

Combined ABC Conference Call Notes
Higher Education, Local Education, State and Local Government
January 9, 2018

Materials and Communications

- **Vendor Calls to Members:** We received a Zendesk ticket that a member received a call from someone claiming to be a representative from BCBST and this person asked for the member's mailing information to mail them an ID card. We verified with BCBST and this was not a caller representing BCBST.
 - None of the state's vendors would ever be calling a member to ask for this type of information.
 - If members receive a call such as this, you can tell the members that they should ignore it.
 - If members receive a vendor call and question it, they can call the vendor's customer service department directly to verify the call. The vendor's customer service center number is found on the back of their ID card.

- **State (only): Medicare Eligible Letter:**
 - Benefits Administration will send a letter to the head of contract currently enrolled in group health insurance as an active employee.
 - The letter will be sent 2-3 months before head of contract turns 65.
 - First group of letters will be sent in January for those turning 65 in February and March.
 - Letters are NOT being sent to spouses turning 65.
 - Information in letter:
 - Gives basic explanation of Medicare (Part A, Part B, Part C and Part D)
 - Advises state group health insurance is primary even if enrolled in Medicare while covered as active employee
 - Advises that if the member enrolls in any part of Medicare, he or she may no longer be eligible to make HSA contributions
 - If planning to retire this year, the member can contact Benefits Administration or TN SHIP (State Health Insurance Assistance) to discuss retirement insurance
 - Gives TN SHIP number: 1-877-801-0044
 - We have **attached** a sample with the Friday, January 12 ABC email.

Benefits

- **Know Your Health Campaign:** Kendra Gipson, the director of contracting and vendor services joined us to give a refresher about the Know Your Health campaign.
 - Back in November, we let you know about a member education campaign called "Know Your Health" we will launch this year. The goal is to inform and educate members about the various resources available to them to help them become more knowledgeable healthcare consumers. The campaign focuses on these topics: Know Your Hospital, Know Your Options, Know Your Providers and Know Your Condition.
 - We plan to launch the campaign to members in January via an emailed newsletter and it will go to those members who have an email address in Edison. Our goal is to email a newsletter to members each month.
 - The January e-newsletter will include a link to the hospital flier we have already shared with you and included in members' welcome kits about hospital safety grades, as well as a new video about the campaign we shared with you.
 - The Know Your Health information and video has been posted for members on the homepage of the [ParTNers for Health website](#).

KNOW YOUR HEALTH QUESTION

- **State:** Is the app shown in the video (Making Healthy Choices) only available for Apple?
 - **Answer:** The app is available on Apple iTunes, but all of the information is also on the consumer health choices website:
<http://www.consumerhealthchoices.org/healthy>
- **Wellness Program:**
 - **Update on the status of the wellness program:** Paige Turner provided an update to the information provided on the November ABC calls. As a reminder, following the award of the wellness program contract back in July, one of the proposers filed a protest based on the way the cost proposal was scored. The Central Procurement Office (CPO) held an informal hearing on October 5 and issued a ruling that set aside the Primary Population Health intent to award and instructed Benefits Administration to re-issue the Primary Population Health cost proposal to the top five respondents to the RFP. This decision was appealed to the Protest Committee and on November 29, the Protest Committee upheld the CPO ruling.
 - Benefits Administration re-issued the cost proposal to the top five respondents in early December as instructed by CPO. The Protest Committee's order requiring reissuance of the cost proposal has been appealed to the Chancery Court of Davidson County. In addition, the Chancery Court has issued a Temporary Restraining Order (TRO) which prohibits BA from opening and evaluating the cost proposals for Population Health and prohibits the Insurance Committees from awarding the contract. The parties to the appeal are expediting the process and it is anticipated that a hearing on the issues will be held in February after the expedited briefing schedule.
 - What this means for our members is that we will not have a wellness program in place until resolution of the litigation.
 - **Letter to coaching participants:** A sample letter was shared on the screen (emailed with the Friday, Jan. 5 ABC email). The letter mailed last week to 2,254 members currently enrolled and engaged in lifestyle or disease management coaching. The letter notified them that the current wellness contract has come to an end, provides them with a high level overview of the protest and the current status of the wellness program.
 - **Member inquiries: We are starting to see more member inquiries about how to find the Well Being Assessment, the physician screening form and other wellness resources. This includes, (for state and higher education) how to earn the cash incentives. You may be receiving these inquiries as well so we wanted to provide you with some talking points as well as where to direct members for updates:**
 1. **This talking point has been approved by legal and is the only comment that should be made about the protest and on-going litigation. Should a member inquire about the wellness program, please use this message:** Following the award of the wellness program contract back in July, one of the proposers filed a protest. The protest process is still on-going. What this means for members is that we will not have a wellness program in place until resolution of the litigation. For updates, go to partnersforhealthtn.gov and click on the wellness tab, and then the 2018 Wellness Program drop down.

We will include this talking point in the notes. A similar talking point has been distributed to all of our other vendor partners as well as the Benefits Administration Service Center.

2. **We have also created a Zendesk article. It can be found in the General Section, ParTNers for Health Wellness Program, then 2018 Wellness Program Update.**
3. **ParTNers Website** – We are also referring members to the ParTNers website for status updates since the litigation is still on-going. Members can click on the quick links tab to be taken to the 2018 wellness program page. Or, they can click on the wellness tab, then the 2018 Wellness Program drop down. They also have the ability to send an email to the ParTNER's mailbox. This link is on the main page under resources. James Joralemon and I manage that mailbox and will respond to all inquiries.
 - Lastly, we are seeing some member questions about the increase in premium for the Premier PPO. Some members think they have been defaulted because they did not complete the Partnership Promise. We provided you with some email copy in the January 5 ABC email in case you are receiving a lot of questions. You can remind them that the Partnership Promise went away along with the premium discount. Members who were enrolled in the Partnership PPO were moved to the Premier PPO and the premiums are different.

WELLNESS PROGRAM QUESTIONS

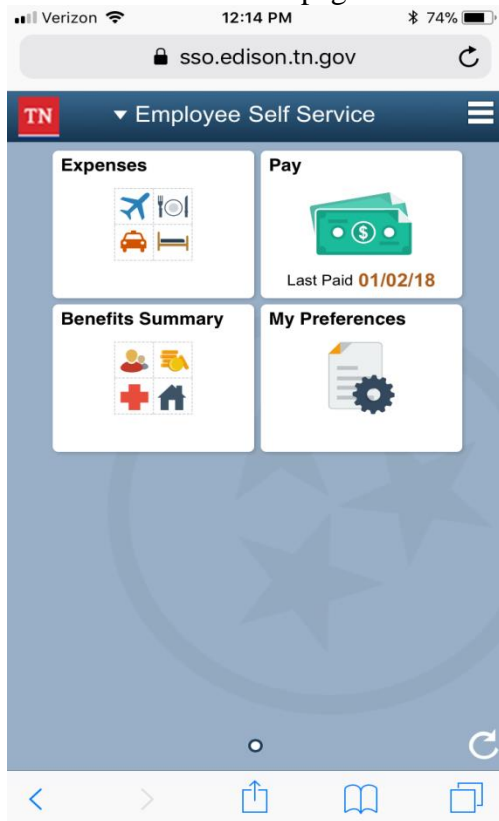
- **Higher Ed:** So there won't be a cash incentive until this is resolved?
 - **Answer:** Correct, we won't have a program in place until this issue is resolved.
- **Higher Ed:** This (cash incentive) may have been why a person selected a certain plan.
 - **Answer:** We are aware of that, but we are not able to move forward until this issue is resolved.
- **State:** Is the sample letter regarding litigation being sent to all employees enrolled in health insurance?
 - **Answer:** No, the letter only went to members enrolled in coaching. And the reason is that when we transition from one vendor to another we typically are communicating this change to members. Since this has not happened yet, we wanted our members enrolled in coaching to know what was happening. **The talking point we included in the notes is what you should use if you receive questions.**

Operations

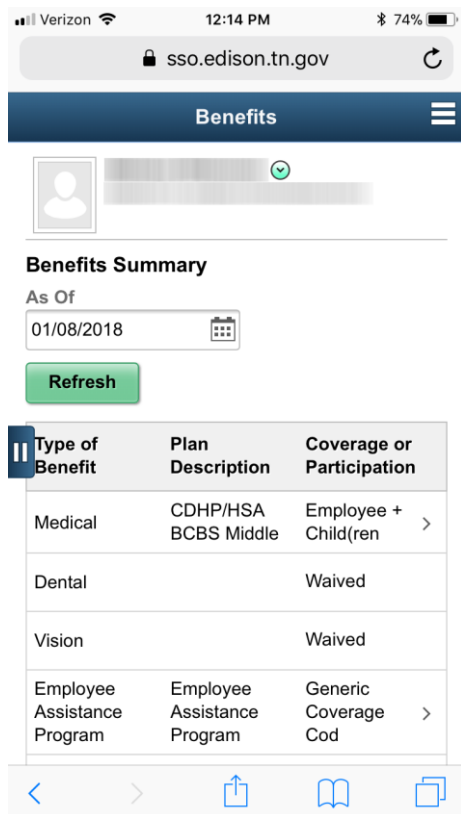
- **ESS Benefits Summary:** The Edison team has begun implementing new system functionality, called "Fluid" pages. Fluid pages are designed to work on computers, tablets, and mobile devices. There is currently one Fluid page available for Benefits that we want to show you. There is no timeframe yet as to how quickly the other new Benefits Fluid pages will be released. It will most likely happen gradually over the next couple years. Today I want to show you an example of the current Benefits Fluid page. It is the Benefits Summary page in ESS. The navigation to this page on a computer is **Self Service > Employee Work Center > My Benefits > Benefits Summary**. As you can see, it has a different look from the other Edison pages.

Type of Benefit	Plan Description	Coverage or Participation
Medical	CDHP/HSA BCBS Middle	Employee + Child(ren)
Dental		Waived
Vision		Waived
Employee Assistance Program	Employee Assistance Program	Generic Coverage Cod

- This next screenshot shows what Edison looks like for state employees who log in with a mobile device. As you can see, instead of a menu, you see what are called “tiles” that take you to the individual Fluid pages.



- If you tap on the **Benefits Summary** tile, this is the page you see. You can swipe, tap, and drill down into each plan from here. Please note that only this main summary page is currently Fluid. If you drill down, it will look like the typical Edison pages currently.



- **Service Center Metrics/Customer Service Rating:**

- **December 2017:**

- Tickets via Email: 660
 - Tickets via Self-Service: 2,623
 - Tickets via Phone: 6,026
 - Tickets via Chat: 56
 - Total: 9,365
 - Satisfaction Score: 90.5%

- **December 2016:**

- Tickets via Email: 309
 - Tickets via Self-Service: 1,574
 - Tickets via Phone: 5,986
 - Total: 7,869
 - Satisfaction Score: 93.6%

- We received about the same number as calls this year as we did last December. Total interactions increased by about 1,500.
 - We take the satisfaction of our customers very seriously. Please complete the survey after you complete your Zendesk ticket.
 - If you respond with a “Bad” rating to Zendesk, we will reach out to you to see how we can improve. We would ask that you please rate the service you received from our service center, not if you are unsatisfied with policy. Our satisfaction rate for December was **90.5%** percent, down from 93.6% last December.

- **State: ESS Participation Rates:**

- ESS percentage for November: 89%
 - YTD: 89%

- **ABC Document Upload Reminder:**
 - The ABC Document Upload Page is scheduled to be taken down at the end of January. Starting February 1, documents will be accepted through Zendesk, email or fax. Zendesk is the preferred method. Employees will still be able to upload documents through Edison Employee Self-Service.
 - Please begin using Zendesk to upload documents as soon as possible if you are not already. We have several upcoming trainings if you need a refresher. Nakeisha will be sharing that information in just a few minutes.

- **State: PPACA Reporting Update:** The IRS issued [Notice 2018-06](#), which extends an upcoming ACA employer reporting deadline. This notice *extends the due date for furnishing Form 1095-C to employees to March 2, 2018* (previously January 31, 2018). All employees should now receive their 1095-C in the mail by March 2, 2018. They will receive it sooner if they have elected to receive an electronic communication in Edison. We will be sending out an email to all state employees reminding them of this opportunity to receive their form electronically. As a reminder, employees do not have to send this form to the IRS with their individual tax filings.

- **Higher Ed/Local Ed/Local Gov: PPACA Reporting Deadline Update:**
 - The IRS issued [Notice 2018-06](#), which extends an upcoming ACA employer reporting deadline. This notice *extends the due date for furnishing Forms 1095-C (or 1095-B, if applicable) to employees to March 2, 2018* (previously January 31, 2018). This extension is automatic; employers do not need to file a request with the IRS. Previous procedures for requesting a filing extension will not apply to this extended due date. This Notice also provides the following guidance:
 - *The due date for filing Forms 1095-C (or 1095-B, if applicable) electronically with the IRS remains April 2, 2018* (February 28, 2018 if filing on paper).
 - If employers do not file on time, they should nevertheless file as soon as possible because the IRS will take these efforts into account when determining penalties, if applicable.
 - Employees can rely on information from their employers other than Forms 1095-C when completing their individual 2017 tax returns, including regarding eligibility for premium tax credits or having minimum essential coverage. Employees do not have to send this information to the IRS with their individual tax filings.
 - The IRS is extending *penalty relief for employers who make good faith efforts to comply for 2017*.

- **State: Employer Shared Responsibility Letter:** The IRS has announced that it will start assessing penalties for the Employer Shared Responsibility Payments. They are assessing these penalties on anyone who received a premium tax credit on the Federal Marketplace Healthcare Exchange who should have been offered coverage through their employer. The letters will start going out soon for the **2015** tax year. We expect for the letter to come directly to Benefits Administration, but it is possible that it could be sent to another address instead, based on the address that employees may have used when filing for their tax credit.
 - If your agency receives this letter ([a sample was sent to ABCs](#)), it is **VERY IMPORTANT** that you notify BA immediately by sending an email to benefits.info@tn.gov. Please attach a copy of the letter to the email if possible. We only have 30 days to respond to the letter.

- **Higher Ed/ Local Ed/Local Gov: Employer Shared Responsibility Letter:** The IRS has announced that it will start assessing penalties for the Employer Shared Responsibility Payments. They are assessing these penalties on anyone who received a premium tax credit on the Federal Marketplace Healthcare Exchange that should have been offered coverage through their employer. The letters will start going out soon for the **2015** tax year. We **sent a sample of this letter to ABCs with the Friday Dec. 22 ABC email**. Please note that once you receive it, you will only have **30 days** to respond to the letter.
- **Zendesk Answer Bot Pilot Program:** Ian Harris joined us to talk about a new Zendesk answer bot pilot program. We are testing this pilot program. When you submit a Zendesk ticket or send us an email, you get an automatic response with suggested articles/answers. You can look at the articles/answer and respond that yes, it helps me, or let us know that they don't help you. Employees who submit questions are also receiving this automatic response with suggested articles as we test the program. We are testing this answer bot program to see if this is something that we will want to keep going forward.
 - You can submit a question and access the program by going the “**Do you have questions**” link on the **ParTNers for Health homepage**, and clicking on **Submit a Request**.

ANSWER BOT PILOT PROGRAM

- **Higher Ed:** How do you access this program (answer bot pilot program)?
 - **Answer:** Through any email to benefits.adminstration@tn.gov/ Zendesk ticket. Either of these will work, and it will prompt you to review a list of article options.
 - If you or your employees submit a request to Zendesk, you will get a response with the answer bot questions. The help button on the website directs you to our live chat function, not to submit a ticket.
- **Upcoming ABC Training:**
 - **ABC Workshop: Uploading Documents in Zendesk**
 - January 10: 9-10 a.m. & 1-2 p.m. Central time
 - January 11: 9-10 a.m. & 1-2 p.m. Central time
 - January 16: 9-10 a.m. & 1-2 p.m. Central time
 - January 18: 9-10 a.m. & 1-2 p.m. Central time
 - **New ABC Training**
 - January 24: Local Education: 9-11 a.m. Central time
 - January 24: State/Higher Education: 1-3.p.m. Central time
 - January 25: Local Government: 9-11 a.m. Central time
 - January 25: Session 2 - All Entities 1-3 p.m. Central time
 - **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 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 Submit Enrollment in the bottom lower left corner.
 7. 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.

OPERATIONS QUESTIONS

- **Higher Ed:** Is there a 1095 report you will send for retirees?
 - **Answer:** The 1095 for retirees will show up on your PPACA report that you can pull in Edison. The only report that we will email to you is for your COBRA participants. That report was sent out in December. If you did not receive a report, then you did not have any COBRA participants for 2017.
- **Higher Ed:** 1094s are still due by 1/31/18?
 - **Answer:** These are due April 2 and this date has not changed. The due date for employees' forms has changed to March 2, 2018.
- **Higher Ed:** I have a question about basic term life. If we have a death claim from an employee for a dependent, we can't start the claim until we have a death certificate and often the certificate comes after the funeral service. I've also had some problems with the employee – sometimes the employee calls Minnesota Life and is told the policy has been cancelled.
 - **Answer:** We can't file the death claim without the death certificate, however, if the family is going to do an assignment, the assignment can be sent over to us. This allows the family to move forward with funeral arrangements. Once we have all of the necessary paperwork (Notice of Death form, Beneficiary Designation, and Beneficiary Statement) we will file the claim with the assignment to Minnesota Life. If you are having an issues please contact us so that we can assist you and the family.
 - **Follow up question:** How do I help them do this?
 - **Answer:** Right now if the funeral home accepts the assignment (has to be at a funeral home that accepts an assignment), if the family gives it to you, you can send it via fax or Zendesk. We don't have to have all of the information as we realize it takes time to get the certificate.
- **Higher Ed:** I was told that Minnesota Life would not accept an assignment on group life? They would only accept it on voluntary term life and not on group life? I had an employee and Minnesota Life would not accept the assignment for group basic life.
 - **Answer:** No, we will accept the assignment for basic term life. If you have an issue going forward, let Benefits Administration know.
- **Higher Ed:** Some employees have received their vision cards and some have not. When will we receive these?
 - **Answer:** Davis Vision ID cards were delivered to the post office on 12/15. Members should have received their vision ID cards by now. If they have not received them, you can submit a Zendesk ticket and we will research this for you. The quickest solution is to have the member contact Davis Vision directly at (800) 604-2404 to request replacement ID cards.
- **Higher Ed:** We have a few employees who have not received as well. Also, Davis Vision has said they don't have a record of them (employees)?
 - **Answer:** Davis Vision ID cards were delivered to the post office on 12/15. Members should have received their vision ID cards by now. The envelope does not have the words "Davis Vision" on the outside, rather it has the phrases: "WELCOME TO A BETTER VISION PLAN" and "IMPORTANT PLAN"

INFORMATION INSIDE” (white envelope with blue printing). You can submit a Zendesk ticket and we will research this for you. The quickest solution is to have the member contact Davis Vision directly at (800) 604-2404 to request replacement cards.

- **Higher Ed:** Will the network change because the network is now Superior?
 - **Answer:** Superior Vision did not buy Davis Vision. CENTERBRIDGE PARTNERS bought Superior Vision a few years back and is still the parent company. CENTERBRIDGE PARTNERS just bought Davis Vision. Davis Vision and Superior Vision are still separate organizations, with separate provider networks, but are now owned by the same parent company. If there are any synergies in the future, Davis Vision and Benefits Administration will communicate that as far in advance as possible. There are none known at this time. As a reminder, members can go to the following web address to search for Davis Vision providers: <https://www.davisvision.com/stateoftn> and click on the link to “Find a Provider.”
- **Higher Ed:** It looks like Davis only uses VisionWorks? Some employees are disappointed with the limited vision network.
 - **Answer:** Visionworks is not the only in-network provider, however, there is an enhanced frame allowance benefit available at Visionworks. In Tennessee, there are more 500 in-network providers at over 1,600 locations (points of access), including large box stores such as Sam’s, Walmart, and Costco, as well as local independent providers. Visionworks stores make up 27 locations in Tennessee. Members can go to the website to search for Davis Vision providers: <https://www.davisvision.com/stateoftn>
 - On this site they would click on **Find a Provider**. Members can search by zip code or State/County/City and/or by Provider/Business name. **For example, when searching for Walmart within a 25-mile radius of a Nashville zip code, 38 providers were found.**
- **Higher Ed:** Were there members who had an HSA and received the error letter that their cards were cancelled?
 - **Answer:** Yes, this was a file error and we apologize for the mistake. Approximately 1,100 members received the letter in error. We did send out an email to ABCs on Wednesday about this error, and we also sent an email to the enrolled members if we had their email address in Edison to let them know what happened.
- **Local Ed:** What about reporting requirements for 2018? Are we still required to furnish ACA reporting information?
 - **Answer:** At this point, nothing has changed. We will continue with the same process until we hear differently from the IRS.
- **Local Ed:** On Zendesk, has the chat box gone away?
 - **Answer:** No, but as a reminder, live chat is only available when our office is open. It is not available when we are closed.
- **Local Ed:** Could you please attach an example of the IRS letter to the notes on Friday please? I must have deleted that email that had it attached on Dec 22.
 - **Answer:** Yes, we have **attached** the sample letter with the Friday, January 12 ABC email. You can also find in on the [ABC webpage](#) under the Weekly Email archive.

- **Local Ed:** We offer coverage to all full time employees and were given notice that if they had TennCare or Marketplace coverage that they would need to make sure that they could remain on that insurance. So do you have any suggestions if our agency gets a letter re: ESRP?
 - **Answer:** The letter is pretty detailed for what to do if you disagree with the penalty payments and what you need to do and the information you need to provide. If you get a letter about a specific person you can submit a Zendesk ticket and we will reach back you to you on the information we would provide.
- **Local Ed:** I faxed in the form for a newborn and received a call for proof of coverage. I called in to BA to get the baby added, and the representative could not find the documents in the scanned system. I then had to upload them into Zendesk. Is putting them into Zendesk the only way for the rep to see them the quickest?
 - **Answer:** Yes, that is why we recommend submitting them into Zendesk. If you fax them it has to be manually pulled off the fax server, and then uploaded into the system and identified to the correct employee, which is why we do recommend using Zendesk if you have any type of urgent request.
- **Local Ed:** I thought we could use the 2018 enrollment form with a newborn born at the end of 2017, but do we use the 2018 enrollment form? Could you give some scenarios?
 - **Answer:** If the plan would be different for the newborn in 2017 and 2018, you would have to use both forms.
 - **Answer: Scenarios:** When you are adding a newborn in Nov. and Dec., we will need a 2017 enrollment change form and will need documentation. If the baby is born in Nov. or Dec. and the parents would like to make changes to the 2018 coverage, we will need a 2018 form as well. If no changes are made during OE, then only the 2017 form is needed as we will automatically enroll the newborn in the employee's current 2018 coverage.
- **State:** If an employee is covered by two insurance plans, how do they know which is the primary policy?
 - **Answer:** There are a number of factors that the vendors use to determine primary versus secondary coverage. Some factors are based on the birthday of the head of contract, and it could be based on the oldest policy. In cases of a commercial plan and government plan, most commercial plans pay primary. Coordination of benefits is determined by the vendors. We direct our members to either BCBS or Cigna.
 - For members who are active group health members and have Medicare, we are primary.
 - The plan document provides guidelines for coordination of benefits.
- **State:** I have a question about ESS Participation Rates. Please tell me how that rate is determined at Benefits Administration vs. ESS? What counts against it being ESS?
 - **Answer:** We can show everyone during the next ABC call as it might be easier to visualize. We run queries and compile the scorecard. It's not uncommon for an employee to not make it through their first 31 days and we do remove them from the counts. We don't hold this against an agency if someone terms early. Other than that, I can show you the individual data for your agency following the call.
- **State:** You did state as of Feb. 1 we may continue to use Edison to upload documents?
 - **Answer:** No, starting Feb. 1 you will **no longer have access to the ABC Upload** page in Edison. You will need to submit documents via fax, email or Zendesk.

- **State:** Do you have a notice that we can send to employees about the HSA letters that went out in error telling employees that the HSA was no longer part of an employer plan?
 - **Answer:** We sent a notice to ABCs on Wednesday, Jan. 10 and an email went out to affected members if we had an email address for them in Edison.
- **State:** When is the short and long term disability training?
 - **Answer:** There is a claims contact training for some ABCs and HR representatives on Jan. 19. You will be contacted directly by email about this training.
- **State:** Is this (HSA email) going out to all employees who have a HSA?
 - **Answer:** We only sent an email to those members who were impacted. It did not affect all employees who have HSA; only a select few.
- **State:** I have an employee who contacted me about her HSA account saying there is zero balance. When will employees have access to this money?
 - **Answer:** They should have access now. If they log in now and don't have access to their 12/31 contribution, it was corrected over the weekend and it should be fixed by now. **Plan members who have questions or want to verify their balance can either log on to stateoftn.payflexdirect.com or call customer service at 855-288-7936.**
- **State:** Is there a status update for monthly agencies regarding short and long term disability premiums?
 - **Answer:** We do have a tentative update we haven't emailed yet to those impacted agencies with monthly-paid employees. We do believe Edison was able to fix the issue. The retros have calculated correctly and will email the participants to ABCs. **Update:** We emailed the lists of affected participants to the monthly agencies on Thursday afternoon.
- **State:** How do we add someone as a backup ABC?
 - **Answer:** You will need to submit a benefits access form through Zendesk.
- **State:** I have been uploading my documents in Zendesk and I get an email a couple of days later saying they have not received documents. Once I tell them I uploaded into Zendesk, they go back and find it in Zendesk, but how often is this checked?
 - **Answer:** We were discussing this issue this morning. The person who works the query (for dependent verification docs for example) had been looking in Edison and had not been checking Zendesk. It is a new process and we will start looking in Zendesk before they send the emails.
- **State:** Is there a difference in the process for submitting life insurance claims for dependents for the basic life vs. the voluntary life insurance? I've had a couple employees state they received payment on the voluntary life but not the basic life.
 - **Answer:** We are not aware of a different process between basic and voluntary term life. If you have an individual we could research to see if there is something else that is different, you can send the Edison ID to Patrice.steinhart@tn.gov
- **State:** Could you explain the death claim process? I keep getting emails back saying I need this, and then I need this, etc. Once it was the certified copy of the death certificate. I responded back that I need someone to call me about the process.

- **Answer:** If you can send the Edison ID in an email to me at Patrice.steinhart@tn.gov letting us know if we have issues with this process, it could be a training opportunity.
 - We will also use this as a training opportunity for the ABC call in February.
- **State:** I have had a few employees who switched from LocalPlus to OAP (vice-versa) and reported that they received insurance cards for both. Has anyone else reported this?
 - **Answer:** We have actually heard of a few instance of this occurring. We thought this had been corrected with the individuals.
 - **Update:** A Cigna systems error resulted in some members receiving two cards. We have assurances from Cigna that the issue is resolved and enrollments are loaded correctly. Cigna sent letters out to impacted members around Dec. 22, and a copy of that letter was included in the Friday, Dec. 22 ABC email. Members should keep the card that reflects their 2018 benefits and discard the one they received in error. If they have any questions about their 2018 enrollment or ID card, they can call the Cigna customer service number on the back of their Cigna ID card 1.800.997.1617. Alternatively, if you would like to contact us through benefits.info@tn.gov for additional assistance on behalf of your employees, please be sure to include employee names and Edison IDs.
- **Local Gov:** Edison seems to have changed. Before it seemed I could put in the DOH and Edison set eligibility at two months. Now it doesn't do that. I get messages saying that WE have a 60-day intro period. We don't, we have a 90-day intro period before we contribute to health insurance. Makes it difficult for new hires.
 - **Answer:** We will have a trainer get back to you.
- **Local Gov:** Were members who were on the Partnership PPO last year and went to the Premier PPO by default supposed to get a new health insurance card?
 - **Answer:** Yes, they should have received new ID cards. If they didn't get a card you can submit a Zendesk ticket and we can research this and help them get an ID card.
- **Local Gov:** Is there a query to run for PPACA?
 - **Answer:** There is a query to run. There are instructions on the ABC website under the Training section (Instructions for Running Your PPACA Report) and it includes the navigation. This is a program to run –not a query and the instructions are specific.
- **Local Gov:** We are a new agency as of Jan. 1. We have two members who selected the CDHP/HSA option. Is there any prohibition to them setting up their own HSA account apart from Payflex?
 - **Answer:** No, but you and your employees need to be aware that there are no payroll deductions and any administration fees the employee sets up with a different bank, they will have to pay. They will have to take an above the line deductions for any contributions they make to their accounts. The state will not pay for any administrative fees for any employee who uses a different bank of their HSA.
- **Local Gov:** I have an employee who went on Medicare. Previously, I would have just sent in the form. What is my benefit for sending in the term form now? Currently I have an active employee who has the insurance and wants to drop the active insurance due to Medicare part A. Do I fax or send one or the other methods.
 - **Answer:** The insurance cancel request form is required and a copy of the Medicare form. You can submit through fax or through Zendesk upload. You can send us the

document upload in Edison, but only through the end of January. If you use Zendesk, you will get a reply email that the request was received, and when the ticket has been worked, you will get an email advising the ticket is resolved.

- **Local Gov:** Could someone call me after this webinar regarding Payflex setup?
 - **Answer:** You can call Darlene Russo at 860.273.5413.

- **Local Gov:** Is there a process for providers (Davis Vision) to be submitted to add to the network? We are in Blount County.
 - **Answer:** Yes, on the **Find a Provider page on the Davis Vision website**, <https://www.davisvision.com/stateoftn> there is a blue link – **New Provider Nomination** - where members can nominate a provider. The member will need to Enter and Submit the provider name and address. Members should also use this method if they would like to nominate their current provider information for recruiting to join the Davis Vision network.

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February 13, 2018

Materials and Communications

- **(Heather Pease) Webinar Tips**
 - Muting and unmuting
 - Participant list
 - Full screen
 - Notes
 - Video feed
- **Updated 2018 Plan Document:** We included this information in the January 19 ABC email, but we wanted to let you know that the 2018 plan documents have been updated and are posted to the BA website at:
<https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html>.
 - **State and higher ed:** New - The state and higher education plan document is now a two-part, combined document for medical and flex benefits. Part I is specific to comprehensive medical and hospitalization coverage (medical benefits), and Part II is specific to the flexible benefits and parking/transportation expense plan. The two parts are separated in the table of contents.
 - **All Plans**
 - **Reminders** - In addition to scrolling and word searching the plan documents, the Table of Contents (TOC) contains hyperlinks. If you hover over any topic in the TOC and click, you will be redirected to the section of the PD specific to that topic.
 - Major benefit changes effective Jan. 1, 2018, were communicated in the Oct. 3, 2017, ABC call notes, including updates to therapy coverage and bariatric surgery. Here are the highlights:
 - Bariatric Surgery Criteria – bariatric surgery coverage will continue, however, the plan-specific bariatric surgery criterion was eliminated. As is the case with all other surgical procedures, coverage is now subject to either the BCBST or Cigna criteria, depending on a member’s chosen carrier.
 - Therapies (speech therapy, physical therapy, and occupational therapy) – coverage for habilitative therapy was added; subject to medical necessity as determined by the claims administrators, members will have coverage for both habilitative and rehabilitative therapies without limit (the 90-day limit was removed); habilitation services help a person keep, learn or improve skills and functioning for daily living, for example, therapy for a child who isn’t walking or talking at the expected age; rehabilitation services help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled.
 - **Ongoing** – Appropriate updates based on mandated changes, insurance committee actions, and approved clarifications will be made to the 2018 PDs throughout the plan year as needed, and we will keep you updated as changes occur. Please let us know if you have any questions or concerns about the plan documents.
 - We will keep you updated in the future of any additional changes that are made to the document.
- **(Heather Pease) PayFlex Website Update:**
 - **Higher Ed/State:** On Feb. 20, PayFlex will be launching a new and simpler member website experience. This website is used by anyone with a Health Savings Account

(HSA) or Flexible Spending Account (FSA, limited FSA or dependent care FSA). The URL will not change, but the website will look and feel different. You can always find the PayFlex website by going to partnersforhealthtn.gov and clicking on the contact us tab at the top right of the page. The direct url is stateoftn.payflexdirect.com.

- We are going to send a customized email to all HSA and flexible spending participants on Thursday, February 22, which will let them know that the new website is here. The e-news will also outline next steps for new users and returning users.
- **Local Ed/Local Gov:** On February 20, PayFlex will be launching a new and simpler member website experience. This website is used by anyone with a Health Savings Account (HSA). The URL will not change, but the website will look and feel different. You can always find the PayFlex website by going to partnersforhealthtn.gov and clicking on the contact us tab at the top right of the page. The direct url is stateoftn.payflexdirect.com.
 - We are going to send a customized email to all HSA participants on Thursday, February 22, which will let them know that the new website is here. The e-news will also outline next steps for new users and returning users.

Benefits

- **(Paige Turner) Diabetes Prevention Program:**

- About one in three adult Americans has prediabetes. And 90% of those who have prediabetes do not know they have it. Prediabetes is a serious health condition where your blood sugar levels are higher than normal, but not high enough yet to be diagnosed as diabetes.
- Left untreated, you are at risk of developing Type 2 diabetes.
- Diabetes is much harder to live with than prediabetes. When you have diabetes, every major organ in your body is impacted. This can lead to major complications such as vision loss, nerve damage, kidney failure, blindness, heart disease and stroke.
- Think of prediabetes as a fork in the road. Ignore the signs and your risk for developing Type 2 diabetes goes up. Or, through some doable lifestyle changes, lose a modest amount of weight and get regular physical activity, and your risk goes down.
- You have heard us talk about the Diabetes Prevention Program (or DPP) in the past. We did a pilot project across the state and even started offering classes in the downtown health and wellness center here in Nashville. Our struggle has been to scale the class to deliver the program to as many members as possible. Based on the 2017 biometric screening results, about 22% of members who completed a biometric screening last year meet the eligibility criteria for the DPP.
- With this evidenced based lifestyle change program, you can reduce your risk of developing type 2 diabetes by as much as 58%. It is a yearlong program that will provide lifestyle coaching to help you lose body weight, increase physical activity, eat healthier and manage stress.
- We are excited to announce that effective February 1st, eligible plan members in both BCBST and Cigna will have access to the classes. Both Blue and Cigna now have several YMCA's across the state as an in-network provider (see chart below). It is important to note that there are many DPP classes in place; however, in order for members to receive the class at no cost to them, the provider must be an in-network provider.
- **We recognize that the list of locations provided below does not cover all of our plan members. However, this is just the start. We will have more classes and providers added to Blue and Cigna's networks.**

- In the coming days, we will send you an email with information and contacts for the YMCAs that are offering the class. You can contact the YMCA directly if you are interested in setting up an information session for your members.
- We will also send you some email copy for you to promote the newly covered benefit, along with the list of locations and contacts so your members can learn more about the program and how to find out if they are eligible.

YMCA Association/Branch	City	Counties Served
Greater Kingsport Family YMCA	Kingsport	Greene, Hancock, Hawkins, Sullivan, Unicoi, Washington
Charles W Cansler Family YMCA	Knoxville	Knox
Fogelman YMCA	Memphis	Shelby
Cordova Family YMCA		
Ric Nuber YMCA		
Christ Church YMCA	Nashville	Davidson, Williamson
Clarksville Area YMCA	Clarksville	
Downtown YMCA	Nashville	
Maryland Farms YMCA	Brentwood	

DIABETES PREVENTION PROGRAM (DPP) QUESTIONS

Higher Education: Can my dependents who are on my health plan take advantage of the DPP at no charge (if they meet eligibility requirements) or is it just for employees?

Answer: The DPP is open for all eligible dependents 18 or over who meet the requirements for participation.

Higher Education: Are minors eligible for this program? The information focused on adults.

Answer: They are not.

State: Is this (DPP) for prevention only or employees with diabetes?

Answer: Only those with prediabetes. If someone already has type 1 or type 2 diabetes, they would not be eligible. This is more about being proactive and preventive and avoiding a type 2 diabetes diagnosis.

WELLNESS QUESTION

Higher Education: Is there any news on the Wellness situation?

Answer: There is not. Hopefully we will have information to share soon.

- **(Melissa Ward with Optum) Optum Presentation:** We have **attached** a copy of the Optum presentation.

OPTUM QUESTIONS

Local Education: What is Melissa Ward's email to request the Optum fliers?

Answer: Email melissa.ward@optum.com.

Local Education: Dependents of employees who are not on the plan can still utilize EAP correct?

Answer: That is correct. As long as they are benefits eligible, they don't have to be enrolled.

Clarification: Dependents are eligible if the employee is enrolled in the medical plan. The dependent does not have to be on the medical plan.

State: Was that eight visits for the mental health visits?

Answer: Coverage includes five visits for EAP per problem per year.

State: I have a supervisor who is recommending EAP for an employee, but the employee does not have our insurance, is there another option for him?

Answer: As state employees, all employees and benefits-eligible dependents receive the EAP benefit regardless of enrollment.

State: If an employee had five EAP visits in 2017 are they eligible for five additional free EAP visits in 2018 for the same condition?

Answer: Yes. They get five visits per problem per calendar year. They also get five visits for a new issue within the same year (subject to clinical review).

Local Government: Is there a general Optum flier which shows the type of problems that EAP can help with?

Answer: Yes. There is an overview flier. Melissa Ward with Optum can send it to you in hard copy or electronic form. Contact Melissa Ward at melissa.ward@optum.com.

Operations

- **(Bob Smith) State/Higher Ed: Disability Claims:** We have attached a copy of the disability claims fliers.

DISABILITY CLAIMS PROCESS QUESTIONS

State: How do we get a disability contact set for our facility? We were transitioning through HR Directors and I think this fell through the cracks.

Answer: Send your agency name to bob.smith@tn.gov, and Bob Smith will look on the spreadsheet to see what we have and advise you. We can work with your HR officer to name the appropriate contact.

State: Can short term disability count as part of the time within the elimination period for long term disability?

Answer: Yes. It will count toward the long term disability elimination period.

State: If an employee is ill and unable to contact MetLife, how should this be handled?

Answer: A family member or the Human Resources Disability Claims Contact with the employee's agency should call MetLife at 855-700-8001 (7am-10pm CT, Monday – Friday) to initiate a claim.

- **(Tameka Allen) Death Claim Process Overview:**

State and Higher Ed

During the January ABC calls many of you had very good questions about the death claim process. So good in fact that we felt it was necessary to review our current process and update the ABC website.

- Benefits Administration made changes to the Death Claim process over a year 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. As a reminder, you can notify us of a death by submitting a Zendesk ticket or by calling the service center. At the time of the notice our staff will inform you of the required documentation we will need to file a death claim with MN Life. In order to file a claim we need the following

documentation: Enrollment Change Form (check death in upper right corner of Part 1), Notice of Death Form, Beneficiary Designee, Beneficiary Statement, and the Death Certificate.

- The ABC website was updated to include an explanation of why each form is necessary. You can locate the update under the death claim process section and click the Process tab for your entity.
- No one death claim is the same. However we wanted to review some of the Frequently Asked Questions. Most center on funeral home assignments, and filing provisions. (I'll read questions from the slide.)
- As I stated earlier no one death claim is the same. If you have specific questions about an employee or dependent death, please reach out to us via Zendesk or contact us by phone so that we can work with you during this process.

Local Education/Local Government

- During the January ABC calls many of you had very good questions about the death claim process. So good in fact that we felt it was necessary to review our current process and update the ABC website. Now, the ABC website includes a section specifically on how to key an employee death in Edison or to report the death of a dependent. We will review in detail on the next slide.
- As a reminder if the deceased is the employee you should key the date of death as the effective date. The action would be termination and reason Benefits Employee Death. This action is keyed on the Non Payroll Job Data tab in Edison. Using the date of death as the effective date allows the system to automatically include six free months of coverage for the surviving dependents. Please do not use the last day of the previous month to terminate an employee due to death.
- If the deceased is a dependent, you should submit an Enrollment Change Application and a copy of the death certificate via Zendesk or fax and our staff will process the changes. We do not require the signature of the employee.

DEATH CLAIM PROCESS QUESTION

Local Education: The death claim process is only for active employees and dependents correct? If a retiree or their dependent are on the retiree health, what is the best process for notify in BA of a death?

Answer: In retirement, we are notified of a retirees passing through multiple channels. You can send a Zendesk ticket. Sometimes a family member calls. We go in to obtain confirmation online. Sometimes TCRS notifies us via an electronic file. If the family notifies you directly, you can create a Zendesk ticket to start the process. If we can obtain confirmation online, we will go ahead and process the termination. If no confirmation is online, we wait for a copy of the death certificate.

- **(Melissa Wiseman)Service Center Metrics/Customer Service Rating:**
- We received a few hundred less calls this year as we did last January. Total interactions increased by about 1,500.
- We take the satisfaction of our customers very seriously. Please complete the survey after you complete your Zendesk ticket.

- If you respond with a “Bad” rating to Zendesk, we will reach out to you to see how we can improve. We would ask that you please rate the service you received from our service center, not if you are unsatisfied with policy. Our satisfaction rate for January was **94.1%** percent, approximately the same as last January.
- **State: ESS Participation Rates:**
 - ESS % for December: 91%
 - YTD: 89%
- **State: 1095-C Update:**
All employees should receive their 1095-C in the mail by March 2, 2018. They will receive it sooner if they have elected to receive an electronic communication in Edison. An email will be going out this week to all state employees reminding them of this opportunity to receive their form electronically. As a reminder, employees do not have to send this form to the IRS with their individual tax filings.

OPERATIONS QUESTIONS

Higher Education: Can ABCs now see beneficiary information in Edison? If so, what is the process?

Answer: The Navigation Path in Edison is HCM>Benefits>Employee/Dependent Information>Life Insurance Beneficiaries. You will enter the employee’s Edison ID and if the member recorded beneficiaries in Edison beneficiary information will show here.

Higher Education: Do we have to submit or upload Basic Life and Vol AD&D Beneficiary forms to BA?

Answer: It is always good to save this information in more than one place. You should maintain a copy in the employee’s personnel files and yes you can send it to BA and we will scan it to the Edison profile. It is not a requirement.

Higher Education: What about electronic beneficiaries? If someone designates beneficiaries online during annual enrollment, we would not have a paper copy.

Answer: We recommend you pull their personnel file. If you see a beneficiary designee from 1980, it is good to go into Edison and see if they updated it electronically. If they did, you can take a screen shot of what is in Edison to send to BA.

Local Education: Were there any other updates to ABC website or only to the death claim process?

Answer: We work hard to keep the ABC website updated. The death claim process was one of the more recent updates. If you discover outdated information on the website, please submit a Zendesk ticket, and we will have the information updated.

Local Education: It would be helpful (to me) if the ABC website would be updated to reflect the proper way to send in forms etc., the process to do so and to remove any old information on the processes just a suggestion..

Answer: Thank you for the comment. Please submit a Zendesk ticket so that we can reach out and get specific information about what needs to be updated.

Local Education: Is there a way to run just retirees in the PPACA report?

Answer: No. The only prompt on the report is year. You must run active and retirees at the same time. You can run the report and put a filter on the top column to filter for just the retiree department number.

Local Education: What should we use for documentation when a member needs to drop a spouse before a divorce is final?

Answer: If a couple is still married but with a pending divorce (not final), both must agree that one is going to be removed from the other's insurance. BA needs a notarized statement signed by both parties. BA could also use a statement from an attorney or judge, indicating to go ahead and cancel insurance prior to divorce. Please note that a pending divorce is not a qualifying event. The employee would need another type of qualifying event or could remove the spouse with the documentation required during the annual enrollment process.

State: If a funeral home or something similar is handling a claim for an employee, and has worked out that they receive a portion of the payment for the benefit, is it possible to split the payment that they and the employee would receive?

Answer: If the beneficiary signed the assignment, MN life will send payment due to the funeral home directly to the funeral home. The remaining payment will be issued to the beneficiary.

State: Zendesk question - is chat only available at certain times, sometimes I find the chat button, sometimes it is not there.

Answer: The button should always be there. Chat is only available during normal business hours, which are M-F 8 am-4:30 pm.

State: When will the 1095 for 2017 be available for viewing and printing in Edison?

Answer: We do not know the exact date. We are shooting for the end of next week. We will send out a message when it is ready.

State: One of our employee's sons died in Oct. I got a notice today that the son has been removed from insurance coverage. Why is there a delay? The message said something about Vital Records.

Answer: It could be that Vital Records is how we were informed of the death if there was a note from them. BA will reach out to you after this call to discuss your specific situation.

- **(Angie/Sandra or Nakeisha) Submitting Retirement Applications through Zendesk:**

We wanted to remind everyone that there is now a Retirement Document Upload option that should be used for retirement applications and documents. We are occasionally seeing some agencies using the

Active Document upload for retiree applications or creating regular tickets with applications attached. This can cause a delay in the document being routed correctly.

Let's take a quick look at where you can find the Retirement Document Upload option. (go through the navigation and how to select Retirement Document Upload).

I would also like to emphasize that this is only for retiree insurance documents. Any pension documentation needs to be submitted directly to the Tennessee Consolidated Retirement System, not Benefits Administration.

When an employee is going directly from active coverage to coverage as a retiree, the Application to Continue Insurance at Retirement should be always used. All retirement insurance products are listed on the Application to Continue Insurance at Retirement so the retiring employee can elect the applicable coverage, including retiree dental and/or the Tennessee Plan with POMCO. Your agency can then complete the Employer Certification information which includes certification of the correct termination date of employment and the date active insurance should terminate.

The application for the Tennessee Plan and/or the Retiree Dental Application are only used for members who are already retired.

RETIREMENT QUESTIONS

Higher Education: Will submitting the retiree insurance forms via Zendesk allow their insurance to continue even if TCRS has not completed their application process for retirement?

Answer: No. The eligibility criteria have not changed. If they are a TCRS member, they have to be in an active status with their pension. So it will be the same as before. When we receive the application, we review it. It will be pended if they are not in an active status.

Higher Education: Is continuation of benefits at retirement verification information needed to confirm employees enrolled in an ORP plan have retired?

Answer: Yes, when you have an ORP member who is leaving employment and retiring. Your agency is our source to confirm eligibility. On the application, the representative from your agency has to certify creditable years of service as an ORP member. Occasionally you may have an ORP person who left employment a few years ago and did not continue group health coverage. Now they want POMCO. BA would reach out to the agency the person retired from for ORP member certification.

Local Education: Is there a way to check on when a Disability Retirement applicant is approved and needs to come off of the regular health insurance program through the LEA??

Answer: The disability approval process is handled through TCRS. So when you submit an application to continue insurance at retirement, we have to pend the application until that person is approved and put into an active status with TCRS. Keeping track of when they've been approved as a disability retiree would be a communication to go directly through TCRS. When we pend an application, we check the pending status on a regular basis until we see they are approved.

Local Education: Do you mind repeating that last part about the correct form to use when someone wants to enroll in POMCO?

Answer: Whenever you have an active employee leave the agency with coverage as a retiree, they should be given the application to continue insurance at retirement. All the retirement insurance options are listed on that form, including The Tennessee Plan with POMCO. Part 4 is where POMCO is located on the application. Your agency then does the certification. The POMCO application is for people who are already retired.

Local Education: I have already faxed a couple of continuing insurance at retirement. Do I need to resubmit them in Zendesk?

Answer: No, our document imaging department will get those to us. You do not need to resubmit them.

State: Will we be having retirement insurance classes? It would help for us to be sure exactly what is needed and what we should be going over with the employees.

Answer: Our recommendation is that you have the person retiring contact BA directly. There are a lot of variables to consider. We do have guides on the website that you can consult. We always recommend that the actual employee contact BA directly to discuss their specific eligibility.

Local Government: What do you use for "My insurance concerns a/an," for when you cancel regular insurance on the day before you begin retirement insurance?

Answer: Typically you would key the retirement directly in Edison through the Non payroll job data page. For active, you'd choose the active option. For retirement, you'd choose the retirement option.

- **(Nakeisha Myles) Upcoming ABC Training**

- **Upcoming ABC Training:**
 - **Higher Ed, Local Ed and Local Gov: ABC Workshop: How to Manually Run Collections Applied Reports; How to set up Monthly Automatic Collections Applied Report; and How to run the PPACA Report**
 - February 15: 1-2 p.m. Central time
 - **New ABC Training**
 - February 21: Local Education: 9-11 a.m. Central time
 - February 21: State/Higher Education: 1-3.p.m. Central time
 - February 22: Local Government: 9-11 a.m. Central time
 - February 22: Session 2 - All Entities 1-3 p.m. Central time

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- **ABC Strategic Planning Survey:** On March 14, Benefits Administration sent a very brief survey to all primary and back-up ABCs. This is not the annual ABC Customer Service survey that we send each spring. BA is engaging in a strategic-planning process, and we would like to have feedback about resources we offer and that you need to help employees understand their insurance options and benefits. We are also looking for any constructive ideas that you may have for improvement in this area.
- As we mentioned, the survey itself is brief and includes a mixture of multiple choice responses along with opportunities for you to expand upon your responses. We hope that you approach the survey in the spirit of letting us know what is working well for you and any ideas that you have for improvement. It is also a great opportunity for you to provide some input on topics that you would like to be addressed during the summer ABC meetings. We look forward to your input and thank you in advance for helping us with this project.

Benefits

- **Cigna: Diabetes Prevention Program/Omada Presentation and Cigna Veterans' Flier:** Paige Turner presented information about the Diabetes Prevention Program (DPP). Sharon Tansil with Cigna presented information about the Omada program for Cigna members, and the Veterans' flier information benefits.
 - **Diabetes Prevention Program:** As we mentioned on last month's call, the state health plan has started offering the Diabetes Prevention Program, aimed at reducing the number of members diagnosed with type 2 diabetes.
 - Our first step was a pilot program with classes being held in East, West and Middle TN. Then we started offering in-person classes to state employees through the ParTNers Health and Wellness Center in downtown Nashville. Our long-term aim has been to expand and scale the classes to offer them across the state to all health plans. We took a big step forward last month in that effort. In February, **select YMCA locations** across the state who deliver the DPP class are now considered in-network providers for both BCBST and Cigna. We shared an email template and flier with you after that call to distribute to members.
 - Today, I am pleased to announce that we now have another option for members to access the class. **Cigna members** will now have access to an online program. We have Sharon Tansil from Cigna here with us today to talk about the Omada program.
 - On March 14, we sent you a copy of the Omada flier and FAQ document that Sharon referenced in her presentation. We also sent you a document that talks about all available DPP programs which includes links to fliers about each program. This same information is also found on the [ParTNers for Health website](#).
 - In addition, we will start sending emails to Cigna head of contracts (HOCs) for whom we have an email address, announcing the Omada program. That email campaign will start on March 20 and will last for four weeks.
 - Finally, we sent an email to members who either live/work in the counties that offer the YMCA in-person classes. Those counties are: Davidson, Williamson, Shelby, Knox, Greene, Hancock, Hawkins, Sullivan, Unicoi and Washington. The email was similar to the email copy about the YMCA in-person program we shared with you last month.
 - **Cigna Veterans' Flier:** Sharon talked about the Cigna Veterans' flier and benefit that was sent to ABCs. **The information in the Veterans' flier is applicable to all members, and you can share this flier with all members.**

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CIGNA VETERAN'S FLIER QUESTION

- **Local Ed:** Did I understand that people who have BCBS can still use the Veterans' offering from Cigna?
 - **Answer:** Yes, the program is open to everyone, and BCBS members can participate.

- **Local Gov:** Where can we find this information (Veterans' flier) on the website?
 - **Answer:** Cigna will post it on the [SOT microsite](#). The Veterans' flier was sent with the Friday, March 9 ABC email. It is also included with the ABC email archive found on the [ABC webpage](#).
You can contact Sharon at Sharon.Tansil@Cigna.com if you have questions.

WELLNESS AND EAP PROGRAM QUESTIONS

- **Higher Ed:** Any news on the status of the wellness litigation? I'm starting to get calls about the financial incentives.
 - **Answer:** We appreciate the question. It is out of our hands at this point. The court hearing has been pushed a couple of times, but there is a firm date scheduled, and we hope to have a positive update within the next few weeks. One thing to note is that during annual enrollment we pointed out that wellness is not tied to any plan. It does not matter what plan a member enrolls in. Whenever they become available, members can earn the cash incentives for all plan options. We are hearing from some folks who are looking for the WBA, and they are panicking when they can't find it (as a reminder there is no Partnership Promise and they don't have to complete the WBA). We are sending members to the [Partners for Health wellness page](#) where we will provide updates as soon as we have them.

- **Local Ed:** If members have already been diagnosed with diabetes will they qualify (for the Diabetes Prevention Program)?
 - **Answer:** No, the program is for those who are at risk of developing diabetes and who have not already been diagnosed.

- **Local Ed:** As the Omada plan is geared toward those people who have **not** been diagnosed with diabetes already, I know that Omada has an app to download but it is requesting a login. How can we get a password for this app? This might be helpful for those who employees who are already diabetics.
 - **Answer:** The program is for members and adult dependents at risk but have not yet been diagnosed with a chronic illness. In order to determine your risk, members can take the one-minute risk screener at omadahealth.com/partnersforhealth and upon acceptance, Omada will prompt the applicant to set up a user name and password. They offer the program via app or the web which is accessible to all enrolled participants via their unique user and password (**note: the program app is not accessible to individuals who are not enrolled in the program**).

- **Local Gov:** Are Cigna members only eligible for this program (Omada online DPP)?
 - **Answer:** Yes, the relationship with Omada is for Cigna members and their enrolled adult dependents.

- **Local Gov:** Has this information (Omada program) been sent to members?

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- **Answer:** No, not yet. We will send an email to Cigna members if we have their email addresses starting next Tuesday, March 20. We sent an email about the current in-person YMCA program on March 14 to members if we had email addresses for them.
 - **Local Gov:** What happens if the employee refuses to participate in the Diabetes Prevention Program?
 - **Answer:** This is an opt-in program. Unless a member raises their hand and enrolls (if eligible), they don't have to participate, and there is no requirement to participate. It is a great program to help someone prevent type 2 diabetes.
- **PayFlex: Globalscape Outage and HSA Limit for 2018:** Darlene Russo with PayFlex gave updates on two items -- Globalscape Outage and an IRS decrease in the HSA family maximum contribution limit.
 - **Globalscape Outage:** We use file transfer software managed by Globalscape to support our sFTP sites (sftp.payflex.com & ftpuat.payflex.com). Globalscape made some enhancements to their software. In March, we'll upgrade our sFTP sites with those enhancements. Below you'll find details of what's changing and how it affects you.

sFTP site upgrade schedule

The upgrade should take approximately six hours to complete. During that time, you won't be able to connect to the sFTP site. We're sorry for any trouble this may cause.

sFTP Site	URL	Upgrade start time	Upgrade end time (approximate)
Production site	sftp.payflex.com	6:00 pm CST March 20, 2018	12:00 am CST March 21, 2018

What's changing?

This upgrade includes three things.

- **New look and feel** – After you login, you'll see the PayFlex logo, some new icons and a new tool bar.
- **Globalscape's latest version of security** – Globalscape continues to enhance the level of security for their software. This helps with any potential vulnerability.
- **Enhanced usability** – Commonly used tools will display in a new tool bar to help you easily navigate the site.
- **We're here to help**
If you have any questions, email us at sFTPsupport@payflex.com. For questions about test file processes or file specifications, contact your PayFlex account manager.
- **PayFlex: IRS announces decrease in HSA max contribution limits:** The Internal Revenue Service (IRS) announced on March 5, 2018, a **decrease** in maximum health savings account (HSA) contributions.
 - Effective for calendar year 2018, the family contribution limit for HSAs has been reduced from \$6,900 to \$6,850. This change is effective immediately. Any family contribution to an HSA in 2018 over the max could be subject to taxes and

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penalties. The self-only coverage contribution limit for 2018 will remain at \$3,450.

The IRS officially announced these changes when it published [Internal Revenue Bulletin \(IRB\) 2018-10](#), which contains Revenue Procedure 2018-18. This change is a result of a provision in H.R. 1 (also known as the “Tax Cut and Jobs Act”) signed into law by President Trump on December 22, 2017, that changed the way inflation-related increases are calculated.

○ **WHO THIS AFFECTS**

- Plan members enrolled in the CDHP/HSA or Local CDHP/HSA who have **family coverage** and who chose to contribute \$6,900 (**includes any employer contribution**) to their HSA last fall during annual enrollment for the 2018 plan year. Plan members with single-only coverage and those with family coverage who contribute less than \$6,900 (including any employer contribution) **ARE NOT AFFECTED**.

ACTION NEEDED-

- **State employees** who are affected should log into Edison employee self-service and adjust their own payroll HSA contribution amount so that their total annual HSA contribution plus the \$500 seed funds from the state do not go over \$6,850 for 2018. If you contribute more than \$6,850 in 2018 (including any state seed funds), you could now be subject to taxes and penalties on that overage next year when you calculate your taxes. For example, if you have family coverage in the CDHP and chose to contribute \$6,400 out of your own paychecks in 2018 and the state seed funds of \$500 were added to that, they your total contribution is \$6,900. You need to now reduce that \$6,400 by at least \$50, down to \$6,350 in order to avoid any taxes or penalties next year when you file your 2018 tax return. **To make a change to your HSA contribution amount, log into Edison and follow this path: Nav Bar > Navigator > HCM > Self Service > Benefits > HSA Contribution Change**
- **Higher Education employees** who are affected should contact their Human Resources department and inquire how to adjust their own payroll contributions so that their total HSA contribution plus the \$500 seed funds from the state does not go over \$6,850 for 2018. If you contribute more than \$6,850 in 2018 (including any state seed funds), you could now be subject to taxes and penalties on that overage next year when you calculate your taxes.
- **Local Education employees** who are affected should contact their Human Resources department and inquire how to adjust their own payroll contributions so that their total HSA contribution plus any employer contributions (if applicable) does not go over \$6,850 for 2018. If you contribute more than \$6,850 in 2018 (including any applicable employer contributions), you could now be subject to taxes and penalties on that overage next year when you calculate your taxes.
- **Local Government employees** who are affected should contact their Human Resources department and inquire how to adjust their own payroll contributions so that their total HSA contribution plus any employer contributions (if applicable) does not go over \$6,850 for 2018. If you contribute more than \$6,850 in 2018 (including any applicable

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employer contributions), you could now be subject to taxes and penalties on that overage next year when you calculate your taxes.

PAYFLEX OR HSA QUESTIONS

- **State:** Can you repeat the process of removing the funds in an HSA if needed please?
 - **Answer:** Plan members can go to stateoftn.payflexdirect.com then scroll to the bottom of the page, look for the section that says “Health Savings Accounts – For all Employees” and find the PDF link entitled “HSA Return of Excess Contribution.” Open that document, fill it out and mail or fax it to the address or number provided. The plan member can fill it out and send it in, and they won’t get penalized. Members can also take out the excess and put it right back into their bank account, but they would have to file this on their tax return. Excess funds will be sent back to the employee.

Local Ed/Local Gov: Memorandum of Understanding (MOU): Chanda Rainey, our HIPAA/Privacy Officer, gave a refresher on the MOU.

- **MOU Refresher:** The MOU defines the administrative responsibilities of Benefits Administration and the local agency. All ABCs should have access to a current, signed MOU for reference. Ask your director for a current copy. The MOU outlines responsibilities of the agency, privacy/security for HIPAA and responsibilities of the ABC. Here are a few of the responsibilities. Please refer to MOU for a complete list.
 - At execution of MOU, the agency shall identify a contact person within the organization to serve as an agency benefits coordinator (ABC). The ABC must be an employee of the organization responsible for plan administration and is a liaison between agency, its employees and BA. Only ABCs shall have data update and/or inquiry access to Edison for the employees of the agency and their dependents. In no event should an ABC allow an insurance agent, insurance broker or insurance agency access to Edison.
 - An agency participating in the health insurance plan shall not offer, subsidize or incentivize enrollment of individuals eligible for the state-sponsored insurance program into any health plan, health insurance policy or medical expense plan other than the state-sponsored group insurance plan (including state-offered voluntary benefits) and those plans which constitute “additional benefits.”
 - If the agency has more than 25 members, it shall maintain two ABCs who have access to Edison at all times. For security purposes, no agency shall have more than two ABCs with Edison access unless additional ABCs have been authorized by BA.
 - The agency shall comply with obligations under HIPAA and HITECH under the ARRA. The agency is a covered entity under the provisions of HIPAA. The agency shall take appropriate measures to protect the privacy and security of the protected health information it receives from members electing coverage under the plan.
 - During a new employee orientation, ABC must review and provide required documents covering: Employee Insurance Checklist, required notices by PPACA and Benefits Administration Eligibility and Enrollment Guide. ABC will explain benefits, premiums and how to make changes to coverages. The ABC will also provide information to new employee regarding BA Website, Partners for Health Website, BA Service Center contact information and contact information for insurance carrier.
 - All ABCs must participate in monthly/weekly calls with BA. Notes from each call will be distributed following the call.

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- All ABCs must complete any annual mandatory training offered by Benefits Administration. New ABCs including those who are replacing other ABCs, shall complete initial mandatory training offered by BA and may be required to pass a test to get system access. Initial ABC training must be completed within 60 days of becoming a new ABC. Initial HIPAA training must be completed within the first 30 days of becoming an ABC. ABC are required to complete HIPAA training annually thereafter.
- All ABCs shall comply with the procedures set forth in the “ABC Training Presentation – Day 1 and ABC Training Presentation Day 2” and the “External Agency Calendar” of Edison Activities published on the ABC website, including but not limited to:
 1. Entering into Edison personal and job information for employees;
 2. Answering member general questions on benefits and eligibility;
 3. Keeping member’s addresses and phone numbers current in Edison; and
 4. Downloading reports as necessary via Edison.
- The ABC shall refer the member to BA Website for information concerning the process for appeals. This information is available in the member handbook, Summary of Benefits and the Plan Document.
- The ABC shall answer general questions on coverages offered by the agency. The ABC shall refer any detailed eligibility inquires to BA Service Center. The ABC shall refer any detailed benefits inquires to appropriate insurance carriers.
- The ABC shall assist with requests from BA to help with ensuring the agency members respond to requests for information.
- ABC shall provide an email address file for all of their employees to BA within 15 days of request.
- The ABC will receive quarterly reports from a data match with the (National Change of Address) NCOA database. The ABC will update addresses in Edison based on the results.

Above is a sample of the roles and responsibilities of the ABC. Refer to MOU which is posted on the [ABC website by plan](#) for a complete list of responsibilities.

Operations

- **Local Ed: Offering Health Insurance to School Board Members:** As you know, State law says a school board member of a LEA may participate in the State’s Local Ed group health plan if the member pays the total monthly premium for the coverage, unless the LEA assumes liability for all or a portion of the cost.
 - It has come to our attention that some LEA school board members across the State are unaware of this benefit.
 - We are going to email to you later this week a memo from Laurie Lee with all of this information as well as a memo for you to give to your school board members if they are not aware of this option.
 - As a reminder, your school board members are eligible to enroll in state health insurance at these three times:
 - **First, if they are not enrolled in health coverage and would like to be, they will have up to 31 days from the date of the letter we send to you this week if they wish to enroll now,**
 - In the future, up to 31 days from the date they are sworn into office, or

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- during the State's Fall Annual Enrollment Period each October for coverage which begins Jan 1. Annual Enrollment dates and materials will be posted on www.partnersforhealthtn.gov on September 1.
- Please also share this information, for future reference, with your Director of Schools and Fiscal Officers.
- Gena Bishop is the contact here in BA if you have questions. In addition, if you have school board members who wish to enroll now in the State Health Plan and for whom you wish to pay a portion of the monthly premium, please contact Gena. Her information will be on the screen at the end of this presentation and in the memos that you will get this week.
- FYI, if you school board members don't know about this option, the memo outlines how they can enroll. It includes links to the Local Education Eligibility and Enrollment Guide, Enrollment Change Application, and the ACH form they will need to complete to authorize their payment.
- Again, if you need help, contact:
Gena Bishop
P. 615-253-9930
F. 615-741-8196
gena.bishop@tn.gov
- School board members are NOT eligible to enroll in any of the state-offered voluntary products, that is, dental or vision insurance, only health insurance.
- Finally, we have updated the online Eligibility and Enrollment Guide, Zendesk and our FAQs to include information about the option school board members have to enroll in our health insurance. And, since we don't have contact information for them, it will also be important for you to share Annual Enrollment information with you school board members every fall.

LEA SCHOOL BOARD MEMBER QUESTIONS

- **Local Ed:** Are we supposed to hire board members in Edison just as we do full-time employees?
 - **Answer:** No, we only put the school board member in Edison if they enroll in coverage. We track these separately and Gena Bishop will be handling this for BA. Gena's contact information was included in the information sent to ABCs this week.
- **Local Ed:** What if we have already added them (school board members) in Edison?
 - **Answer:** We will reach out to you and talk about what we need to do.
- **Local Ed:** Does the board need to take action to elect to pay a portion of the board's coverage?
 - **Answer:** It is up to your school board to decide if you and how much will pay for board members' premiums.

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- **Service Center Metrics/Customer Service Rating**
 - **February 2018:**
 - Tickets via Email: 522
 - Tickets via Self-Service: 3,018
 - Tickets via Phone: 5,572
 - Tickets via Chat: 55
 - Total: 9,167
 - Satisfaction Score: 97.0%
 - **February 2017:**
 - Tickets via Email: 356
 - Tickets via Self-Service: 1,498
 - Tickets via Phone: 5,598
 - Total: 7,452
 - Satisfaction Score: 92.6%
 - We received about the same number as calls this year as we did last February. Total interactions increased by about 1,500.
 - We take the satisfaction of our customers very seriously. Please complete the survey after you complete your Zendesk ticket.
 - If you respond with a “Bad” rating to Zendesk, we will reach out to you to see how we can improve. We would ask that you please rate the service you received from our service center, not if you are unsatisfied with policy. Our satisfaction rate for February was **97%** percent, up from 92.6% last February.
- **State: ESS Participation Rates:**
 - ESS % for January: 91%
 - YTD: 91%
- **Upcoming ABC Training:**
 - **ABC Workshop: BA Calls vs. Insurance Carriers Calls and an Overview of the ABC Website**
 - March 15: 1-2 p.m. Central time
 - **New ABC Training**
 - March 21: Local Education: 9-11 a.m. Central time
 - March 21: State/Higher Education: 1-3.p.m. Central time
 - March 22: Local Government: 9-11 a.m. Central time
 - March 22: Session 2 - All Entities 1-3 p.m. Central time
 - **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 4. Locate the specific dates you would like to attend the webinar.

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5. Click Enroll to the right of the training session you wish to participate in.
 6. Click Submit Enrollment in the bottom lower left corner.
 7. 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.

OPERATIONS QUESTIONS

- **Higher Ed:** We have existing members and new hires who are not receiving their Davis Vision cards. Are you hearing anything from the vendor? One other specific problem is that when they are calling Davis as an existing member, they are not listed in their system as having the benefit.

- **Answer:** We have been in contact with Davis Vision and there is a time frame ID cards should go out for both existing members and new hires. If you have specific examples, submit a Zendesk ticket with their Edison ID numbers, and BA will research for you.

As a reminder –If someone is enrolled in the Davis Vision plan, their ID# *is* their Edison ID#. Ideally, the ID# should be given to the provider. Alternatively, they can give either their Name and DOB, or simply their SSN (see below in “ii.) to the provider which should also work for confirming a member’s enrollment.

If calling into Davis Vision, and a Representative cannot find someone in the system, please note the following:

- i. If the member only gives the Davis Rep their Name and DOB as an identifier, the name has to be ***exactly*** as it is loaded in the system. This includes suffixes such as “Sr., Jr., and III,” etc. If the exact name as is loaded in Davis Vision’s system is not given, the name search ***will not*** work.
 - ii. A member can provide their SSN as another means for a Davis Vision Representative to find them in the system, ***however***, it ***must be the Subscriber’s SSN***. ***For example, a spouse’s, or any other dependents’ SSN will not work.***
- **Local Ed:** Right now our agency only has one ABC as my back up retired. I am in process of getting a backup. It looks like we may not be compliance as we have more than 25 employees. Is there a timeframe for getting this new information to BA?
 - **Answer:** No, there is not a specific timeframe. We ask that you do it as soon as you can.
 - **Local Ed:** When keying new employees who reside in Kentucky counties, what counties should be keyed? It often does not accept counties outside of Tennessee.
 - **Answer:** You should select the out of state option in the county drop down option.
 - **Local Ed:** Will you send a copy of the MOU?
 - **Answer:** We have posted sample copies of the MOU responsibilities on the [ABC website](#) by plan type. You can find the copy [here](#).

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- **State:** If someone is approved for maternity leave and has a 30-day elimination period is the 30-day elimination period included in the eight weeks? I've been told two separate things.
 - **Answer:** Marcie with MetLife responded: We are researching, and we don't have a response yet. As soon as we do, we will put the information in a Friday ABC email and cover during next month's call if necessary.

- **State:** If a hybrid employee goes out on leave without pay, will TCRS try to collect their contribution out of pocket like Benefits Administration does with insurance premiums?
 - **Answer:** Benefits Administration handles insurance; any monetary questions about an employee's retirement contributions will have to be directed to TCRS.

- **State:** When we receive notification about premium increases?
 - **Answer:** We will give you a preliminary estimate in late spring. After the Insurance Committee meets we will let you know what premiums are.

- **Local Gov:** We have been having trouble accessing the HIPAA training for 2018?
 - **Answer:** The HIPAA training for 2018 has not been activated yet. It will be activated in the next few weeks, and an email will go out to ABCs on how to complete the training in the next few weeks.

- **Local Gov:** I received a state secure email and cannot get in to it?
 - **Answer:** We will have a trainer get back to you after the call.

- **Local Gov:** The Davis Vision representative said there is a button to add a provider or suggest a provider?
 - **Answer:** Yes, you can go to [Davis Vision homepage](#) (can find it on the [PFH contact Us page](#)), click on **Find A Provider** at the top of the page, and then go to the bottom of the page and click on **New Provider Nomination**.

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Materials and Communications

- **State and Higher Ed: PayFlex Coach Communications Program:** On April 12, PayFlex emailed communication to HSA and medical FSA members promoting PayFlex Coach.
 - PayFlex Coach is a free four-week texting program that shares quick tips about the HSA or medical FSA. Members will get helpful links to tools and resources like short videos, educational tidbits, and ways to help maximize their accounts.
 - Instructions on how to sign up for the program were included in the PayFlex email. The appropriate emails will be sent to members based on the product in which they are enrolled.
 - We've included samples with the Friday ABC email.

- **Local Ed and Local Gov: PayFlex Coach Communications Program:** On April 12, PayFlex emailed communication to HSA members promoting PayFlex Coach.
 - PayFlex Coach is a free four-week texting program that shares quick tips about the HSA. Members will get helpful links to tools and resources like short videos, educational tidbits, and ways to help maximize their accounts.
 - Instructions on how to sign up for the program were included in the PayFlex email.
 - We've included a sample communication with the Friday ABC email.

- **BA Website URL Redirects:** Back in December, we informed you that the state moved to a new website content management system (CMS). Specific webpage URLs within the BA website changed.
 - If you have bookmarked or use **the following pages** in any member materials, be sure you are using the corresponding URL. Soon, the old webpage URLs will not redirect. If you use the old URL, you will get an error 404 message.
 - **BA Insurance and Benefits home page:** <https://www.tn.gov/finance/fa-benefits.html>
 - **Publications:** <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html>
 - **Forms:** <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-forms.html>
 - **Summary of Benefits and Coverage (SBC):** <https://www.tn.gov/finance/fa-benefits/sbc.html>
 - **ABC webpage:** <https://www.tn.gov/finance/fa-benefits/abc.html>

COMMUNICATIONS QUESTIONS

- **Higher Ed:** Do you all have dates for open enrollment?
 - **Answer:** For state and higher education, annual enrollment dates will be October 1 – 12.

- **Local Ed:** We are starting to work on our budget, is there a projected increase on health insurance?
 - **Answer:** I don't have an answer today, but we may be able to signal something during the Spring Fiscal Workshops coming up later this month.

- **State:** Do you have dates for the all-day Annual Benefits fair in August yet?
 - **Answer:** The dates for state will be August 9 and for higher ed, August 10, both in the Tennessee Tower.

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- **Local Gov:** Do we have an idea on any insurance changes for budget purposes?
 - **Answer:** We may be able to provide an estimate by the end of the month or in early May, but the final premiums announcements will be made at the earliest, subject to Insurance Committee approval, in late May or early June.

Benefits

- **State and Higher Ed: Flexible Spending Accounts (FSA) Following Terminations:** Keith Athow went over important information regarding FSAs.
 - I have been asked to clarify what happens for Flexible Spending Account Funds following terminations.
 - Flexible Spending Account, Dependent care FSA, and Limited purpose FSA enrollees who terminate employment during the plan year have 90 days to file claims to clear their balances. After that, all fund balances will be forfeited.” You can find this information in our governing Plan Document, in our \ FAQs on our own website, and in a Zendesk article but we did want to remind you of this because neither the PayFlex nor the state sends out any sort of reminder to a terminated employee.
 - Specifically,
Flexible Spending Account
“What if I terminate employment during the year and still have money left in my account?”
If you terminate employment during the year, your period of coverage under the FSA will end on your employment termination date. Expenses incurred only during your period of coverage can continue to be submitted for reimbursement until 90 days after your termination date. You have 90 days from your termination date to spend the funds in your FSA. After that date, those funds are forfeited.

FSA and HSA QUESTIONS

- **Higher Ed:** When someone leaves and you are setting up FSA for COBRA, it asks for the dollar amount. Is the dollar amount for the year?
 - **Answer:** Are you talking about setting them up for COBRA on the PayFlex side? When someone leaves, PayFlex will actually set them up for state and higher ed employees who have FSAs and LFSAs. PayFlex will send a COBRA enrollment package.
 - **Follow up Question:** When someone leaves, we don’t have to terminate them in the PayFlex system? I thought we had to go into PayFlex and we had to sign them up on the COBRA side. We don’t have to do that?
 - **Answer:** No, you don’t have to terminate them in the PayFlex system. When they are termed, the file comes over from Edison to PayFlex. PayFlex will send COBRA enrollment packets to members who have a balance in the FSA once the termination is processed. The terminated employee can decide whether to enroll or not.
- **Higher Ed:** I have a question about the \$500 carryover. If a person had \$300 left and the amount didn’t get carried over. What happens if TSU didn’t set it up initially for the carryover?
 - **Answer: Darlene Russo at PayFlex:** We have set up files for anyone who did have funds to carryover, but did not have an election for 2018. So someone should have told us to carryover to a regular FSA or a LFSA. For reference, last January, we sent files to Central State, UT and all TBRs indicating those members who had a balance

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in their FSA/LFSA who did not elect 2018 coverage. The files were then returned to us indicating if an account should have been set up. These files were processed and the carryover processed. If a member had a carryover amount and elected the same plan in 2018, then he or she was not on the report and we did the carryover automatically. If you have additional questions about this subject, send them to PayFlex at stateoftennessee@payflex.com.

- **Higher Ed:** Does this (FSA termination information) also apply to HSAs?
 - **Answer:** No, HSAs are not a part of COBRA. When someone terminates or leaves employment, the HSA goes over to the retail account and the member can still access the account, but they will have to pay the administrative fees. Members can also still contribute if they are enrolled in a qualifying high deductible health plan.

- **Higher Ed:** About the HSA, we have run into some enrollment issues, not with those who are new hires, but those with a qualifying event and they elect the CDHP. Getting the qualifying funds, setting up the account, and time of the enrollment is causing issues with the timing of the funds. Is there a process of setting this up or are other schools are having an issue?
 - **Answer:** The enrollment comes through on Edison, and the issue may depend on when it is entered into Edison. PayFlex receives weekly eligibility files from the state. PayFlex needs to get the eligibility file prior to any contribution being reported to us. Normally, I would say to give it a week once you enroll in the system before you send the contribution file to PayFlex.

- **State:** Regarding the HSA, we have had a couple of employees ask how to they can get their HSA distribution tax form (1099)?
 - **Answer: Darlene Russo with PayFlex:** 1099s were mailed at the end of January, but only if the member had a distribution. PayFlex distributes HSA tax forms and members can also get these forms online. PayFlex HSA members can go to the online portal (stateoftn.payflexdirect.com > Sign In > Document & Forms > My Documents > Filter Document Type drop down box and choose HSA Tax Documents) and print their 1099 or call PayFlex at 855.288.7936.
 - If members made a contribution, PayFlex distributes the 5498 form. These go out in May because it captures all of the contributions through April of the following year, as members have until tax filing day of the following year to make a contribution for the previous calendar year.

- **State:** Is this the same for the HSA?
 - **Answer:** No the HSA is different from the FSA. Once funds go into the HSA, they are not terminated or forfeited. Those funds would move from being in a state account to a “commercial” account, and the employee would then be responsible for the administrative fees once they terminate employment.

- **Local Gov:** Do you have an updated flier for Payflex with contribution limits?
 - **Answer:** The flier showing the updated family HSA contribution amount is current and located on the [PayFlex website](#) (called Health Savings Account). We have also **attached** it for your reference.

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HIPAA Training Update

- **Local Ed: HIPAA Annual Training Requirement:** Chanda Rainey, our BA HIPAA compliance officer, relayed important information about HIPAA training. **Following the local ed ABC call, more than 30 ABCs registered and completed the training.**
 - The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LEA's business agreement with the State (MOU).
 - Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until April 30 to complete the class.** Instructions for how to enroll are below.
 - Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.
 - All agency benefits coordinators in compliance with the MOU https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.
 - The 2018 HIPAA annual training must be completed by April 30. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.
 - For further instructions on accessing HIPAA Annual training, you can watch a video to help you or follow instructions below. If you are having difficulty accessing the training in Edison; please submit a Zendesk ticket requesting assistance.
 - Video is on the ParTNers for Health youtube page:
 - https://www.youtube.com/watch?v=_ocOyZoEbCM
 - Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class.

If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

 - The course takes approximately 30 minutes to complete.
 - There is a 10 question quiz at the end of the course.

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- You must make at least an 80 percent otherwise you will be required to take the quiz again.
- **Here is the navigation to HIPAA training in Edison:**
NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA >
HIPAA Annual Training (HIPA2018)>
BA_ABC_HIPAA_Local Education
- **Local Gov: HIPAA Annual Training Requirement:** Chanda Rainey, our BA HIPAA compliance officer, relayed important information about HIPAA training.
 - As you know, ABCs and ABC back-up staff are required to complete HIPAA (Health Insurance Portability and Accountability Act) training each year as a part of your business agreement with the State (MOU).
 - We have changed our process to ensure that everyone gets the required training in a timely manner. **All local government ABCs will be required to complete this training during the month of May.** We will send you an email in the next few weeks with all of the details and how you can access this training online in Edison.

HIPAA QUESTIONS

- **Local Gov:** What if you have already retaken the HIPAA training this month? I went into the training system and it didn't state if it was the 2017 or 2018.
 - **Answer:** You may have retaken the 2017 or it may be the 2018 training. I will go into the system and verify which training you completed and get back to you.

Operations

- **Service Center Metrics/Customer Service Rating**
 - **March 2018:**
 - Tickets via Email: 528
 - Tickets via Self-Service: 3,077
 - Tickets via Phone: 4,947
 - Tickets via Chat: 37
 - Total: 8,589

 - Satisfaction Score: 95.8%
 - **March 2017:**
 - Tickets via Email: 416
 - Tickets via Self-Service: 1,598
 - Tickets via Phone: 5,920
 - Total: 7,934

 - Satisfaction Score: 94.1%
 - We received about 1,000 less calls this year as we did last March. Total interactions increased by about 600 due to Zendesk document uploads.
 - We take the satisfaction of our customers very seriously. Please complete the survey after you complete your Zendesk ticket.

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- If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with policy. Our satisfaction rate for March was 95.8% percent, up from 94.1% last March.
- **State: ESS Participation Rates:**
 - ESS % for February: 93%
 - YTD: 92%
- **Upcoming ABC Training**
 - **New ABC Training**
 - April 17: Local Education: 9-11 a.m. Central time
 - April 17: State/Higher Education: 1-3 p.m. Central time
 - April 18: Local Government: 9-11 a.m. Central time
 - April 18: Session 2 - All Entities 1-3 p.m. Central time
 - **Here is how to register:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 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 Submit Enrollment in the bottom lower left corner.
 7. 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.

OPERATIONS QUESTIONS

- **Higher Ed:** When trying to get Certificates of Coverage for qualifying events, we often have difficulty getting these. When their coverage is from third parties, it is difficult for them to give to us this on letterhead. In this instance, could a Certificate of Coverage be used instead?
 - **Answer:** We will accept the letter from the employer verification company in combination with the COBRA offer or separation notice. As long as we have enough information to determine why the coverage was lost we will complete/process the application.
- **Local Ed:** Has anyone else had an issue with BCBS and LabCorp? We were told that claims were being denied between June 1, 2017, and August 1, 2017, and that they are working on an agreement but they don’t have a solution yet.
 - **Answer:** We are not aware of issue with BCBS and LabCorp. If you could submit a Zendesk ticket and include member IDs, we will research and get back to you.
- **Local Ed: Comment:** Cigna does not pay LabCorp billing either.
 - **Answer:** If you could submit a Zendesk ticket, we can research specific incidents for you.

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- **State/Higher Ed: New Hire Voluntary Products Presentation with Audio:** We have posted a version of the new hire presentation for voluntary products with audio on our [ParTners for Health YouTube channel](#). Members can find the presentation by going to the BA website, under For New Employees:
 - <https://www.tn.gov/finance/fa-benefits/for-new-employees.html>
- **State/Higher Ed: Premium Holiday Info for STATE, HIGHER ED employees and pre-65 retirees only!**

What?

- On April 27, Benefits Administration (BA) recommended and the State Group Insurance Committee voted to give all active state and higher education employees and state and higher education pre-65 retirees **a premium holiday for December 2018 coverage.**
- This means there will be no deduction for the health insurance premium this November.
- The premium holiday is for the health insurance (BCBST & Cigna) premiums only and will not include voluntary benefits.

Why?

- For the past several years, insurance claims in the state plan have been lower than expected.
- A premium holiday allows us to give back to our employees some of the surplus money on a one-time basis while maintaining sufficient reserves needed to operate the plan.

When?

No premiums for health insurance will be deducted from:

- 11/30 paycheck for state employees;
- A November paycheck for higher education employees (depending on payroll);
- 11/30 pension check for state and higher education pre-65 retirees;
- November direct bill invoices for state and higher ed employees and pre-65 retirees; and
- 12/15 bill sent by BA to higher education administration.
- **Departments will not pay the 80% portion for the December insurance premium. Agency budgets will be adjusted to reflect these non-recurring savings in FY 2019.**

STATE AND HIGHER ED PREMIUM HOLIDAY QUESTIONS

- **State:** How will this (premium holiday) be communicated to employees?
 - **Answer:** BA will send out an email to state employees.
- **State:** How will be this (premium holiday) be presented to retirees?
 - **Answer:** We will send a letter to retirees and may put information in the newsletter that will be mailed to all retirees prior to annual enrollment.
- **State:** Will departments still pay 80% portion for the December insurance premium out of their budgets?
 - **Answer:** Update: **Departments will not pay the 80% portion for the December insurance premium. Agency budgets will be adjusted to reflect these non-recurring savings in Fiscal Year 2019.**

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- **State:** If we have new employees with benefits starting on December 1, 2018, will they be exempt (from the premium holiday)?
 - **Answer:** There is no stipulation that they have to work a specific amount of time. If you are eligible for benefits in December, then you will be included in the premium holiday.

COMMUNICATIONS QUESTIONS

- **Local Gov:** When will Edison be hosting the ABC training/information day with vendors like they did last year?
 - **Answer:** If you are talking about the summer trainings, we are working on the schedule now. They will be held in August and we will send the dates once they are confirmed. We will have one specific day for local education and local government and another for state/higher ed.

Benefits

- **Update on Diabetes Prevention Program and Protest Update and Clarification:** Paige Turner gave an update on the Diabetes Prevention Program and a wellness program protest update and clarification.
 - **Update on Diabetes Prevention Program**
 - **Omada online program for Cigna members:** Currently we have about 640 Cigna members enrolled in the Omada program and have already heard some great feedback from some participants who are experiencing early success with weight loss.
 - **YMCA DPP in person classes:** We have several classes that are in process. Here is a breakdown by location:

Knoxville

- Has had nine inquiries, but they are coming from all over so they are unable to select a location that satisfies everyone's needs. We will be following up with some of the agencies to see if we can set up an onsite Lunch & Learn and they do have the ability to offer classes onsite. In addition, they are able to offer the program at ANY of their locations in Knoxville, but it just depends on where the need is.

Memphis

- Also had nine inquiries, but same challenge as Knoxville. We will also be following up with some specific agencies to see about an onsite Lunch & Learn.

State and Higher Ed only: For Memphis and Knoxville, we will be following up with some of the agencies to ask for assistance in setting up an information session and potentially scheduling classes onsite. More to come.

Nashville

- Downtown class – 12 members enrolled; Next week will be session 7; Two participants have already achieved a 5% weight loss (one of them is almost to 7% and the other is almost to 9%).
- Christ Church class – will be starting on May 7; we have five plan members enrolled in this class.
- Other locations –six on the waiting list for other locations (two classes for Clarksville starting in July/August, two classes for Downtown starting in July, and two classes for Maryland Farms starting in August).

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Kingsport

- One class just started on Saturdays at 8 a.m. This class has 13 plan members enrolled.
- One class just started last week on Thursday at 4 p.m. and is held at the Kingsport City School Administrative Support Center. This class has eight plan members enrolled.

- **State/Higher Ed: Population Health Protest Update and Clarification:** The protest process is still on-going. We had a hearing in Chancery Court last month. The judge ruled to uphold the decision made by the Central Procurement Office and the Protest Appeals Committee to re-release the cost proposal. The protesting vendor has 30 days from April 13 to decide if they will take the case before the Tennessee Court of Appeals. Until the appeals process is complete, we will not have any of the wellness services which include state plan members earning cash incentives for completing wellness activities. There will be no onsite biometric screenings as well.

As a reminder, the annual physical is covered at no cost so members can still do their annual physical with their physician and we encourage them to do so.

We have heard feedback from some members and ABCs that leads us to believe there is some confusion about the protest and what exactly is going on. I want to provide some additional clarity to avoid any confusion: The issue has nothing to do with any plan member filing a lawsuit. The protest was filed by a contractor who responded to the Population Health and wellness request for proposal last fall.

Benefits Administration is required by State procurement law to go out for bid every five years for our contracts. Our medical, pharmacy, dental and vision plans are examples of programs and services that must go out to bid for delivery of those services. That also includes the population health and wellness program. We went out to bid last spring, and we had 10 proposers that responded to the Request for Proposal for the population health and wellness program that were reviewed by the evaluation team. We narrowed the list to the top five proposers after the technical evaluation and invited those five to an oral presentation. The top five made their oral presentations and their cost proposals were opened and all elements were scored. And the winning Contractor was announced at the July Insurance Committee meeting. A proposing Contractor can file a protest claiming that it, and not the apparent winner, should have been awarded the contract. And that is what happened. One of the five finalists filed a protest saying that they should have been awarded the contract. The disappointed proposer can also obtain a stay which prevents the contract from being awarded until the protest is resolved. This was also the case with the current protest. There is a legal process that must be followed and the protesting Contractor has multiple levels of appeals to argue their case. As I mentioned before, this is still an on-going protest and has not yet been resolved.

We have been working with the Tennessee Attorney General's office and agency legal counsel to make sure we are following the laws and court orders. We know the ABCs and plan members want to have a wellness program in place as soon as possible.

- **Local Ed/Local Gov: Population Health Protest Update and Clarification:** The protest process is still on-going. We had a hearing in Chancery Court last month. The judge ruled to uphold the decision made by the Central Procurement Office and the Protest Appeals Committee to re-release the cost proposal. The protesting vendor has 30 days from April 13 to

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decide if they will take the case before the Tennessee Court of Appeals. Until the appeals process is complete, we will not have a disease management program.

As a reminder, the annual physical is covered at no cost so members can still do their annual physical with their physician and we encourage them to do so.

We have heard feedback from some members and ABCs that leads us to believe there is some confusion about the protest and what exactly is going on. I want to provide some additional clarity to avoid any confusion: The issue has nothing to do with any plan member filing a lawsuit. The protest was filed by a contractor who responded to the Population Health and wellness request for proposal last fall.

- **Optum Presentation: Critical Incident Response Services (CIRS) and Substance Use Disorder Information:** Melissa Ward with Optum walked through the resources available for you and members in regard to Critical Incident Response Services, or CIRS, and Substance Use Disorders. We have **attached** the slides with today's May 11 Friday ABC email for your reference.

OPTUM PROGRAM QUESTIONS

- **Higher Ed:** Did you say that you (Optum) would help with disaster preparedness? So just email you?
 - **Answer:** Yes, we can be proactive and help you come up with a preparedness plan for your site. You can email Melissa.Ward@optum.com.
 - **Local Ed:** Is the CIRS program only offered to benefit enrolled employees and their families?
 - **Answer:** CIRS is offered to all agencies covered under BA, and is not an individual benefit. You have these services available to your agency at no cost.
 - **Local Gov:** Do you offer harassment training or drug-free training at no charge?
 - **Answer:** There is no charge for the training. The training catalog is found on this Web page: <https://www.here4tn.com/content/cex-consumer/state-of-tn/en/leaders.html#training-catalog> . We encourage you to go out and search for trainings that are best for your agency. The order form is on the site. We do need at least 10 participants to hold onsite trainings.
 - **Local Gov:** Is the CIRS program available for all employees or only those enrolled in health insurance
 - **Answer:** It is available to all employees and it follows you as a covered agency, not individual employees. So, yes they can participate.
- **POMCO/UMR Presentation:** Janice Webb with POMCO went over some changes to the materials and ID cards for our members who are on The Tennessee Plan (supplemental medical insurance for retirees with Medicare). We have **attached** the slides from the presentation to the May 11 Friday ABC email.

HIPAA Training Update

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- **Local Gov: HIPAA Annual Training Requirement:** The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year as a part of your LGA's business agreement with the State (MOU).

Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until May 31 to complete the class.** Instructions for how to enroll follow.

Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

All agency benefits coordinators in compliance with the MOU

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_le_mou_resp.pdf

must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.

The 2018 HIPAA annual training must be completed by May 31. You have 31 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.

For further instructions on accessing HIPAA Annual training, please click on link below to watch video (found on YouTube channel) or follow instructions that follow. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.

<https://www.youtube.com/watch?v=ocOyZoEbCM&t=1s>

Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class.

If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.

- The course takes approximately 30 minutes to complete.
- There is a 10 question quiz at the end of the course.
- You must make at least an 80 percent otherwise you will be required to take the quiz again.

Here is the navigation in Edison:

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NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>

- BA_ABC_HIPAA_Local Government

Operations

- **Zendesk Answer Bot:** Ian Harris with Benefits Administration provided more information on Zendesk Answer Bot.

ANSWER BOT QUESTIONS

- **Local Gov:** What happens if your request is not answered by the (Zendesk Answer Bot) articles? What does that look like?
 - **Answer:** Just like any other ticket, it will go into our workflow to be worked by the Benefits Administration staff and will be responded to by the service center staff.
- **Local Gov:** And that response is automatic (Answer Bot question)?
 - **Answer:** Yes, if Answer Bot doesn't answer your question you don't have to do anything, it is automatically routed to the BA service center to be answered.
- **(Local Ed/Local Gov/Higher Ed): Collections Applied Reports for May Coverage:** We emailed last Friday that these would be available Monday morning, but there was a delay. The Edison team is still working on processing them. If you need to, you can run it manually. The instructions to run it are included below. You can also find the information under the Training section on the [ABC webpage](#).
 - You can manually run the Collections Applied Report by following the instructions found here: https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_run_past_collection_applied.pdf.
- **Service Center Metrics/Customer Service Rating:**
 - **April 2018:**
 - Tickets via Email: 729
 - Tickets via Self-Service: 3,334
 - Tickets via Phone: 4,535
 - Tickets via Chat: 63
 - Total: 8,661
 - Satisfaction Score: 97.2%
 - **April 2017:**
 - Tickets via Email: 384
 - Tickets via Self-Service: 1,168
 - Tickets via Phone: 4,286
 - Total: 5,838
 - Satisfaction Score: 94.0%
- We received a few hundred more calls this year as compared to last April. Total interactions increased by close to 3,000.
- We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.

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- If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for April was 97.2% percent, up from 94% last April.
- **State: ESS Participation Rates:**
 - ESS % for March: 91%
 - YTD: 92%
- **Higher Ed: Upcoming ABC Training**
 - **ABC Workshop:**
 - **Billing/Payroll**
 - **May 17: 10:30-11:30 a.m. CST**

Link for ABC Workshop:

Topic: Billing/Payroll

Host: NaKeisha Myles

Date: Thursday, May 17, 2018

Time: 10:30 am, CST

Session number: 316 251 215

Session password: HEBilling

To join the training session

1. Go to

<https://tngov.webex.com/tngov/k2/j.php?MTID=t1090d945f688f7cbc9e5aced2c9fa536>

2. Enter your name and email address.

3. Enter the session password: **HEBilling**

4. Click "Join Now".

5. Follow the instructions that appear on your screen.

- **Local Ed/Local Gov: Upcoming ABC Training**
 - **ABC Workshop:**
 - **Billing/Payroll**
 - **May 17: 9-10 a.m. CST**

Link for ABC Workshop:

Topic: Billing/Payroll

Host: NaKeisha Myles

Date: Thursday, May 17, 2018

Time: 9am, CST

Session number: 310 067 925

Session password: training

To join the training session

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1. Go to

<https://tngov.webex.com/tngov/k2/j.php?MTID=t72cf3dde7d362d657022bbb4c12d9030>

2. Enter your name and email address.
3. Enter the session password: **training**
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

- **State: Upcoming ABC Training**
 - **ABC Workshop:**
 - **Billing/Payroll**
 - **May 17: 1-2 p.m. Central time**

Link for ABC Workshop:

Topic: Billing/Payroll

Host: Nakeisha Myles

Date: Thursday, May, 17, 2018

Time: 1:00 pm, CST

Session number: 311 339 216

Session password: Billing1

To join the training session

1. Go to

<https://tngov.webex.com/tngov/k2/j.php?MTID=tda5dd24bacbbe6aae18ea7dc77f92374>

2. Enter your name and email address.
3. Enter the session password: **Billing1**
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

- **New ABC Training**
 - May 23: Local Education: 9-11 a.m. Central time
 - May 23: State/Higher Education: 1-3 p.m. Central time
 - May 24: Local Government: 9-11 a.m. Central time
 - May 24: Session 2 - All Entities 1-3 p.m. Central time

Here is how to sign up for training:

1. Login in To Edison.
2. Navigate to ELM Menu >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.
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 Submit Enrollment in the bottom lower left corner.

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7. 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.

- **State: New Employee Orientation:** Benefits Administration is pleased to announce the New Employee Orientation. This orientation will provide new state employees with a break-down of their benefit options. The orientation will detail the different medical options and explain insurance terms, networks, the Behavioral Health/EAP program, dental, vision, life insurance, STD, LTD and FSA. The orientation will cover how to enroll, deadlines, and where employees need to go for additional assistance. Before the official launch, we need your help!
 - If you would like to participate in a “test session” please join us via WebEx May 15 from 8:30-11 a.m. Please view the information below for details on how to access the WebEx.
 - **New Employee Orientation:**
Host: NaKeisha Myles
Date: Tuesday, May 15, 2018
Time: 8:30 a.m. CST
Session number: 313 374 296
Session password: employee

To join the Orientation

1. Go to
<https://tngov.webex.com/tngov/j.php?MTID=mc6ff3860e14121cb8464d158f554b7b3>
2. Enter your name and email address.
3. Enter the session password: employee
4. Click "Join Now".
5. Follow the instructions that appear on your screen.

TRAINING QUESTIONS

- **State:** What is the tentative launch date for the New Employee Orientation?
 - **Answer:** June 4.

OPERATIONS QUESTIONS

- **Higher Ed:** I have a suggestion for one of our calls. We are having a terrible time with transfers. Could we cover this during one of our calls so we are all on the same page?
 - **Answer:** Yes, we can cover this next month.
- **Higher Ed:** How is a region determined under our medical plans? Are they still different? I believe they are the same for our plans? We have a person who is in a certain region and their address is totally different and we state the address, but the region is totally incorrect. Our form gets denied because the region was wrong, and we have to resubmit the form. If the regions are not there for a reason, could we work toward not having regions and submitting forms unnecessarily?

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- **Answer:** Even though employees are eligible for all plan options and networks now, we do have separate contracts, and claims payments made by the carriers are administered under the different contracts per region. In other words the payments come from different accounts based on regional designation. If you have examples of those employees who are being denied you could submit to us via Zendesk, we can research and get back to you.

- **Higher Ed:** I have an employee who is divorced and the ex-spouse is not on the insurance. If the spouse gets remarried, the enrollment for the new spouse gets kicked back asking for a divorce decree. If they are able to get a marriage license, why should we need a divorce decree? I just had one kicked back for this reason.
 - **Answer:** This Service Center procedure was changed a couple months ago. You should not have an enrollment kicked back for this reason. We will not ask for the divorce decree if the ex-spouse is not currently enrolled in coverage. If you do have one kicked back, please reach out to us.

- **Higher Ed:** I had an employee whose coverage was keyed wrong on vision insurance. It was caught on the Collections Applied Report and we submitted an insurance correction and clarifications form, but I received a notice that I need an administrative letter.
 - **Answer:** If it is a simple keying error, you will only need to submit a Corrections and Clarification form. If the agency missed an enrollment deadline or provided incorrect information we do require an Administrative Error Letter. We will contact you go get more information and make sure the call center staff are up-to-date on this process.

- **Higher Ed:** I have an employee who is going through a divorce and the attorney supplied the final divorce decree electronically and it doesn't have the judge's signature. Does the electronic version negate having to have a signature? Are you aware of this?
 - **Answer:** We have researched this question, and a divorce decree can be filed electronically, but it is not a "final" order until there is some type of signature, either electronic or physical.

- **Local Ed:** Are we going to get the slides from the spring fiscal workshop from a couple of weeks ago?
 - **Answer:** We gave the slides to Maryanne Durski to distribute with other presentations from the workshops. If you don't receive them, then email benefits.info@tn.gov and we will get the information to you.

- **Local Ed:** Are we supposed to upload additional documentation in Zendesk?
 - **Answer:** You should attach any additional documentation needed to the benefits eForm in Edison if you are entering a new hire. For special qualifying events, submit the enrollment form and any additional documentation in Zendesk using the "Document Uploads for Active Employees" option.

- **Local Ed:** Did that workshop (Fiscal Workshop) mention the 2019 rates?

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- **Answer:** It mentioned an estimate, and for medical coverage the estimate is not final but should not exceed a 3% increase. This is a recommendation and any increase has to be approved by the Insurance Committee.
- **Local Ed:** Do we know what the increase percent is going to be for health insurance yet?
 - **Answer:** The estimated increase for 2019 is 3%. This is the recommendation we are going to make to the LEA Insurance Committee later this month.
- **Local Ed:** I submitted retirement documents and they are sitting there in an open status. Should I be doing something differently? Should they be faxed?
 - **Answer:** The retirement insurance documents are processed in order of effective date and in many cases we also have to wait until the retiree is an active status with TCRS. For example, we have some members' applications for continuing coverage in retirement, but their retiree coverage is not effective until September. That application has not been reviewed yet and is in a pending status. We are currently working on the 7/1/18 or prior effective dates. The preference is that you go ahead and submit the retirement insurance applications upon receipt via the Retirement Document Upload option in Zendesk. The ABC that uploads the document should be able to see the document(s) and check on the status as needed.
- **Local Ed:** The only time that we are using Zendesk is for questions or billing issues, is that not correct? The other documents and such are to go through Edison?
 - **Answer:** We took away the document upload page in Edison. All documents should be uploaded in Zendesk or faxed. The preference is to use Zendesk to upload SQEs, Cancel Requests or Correction and Clarification forms.
- **Local Ed:** Do you have a preference as to how early we should send in the Continuing Insurance at Retirement forms for retirees?
 - **Answer:** It is preferred that you send it upon receipt and it is okay if it is early. It will be in a pending status and that way you won't forget to send it later.
- **Local Ed:** Should we enter employees who are working five days a week (substitute teacher) into Edison?
 - **Answer:** You should only be entering benefits eligible teachers into Edison. If they become benefits eligible, then at that time you should enter them in Edison. It's up to your school system to determine their eligibility under PPACA.
- **Local Ed:** I am new at processing retirement applications. I have faxed the retiree forms to TCRS and sent the health insurance information to Benefits Administration. Is this the correct procedure? I am doing this because the retirement needs to start in June/July, but the health insurance will not be effective until September.
 - **Answer:** Yes, the TCRS handles the monetary benefit portion and you should send the monetary pension application directly to TCRS. Benefits Administration handles the insurance eligibility and enrollment and the insurance application should be submitted directly to BA.

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- **Local Ed:** Are we supposed to go into Edison to non-payroll job data to enter retirement date?
 - **Answer:** Yes, you can enter this information in Edison. For a local education agency, we may not need the exact retirement date as sometimes you will use a different term date. For example, if the employee retires in May but they will have insurance with your agency through 07/31/2018, you would use 6/30/2018 as the effective date in Job Data on the termination event. We recommend calling the service center and talking to one of our retirement specialists to clarify what date you need to enter into Edison.

- **Local Ed:** When you make a submission like entering social security cards for newborns, how quickly will this show up in Zendesk?
 - **Answer:** There is a two to five day processing time for any document you have submitted. If documents are submitted via Zendesk, you'll receive notification when we receive the documents and a second notification once the document has been processed.

- **Local Ed:** We have to offer employees insurance benefits that we know up front will be working 30 hours per week. If we don't enter them in Edison, they will not show up on the PPACA report?
 - **Answer:** That is correct. You should be entering any benefits eligible employees into Edison. It is about being benefits eligible – that is when you enter them into Edison.
 - **Follow up question:** Ok, then if later, they are hired as an interim, do we need to send in another Enrollment Change Application?
 - **Answer:** It depends if they are changing their enrollment based on new eligibility – if yes, you would submit another application. If they are continuing with their current enrollment (or lack thereof) then you would not need to submit another application.

- **Local Ed:** I have never received an email from Zendesk telling me that social security numbers have been corrected. Is this a new or old process? I usually just log into Edison and look myself, but it would be nice to know. What if you faxed them?
 - **Answer:** You should get a response each time in Zendesk, every time your response has been handled. You will not get an email response if you fax in the documents. The preferred method is to use Zendesk to submit the documentation.

- **State:** I have had issues with my documents not being scanned into Scanned Documents into Edison when using Zendesk. Are they not doing that anymore? Sometimes they are not scanned even after that.
 - **Answer:** They will appear in Edison, but not until after whatever changes made in coverage have been keyed. You will get an email that we've received the documents and a second email when we have completed working it. At the same time you get the email that it has been keyed, an email goes to our scanning team to load the document in Edison. It can take another 1-2 days before it's visible in Edison. If you have a specific incident we can research, please put in a Zendesk ticket with the reference number and we will get back to you.

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- **State:** When will the Edison Query Manual be updated on the ABC website? It still showing the main menu and the query TN_BA309.
 - **Answer:** We are working on those updates now.

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Materials and Communications

- **ParTNers for Health Website Update:** Crystal Mallery, our print and production manager, gave you all of the details about the new combined [ParTNers for Health website](#).

Things to know about Benefits Administration's New Website www.tn.gov/partnersforhealth

1. Benefits Administration (BA) is combining its Insurance & Benefits and Partners for Health websites effective Friday, June 8. As a result, **ALL** URLs, or website addresses, will change.
2. **The NEW Partners for Health website homepage URL is www.tn.gov/partnersforhealth.**
3. The old Partners for Health homepage URL -- www.partnersforhealthtn.gov -- will redirect to the new site homepage. -AND-The old Insurance & Benefits homepage URL -- www.tn.gov/finance/fa-benefits -- will redirect to the new site homepage.
4. Other pages that will have temporary redirects include:
 - a. <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-publications.html> -- to new publications page
 - b. <https://www.tn.gov/finance/fa-benefits/publications/fa-benefits-forms.html> -- to new forms page
 - c. <https://www.tn.gov/finance/fa-benefits/sbc.html> -- to new Summary of Benefits page
 - d. <https://www.tn.gov/finance/fa-benefits/abc.html> -- to new ABC page
5. BA is moving to one branded website versus two. Members and other stakeholders have found navigating two sites confusing.
6. The move is also in conjunction with a statewide initiative for the development and maintenance of websites using a new content management system.
7. If you send members links to Benefits Administration webpages in emails, pdfs or other means, you should make appropriate changes to URLs as soon as possible after the website transition.
8. ABCs should notify their department or agency webmasters so that any existing links on their websites to BA can be updated.
9. The best way to find and bookmark the new website URLs is to visit the homepage and navigate to the URL. You will need to delete any old bookmarks you've established and redo them from the new homepage.
10. One of the first things you will notice is the new website has an updated look. We've included graphics, photos, embedded videos and other features.
11. The content of the webpage has not changed. Everything that was included on the two old webpages is included on the new webpage.
12. The new website also includes improved navigation. So a few items might not "live" where they used to. And you'll find some in multiple locations for convenience.
13. In the top navigation, you'll find:
 - a. Health Options with a drop down
– all health products and services
 - b. Other Benefits with a drop down
– all voluntary products and services plus wellness and EAP
 - c. Publications & Forms with a drop down and with accordions
 - d. Annual Enrollment with a drop down
 - e. Customer Service
 - f. Premiums with a drop down
 - g. Agency Benefits Coordinators with accordions
 - h. Videos
14. Below the Welcome! message, you will find a Questions? button to access Zendesk.

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There are other links to Zendesk in the bottom navigation and on the Customer Service webpage.

15. The new website homepage includes a section titled Quick Services that features:
 - a. For New Employees with tabs
 - b. For Retirement with tabs
 - c. Carrier Information
 - d. Wellness
 16. Added features include Social Media, Events and a Help button for chatting with the Service Center
 17. The footer includes important information, such as Insurance Committees, Summary of Benefits, Quick Links
 18. ABCs can find these talking points and a list of all the new URLs on the ABC webpage.
- **Annual Enrollment Materials Update:** With a better look and feel, current content and improved navigation on its website, we will place more emphasis than ever on digital communications, including for this year's Annual Enrollment.
 - a. BA will mail newsletters instead of decision guides.
 - b. PDFs of the newsletters will be posted on the website, and you will be able to print them.
 - c. BA will continue to put PDFs of other important Annual Enrollment materials on our website, including benefits comparison grids and premiums.
 - **ABC Survey:** It's time to send out our annual ABC survey. I know that we have sent some of you several surveys this year. We thank you for the time and attention you've paid to filling them out and returning them as we have been engaged in a BA strategic planning process.
 - Now we would appreciate it if you will complete and return this one as well. We emailed it to **primary ABCs** on Wednesday, June 13. Your responses to the 2017 Survey were extremely valuable in helping us understand areas where we could better meet your needs and improve our services to you and your members. The survey will take less than 10 minutes to complete. It is anonymous unless you choose to provide your name. It will close on June 29 at 4:30 p.m. Central time but it would be great if you'd go ahead and fill it out when you get it.
 - If you have any questions, please email us at Benefits.Info@tn.gov

COMMUNICATION QUESTIONS

- **Higher Ed:** Did you mention anything about the chat feature? Will people be able to get Edison IDs from it? What is the chat to be used for? Do we have a rate of utilization?
 - **Answer:** The new website does feature the chat button. It is a green "help" button located on the bottom right side of the page. We cannot do password resets for annual enrollment through chat, because password resets are time-consuming, and we wouldn't be able to serve as many people.
 - You can use the chat to ask general questions. It's not being used very much at this point, but we hope to see the utilization pick up as more people know it's there and get comfortable with it. You do get a quicker response via chat versus sending a ticket. The chat statistics are shared on the ABC calls every month (see below for this month's stats).

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- **Higher Ed:** How long will the partnersforhealthtn.gov URL redirect.
 - **Answer:** It will redirect indefinitely.

- **Higher Ed:** Is there an update on the benefits holiday?
 - **Answer:** There is not an update, but there won't be any medical premiums in November for December coverage.

- **Local Ed:** Not sure I like only newsletters instead of a decision guide. The decision guide has been a helpful tool and very handy to just have it all bound and ready to read.
 - **Answer:** With so few changes this year, we will cover what we need to cover in our newsletters. The shelf life for the decision guides are only during annual enrollment. We will still have eligibility and enrollment guides to use the rest of the year.

- **State:** I understand that a decision guide will not be mailed to the employees but will a guide be available on the new website?
 - **Answer:** No. There will not be a decision guide. The newsletters will be posted on the website and available to order extra copies for those who come on board after the mailing. We will continue to have the Eligibility and Enrollment guides the other nine months of the year.

- **Local Gov:** Where do you find Zendesk on the website?
 - **Answer:** Three places: on the homepage under the welcome message, in the footer and on the Customer Service page.

- **Local Gov:** How will you communicate with retirees regarding changes that begin 1/1/2019 next year?
 - **Answer:** Retirees will get their own newsletter in place of the decision guide. They are also going to have their own Annual Enrollment page on the new website.

- **Local Gov:** What will the open enrollment newsletters look like?
 - **Answer:** The newsletter will be eight pages and fold to 8.5X5.5. It will be branded just like the decision guides, using the ParTNers for Health logo and our red and blue colors.

- **Local Gov:** This is my first Annual Enrollment with these plans. Can you share a little more about the decision guide? Where will it be sent? The participant's home or bulk to employer? We only have medical, so some materials don't apply.
 - **Answer:** There is no decision guide this year. A newsletter will mail to everyone. There are not many changes this year. The newsletters will have all important information. We send a newsletter to everyone we have an address

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for who is eligible. It goes to their home address. We also offer a limited number of extra newsletters for you to order for those who don't make it on the address file.

- **Local Gov:** What are the dates of Annual Enrollment this year?
 - **Answer:** For local government, local education and retirees, Oct. 1-26.

- **Local Gov:** But the newsletters will be sent to all employees, just like the decision guides were, correct?
 - **Answer:** Yes.

- **Local Gov:** When will the new material be ready to order for Annual Enrollment?
 - **Answer:** The mailings will start the first week of September. We will take orders in the summertime. We will let you know when we post the order form.

Benefits

- **State/Higher Ed: Life Insurance Company Name Change:** Scott Halbert, the assistant director of voluntary products, gave a brief update about a life insurance brand name change. Here are the slides from the presentation:

**Life Insurance
(State and Higher Education)**

SECURIAN – Upcoming Brand Name Change

Financial security
for the long run. SECURIAN

Q: What does this upcoming brand name change mean to you?

A: It means "SECURIAN" will become known as "securian FINANCIAL," and as a result, you will begin to see this new name and logo on their website and marketing materials.:

Q: When will the brand name change take place?

A: Over the course of the next year, however, you may already see the new logo on Securian's web page.

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**Life Insurance
(State and Higher Education)**

SECURIAN – Upcoming Brand Name Change

Q: What is not changing?

A: The name of the company which underwrites our Group Life and AD&D Insurance contracts, Minnesota Life, is not changing. You can see this in the sample pic below:

Group Term Life Certificate of Insurance
Minnesota Life Insurance Company, A Division of Centennial
400 Robert Wood Road • St. Paul, Minnesota 55111-0001

State of Tennessee
Voluntary Group Term Life Insurance Plan
Effective 1-1-2018

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- **2019 Plan and Benefits Presentation:** Kendra Gipson, BA's vendor services and contracts director, went over the 2019 plan and benefits changes. The PowerPoint slides from the presentation are **attached** with today's June 15 ABC email for your reference.

BENEFITS QUESTIONS

- **Higher Ed:** On retiree premiums, with a 3.5% increase, does that keep the bracket at 20, 30, and 40% of premiums paid by retirees? If regular employees are no longer paying 20%?
 - **Answer:** State funding is not changing. A 3.5% increase is in line with typical increases and follows the market trend of 4% last year. The premium is being split. The state is now setting a retiree premium and a separate active employee premium. The amount contributed by the state for retirees and active employees is not changing and for retirees the state's premium contribution (20, 30, and 40%) based on years of service remains unchanged.
- **Local Ed:** Does the sync feature (maintenance medications) apply to the 90-day mail order program with CareMark?
 - **Answer:** The pro-rated copay benefit applies when a member works with their 90-day pharmacy to sync all 90-day maintenance medications filled by that pharmacy. This should also include mail order prescriptions. The member will need to call their mail order pharmacy or speak with their retail 90-day pharmacist to coordinate.
- **Local Gov:** So no deductible has to be met for physical therapy just coinsurance? Can you explain the physical therapy change again?
 - **Answer:** This applies to the PPOs. Right now, if you get physical therapy, you have to first meet your deductible. That means if your first therapy treatment is \$175, you will pay that full amount if you've not already met your deductible. And you will continue to pay the full cost for your therapy until you meet your deductible. Going forward, when PPO members receive outpatient, in-network physical therapy, they will only pay the coinsurance for the cost of the visit. In this example if you are in the Premier PPO and have coinsurance of 10% you would pay \$17.50.
- **Local Gov:** The grid sent with the email has Level 1, Level 2 and Level 3. Can you explain?
 - **Answer:** Levels are for different agencies within the local government plan. Levels are determined when agencies join the plan. You can send BA an email to benefits.info@tn.gov or submit a Zendesk ticket, and we can get you your level. You can also look in Edison. The business unit will include a 1, 2 or 3. You can also tell that way.
- **Local Gov:** If my agency makes no changes in coverage. Do I need to do anything? Or, will it just renew automatically?

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- **Answer:** Coverage will remain the same if you make no changes.
- **Local Gov:** So, you don't have to meet the deductible, just pay the coinsurance (for physical therapy)?
 - **Answer:** Correct, for the PPOs. If you are in the CDHP, then this does not apply. You must pay the deductible with the CDHP unless it is for preventive services.

HIPAA Training Update

- **Local Ed/Local Gov: HIPAA Training Consequences:** We are requiring all individuals who have access to Edison Benefits Module to have HIPAA training. Our HIPAA Compliance and Security Officer, Chanda Rainey relayed an important message.
 - **For Local Ed and Local Gov:** We are requiring all individuals who have access to Edison Benefits Module to have HIPAA training. LEA and LGA individuals have until July 15 to complete the training. Their access will be revoked after that date if training is not completed until they complete the training.

LOCAL ED AND LOCAL GOV HIPAA QUESTIONS

- **Local Ed:** Have you sent specific emails to those that have not completed the HIPAA training? I have completed it but would like to confirm that your records indicate that I have completed it.
 - **Answer:** We have not sent specific emails to those who have not completed it. You can check your completion by logging into Edison and looking at “my current learning.” If you look at 2018 HIPAA, it should say “completed.” If you can't see this, you can email Chanda Rainey at chanda.rainey@tn.gov or submit a Zendesk ticket.
- **Local Gov:** If we have more than one (ABC or staff member) who has access, do all have to complete HIPAA training?
 - **Answer:** Yes. Everyone who has access has to complete the training.
- **Higher Ed: HIPAA Annual Training Requirement:** The 2018 HIPAA Annual training is now open in Edison. As you know, ABCs and ABC back-up staff are required to complete this training each year.
 - Our 2018 training is now online. We have changed our process to ensure that everyone gets the required training in a timely manner. **You have from now until July 1 to complete the class.** Instructions for how to enroll follow.
 - Following is additional background information that will answer most of your questions. The Health Insurance Portability and Accountability Act of 1996, known as HIPAA, is a federal law that protects the privacy and confidentiality of protected health information. Protected Health Information (PHI) is individually identifiable health information held or maintained by Benefits Administration or

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our business associates who act on our behalf that is transmitted or maintained in any form or medium. As an ABC, you and your agency are our business associates. The law requires that all covered entities and business associates be trained in HIPAA policies and procedures. The HIPAA training is an example of Benefits Administration's commitment to educate and promote a culture that encourages ethical conduct and compliance with state and federal laws.

- All agency benefits coordinators must complete HIPAA annual training. The training is provided online and can be accessed through Edison. ABCs must complete the annual HIPAA training every calendar year.
- The 2018 HIPAA annual training must be completed by July 1st. You have 30 days to complete the training. Failure to comply with mandatory training requirements may result in suspension of insurance benefits access. Training requirements will not be waived unless approved in advance by BA HIPAA Compliance Officer.
- For further instructions on accessing HIPAA Annual training, please click on link below to watch video or follow instructions below. If you are having difficulty accessing the training in Edison, please submit a Zendesk ticket requesting assistance.
<https://www.youtube.com/watch?v=ocOyZoEbCM&t=1s>
- Please follow the path below to enroll in the class. Make sure you enroll in the correct HIPAA class. If you took the course in a previous year, you will receive a message "You have already completed this class on," proceed anyways. Edison will record every year you have completed the course.
 - The course takes approximately 30 minutes to complete.
 - There is a 10 question quiz at the end of the course.
 - You must make at least an 80 percent otherwise you will be required to take the quiz again.
- Here is the navigation in Edison:
NAV BAR >Navigator>ELM>Learning Home>Search for Learning type HIPAA > HIPAA Annual Training (HIPA2018)>
 - BA_ABC_HIPAA_Higher Education

Operations

• **State: PPACA Updates:**

- We recently sent out about 1,000 notifications to employees who had errors on this year's PPACA reporting to the federal government. The errors typically occurred because of either a wrong name or Social Security Number for a dependent. The primary ABC was copied on the notification to the employee. If you were copied on any of these tickets, please help us by reaching out to the

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employee and working with them to send the requested information to us. The state could be penalized by failing to obtain and resubmit accurate information. If the information is not updated, the employees will continue to error out every year and we will be required to send multiple notifications to request this information.

- **Higher Ed: Short Term Disability Reminder:**
 - We've gotten several questions lately about agencies not being billed for Short Term Disability for a terminated employee the month after termination. STD is different from all our other plans.
 - For Disability, the coverage ends at the end of the day on the employee's day of employment. It does not extend to the end of the month after termination like all other coverage. Due to this fact, it's imperative that you enter the actual termination date in the system instead of the end of the month in which they terminate so that the coverage is ended on the correct date.

- **Service Center Metrics/Customer Service Rating**
 - **May 2018:**
 - Tickets via Email: 829
 - Tickets via Self-Service: 3,802
 - Tickets via Phone: 4,827
 - Tickets via Chat: 61
 - Total: 9,519
 - Satisfaction Score: 97.6%

 - **May 2017:**
 - Tickets via Email: 404
 - Tickets via Self-Service: 1,465
 - Tickets via Phone: 4,659
 - Total: 6,528
 - Satisfaction Score: 97.3%

 - We received about the same number of calls this year as compared to last May. Total interactions increased by 3,000 due to processing documents through Zendesk.
 - We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.
 - If you respond with a "Bad" rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for May was 97.6% percent, up from 97.3% last May.

- **State: ESS Participation Rates**
 - ESS % for April: 91%
 - YTD: 92%

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- **Update to Name Change Procedure**
 - Effective immediately, we will be requiring a copy of the social security Card for any employee or dependent name changes.
 - **Note: When enrolling a newborn we can use the default all 9s for the SSN. But when the permanent social security number (SSN) comes in for the newborn, we ask that you use the card.** This is to avoid PPACA errors and penalties.
 - Include the copy with a Corrections and Clarifications form.
 - PPACA compliance requires the name that is listed on the social security Card, not the Driver's License or Marriage Certificate.

NAME CHANGE PROCEDURE SSN/CARD QUESTIONS

- **Higher Ed:** Will you also take the letter from Social Security Administration in place of the card?
 - **Answer:** Yes, we will take those.
- **Local Ed:** Do we need a copy of the social security card for new employees and dependents?
 - **Answer:** You can decide yourself if you are entering information into the system. It would be helpful. This is for your PPACA reporting. It is up to you whether to require it.
- **Local Ed:** Sometimes it takes a longer time to get a social security card changed and getting it back from Social Security Administration (SSA), and most doctors' offices want the name changed immediately. Will this cause claims to not be paid in a timely manner?
 - **Answer:** We will accept the letter from SSA when you submit an application. We just need something official that the name has actually been changed.
- **Local Ed:** Currently to complete a name change, the ABC can do it without submitting documentation. Will this now change? To ensure documents are being collected for name changes.
 - **Answer:** Yes. Any time you have a name change, we would like to have the documentation. This is more to help you with the errors you get from the federal government when you submit your PPACA reports. We are trying to catch errors on the front end.
- **Local Ed:** If we have a married name on an employee currently and we know that it does not match what is on the social security card because of PPACA reporting. Can we now force employees to use the name on the social security card instead?
 - **Answer:** We are using the information on the card for state employees. It is up to you.

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- **Local Ed:** If I understand correctly, you will now be entering the name change along with a Correction and Clarification form?
 - **Answer:** You can submit it through Zendesk with a Corrections and Clarifications form. You still have to back it up with the social security card.

- **Local Ed:** What happens if employees choose not to change their name when they get married?
 - **Answer:** Their name should not be updated in the system if it is not officially changed.

- **Local Ed:** I wish we could key names in Edison instead of submitting a Corrections and Clarifications form each time.
 - **Answer:** You can make the change in Edison for employees. We still need the form and social security card for dependent changes.

- **Local Ed:** So, for the employee we do not have to send in the social security card?
 - **Answer:** No. Since you key that, we do not need the card. We do recommend you compare it before entering it. Most employers already collect it to complete the I-9 form.

- **Local Ed:** In Edison you cannot put in a middle name or initial and the social security card may show that on there, is there a way to do this?
 - **Answer:** We will take a look at that and see if that is something we can do. In the meantime, if you have an example of someone please send it through Zendesk.

- **Local Ed:** The middle name box is there, but it does not show when you look at the employee profile page.
 - **Answer:** This is good to know. It should be on reporting. We will check to make sure it is exporting the way it should.

- **Local Ed:** Are you supposed to get a new I-9 signed when they have a name change?
 - **Answer:** We recommend you research federal requirements.

- **State:** This is not including newborns is it?
 - **Answer:** When enrolling a newborn we can use the default all 9s for the SSN. **But when the permanent social security number comes in for the newborn,** we ask that you use the card. This is to avoid PPACA errors and penalties.

- **State:** What about a new spouse? Do we need a social security card when we add them?

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- **Answer:** Yes, we will need the social security card when you add a new spouse if there is a change in their name.
- **Local Gov:** If we have someone who does not use the social security card name right now, do we need to make a change or request a new card?
 - **Answer:** Put in the system the name that matches their social security card. That is our recommendation, and it will help you with PPACA compliance.
- **Local Gov:** So we cannot enter name changes ourselves through modify an employee profile?
 - **Answer:** You can still enter name changes yourselves for employees. This is a requirement for **dependents** we update. However, we recommend the same process for name changes you make yourselves for employees.
- **Higher Ed: Refresher on Transfer Process:** We had planned on discussing transfers on this month's ABC call. However, a few additional scenarios have recently been brought to our attention and we are still researching those. We recognize that you have many transfers this time of year, so we are working on finishing our research and will communicate information to you as soon as possible. Additionally, we will follow up on the next ABC call.
- **All Groups: Upcoming ABC Training**
 - **ABC Workshop:**
 - **Submitting updated documentation on the same Zendesk ticket**
 - **June 14: 1-2 p.m. Central time**
 - **New ABC Training**
 - June 27: Local Education: 9-11 a.m. Central time
 - June 27: State/Higher Education: 1-3.p.m. Central time
 - June 28: Local Government: 9-11 a.m. Central time
 - June 28: Session 2 - All Entities 1-3 p.m. Central time

Here is how to sign up for training:

1. Login in To Edison.
2. Navigate to ELM Menu >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.
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 Submit Enrollment in the bottom lower left corner.
7. Once you have enrolled, you will see the following message under your name at the top of the page.

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You have successfully enrolled in ABC Training Webinar/Workshop. This change in status will be updated on the All Learning page.

TRAINING QUESTIONS

- **Local Gov:** What is included in Session 2 on June 28? I missed some of that.
 - **Answer:** Data entry queries and eforms will be covered.

- **Local Ed/Local Gov: August 1 Deadline for Agencies to Change Dental/Vision:**
 - As a reminder, the deadline for agencies wishing to add (not already enrolled in the plan) or drop dental and vision coverage is **August 1**.
 - You must notify us in writing that you wish to **add vision and dental** coverage. Your notification letter to BA must:
 - Be on agency letterhead.
 - State your agency's intent to join the vision or dental plan.
 - Be approved by your governing body, if appropriate, and signed by your agency director.
 - Indicate your willingness to allow payroll deduction.
 - Please send your letter to Nakeisha Myles at nakeisha.n.myles@tn.gov. Your employees will be eligible to enroll during the annual enrollment period in October for coverage that will begin on January 1, 2019.

- **Dropping Dental or Vision:** If your agency would like to **drop dental or vision** coverage for the 2019 calendar year, BA needs a written notice sent to Nakeisha Myles by the **August 1 deadline**.

- **State: New Employee Orientation Schedule:** Benefits Administration is pleased to announce the New Employee Orientation. This orientation will provide new state employees with a break-down of their benefit options. The orientation will detail the different medical options and explain insurance terms, networks, the Behavioral Health/EAP program, dental, vision, life insurance, STD, LTD, and FSA. The orientation will cover how to enroll, deadlines, and where employees need to go for additional assistance. The official launch will be Monday, June 25th from 1-3 p.m. Central time. The orientation will be every Monday at the same time. We will communicate additional information via email so please stay tuned!

OPERATIONS QUESTIONS

- **Higher Ed:** How will passwords be reset during annual enrollment?
 - **Answer:** The process will be the same as last year. Users may reset their own password or set up their account using the link on the Edison homepage if they've never accessed Edison.

- **Higher Ed:** What do we do when someone terminates towards the beginning of the month? We have had problems in the past when they don't have enough earnings in Edison to take the deductions.

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- **Answer:** We have a query that we run to identify the individuals who are not going to have enough earnings. We are currently only running this once a month, which may be why some employees have been missed. We are updating our procedures to run this query more frequently throughout the month to make sure that we catch all of these situations.
- **Higher Ed:** Our agency has a new benefits contact who has been given access to Edison and completed HIPAA training but has no access to the benefits work center to enter employee enrollment. We have submitted the security form, but can't get access.
 - **Answer:** We will have a trainer reach out to you.
- **Higher Ed:** Will the Collections Applied report show a \$0.00 premium for all employees for the premium holiday or will the coverage be missing from the report?
 - **Answer:** The Collections Applied report will show a \$0.00 premium for all employees enrolled in medical.
- **Local Ed:** Can the Corrections and Clarifications form be uploaded through Zendesk?
 - **Answer:** Yes. You don't need to fax it.
- **Local Ed:** Will we receive an email to run the Collections Applied Report? I am not having luck trying to do it in Edison from the Nav bar.
 - **Answer:** Please submit a Zendesk ticket. Someone will reach out and help you.
- **Local Ed:** For some reason, I stopped receiving the Collections Applied Report email notification. Was this supposed to happen?
 - **Answer:** You should be getting it. If you are not, please submit a Zendesk ticket.
- **Local Ed:** Do we need to set it up again (Collections Applied Report)?
 - **Answer:** No. You should not need to. Please submit a Zendesk ticket, so we can look at it.
- **State:** The May 8th call notes stated HIPAA training for Local Gov was to be completed by 5/31. Was that the same due date for State?
 - **Answer:** No. You'll hear about your turn coming up. Each plan group gets a month to complete HIPAA training. Chanda Rainey, our privacy officer, will provide you the dates. We are in higher education's month right now. The state will complete the training in the month of July. You can go ahead and complete training early.

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- **Local Gov:** Will the Collections Applied Reports be automatically sent out again soon?
 - **Answer:** The issues that Edison had last month have been resolved. If you still don't have this issue resolved, please submit a Zendesk ticket or call our Service Center at 800.253.9981.

- **Local Gov:** The applied collections report is set up to go to email the 5th of every month. I think I messed it up. Can someone reach out to me and walk me through it? I have not gotten the report for June. I'd like to get that back set up correct.
 - **Answer:** Please submit a Zendesk ticket so we can resolve and get it tracked. Or, call our Service Center. They can put in a ticket for you.

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Materials and Communications

- **Annual Enrollment Updates**
 - **Enrollment Dates:**
 - **State and Higher Ed:** Oct. 1-12, ends at 4:30 p.m. Central time.
 - **Local Ed, Local Gov and Retirees:** Oct. 1-26, ends at 4:30 p.m. Central time.
 - **Annual Enrollment Newsletters:** Newsletters have mailed to state, higher education, local education and local government employees. Members are starting to receive them. Retiree newsletters dropped in the mail this week.
 - **State and Higher Ed: Annual Enrollment retiree letter:** We also want to let you know that retirees will receive a letter about their premiums and the premium holiday just before they receive their newsletters. A sample is attached.
 - **ABC Newsletter Pre-Orders:** Pre-orders for newsletters ended at 4:30 on Wednesday, September 5.
 - **State, Higher Ed and Local Ed:** If you missed the pre-order period, you can use an ABC order form to write in what you need. You will need to mail or fax the order form to the Admin team, per the usual process. **If you click the pre-order link in an “old” ABC email after the pre-order period ended, this will not work, and we will not receive your order.**
 - ABC newsletter orders will begin mailing the end of next week around Sept. 14. Because of a limited supply, you may not get the total number you asked for.
 - However, if you find that you will need additional copies, you can print them from our [website Enrollment Materials page](#) or use an ABC order form as instructed.
 - **Local Gov:** ABC newsletter orders will begin mailing the end of next week around Sept. 14. Because of a limited supply, you may not get the total number you asked for.
 - However, if you find that you will need additional copies, you can print them from our [website Enrollment Materials page](#). **We do not have any printed copies available left for you to order.** You will have to print additional copies from our website.
 - **ABC Annual Enrollment PowerPoint Presentations:** The Annual Enrollment PowerPoint presentations you can use to present 2019 benefits to your employees are posted on the [ABC webpage](#) by plan type, **State Plan, Local Education Plan and Local Government Plan, titled Annual Enrollment PowerPoint Presentation.**
 - There are two different versions: a PPT and a PDF. You can customize the presentation for your agency, but please do not change the premium or key benefit information. The notes section is the “script” and may include some additional information. You can share the PDF version directly with members (the PowerPoint version may be too large to email).
 - **The Tennessee Plan (POMCO/UMR) premium rates:** Will stay the same in 2019. Premium letters will be mailed to these members at the end of September.

Benefits

- **Higher Ed:** HSA Seed Funds

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- State employees and agency benefits coordinators (ABC) of the state, the University of Tennessee, and all Tennessee Board of Regents schools and universities should bring any issues related to seed funds to the attention of their ABC, and the ABC should contact Benefits Administration in writing by March 30th of the applicable year (or within 90 days of the employee's benefits effective date). After that, enrollment and seed funds issues are deemed settled and will not be researched further unless it is suspected/determined that an error occurred, which impacted employee funding.
- **State: HSA Seed Funds and FSA Process Reminders**
 - **HSA Seed Funds:** State employees and agency benefits coordinators (ABC) of the state, the University of Tennessee, and all Tennessee Board of Regents schools and universities should bring any issues related to seed funds to the attention of their ABC, and the ABC should contact Benefits Administration in writing by March 30th of the applicable year (or within 90 days of the employee's benefits effective date). After that, enrollment and seed funds issues are deemed settled and will not be researched further unless it is suspected/determined that an error occurred, which impacted employee funding.
 - **FSA Process Reminders:** State employees enrolled in a FSA should **review their paystubs regularly** to ensure they are correctly enrolled in the flexible benefits they wanted to enroll in, and that the **correct amount is being taken from each paycheck**.
 - Employees who detect an incorrect enrollment (*for example - are enrolled in parking/transportation flex benefits, but meant to enroll in a medical FSA*) have until March 30th of the current flexible benefits plan year to contact their agency benefits coordinator (ABC) for research and resolution (or within 90 days of their flex benefits effective date – whichever comes first). Such documentation must be in writing and provided to Benefits Administration upon request. After those 90 days, enrollment is set for the year and employees may not change or cancel enrollment unless they have a special qualifying event (SQE) as defined by IRS rules. The exception is parking and transportation flex accounts, where employees may change their contribution amount or cancel/start enrollment throughout the plan year.

HSA SEED FUNDS QUESTIONS

- **Higher Ed:** After the 90 days, say in July, and someone comes in and says “I never received my funds,” does that mean that they are forfeited? Also, do we not report it if after the 90 days?
 - **Answer:** Yes, unless we receive something from TBR, then yes, the funds are forfeited after the 90 days. No, you do not have to report anything to BA after the 90 days.
- **State:** Can you repeat dates on HSA seed funds?
 - **Answer:** You have 90 days from the beginning of the plan year to reach out to us if a member claims that he or she did not receive their HSA seed funds. The main issue we had with this was last year was due to two different Partnership CDHP plans, the No Partnership CDHP and the Partnership CDHP.

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Vendor Presentations

- **Optum:** Melissa Ward with Optum went over a resource for ABCs, the ABC Marketing eTool Kit, which you can find on the [ABC webpage](#) under Optum/Behavioral Health.
 - **Here is contact information for Melissa Ward at Optum:**
melissa.ward@optum.com, 612-632-5456.

OPTUM BEHAVIORAL HEALTH AND EAP QUESTIONS

- **Higher Ed:** If an employee calls in about stress or grief, will Optum representatives ask for the Edison ID number? I've had an employee who wanted to remain anonymous. If the call is confidential, why would he have to give it?
 - **Answer:** Yes, they do ask for the Edison ID, but the employee does not have to give it. By HIPAA law, the call is completely confidential. If the employee wants to access EAP services or behavioral health benefits, they will need to provide the Edison ID to process the claim. The information will never go back to the employer. If they want to use their EAP or BHO visits, we have to have their Edison ID.
 - **Follow up question:** So when the person answers the phone, do they explain this? He was afraid it was going to get back to the supervisor.
 - **Answer:** Absolutely. Also, if a dependent calls in and doesn't have the Edison ID, we will work around this situation.
 - **Higher Ed:** What is the process for an employee in a mental health crisis and what can be expected for help? I've had employees with children in crisis or they themselves need help. We are trying to understand the process. As an example, we have one person and it sounds like they were transferred to more than one department. We were under the impression that it was one EAP department, but after the employee was transferred to the third department, this person couldn't talk to someone else. The coordination doesn't seem to be working.
 - **Answer:** In general, the member will call one specific team. The team talks with the caller, will assess the issue, and connect the employee with the appropriate person to get the right care at the right time. What you have described is not how it should work. The member should not go through different departments, and all services through behavioral health are handled by one team that handles all of that. But it is hard to speak in generalities about this situation. You can call me to talk about offline. We will address this process on an upcoming call.
 - Contact Melissa Ward at Optum: melissa.ward@optum.com, 612-632-5456.
 - **Higher Ed:** Could you report back on the next call regarding the EAP question and confidentiality? There seems to be a disconnect. There might be a better way for the employee to get what they need.
 - **Answer:** Yes, we can. When members are calling us, having to give the Edison ID should not be a barrier. And if appointments are scheduled six months out and they are not able to get an appointment right away, we need to step in. If in a crisis, we need to get them into urgent care.
- **Cigna:** Sharon Tansil with Cigna presented information on health, dental, Healthy Rewards/Active & Fit, Telehealth and Omada.

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- Cigna has fliers available for your use for these programs (carrier networks, Active & Fit, Telehealth and Omada). Cigna representatives are bringing these to benefits fairs. ABCs can also call Celeste at 615-595-3134 and she will forward a zip file to you.

CIGNA QUESTIONS

- **State:** For the gym membership fee, is that per employee and dependent or per family?
 - **Answer:** The initial registration fee of \$25 and the monthly fee of \$25 are per individual, for each person who is going to participate in the gym membership.

OPERATIONS QUESTIONS

- **Higher Ed:** When will we have a vendor presentation about life insurance options, and are there any changes?
 - **Answer:** Securian Financial (MN Life) will present during the September 25 ABC conference calls. We do have one change to basic term life insurance coverage levels. We will now have four levels of premiums to match our other programs (medical, dental and vision). The new level is employee plus spouse. The 2019 premium chart has the respective rates for each of those levels for next year. You can find it on the website, [on the Premiums page](#), under Life Insurance Premiums.
- **Higher Ed:** Do you have to have a chronic disease to enroll in the Omada program?
 - **Answer:** The program is a diabetes prevention program and the goal is to prevent a diabetes diagnosis. There is an application process that members must go through to determine if they are eligible. There is more information on the website [DPP page](#). If a member has diabetes, they will have access to a disease management program starting in January 2019. We will go into more details about the new wellness program on the November and December calls.
- **Higher Ed:** Is there any more news on what they have to do for wellness?
 - **Answer:** The new wellness program is not tied to any health plan enrollment. Participation will be completely voluntary and employees in any health plan can participate. We are working on materials now with our new vendor, ActiveHealth. State and higher education employees will have a variety of options (activities and programs) on how they can earn the \$250. ActiveHealth will participate in ABC calls to talk more about the program, and we will start to send information out toward the end of the year with more details. Members won't be able to do anything until Jan. 1, 2019.
 - **Follow up question:** You are talking about the splash page; they have to wait until December to get details?
 - **Answer:** Correct, members will get more information in December as they can't do anything until Jan 1.
 - We will introduce the ActiveHealth team to you and Wellness program details on the November and December calls.
- **Local Ed:** When will SBCs be available?
 - **Answer:** SBCs will be available online Sept. 30 on the [Summary of Benefits and Coverage page](#).

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- **State:** An employee was told by a case manager that if she terminated, she could continue her short term disability coverage, but if she resigned, she would not be able to continue this coverage. She is out on STD medical coverage right now.
 - **Answer:** First, an employee must be covered under the disability plan for one year before he/she is able to convert coverage whether due to termination or resignation. So, there is no difference whether the person resigns or is terminated. If a person is on a claim and employment ends (regardless of termination or resignation), and the person has been covered under the disability plan for one year, they can convert after employment ends as long as they do so within 30 days. If they have not been covered for one year, they will still receive benefits until they end, but cannot convert coverage.

- **State:** We are having problems getting into Zendesk?
 - **Answer:** We can have one of the training analysts call to help you directly.

- **Local Gov:** TN Alliance for Legal Services has not received the enrollment materials that I ordered. Will you confirm they are on the way?
 - **Answer:** They are packaging them up now and will mail out this week. We are shipping them all by Friday, Sept. 14.

- **Local Gov:** We have an employee who is terminally ill and has BlueCross Premier PPO coverage. He has asked what kind of "end of life care" this insurance provides. I am wondering if this insurance pays for palliative care or hospice care when his condition gets worse. I have given him a flier about EAP and explained that they can help his family with counseling, legal help (like a will) and financial planning.
 - **Answer:** Our insurance has hospice care and BCBS can help with finding a hospice provider. You can submit a Zendesk ticket or call the service center at 800-253-9981 and we can help with any additional questions you may have.
 - Also, our member handbooks and plan documents found on the [publications page](#) contain information on "hospice" and other covered expenses. Also, our benefits grids, found on the website on the [Health Options](#) and Enrollment Materials pages, give you an overview of what is covered for members.
 - We will discuss additional resources and where you can find this type of information for your members on an upcoming call.

- **Local Gov:** I have an employee who is pregnant and is on the CDHP insurance. If she opts to change to the Premier PPO insurance, how does this work since her due date isn't until March?
 - **Answer:** It is best for the member to call in if she has additional specific questions, especially if she is thinking about changing carriers.
 - Claims will process under the plan the member is enrolled in at the time of delivery.
 - If the member switched to the Premier PPO for 2019, with the labor and delivery charges occurring in 2019, those charges would still be subject to deductible and coinsurance, but would be less under the Premier plan as compared to the CDHP.
 - If the member has funds in her HSA, she could use remaining HSA funds to pay for out of pocket expenses incurred under her new plan – the Premier PPO.
 - Reminder: Once the member drops enrollment in the CDHP, the state will no longer pay her monthly HSA administrative fee. The fee (currently less than \$5 per month

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but may change from year to year) becomes the member's responsibility and will be deducted by PayFlex from her HSA each month. Deductions for the administrative fee continue for as long as the HSA remains open or until the funds are depleted or the account is closed/transferred.

- **Local Gov:** Will there be a list sent out regarding what hospitals are not accepting either BCBS or Cigna LocalPlus in TN?
 - **Answer:** We don't have a list of hospitals that are not accepting BCBS Network S or Cigna LocalPlus or OAP members, but we do have the 2018 and 2019 in-network hospital lists on our website on the [Carrier Information page](#).

- **Local Gov:** Are there any changes with the UMR/POMCO coverage or rates?
 - **Answer:** The rates are staying the same and letters will mail out at the end of the month to members. There are no changes in The Tennessee Plan benefits. However, Medicare may have changes that will need to be reflected in our member handbook. It is usually after Thanksgiving before POMCO knows about the annual changes.

- **Local Gov:** When a child reaches age 26, when is the parent notified they are no longer eligible? For example, does the child stay on until the next enrollment period or will he or she be terminated upon turning 26?
 - **Answer:** The coverage will end in the month that the dependent turns 26; the dependent will have coverage through the end of the month. The parent (HOC) will receive a notice that the child will be removed, and a COBRA notice will be sent in the mail after they are removed.

- **Local Gov:** When calling Benefits Administration for a general question, which option do you select?
 - **Answer:** Option 6 if for an active scenario or Option 2 for retirement.

- **Local Gov:** What if you go to a doctor and they don't fill out insurance claims and if you want to submit a claim for insurance, but they are not sure they (the carrier) will take it? Who do they talk to or clarify the situation about this?
 - **Answer:** In-network providers are contractually obligated to file claims. If the provider is out-of-network, the member would have to file the claim. Claims are always subject to medical necessity. The doctor can submit a pre-determination request if they are trying to find out if the services will be covered. Have the services been received?
 - **Follow up:** Yes, the services have been received. They needed to go the doctor and they didn't realize the provider didn't submit claims.
 - **Answer:** Since services have already been received, if the billing provider is in-network, they have to submit the claim. If the provider is out-of-network, the member can file the claim directly. The member can contact the carrier directly and work with them to get the claims submitted. Claims forms for each carrier are found on their websites.

- **Local Gov:** Can you only get mycigna.com on the website, or can you set it up on the app?
 - **Answer:** Yes, you can access and set it up on both.

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Materials and Communications

- **Annual Enrollment Updates**
 - **Enrollment Dates:**
 - **State and Higher Ed:** Oct. 1-12, ends at 4:30 p.m. Central time
 - **Local Ed, Local Gov and Retirees:** Oct. 1-26, ends at 4:30 p.m. Central time
 - **Annual Enrollment Newsletters:** Newsletters have mailed to all groups including retirees.
 - **Website:** Information, tools and resources have been updated for 2019:
 - You can find 2019 enrollment materials under Annual Enrollment, [Enrollment Materials](#), including links to health plan comparison grids under Insurance Comparison Charts:
 - [2019 Health Options for State and Higher Education](#)
 - [2019 Health Options for Local Education and Local Government](#)
 - **Active employees:** We have posted additional enrollment information for active employees on the [About Enrollment page](#).
 - **Retirees:** We have a new page for retirees under Annual Enrollment, titled [For Retirement](#).
 - Find [Premiums](#) charts for all benefits on the premiums page.
 - Find a link to updated [videos about 2019 benefits](#) on the home page.

Vendor Presentations

- **Higher Ed/State:** **MetLife Dental and Disability:** Debbie Skelley and Julie Salomone with MetLife presented information about MetLife's dental plan and disability benefits.

METLIFE DISABILITY PLAN QUESTIONS

- **Higher Ed:** When should a person contact you to file a claim for pregnancy?
 - **Answer:** They can call it in before their due date. The earliest date you can call in to begin the claims process is 30 days prior to the due date.
- **State:** If an employee signed up for Short Term Disability (STD) last year and wants to enroll in Long Term Disability (LTD) this year, does the employee need to fill out the statement of health (SOH)?
 - **Answer:** The employee will need to complete the Supplemental Enrollment Form (found on the [MetLife website](#) by plan type under Documents) that includes five questions about the person's medical history. MetLife may determine that additional information is needed and will notify the applicant.
- **State:** Is there a waiting period that an employee has to wait after enrolling in STD and LTD?
 - **Answer:** Coverage will begin after one full calendar month of employment and the employee is actively at work on that date.
 - There are also elimination periods (often referred to as a waiting period) for STD and LTD which must be satisfied before benefits will begin to be paid.
 - On the STD plan, the employee can choose either a 14 or 30 day elimination period. Coverage won't begin until that time is satisfied. The coverage could

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- take you right up to the LTD coverage after satisfying your elimination period.
 - On the LTD, the employee can choose either a 90 or 180 day elimination period, depending on what plan you are in.
 - There is also a pre-existing condition period with the LTD plan. If they file a LTD claim, they will be asked about pre-existing conditions that could impact the claim.
- **Local Ed/Local Gov: MetLife Dental:** Debbie Skelley and Julie Salomone with MetLife presented information about MetLife's dental plan.
- **BlueCross BlueShield (BCBS):** Amy Jordan with BlueCross BlueShield presented what BCBS offers our members (medical coverage, Telehealth (PhysiciansNow), ID protection and Blue365/FitnessYourWay).

BLUECROSS BLUESHIELD QUESTIONS

- **Higher Ed:** Are the additional benefits such as gym benefits available to a dependent living out of state?
 - **Answer:** Yes, as long as they are 18 years of age or older, but the dependent would need to enroll themselves in this benefit.
- **Local Ed:** My question is regarding global care. Is there a list of countries so that a member can get coverage overseas?
 - **Answer:** There is a flier on the website that explains out-of-country care: https://www.bcbst.com/members/tn_state/member-materials.page (flier is called Global Core).
 - If you are traveling on business or vacation, you will have access to providers. A listing of providers can be located at the following link: <https://www.bcbsglobalcore.com/Account/Login?ReturnUrl=%2F>
 - The State of Tennessee designs the benefits, and you can find more information on the [ParTners for Health website](#) under **Publications** in the handbook and the plan document. As a reminder, you cannot travel out of country for specific treatments.
 - **Follow up question:** I have a son who plays basketball over there. I called the BCBS call center, and they said that he would not be covered.
 - **Answer:** You can send me an email at amy.jordan@BCBST.com, and I will follow up with you directly.
- **State:** For FitnessYourWay, it says a nationwide network of gyms. Does that mean your \$29 a month covers access to more than one gym, or within that network of gyms, you pick which one fits you best?
 - **Answer:** It is a network, so that \$29 gets you access to any gym that participates within that network. The network has gyms and fitness centers within the United States. They will give you a card that you scan at the any of the gyms located on our website.
- **Local Gov:** Please tell us again what you can do with the mobile app?
 - **Answer:** You can look at your ID card, can check your member balances and search for care. You can download it or if you need any help, you can contact member services and they can walk you through how to download and use the app.

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Operations

- **Higher Ed/Local Ed/Local Gov: Benefit Eform for Annual Enrollment:** In preparation of Annual Enrollment, we wanted to remind you that during Annual Enrollment you have the ability to key Benefit Eforms for your employees. We recommend this option for those that may have difficulty enrolling via ESS. The functionality is the same as creating a Benefit e-form for new hires. You will also be able to attach the dependent verification to the form.

- **Service Center Metrics/Customer Service Rating**
 - **August 2018:**
 - Tickets via Email: 762
 - Tickets via Self-Service: 4,485
 - Tickets via Phone: 6,337
 - Tickets via Chat: 155
 - Total: 11,739
 - **Satisfaction Score: 97.6%**

 - **August 2017:**
 - Tickets via Email: 583
 - Tickets via Self-Service: 2,321
 - Tickets via Phone: 5,646
 - Total: 8,555
 - **Satisfaction Score: 93.3%**
 - We received about 700 more calls this year as compared to last August. Total interactions increased by over 3,000.
 - We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.
 - If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for August was 97.6% percent, up from 93.3% last June.

- **State: ESS Participation Rates:**
 - ESS % for July: 91%
 - YTD: 92%

- **All Groups: Upcoming ABC Training**
 - **ABC Workshop:**
 - **Queries to Run During Annual Enrollment**
 - **September 20: 1-2 p.m. Central Time**

 - **New ABC Training**
 - September 26: Local Education: 9-11 a.m. Central time
 - September 26: State/Higher Education: 1-3.p.m. Central time
 - September 27: Local Government: 9-11 a.m. Central time

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- September 27: Session 2 - All Entities 1-3 p.m. Central time

- **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 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 Submit Enrollment in the bottom lower left corner.
 7. 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.

OPERATIONS QUESTIONS

- **Higher Ed:** If employees are not going to make any changes, do they have to get in Edison?
 - **Answer:** No, if they are not going to make can any changes, then they don’t have to log in to Edison.

- **Higher Ed:** Are we not using Zendesk to upload?
 - **Answer:** You can use Zendesk to upload dependent verification documents if you are collecting them on behalf of your employee. If employees are using ESS, they have the opportunity to upload the documents directly into ESS in Edison. We will accept the documents directly in Edison or Zendesk, or by fax to 615.741.8196.

- **Higher Ed:** I submitted a divorce decree for an employee. How long does it take for legal to review so their enrollment can be corrected?
 - **Answer:** In early August, we began a new process with divorces where management is reviewing the divorce decrees. Part of this process change requires the entire final divorce decree to be submitted instead of the first and last page as we have accepted in the past. The service level agreement on divorces is now similar to how we handle appeals where we try to turn it around as fast as possible but sometimes it may take up to 10 business days. We continue to work to streamline this new process.

- **Local Ed:** Do members who are continuing their enrollment in the Local CDHP/HSA plan for 2019 need to login and select the Local CDHP/HSA plan again in order to be re-enrolled?
 - **Answer:** Local Education members wishing to remain in the Local CDHP/HSA plan for 2019 will not need to take action during Annual Enrollment. The 2019 Annual Enrollment newsletter is referring to making changes to the HSA amounts for 2019.

- **Local Gov:** When will the 2019 Eligibility and Enrollment guides be updated on the Enrollment Materials page? It currently has 2018.

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- **Answer:** The 2019 versions will be posted in mid-November. The 2018 Eligibility and Enrollment guide currently on the website is for any new hires you may have. We have removed the 2018 version from the Enrollment Materials page to avoid confusion and you can now find it on the Publications page. You can use the [Annual Enrollment newsletter](#) on the website for 2019 benefits.
- **Local Gov:** Will the training for queries to run be available on demand or during some other time frame? There is a TN SHRM conference is at that same time.
 - **Answer:** After the training on Thursday (Sept. 20), we will post the presentation slides on the ABC webpage.

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Materials and Communications

- **Annual Enrollment Updates**
 - **Enrollment Dates:**
 - **State and Higher Ed:** Oct. 1-12, ends at 4:30 p.m. Central time
 - **Local Ed, Local Gov and Retirees:** Oct. 1-26, ends at 4:30 p.m. Central time
 - **The Tennessee Plan (POMCO/UMR) letters:** Premium letters mailed to members this Wednesday, Sept. 26. As a reminder, premium rates will stay the same in 2019.
 - **Annual Enrollment Employee Webinars:** We are holding Annual Enrollment webinars to help members learn about their benefits and answer their questions.
 - Dates and times are on the screen. Members do not have to pre-register. They can go to the [About Enrollment page](#) on the website, scroll down to the **Click here for instructions on how to join.**
 - **State and Higher Education (all Central time)**
 - Monday, Oct. 1, 10-11 a.m.
 - Wednesday, Oct. 3, 1-2 p.m.
 - Monday, Oct. 8, 9-10 a.m.
 - **Local education and Local government (all Central time)**
 - Thursday, Oct. 4, 1-2 p.m.
 - Wednesday, Oct. 10, 3:30-4:30 p.m.
 - Thursday, Oct. 18, 10-11 a.m.
 - Wednesday, Oct. 24, 3:30-4:30 p.m.
 - We emailed ABCs a flier on Wednesday, Sept. 26, you can share with your employees.
- **Cigna Network Update**
 - Cigna and Tenet have terminated their relationship effective 1/1/2019
 - St. Francis in Memphis will be out-of-network (OON) 1/1/2019 Open Access Plus. It was not in the LocalPlus Network.
 - Some outpatient surgery centers will be OON 1/1/2019 for LocalPlus.
 - Some physicians, surgeons, anesthesiologists and outpatient surgery centers will be OON 1/1/2019 for Open Access Plus.
 - A list of each networks impacted providers and facilities has been updated on the [ParTNers for Health website under Carrier Information](#). Cigna has created an addendum to go with their 2019 hospital lists. You may need to clear your cache to see the updated lists.
 - Additionally, McKenzie Regional Hospital in Carroll County will close officially on 9/30/18. This affects both Cigna and BlueCross BlueShield members. There may continue to be some outpatient services offered under a different administrator, but the hospital inpatient services will no longer be available.

CIGNA NETWORK QUESTIONS

- **Local Ed:** Can you repeat those hospitals that are in-network for LocalPlus and Open Access Plus in the Memphis area?
 - **Answer:** For Open Access Plus, Delta Medical Center, Lebonheur Children's Medical Center, Methodist hospitals, Regional Medical Center and St. Jude Children's hospital.

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- For Local Plus, Lebonheur Children's Medical Center, St. Jude Children's Hospital, Methodist hospitals and Regional Medical Center.
- **Local Ed:** What is the website for the network updates for Cigna?
 - **Answer:** Go to Cigna.com/stateoftn. You can always go to the [ParTNeers website and the Customer Service page](#) to find vendor website information.
- **State:** When will we know for sure about Cigna?
 - **Answer:** We don't know. The best assumption is to make carrier and network selections based on these providers not being in the Cigna networks. We may not have a definite answer until well after Annual Enrollment and possibly closer to the end of the year. We will update everyone if we hear of any changes.

Vendor Presentations

- **Davis Vision Presentation:** Larry Sheehan, director of national accounts with Davis Vision, gave us a vision plan update.

VISION QUESTIONS

- **State:** I had heard through an employee that there is not a coordination of benefits with the vision plan. I think, Cigna and BCBS offer free eye exams. If you have an issue, the health insurance often picks up.
 - **Answer:** That is true, the vision benefit is the benefit and there is no coordination of benefits with this contract. For reference, coordination of benefits was not included in our prior contract with EyeMed.
 - **Follow up information:** When does our health insurance (BCBST or Cigna) cover vision services?
 - **Answer:** Members will have a cost for vision services under BCBST and Cigna unless it's for an in-network screening billed as preventive. A vision screening might be billed as preventive. But a refractive eye exam to determine the need for glasses or contacts is not preventive and is not covered under medical insurance (except in a post-cataract surgery scenario). A vision screening is a relatively short examination that can indicate the presence of a vision problem or a potential vision problem but it cannot diagnose exactly what is wrong with someone's eyes. Vision screenings typically take place in a primary care office setting and may lead to the doctor advising that the patient needs to make an appointment with an ophthalmologist or optometrist for a more comprehensive eye exam.
 - Here's a list of vision services covered by our health insurance plans:
 - The first contact lens or lenses or pair of eyeglasses (no tinting or scratch-resistant coating) purchased after cataract surgery (including examination charge and refraction).
 - Multiple pairs of rigid contact lenses that are determined to be medically necessary by the claims administrator and prescribed only for the treatment of diagnosed keratoconus. Intrastromal corneal ring segments (ICRS) for vision correction is also covered with a diagnosis of keratoconus when certain medical appropriateness criteria are met.
 - Vision screening (not including refractive services and supplies) per plan year.
 - Routine screenings among the elderly is considered medically necessary for Snellen acuity testing and glaucoma screening. Refractive examinations to

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determine the need for glasses and/or contacts are not considered vision screenings.

- Artificial eyes - the initial purchase, and subsequent purchases due to physical growth for a covered dependent through age 18, or as a result of injury or illness.
 - Office visits to a physician that are due to an injury or illness - although this benefit isn't specific to vision, an injury or illness of the eyes would fall under this broad category.
- **Local Gov:** Is there any hope to have Lens Crafters added to in-network?
 - **Answer:** No, they are owned by our competitor and highly unlikely we would have them in our network.
- **Local Ed/Local Gov: Local CDHP/HSA Reminders Presentation:** Keith Athow, our director of pharmacy, FSA & HSA, went over important reminders about the Local CDHP/HSA.
 - **State/Higher Ed: CDHP/HSA and FSA Reminders Presentation:** Keith Athow, our director of pharmacy, FSA & HSA, went go over important reminders about the CDHP/HSA and FSAs.

CDHP/HSA and FSA QUESTIONS

- **Higher Ed:** Is the set up automatic to pay a claim from your mutual funds (investment funds)? For example, what happens if you have a larger claim and you need to pull that money out, does it automatically transfer the funds?
 - **Answer:** If you have a claim larger than what is in your deposit account, you will have to sell some of the investments and move the money into the deposit account in order for the claim to be paid.
- **Local Ed:** If a member is currently enrolled in a FSA and they enroll in the CDHP, and the FSA ends March 1, can the member, at that time set up HSA deductions? Is that a qualifying event at that time?
 - **Answer:** If they have funds in their FSA at the end of 2018, then they cannot contribute to the HSA until April 1, 2019. The employee would need to use of all of their FSA funds by 12/31/18, and then he or she can open and use the HSA on 1/1/19. If the member has not used up all of their FSA funds by 12/31/2018 and the FSA has a zero balance, the member cannot open and begin funding the HSA until April 1, 2019.
- **Local Ed:** When an employee continues coverage with the CDHP at retirement, do they have the admin fees with the HSA that you spoke of?
 - **Answer:** No, the state continues to pay these for active employees and retirees who stay enrolled on the state group health insurance plan. The only people who pay the admin fees are those who move to a retail account. The state pays the monthly admin fees for active employees and retirees. The only time a plan member would have to pay is if they terminate enrollment in the CDHP and leave funds in their HSA, they leave coverage altogether, or go on COBRA and then they have to pay the monthly administrative fees. If enrolled in the CDHP and you have funds in the HSA and you move to a PPO, then your account changes to a retail account. Then you would have to pay the admin fee which is less than \$5 a month.

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- **State:** If an employee currently has a CDHP/HSA for plan year 2018, and switches to a PPO plan for 2019, what happens to the HSA? Can it continue to be used for eligible healthcare expenses in 2019?
 - **Answer:** Yes, if you have funds in your HSA and you enroll in the PPO, your funds stay in the HSA until you use them up. As a reminder, if enrolled in the CDHP, the state pays the admin fees (like a bank account). If you leave the CDHP and enroll in the PPO, you are no longer enrolled in that plan type and you move to a retail account – you will have to pay the monthly admin fee and PayFlex will automatically deduct the fee which is less than \$5 per month. You will have to use the HSA funds for health expenses and you can continue to use the debit card for your expenses. But you can no longer contribute to the HSA if enrolled in the PPO.

- **State:** We received many complaints due to someone using their debit card for copays and then having issues having to keep proving it was for a copay at a doctor's office. Easy way to get around this?
 - **Answer:** No, there is not. This is something PayFlex is required to do as they could be audited by the IRS and they have to make sure the funds are used only for IRS approved healthcare expenses. The state and plan members get tax breaks, so PayFlex is required to have documents on hand that any funds taken out of the FSA were used for healthcare expenses. PayFlex does receive copay tables and those are updated regularly. If the amount is different, it would need the substantiation. Typically, flat dollar copays should go right through.

- **Local Gov:** How will the HSA be handled when an employee goes from the CDHP to a PPO?
 - **Answer:** If they disenroll, the funds that remain, the employee can keep and use for qualified healthcare expenses. If the employee uses them for a non-qualified IRS health care expense, the employee will pay their regular income tax on that amount plus pay a 20% penalty. After age 65, they can spend the funds on anything and will still have to pay taxes, but no penalty. The employee will also still have a debit card for HSA funds, but they can't contribute to the HSA. The employee would have to be under a qualified CDHP to contribute. Also, if the employee moves from the CDHP to PPO, the state will no longer pay the administrative fees, which is less than \$5 per month.

- **Local Gov:** In the same scenario, you then enroll in a FSA, is that too is that a big complication?
 - **Answer:** No, if you enroll in the CDHP now, you cannot enroll in a general purpose medical FSA but you can enroll in a limited purpose FSA, if you have one available. You can continue to use the limited purpose FSA for dental and vision expenses. You cannot enroll in a CDHP/HSA and general FSA. But if you move to the PPO you will be able to enroll in the general medical FSA.

- **Local Gov:** We have been depositing the full amount for all new employees going onto the HSA, no matter what time in the year it is. Is that the way we are supposed to do that? We give each employee on the HSA plan \$1,500 per year. So, if a person is hired on 1/1/2018, we deposit \$1,500 to their HSA. But then someone else hires in on

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7/1/2018 and we also deposit \$1500 to their HSA. I was told a couple years ago that we couldn't discriminate and only give the person who was hired on 7/1/2018 half of that amount.

- **Answer:** Employers have the ability to add seed funds or not add seed funds to their employees' HSAs - that is up to the individual employer. Whatever amount they want to add is also up to them (as long as it does not exceed the IRS maximum contribution amount for the HSA for a particular year). Regarding whether to prorate contributions of seed funds that also is a decision that lies with the employer. The important thing to remember is that all employees must be treated equally and the employer may not pick and choose what pro-rated seed funds will be added to each employee's HSA. If they prorate, then they must pro-rate equally to everyone. For example, an employer may choose to add \$1,500 to someone who is enrolled in the CDHP in January (12/12ths of the total applicable seed funds), but only 11/12ths for someone who starts coverage in February, 10/12ths for someone who starts coverage in March, and so on. In this example, everyone is treated equally. Or, an employer may provide the full \$1,500 seed funds for anyone who starts the CDHP at any time during the year. But you may not pick and choose who gets different seed funds without there being a uniform rule of sorts in your internal plan provisions. BA is not able to provide tax advice, so check with your agency's tax advisor and also refer to the following IRS Notices for additional information:
 - IRS Notice 2004-50, Q&A #46 and Q&A #48, and HOPE Act, Section #306
 - IRS Notice 2004-02, Q&A #32
 - IRS Notice 2004-02, Q&A #30
 - IRS Notice 2004-50, Q&A #21
 - IRS Notice 2004-50, Q&A #82
- **State/Higher Ed: Securian Financial (MN Life) Presentation:** Michael Kretman, marketing specialist with Securian Financial, is also here today to go over all of the life insurance options available to members.

SECURIAN FINANCIAL LIFE INSURANCE QUESTIONS

- **Higher Ed:** When children age off of the child term life insurance rider, we are having trouble getting payments to stop. The child is staying on the coverage and the parents have to call to stop the coverage. For some members, it not a smooth transition, they don't think about it and as the ABC, we don't know. It seems like there is too much money paid for children and not much benefit and we don't know about the child term rider.
 - **Answer:** The reason we need the parents to call Securian Financial is that Securian doesn't store child ages, so they need to contact us when their youngest child reaches age child 26. Otherwise we have no way of knowing when the last child ages off of coverage. The best way is to call our customer service at Securian Financial (Minnesota Life) at 866.881.0631, Monday - Friday, 7-6 Central time.
- **Higher Ed:** I have a question about porting and conversion as we are a little unclear. Can you only convert the term life or can you covert term and basic?
 - **Answer:** You can continue (Port) or convert the voluntary term life. Only conversion is available for basic term life. Basic AD&D is not eligible for

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conversion. When basic term life terminates, you can convert to another policy, but there is no portability for basic term life.

- **Follow up question:** So you are saying you can convert the basic to a private policy?
 - **Answer:** Yes. You can convert the Basic Life to an Individual policy.
 - **Question:** So if I had \$100,000 of voluntary term life insurance for example, \$50 per month, would it be for example \$50,000 for \$50 per month?
 - No, it would be for example \$25 for the \$50,000 of coverage in this example scenario.
- **Higher Ed:** Did the voluntary term life insurance portability change to being limited to 50% change on 1/1/2018?
 - **Answer:** Yes. Here is information about portability on the website: An enrolled employee or spouse may Continue (Port) one-half (1/2) of the Voluntary Term Life Insurance coverage he or she had at the time of leaving active employment due to retirement or termination. The minimum amount of continued coverage is \$5,000 and the maximum amount is \$250,000. Continuation of coverage is not available if the reason for the cancellation of coverage was due to non-payment of premiums. Also, Continuation of Coverage (Portability) is only available to an employee or spouse under the age of 70. If 70 or over, Conversion to an individual policy is available.
 - **Higher Ed:** For Annual Enrollment in voluntary term life, are there no health questions for current health questions wanting to sign up?
 - **Answer:** No, for those currently not participating, they will have to answer Evidence of Insurability questions (EOI). Instructions are found on the [ParTNers website on the Life Insurance page](#) and in Edison. For those currently participating in the plan who receive a letter about the \$5,000 increase, they do not have to answer additional questions.
 - **Higher Ed:** When should employees expect to receive the letters about the \$5,000 voluntary term life insurance increase?
 - **Answer:** Those dropped on Monday (Sept. 24) so within the next 5 days.

Operations

- **Higher Ed/Local Ed/Local Gov: Benefit Eform Reminder:** In preparation of Annual Enrollment, we want to remind you that during Annual Enrollment you have the ability to key Benefit E-forms for your employees. We recommend this option for those that may have difficulty enrolling via ESS (or those who have limited access to a computer). The functionality is the same as creating a Benefit e-form for new hires. You will also be able to attach the dependent verification to the form.
- **Upcoming ABC Training**
 - **New ABC Training**
 - September 26: Local Education: 9-11 a.m. Central time
 - September 26: State/Higher Education: 1-3 p.m. Central time
 - September 27: Local Government: 9-11 a.m. Central time
 - September 27: Session 2 - All Entities 1-3 p.m. Central time

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- **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 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 Submit Enrollment in the bottom lower left corner.
 7. 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.

QUESTIONS

- **Higher Ed:** What is the rule on pregnancy and Short Term Disability (STD) for example if someone enrolls during Annual Enrollment and already expecting, but they don't deliver until after Annual Enrollment? If someone is not pregnant and they sign up for coverage – is there a waiting period?
 - **Answer:** To clarify, STD and Long Term Disability (LTD) are both guarantee issue for a newly hired employee who enrolls in a timely manner. Subsequently, if you experience a SQE during the year and decide to enroll in either coverage at that time, you will have to answer a full medical questionnaire.
 - For the 2019 Annual Enrollment, only those who chose NOT to enroll during last year's disability Open Enrollment for either STD (State & Higher Ed) or LTD (State only), or want to increase the coverage option for which you are currently enrolled will have the option to enroll during this Annual Enrollment by completing a Limited Medical Questionnaire consisting of five questions. You can view the form and questions here:
 - The Supplemental Enrollment Form PDF with the limited medical questions can be found here for State:
<https://www.metlife.com/stateoftn/disability/state/documents/>
 - The Supplemental Enrollment Form PDF with the limited medical questions can be found here for Higher Education:
<https://www.metlife.com/stateoftn/disability/highered/documents/>
 - If a person who is pregnant and enrolls during the 2019 Annual Enrollment and is approved and subsequently delivers after January 1 when the coverage goes into effect, the STD will pay as normal as there are no Pre-existing Condition Limitations, and, provided the employee was at work on the day the coverage became effective.
 - There are no Waiting Periods for STD coverage. There are Elimination Periods (14 or 30 days) which must be satisfied before benefits will begin to be paid after exhausting all Annual, Sick, and Compensatory Leave (NOT SICK BANK.)
 - We have attached a Q&A about STD and pregnancy to help answer any questions you may have.

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- **Higher Ed:** Can you tell us when the 2019 guide will be available online?
 - **Answer:** The 2019 Eligibility and Enrollment guide will be posted in mid-November.

- **Local Ed:** Regarding Cigna networks, just to confirm, if a college student is in Tuscaloosa, Alabama, which is not in the Cigna LocalPlus network, then the dependent could use the Open Access Plus network for doctors in that area while away at school, correct? Or, if someone is traveling, out of the middle Tennessee area and there is not a LocalPlus hospital/provider available, then the member can use the Open Access Plus network as well, correct?
 - **Answer:** Correct, if you are enrolled in the LocalPlus network, but you travel or are outside of the LocalPlus service area, you have access to Cigna's national "Open Access Plus" network of providers.

- **Local Ed:** For new hires with effective of coverage with new hire date of 10-1-18, will they have the opportunity to participate in annual event open enrollment?
 - **Answer:** Yes, they will have the opportunity to enroll. We suggest that you get them hired in their new hire event as soon as possible so we can open and close their new hire event. If it is later in the month, you can submit a paper form for their 2019 benefits selections.

- **Local Ed:** So we cannot fax documents, we have to go through benefits Eforms or ESS?
 - **Answer:** That is true for any benefit open enrollment event and the member has to go through ESS or the ABC can submit in benefits Eforms. The only time you can submit a paper is if they are a new hire and they haven't had time to submit the enrollment in ESS or a benefit eForm.

- **Local Ed:** Employees will still be able to fax in dependent verification documents during Annual Enrollment?
 - **Answer:** Yes, they can fax it in, upload in ESS or they can use Zendesk.

- **Local Ed:** Are the instructions to logging into Edison are on the Edison page?
 - **Answer:** Yes, the First Time login instructions are on the Edison homepage (www.edison.tn.gov). Members can also find general login instructions on the [About Enrollment page](#) and we have videos to help them enroll on the [video page](#).

- **Local Ed:** Do we have a list of reports to run?
 - **Answer:** There are queries to run and the presentation has been posted on the [ABC webpage](#) under Training.

- **Local Gov:** If we missed the training last week for the queries to run during Annual Enrollment, is there a recorded message we can watch?
 - **Answer:** Not a recorded meeting, but the presentation is posted under Training on the [ABC website](#). You can also reach out to a trainer

- **Local Gov:** The Premier PPO plan does not require health coaching, a questionnaire or a physical. At some point in the future, will you require this again for one of the plans?

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- **Answer:** No, it is not required in 2019, and not for the foreseeable future. As a reminder, the wellness program is not tied to any health plan. Local Education members will have access to a disease management program as well as the Diabetes Prevention Program. We'll have more details on both programs later in the year.

- **Local Gov:** If employees have no changes in 2019, are there any updates required?
 - **Answer:** No, no changes required. Current coverage selections will rollover to 2019.

- **Local Gov:** We have an employee whose last day is 9/29, should we enter his term date as 9/30?
 - **Answer:** Yes, that will allow him to have insurance through 10/31.

- **Local Gov:** I have an employee who is on her spouse's insurance with her employee and that coverage will end Oct 8 because the employment will end. When will her new coverage start? Oct 9 or does she have to wait?
 - **Answer:** She has a choice. If her coverage ends Oct. 8, she can choose Oct 9 or the first of the following month. If she enrolls October 9th, she will have to pay premiums for the entire month of coverage.

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Materials and Communications

- **Annual Enrollment Updates:** Annual Enrollment started October 1.
 - **Enrollment Dates:**
 - **State and Higher Ed:** Now to Oct. 12, ends at 4:30 p.m. Central time.
 - **Local Ed, Local Gov and Retirees:** Now to Oct. 26, ends at 4:30 p.m. Central time.
 - **Annual Enrollment Flier:** On Oct. 1, we emailed ABCs a flier that you can share with your employees.
 - **Cigna Hospital lists:** The Cigna Open Access Plus (OAP) and Cigna LocalPlus hospital lists on the ParTners for Health website under [Carrier Information](#) have been updated. Cigna has created an addendum to go with their 2019 hospital lists, and you can also find these addendums on the website. You may need to clear your cache to see the updated lists.
 - **Employee Webinars:** Our employee webinars continue. The dates and times are on the screen. Members do not have to pre-register. They can go to the [About Enrollment page](#) on the website, scroll down to the **Click here for instructions on how to join**.
 - **State and Higher Education (all Central time)**
 - Wednesday, Oct. 3, 1-2 p.m.
 - Monday, Oct. 8, 9-10 a.m.
 - **Local education and Local government (all Central time)**
 - Thursday, Oct. 4, 1-2 p.m.
 - Wednesday, Oct. 10, 3:30-4:30 p.m.
 - Thursday, Oct. 18, 10-11 a.m.
 - Wednesday, Oct. 24, 3:30-4:30 p.m.
 - We emailed ABCs a flier on Wednesday, Sept. 26, you can share with employees.
 - PDFs of the webinar slides with notes have also been posted on the [Enrollment Materials](#) page by plan type.
 - **Fitness Benefit Reminder:** Benefits Administration recently sent fliers to ABCs you can share with members about the fitness benefits offered by BlueCross BlueShield and Cigna. We have had a few member questions during our employee webinars, so we thought we would share this information again:
 - **BCBS Blue365®** offers national and local discounts on products and services that can help keep you healthy. It's included with your health plan and doesn't cost you anything extra. These discounts include categories for financial health, fitness, healthy eating, lifestyle, personal care and wellness.
 - **Fitness Your Way is a gym membership program** included as part of Blue365:
 - For a one-time \$29 enrollment fee and \$29 per month (plus local tax and a 3-month commitment) you get access to 9,500 gyms and fitness centers nationwide.
 - Visit any participating fitness location—anytime, anywhere — as often as you like. Locations include select Anytime Fitness®, Curves® and Snap Fitness®. A limited number of Gold's Gyms and YMCAs in certain areas are also participating. Use the Fitness Your Way gym locator to find gyms near you.
 - **To sign up for Fitness Your Way:**
 - Visit the Blue365 page and click the Fitness Your Way tile.
 - Select View Details then Redeem Now.
 - From there you can find fitness center locations, enroll and create a Fitness Your Way account.

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- To enroll over the phone, please call 1-888-242-2060.
- **CIGNA Healthy Rewards** offers discounts on a wide variety of health and wellness programs and services, including a nationwide network of brand name as well as smaller local participating providers. Discounts include categories for weight management and nutrition, **fitness clubs and equipment**, mind/body programs and equipment, vision and hearing care, alternative medicine and vitamins, health and wellness products.
- The **Active&Fit Direct program** is a fitness center program included as part of Cigna Healthy Rewards:
 - Access to a broad network of fitness centers and YMCAs at a cost well under market price.
 - Online tools including fitness center search, activity tracking, educational resources, and more.
 - **To find out more about Healthy Rewards or for a list of participating providers**, call 800.258.3312 or visit **Cigna.com/rewards** Password: **savings**.

Benefits

- **Higher Ed/State: MetLife Available to Answer Disability Questions:** Marcie Carpentier and Julie Salomone with MetLife joined us to answer any disability questions ABCs had following last week's calls. As a reminder, we sent disability pregnancy FAQs with the Friday, September 28 ABC email.

DISABILITY QUESTIONS

- **State:** We had an employee sign up for Long Term Disability (LTD) and it did not prompt them to the questionnaire (supplemental enrollment form in Edison). Is this questionnaire prompted during enrollment? Or is it for Short Term Disability (STD) only?
 - **Answer:** When someone chooses to enroll in both STD and/or LTD, the link to find the form is in Edison ESS. There is a link that says Click "**here**" in Edison (screen shot below) that will take you to the actual form on the microsite. Members will have to print the form, fill it out, sign it and then mail or fax it to MetLife by Oct 31. The instructions are on the cover letter.

i Important! Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election.

Select an Option

Here are the available options with the monthly costs:

Select one of the following plans:

Plan Name	Your Costs	Tax Class
<input checked="" type="radio"/> Short Term Disab A(60%/14 day) (This plan requires submission of information on your medical history. Click here to access the form.)	\$	After-Tax
<input type="radio"/> Short Term Disab B(60%/30 day) (This plan requires submission of information on your medical history. Click here to access the form.)	\$	After-Tax
<input checked="" type="radio"/> Waive (If you have current coverage, it will be cancelled)		

Select the Update and Continue button to store your choice until you are ready to submit your

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- **State:** Do you have samples of those forms for us to view?
 - **Answer:** The form is in Edison ESS. The link is in the description under the plan. It says click “**here**” which is hyperlinked to the form (screen shot above). Members can also find a link to the MetLife site on the ParTners for Health website that will take you to the form: <https://www.metlife.com/stateoftn/>
 - For state, you can find it on the MetLife website under Documents, and LMI cover letter here: <https://www.metlife.com/stateoftn/disability/state/documents/>
 - For higher education, members can find the form on the MetLife website under Documents and LMI cover letter here:
<https://www.metlife.com/stateoftn/disability/highered/documents/>

OPERATIONS

- **Local Ed:** Who will get new cards for health insurance and pharmacy?
 - **Answer:** This year, all members get new pharmacy cards. For health insurance, members who change plans and those who are enrolled in the Limited PPO will get new health insurance cards.
- **Local Ed:** If we have a husband and wife who are on family coverage and one wants to retire in 2020, do they need to change coverage and have individual policies this year?
 - **Answer:** We would have to look at the individual, specifically the person who is retiring, and determine if he or she meets the criteria to continue coverage as a retiree. There are different service tiers. We recommend you submit a Zendesk ticket or have the employee call our service center so we can review their records. Call 1-800-253-9981 and select option 2 for retirement.
- **State:** For new employees, if they are due to receive their benefits for December 2018, do they enroll in ESS, and then the next day will it open for them to enroll for 2019? Or, do you recommend they enroll for 2019 benefits using a paper form?
 - **Answer:** In this scenario, for a new hire whose active insurance would start December 2018, you will use a paper form to make 2019 selections if he or she has changes to make. If new hires want to keep the same enrollment for 2019 then they do not need to complete a separate enrollment for 2019.
- **State:** When you have the health savings account (HSA), does the account roll over for the next year?
 - **Answer:** Yes, the HSA funds never expire. They continue to stay in the HSA until you use them. However, it’s important to remember that as long as you are actively enrolled as an active employee or retiree, the state is paying your monthly administrative fees on the HSA. If you move to the PPO, terminate employment or go on COBRA, you will become responsible for the monthly administrative fees.
- **State:** Do retirees receive seed money for the HSA? I have an employee whose last working day will be 1/31/19 and his first day of retirement will be 2/1/19.
 - **Answer:** No, retirees do not receive seed funds. However, anyone still listed as an active employee in early January when the state sends the seed funds to PayFlex will still receive the applicable seed funds provided they are enrolled in the CDHP. Once they move to a “retired” status, they can keep any seed funds the state

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has added to their account but they will not receive any additional seed funds from the state going forward.

- **Local Gov:** Can you drop health insurance coverage for dependents but keep vision coverage for dependents?
 - **Answer:** Yes, for active members, if your agency offers vision, you may keep vision only coverage. If you have folks enrolled on the retiree plan, they would have to be enrolled in health coverage to be enrolled in retiree vision coverage.
- **Local Gov:** Are we able to key open (annual) enrollment changes for retirees via e-form?
 - **Answer:** No. Retirees can use ESS in Edison or they can return the retiree enrollment application that was included with their newsletter or found on the ParTNers for Health website under [Enrollment Materials](#) to Benefits Administration.
- **Local Gov:** Is there a paper application specifically for open (annual) enrollment or do we use the Enrollment Change Application that was revised 7/18?
 - **Answer:** For active employees, they would either need to use Edison ESS or the Benefit Eform option. If you are submitting a Benefit Eform you will want to use the Enrollment Change Application with their selections as a copy for your records. Retirees may use ESS or submit the paper application form in their newsletter.
- **Local Gov:** With the update that Cigna Open Access Plus (OAP) has terminated with St. Francis Hospital Memphis and Cigna LocalPlus (LP) also is out-of-network, will St. Francis be in-network with BCBS? I have several employees who are enrolled in OAP only because they use St. Francis Hospital Memphis. What does this mean?
 - **Answer:** For BCBS, St. Francis Memphis and Bartlett are in-network. For 2019, St. Francis will continue to be out-of-network for Cigna LP and will become out-of-network for OAP. St. Francis Bartlett and St. Francis Memphis will be in BCBS Network S. **Note:** Visit <https://www.tn.gov/partnersforhealth.html> and click on Carrier Information under the Health Options tab. Scroll down the page to click on links for 2019 participating hospital information. You can search the OAP hospital list for the word “Shelby” to find Shelby county hospitals that will still be in the Cigna OAP network for 2019.
- **Local Gov:** If employees are happy with their 2018 coverage, they don’t have to do anything, right? They will be automatically enrolled in their current plans for 2019? Also, for new hires, we must enroll in 2018 AND 2019 plans? Or, do we just enroll new hires in 2018 and their coverage will auto roll into 2019?
 - **Answer:** Yes, you are correct. If there are no changes, they don’t have to do anything this enrollment period. For new hires, as long as they don’t want to make 2019 changes, you just need one enrollment form and it will carry over. For HSAs – if you offer payroll deduction for your employees, you may need to let your employees know that they may want to revise their HSA contribution amount for 2019 since the new limits are \$3,500 for those with single coverage or \$7,000 for those with any other family type coverage.

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- **Local Gov:** Can employees drop dependents during open enrollment without proving the dependents have other insurance?
 - **Answer:** Yes, they can.

- **Local Gov:** Will dependents who reach age 26 automatically be terminated from coverage or does the employee actually have to terminate the child?
 - **Answer:** We run a query and pull a list of dependents who are approaching age 26. We send a letter to the employees letting them know the dependents will be removed. Notification goes directly to the employee (head of contract). You do not have to do anything, and the employee doesn't have to do anything to remove the dependent.

- **Local Gov:** When you complete a Benefits Eform for an employee, is there a way to print a confirmation page for that employee?
 - **Answer:** No, we don't have anything you can print in the system. We recommend you do a screen print on that enrollment page since it remains open until the enrollment period ends. The employee will also be sent a confirmation statement in the mail.

- **Local Gov:** If an employee is on the Local Gov plan and they have a dependent who is covered through Local Ed, is it okay to keep both coverages or do they need to drop one of the coverages? Meaning does one plan act as a secondary insurance?
 - **Answer:** They can have both coverages and the plans will still coordinate. Coordination may not be as good as it would be if it was under two completely different plans. **Please note added comments:** Enrolling a child in both the local government and local education plans is not prohibited but is not encouraged either since benefit coordination may fall short of an employee's expectations. If both employee and spouse work for the same employer – the child may not be enrolled twice in the local government plan or twice in the local education plan.

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Materials and Communications

- **Annual Enrollment Updates:** Annual Enrollment continues!
 - **Enrollment Dates:**
 - **State and Higher Ed:** Now to Oct. 12, ends at 4:30 p.m. Central time. Please encourage your employees to enroll or make changes right away. If they wait until the last minute and try to call on Thursday or Friday with questions they may have to wait on hold.
 - **Local Ed, Local Gov and Retirees:** Now to Oct. 26, ends at 4:30 p.m. Central time.
 - **Local Ed/Local Gov: Employee Webinars:** Our employee webinars continue. The dates and times are on the screen. Members do not have to pre-register. They can go to the [About Enrollment page](#) on the website, scroll down to the **Click here for instructions on how to join.**
 - **Local education and Local government (all Central time)**
 - Wednesday, Oct. 10, 3:30-4:30 p.m.
 - Thursday, Oct. 18, 10-11 a.m.
 - Wednesday, Oct. 24, 3:30-4:30 p.m.
- **Marketplace Notices:** Marketplace notices have been updated by plan type. You can find them on the ABC webpage under PPACA Documents.
- **Local Ed/Local Gov: Annual Enrollment Dental Mailings**
 - **Local Ed:** A data error occurred that resulted with a MetLife DPPO dental letter being sent to employees of local education agencies that do **not** participate in the state's dental insurance plan instead of the agencies that **do** participate. So, employees not eligible for the state's dental coverage received this dental letter. We apologize for the oversight and any confusion that may result from the mailing of this dental material to these employees. MetLife will be mailing information to the employees that should have received it.
 - In addition, Cigna recently mailed letters about the state's dental prepaid insurance program to local education employees participating in the Cigna **medical** PPO insurance program. This included employees with local education agencies not participating in the state's dental insurance plan. So, employees currently enrolled in a medical PPO plan but not eligible for dental coverage may have received a dental letter from Cigna. Cigna has apologized for the oversight and any confusion which may result from the mailing of dental material to these employees.
 - If your employees received the MetLife dental letter and/or the Cigna dental letter and should not have, you can let them know the letters were sent in error and they should disregard them.
 - **Local Gov:** Cigna recently mailed letters about the state's dental prepaid insurance program to local government employees participating in the Cigna **medical** PPO insurance program. This included employees with local government agencies not participating in the state's dental insurance plan. So, employees currently enrolled in a medical PPO plan but not eligible for dental coverage may have received a dental letter from Cigna. Cigna has apologized for the oversight and any confusion which may result from the mailing of dental material to these employees.

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- If your employee(s) received the Cigna dental letter and should not have, you can let them know the letters were sent in error and they should disregard it.

Benefits

- **Optum: Training Request Form Reminder:** Melissa Ward with Optum joined us to give everyone a quick reminder about filling out the training request form.

OPTUM BEHAVIORAL HEALTH/EAP QUESTIONS

- **Higher Ed:** What would they do if they have a tragedy and need HERE4TN counselors on hand?
 - **Answer:** For a Critical Incident Response, you would just call 855-HERE4TN. This will allow you to bypass any request forms for an immediate response, and we (Optum) will deploy someone within 24 hours.
- **Local Ed:** Do people have to fill out a form for a tragedy or a crisis?
 - **Answer:** No, a form is not needed in this scenario. We will respond within 24 hours for a Critical Incident Response. You would just call 855-HERE4TN. This will allow you to bypass any request forms for an immediate response, and we (Optum) will send someone within 24 hours.
- **Health Benefits Materials Overview:** Tresa Jones, our assistant director, policy and health plan benefits, walked ABCs through an overview of the resources you have available to assist our members with the health benefits and coverage available. These include the member handbooks, insurance comparison charts and the plan documents which are all found under Publications tab on the ParTNers for Health website.
 - **Member Handbooks – 2018 vs. 2019**
 - Posting of 2019 member handbooks expected by November 1.
 - We'll have combined medical member handbooks in 2019 (PPOs and CDHP/HSA in one book).

Operations

- **Service Center Metrics/Customer Service Rating:**
 - **September 2018:**
 - Tickets via Email: 619
 - Tickets via Self-Service: 3,390
 - Tickets via Phone: 5,854
 - Tickets via Chat: 185
 - Total: 10,048
 - **Satisfaction Score: 96.3%**
 - **September 2017:**
 - Tickets via Email: 495
 - Tickets via Self-Service: 2,057
 - Tickets via Phone: 5,777
 - Tickets via Chat: 136
 - Total: 8,465
 - **Satisfaction Score: 94.1%**

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- We received about the same number of calls this year as compared to last September. Total interactions increased by about 1,600.
- We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.
- If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for September was 96.3% percent, up from 94.1% last September.

- **State: ESS Participation Rates:**
 - ESS % for August: 91%
 - YTD: 92%

- **Higher Ed/State: 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 1/1/2019. 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 send emails this week 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 1/1/2019. 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 in order to add the dependents to coverage. They can either go back in Edison and upload it or fax it, or you can upload the documents via Zendesk for them.

 - **Note: Retirees may show up in the queries with the actives. There should not be any changes made at the agency level to a retiree record. Retirees have different eligibility rules and premium collection methods and their records should NOT be altered by the agency. Any retiree changes need to be made through the service center by submitting the Retiree Annual Enrollment application or the retiree may use ESS. Please do not alter these records. If you inadvertently terminated a retiree record that showed up on a query, contact Angie Gargaro at angela.gargaro@tn.gov**

- **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.

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- **TN_BA219_OE_NOT_SUBMITTED:** This query should be run with an event date of 1/1/2019. 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 1/1/2019. 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 26 in order to add the dependents to coverage. They can either go back in Edison and upload it or fax it, or you can upload the documents via Zendesk for them.
- **Note: Retirees may show up in the queries with the actives. There should not be any changes made at the agency level to a retiree record. Retirees have different eligibility rules and premium collection methods and their records should NOT be altered by the agency. Any retiree changes need to be made through the service center by submitting the Retiree Annual Enrollment application or the retiree may use ESS. Please do not alter these records. If you inadvertently terminated a retiree record that showed up on a query, contact Angie Gargaro at angela.gargaro@tn.gov**
- There is a detailed training on Queries to Run During Annual Enrollment on the www.tn.gov/partnersforhealth website. Select Agency Benefits Coordinator, Training, and there you will find the presentation.

OPERATIONS QUESTIONS

- **Higher Ed:** For the employees who are enrolled in the Premier plan for 2018, when will they receive communication about the “rebate” if they participated in the voluntary actions outlined in the plan? Employees are asking questions so they are able to change the plan for 2019 if they are not receiving a rebate.
 - **Answer:** The wellness incentives are available regardless of the plan in which the employees enroll. The incentives are not tied to a specific plan. We are finalizing communication and members will receive information by mail in mid-December. Again, the incentives are not tied to the choice of your health plan, **so state and higher education members and their spouses in all plans, the Premier PPO, Standard PPO and the CDHP/HSA, will be eligible to earn cash incentives next year.**
- **Higher Ed:** I’m concerned about the changes we’ve made recently for people whose spouses entered the country and they have to make their changes during annual

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enrollment. It's hard for spouses to obtain joint ownership documents. We have an employee who bent over backwards and did his due diligence to get a joint ownership document. He could not even get a banking document because she did not have a Social Security number (SSN). The commercial bank would not write on letterhead, and he needs to add a spouse to his insurance. They would not give him anything. The only thing he has is a copy of where he ordered checks.

- **Answer:** We've researched this issue before, and it was determined that commercial banks can do so. If he went to the bank and got a print out of his account, this would work. It doesn't have to be on letterhead. We will have someone follow up with you offline.
- **Higher Ed:** I have a question about changes with Social Security cards. I'm requesting that we show more consistency.
 - **Answer:** This process has been reviewed with our team. This process was changed in June in an effort to reduce the number of PPACA errors. When we receive an Enrollment Change Application to add a dependent due to marriage or special qualifying event (SQE), we will review all submitted documentation. If the Social Security card is not submitted, we will enroll the dependent with the name that is listed on the marriage certificate, and we will notify the agency to submit the Social Security card so that we can update the dependent's last name. We also require the Social Security card to make name changes for employees and dependents, and for a newborn when changing the SSN from the default to the permanent SSN.
- **Higher Ed:** Will there be an employee premium holiday as of November 2018 payroll?
 - **Answer:** The health insurance premiums that are deducted from a higher education employee's check in November are for December coverage. The collections applied report that will be available on December 5th will reflect \$0.00 premiums for December coverage. The ACH on December 15th will be for the total amount indicated on the December 5th collections applied report.
- **Higher Ed:** Are all new hires required to provide Evidence of Insurability (EOI) for voluntary term life?
 - **Answer:** No, new hires get guaranteed issue.
- **Higher Ed:** What about for a new hire moving from ACA benefits to regular benefits?
 - **Answer:** When a person becomes "ACA Eligible," it is for all benefits, not just for health insurance. A move from "ACA benefits to regular benefits" only triggers a change in "Status," not "Eligibility." So, in this question, if the employee did not enroll in voluntary term life when originally eligible under ACA, then the employee would be required to provide EOI.
- **Higher Ed:** Is there any documentation from the state on the premium holiday so that I can forward it to our payroll coordinator?
 - **Answer:** The health insurance premiums that are deducted from a higher education employee's check in November are for December coverage. The collections applied report that will be available on December 5th will reflect \$0.00 premiums for December coverage. The ACH on December 15th will be for the total amount indicated on the December 5th collections applied report.

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- **Higher Ed:** Is there a way we can get a list of Higher Ed ABCs?
 - **Answer:** We do have an ABC directory, but it is for BA communications with the ABCs. We cannot share information with other agencies.

- **Higher Ed:** Last year, when employees logged in to MN Life to take advantage of upping their life insurance by \$5K during Annual Enrollment without medical underwriting, a box came up to do so. This year, there is no box to do that.
 - **Answer:** This information was sent to ABCs on Wed., Oct. 10:
 - During the higher education ABC call, we had a question about how members could increase their voluntary term life insurance coverage by \$5,000 if they received the postcard that they are eligible to do so. It was pointed out on the call that there is no longer a “check box” to make this change on the Securian website shown below.
 - Securian has updated their website navigation. Eligible members who want to increase their voluntary term life insurance coverage will:
 - login,
 - go to the **Enrollment Hub** and next to **Term Life**, select **Make Changes**,
 - on the **Enrollment coverage selection page**, the member will make their selection to increase their coverage.
 - If an increase over \$5,000 is selected, Evidence of Insurability will be required. Members can contact Securian Financial with questions.
 - **Please share the PDF (sent Oct. 10) and contact information with your members:**
Securian Financial (Minnesota Life)
Phone: 1.866.881.0631, Monday - Friday, 7-6 CT
Email: lifebenefits@securian.com
Website: lifebenefits.com/stateoftn

- **Local Ed:** Are we supposed to use the 2018 Enrollment Change Form for 2019 new hires for annual enrollment?
 - **Answer:** No, the employee should be enrolling in ESS in Edison, or you can use a Benefit Eform to make his or her selections. If you want to use the form and save it for your records, then yes, an Enrollment Change Application form is correct.

- **Local Ed:** We are utilizing our own benefit system for all of our benefits. Should we use the Enrollment Change Form for our records or just use our system?
 - **Answer:** We do recommend that you use the form for record keeping, but that is up to your agency.

- **Local Ed:** I was unable to listen to a few of the webinars. What is the process to submit enrollment changes? Are we supposed to use the Enrollment Change Form for 2019 new hires for annual enrollment?
 - **Answer:** No, we will not accept paper forms for enrollment changes. Employees making changes must use ESS or you can submit a Benefit Eform.

- **Local Ed:** Just to confirm, there will no longer be a printed Eligibility and Enrollment guide. So, for employee orientations we will have to print them ourselves?

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- **Answer:** Benefits Administration will not print them. We will post them online in mid-November. They will be in black and white, so they will be less costly to print if you would like to print them or you can forward them by email to your new hires.
- **Local Ed:** When will employees get their medical cards? This is for new hire employees who started coverage on Sept 1.
 - **Answer:** New hires should receive their cards within two weeks from the time the information is submitted from BA to the carrier. If longer, let us know, and we can check on it. As a FYI, employees who make medical plan changes during annual enrollment or are in the Limited PPO will get their new cards sometime in December.
- **State:** If you currently have an HSA, switch to a PPO for a year, and then come back to the CDHP/HSA, does PayFlex automatically stop deducting the admin fees from the HSA account, or is some action needed to prompt this?
 - **Answer:** Yes, as long as you are actively enrolled in the CDHP/HSA, if you come back on to the CDHP/HSA from the PPO, the admin fees will automatically stop. If you change employers though you will have to let PayFlex know so they can combine the accounts. If you stay within the same agency, it will stop the admin fees automatically.
- **State:** With the new physical form (biometric screening form) what is the cut off for the 2019 physical?
 - **Answer:** There will not be a look back period in 2019, so the physical will need to take place in 2019 to count for the incentive. Starting Jan. 1, employees can download the physician screening form, and there will also be an opportunity for them to get an onsite screening. They are not required to get a screening – they will have other opportunities and activities to earn the \$250. The contract does not start until Jan. 2019, so the vendor cannot take any action until Jan. 1. Members can watch for mailed information in mid-December as well as emails in 2019.
- **State:** How do you take off dependents listed in Edison from their benefits plan?
 - **Answer:** In Edison ESS, they will click the edit button for the benefit and then scroll to the person they are trying to remove and un-check the dependent. If removing due to divorce the member would need to submit a divorce decree and a Cancel Request form signed by the member and ABC, and we will make the change. We will update the relationship to divorced so that this dependent will not be listed as an eligible dependent in Edison.
- **State:** What is the cut-off date of FSA funds when an employee retires? For example, an employee elects \$1,200 for 2019 but they retire with an effective date of 04/01/19. If their benefits end on 04/30/19 wouldn't the FSA carry through to then?
 - **Answer:** If someone has put dollars into a FSA for 2019 and they retire on 4/30/19, he or she has 90 days from the date of retirement to use their current funds, but the claims have to be from 1/1/19 to 4/30/19. When you term coverage, your FSA benefits do not continue for the remainder for the year. When a state employee retires, the state sends a termination record to PayFlex on their weekly file telling when the date of retirement (termination of work) is. The person then has 90 days

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from that termination date to spend whatever is left in their FSA, and any claims that are filed must be from the period while they were working. In other words, you cannot file a FSA claim for a date of service that happened once you retired.

- **Follow up question:** FSA benefit premiums are deducted from the March 30 check for April benefits. If the employee terms on April 1, would his FSA carry him to April 30 and would his benefits carry to 4/30?
 - **Answer:** It is 90 days from whenever PayFlex receives the termination. Whenever PayFlex receives the term, they allow 90 days from that date.
 - **Question:** So it is from the coverage status and not the benefits status?
 - **Answer:** Correct.
- **Local Gov:** Are our medical plans embedded (embedded deductibles)?
- **Answer: We’ve added additional information about embedded deductibles for PPOs and the Local CDHP:** An embedded deductible means that a single member of a family doesn't have to meet the full family deductible for after-deductible benefits to kick in. Instead, the person's after-deductible benefits will kick in as soon as he or she has met the individual deductible, even if the coverage is through a family plan. The health carriers track two types of deductibles for each family member - the individual deductible and the family deductible. Members can find information on how much they have contributed toward their deductible for the current plan year by checking their online account or by calling the medical carrier. The information can also be found on the most recent Explanation of Benefit (EOB) statement for claims processed during the current plan year.
 - **PPO deductible is embedded.** PPO members in a family plan **DO** have an individual deductible equal to the deductible amount for the “employee only” coverage level. For example, the 2019 in-network deductible for employee + spouse coverage under the Premier PPO is \$1,000. The in-network deductible for employee only coverage is \$500. Because family members have an embedded or individual deductible, neither the employee nor the spouse in this example will have to pay \$1,000 toward their total deductible. Instead, each person only has to meet an individual deductible of \$500.

PPO Plans - Comparing IN-NETWORK individual (“embedded”) deductible amounts					
Column A	Column B		Column C	Column D	Column E
Plan	Deductibles for family coverage tiers		Individual or “embedded” deductible	Where the embedded deductible comes from	Individuals within a family unit only have to meet the individual or “embedded” deductible in column C which counts toward the total family deductible in column B
Premier PPO	ee + children	\$750	\$500	= to the deductible for	\$500
	ee + spouse	\$1,000			

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	ee + spouse + children	\$1,250		the employee only coverage level	
Standard PPO	ee + children ee + spouse ee + spouse + children	\$1,500 \$2,000 \$2,500	\$1,000	= to the deductible for the employee only coverage level	\$1,000
Limited PPO	ee + children ee + spouse ee + spouse + children	\$2,500 \$2,800 \$3,600	\$1,800	= to the deductible for the employee only coverage level	\$1,800

- **CDHP deductible is not embedded.** Local CDHP members in a family plan **DO NOT** have an individual deductible limit. Each family member will contribute to the overall family deductible which must be met before the plan begins to pay for any family member’s claims subject to a deductible. For example, the 2019 in-network deductible for employee + spouse coverage under the Local CDHP/HSA is \$4,000. Because family members do not have an embedded or individual deductible, both the employee and spouse will have to continue contributing to the deductible until they have met the \$4,000 total. Only after the full \$4,000 deductible has been met will the after-deductible benefits kick in for the employee or spouse.
- **Local Gov:** I had blood tests done when I was at the doctor’s office and now I owe them about \$7.00 for this. Is this because you have to pay 10% for blood tests that are not covered by your \$25 copay?
 - **Answer:** It does sound like maybe the coinsurance amount. You can submit a Zendesk ticket with your name and ID number and we can research this for you, or you can contact your carrier for more information about the claim.
- **Local Gov:** This question is regarding the Cigna dental plan. How can someone go about recommending a dentist be added to their list of providers? I have a lot of complaints from employees that there are only three dentists who take this Cigna dental plan and they are all in another city 30 minutes away.
 - **Answer:** Members can call Cigna and nominate a dentist and there is a [form they can fill out on the Cigna website](#). It is important for employees during every Annual Enrollment period to review the dentists that are on the plan as they join and drop off the network at any time. Cigna is actively recruiting dentists to join the plan and the network is actively growing.
- **Local Gov:** Our employees do not use ESS. We have one employee making changes for 2019. Do we send this form through Zendesk?
 - **Answer:** No, we will not accept a paper form in Zendesk. You can make the change in Benefits Eform. If you need help, you can reach out via Zendesk or call the Service Center and we can walk you through making the change in Benefit Eform.

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- **Local Gov:** I was trying to make an enrollment change for an employee and it said that I had to list an email address. The employee does not have an email address.
 - **Answer:** It will not allow you to move forward as it is mandatory field in the Benefit Eform. The employee can set up a free email address in gmail or Yahoo for this use.

- **Local Gov:** Has it ever decided about a re-evaluation for reassigned premium levels for local government or others?
 - **Answer:** There is no current plan to recalculate Local Government premium levels, but we did bring your suggestion to the attention of BA leadership.

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Materials and Communications

- **Annual Enrollment Updates**
 - **State/Higher Ed:** Congratulations! We have completed a busy Annual Enrollment period!
 - As you know, enrollment continues for retirees through Oct. 26.
 - **Local Ed, Local Gov and Retirees: Enrollment Dates:**
 - Now to Oct. 26, ends at 4:30 p.m. Central time.
 - **Local Ed/Local Gov: Employee Webinars:** Employee webinars continue. Members do not have to pre-register. They can go to the [About Enrollment page](#) on the website, scroll down to the **Click here for instructions on how to join.**
 - **Local education and Local government (all Central time)**
 - Thursday, Oct. 18, 10-11 a.m.
 - Wednesday, Oct. 24, 3:30-4:30 p.m.

Operations

- **State/Higher Ed: Enrollment Numbers:**

	Friday	%	Total (12 days)
State	3,422	23%	15,198
Higher Ed	1,559	21%	7,423
Total	4,981	22%	22,621

	Friday	%	Total (last 5 days)
Phones	1,452	36%	4,047
Chats	112	31%	358
Total	1,564	36%	4,405

- **State:** We had just over 15,000 state employees enroll during annual enrollment this year. This is down about 4,000 enrollments from last year. As you can see, almost a quarter of the enrollments occurred on the last day. Our service center took just over 4,000 calls last week, with 36% of those being on Friday. This is about 1,300 more calls than we responded to last year.
- **Higher Ed:** We had about 7,500 higher education employees enroll this year. This is down about 2,000 enrollments from last year. As you can see, over 20% of the enrollments occurred on the last day. Our service center took just over 4,000 calls last week, with 36% of those being on Friday. This is about 1,300 more calls than we responded to last year.
- **State/Higher Ed: Members who tried to reach us before Annual Enrollment ended Friday, Oct. 12 at 4:30 p.m.** If a member calls this week and they say they tried to call us prior to 4:30 p.m. Friday, and as long as we can confirm that they did, we will help them enroll. The person must submit a paper enrollment no later than 4:30 p.m. Friday, Oct. 19.

- **State/Higher Ed: Annual Enrollment Appeals Process**
The deadline for Annual Enrollment appeals will be Monday, **December 31 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. The annual enrollment changes will be sent to the vendors on Wednesday, November 21, 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: Annual Enrollment Appeals Process**
The deadline for Annual Enrollment appeals will be Monday, **December 31 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 21, 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

- **Higher Ed:** How would you confirm that employees tried to reach you (to enroll)?
 - **Answer:** We can confirm that employees called in through Zendesk.
- **Higher Ed:** Who are the people who are supposed to get phone calls back (following annual enrollment)?
 - **Answer:** For those who left a voicemail throughout last week, we have called them back; some we've called twice. Employees who may be eligible to submit a paper enrollment are those employees who did leave a message and they did not return our call or did not leave a voicemail last week. They can call and if we can confirm that that they tried to reach us, then they can submit a paper application by Oct. 19.
- **Local Ed:** We can use a Benefits Eform to make changes, correct, but then we have to complete an Enrollment Change Form so we can upload it?
 - **Answer:** You will use a Benefits Eform to make the changes but you do not have to upload the Enrollment Change Form. You would keep the form for your records.
- **Local Ed:** How long should it take for the dependent verification documents to show (or be verified if they were uploaded in ESS)?
 - **Answer:** We are still finishing up the state and higher education enrollment dependent verification documents and the focus is on getting these done first. We are working overtime to get this done, so you should see your verification documents query decline very soon.
- **Local Ed:** Can we also use Zendesk to make changes?
 - **Answer:** No, you can't use Zendesk to make changes, but you can use it to submit dependent verification documents. The only way employees can make changes is through ESS or if you submit a Benefits Eform.
- **Local Ed:** What if I already sent the information (enrollment) through Zendesk?
 - **Answer:** You will get an email back letting you know that you will need to submit the enrollment through Benefit Eform or the employee will need to enroll in ESS.
- **Local Ed:** I'm a new ABC, what or how do you do a Benefit Eform?

- **Answer:** We will have someone call you to walk you through the process.
- **Local Ed:** I've been doing Benefit Eforms. We are making medical changes on the Eforms, but do we have to do the dental and vision on the same form if they aren't making any changes to these benefits? I've just been making the medical changes and not including anything about dental and vision.
 - **Answer:** That is correct. It will only make the changes that you submit. If you just make changes to medical, the dental and vision selections will stay the same.
- **Local Ed:** We can add or make changes through Benefit Eform?
 - **Answer:** Correct.
- **Local Ed:** Are we required to submit an Enrollment Change form when we make changes (in Benefit Eform)?
 - **Answer:** No, you can keep the Enrollment Change Application for your records.
- **Local Ed:** I can't get the TN_BA265_OE_ELECTIONS_IN_ESS query to work. Is the event OET18 or OET19?
 - **Answer:** There was some miscommunication on the ABC conference call about the TN_BA265_OE_ELECTIONS_IN_ESS query. The correct schedule ID for Local Education is OET18. The [Queries to Run During Annual Enrollment Presentation](#) has been updated and posted on the website.
- **Local Ed:** I'm a new ABC and this is my first Annual Enrollment. What are some best practices or words of wisdom?
 - **Answer:** Encourage your employees to make their changes as soon as possible. For state and higher education enrollment, one-third of our callers called on our last day of enrollment. Another suggestion is to run and check your queries daily, especially the Saved but Not Submitted query (TN_BA219_OE_NOT_SUBMITTED). One comment from an ABC: I've LOVED having access to Benefit eForm this year. It's a super quick way that we as an ABC can assist employees. Another suggestion: I like to key all changes and provide confirmations for accuracy for all employees.
- **State:** We still have quite a few Zendesk tickets open regarding Annual Enrollment that were created last week. Do we have a timeline on when these will be reviewed/responded to?
 - **Answer:** We are currently down to 290 Zendesk tickets, so most of you should have received responses to your submitted tickets.
- **Local Gov:** Prior to the ABC call, we had a question about Parkwest hospital being in the Cigna network. During the call, we had a question about Parkwest Surgery Center being listed on the Cigna addendum as out-of-network.
 - **Answer: NOTE CLARIFICATION: There are two different Parkwest facilities;** Parkwest hospital called Parkwest Medical Center, and a Parkwest Surgery Center.
 - **Parkwest Medical Center (hospital)** is in-network for both Cigna LocalPlus and Cigna Open Access Plus (OAP). This facility is listed on both the Cigna LocalPlus and Cigna OAP hospital lists for 2019 found on the [Carrier Information page](#).
 - **Parkwest Surgery Center** is **not** part of the hospital and is owned by Tenet. This outpatient facility will term in Knoxville from both Cigna LocalPlus and Cigna OAP effective 1/1/2019. So, in **2019, Parkwest Surgery Center will be**

out-of-network for both Cigna LocalPlus and Cigna OAP. The Cigna addendums found on the [Carrier Information page](#) are correct.

- **Local Gov:** I have a new employee who needs to enroll within 31 days from the date of hire (DOH) but there is a problem, when I put in the date of hire, it starts benefits immediately. How do I get compliant?
 - **Answer:** Does your agency have some form of a probationary period?
 - **Response:** Yes.
 - **Answer:** Instead of using the date of hire, use the date that the employee completed their probationary period as the date of hire. Then the employee has 31 days from that date to complete their new hire enrollment. So their 31 days starts at the end of their probationary period.

- **Local Gov:** We have an employee who was not put into Edison when hired and they now want to enroll but we don't have an Edison ID for the employee. When I went and tried to put the employee in and previously waive coverage, it wanted me to put in a July date. How do we handle this? Do we put in a back date?
 - **Answer:** For employees who were not put into Edison when hired, but they were eligible, the Benefits Eform will only let you go back so far. You'll need to get them hired in with a back date, in this scenario we suggest using 10/1/2018, and waive the initial coverage so that overnight an Annual Enrollment event will populate. Then the employee can enroll via ESS or you can complete the Benefit Eform for them.

- **Local Gov:** I have an employee who had a qualifying event and I didn't have all of the documentation. Could you tell me how long it takes to get this approved?
 - **Answer:** Due to Annual Enrollment ending for state and higher education last week, we had more than 600 tickets to solve. We are currently down to 290 Zendesk tickets since the ABC calls so most of you should have received responses to your submitted tickets.

- **Local Gov:** I have an employee who wants to change from the Standard PPO to the Limited PPO. We already submitted the enrollment and now they are still outside of their new hire period (31 days) and the coverage starts Nov. 1. What do we need to do?
 - **Answer:** Once the enrollment has been executed and it is outside of the 31 days, you would have to send in a [Corrections and Clarifications Form](#). You can find it on the ABC webpage under Forms.

- **Local Gov:** If employees aren't making any changes, then they don't have to do anything, correct?
 - **Answer:** Correct, if employees are fine with the selections they have and they don't make any changes, they will continue with those selections in 2019.

- **Local Gov:** When we have a child support order and the employee has not reached their eligibility period, we have to enroll the child once the employee reaches their eligibility period. If an employee has reached their eligibility period and/or if they are already on insurance, what do you need? The order to add the child on to the employee's insurance?
 - **Answer:** For medical support orders, we have 40 days to respond to the courts, so you don't want to hold those and you'll need to send them to BA right away. If the employee has to meet a probationary period, still send us the complete order. On the employer response page mark item 6 which relates to a class of employee is not eligible due to a probationary period. Include the employee response page, the

admin page and the Enrollment Change Form. This is so we can start working on the enrollment.

- If the employee is already enrolled in insurance and the child is not, we will still need the complete order. Complete the employer portion and send in the Enrollment Change Form. If the employee refuses to sign, we will enroll the child and we will notify the employee and the child's guardian/court.
 - **Follow up question:** What is the date of the coverage (for the child)?
 - **Answer:** The child will be effective based on the date of the notice. We will add the child based on the date of the notice on the court's document as the effective date. Also, we don't need any dependent verification documents as the courts have proven the child to be a dependent.

- **Local Gov:** Do you have to get back premiums due to a support order even if the employee did not sign to enroll the child?
 - **Answer:** We will key the order based off the date of the order and we will back date premiums. Your agency will be responsible for the back premiums, whether they sign or not, and you will have to collect the back premiums from the employee. In addition, if the order is more than 60 days old, we will request a new order from the courts.
 - **Follow up question:** You will not go by the date of the letter (support order) if the employee is not eligible? For example, say it was Oct. 5 on the document for the child, but the employee is not eligible until Dec. 5. You will not put the child as effective until the employee is eligible?
 - **Answer:** Correct. We will add the child to coverage based on the employee's coverage effective date, so in the example above, on Dec. 5, the employee's coverage effective date.

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Materials and Communications

- **Annual Enrollment Updates**
 - **State/Higher Ed:** A reminder that enrollment continues for local education, local government and retirees through the end of this week.
 - Final weekly annual enrollment ABC call for state and higher education. Next call will be Nov. 13.
 - **Local Ed/Local Gov: Annual Enrollment ends this Friday, Oct. 26 at 4:30 p.m. Central time!**
 - Please encourage your employees to enroll or make changes right away and not wait until the last minute. We expect the Service Center call volume to be high this week. If employees call and get the voicemail system, they need to leave an after-work number in addition to a daytime number so we can call them back after hours if we aren't able to reach back out during the day.
 - **Local Ed/Local Gov: Employee Webinars:** One more employee webinar left. Members do not have to pre-register. They can go to the [About Enrollment page](#) on the website and scroll down to the **Click here for instructions on how to join**.
 - **Local education and local government (Central time)**
 - Wednesday, Oct. 24, 3:30-4:30 p.m.

Operations

- **State/Higher Ed: Annual Enrollment Appeals Process:** The deadline for Annual Enrollment appeals will be Monday, **December 31 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. The annual enrollment changes will be sent to the vendors on Wednesday, November 21 so any appeals submitted after that time may cause the employees to get incorrect insurance cards. Please advise those submitting Annual Enrollment appeals to also include an Enrollment Change Application with their desired elections. Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.
- **Local Ed/Local Gov: Annual Enrollment Appeals Process:** The deadline for Annual Enrollment appeals will be Monday, **December 31 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 21 so any appeals submitted after that time may cause the employees to get incorrect insurance cards. Please advise those submitting Annual Enrollment appeals to also include an Enrollment Change Application with their desired elections. 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 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 1/1/2019. 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.

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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 1/1/2019. 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 26 in order to add the dependents to coverage. They can either go back in Edison and upload it, fax it, or you can upload the documents via Zendesk for them.
- **TN_BA265_OE_ELECTIONS_IN_ESS:** This query is an audit of all elections made by your employee during AE. If they submit an enrollment multiple times, each enrollment they submit will show with a date and a time stamp.
Schedule ID:
Local Education: OET18
Local Government: OEG18
- **TN_BA219_AETP_INS_ELECTIONS:** This query shows all changes made through both ESS and eForms. It will show you what the employee was enrolled in this year, and what he or she will enroll in next year. You will use 1/1/2019 for the date.
- **Note:** Retirees may show up in the queries with the actives. There should not be any changes made at the agency level to a retiree record. Retirees have different eligibility rules and premium collection methods and their records should NOT be altered by the agency. Any retiree changes need to be made through the service center by submitting the Retiree Annual Enrollment application or the retiree may use ESS. Please do not alter these records. If you inadvertently terminated a retiree record that showed up on a query, contact Angie Gargaro at angela.gargaro@tn.gov
- **Upcoming ABC Training**
 - **All plans: ABC Workshop: Queries to Run After Annual Enrollment**
 - **November 1: 1-2 p.m. Central time**
 - **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 4. Locate the specific dates you would like to attend the webinar.

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5. Click Enroll to the right of the training session you wish to participate in.
6. Click Submit Enrollment in the bottom lower left corner.
7. 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.

OPERATIONS QUESTIONS

- **Higher Education – No conference call questions.**

- **Local Ed:** On the query TN_BA219_OE_NOT_SUBMITTED Saved but not Submitted query, it has an email for employees. Where does that email pull from? I noticed some of them were blank, but when I when into the system there was an email there for the employee?
 - **Answer:** We pull the email address from our Edison Help Desk system, not from the Modify a Person Screen in Edison. We conducted a massive email project two summers ago in an attempt to obtain emails from all members, those that we couldn't collect would have been left blank. If you submit a Zendesk ticket with the emails we will be happy to update them in the system.

- **Local Ed:** Can retirees sign up for vision insurance?
 - **Answer:** The short answer is yes. Retirees can sign up for vision insurance, but they have different eligibility requirements. First, only retirees on medical and their dependents on medical can sign up for vision insurance. Second, the retiree must receive a TCRS retirement check. If they are non TCRS, they cannot have vision insurance. It does not matter if the agency is on our vision coverage or not, the retiree is eligible if they meet the criteria.

- **Local Ed:** Also, on the TN_BA311_ESS_NEW_DEPENDENTS query, does this only include people who haven't sent in documents or the documents haven't been worked? I ask because that query only pulled six people for me on Friday and that seemed like a really low number. I know of one employee who submitted documents, but she is not on the query.
 - **Answer:** The query should show all new dependents added during Annual Enrollment. If they submitted documents, you should see a “Y” for yes or “N” for no. I’ll follow up with you after the call. You may still see an “N” if the dependent verification has been received but not yet worked yet.

- **Local Ed:** I have an employee who got married over the weekend. She wants to add her husband but instead of using the special qualifying event, she wants to use the open enrollment event. Will she only need the marriage certificate?
 - **Answer:** Correct, she will only need the marriage certificate because they have only been married for a few days.

- **Local Ed:** If we have an employee who signed up during Open Enrollment (Annual Enrollment), but really had a special qualifying event (SQE) to add coverage now. How do I make sure the employee is signed up for the SQE and not the Annual Enrollment election because the employee changed their mind?

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- **Answer:** You can submit the Enrollment Change Application and required documents as normal. We will need the proof of the loss. You can submit by fax or through Zendesk. We will key the SQE as normal and we will go from the application. If the member has also made changes through Employee Self Service for Annual Enrollment, after we key the SQE we will then re-enter the elections made via ESS for 2019.

- **Local Ed:** Can employees get vision on dependents if the dependents are not accepting medical?
 - **Answer:** An employee can have single group health and employee plus dependent vision. Only retirees have to be on group health to enroll in vision coverage.

- **Local Ed:** Can a system continue to contribute to an employee's HSA after retirement? We do that now but those retirees have returned on a 120 day contract and are active in payroll.
 - **Answer:** Yes, so long as the HSA holder is not enrolled in Medicare or any other non-eligible coverage. For LEAs and local government agencies: You can contribute for anyone enrolled, it just needs to be their only coverage. When someone goes on Medicare and he/she is not on active or retiree coverage, they are no longer eligible to contribute to the HSA. They can use the HSA funds to pay for their eligible healthcare expenses but not contribute.

- **Local Ed:** I have a married couple employed with us and they want to combine their health and vision under one head of contract (HOC). Do I still need to send in verification documents?
 - **Answer:** Yes. We will need proof of marriage and proof of joint ownership.

- **Local Ed:** I have an employee who dropped one dependent during Annual Enrollment but on the Insurance Cancel Request Form in Part 2, the Open Enrollment box that is checked list documentation that is required. I thought because it was during OE, they didn't need to produce documentation?
 - **Answer:** We would not require documentation for changes made during Annual Enrollment. Also, we would not need a Cancel Request Application. Since you submitted the Cancel Request Application that is why you are being asked to provide documentation. For this type of change, the employee can make the change in ESS or you can make the change for them in Benefit Eform.

- **Local Ed:** I have a question about the HSA. I have a board member who wants to change to the CDHP plan eff 1/1/19 and will want to make contributions to the HSA. Since he is not on our payroll, he will have to make the contributions to the HSA on his own versus payroll deductions. With that said, does he have to use Payflex for his HSA or can he use his own bank? He previously contributed to an HSA at another bank and would like that opportunity again if possible.
 - **Answer:** No, he is not required to use PayFlex. An HSA through the state will be automatically opened, but he will be able to close this HSA by contacting PayFlex at 1-855-288-7936 after his HSA is opened and just let them know that he wants to close it. They can then assist him. He can fund his own HSA at a bank of his choosing. He needs to be aware he's responsible for administrative fees at his

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financial institution and for making sure he does not go over the annual contribution limit.

- **Local Ed:** Concerning the information about the Parkwest Surgery Center in Knoxville, is this information only concerning the surgery facility? The Tower at Parkwest has a lot of doctors that are in the Cigna network, I am assuming that they are still covered? It is just the surgery center itself, is this correct? This is not good news for those of us who use this facility. Why was this decision made?
 - **Answer:** The Parkwest Surgery Center is a Tenet owned facility and Tenet facilities and hospitals that are listed on the Cigna addendums will term on 1/1/19. It is just the surgery center that is listed on the addendum that will term on 1/1/19. Parkwest Medical Center (hospital) will be in-network for both Cigna LocalPlus (LP) and Cigna Open Access Plus (OAP) in 2019. With negotiations between networks and providers, sometimes it is not possible to work out a continued relationship.
 - If employees have a specific doctor, it is always best to confirm with that doctor's office whether or not they will be in network. When talking with the provider, the employee should be specific about the network they are asking about either Cigna LP or OAP.

- **Local Ed:** Will the webinar on the queries be recorded to view later? I have a conflict and will not be able to attend the training live.
 - **Answer:** The webinar will not be recorded, but the presentation will be posted.

- **Local Ed:** Can you post the webinar with the queries later today so we could use it for this week before the deadline?
 - **Answer:** The slides for Queries to Run During Annual Enrollment are already posted on the website. They are on the [ABC page](#) under training.

- **State:** How early can you submit the Application to Continue Insurance at Retirement?
 - **Answer:** Generally, we would recommend submitting it at the same time as the pension application to TCRS. We don't recommend sending it in six months to a year in advance because situations can change. Two to three months prior to retirement is plenty of time.

- **Local Gov:** I will be out of the office on Friday. If my co-worker (back-up ABC) needs help with Benefit Eforms on Friday. Will she be able to get it? She called last week, printed instructions online and had a trainer contact her.
 - **Answer:** The best suggestion is to reach out to your back-up to make sure she is ready if she has to enter any information on Friday. If she needs help, she can call the call center on Friday, however, to get ahead of it, she could call in before Friday so a trainer can help her prepare.

- **Local Gov:** I put in a new employee's certificate of insurance. We don't have to do this often, so I wanted to make sure this was the right process.
 - **Answer:** We no longer need the proof of insurability or certificate of insurance for employees. This is due to the Affordable Care Act and the change with pre-existing conditions.

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- **Local Gov:** Any idea when we can access the list for ACA reporting?
 - **Answer:** If you mean the PPACA report, you can run that at any time. However, right now it will only show through October. It shows month by month. You wouldn't want to run it until December to show all 12 months of coverage.

- **Local Gov:** My manager was told that if an employee was hired on or after July 1, 2015, the employee is not eligible for retiree health insurance even if they are over age 55 and have over 10 years of service. Is this true?
 - **Answer:** That has been changed and is no longer applicable. Employees hired after July 1, 2015, will be eligible for retiree health insurance but they still must meet the criteria for retiree coverage, so they must be receiving a TCRS pension check and meet years of service requirements. Employees hired on or after July 1, 2015, are not eligible to enroll in the Tennessee Plan with POMCO.

- **Local Gov:** Employees have verbally told me they don't plan to make changes. I just ran the TN_BA219_OE_NOT_SUBMITTED Saved but Not Submitted query, and I see a few folks that have enrollments that haven't been saved. I imagine I should tell them to go back in and click continue to close out the process. Is that correct?
 - **Answer:** Yes.

- **Local Gov:** We have a new employee. If she doesn't elect to add her children right now can she add them before Annual Enrollment next year if she decides to add them to her insurance?
 - **Answer:** If she doesn't add them as a new hire or during this annual enrollment, her next opportunity to add them would be if she experiences a special qualifying event (SQE) during the year. Otherwise she would have to wait until the next fall annual enrollment for 2020 benefits.

- **Local Gov:** What do we need to do if someone's dependent dies?
 - **Answer:** If the dependent is on the insurance, then you need to submit a Cancel Request Form requesting to remove them, along with a copy of the death certificate.

- **Local Gov:** What is POMCO? Is it retirement for teachers?
 - **Answer:** POMCO is a supplemental insurance for retirees with Medicare. It's for state, higher ed, local ed and local gov retirees who are receiving a TCRS check

- **Local Gov:** Could you repeat the eligibility for POMCO?
 - **Answer:** They must be receiving a TCRS pension check based on their own service, they must be enrolled in Medicare part A, and hired before 2015. They don't have to have been enrolled in the state group health insurance plan as an employee.

- **Local Gov:** If an employee is going to leave the company at the end of December/beginning of the year, what do I need to do when I term the individual in the system? Do you automatically send something out for COBRA? How do they know the rates?
 - **Answer:** If you term the employee in Edison, a COBRA letter is automatically sent to the employee. The employee can enroll in same plan type of coverage that he/she

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had as an active employee.

- **Local Gov:** So, if the employee is leaving in Feb. 2019 and the employee knows they want a lesser (cost) plan; should the employee elect that now during annual enrollment if going to COBRA later?
 - **Answer:** Yes, if the employee wants to change the plan before going on COBRA in this situation the employee will need to do that now during annual enrollment. He/she can change the tier level (family, spouse), but the employee cannot change the plan or carrier when enrolling in COBRA coverage.

- **Local Gov:** What is the phone number you referenced for retirees to contact about Medicare supplemental insurance or Part D?
 - **Answer:** It is the Tennessee Commission on Aging/State Health Insurance Assistance Program (SHIP) 877-801-0044. There is no charge for their service.

- **Local Gov:** One thing I did with my employees is I emailed them to see if they wanted to make changes and if they didn't want to make changes then I kept record of that in their files. Is that okay?
 - **Answer:** I think that's okay for your own records. In terms of BA, if they didn't make any changes in Edison, then we're going to carry over their coverage from 2018 to 2019. If they contact us after that, we will extend the appeal process to them.

- **Local Gov:** If a child loses insurance coverage (TennCare) after annual enrollment, do we need to send in the termination letter from the insurance company and can the child enroll under a qualifying event and get health coverage?
 - **Answer:** Yes, that would be a qualifying event to enroll the child. We would need proof from TennCare. So a letter from TennCare and an Enrollment Change Application would need to be submitted within 60 days of that coverage ending.

- **Local Gov:** We had an employee who tried to get her account unlocked, but no one called her back. Do I need to call someone or should she call back?
 - **Answer:** We will follow up after the call.

- **Local Gov:** I received a court order for a dependent for an employee and I did not enroll the child. The form was older when they sent it to me and the employee was not eligible. I do not know if it was received it or not. I haven't heard back. What do I need to do?
 - **Answer:** If you sent it via Zendesk, we will review it. We will reach out to you after the call to make sure we received it. Update: The court order was received and due to the order date being older than 60 days ago, we have reached out to the issuing agency for an updated order.

- **Local Gov:** Would you go over the process about Annual Enrollment for an employee whose hire date is 11/5? I have four new employees starting on that date.
 - **Answer:** You will hire them in with that hire date. They will elect the coverages they want for 2018. Then you will submit a paper application for any changes they want for 2019. That's only if they want to make changes to coverage for 2019.

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Materials and Communications

- **Annual Enrollment Updates**
 - **Local Ed/Local Gov:** Congratulations for completing a busy Annual Enrollment period!
 - We have a very short agenda today – but we are here to answer any questions you may have following annual enrollment.
 - We'll have one more weekly annual enrollment call next week on Nov. 6, and then regular monthly ABC conference calls will start Nov. 13.

Operations

- **Upcoming ABC Training**
 - **All plans: ABC Workshop: Queries to Run After Annual Enrollment**
 - **November 1: 1-2 p.m. Central time**
 - **Here is how to sign up for training:**
 1. Login in To Edison.
 2. Navigate to ELM Menu >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.
 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 Submit Enrollment in the bottom lower left corner.
 7. 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.

OPERATIONS QUESTIONS

- **Local Ed:** What is the best way to send in an appeal, through Zendesk?
 - **Answer:** Yes, you can submit appeals through Zendesk.
- **Local Ed:** When were (or will) Annual Enrollment confirmation letters mailed to employees?
 - **Answer:** We are still processing open events, and then Annual Enrollment changes will be sent to the vendors on Sunday, Nov. 18 (**date changed from Nov. 21**). Employees who chose to receive a mailed confirmation statement should get their statements in the mail by the **end of November**, which will give them a month to review and appeal.
- **Local Ed:** When I am looking at TN_BA265_OE_ELECTIONS_IN_ESS, how do I know what the coverage codes are?
 - **Answer:** You can find this on the ABC webpage, under Edison, titled 2018 Plan Code and Coverage Level Description. This coverage code sheet will show you exactly what the coverage codes mean. We will also have a trainer reach out to you. Plan Codes - https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_codes_2018.pdf

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- **Local Ed:** I understand there's not a query to run if an employee deletes a dependent. In addition, the employee doesn't show on a query that changes were made during Annual Enrollment?
 - **Answer:** No, the TN_BA265_OE_ELECTIONS_IN_ESS query will show you all of the changes that a member made during Annual Enrollment.

- **Local Ed:** What are the appeal dates? I'm trying to make sure employees have plenty of time to be aware that they need to appeal if they aren't getting confirmation letters for another couple of weeks.
 - **Answer: It is recommended that employees appeal as soon as possible if they have an issue.**
 - The deadline for Annual Enrollment appeals will be Monday, **December 31 at 4:30 p.m. Central time.** Employees who chose to receive a mailed confirmation statement should get their statements in the mail by the end of November, giving them a month to review and appeal.
 - **Note these changes: The Annual Enrollment changes will be sent to vendors on Sunday, Nov. 18 (date changed from Nov. 21). We are currently processing appeals we have received, but due to the time to process and key appeals, any submitted after Nov. 12 may cause the employees to initially get incorrect insurance cards.**
 - Please advise those submitting Annual Enrollment appeals to also include an Enrollment Change Application with their desired elections. Please encourage all employees to review their confirmation statements for accuracy as soon as they receive them.

- **Local Ed:** There was a comment in last week's notes about retiree coverage related to local government employees. We have tried to check on this from public chapters that became law in 2018, and we have some additional information after reaching out to other LEAs. Is there some way we can get some bullet points to help us understand for our employees? We have some employees who move from local government to local education agencies and back and forth. We need to be aware of those changes.
 - **Answer:** We can certainly respond to your questions about TCA code changes. The pre-65 retiree coverage date changes and the change in the law are specific to the local government plan. If you want additional information and if you have specific questions, you can submit them to us via email to angela.gargaro@tn.gov.
 - **Note: With the Friday, Nov. 2 ABC email, we have included a one-page document that clarifies the TCA code change and how it applies to all plans.**

- **Local Gov:** If human resources entered all insurance changes in Edison, are there reports that would help to know all the changes made?
 - **Answer:** Yes, the TN_BA219_AETP_INS_ELECTIONS query will show all changes made during Annual Enrollment. You will use an event date of 1/1/2019.

- **Local Gov:** When can we run queries to get a list of all changes made? I think we have to wait until everything is keyed?
 - **Answer:** That is correct. The TN_BA219_AETP_INS_ELECTIONS query will show all elections made in ESS and Benefits EForm. All changes will be keyed by Friday, November 16.

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- **Local Gov:** For employees who have elected dental and vision, is there a waiting period to use the new benefits?
 - **Answer:** There are no waiting periods for vision. For Cigna prepaid dental, there are no waiting periods. For MetLife there are no waiting periods for preventive and basic services, but there is a six month waiting period for fillings and crowns and a 12 month waiting period for orthodontics.

- **Local Gov:** Will we get the calls notes before Thursday? I was just wondering.
 - **Answer:** No, we plan on sending them out on Friday. A few times during Annual Enrollment we did try to get them out early, but we will go back to having them go out with the Friday ABC email.

- **Local Gov:** I have an employee who was just hired and will have coverage effective 12/1. I won't enter benefits until next week. Will benefits just transfer over for 1/1/2019?
 - **Answer:** Yes, the benefits will automatically rollover for 1/1/2019. If the employee wants to elect changes for 2019, they would have to submit those changes separately.

- **Local Gov:** I have an employee who wants to add her spouse and son during next year's Annual Enrollment. She wants to know if her husband is offered insurance through his employer, can she still add them to her health insurance?
 - **Answer:** Yes. Your employees can add eligible dependents during next year's Annual Enrollment. **Added additional information:** The ability to add a spouse with access to coverage through their own employer will depend on whether or not your agency has opted to exclude coverage for spouses in those scenarios. If your agency hasn't opted to exclude coverage for spouses, then regular enrollment rules apply. For more information on excluding coverage for spouses, please visit the ABC webpage, <https://www.tn.gov/partnersforhealth/agency-benefits-coordinators.html>
Look under the "Local Government Plan" tab and then the bullet, Excluding coverage for spouses. **Note:** Any agency opting to exclude coverage for spouses must submit a declaration document on agency letterhead to the attention of the Training Manager at Benefits Administration 30 days prior to the beginning of the plan's annual enrollment period.

**Combined ABC Conference Call Notes
Local Education and Local Government
November 6, 2018**

Materials and Communications

• **Updates**

- **Conference Calls:** This is our last weekly ABC conference call. Monthly calls resume next Tuesday, Nov. 13.
- State offices and the Benefits Administration service center will be closed Monday, Nov. 12 for the Veterans Day holiday.
- **2019 Member Handbooks:** The BlueCross BlueShield and Cigna member handbooks are complete and PDFs have been posted on the ParTners for Health website under **Publications**. This year, all plans are combined into one book for each carrier. So information for all of the PPOs and CDHPs are combined into one book instead of broken out by plan type.

Benefits

○ **Local Gov: Retiree Health Insurance Change**

- Governmental Accounting Standards Board (GASB) requires public entities to report retiree health Other Post Employee Benefits (OPEB) financial obligations on their balance sheets in 2018.
- OPEB are primarily health care benefits (other than pensions) that U.S. state and local governments provide to their retired employees.
- For the local government plan, the requirement that employees first hired on or after July 1, 2015 are not eligible for pre-65 retiree health insurance **was removed** following the OPEB Trust Fund Implementation Act of 2018 legislation passed this year.
- The state does not contribute to the local government retiree health funding - so the state has no OPEB financial obligation for the local government agencies.
- Determination of how retiree health benefits are structured is best left to the Local Government Insurance Committee and participating agencies.
- The local government health insurance plan currently permits eligible retirees to continue in the active retiree health insurance plan until they become eligible for Medicare as long as they meet the criteria for retiree coverage which is outlined in the Local Government Plan Document and the Local Government Guide to Continuing Insurance at Retirement.
 - Eligible retirees may also continue health coverage for their eligible dependents until the dependents become eligible for Medicare or otherwise cease to meet eligibility requirements.
- Local Gov employees hired on or after July 1, 2015, are still **not** eligible to enroll in the Tennessee Plan with UMR/POMCO, which is the supplemental medical insurance for retirees with Medicare.

Local Gov: Local Government Agency OPEB (Other Post-Employment Benefits)

Webinars

- ABCs – **please share this important information with your agency heads/directors and budget/fiscal officers.** You are welcome to participate as well.

Local Government Agency OPEB (Other Post-Employment Benefits) Webinars

Audience: Agency heads/directors and budget/fiscal officers

Purpose: Seek agency feedback regarding Local Government Plan options to manage financial liability associated with retiree health benefits

**Combined ABC Conference Call Notes
Local Education and Local Government
November 6, 2018**

Presented by Laurie Lee, Executive Director of Benefits Administration

- **Agenda:**
 - What generates OPEB liability?
 - OPEB reporting requirement
 - Local Government Plan pre-65 retiree facts
 - **How to reduce or eliminate OPEB liability**
 - **Agency leadership feedback on Local Government Plan proposal**
- **Tuesday Nov. 27**
 - 9 – 10 a.m. Central time, or
 - 10:30 – 11:30 a.m. Central time
- **Friday Nov. 30**
 - 9 – 10 a.m. Central time, or
 - 1 – 2 p.m. Central time
- Registration is required. We will send registration information to you in the Friday ABC email for you to share.

Local Government Agency OPEB (Other Post-Employment Benefits) Webinar Questions

- **Local Gov:** To confirm, this applies to us only if we offer retirees insurance, correct?
 - **Answer:** No. Because our eligibility rules permit continuation of coverage in our plan for eligible pre-65 retirees, this applies to all agencies in our plan. In our plan, we have agencies with no retirees, agencies with retirees but that provide no funding for them and agencies that have retirees and pay a portion of their premium. The new Governmental Accounting Standards Board (GASB) rules say if you have active employees eligible to receive the pre-65 health insurance benefit, this creates a future liability because they are eligible to continue as a retiree, and retiree costs are higher than costs for active employees. This additional cost for future potential retirees is calculated as a liability, in addition to the liability associated with retirees in the plan, for those agencies that have retirees in our plan. That nuance may not be clear to some agencies. We want to propose a solution for the Local Government Insurance Committee to adopt which will eliminate in future fiscal years the OPEB liability for our agencies that have no retirees in our plan and do not want to offer retiree coverage.
 - We have set up Local Government Agency OPEB webinars for agency heads/directors and budget/fiscal officers after Thanksgiving to go over the issues below. We will discuss options to eliminate and/or mitigate the OPEB liability for our agencies. The options could include permitting agencies to opt in or opt out of the retiree (pre-65) coverage or close the health plan to new retirees. Either option could grandfather existing retirees. We will send the agenda information below and registration links to your directors, fiscal directors and agency heads next week.
 - What generates OPEB liability?
 - OPEB reporting requirement
 - Local Government Plan pre-65 retiree facts
 - How to reduce or eliminate OPEB liability
 - Agency leadership feedback on Local Government Plan proposal.

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- **Local Gov:** As for the (OPEB) webinar, will it help us with any questions we have? We only have five employees, and we don't have POMCO and TCRS. Is this for benefits for those over or under 65?
 - **Answer:** The webinar will address both the OPEB liability associated with the pre-65 retiree coverage and The Tennessee Plan, which is supplemental insurance for Medicare administered by POMCO. The OPEB liability reflects the obligation associated with your existing retirees in our plan, future retiree coverage for your active employees, and if your agency contributes to the premium for these retirees. If you have five employees but no retirees on our plan, your five current employees generate a liability simply because they may be eligible to continue in the plan. We would like your input on our solution to address this issue so that we can share our agency's feedback with the Insurance Committee.
 - **Follow up question:** And is this only retired for local government? Most employees have been on the plan for less than 10 years. If they leave before 10 years, then they are eligible for COBRA.
 - **Answer:** Correct. If someone leaves and they are on COBRA, that is not calculated as an OPEB liability. The OPEB liability does take into consideration if active employees are eligible for the pre-65 retiree coverage. If they have left your organization and are not eligible for retiree coverage, then they will not be counted toward the OPEB liability.

- **Local Gov:** If the agency no longer offers the state insurance (drops the state plan), do the retirees still qualify for the (pre-65 retiree) insurance?
 - **Answer:** No. If the agency has retirees who are covered on the pre-65 plan, when the agency leaves the state insurance, the agency takes the retirees with them. If the agency participates in TCRS and has retirees who are Medicare enrolled, receiving a pension and enrolled in The Tennessee Plan (supplemental to Medicare, administered by POMCO), they can remain enrolled on The Tennessee Plan if the agency leaves our pre-65 plan. If the agency contributes to The Tennessee Plan premium, that would generate an OPEB liability.

- **Local Gov:** We put money for retiree insurance into the employee's 401K pension account upon retirement. Is that still considered a liability? This is only if they retire on or after age 62 and they are no longer eligible at age 65. We have a few retirees on your plan.
 - **Answer:** The OPEB liability does not calculate anything based on pension; it is based on retiree health insurance coverage. We are only talking about the liability associated with participation in our health insurance. We are not sure how the 401K would apply and are unsure if there would be a way for an actuary to account for what the employer put into the 401K.
Follow up response: It's a lump sum to cover their health insurance, and they get this when they retire.
Answer: Then yes, you will have a liability based on having active employees and pre-65 retirees on our plan, but the actuaries who calculated the liability would not necessarily know about the instances of funding the 401K for your employees.

- **Local Gov:** If you don't have the insurance and the company doesn't pay any part of the coverage ages 62-65, how could you have a liability?

**Combined ABC Conference Call Notes
Local Education and Local Government
November 6, 2018**

- **Answer:** This is exactly what we plan to bring up and discuss during the upcoming OPEB webinars with your agency heads and budget officers. Our Plan Document states that active employees are eligible to continue this insurance upon retirement until they become entitled to Medicare if they meet other requirements. So because the Plan Document states that they are eligible for the pre-65 retiree health insurance coverage, those members could enroll in our plan as a retiree, even if you have not communicated that offer to them.
- This is why we are going to ask your agencies if they would prefer that we change the Plan Document and either allow agencies to opt-out of having eligible employees enroll in retiree health coverage at the time of retirement or closing the retiree coverage option for all agencies at a certain date. Right now, your employees are eligible and this creates part of the OPEB obligation.
- **Local Gov:** Will the local government be given a choice to re-enact the 7/1/15 date for employees not to be eligible? Is this going to be considered by the Local Government committee? We have the date 7/1/15 in our rule – if they choose to not continue to provide after a certain date is there an option to go back and change that date?
 - **Answer:** There are several options we are considering for the Insurance Committee’s decision. One example is having an opt-out provision which allows current retirees to be grandfathered into the plan and allowing an agency to opt-out of allowing current employees to have retiree coverage upon retirement. The agency would not be able to opt-out and opt back in for retiree coverage. Once the agency opts-out of retiree coverage, they are out. We won’t be able to make the date retroactive or at the individual employee level, as with the 7/1/15 eligibility cutoff. Another option is to close the retiree pool after a certain date. These kinds of scenarios are exactly what we will discuss during the OPEB webinars. We want to get feedback from agencies on what they would like to do. Any changes to the retiree eligibility rules are contingent upon Insurance Committee approval.
- **Local Gov:** If our agency does not participate in TCRS and we also do not provide any post-employment benefits for employees when they retire, is there any liability to the agency? I think where I am confused is the language of pre-retirement. When you retire from here, we don't pay any amount toward any retirees insurance.
 - **Answer:** As discussed above, this is the situation that is probably hardest to understand. Given the GASB rules, under our current state Plan Document, even if an agency doesn’t have any retirees in the retiree plan and doesn’t contribute toward the retiree premium, your active employees are *eligible* to participate because they are members in our plan and the potential future cost difference of the retiree is what creates the OPEB liability. The Plan Document lays out our eligibility for a TCRS plan member, but is also includes eligibility for non-TCRS plan members, and they are eligible and meet the age, length of service, etc. requirements, even if your agency does not contribute to the coverage, under the current Plan Document language there is an OPEB liability. By changing the language to either close the plan to future retirees or permit an agency to opt-out, the liability associated with active employees with an agency that has no retirees and does not want to offer retiree coverage would be eliminated in future fiscal years.

**Combined ABC Conference Call Notes
Local Education and Local Government
November 6, 2018**

Operations

- **Local Ed/Local Gov: Enrollment Numbers:**

	ESS	eForms	Total
Local Ed	5,335	1,497	6,832
Local Gov	1,075	1,007	2,082
Total	6,410	2,504	8,914

OPERATIONS QUESTIONS

- **Local Ed:** On the TN_BA265_OE_ELECTIONS_IN_ESS, I did not have anyone show up. I did have had someone make a change, and I used Benefit Eform.
 - **Answer:** The TN_BA265 query will only show employees who made changes via ESS. If you made changes in Benefits EForm will need to use the TN_BA219_AETP_INS_ELECTIONS query.

- **Local Ed:** Is the Annual Enrollment for an employee's spouse a qualifying event? I have an employee whose spouse's enrollment period that started this week. They had not planned on making any changes, but they found out his wife's employer is making a drastic change. Is this a special qualifying event (SQE) or an appeal?
 - **Answer:** If the employee is being removed from the spouse's coverage, this would be a SQE. We changed this about a year ago. As long as he is being removed and he can provide proof that he is being removed.
 - **Follow up:** What would serve as proof that he is being removed and what if he can't get proof? If he does as a SQE, when could he get on the local education plan?
 - **Answer:** The spouse's company could provide proof that he is being removed. If he doesn't have proof he is being removed from coverage, he could also file an appeal. His start date would depend on when he is being removed from coverage, either the day after he loses coverage or the first of the month following the event.

- **Local Ed:** We have an employee who was wrong in Edison. Our district was charged too much for that employee, and we should have a refund in Edison. Where does this come from?
 - **Answer:** If the correction was just made in Edison, we will create a retro and our billing dept. will issue the refund. It may not be the next billing cycle but could be the following cycle, so it could take two cycles.

- **Local Ed:** Will members get new vision cards?
 - **Answer:** Following Annual Enrollment, members will only get new vision cards if they are new to vision coverage or they made a change to their plan. This is because there are no changes to vision coverage, so current members who continue their coverage can use the same ID cards. The same applies to dental coverage. But members can get new ID cards if they want them.
 - For existing members and new hires, this information is found in the Davis Vision Member Handbook: DO I GET A MEMBER ID CARD & WHAT IF I

**Combined ABC Conference Call Notes
Local Education and Local Government
November 6, 2018**

LOSE IT?

Yes, the head of contract will receive a Member ID Card; covered dependents do not. However, you do not need the ID card to use your benefits. Replacement cards can be ordered through your online account or by calling us.

https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/vision_handbook_2018.pdf

- **Local Ed:** Just confirming that we now put the actual hire and termination dates in Edison, and the system automatically enrolls/terms them the last day/first day? So, we no longer have to enter the first day or last day of month.
 - **Answer:** For the terming date, you will use what date you want the coverage to end – say Nov. 30 you will use 10/31/18. The term date rules have not changed. For the hire date you should use the actual date of hire.

- **Local Ed:** How do I change an enrollment effective date for an employee's daughters? The effective date is 1/1/19. He wants their coverage effective date to start now.
 - **Answer:** It depends on if it is due to a SQE or if enrolled them during Annual Enrollment. If he enrolled them during Annual Enrollment, the coverage will begin 1/1/19 and that cannot be changed. However, if the dependent has a qualifying event to enroll due to loss of coverage on another plan then yes the member can enroll the dependent sooner than 1/1/19. You would need to submit an Enrollment Change Application and proof that the other coverage ended. The member has 60 days from the event to submit.

- **Local Ed:** Do we use the regular application for the appeal process?
 - **Answer:** Yes, you would use the regular Enrollment Change Application.

- **Local Gov:** I don't understand if the 7/1/15 date applies to us if our retirees are not on POMCO and not receiving TCRS pension checks?
 - **Answer:** If your agency is a non TCRS agency, the 7/1/15 date is not applicable. If you are an agency that participates in TCRS, the 7/1/15 is not applicable in regard to pre 65 retiree group health insurance, but it is still applicable for your retirees who are eligible for Medicare and wish to apply for The Tennessee Plan, supplemental medical insurance for retirees with Medicare.

- **Local Gov:** What is POMCO?
 - **Answer:** POMCO/UMR is the vendor that administers The Tennessee Plan which is supplemental medical insurance for retirees with Medicare. Employees must be receiving a TCRS pension check and enrolled in Medicare to be eligible for The Tennessee Plan.

- **Local Gov:** I missed the training on how to run queries after Annual Enrollment. Could you share how to run that report?
 - **Answer:** You can find the presentation on the [ABC webpage under Training, Queries to Run After Annual Enrollment.](#)

- **Local Gov:** An employee received a flier regarding her insurance and it is showing her son is still on her insurance and her son should not be on her insurance. I've been trying

Combined ABC Conference Call Notes
Local Education and Local Government
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to find the paperwork at the agency when this was supposed to be changed. Would that be a correction form or just a letter?

- **Answer:** If you are trying to back date the cancellation under a previous ABC, you can write an admin error letter and submit a cancel request form along with all required documents and based on agency error we can approve the retro cancel after we conduct a claims check to verify coverage was not used. If she wants to remove him starting 1/1/2019, she can send in an appeal or you can send on her behalf.

- **Local Gov:** I have an employee who after annual enrollment, his dependent mother is going to carry coverage for his daughter but she is refusing to give him a letter to drop his dep, so will he will have to pay to keep the daughter. Or, what can he do?
 - **Answer:** The easiest thing to do is to submit an Annual Enrollment appeal to remove the dependent on 1/1/2019.

- **Local Gov:** Can an ABC send in an appeal for a group or does each person need to send in an appeal? Will I need an enrollment form for each?
 - **Answer:** ABCs can send in appeals for your employees, but you will have to send in individual appeals for each employee. You could create a template and yes, you will need an Enrollment Change Form for each member. This is because we have to have their information separate from one another.

Combined ABC Conference Call Notes
Higher Education, Local Education, State and Local Government
November 13, 2018

Vendor Presentations

- **Cigna Omada Diabetes Program Update:** Just letting you know that we will start a holiday email campaign for Cigna members to get a jump start on the Omada Diabetes Prevention Program. As a reminder, these emails will only go to Cigna members. The email campaign will run for four weeks, starting on **Tuesday, November 20** (note - this date has changed).

- **Wellness Program: ActiveHealth Introduction and Program Overview**
 - **Wellness Program Introduction:** We are excited to have ActiveHealth Management join our ABC calls today. As you know, we announced earlier this year that ActiveHealth won the contracts for the Primary Population Health and Weight Management programs. The new wellness program will officially go live on Jan. 1, 2019. Before I introduce our presenter today, I want to go over what will be covered today and what you can expect on the December calls.
 - **State/Higher Ed:** Today, ActiveHealth will talk in more detail about all of the programs members will have access to as well as some of the unique features of our new program. In December, we will share a copy of the welcome mailer that will drop mid-December, more information about member outreach as well as all of the details of the incentive program and how members will be able to earn cash incentives if they want to.
 - **Local Ed/Local Gov:** Today, ActiveHealth will talk in more detail about all of the programs and resources your members will have access to as well as some of the unique features of our new program. In December, we will share a copy of the welcome mailer and talk in more detail about how ActiveHealth will outreach to members who are eligible for the disease management program.
 - In December, you will meet more team members from ActiveHealth. Today, I have the pleasure of introducing **Scott Money**. Scott is our Account Director and has been working closely with us during implementation.

WELLNESS PROGRAM QUESTIONS

- **State:** Am I hearing correctly that for the wellness program it is not a one-time payment of \$250; employees will have the opportunity to earn up to \$250?
 - **Answer:** Correct, we are putting an incentive table together that will show how members will be able to earn the \$250. It will show what they have to do, what they are eligible for, and how they can total up to the maximum \$250. This would apply to covered spouses too, if applicable.

- **State:** Does the spouse have to be on your medical insurance in order to participate in the wellness program?
 - **Answer:** Yes, the spouse does have to be enrolled on the medical plan to participate.

- **Local Gov:** Who is the wellness program being offered to, and is it in place or in addition to Omada?
 - **Answer:** Omada is specific to people who are pre-diabetic and offered to Cigna members through the medical plan at no cost. The wellness program is for disease management such as diabetes and other chronic diseases, and they will have access to tools and resources to better manage their condition. Employees and spouses will be outreached to via phone calls and emails. Dependents 18+ can also participate

but they will not be outreached to. We hope that those who are interested will participate.

- Omada is just for Cigna members. BlueCross BlueShield will roll out their Diabetes Prevention Program in January for their members and we will talk about this in January.
- **Local Gov:** Is this an optional program (wellness)?
 - **Answer:** Yes.
- **Local Gov:** Is the wellness program included in medical insurance covered or a separate benefit.
 - **Answer:** It is included in the medical coverage, so you do have to have medical coverage to have access.

Materials and Communications

- **2019 Eligibility & Enrollment Guides:** The 2019 Eligibility and Enrollment guides have been posted to the [ParTNers for Health website under Publications](#). You can email a PDF to your employees. We created the guides in black and white ink so if you want to print copies, they will be less expensive to print.
- **Higher Ed/State:** The BlueCross BlueShield and Cigna member handbooks are complete and PDFs have been posted on the [ParTNers for Health website under Publications](#). This year, all plans are combined into one book for each carrier. So information for all of the PPOs and CDHPs are combined into one book instead of broken out by plan type.
- **ABC Conference Call Notes and Email Reminder:** As a courtesy, if you are the primary ABC and your back up or secondary ABCs are not able to join ABC calls, please be sure to share/forward the conference call notes and emails.
- **Holiday Hours:** Here are the Thanksgiving holiday hours for the state and our vendors:
 - **State offices and BA Service Center** will be closed Thursday and Friday, November 22 and 23.
 - **BlueCross BlueShield:** Offices will be closed November 22 and 23.
 - **Cigna:** Offices will be closed November 22 and 23 and the service team will be off. **Cigna's 24/7 call center will be open.**
 - **Optum:** Offices will be closed November 22 and 23. **Here4TN call center is open 24/7.**
 - **PayFlex:** Will be closed November 22 and November 23 - members will have access to the Automated Voice Response system.
 - **CVS/caremark:** Open 24/7 365 days per year.
 - **Davis Vision:** Will be closed Thursday, November 22. Reduced Hours of Operation:
Friday, November 23 – 8:00-6:00 p.m.
 - **UMR/POMCO:** Will be closed Thursday and Friday November 22 and 23
 - **MetLife Dental:** November 21, 8-6; closed November 22, November 23, 8-6.
 - **State/Higher Ed: MetLife Disability Service:** November 21, 8-8; closed November 22; November 23, 8-6.
 - **State/Higher Ed: Securian Financial:** Will be closed November 22.
- **Local Gov: Local Government OPEB Webinars for Agency Directors and Budget Officers:** Operations Director Patrice Steinhart and our Executive Director Laurie Lee spent a great deal of time on last week's call providing you with information about pre-65 Retiree Health coverage and Local Government Agency OPEB obligations. Laurie announced that she

will conduct a webinar for your agency heads and fiscal officers the week after Thanksgiving. She reviewed the agenda and the dates which are below and we included it in last Friday's call notes.

- We emailed today (Tuesday, Nov 14) to the head of your agencies and the fiscal officers for whom we have email addresses a memo from Laurie Lee with the registration information for these webinars. Each webinar is the same. We have offered four different times with the hope that one of them will suit each of your leadership members. Each person will need to register individually because we will send out a survey at the end of each webinar asking for information that we will share with the Local Government Insurance Committee at their December meeting.
- Local government ABCs may join a webinar if you wish to by logging in the same way you do for our ABC calls.
- Please help us make sure that this information gets to the right people in your agency.
 - **Agenda:**
 - What generates OPEB liability?
 - OPEB reporting requirement
 - Local Government Plan pre-65 retiree facts
 - **How to reduce or eliminate OPEB liability**
 - **Agency leadership feedback on Local Government Plan proposal**
 - **Local Government OPEB Webinar Dates and Times**
 - **Tuesday Nov. 27**
 - 9 – 10 a.m. Central time, or
 - 10:30 – 11:30 a.m. Central time

OR

- **Friday Nov. 30**
 - 9 – 10 a.m. Central time, or
 - 1 – 2 p.m. Central time

- The link to register is included in Laurie's memo:

https://stateoftennessee.formstack.com/forms/local_government_agency_opeb_webinars

Benefits:

- **Plan Document Updates:**

Plan Documents were recently updated and those updated versions are posted to the ParTNers For Health website under "Publications":

<https://www.tn.gov/partnersforhealth/publications/publications.html>

- 2018 PDs will stay up through the end of the this year (archived after that)
- 2019 PDs will stay on the website through the end of next year
- Pending Updates

2018

1	2.08(D) [S/LE/LG]	Special enrollment rules for retirees updated to clarify retiree rights are not HIPAA-based
2	4.01(A) [S/LE/LG]	Voluntary Coverage Termination – allowed cancel reasons listed to clarify compliance with Section 125
3	4.02(B) S/LE/LG	Termination of Dependent Participation – (divorce pending) – language modified to update current approach to divorce scenarios – references to TCA 34-4-106 and TCA 56-7-2366 – employee/retiree is responsible for

		providing notice of termination of health insurance to the covered dependent
4	4.03(B) [S/LE/LG]	Continuation of Dependent's Health Insurance Upon Death of a Covered Employee - clarified that although a pension must still be continued for TCRS employees, surviving dependents do not have to be the pension beneficiaries in order to continue insurance
5	4.06 [LE/LG] and 4.07[S]	Continuation of Health Coverage for Retirees – clarified and reorganized language in these sections to improve document flow and make information easier to understand
6	1.20, 2.08(D), 4.05 and 4.06 – [LG Only]	<p>Passage of Public Chapter 631 and Changes to TCA 8-27-705</p> <ul style="list-style-type: none"> Deleted references to persons being ineligible for medical plan coverage when initial employment with a qualifying employer commenced on or after July 1, 2015 July 1, 2015 language specific to the Tennessee Plan (Supplemental Medical Insurance for Retirees with Medicare) is still applicable – Sections 2.08(D) and 4.06(E)(2)

2019

1	13.02 [S/LE/LG]	Cleanup and reorganization of items aligning the plan documents and member handbooks; renumbering of some items
2	Benefit Grids [S/LE/LG]	2018 benefit grids replaced with 2019 benefit grids
3	Part II –[S only]	<p>Flexible Benefits and Parking/Transportation Expense Plan</p> <ul style="list-style-type: none"> Dates updated to reflect appropriate Plan Year throughout the document maximum contribution amounts update from \$2,600 to \$2,650 (Article II and Article IV)
4	13.02 [S/LE/LG]	<p>Insurance Committee Actions with regard to Covered Expenses</p> <ul style="list-style-type: none"> Added coverage for bone-anchored hearing devices - 13.02(P)(15) Clarified prior authorization and utilization management review requirements for chemotherapy and radiation therapy – 13.02(K) Removed language for ketogenic diet counseling – service is not in the current CPT code list; medical carriers will apply their current medical policies if a code for a similar service is billed
5	13.03 [S/LE/LG]	<p>Insurance Committee Actions with regard to Other Covered Expenses</p> <ul style="list-style-type: none"> Removed specific limits on cardiac rehabilitation services (including three sessions/wk for a maximum of 12 weeks) - will continue to be a covered expense when determined to be medically necessary by the medical carriers – 13.03(G) Removed language for biofeedback therapy – medical carrier policies

		will apply
6	13.04 [S/LE/LG]	<p>Insurance Committee Actions with regard to Exclusions and Limitations</p> <ul style="list-style-type: none"> Modified exclusion on organ transplants to allow that artificial organs and non-human organs will not be excluded if determined to be medically necessary by the medical carriers – 13.04(A)(26)

Local Ed/Higher Ed/State only: Pending Updates

- Recently confirmed that we need to make additional updates to the State and Local Education Plan Documents
- Requested and received approval of proposed language updates
- Updated documents will be posted to the ParTNeRS For Health website under “Publications” during the month of November
<https://www.tn.gov/partnersforhealth/publications/publications.html>
- State-sponsored plans are subject to applicable state law, and the following changes are applicable now, regardless of pending PD updates
 - **[State/Higher Ed]** Passage of Public Chapter 631 and changes to TCA 8-27-205(e) – allows that for purposes of continuing insurance at retirement in the State Plan, when we consider the rule for first employment prior to July 1, 2015, we will consider first employment date with participating local education agencies as well as first employment date with the State of Tennessee.
 - **[Local Education]** Passage of Public Chapter 631 and change to TCA 8-27-305(e) - allows that for purposes of continuing insurance at retirement in the Local Education Plan, when we consider the rule for first employment prior to July 1, 2015, we will consider first employment date with the State of Tennessee as well as first employment date with participating local education agencies.

Operations

- Service Center Metrics/Customer Service Rating**
 - **October 2018:**
 - Tickets via Email: 1,089
 - Tickets via Self-Service: 5,134
 - Tickets via Phone: 14,147
 - Tickets via Chat: 910
 - Total: 21,280
 - Satisfaction Score: 94.1%
 - **October 2017:**
 - Tickets via Email: 627
 - Tickets via Self-Service: 2,996
 - Tickets via Phone: 13,898
 - Tickets via Chat: 752
 - Total: 18,273
 - Satisfaction Score: 91.5%
 - We received about the same number of calls this year as compared to last October. Total interactions increased by about 3,000.
 - We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.

- If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for October was 94.1% percent, up from 91.5% last October.
- **State: ESS Participation Rates:**
 - ESS % for September: 90%
 - YTD: 92%
- **Cancel Request Form Update:** We have revised our Cancel Request Form under Part 2 for a divorce to include additional space below the “Documentation Required” box so the member can write-in a forwarding address for their ex-spouse.
 - Please start using this revised form immediately. The new language reads, “If divorce, please provide ex-spouse’s current address here.” Benefits Administration wants to ensure we are mailing the required COBRA notice for a divorce directly to the ex-spouse whenever possible. If no address is provided, the COBRA notice will be mailed to the ex-spouse’s attorney if their address is listed in the divorce decree. As a last resort, if no other forwarding address is available, the COBRA notice will be mailed to the member and it is their responsibility to ensure their ex-spouse receives it timely.

PART 2 — REASON TO REQUEST TO CANCEL	
REASON	DOCUMENTATION REQUIRED
<input type="checkbox"/> Marriage, divorce, legal separation, annulment	Copy of marriage certificate or full divorce decree or legal paperwork signed by judge and proof of other coverage (see #1 above) If divorce, please provide ex-spouse's current address here:

- **New ABC Training**
 - **November 28:** Local Education: 9-11 a.m. Central time
 - **November 28:** State/Higher Education: 1-3 p.m. Central time
 - **November 29:** Local Government: 9-11 a.m. Central time
 - **November 29:** Session 2 - All Entities 1-3 p.m. Central time

Here is how to sign up for training:

1. Login in To Edison.
2. Navigate to ELM Menu >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.
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 Submit Enrollment in the bottom lower left corner.
7. 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.

QUESTIONS

- **Higher Ed:** Can we order copies of the 2019 Eligibility and Enrollment guide?

- **Answer:** No, we are no longer printing the Eligibility & Enrollment guides. You can print the PDF posted on the website, and you can also email it directly to your employees.
- **Higher Ed:** I'm a bit confused about the divorce information at top of the cancellation form. Has the top sentence always been there (Copy of the marriage certificate or full divorce decree or legal paperwork signed by a judge and proof of other coverage)?
 - **Answer:** Yes, the top sentence has always been there and to clarify, if the reason is a divorce we will need the full divorce decree, but we **do not** need proof of coverage. The request for address information for the spouse is new.
- **Higher Ed:** So for the part 2 reason to cancel section, we need to send in a copy of marriage certificate and proof of other coverage, is that correct? I have a suggestion—could you make those separate in the box? Put the marriage part in a separate box and put the divorce information in another box
 - **Answer:** Correct, we will need the marriage certificate and we will need proof of other coverage as well. We will take your suggestion back to the group to discuss.
- **Local Ed:** Who should we contact about the Plan Document subject matter offline?
 - **Answer:** You can contact Tresa Jones at tresa.jones@tn.gov.
- **Local Ed:** What if the proof of other coverage is not always available?
 - **Answer:** To clarify, we wouldn't need proof of coverage if they are cancelling due to a divorce. This is only for marriage. We do accept COBRA notices if they are not able to get other documentation.
- **Local Ed:** When does the actual hire and term date change go into effect, now or Jan 2019?
 - **Answer:** There have not been any changes. For new hires you should be using their exact hire date. There have been no changes for terms. The term date rules require that you use the last day of the month prior to when you want coverage to end. For example if you want coverage to end 11/30/18, you would enter 10/31/18 as the term date in Edison.
- **State:** Do we have an updated list of vendor contacts?
 - **Answer:** No, we don't have any updates to make at this time, but as soon as we do post a revised vendor contact list we will let you know and send it out with a Friday ABC email.
- **Local Gov:** Who do we need to send contact information to for agency heads and financial personnel?
 - **Answer:** You can send the information to benefits.info@tn.gov.
- **Local Gov:** Will the current ABCs be copied on the OPEB webinar emails to the agency directors/leaders or will we be emailed in lieu of being able to contact the agency financial leaders?
 - **Answer:** We will send the email with the memo information first to agency heads/fiscal directors and mayors if we have their contact information, and then we will send the email to primary ABCs asking them to forward to their agency heads and fiscal directors.
- **Local Gov:** Can we order 2019 employee handbooks and physician directories now?

- **Answer:** Yes, you can request 2019 handbooks and directories from BlueCross BlueShield and Cigna now. Both medical carriers will mail Welcome Packets to enrolled members in mid-December and to new hires as they are enrolled. When the welcome packets go out to members they will include a postage-paid postcard giving employees the option to have these publications mailed to them.

- **Local Gov:** I have an employee who made an admin error. What is the best path to add his two children on to the employee's plan?
 - **Answer:** If regarding the employee's Annual Enrollment or new hire coverage, the best way is to forward an appeal letter and include an Enrollment Change Form with the elections the employee wants. Be sure to include the necessary dependent verification documents and birth certificates, and we will review.

- **Local Gov:** How can I get a list of the 2019 employees' benefits that are on the Premiums Due Reports? I have to make all my changes in my employee deductions BEFORE our December 7th payroll. I just want to be sure I match with what you have.
 - **Answer:** You can run the TN_BA219_MED_DEN_COVERAGE query which will give you all of the changes for 2019. You will use dates 1/1/2019. You can find information about the queries on the [ABC webpage](#), under the Training tab. There is a PowerPoint called Queries to Run After Annual Enrollment, and there is also an Edison Query List.

- **Local Gov:** Should an employee be charged an admin fee on their PayFlex accounts? The employee is currently enrolled in the Local CDHP.
 - **Answer:** If the employee is currently enrolled, you can send the question to stateoftennessee@payflex.com and we can look into this for you. Employees may get charged the admin fee if they changed agencies or their account information changed.

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Benefits

- **Local Gov:** OPEB Communications and Next Steps: Benefits Administration’s Executive Director, Laurie Lee, shared the following information as a follow up to the OPEB webinars:

LG OPEB Communications

- BA provided information and invited leadership from every LG agency to participate in an OPEB liability webinar.
- Agenda discussed:
 - What generates OPEB liability?
 - OPEB reporting requirement
 - Local Government Plan pre-65 retiree facts
 - How to reduce or eliminate OPEB liability
 - Agency leadership feedback on Local Government Plan proposal
- Webinar attendees were invited to participate in a short survey after the webinar.

LG OPEB Communications

Survey Results

- The survey was sent to 183 people who registered for the webinar
- 82 people responded (45%)
- Do you support a rule change that would permit participating agencies to permanently opt-out of pre-65 retiree health insurance coverage in the future?
 - No- 14 (17%)
 - Yes- 67 (82%)
 - 1 did not respond to this question
- Do you want to offer pre-65 retiree health insurance coverage in the future?
 - No-36 (44%)
 - Yes-45 (55%)
 - 1 did not respond to this question

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LG OPEB Next Steps

- BA will send FAQs from the webinars to all LG agencies, including those that did not participate
- Based on survey results, BA will propose pre-65 retiree health “opt-in or opt-out” rule change to Local Government Insurance Committee later in December
- Based on Local Government Insurance Committee decision, we will follow-up with specific instructions to participating agencies later in January

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Materials and Communications

- **Updates:**
 - **Updated Marketplace Notices:** The premium amounts on the marketplace notices have been updated for 2019. You can find the updated notices on the [ABC webpage](#) under **PPACA Documents** titled **Required Federal Marketplace Notice** by plan type. Here is a reminder about giving these notices to your new hires.
 - **State/Higher Ed:** Every newly hired benefits eligible employee must receive the marketplace notice within 14 days of an employee’s start date. You can use the document provided on the ABC website.
 - **Local Ed/Local Gov:** Employers are required to provide the notice to each new employee at the time of hiring. The Department (U.S. Department of Labor) will consider a notice to be provided at the time of hiring if the notice is provided within 14 days of an employee’s start date. You can download the sample Marketplace Letter and use as a reference to create your agency PPACA marketplace notice.

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- **Updated Employee Checklist:** The new hire Employee Checklist that is required to be completed during an employee’s initial enrollment period has been slightly revised. Some wording and the order of information has been changed. Please use this updated version going forward. You can find in the [ABC webpage](#) by plan type.
- **Updated Vendor Contact List:** We have updated the ABC Vendor Contact list you use for benefits fairs and materials. We have included a new contact for ActiveHealth, and have updated the benefits fairs contact for PayFlex. You can find this updated version on the [ABC webpage](#) under **Conference Call Notes**.
- **Updated Order Form:** We have also updated the PayFlex contact information on the Order Form. You will find this form on the [ABC webpage](#) by plan type.
- **State/Higher Ed: 2019 New Hire Presentation:** We have posted the 2019 new hire PowerPoint presentation on the [ABC webpage](#) under **State Plan**. You will need to save the PowerPoint in order for the graphics to download correctly. We have also posted a PDF version of the presentation with notes that you can use or share directly with your employees so they can review it at their convenience.
- **Local Ed/Local Gov: 2019 New Hire Presentation:** We have posted the 2019 new hire PowerPoint presentation on the [ABC webpage](#) by **plan type**. You will need to save the PowerPoint in order for the graphics to download correctly. We have also posted a PDF version of the presentation with notes that you can use or share directly with your employees so they can review it at their convenience.
- **2019 Monthly ABC Conference Call Schedule:** The 2019 monthly ABC conference call schedule has been posted on the [ABC webpage](#) under Conference Call Notes. **Note:** BA could change the call schedule due to in-person trainings and additional weekly calls may be added prior to and during the Annual Enrollment period.
- **BA and Vendor Holiday Schedule:** State offices and the Benefits Administration service center will be **closed on Monday, December 24 and Tuesday, December 25** for the Christmas holiday, as well as closed on **Monday, December 31 and Tuesday, January 1** for the New Year’s holiday.
 - The vendors’ holiday hours follow.
 - **Please note, for Cigna, these are the office hours – the call center is open 24/7.**

BCBS Holiday Schedule		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Closed
Christmas Day	Tuesday, December 25	Closed
New Year’s Day	Tuesday, January 1	Closed

Cigna Holiday Schedule (health and dental) – office hours – Call Center is open 24/7		
Holiday	Date	Status
Christmas Day	Tuesday, December 25	Service team off
New Year’s Day	Tuesday, January 1	Service team off

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CVS/caremark Call Center:

- Call center: **Open 24/7 365 days per year.**

Optum:

- Call center: **Open 24 hours a day, 7 days a week.**

MetLife Dental Holiday Schedule		
Holiday	Date Observed	Closing Time
Christmas Eve	Monday, December 24	Open, 8a.m. – 1 p.m. EST
Christmas	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed

ActiveHealth Holiday Schedule		
Holiday	Date	Status
New Year's Day	Tuesday, January 1	Closed

PayFlex Holiday Schedule:		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 7 a.m. – 7 p.m. CST
Christmas Day	Tuesday, December 25	Closed, Automated Voice Response
New Year's Eve	Monday, December 31	Open, 7 a.m. – 7 p.m. CST
New Year's Day	Tuesday, January 1	Closed, Automated Voice Response

Davis Vision Holiday Schedule (times are EST):		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 8 a.m. – 5 p.m. EST
Christmas Day	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 8 p.m. EST
New Year's Day	Tuesday, January 1	Closed

UMR/POMCO Holiday Schedule		
Holiday	Date	Status
Christmas Day	Tuesday, December 25	Closed
New Year's Day	Tuesday, January 1	Closed

State/Higher Ed only:

Securian Financial Holiday Schedule:		
Holiday	Date	Status
Christmas Eve	Monday, December 24	Open, 7 a.m. – 12 p.m.
Christmas Day	Tuesday, December 25	Closed
New Year's Day	Tuesday, January 1	Closed

MetLife Disability Holiday Schedule		
Holiday	Date Observed	Closing Time
Christmas Eve	Monday, December 24	Open, 8 a.m. – 1 p.m. EST

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Christmas	Tuesday, December 25	Closed
New Year's Eve	Monday, December 31	Open, 8 a.m. – 4 p.m. EST
New Year's Day	Tuesday, January 1	Closed

Vendor Presentations

Wellness Program: ActiveHealth Presentation:

- **Higher Ed/State:** Paige Turner, BA's Population Health Director, and Scott Money and Amy Heifetz with ActiveHealth, gave us more details about the 2019 wellness program member outreach, the cash incentives and screenings. The ActiveHealth presentation slides are attached with the Friday, December 14 ABC email.
- **Local Ed/Local Gov:** Paige Turner, BA's Population Health Director, and Amy Heifetz with ActiveHealth gave us more information about the 2019 wellness program member outreach for disease management.

WELLNESS PROGRAM QUESTIONS

- **Higher Ed:** Could you tell us the screening period (dates)?
 - **Answer:** To earn the cash incentive, state and higher ed members will need to get their biometric screenings between January 1, 2019 and November 30, 2019, with results completed and faxed to Quest by the November 30 date.
- **Higher Ed:** If you just had a screening, you are not eligible for another one right?
 - **Answer:** Members will have a couple of options to get their biometric screening before November 30. Member benefits reset every year, so a member could have recently completed a biometric screening at the end of the year and still be eligible to get another screening at the beginning of the calendar year. But, we don't encourage members to do that. Members could get a screening at an onsite screening, or there are other incentive options they can do. They don't have to complete a biometric screening to earn cash incentives. There are other activities they can complete.
- **Higher Ed:** For employees who won't have to do the activities because they are considered a healthy individual and will get \$150 for having 3 out of 5 healthy values, to get the full \$250, they are going to have to do another activity, correct? They will have to do a little more participating than what they are used to?
 - **Answer:** With the Partnership Promise they had to do something - they had to complete the health assessment and biometric screening. With this new voluntary program, members will have a little flexibility. All members will have to complete the health assessment to earn cash incentives, but then it is up to them what else they want to complete. In this scenario, they would have many other options to earn the final \$50. They could complete online activities or complete wellness challenges or complete a preventative exam to earn the last \$50.
- **Higher Ed:** In the past I've had several pregnant employees and they were not required to participate. In this case if they don't participate, what will happen? They may actually meet the 3 out of 5 healthy values, but they are not used to having to do anything when they pregnant and I don't want anyone to assume they won't have to do anything.

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- **Answer:** These members will be able to work with ActiveHealth on a reasonable alternative. The difference is that with this program, the member is earning a cash incentive and not the premium discount. They can call ActiveHealth, and an example of alternative activities would be they could complete some online activities, or wellness challenges.
- **Local Ed:** So it looks as though that Local Education does not receive ANY incentives?
 - **Answer:** That is correct. This is a strategic decision that was made two years ago that the only plan that would be incentivized is the State Plan. Unlike the Partnership Promise, this new wellness program is strictly an optional activity. We certainly want employees to participate. Local education members will have access to the online portal and online app, and they can participate in disease management coaching but they will not get credit for doing this.
- **Local Ed:** Is this a requirement for our local education employees to participate (in wellness)?
 - **Answer:** No, they are not required to participate in the wellness program. However, if they are identified as high risk, the program can help them manage their chronic condition, and we do think it is a good idea for employees to participate. But it is certainly their right, and employees do not have to participate.
- **State:** Is there any way that the employee can be reimbursed all at one time or is it only as each step is completed?
 - **Answer:** The employee can only be reimbursed after he/she has completed an activity as we are paying them cash; we will not hold the money until the employee have completed all activities up to the maximum \$250. They will receive the cash incentives as they complete the activities. If they do multiple activities at the same time, they could receive a combined payment at that time. And the spouse could complete activities at a different schedule, and that money will go in the head of contract's paycheck.
- **State:** For the cash incentives, is it a \$250 maximum per person, or can employees earn above the \$250?
 - **Answer:** State and higher ed employees cannot earn above the \$250 – it is \$250 maximum per person for the employee and spouse, if applicable. Dependent children are **not** eligible, just the employee and spouse.
- **Local Gov:** We only have medical insurance with the State. Does that include access to the wellness program or is that a separate benefit?
 - **Answer:** The wellness program is included with medical coverage. The disease management (DM) program that will be available is included as part of the medical benefit, so employees will have access to the program, but it not required. We do hope employees will find benefit from the disease management program especially those who are at high risk as it will be a helpful interaction for those to get on track and manage their conditions.
- **Local Gov:** How can an employee opt out and stop calls/e-mails (from ActiveHealth)?

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- **Answer:** The first time they receive a call, they can let ActiveHealth know that they don't want to participate and can opt out. Members can also opt out of receiving emails.
- **Local Gov:** What kind of illnesses or conditions would be considered disease management?
 - **Answer:** There are five conditions; diabetes, asthma, COPD, congestive heart failure, and coronary artery disease. These are the five diseases that a member would be outreached about.

Operations

- **Local Ed/Local Gov/Higher Ed: IRS Extends 2018 Reporting Due Dates for 1095 Forms Sent to Individuals**

- Employers are encouraged to provide the forms to individuals as soon as possible, but no later than March 4, 2019. Individuals who file their 2018 federal income tax returns before receiving their 1095-B and 1095-C forms will not be required to amend their income tax returns once they receive their forms. They should keep their forms, once received, with their tax records.

2018 Forms Sent to Individuals	Original Deadline	Extended Deadline
Form 1095-B Form 1095-C	1/31/2019	3/4/2019

- It is important to note the IRS **has not** extended the due date for filing 2018 Forms 1094-B, 1095-B, 1094-C, or 1095-C **with the IRS**. The deadline remains February 28, 2019, for those with 250 or fewer forms filing by paper, or April 1, 2019, if filing electronically.

- **State: IRS Extends 2018 Reporting Due Dates for 1095 Forms Sent to Individuals**

2018 Forms Sent to Individuals	Original Deadline	Extended Deadline
Form 1095-B Form 1095-C	1/31/2019	3/4/2019

- Benefits Administration will provide the forms to employees as soon as possible, but no later than March 4, 2019. Individuals who file their 2018 federal income tax returns before receiving their 1095-B and 1095-C forms will not be required to amend their income tax returns once they receive their forms. They should keep their forms, once received, with their tax records.

- **Service Center Metrics/Customer Service Rating:**

November 2017	November 2018
Tickets via Email: 472	Tickets via Email: 736

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Tickets via Self-Service: 2,588

Tickets via Self-Service: 3,609

Tickets via Phone: 6,579

Tickets via Phone: 6,389

Tickets via Chat: 66

Tickets via Chat: 135

Total: 9,705

Total: 10,869

Satisfaction Score: 95.6%

Satisfaction Score: 96.4%

- We received about the same number of calls this year as compared to last November. Total interactions increased by about 1,000.
- We take the satisfaction of our customers very seriously. Please complete the survey after your Zendesk ticket is resolved.
- If you respond with a “Bad” rating to your Zendesk ticket, we will reach out to you to see how we can improve. We ask that you please rate the service you received from our service center, and not if you are unsatisfied with the policy. Our satisfaction rate for November was 96.4% percent, up from 95.6% last November.

• **New ABC Training:**

- December 19: Local Education: 9-11 a.m. Central time
- December 19: State/Higher Education: 1-3 p.m. Central time
- December 20: Local Government: 9-11 a.m. Central time
- December 20: Session 2 - All Entities 1-3 p.m. Central time

Here is how to sign up for training:

1. Login in To Edison.
2. Navigate to ELM Menu >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.
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 Submit Enrollment in the bottom lower left corner.
7. 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.

OPERATIONS QUESTIONS

- **Higher Ed:** For the voluntary term life adjustment for those who have accepted the \$5,000 increase, when can we access the file for those who have accepted it? I ran it yesterday, and normally I have to run it again to get the corrected adjusted amounts.
 - **Answer: Update:** For voluntary term life insurance for people who elected the \$5,000 increase or those who elected to increase their insurance amounts, the life insurance file has been loaded to Payroll. The new premiums should show on the premiums due file that Higher Education can run in Edison.

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- **Higher Ed:** I have two employees who have not been terminated from their transfer school. It has been three months and I need to hire them to our school. Who can help with this?
 - **Answer:** We will reach out to you and get the employees ID numbers so we can follow up with the transfer school, and we can make sure the transfers are getting entered into Edison correctly.

- **Local Ed:** Would we be required to provide the marketplace notice to employees who do not qualify for health coverage such as substitute positions?
 - **Answer:** It is a good practice to give the notice to everyone as all individuals are required to have insurance, and the marketplace is where they can go to get insurance. It is not a requirement but is a best practice. As noted on the employee checklist, it is required for those eligible for coverage.

- **Local Ed:** You all have now posted the 2019 Eligibility Guide instead of the printed book. For our new hires, we will now have to print those books which have several pages. Is it ok to only print the pages needed? For example, we don't subscribe to dental, and the legal pages at the end, are we required to give them to the employees?
 - **Answer:** It is a requirement to provide the Eligibility and Enrollment guides to your new hires, but how you do that is up to you. You can refer employees to the online version, and if they request a printed copy you can provide a printed copy. You can also email a copy and provide it to them at their email address.
 - **Follow up:** Can we leave out parts that don't apply?
 - **Answer:** You could leave out sections that don't apply to your employee such as voluntary dental and vision, but as far as the legal notices go they do need to be provided to employees.

- **Local Ed:** How does an employee update her name with Behavior Health Services? She is updated in Edison, but was told at Behavior Health she had not been updated.
 - **Answer:** We can research this with Optum. You can send the employee name and ID number to the BI box at benefits.info@tn.gov. If the employee's information has been updated in Edison it should be updated in the file that goes to Optum.

- **Local Ed:** I have a few employees who are not showing up on my January Premiums Report who did not roll over. Who do I need to talk to?
 - **Answer:** Please report these type of issues via Zendesk. We will need the specific employee information and we will check this information in Edison, and then work with billing.

- **Local Ed:** Will the COBRA PPACA report be emailed as it was last year? I apologize if I missed this communication.
 - **Answer:** The COBRA PPACA report will be emailed to agencies that have COBRA participants the week of 12/17.

- **Local Ed:** New insurance cards should be received by Jan 1. If not received, what is the best way to achieve getting them?
 - **Answer:** For medical cards, employees can go online if they have registered with their carrier and print a temporary card, or they can call the carrier directly. Most of

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our vendors have an online printable version available. Members can find contact information for our carriers on the ParTNers for Health website on the [Customer Service page](#). Members can also reach out to us if they are not able to get one on their own by submitting a Zendesk ticket or calling our Service Center at 800-253-9981. For pharmacy cards, members can go to the main Caremark.com website if they are not registered and register, and then enter their user ID and password, go to plan benefits and print an ID card.

- **Local Ed:** Will there ever be an update in Edison when keying a termination?
 - **Answer:** This has not changed. You should key the termination the last day of the month prior to when you want insurance to end. If you want coverage to end 12/31 the date to enter into Edison 11/30.

- **Local Ed:** When adding a new spouse to coverage, are new insurance cards always sent out?
 - **Answer:** Yes. For medical, a file is sent over from us to the carrier. For BCBS, the spouse will receive a card and it will have the head of contract's name on it. For Cigna, it will have the spouse's name on the card. For pharmacy, if the member adds a spouse, the member will receive a new pharmacy card and it will have the spouse's name on it.

- **Local Gov:** We can no longer order the Eligibility and Enrollment guide...correct? ABCs must print (it)?
 - **Answer:** Correct, the 2019 Eligibility and Enrollment guide is now online. You can print the guide from online or you can email the PDF to your employees.

- **Local Gov:** Will this form come from the Financial Department?
 - **Answer:** The 1095 form will come from you as the employer. You can run the PPACA report to get the information from Edison that you will need to complete the form. You can contact Patrice Steinhart at Patrice.steinhart@tn.gov if you have questions.

- **Local Gov:** Does the employer pass out the 1095 form?
 - **Answer:** Yes. The size of the agency will determine if you will need to mail them. If you have a smaller agency, you can hand them out and won't have to mail them.

- **Local Gov:** If we have an employee retiring, do we term them in the system when benefits end?
 - **Answer:** Yes, you would term the employee in Edison. The term date you will use will be based on when you want active insurance to end. If the coverage should end 12/31, you would need to enter 11/30.

- **Local Gov:** What is the query name for the PPACA information?
 - **Answer:** You can find information about how to run the PPACA report on the [ABC webpage](#) under Training titled **Instructions for Running Your PPACA Report**. https://www.tn.gov/content/dam/tn/finance/fa-benefits/documents/abc_run_ppaca.pdf