

THE JEFFERSON HEALTH PLAN UPDATE

Volume 12/Issue 12

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

HIPAA Exemption Election

Beginning in 2015, all HIPAA Exemption Elections must be made online through the Health Insurance Oversight System (HIOS). Paper elections via mail or fax are no longer accepted. Before making your Exemption Election you should:

1. Make sure that your plan needs to be making an Exemption Election from one or more of the coverages below:
 - a. *Standards relating to benefits for mothers and newborns.* Group health plans offering health coverage for hospital stays in connection with the birth of a child generally may not restrict benefits for the stay to less than 48 hours for a normal vaginal delivery, and 96 hours for a cesarean section.
 - b. *Parity in the application of certain limits to mental health benefits.* Group health plans (of employers that employ more than 50 employees) that provide both medical and surgical benefits and mental health or substance use disorder benefit must ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations applicable to substantially all medical and surgical benefits covered by the plan.
 - c. *Required coverage for reconstructive surgery following mastectomies.* Group health plans that provide medical and surgical benefits for a mastectomy must provide certain benefits in connection with breast reconstruction as well as certain other related benefits.
 - d. *Coverage of dependent students on medically necessary leave of absence.* Group health plans are required to continue coverage for up to one year for a dependent child, covered as a dependent under the plan based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.

If your plan meets all of the required benefits as listed above, your plan does not need to file for Exemption. If you are unsure, you should check with your TPA for clarification.

1. If your plan needs to make an Exemption, you must register as an Administrator/Submitter in HIOS before you can make a HIPAA Exemption Election under the Non-Fed Module using the HIOS user manual instructions. The instructions are quite lengthy, so you will want to give yourself some time for the registration process.
2. The Names of all group health plans covered by the election must be listed in the online election documents (i.e. classified, certified).
3. Plans must file before the first day of the plan year.

CMS Online Disclosure for 7/1 Renewals

As you may recall, the Centers for Medicare and Medicaid Services require all employers who offer prescription drug plans to give plan participants annual notice that their current prescription drug coverage is as creditable as the coverage offered to qualified retirees through Medicare Part D plans. The notice for your plan was provided to you for distribution to your participants this past October.

In addition to the distribution of notices to participants, employers are also required to electronically file a confirmation with CMS verifying some general plan information and that the notices were sent to participants on or before October 15, 2015. For CMS creditable coverage reporting purposes, "plan year" means annual renewal period. Disclosure to CMS must be made within 60 days after the beginning of the "plan year" (annual renewal period).

Therefore, 7/1/2017 renewals must file online on or before August 29, 2017. The website is as follows: <http://www.cms.gov/Medicare/Prescription-Drug-Coverage/CreditableCoverage/CCDisclosureForm.html>

The CMS Guidance and Screen Prints for the electronic filing can be found to the left of the fields of entry. When reviewing the screen print examples, please note that some sections of the Disclosure Form may not apply to your plan. Only fields relevant to your plan may appear on your screen. Also note that **Total Number of Medicare Part D Eligible Individuals covered as of Plan Year Beginning Date** can be acquired from your TPA.

H.B. 463 Coverage of Autism Spectrum Disorder

H.B. 463 (2016) requires health insurance plans to provide certain coverage for the screening, diagnosis and treatment of autism spectrum disorder. The minimum coverage that must be provided for these benefits are listed in O.R.C. 1751.84(B). (Note: these levels of coverage are a formal enactment of the habilitative service benchmarks elected under 45 CFR Part 156 by Governor Kasich in 2012 for all state-issued insurance plans for coverage autism-related benefits). Health Plans are required to comply on the first day of the plan year beginning on or after January 1, 2018.

Under the terms of the Jefferson Health Plan, the types of claims covered by the Plan are determined by the member organization, therefore, the decision as to whether to cover those benefits listed below also rests with the member organization, not the consortium. Due to specific actions of the legislature with regard to this bill, the coverage for treatment of autism spectrum disorder is being automatically considered a "mandated health benefit" that must be incorporated in plans offered by political subdivisions to their employees without the need to conduct the administrative determination. The opinion of the consortium is that it would be advisable for Members of the Jefferson Health Plan to comply with H.B. 463 (2016) and provide coverage for the autism services mandated by H.B. 463 (2016) in their plans.

Contact Us

The Jefferson Health Plan

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www.thejeffersonhealthplan.org

Spring Semi-Annual Meeting-

April 20th

Quest Center, Columbus

Key provisions of the final rule include:

- For speech and language therapy or occupational therapy for a covered individual under the age of 14 that is performed by a licensed therapist, 20 visits per year for each service;
- For clinical therapeutic intervention for a covered individual under the age of 14 that is provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate Ohio agency to perform such services in accordance with a health treatment plan, 20 hours per week;
- For mental or behavioral health outpatient services for a covered individual under the age of 14 that are performed by a licensed psychologist, psychiatrist, or physician providing consultation, assessment, development, or oversight of treatment plans, 30 visits per year.

Plan Language - the health insurance plan must stipulate that coverage be contingent upon both of the following: (a) the covered individual must receive prior authorization for the services in question; and (b) the services in question must be prescribed or ordered by either a developmental pediatrician or a psychologist trained in autism.

Costs - Autism spectrum disorder coverage cannot be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable than those that apply to substantially all the medical and surgical benefits under the health insurance plan.

Annual Review - A health plan issuer may review a covered individual's treatment plan with regard to outpatient services on an annual basis. The health plan issuer may conduct the review more frequently if the covered individual's physician agrees that more frequent reviews are necessary. If an agreement for more frequent reviews occurs, the agreement applies only to the specific covered individual for whom it was created and not to all individuals being treated for autism spectrum disorder by a physician or psychologist. The health plan issuer must cover the cost of obtaining any review or treatment plan. Members should contact their claims administrators regarding autism benefits covered under the plan and meeting H.B.463 guidelines.

PCORI

As a reminder, the Patient-Centered Outcomes Research Institute Fee will be paid and filed using the Form 720. The Jefferson Health Plan will again work with Gilmore, Jason and Mahler to prepare the Form 720 used for filing the PCORI fee. They will coordinate payment by issuing checks from each member group's reserve account for the amount of the fee. Filing and payment will be submitted for each member organization prior to the July 31, 2017 deadline.

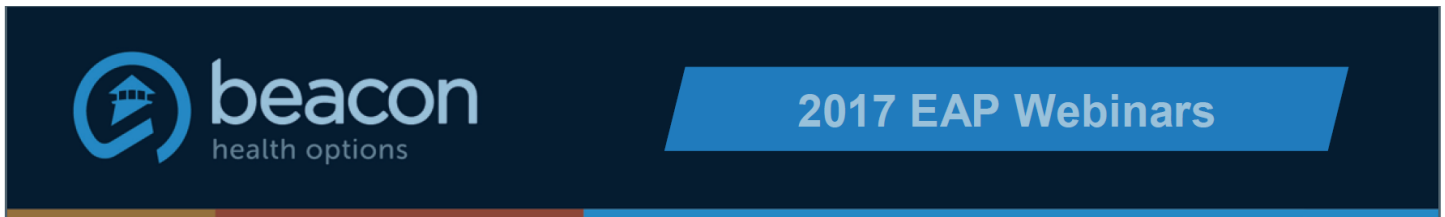
You will be receiving the completed Form prepared for your signature in the coming months. Please review your Form and upon approval, sign and return the documents to Gilmore, Jason & Mahler per the instructions provided for filing and payment.

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.



	EAP Theme	Employee Webinar	Manager Webinar
<i>Online webinars are on the Achieve Solutions home page under Featured Items, or you can search for them by title.</i>			
April	Overcoming Addictions	Recognizing and Overcoming Addictions There are many types of addiction from gambling to shopping to internet addiction. Learn strategies to help you overcome an addiction. Available on demand April 1-30, 2017	Using the EAP to Improve Workplace Performance Learn more about the EAP, including the services it provides, how the program works, and how it can be used as a management resource when dealing with a troubled employee. Available on demand April 1-30, 2017

Links to webinars on demand can be found on your Achieve Solutions website. For more information go to www.achievesolutions.net/JHP