminder:** Reminder: the deadline for Annual Enrollment appeals will be Thursday, December 1 at 4:30 p.m. Central time. Employees who elected to receive a mailed confirmation statement should get their statements in the mail by the beginning of November, giving them a month to review and appeal. The

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annual enrollment changes will be sent to the vendors on Wednesday, November 23 so any appeals submitted after that time may cause the employees to get incorrect insurance cards.

- Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.

**OPERATIONS QUESTIONS**

- **Local Ed:** Can you upload all dependents documentation at one time (eg., children and spouse)?
  - **Answer:** No. The system does require a separate upload for each dependent.
  
- **Local Ed:** We had a new employee who signed up during open enrollment and wanted coverage effective 1/1/2017, but when she signed up it made her coverage effective 10/1/16 because she was still in the eligibility period of a new hire. How do we fix this?
  - **Answer:** We will someone reach out to you to let you know how to fix this.
  
- **Local Ed:** What password do employees use when they get the secure email?
  - **Answer:** For benefits confirmation, employees can either sign up for an account through Microsoft or have a one-time passcode sent to them to be able to access the email. They have to save a file and open it and use the one time passcode, and there are instructions for them in the email.
  
- **Local Ed:** I have an employee whose Edison ID doesn't exit. She called BA, and they are not showing her ID as well. She declined health insurance during her hiring event. She is not able to add coverage during open enrollment. What should be done so that she can now add health insurance during open enrollment?
  - **Answer:** It sounds like we are not able to see her ID because she was not entered into Edison when she was hired. You will need to hire her through a new hire eForm and key the benefits as waived and then an open enrollment event will open up for her. If you have any questions you can open a Zendesk ticket.
  
- **Local Ed:** I have employees who say they are trying their Edison password but it doesn't work for the secure email?
  - **Answer:** It is a different password. Our secure email goes through Microsoft. If they are only going to access the email one time, I would recommend they create the one-time passcode.
  
- **Local Ed:** When adding a spouse can I upload the enrollment form, marriage certificate and proof of ownership all in one upload or does this have to be separate?
  - **Answer:** If you are uploading through benefit eForm, it does have to be separate. If uploading directly into Edison, then you can upload the documents together.
  
- **Local Ed:** What should I tell people who are still waiting on an appeal from Healthways? Should they change to the Standard PPO just in case (to avoid the higher premium in the No Partnership plan)? I'm worried that if their appeal is not approved, they will be stuck in the No Partnership Promise PPO.
  - **Answer:** We recommend that they go ahead and change plans as if their appeal won't be approved. If the appeal is approved, we will reach out to you to see if they want to move back to the Partnership Promise or switch to the new plan they

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selected. If you have someone you would like for us to research, you can submit a Zendesk ticket.

- **Local Ed:** How do we terminate employee coverage during open enrollment with an effective date of December 31, 2016?
  - **Answer:** I'm not sure if the employee is terminating employment or the employee wants to waive coverage? If the employee wants to waive coverage, they can do this through ESS or you can submit a Benefit eForm. If terminating employment, then you would terminate them through the Non-Payroll Job Data page with a 12/1/16 effective date.
  
- **Local Ed:** How can an employee find out if an employee's health condition would need coaching?
  - **Answer:** For 2017, disease management coaching includes members who have the following five chronic conditions: diabetes, asthma, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF) and coronary artery disease (CAD). Members can also call Healthways and ask if coaching will be voluntary for them in 2017.
  
- **Local Ed:** If an employee was moved from Partnership with Promise over to the Partnership w/o Promise because she failed to complete the necessary medical review, can she reapply during this open enrollment period and will she need to submit any documentation at that time or does she have the time period to get the screening completed?
  - **Answer:** If she did complete a screening within the timeframe, between July 16, 2015, and July 15, 2016, and she just needs to get the Physician Screening Form turned in, she can still do that. If she did not do a screening within the time frame, she will be move to the No Partnership Promise PPO. If she was out of the plan with the Partnership Promise in 2016, she does not need to submit documentation, and she should see the option to enroll in the Partnership Promise PPO in Edison.
  
- **Local Ed:** We have a few employees who took the CDHP, and we have never had anyone to do this. Who do we need to contact for help with this?
  - **Answer:** You can send an email to PayFlex at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com)
  
- **Local Ed:** If a full time food service employee qualifies for Medicare, are they eligible to enroll in the CDHP plan?
  - **Answer:** It matters if they **enroll** in Medicare. If they enroll in Medicare, they cannot enroll in the CDHP. If the employee does not enroll in Medicare, they can enroll in the CDHP.
  
- **Local Ed:** I've had a retired employee come by and fax in to BA his insurance changes. Is this ok or should I go in and manually change through Edison?
  - **Answer:** This is okay, and the information should be faxed in to BA.
  
- **Local Ed:** If an employee is enrolled in the Standard PPO and wants to change to the Partnership PPO and she has had blood work in the last month, can she have this blood work sent to enroll with Partnership or would she have to have blood work again?

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- **Answer:** She does not need to have the blood work done again. She can download the Physician Screening Form (PSF) and use it for 2017. For the biometric screening requirement, we can accept blood work from July 16, 2016, through July 15, 2017.
- **Local Ed:** An employee is changing plans through eForm. We received a message of an invalid phone number and cannot change any information?
  - **Answer:** If it is for an invalid phone number for dependents, there is a box in forms where you can edit the phone number. Check the box to “Update this Dependent” and add the phone number.
- **Local Ed:** If someone refused insurance when first eligible and they were not hired in Edison, what effective date do we use when we create the new hire eForm? This employee wants to enroll in health insurance during open enrollment.
  - **Answer:** You would hire them with a date of 10/1 and waive coverage. Tomorrow an event will open up for the employee to enroll in for 2017 coverage.
- **Local Ed:** How far back would the bloodwork be permitted for the 2017 biometric screening?
  - **Answer:** For the 2017 requirement, a member can use blood work from July 16, 2016, through July 15, 2017.
- **Local Ed:** If an employee needs to change his or her name due to marriage but is not adding a dependent and not making changes to coverage, do we just send in a correction and clarification form with the new name?
  - **Answer:** Yes. If the employee is not making any other changes, you do not need to do anything through the benefits eForm.
- **Local Ed:** Do you need a copy of the marriage certificate for the name change?
  - **Answer:** No, we don’t need a copy as we are taking the word of the ABC.
- **Local Ed:** If we have an employee who is not in Edison but was hired as far back as 2013, what date should we enter as hire date?
  - **Answer:** You would use a current hire date, 10/1/2016.
- **Local Ed:** In regard to coverage for a temporary employee going full-time, what date should I use for ACA purposes although they were working from August through September and through the rest of the year, what date do I use?
  - **Answer:** I would review IRS regulations; we cannot give you instructions on this.
- **Local Ed:** What is the query to see who has been moved to the Partnership Non Wellness (No Partnership Promise PPO)?
  - **Answer:** You would use the TN\_BA\_309 query.
- **Local Ed:** If I entered a new hire form yesterday in error, but all I really needed to do was a benefit change form, how do I fix that?
  - **Answer:** You can go into the new hire eForm and see if you still see the form in the update mode. You can try to withdraw the form. If the form is not there, you would need to submit a Zendesk ticket.

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- **Local Ed:** I have an employee adding a spouse to vision only. Do we need to send in documents for joint ownership and marriage?
  - **Answer:** Yes, if they have been married over 12 months, we will need both the marriage certificate and the proof of joint ownership. If they were married within the past 12 months, then you would just send in the marriage certificate.
  
- **Local Ed:** Do inactive dependents automatically come off the EAP?
  - **Answer:** Yes, but if you see someone who has not come off of the coverage, you can submit a Zendesk ticket.
  
- **Local Ed:** How do I find out about COBRA coverage? If I just terminated an employee in Edison, will it generate a letter?
  - **Answer:** Yes, terminated employees will receive a letter in the mail about COBRA coverage.
  
- **Local Ed:** When will we be able to order health insurance handbooks?
  - **Answer:** Members are mailed handbooks in December. You can also contact the carriers directly if you need extras and the information for our carrier contacts is found on the **Vendor Contact List**, which is on the [ABC webpage](#).
  
- **State:** How long is it to get a response on an appeal?
  - **Answer:** Typically we are sending a response on an appeal within a few days. If the appeal is submitted by the member, it will go to the member.
  
- **State:** In the 2017 Eligible and Enrollment guide, will the disability information be in them? What about the 2017 Decision Guides?
  - **Answer:** There is no disability information in the 2017 Eligibility and Enrollment Guides. The 2017 Decision Guides on the ParTNers for Health website are current and do not include disability information. We will **not** reprint the 2017 Decision Guides. As a reminder, beginning in January of 2017, you will give the 2017 Eligibility and Enrollment Guides to your new hires.
  
- **State:** Have all of the employees been contacted that tried to call this Friday (October 14)? (Due to saving and not submitting their enrollment).
  - **Answer:** Yes, if anyone tried to leave a voicemail, those calls have all been returned.
  
- **State:** Who do I contact to order the Eligibility and Enrollment guides?
  - **Answer:** The order form is at the top of the [ABC website](#), under 2017 Eligibility and Enrollment Guides, and the link says [Order 2017 Guides](#).
  
- **State:** I just ran a query for saved and not submitted and those employees are still showing up in that query. When will that clear out?
  - **Answer:** We will be soon close out all enrollment events and then no one will show up in that query.

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- **Local Gov:** I have an employee who called and said he has been sequestered for a murder trial and will not be able to go online to enroll in his insurance before the deadline. He will not be able to call or go on the internet until after the trial. What can I do to help them enroll?
  - **Answer:** The best thing to do is to try to get a paper enrollment form from him so that you can enter it through eForms. If that isn't possible, when he has finished with the trial, you can submit his enrollment form with an appeal letter.
  
- **Local Gov:** Does this include appeals (appeals deadline) to Healthways when an employee says they completed the biometric screening yet they show as ineligible?
  - **Answer:** No, this appeals deadline is different and is for general annual enrollment appeals. If members still have not heard about their Partnership Promise appeal they can follow up directly with Healthways at 888.741.3390 or submit a Zendesk ticket, and we will follow up.
  
- **Local Gov:** I have three new employees effective 12/01/16. All filled out forms for 2017. How do I submit these? I have keying ability and entered the original applications. The 2017 forms are different than what they took in 2016. Can I key the 2017 changes on new employees?
  - **Answer:** Yes, you can key in the 2017 changes through the benefits eForms.
  
- **Local Gov:** If an employee has been taken off of the Partnership Promise PPO and has sent in an appeal and it has been overturned, do they have to go in and choose Partnership Promise plan again? I have an employee who was told this when they called to check on their appeal.
  - **Answer:** We will automatically move them back to the Partnership Promise PPO, but if they have gone in and changed to a different plan it will help if they go back in and make the change to the Partnership Promise PPO.
  
- **Local Gov:** I have an employee who will turn 65 in July. He is taking the CDHP until July. He will then change to Partnership PPO. How will his deductible and/or OOPMAX swap over to Partnership? My employee is not retiring. If he is picking up Medicare so he can drop coverage, but he could not swap the coverage?
  - **Answer:** The employee is only eligible to drop medical coverage completely due to enrolling in Medicare. It is not considered to be a qualifying event to change insurance plans.
  
- **Local Gov:** I have a question about the coaching calls. On page 10 (of the Decision Guide), it says you must participate in coaching if you are called. The next sentence says members who are currently enrolled in lifestyle coaching will not be required to coach in 2017. Please explain.
  - **Answer:** For 2017, coaching programs will include case management and disease management. The lifestyle management program is specific to high cholesterol, high blood pressure, stress, weight management, tobacco use, etc., and those enrolled in the lifestyle management program coaching in 2017 can continue to coach, but will not be required to coach. Those in disease management, people with diabetes, asthma, COPD, congestive heart failure (CHF), and coronary artery disease (CAD) are the only disease conditions required to coach next year.

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- **Local Gov:** Could you please go over the query TN\_BA\_219\_OE\_NOT\_SUBMITTED? Will these people have coverage if they didn't make any changes?
  - **Answer:** Yes, these members will continue with the coverage they have currently. If they currently don't have coverage, then they won't be going forward.
  
- **Local Gov:** Please verify, it is my understanding that if an employee wants to switch from Cigna Local Plus to Cigna Open Access and they have dependents, they do not need to send in the dependent verification documents again being they are both Cigna plans?
  - **Answer:** Correct, the dependents are already covered, and you do not have to submit the documents again. Cigna, as the network provider, is not the determining factor in why the dependent documents would have to be sent in.
  
- **Local Gov:** If an employee gets locked out of Edison, who do they call to have their password reset?
  - **Answer:** The BA service center at 800.253.9981.
  
- **Local Gov:** Is there a query that will show the last login for all employees?
  - **Answer:** No, we don't have access to that info.
  
- **Local Gov:** For my employees whose appeal is not overturned, they will be changed to Partnership No Promise?
  - **Answer:** Correct, they will be defaulted to the No Partnership Promise PPO.
  
- **Local Gov:** Who do my retirees contact to change their insurance for 2017?
  - **Answer:** They need to complete the Enrollment Change Application for retirees that is found in the Decision Guide they received by mail. Retirees can also find it on the ParTNers for Health website under Enrollment Material.
  
- **Local Gov:** Regarding the ACA/Marketplace, is BA considering moving the annual enrollment period at all? Because of the time frame restraints, we are still measuring people time and hours worked beyond open enrollment.
  - **Answer:** That is separate. Anyone deemed eligible under PPACA is newly eligible and therefore would be eligible when your measurement period ends. So, if your measurement period and your administrative period is over at the end of the year with coverage starting at the beginning of 2017, then those deemed eligible could enroll in coverage during the month of December.
  
- **Local Gov:** When completing a change form to change plans, do we need to mark the vision block at all if the member already has vision insurance?
  - **Answer:** No, if the member isn't making a change to vision, then no, you would not need to mark that box. We would keep the member in his or her current vision plan.
  
- **Local Gov:** A person who is Medicare eligible can have the CDHP plan, but not qualify for the health savings account (HSA)?
  - **Answer:** Just because a member is eligible for Medicare doesn't make the member ineligible for the CDHP – the member has to be **enrolled** in Medicare. If you are

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**enrolled** in Medicare, you cannot be enrolled in the CDHP. You can be an active employee over 65 and be enrolled in the CDHP, as long as you aren't enrolled in Medicare.

- **Local Gov:** Am I correct, that having only two employees covered, and neither wants to change their plan, we don't have to submit any forms?
  - **Answer:** Correct.
- **Local Gov:** If I'm keying forms and an employee only makes a change to vision, I don't have to send in the form if it (eForms) is not asking for it?
  - **Answer:** Correct. The only time we need a form is if they are enrolling in the Partnership Promise for the first time. And if the employee is adding dependents we would need dependent verification documents.
- **Local Gov:** What is the best way to search for a specific topic that may have been discussed and included in conference call notes?
  - **Answer:** In the PDFs of the call notes found on the [ABC website](#), you can search by selecting "Find" and searching by phrase or if there is a binocular symbol (depending on your Adobe version) you can type in the topic or information you are trying to find.
- **Higher Ed:** The Employee Assistance Program (EAP) vendor is changing January 1. Will we get new material with new logos? When will we get this?
  - **Answer:** Yes, all members will get a welcome kit in the mail, and we are in the process of finalizing the new materials and brochures. Optum will join us on the January ABC calls to go over all of the new communication and training materials. Melissa Ward with Optum is your contact moving forward, and she is getting requests for materials now. If you would like materials, send her an email, and she will send you materials when they are available. You can reach Melissa at [Melissa.ward@optum.com](mailto:Melissa.ward@optum.com).
- **Higher Ed:** Will there be a plan document available?
  - **Answer:** Yes, as of January 1, 2017.
- **Higher Ed:** Can TBR employees still enroll in long-term disability through next year (for higher ed's long term disability product)?
  - **Answer:** Yes, we have the contract approved through the end of 2017.
- **Higher Ed:** The earlier we can get a premiums due report in December the better.
  - **Answer:** We will have the report available to run on the second working day of December (December 2).
- **Higher Ed:** Any ACA updates?
  - **Answer:** Not yet.

**PAYFLEX QUESTIONS**

- **Higher Ed:** I still have a couple of employees who can't register (in their FSA with PayFlex)?

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- **Answer:** Kathy with PayFlex will look into this and get back to you.
- **Higher Ed:** For the eligibility file that we are currently submitting every Friday for 2016, am I still logging into my FSA eligible files? For 2017, you would use the new credentials?
  - **Answer:** Yes, if you are reporting anything for 2016 you would use the same files/credentials. The credentials are new and different for 2017.
- **Higher Ed:** Can you speak to the qualifying event forms and can you give some guidance? If members change their dependent care and FSA due to a qualifying event, can they use a form? Can we still fax this information? There is a fax number on the form.
  - **Answer:** There are no changes to how you are reporting this information. Anything that might have employee information on a document should be sent securely. If you don't have a way to do that, we do have a process to send via email and you can reach out to Sue to send to email securely. Before emailing anything for the remainder of 2016 to Sue, please contact her via email at [PaolinoS@aetna.com](mailto:PaolinoS@aetna.com) and let her know that you need to send a form with PHI or PII (personally identifiable information) on it. She will respond to you with a secure email that you may attach your form to and email it to her, securely. You can fax as instructed on the form **since this form goes to a secure location.**
- **Higher Ed:** If an employee changed to the Partnership CDHP during open enrollment for 2017, does the employee then have to register on the Payflex website, or do they receive paperwork in the mail to register the account?
  - **Answer:** The state will send the enrollment to PayFlex. Once the member goes through the customer identification process (CIP) (vetting process) that is required by the U.S. PATRIOT ACT, PayFlex will send a debit card and information about how to register. If the member chooses payroll deduction with you the employer, then you would report that on your files to PayFlex.
- **Higher Ed:** Are the confirmation statements for all employees or just employees who made election changes?
  - **Answer:** Just for employees who made election changes or employees who are no longer eligible for the Partnership Promise. Also, if an employee received an email confirmation statement then he or she will not receive a confirmation statement in the mail.
- **Higher Ed:** If someone enrolled in the CDHP in the 4<sup>th</sup> quarter after September 2, he or she wouldn't get the state HSA funds. Will it be the same next year? It doesn't apply to the FSA, correct?
  - **Answer:** Correct, in 2017 if a member's coverage effective date is September 2 through the end of the year, then he or she will not receive the state contribution towards the HSA for plan year 2016, but if he or she stays enrolled in the Promise HealthSavings CDHP for 2017 and is a state or higher education employee, then he or she will receive the state seed funds in their HSA in early January 2017. This does not apply to FSAs.

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**Materials and Communications**

- **Communications Updates**
  - **Eligibility and Enrollment Guides:** A reminder from last week, the order form for 2017 Eligibility and Enrollment Guides has been posted to the top of the ABC website. ABCs will need to order guides for new hires for the 2017 calendar year. You will be able to continue to order guides during the year if needed.
    - Beginning in January, you'll give new hires the 2017 Eligibility and Enrollment Guide for 2017 benefits selections.
  - **Annual Enrollment Calls/Monthly Call Schedule:**
    - **Local Ed/Local Gov:** This is our last weekly annual enrollment conference call. Regular monthly ABC calls will resume on Tuesday, November 8. Monthly calls will continue in December and into 2017. Here is the remaining 2016 call schedule at the regularly scheduled call times:
      - **Local Ed:**
        - Tuesday, November 8 at 9 a.m. CT
        - Tuesday, December 13 at 9 a.m. CT
      - **Local Gov:**
        - Tuesday, November 8 at 1 p.m. CT
        - Tuesday, December 13 at 1 p.m. CT

**Operations**

- **Saved but not Submitted Elections:** We have approximately 200 employees who made changes in Edison but did not submit their elections. Please run the TN\_BA219\_OE\_NOT\_SUBMITTED to identify these employees. The event date to use to run the query is 1/1/2017. The employees who are in this status have a value of "SAVED" in the second to last column on the query.
  - **If these employees call the BA Service Center by this Friday (Nov. 4) at 4:30 p.m. Central time we will finalize their elections for them over the phone.** Otherwise, they will need to wait until next year's annual enrollment to make changes. **Please reach out to the employees to notify them of this opportunity.**
- **Dependent Verification:** If you have employees who submitted partial dependent verification by the 4:30 p.m. Central time deadline last Friday, they have **until this Friday (Nov. 4) at 4:30 p.m. Central time** to submit the remaining documentation to Benefits Administration.
- **Enrollment:** If you have employees who attempted to contact our office last Friday and weren't able to speak with an analyst, BA will accept a paper enrollment change application as long as it is **received by this Friday (Nov. 4) at 4:30 p.m. Central time.** **We must have proof that the person spoke with us or left a voicemail to return their call.** We returned all voicemails by 5:30 p.m. last Friday night, but were not able to speak with all callers.
- **We did not include this information during calls this week but as a reminder:** **Local Ed/Local Gov: Annual Enrollment Appeals:** The deadline for Annual Enrollment appeals will be Thursday, December 15 at 4:30 p.m. Central time. Employees who elect to receive a mailed confirmation statement should get their statements in the mail by the middle of November, giving them a month to review and appeal. The annual enrollment changes will be

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sent to the vendors on Wednesday, November 23, so any appeals submitted after that time may cause the employees to get incorrect insurance cards.

- Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.

**OPERATIONS QUESTIONS**

- **Local Ed:** Who can point me to the right direction to download an appeals form?
  - **Answer:** There is not a form for you to use. You or the member will need to write a letter letting us know why you are appealing the enrollment and submit it with an enrollment change application by December 15 at 4:30 p.m. Central time.
  
- **Local Ed:** Are you saying employees with "saved" status cannot go into Edison to submit, they need to call BA to submit?
  - **Answer:** Correct, ESS/Edison is no longer available for employees to make annual enrollment changes. **If employees who have a “SAVED” status call the BA Service Center by this Friday (Nov. 4) at 4:30 p.m. Central time we will finalize their elections for them over the phone.** Otherwise, they will need to wait until next year’s annual enrollment to make changes.
  
- **Local Ed:** I have a couple of employees who said they uploaded what they needed to on Friday afternoon. However, when I look at the documents in the employee profile page their documents are not there. What should they do now?
  - **Answer:** All documents submitted by 4:30 Central time on Friday should be in. We did get some documents after that time and date, but we have not able to process them yet. You can submit a Zendesk ticket and we can take a look.
  
- **Local Ed:** On the dependent verification proof I received, I had three employees who received an “N” and I have received a Zendesk ticket. One employee did not submit the documents in time will need to do an appeal, but with what form on the ABC website?
  - **Answer:** There is not a form for the member or ABC to use to file an appeal. The member or ABC will need to submit a letter stating why he or she is filing an appeal along with an [Enrollment Change Application](#).
  
- **Local Ed:** If a retiree has a Special Qualifying Event (SQE), should they contact BA for the enrollment change form or can I assist them with that? If I can help where is the enrollment change form for retirees?
  - **Answer:** The form is on the website and the retirees should fill out the form and submit it to BA. We suggest that the member contact the retirement service center directly. ABCs do not to sign off on this form. The form is found on the left hand side of the Insurance and Benefits website under For Retirement, Forms, [Retirement Insurance Change Application](#).
  
- **Local Ed:** An employee lost her insurance through her husband. I helped her enroll in health, dental & vision in Edison last week. She received a letter this week from BA listing health & dental with effective dates of 11/1/16, but vision was not listed. Our office just started offering vision. Can she expect a second letter addressing the state vision being effective 1/1/17?

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- **Answer:** The vision benefit would have to be keyed separately. You can check in Edison to make sure the benefit was keyed correctly. If you have a question about this person's enrollment, you can submit a Zendesk ticket. Since the coverage for vision isn't effective until 1/1/17 we would have needed to receive two enrollment forms for this member, one for 2016 and one for 2017.
- **Local Ed:** I enrolled someone through eBenefits twice and she was not on the AETP list (query) as enrolled. I have not checked today, but should this enrollment show instantly?
  - **Answer:** No, if it had to route to our office for approval than it may not show up instantly. We are still processing approvals, but we are almost caught up. If you have tried to run the query again and she is still on listed on the query, we suggest you submit a Zendesk ticket or call the service center at 800-253-9981.
- **Local Ed:** When will a query be available to know who all made changes so we can change payroll deductions? And which query should we use?
  - **Answer:** I would recommend running TN\_BA219\_AETP\_INS\_ELECTIONS. In a few weeks after all of the enrollments have processed, you can run the TN\_BA219\_MED\_DEN\_COVERAGE query.
- **Local Ed:** Will vision show up on the queries?
  - **Answer:** Yes, vision shows on the Edison queries.
- **Local Ed:** I have an employee who tried to call on Friday morning. Per the email on Friday, the employee must have proof of the call. When the employee called the employee was told the system was down?
  - **Answer:** We would have a record of that call and we can also find a record of the call by phone number.
  - **Follow up question:** In this instance, can the employee submit a paper application by Friday?
  - **Answer:** Yes, along with an appeals letter.
- **Local Ed:** I have an employee who requested a password reset and wanted to opt out of insurance, but could not opt out because the employee's email was not set up. I was instructed to file an appeal. What do I do here?
  - **Answer:** At this point, you would need to file an appeal. Without knowing the specifics, you would need to submit an appeal with the [Enrollment Change Application](#).
- **Local Ed:** Can you exactly tell me, is it an appeal form? What is it exactly?
  - **Answer:** There is a not a form, but you or the member would need to submit a letter. It can be written by the member or the ABC, it needs to tell us what coverage the employee wants to change and why, and it needs to be sent with the [Enrollment Change Application](#).
- **Local Ed:** I have already reviewed all the queries on the ABC website and none of them show all coverage, only new elections?

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- **Answer:** The TN\_BA219\_MED\_DEN\_COVERAGE query will show coverage for all members for all benefits including medical, dental and vision. You will need to enter specific dates for this query. This query will not have all of the changes for 2017 until Thanksgiving.
  
- **Local Ed:** We made the assumption about the Partnership Promise and didn't know that you would be put in the No Partnership Promise if you didn't complete the requirements and not the Standard PPO. We have a few members who went into the No Partnership Promise.
  - **Answer:** We communicated this change during several calls. The information was also communicated in the Decision Guide, and we included in the information in an ABC email you could share with your members.
  
- **Local Ed:** Does the TN\_BA219 query only show medical & dental? No vision?
  - **Answer:** The query does show vision. We created the name for the query before we started offering vision.
  
- **Local Ed:** Who took Tony Del Priore's place?
  - **Answer:** Renee Boles and you can reach her at renee.boles@tn.gov
  
- **Local Ed:** When can employees who made changes in Edison receive insurance cards?
  - **Answer:** They will receive new health insurance cards before January 1, 2017, and they should arrive during the second or third week of December.
  
- **Local Ed:** I have several employees showing up on the TN\_BA\_219\_MED\_DEN query that still show the wrong coverage for 2017, is that correct?
  - **Answer:** If you are running for 1-1-2017, it will pull all coverage for January 1, 2017. It could mean that we haven't closed out the open enrollment event yet. After all of the open enrollment events are closed out, and then the employees will be on the TN\_BA219\_MED\_DEN\_COVERAGE query.
  
- **Local Ed:** If someone did not have an open enrollment event, who should we contact?
  - **Answer:** You can submit a Zendesk ticket or call the service center at 800-253-9981 and we can take a look at it.
  
- **Local Gov:** One of our employees also didn't have an open enrollment event but he didn't know how to get back in. He said he did not want to change anything anyway. Does he still have to call?
  - **Answer:** No, he doesn't have to do anything, he will continue with the same benefits he had in 2016 in 2017.
  
- **Local Gov:** Last year we did the set-up for Payflex, but no one enrolled. This year we did have some who enrolled. Is there anything else on my end to "activate" the HSA for them?
  - **Answer:** No, there is nothing you have to do to activate the HSA for the employees. Once the member goes through the customer identification process (CIP) vetting process that is required by the U.S. PATRIOT ACT, PayFlex will send a debit card and information about how to register. But if your agency chooses to offer pre-tax

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contribution/payroll deduction, you will need to contact PayFlex at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com).

- **Local Gov:** We are a non-data agency and we faxed in all our changes. How can I get confirmation that these were received?
  - **Answer:** You have access to documents in Edison in scanned documents.
- **Local Gov:** Employees who were not on my not submitted list are unable to select insurance? It does not give them the option when they login?
  - **Answer:** They are no longer able to make changes as that access was cut off last Friday. They can call us by this Friday at 4:30 Central time.
- **Local Gov:** One of my employees has an incorrect address on file with BCBST. She has not received her ID cards. She spoke with BCBST to explain that the address they were showing was over 20 years old. When I enrolled her with BA, her correct current address was sent in. How should I proceed? BCBST says her employer must correct this with them.
  - **Answer:** The best thing is to submit a Zendesk ticket so we can check the employee record and reach out to BCBS to check the record.
- **Local Gov:** Is there a query I can run that will show all employees and their 2017 elections? We will be updating payroll deductions in December.
  - **Answer:** You have a couple of different options. If you want to see the enrollment changes, you would run the TN\_BA219\_AETP\_INS\_ELECTIONS query and you can run this now. If you are looking for all coverage, you would run the TN\_BA219\_MED\_DEN\_COVERAGE OR TN\_BA219\_MED\_DEN\_ELECTIONS with the dates after Thanksgiving. In December, we run payroll early so you can run a premiums due report early to give you more time to get those changes loaded.
- **Local Gov:** My daughter got married in September, however, she is going to stay on my plan. What do I need to do to update her last name so all bills will be paid with the new name?
  - **Answer:** You would submit a Corrections and Clarifications form and we can get it changed in the system. This information is then sent to the vendors.
- **Local Gov:** When are the PPACA reports due this year?
  - **Answer:** The 1095C form for the employee by January 31<sup>st</sup>. The files that are sent to the federal government are due by March 31<sup>st</sup>. BA is in the process of scheduling a webinar and we will send you this information soon.
- **Local Gov:** What is a good number for my employees to call?
  - **Answer:** You would call the BA service center at 800.253.9981.
- **Local Gov:** I'm a little confused about the saved but not submitted report. I had a large number of my employees, but none were marked "saved" in the column. I thought it shows employees who made changes?
  - **Answer:** The TN\_BA219\_OE\_NOT\_SUBMITTED query shows employees who have **not** made changes. This includes employees who made changes, but did not

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submit them and will have the value of “saved”. You can also verify that they made changes with audit queries; TN\_BA133\_AUDIT\_OPEN\_ENRL\_ESS which is specific to the employee and TN\_BA265\_OE\_ELECTIONS\_IN\_ESS which you can run to look at all for the elections during annual enrollment in ESS.

- **Local Gov:** I also ran the saved not submitted report and a few termed employees were on the report. If I termed them in Edison, why are they still on there?
  - **Answer:** It depends on when you terminated them. If recently, we have to remove their OE event. As long as termed in Edison, you don't have to worry. If termed this summer, I would submit a Zendesk ticket to make sure they were terminated correctly.
  
- **Local Gov:** We also have some employees on the report who did make changes?
  - **Answer:** I would run an audit report and make sure they don't have a “SAVED” for saved or submit a Zendesk ticket.
  
- **Local Gov:** We had one employee drop coverage and I see they are no longer listed on the 'not submitted' report. Is that correct?
  - **Answer:** Yes, that is correct.
  
- **Local Gov:** I have a question about the saved and not submitted report. I ran the report and a lot of names came up. But I am not sure if they made any election changes or not?
  - **Answer:** The report only shows people who **did not** make changes. You should look for a value of “SAVED” in the second to the last query. If the column is blank, they did not make any changes. If a value of “SAVED” they saved, but did not submit. The employee can call before 4:30 p.m. Central on Friday and we will push those changes through.
  
- **Local Gov:** I have a few employees who didn't make any changes, but those employees were not listed on the report (saved but not submitted report)?
  - **Answer:** It is possible they were defaulted into the No Partnership Promise PPO. If you have questions submit you can submit a Zendesk ticket and we will look at it for you.
  
- **Local Gov:** If there are names on there, they went in there and tried to do something?
  - **Answer:** No, only if they have a value of “SAVED” did they go in and do something. Otherwise if they are on the report, they did not do anything.
  
- **Local Gov:** Employees can look in Edison to make sure they did everything they were supposed to do?
  - **Answer:** Yes, in ESS, they can go to the benefits summary page and put in the 1-1-2017 dates and it will show the new benefits. Without changing the dates, it will show the current benefits.
  
- **Local Gov:** Could you please list the queries and how to look them up on Edison?
  - **Answer:** There is a list of all of the queries on the [ABC webpage](#) under the Edison section and it is called **Edison Query List**. This document will help you run the queries and tells you what values you need to enter.

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- **Local Gov:** I have a non-open enrollment question. I'm trying to terminate an employee non payroll job data and it won't let me enter anything?
  - **Answer:** One day a month, ABCs are blocked out and today is that day. We have a calendar called the **External Agency Calendar** on the [ABC webpage](#) that lists that day, when documents need to be submitted and when you can run reports.

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**Materials and Communications**

- **2017 New Hire Presentations:** We have posted the 2017 New Hire PowerPoint presentation for your use on the ABC webpage by plan.
  - You will need to download and save the presentation in order for the graphics to appear correctly in the PPT.
    - We have also posted a PDF version with notes for your use.
  - On the BA website, we have posted the PDF version directly on the **For New Employees** page by plan type:
    - <http://www.tn.gov/finance/article/fa-benefits-for-new-employees>
    - You can direct your new employees to review the PDF at their convenience.

- **Reminder: 2017 ABC Monthly Conference Calls Will Change:**

<b>Tuesday</b>	<b>Central Time</b>	<b>Eastern Time</b>
Higher Education	8:30 a.m. to 9:30 a.m.	9:30 a.m. to 10:30 a.m.
Local Education	10 a.m. to 11 a.m.	11 a.m. to Noon
State	12:30 p.m. to 1:30 p.m.	1:30 p.m. to 2:30 p.m.
Local Government	2 p.m. to 3 p.m.	3 p.m. to 4 p.m.

- **The 2017 January through June call schedule is posted on the [ABC webpage](#).**
- **Holiday Hours:** As a reminder, the Benefits Administration Service Center and our vendors' call centers will be closed for the holidays on the following dates:

- **BA Holiday Hours:**

- Monday, December 26 – closed
- Tuesday, December 27 - closed
- Monday, January 2 – closed
- Tuesday, January 3 - closed

- **Vendor Call Center Holiday Hours:**

- **Healthways**

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

- **BCBST**

Day before Christmas Eve	12/23/2016	Friday	closed
Day after Christmas	12/26/2016	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

- **Cigna**

Regular business hours: open 7 days a week, 24 hours a day

- **PayFlex**

Day after Christmas	12/26/16	Monday	closed
Day after New Year's Day	1/2/2017	Monday	closed

- **CVS/caremark Call Center**

Regular business hours: open 7 days a week, 24 hours a day

- **EyeMed**

Christmas Eve	12/24/2016	Saturday	12 pm-6 pm
New Year's Eve	12/31/2016	Saturday	12 pm-6 pm

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**COMMUNICATIONS QUESTIONS**

- **Local Ed:** Is it correct that all members are receiving new insurance cards even if they made no changes during open enrollment?
  - **Answer:** Yes, all members with health coverage will receive new cards this year.
  
- **Local Ed:** With the new insurance cards, for those who don't receive cards by Jan. 1, what is your recommendation to the member?
  - **Answer:** Members can call the carrier's service center to request another card. Please make sure the members verify their address before having another card sent.
  
- **Local Ed:** How do we order additional BCBS member handbooks?
  - **Answer:** You can contact the vendors directly. Their contact information is on the vendor contact list found on the [ABC webpage](#) under Conference Call Notes, [Vendor Contact List](#).
  
- **State:** When will employees start receiving the new insurance cards for the 2017 plan year?
  - **Answer:** Members will receive new cards in December.
  
- **Local Gov:** Has the audio version (new hire PowerPoint) been posted?
  - **Answer:** We do not have a version with audio this year, but the PDF version has full notes (script) at the bottom of each slide.

**Benefits**

- **Optum Health Training Program Materials:** Melissa Ward with Optum Health went over Training Program materials we posted on the [ABC webpage](#), under Optum/Behavioral Health.
  - You will find the **Optum Training Catalog**, which includes a listing and summary of all program offerings and details on the process to request.
    - You'll also find a **Quick Reference Guide** to assist in the request process.
    - Some details to note in regards to requesting trainings:
      - Trainings are requested directly through an online request form on [here4tn.com](#). Please note that Optum will be taking over the management of the [here4tn](#) site on 12/30.
      - Wherever possible, please provide 30 days advance notice when scheduling a training.
      - Questions regarding the order process can be directed to myself, or your dedicated Optum training coordinator, Peggy Clark: [peggy.clark@optum.com](mailto:peggy.clark@optum.com)
      - This information is included in the quick reference guide.
      - Also, the Optum call center is now open 24/7 and members/providers call the same number 855.HERE4TN (855.437.3486). Clinicians can answer member benefits questions and provider questions.

**OPTUM HEALTH QUESTIONS**

- **Local Ed:** The Optum benefit is available to all enrolled employees, correct? So can only eligible employees take advantage of an Optum training event?
  - **Answer:** No, all employees can take advantage of the training event.

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- **Local Gov:** How can we recommend a provider for the provider network for BA services (providers not in the network)?
  - **Answer:** Providers that are not in the Optum network need to go through the credentialing process. You can email Melissa Ward directly at [Melissa.ward@Optum.com](mailto:Melissa.ward@Optum.com) and she can get the providers information to the credentialing department.
- **Local Gov:** Does Optum offer State of TN Drug Free Workplace training to come to our location and provide training for all employees and supervisors/managers?
  - **Answer:** Yes, there are a number of trainings in the catalog and you can email Melissa Ward directly at [Melissa.ward@optum.com](mailto:Melissa.ward@optum.com) to set up a training.
- **Higher Ed:** If someone has already used their five sessions with the new provider (Optum), do they still get five more sessions?
  - **Answer:** Yes, it resets every January. You get five sessions per problem per year. To access sessions for next year, employees can go ahead and call in to get those authorized.

**Operations**

- **Local Ed/Local Gov/Higher Ed: PPACA (Affordable Care Act) Report Filing Deadlines and Form Information:**
  - Employers with **less** than 50 employees need to complete the 1094-B (IRS form) and 1095-B (employee) forms. On the chart sent with last Friday's ABC email, employers with less than 50 employees will follow the deadlines for **Self-Insured Employers That Are Applicable Large Employers**.
    - Provide 1095-B to responsible individuals by March 2
    - File 1094-B and 1095-B with the IRS by Feb. 28 (paper) or March 31 (e-file)
  - Employers with **more** than 50 employees need to complete the 1094-C (IRS form) and 1095-C (employee) forms. On the chart sent with last Friday's ABC email, employers with more than 50 employees will follow the deadlines for **Applicable Large Employers – Including Those That Are Self-Insured**.
    - Provide 1095-C to full-time employees by March 2
    - File 1095-C and 1094-C with the IRS by Feb. 28 (paper) or March 31 (e-file)
  - **Note:** If you file 250 or more Forms 1095-B or Forms 1095-C, you must electronically file them with the IRS. More information was included on the attachment we sent with the Friday, December 9 ABC email.
- **Local Ed/Local Gov/Higher Ed: PPACA – COBRA Enrollments:** We sent out spreadsheets Monday with all of the former employees/dependents of your agency who were enrolled in COBRA coverage during 2016. We will send you emails going forward with any new COBRA enrollees for your agency since it will be possible for them to backdate their enrollment during the first few months of 2017 if they lost coverage in December.
  - As a reminder, if you run the PPACA Tax Report for active employees and retirees now for 2016, you will want to run it again in January and February to pick up any new enrollments that were processed retroactively back to 2016.
- **State: PPACA Report Filing Information:** The deadline to provide 1095-Cs to employees for 2016 has been extended from January 31, 2017, to March 2, 2017. This year, employees will

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have the ability to request an electronic 1095-C form instead of a paper form in the mail. We will share more information about this new process in the next few weeks.

- **State:** **ESS – New Query:** As we informed you during the call, there is a new query to help you determine if your new hires have completed their enrollment and if the process has been completed. We have included the slides presented during this week’s ABC call for your reference. The new query is TN\_BA385\_HIRE\_BENEFITS\_STATUS.

## ESS - New Tool!!!

### TN\_BA385\_HIRE\_BENEFITS\_STATUS

Two prompts -

Hired from:

Hired to:

This allows you to run it for employees hired during a specific time period.



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## ESS -TN\_BA385\_HIRE\_BENEFITS\_STATUS

TN\_BA385\_HIRE\_BENEFITS\_STATUS - Hired benefits actions

Hired From:

Hired To:

[View Results](#)

Dept ID	ID	Name	Last Hire Date	Eligibility Period End Date	Proc. Stat	Election Source	Saved/Not Submitted	Election Date
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Eligibility period end date: The end of the 31 day enrollment period for the employee

Process Status:

- Prepared – No enrollment has been entered
- Finalized – Enrolled – Enrollment has been fully processed
- Notified – Employee has made elections in ESS but has not submitted them
- Election Error – Employee has submitted elections and BA is awaiting dependent verification documents
- Finalized – Benefit Pgm None – Employee isn't eligible for coverage

Election Source:

- None – No enrollment has been entered
- ESS – Employee has submitted elections through ESS
- Benefits Administration – BA has finished processing the event

Saved/Not Submitted: If this field says "SAVED" the employee needs to go back into Edison and finish submitting their elections



Election Date: The date that the employee submitted their enrollment

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- **New ABC Training:**
  - **December 14**
    - **Session 1 – Local Ed:** 9 a.m. to 11 a.m. Central time
    - **Session 1 – State:** 1 p.m. to 3 p.m. Central time
  - **December 15**
    - **Session 1 – Local Gov:** 9 a.m. to 11 a.m. Central time
    - **Session 2 - All plans:** 1 p.m. to 3 p.m. Central time
  - **Directions to register for training:**
    1. Login in To Edison.
    2. Navigate to Main Menu above the TN red and white logo>ELM>Employee Self Service>Learning>Search Catalog>Enter ABC in the “Search the Catalog” field>Click the “Search Activities” button.
    3. Locate the training you are interested in:
      - ABC Training Webinar (ABCT 5000) State/Higher Ed (Session 1)
      - ABC Training Webinar (ABCT 3000) Local Education (Session 1)
      - ABC Training Webinar (ABCT2000) Local Government (Session 1)
      - ABC Training Webinar (ABCT1000) Combined Entities (Session 2)
      - ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC’s
    4. Locate the specific dates you would like to attend the webinar.
    5. Click Enroll to the right of the training session you wish to participate in.
    6. Click Enroll in the lower left corner.
    7. Click Submit Enrollment in the bottom lower left corner.
    8. Once you have enrolled, you will see the following message under your name at the top of the page.
      - **You have successfully enrolled in ABC Training Webinar/Workshop.** This change in status will be updated on the All Learning page.

**PPACA REPORT AND FILING/TRAINING QUESTIONS**

- **Local Ed:** When is the best time to go ahead and run the PPACA reports? I sent a request to Zendesk yesterday asking about the process to run the PPACA for our retirees.
  - **Answer:** You can run the PPACA report now, just be aware that anyone who has not submitted his or her enrollment yet will change the report. You may need to run it again before sending your 1094 or 1095 forms.
- **Local Ed:** I sent a request to Zendesk asking about the process to run PPACA for retirees?
  - **Answer:** Retirees are going to run on the regular PPACA report that you run for active employees.
- **Local Ed:** Some of the information on the PPACA report is duplicated, for example, newborns are listed twice. Also, some employees who are dependents of another employee as a spouse are listed twice on the report as well. Is anybody else finding this error?
  - **Answer:** If they are eligible more than once, they could be listed more than once. Also, they are going to be listed for each month of coverage. Sometimes there are duplicates if they employee changes position numbers in the middle of the month or

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if the social security number changed, for example, for a newborn. You can submit a Zendesk ticket and we can research this for you.

- **Local Ed:** What is the link to the PPACA report?
  - **Answer:** You would go to: Main Menu > HCM > Benefits > Review Employee Benefits > TN PPACA Tax Report.
- **Local Ed:** Is all the information on the PPACA report necessary?
  - **Answer:** No, we provide as much information as possible for you to identify the employee. You can decide what information you need to put on the applicable 1094 or 1095 forms.
- **Local Ed:** I have tried to run the PPACA report several times and I still have not received the report. Is anyone else having this issue?
  - **Answer:** I have not heard of this issue, but we can have a trainer reach out to you.
- **Local Ed:** About how long does it take for the PPACA report to run?
  - **Answer:** It depends on the size of your agency, but it can take several hours.
- **State:** I am a new ABC; can you please explain what PPACA is?
  - **Answer:** PPACA is the Patient Protection and Affordable Care Act (also referred to as Obamacare) and is a federal law. There are many pieces to the law and one piece is that employers have to offer affordable coverage to full time, eligible employees. You can go to the IRS site, IRS.gov to learn more.
- **State:** Are the December 14 and 15 dates the only two New ABC Training Sessions that we can sign up for?
  - **Answer:** Yes, at this point these are the only scheduled new ABC trainings but we will post next year's new ABC training very soon.
- **Local Gov:** How do we run the PPACA report?
  - **Answer:** In ESS, go to Main Menu > HCM > Benefits > Review Employee Benefits > TN PPACA Tax Report.
- **Local Gov:** What is the deadline for running the PPACA report?
  - **Answer:** There is no deadline. The report is available now and will continue to be available. You just need to make sure you run the report to make the IRS deadline.

#### **OPERATIONS QUESTIONS**

- **Local Ed:** Many of our employees have received a "Benefits Enrollment Information" letter with the effective date of 1/1/16?
  - **Answer:** They may have received a confirmation statement. If their benefits didn't change, the effective date will be 1-1-16. If you can provide a copy of the letter to us, we can research and get back to you.
- **Local Ed:** Can you walk through the steps for adding coverage for a new employee hired in November for coverage beginning in December 2016, but this is after Open Enrollment for 2017 changes?

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- **Answer:** You would process the enrollment the same as with the regular enrollment selections. If the coverage starts in December, in addition to completing the new hire enrollment for 2016, you would complete a 2017 form and provide both within 31 days of the hire date.
- **Local Ed:** Is there any guidance on how to code our COBRA participants for ACA reporting?
  - **Answer:** There is information on the IRS website, IRS.gov and we recommend you go there for more information.
- **Local Ed:** Is there a query to run that shows specific plan enrollments such as those who are enrolled in the Partners Promise plan?
  - **Answer:** You can run the TN\_BA219\_MED\_DEN\_COVERAGE query and you can filter to look for a specific plan with a date of 01-01-2017 if looking for new coverage elections.
- **Local Ed:** If an appeal (vendor) has been approved when will it show up in Edison?
  - **Answer:** For an approved vendor appeal, we key as soon as we send the approval. It would show up in Edison and be sent to the vendor that same weekend.
- **State:** Is the query available now (new ESS TN\_BA385 query)?
  - **Answer:** Yes.
- **State:** Would 120 day retirees affect our ESS report card in any way?
  - **Answer:** Only benefits eligible employees are included in the calculation, 120 day retirees do not impact them in any way.
- **State:** If Benefits Administration finishes processing the event over the phone, does that count off on our ESS numbers?
  - **Answer:** Yes it does. Employees are people who are in the system on an official status are those we are trying to catch. If BA has to finish the event it does not count as the employee finishing the event.
- **Local Gov:** Do we create an eBenefits form in Edison if the employee waives coverage?
  - **Answer:** Yes.
- **Local Gov:** What is the process for terminating an employee who quits before they are effective for coverage?
  - **Answer:** You would need to send in a Corrections and Clarification form stating they are no longer with the agency if the employee terminates before the coverage begins.
- **Local Gov:** I ran a TN\_BA219 report to find all employees with changes for 2017. I used 01/01/2017 for the event date and the report had no listings. What did I do wrong?
  - **Answer:** The TN\_BA291\_AETP\_INS\_ELECTIONS report is only available to run after annual enrollment through the month of November. You can run the TN\_BA265\_OE\_ELECTIONS\_IN\_ESS report to see annual enrollment changes.

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Or, you can run the TN\_BA219\_MED\_DEN\_ELECTIONS query so you can see any changes that were keyed by you or by our office.

**Benefits**

- **Local Ed/Local Gov: PayFlex Process HSA Refresher:** Darlene Russo with PayFlex gave us a refresher on what happens when a member signs up for the CDHP with the HSA and what agencies offering payroll deduction need to do.

**PAYFLEX HSA and FSA QUESTIONS**

- **Local Ed:** We only had a few HSA participants this year and have several new ones to add for 2017. Do we need to send in the HSA payroll deduction forms to Payflex, or do we just enter them in our payroll system and then send in the file as we normally do?
  - **Answer:** The eligibility should come to us through Edison so you should just have to add them through your existing HSA file and they would come to us this way. We don't need the additional forms sent to us.
- **Local Ed:** When will employees who enrolled in CDHP for 2017 receive information on how to contribute to the HSA?
  - **Answer:** They will start to receive their debit cards very soon as they began to mail this week. The information with the card will tell the member how to register the card and where they can go for more information ([stateoftn.payflexdirect.com](http://stateoftn.payflexdirect.com))
- **Local Ed:** Our agency is frontloading \$500.00 on the member's HSA for 2017. What is the earliest we can send this file to Payflex?
  - **Answer:** You can send this file now, but you will need to send it no later than 12/26/16 so we can get the funds in the accounts by 1-1-17. If we pull the funds we need the file the same day. Please make sure you put a deposit date on the file of 1-1-17 if that is the date you would like the funds deposited into the members' HSAs.
- **Local Ed:** Where can we the guide for PayFlex?
  - **Answer:** It is on the [ABC webpage](#) under PayFlex.
- **Local Ed:** Will new insurance cards (if applicable), and the PayFlex debit card be received in December or will it be January?
  - **Answer:** Health insurance cards and the PayFlex cards will be sent to the members in December so they will have them by January 1, 2017.
- **State:** When are the 2017 PayFlex cards being distributed?
  - **Answer:** PayFlex debit cards are starting to drop in the mail now. Members should receive them within 7-10 business days.
- **State:** What if an employee had flex spending in 2016, but never used it. What happens?
  - **Answer:** It depends on what flex plan they were enrolled in.
    - For those in 2016 medical, there is a grace period for medical and limited purpose medical and members can incur expenses up until March 15, 2017, and can submit claims up until March 31, 2017.

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- For dependent care, members have until December 31, 2016, to incur expenses and until March 31, 2017 to file with Treasury for reimbursement.
  - Parking or transportation funds will rollover to next year.
  - If members have a balance this year, we recommend that they get their claims in. We are working on a communication for employees who still have a FSA balance to remind them of what they need to do.
- **State:** On the Flex Spending Medical, do they have to have a \$0 balance to get the flex card?
- **Answer:** No, not for FSA. They will get a debit card for 2017, but they submit claims to Treasury for 2016. The 2016 balance in the FSA that members need to be concerned about is if they enrolled in the CDHP. Members cannot open up a HSA if they have a balance in their FSA on December 31, 2016. Members with existing FSAs who enrolled in a CDHP need to spend down their FSA by December 31 or they have to wait until April to open up their HSA.
- **Local Gov:** Do we have to resubmit a test file for 2017 if we currently have the HSA for 2016?
- **Answer:** No.
- **Local Gov:** We need to send in the corporate authorization form we don't know who our account manager is or who to send it to?
- **Answer:** You can send it with a note to PayFlex at [stateoftennessee@payflex.com](mailto:stateoftennessee@payflex.com)
- **Local Gov:** If there are only two employees with no changes, do we have to do a PayFlex test? Our members are not contributing.
- **Answer:** If you are currently sending a contribution production file on a consistent basis, then no. If you are new to the process then you need to send a test contribution test file. If your agency is not contributing, then no, you do not need to send test files.