

THE JEFFERSON HEALTH PLAN UPDATE

Volume 5/Issue 5

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!



New HIPAA Exemption Election Process

The HIPAA Exemption process has changed for 2015. All Exemption Elections must be made online through the Health Insurance Oversight System (HIOS). No paper elections via mail or fax will be 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 attached 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.
4. The link to the website for additional information is:
http://www.cms.gov/CCIIO/Resources/Files/hipaa_exemption_election_instructions_04072011.html

PCORI Form 720 Filing and payment due July 31st

The Jefferson Health Plan is working with Gilmore, Jasion and Mahler to prepare the Form 720 used for filing the Patient Centered Outcomes Research Institute (PCORI) Fee. They will also be coordinating payment by issuing checks from each member group's reserve account for the amount of the fee. Please be looking for the Forms to be mailed to your attention at the beginning of June. You will need to sign and return the approved forms to Gilmore, Jasion and Mahler immediately. A stamped/addressed envelope is provided in the mailing. Filing and Payment are due July 31, 2015.

Change in Age for Older Age Children Coverage in 2016

H.B. 201, passed earlier this year, requires the limiting age for dependent children be lowered from age 28 to age 26.

Most plans within the consortium are currently offering coverage for older age children up to the age of 28. Your plan should be updated to the new lower age of 26, for plan years beginning on or after January 1, 2016. Please contact your Third Party Administrator to make sure this change is executed for your organization.

CMS Online Disclosure for 6/1 and 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, 2014. 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, 7/1/2015 renewals must file online on or before August 29, 2015. 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.

Contact Us

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Employer Reporting Training-

Thank you to all who attended the training! The FAQ will be forthcoming.

Semi-Annual Meeting-

October 15 & 16

Thursday PM & Friday

Kalahari

Sandusky, Ohio