

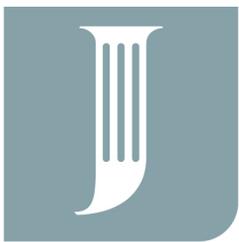
THE JEFFERSON HEALTH PLAN UPDATE

Volume 19/Issue 19 October 2019

WELCOME!

As another way to reach out to current Jefferson Health Plan groups and communicate on issues that directly impact our members, we will be providing updates on what is happening in the consortium.

If you have items that you would like to see in these updates, feel free to let us know!



Jefferson
HEALTH PLAN

Payment Remit Instructions

Effective immediately, the payment remittance instructions for the Jefferson Health Plan (JHP) are changing. The new instructions have been updated on the monthly invoice. A separate notice with the new instructions is also available upon request. Payments should no longer be mailed to US Bank in Cincinnati. Rather, payments by check will be sent to the Jefferson Health Plan, 2023 Sunset Boulevard, Steubenville, Ohio 43952. Additional information on this change will be available at the JHP Educational Seminar on October 24, 2019.

RxBenefits Pharmacy Benefits Administrator Update

Previously announced in the last quarterly newsletter and subsequent notification letters, effective January 1, 2020, JHP will transition from CVS/Caremark to RxBenefits, Inc. This change is expected to result in better pharmaceutical cost control, greater transparency in fees and rebates, and improved PBM market insight. This initial implementation will only apply to members currently using CVS/Caremark as their chosen PBM through the JHP contract. RxBenefits contracts with CVS/Caremark. Therefore, at launch, those members will remain with CVS/Caremark under the RxBenefits contract. As a reminder, no change in plan design is needed. The transition process is well underway to ensure a smooth launch on January 1, 2020. Each member employee's Third Party Administrator will be issuing updated prescription cards. These new cards will include contact information to reach the RxBenefits Member Service Representatives to address all of your prescription coverage needs. In addition to a detailed presentation at the October 24th JHP Educational Seminar, RxBenefits will be providing member information packets in advance of the January 1, 2020 implementation.

JHP HealthReach: Three Programs Working as One

Initially launched on January 1, 2019 as a Care Management Program, JHP's HealthReach Program continues to grow to better serve the needs of our members and their employees. On September 1, 2019, JHP added a Diabetes Management Program to the HealthReach offering. Under the Diabetes Management Program, plan participants may be eligible to receive no cost diabetic supplies shipped directly to their home, free of charge to the plan participant. Beginning January 1, 2020, JHP members will now also be able to offer a HealthReach Wellness Program to their employees. JHP member organizations may offer participants a customized wellness program that includes platforms, assessments, online wellness challenges, and targeted lifestyle/behavior modification programs. Each organization has the ability to customize their wellness program to meet the specific

needs of their population. JHP is pleased to offer this robust program as a way to help our members proactively control the costs associated with their self-insurance needs. These three integrated programs are available to JHP member organizations to promote and support total well-being of their employees. The JHP and HealthReach teams are available to provide more information and help you design an offering based on your needs.

Meet the New JHP Team Member

The Jefferson Health Plan would like to welcome Jessica Kucic joining us to better serve our membership. Jessica Kucic, Underwriter/Consultant, graduated from the University of Toledo with a Bachelor of Business Administration degree in Finance. She has worked in health insurance underwriting, consulting, and data analytics for 20 years.

OSBA JHP Membership Meeting/Dinner

The Ohio School Boards Association (OSBA) Capital Conference and Trade Show will be Nov. 10-12, 2019. The Jefferson Health Plan will host a Meeting/Dinner for JHP members who attend the Conference at 6:30 pm on Nov. 10 at Crowne Plaza Columbus—Downtown. For detailed information, please contact Jim Herring at (740) 792-4010 Ext. 202 or jherring@thejeffersonhealthplan.org.

IRS Issues Guidance on Preventive Care Services for HSA Participants to include certain care for chronic conditions

On July 17, 2019, the Internal Revenue Service (IRS) issued Notice 2019-45 (<https://www.irs.gov/pub/irs-drop/n-19-45.pdf>), effective immediately, which expands a list of preventive care benefits permitted to be provided by a high deductible health plan (HDHP) under section 223(c)(2) of the Internal Revenue Code (IRC) without a deductible, or with a deductible below the applicable minimum deductible (self-only or family) for an HDHP. HSAs are available for individuals who are enrolled in a qualified HDHP and have no disqualifying health coverage. Under IRC Sec. 223(c)(2)(A), to qualify as an HDHP, a plan generally may not provide benefits for any year until the minimum deductible for that year is satisfied. (For 2019, the minimum deductible is \$1,350 for Single coverage and \$2,700 for Family coverage. For 2020, the minimum deductible will be \$1,400 for Single coverage and \$2,800 for Family coverage.) However, Sec. 223(c)(2)(C) provides a safe harbor for benefits consisting of preventive care, under which an HDHP is not required to have a deductible or be subject to a minimum annual deductible for preventive care (as defined for purposes of the HDHP/HSA rules). In order for benefits to be considered “preventive” they must be either defined as preventive under section 1861 of the Social Security Act (SSA) or determined preventive in guidance issued by the Treasury Department and/or the IRS.

The IRS previously issued notices that provided guidance on preventive care services and items, and in prior guidance the Treasury Department and the IRS have stated that preventive care generally does not include any service or benefit intended to treat an existing illness, injury, or condition. (See Notice 2004-23, Notice 2004-50, Notice 2013-57, and Notice 2018-12). However, in Notice 2019-45, the Treasury Department and the IRS stated that they “are aware that the cost barriers for care have resulted in some individuals who

CONTACT US

The Jefferson Health Plan

2023 Sunset Blvd.

Steubenville, Ohio 43952

www.thejeffersonhealthplan.org

**Fall Semi-Annual
Meeting**

Wednesday,

October 23, 2019

Educational Seminar

October 24, 2019

See website for additional
details

are diagnosed with certain chronic conditions failing to seek or utilize effective and necessary care that would prevent exacerbation of the chronic condition. Failure to address these chronic conditions has been demonstrated to lead to consequences, such as amputation, blindness, heart attacks, and strokes that require considerably more extensive medical intervention.” Accordingly, the Treasury Department and the IRS, in consultation with the Department of Health and Human Services, have determined that certain medical care services received and items purchased, including prescription drugs, for certain chronic conditions should be classified as preventive care for someone with that chronic condition. Notice 2019-45 provides that the following services and items for individuals with the specified chronic conditions listed are treated as preventive care:

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Angiotensin Converting Enzyme (ACE) inhibitors	Congestive heart failure, diabetes, and/or coronary artery disease
Anti-resorptive therapy	Osteoporosis and/or osteopenia
Beta-blockers	Congestive heart failure and/or coronary artery disease
Blood pressure monitor	Hypertension
Inhaled corticosteroids	Asthma
Insulin and other glucose lowering agents	Diabetes
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease
Selective Serotonin Reuptake Inhibitors (SSRIs)	Depression
Statins	Heart disease and/or diabetes

The specific medical treatments and items listed above share a number of common characteristics: (1) The service or item is low cost. (2) There is medical evidence supporting high-cost efficiency of preventing exacerbation of the chronic condition or the development of a secondary condition. (3) There is a strong likelihood, documented by clinical evidence, that with respect to the class of individuals prescribed the item or service, the specific service or use of the item will prevent the exacerbation of the chronic condition or the development of a secondary condition that requires significantly higher-cost treatment. As explained further in Notice 2019-45:

- These specified services and items are treated as preventive care only when prescribed to treat an individual diagnosed with the associated chronic condition specified in the list, and only when prescribed for the purpose of preventing the exacerbation of the chronic condition or the development of a secondary condition.
- If an individual is diagnosed with more than one chronic condition, all listed services and items applicable to the two or more conditions are preventive care.
- However, services and items not listed and that are for secondary conditions or complications that occur notwithstanding the preventive care are not treated as preventive care for purposes of section 223(c)(2)(C).

Any services and items that constitute preventive care in Notice 2004-23, Notice 2004-50, and Notice 2013-57 continue to be treated as preventive care for purposes of HSA rules. Notice 2019-45 also makes it clear that it does not affect the definition of preventive care provided in the Affordable Care Act.

Reminder: Provide the Medicare Part D Annual Creditable Coverage Notices and Online Disclosure to CMS

The Medicare Modernization Act (MMA) requires entities/employers (whose plans include prescription drug coverage) to notify Medicare eligible policyholders whether their prescription drug coverage is creditable coverage, which means that the coverage is expected to pay on average as much as the standard Medicare prescription drug coverage. For these entities, there are two disclosure requirements annually:

1. The first disclosure requirement is to provide a written disclosure notice to all Medicare eligible individuals annually who are covered under its prescription drug plan, **prior to October 15th** each year and at various times as stated in the regulations, including to a Medicare eligible individual when he/she joins the plan. This disclosure must be provided to Medicare eligible active working individuals and their dependents, Medicare eligible COBRA individuals and their dependents, Medicare eligible disabled individuals covered under the prescription drug plan and any retirees and their dependents. Eligibility for Medicare Part D is not limited to age. Employers may not know which employees or dependents are eligible for Medicare Part D for reasons other than age. Providing the notice to all eligible employees, regardless of age, is recommended. The annual "Medicare Part D Coverage Notices to all Medicare-Eligible Individuals" for each JHP member's prescription drug plan has been sent to each JHP member in September, 2019. The Notice must be distributed to all Medicare eligible individuals covered under the prescription drug plan prior to October 15, 2019.
2. The second disclosure requirement is for entities to complete the Online Disclosure to CMS Form to report the creditable coverage status of their prescription drug plan. The Disclosure should be completed annually no later than 60 days from the beginning of a plan year (contract year, renewal year). For calendar year health plans, the deadline for the annual online disclosure is March 1 (Feb. 29 for leap years). Employers must use the online Disclosure to CMS Form located at the following URL: <https://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>. Additionally, if applicable, employers must also submit the Online Disclosure to CMS Form within 30 days after any change in creditable coverage status or after termination of a prescription drug plan.

Service Contact Guide

The Jefferson Health Plan has updated its contact information to better serve members. If members have any concerns, comments, or suggestions, please email or call based on the service contact guide below:

TOPIC	EMAIL ADDRESS	PHONE
Billing	billing@thejeffersonhealthplan.org	740.792.4010 ext.250
Investment (US Bank/ Audit)	invest@thejeffersonhealthplan.org	740.792.4010 ext.251
Legal and Compliance	legal@thejeffersonhealthplan.org	740.792.4010 ext.252
Ohio Valley Pool	ovp@thejeffersonhealthplan.org	740.792.4010 ext.253
Quotes	quotes@thejeffersonhealthplan.org	740.792.4010 ext.254
Employee w/Questions (Wellness & EAP)	jhpmember@thejeffersonhealthplan.org	740.792.4010 ext.255
Employer w/Questions	jhpemployer@thejeffersonhealthplan.org	740.792.4010 ext.256
Renewals/Election Sheets	renewals@thejeffersonhealthplan.org	740.792.4010 ext.254
Moratoria Requests	moratoria@thejeffersonhealthplan.org	740.792.4010 ext.251
Broker w/Questions	broker@thejeffersonhealthplan.org	740.792.4010 ext.257

Upcoming EAP Webinars

Each month Beacon offers two new webinars—one for managers and one for employees. The webinars offer timely, relevant, and reliable information for everyday living, and provide participants the opportunity to submit questions and receive an individualized response via email. Here's how the webinars work:

- Employees can access the 30-minute webinars through a link on the home page of your Achieve Solutions website at www.achievesolutions.net/jhp.
- Once logged in, every user can view the webinar and submit questions. All questions will be triaged to the appropriate person for a quick and timely individualized response. Clinical questions will be directed to a Beacon Care Manager.
- After one month, the webinar link will be removed from the Achieve Solutions home page, and a new one will take its place. The former webinar will be archived on Achieve Solutions.

Upcoming Webinars:

November 5, 2 p.m. ET – Caregivers: Take Care of Yourself So You Can Be at Your Best

Caregiving can be gratifying, but it can also be stressful. Therefore, it is important for a caregiver to take steps to ensure his own health and well-being

[Register now!](#)

December 3, 2 p.m. ET – Preventing and Reducing Anxiety

Occasionally experiencing anxiety and worry is normal. However, when anxiety is sustained over time, this normally helpful emotion can become destructive and prevent you from performing your best.

[Register now!](#)

December 5, 2 p.m. ET – Being a Supervisor Is Tough: Reduce Your Stress

People are experiencing more demands and more pressures in the workplace and at home. While some stress is good, excessive or chronic stress can lead to decreases in productivity, an inability to concentrate, and an increase in stress levels in your employees.

[Register now!](#)



DID YOU KNOW???

- JHP offers an Infrastructure Loan Program for qualifying members. Contact Account Management for more information
- JHP helped members save over \$24,000,000 in fees and taxes last fiscal year alone



Jefferson
HEALTH PLAN

2023 Sunset Blvd., Steubenville, Ohio 43952

740.792.4010

thejeffersonhealthplan.org

Facebook: [JHP](#)

Twitter: [@JHealthPlan](#)