

The Local Choice 2016 RoadShow

March 8, 2016 through March 23, 2016

AGENDA

- Welcome
- Renewal Basics
- CommonHealth
- Systems Components
- Anthem Medical
- Anthem MHSA
- Delta Dental
- Housekeeping
- Adjourn

Renewal

- Paperwork Due by April 1st
- Will Be Processed in Order Received
- Late Forms Could Cause Delay in Set-up,
 ID Cards and Result in Claim Denials
- Extensions Are Only to Return Forms Not to Decide.
- You Must Complete All Sections of Data Sheet

Data Sheet Group Set-up

- Fillable On Line this Year (See eNews)
- Must Have a Subdivision for each Federal Employer Identification Number (FEIN).
- Subdivisions with Same FEIN Are also Permitted.
- Subdivisions with Same FEIN May Have Different Contacts, but Must Have Same rules, Plan Selections, and Cost-sharing.
- Subdivisions with Different FEIN May Have Different Contacts, Different Rules, and Different Cost-sharing, but Must Offer Same plans.
- Groups with 10-month Rates Must Have a Separate Subdivision.

Direct Bill

Groups with Direct Bill for Early Retirees and/or Medicare Eligible Retirees and/or COBRA Participants

- Direct bill members receive their monthly premium billing statements directly from Anthem around the 10th of the month, in advance. There is <u>a 45 day grace period</u> before medical coverage is cancelled for non-payment.
- Important: There is no grace period for prescription drug coverage. If premium is not paid to date, prescription drug coverage will be suspended regardless of whether the member is in the medical coverage grace period. When premium is received, within grace period, coverage will be reinstated. Paper claims are required and discounts may be lost.
- Direct bill members may sign up for **automatic bank draft**. Completed forms must be sent to the address on the form. Premiums will be drafted from the member's checking account on the 5th of each month. **It is BA's responsibility to notify members of the direct bill process.** A sample letter and bank draft information are found on the TLC website under Forms (www.thelocalchoice.virginia.gov).
- Direct bill is not available for use with TPA services.
- Must mark on Data Sheet. Mid-year changes are discouraged and require reprogramming. It can take up to 3 months.

Group Bill

- Segregates COBRA and/or Retirees on your Regular Bill
- Must Use with TPA Contract
- We Can't Bill TPA but You May Send Invoice to Them
- We Will Accept Payment from TPA if Requested
- Our Forms Are Needed to Enroll in COBRA
- COBRA Grace Periods Not Extended with TPA Agreement



CommonHealth

Employee Wellness Program

All employees participating in The Local Choice Health Benefits Program are eligible.







FREE Health Check Screening every 2 years

- Total and HDL Cholesterol
- Blood Pressure
- Height/Weight and Body Mass Index
- Diabetes Risk Assessment and Blood Glucose Level
- Non-fasting and immediate results
- For participating employees and their adult dependents

Contact Your Regional Coordinator to schedule

PROGRAM EXAMPLES



 Move It Virginia — Reduce your risk for many chronic diseases, reduce back pain, and improve immunity with simple ways to move more and eat healthier.



Dial It Down: Stress LessStress affects the body, thoughts,
feelings, and behavior. Discover ways to
prevent and manage stress better in the
workplace and in life.

Program Options to Meet Your Needs

- Traditional Presentation 15 45 minutes
- Learning Station -high traffic area (e.g. break room)
- Coupon paper or electronic
- Video web link or DVD

Contact Your Regional Coordinator to schedule











Quit for LifeTobacco Cessation Program

- FREE to health plan participants 18 and older
- Individualized program includes a personal Quit Coach
- May include free nicotine replacement or covered medications
- The support you need when you're ready
- Enroll online or by phone



Future Moms

Healthy pregnancies reduce risk of premature birth

- Unlimited access to experienced nurses
- Excellent information on pregnancy and childcare
- Support and guidance in areas like breastfeeding.
- •Enroll in the first trimester and the hospital co-pay for delivery is waived (Approx. \$300 value)
- **CALL** 1-800-828-5891



CommonHealth Compass

- Newsletter
 - Program Highlights
 - Success Stories
 - Information & support materials
 - Recipes
 - Go green, save time and reduce program expenses ask your coordinator for the

ELECTRONIC COMPASS

Dial It Down





Are you feeling stressed?









Stress Symptoms

Common effects of workplace stress ...

... On your body

... On your mood

... On your behavior

- Headache
- •Muscle tension or pain •Restlessness
- Chest pain
- Fatigue
- •Change in sex drive
- Stomach upset
- •Sleep problems

- Anxiety
- •l ack of motivation or focus
- •Irritability or anger
- Sadness or depression

- Overeating or undereating
- Angry outbursts
- Drug or alcohol abuse
- Tobacco use
- Social withdrawal





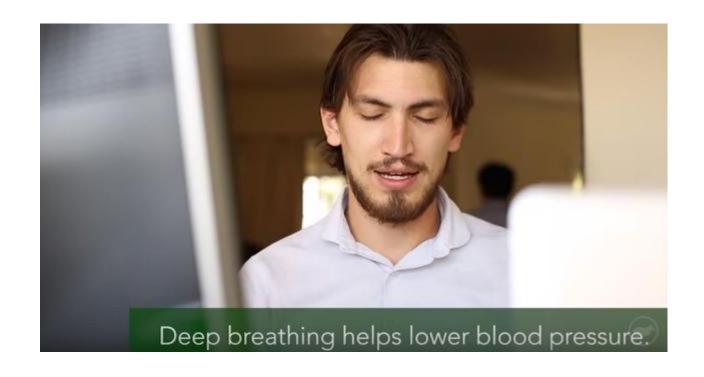
Take control of your stress



Make the choice to **Dial it Down**



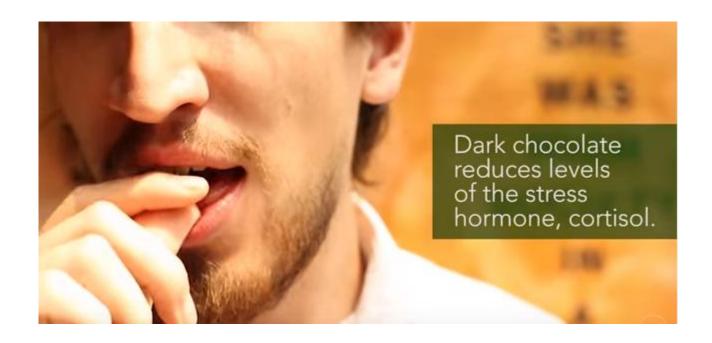
Just a Few Quick Tips- Breathe

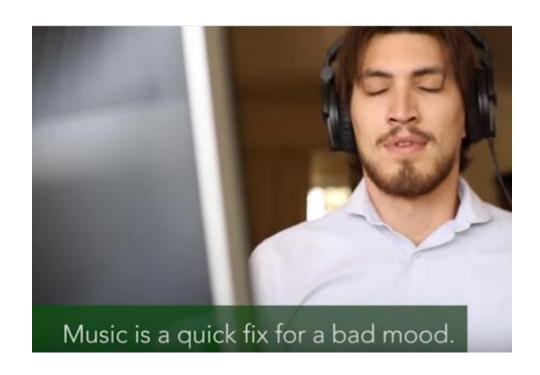


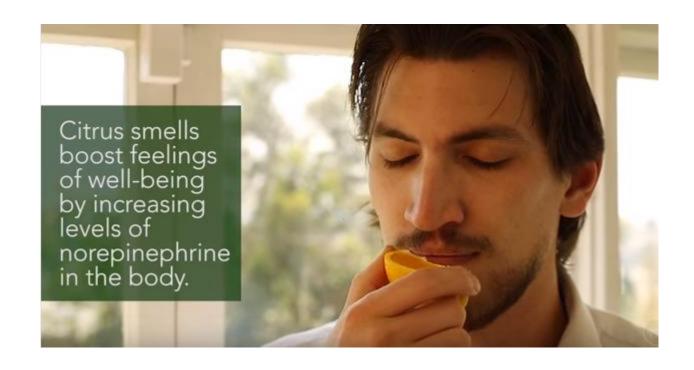
Just a Few Quick Tips- Stretch













Wellness Wednesdays to Stress Less

Take some time every Wednesday to reduce or prevent stress, so you can be your best!

January – Move It More

February – Meditate Away

March – Stretch It Out

April – Express Yourself

May – Gratitude Get Away

June – DeTech to De-stress







Let It Go





Thanks for participating



Regional Coordinators

Suzanne Meador – <u>suzanne.meador@dhrm.virginia.gov</u> - Lee, Scott, Wise, Dickenson, Buchanan, Russell, Washington, Tazewell, Smyth, Grayson, Carroll, Wythe, and Bland counties.

Kristina Fischbach – <u>kristina.fischbach@dhrm.virginia.gov</u> – Augusta, Clarke, Culpeper, Frederick, Greene, Madison, Page, Rappahannock, Rockingham, Shenandoah and Warren

Susan Perry - <u>susan.perry@dhrm.virginia.gov</u> - Bedford, Botetourt, Craig, Floyd, Franklin, Giles, Henry, Montgomery, Patrick, Pittsylvania, Pulaski, Roanoke

Justin Byrd – <u>justin.byrd@dhrm.virginia.gov</u> – Albemarle, Alleghany, Amherst, Appomattox, Bath, Buckingham

Regional Coordinators, cont.

Cynthia Duncan - <u>cynthia.duncan@dhrm.virginia.gov</u> – Accomack, Isle of Wight, Northampton and Southampton counties and the cities of Chesapeake, Norfolk, Portsmouth, Suffolk and Virginia Beach.

Mary Louise Gerdes – <u>marylouise.gerdes@dhrm.virginia.gov</u> – Caroline, Charles City, Essex, Westmoreland, Northumberland, Richmond, Lancaster, Middlesex, Mathews, King and Queen, King William, New Kent, Gloucester, York, James City, Surry and Sussex counties and the cities of Hampton, Newport News, Poquoson and Williamsburg.

Craig Hicken – craig.hicken@dhrm.virginia.gov – Amelia, Brunswick, Chesterfield, Charlotte, Dinwiddie, Greensville, Halifax, Lunenburg, Mecklenburg, Lunenburg, Prince Edward, Nottoway, Chesterfield and Dinwiddie counties and the cities of Colonial Heights, Emporia and Hopewell.

Amy Moore - <u>amy.moore@dhrm.virginia.gov</u> - Fairfax, Fauquier, Loudoun, Orange, Stafford and Prince William counties and the city of Fairfax.

Rose O'Toole – <u>rose.otoole@dhrm.virginia.gov</u> – Cumberland, Henrico, Hanover, King George, Louisa, Powhatan, Spotsylvania, Fredericksburg and the city of Richmond.

Like us on facebook!



www.facebook.com/commonhealthva

Questions?

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Health Screenings

- Key Advantage and HDHP Participants
 Only
- For Active Employees and Retirees Not Eligible for Medicare
- Non-plan Participants and Medicare Eligible Retirees Are Not Eligible for Screenings

HuRMan

- Nickname for Secure Server
- Group Reports posted here
- BA Automatically Gets Access
- 2nd Contact Allowed Takes up to 3
 Weeks

BES

- Official DataBase for State and TLC
- If Not in BES It Is Not Valid
- Updated by Forms you Send to TLC
- Provides Files to Vendors
- Creates Reports for Groups

Process

- Group Submits Forms to TLC/DHRM
 - Preferably by Fax for PHI Data Security
 - Forms received on/before the 6th of the month appear on the bill created on the 10th
- DHRM Enters Data in BES
 - Creates Files for Vendors
 - Creates Reports for Groups
- Vendors Update their Files Based On our Data Usually Within 3 Days
- Vendors Issue ID Cards Based on our Records
- Replacement ID Cards Are Requested from Vendor

Forms

- Must Comply with TLC Plan Rules and Your Pre-Tax Documents
- All Forms must be Complete, Accurate, Legible, and Certified by Employer/BA with an Effective Date
- You Keep Originals and Supporting Documentation to Support Audit
- TLC Needs Documentation to Approve Adoption/Custody, Court Orders, Other Children, Incapacited Adult Dependents

Employer Data Sheet

- For New Business and at Each Renewal
- Directs Your Plan Set-up in the DataBase
- Must be approved by TLC:
 - Fillable Form Not Scanned or Faxed
 - Accurate and Timely
- You Must Know:
 - If Stand Alone or Combined Group
 - Rules and Subdivisions by FEIN
 - Refer to ENews on TLC Web Site (2/26)

Group Data Change Form

- Used to Change:
 - Group Mailing and Shipping Address
 - Contacts total of 4 per subdivision
 - Benefits & Billing Administrators
 - Benefits & Billing Executives

Enrollment Form

- READ the Instruction Sheet but Do Not Return It to DHRM. It Contains Special Instructions on:
 - Deadlines, effective dates and Term Dates
 - Initial Enrollment of EE, REE, Medicare REE, Survivors or COBRA/Extended Coverage
 - Spouses of EEs who are also EEs
 - Split Contracts for REEs
 - Transfer of REE, Survivors and COBRA

Enrollment Form

- Used for:
 - Initial Enrollment
 - Change Enrollment
 - –Timing of Forms Is Important
 - Waive Coverage
- Complete All Sections Even for Waivers
- Both Participant and BA Must Sign

Personal Data Change Form

- Used to Change or Correct Employee or Dependent Personal Data
 - Participant Signature not Required on this Form
 - However, BA Must Certify

Group Adjustment Form

- Used to Terminate a Participant's Entire Record from the DataBase
- Cancels All Coverage for Participant and any Covered Dependents
- Participants Include:
 - Employees
 - Retirees
 - Survivors
 - COBRA Qualified Beneficiaries
- Do Not Use to Remove Dependents

Administrative Process Questions and Answers

- Wide Variety of Frequently Asked Questions and Answers
- Updated Regularly
- Maintained Under <u>Policies and Procedures</u> on TLC Web Site

- Regularly Posted to Your HuRMan Folder
- Contain Very Valuable Information on Your Group's Data
- Important for IRS Form Completion and Routine Plan Management

BES Turnaround and Turnaround Summary

- Created Every Time a Transaction Is Processed
- Posted Daily
- Your First Chance to Find Data Entry Errors
- If Not Daily, Review as Frequently as you Can

BES Enrollment Report

- Two Part Report: Participants and Dependents
- Created Weekly on 3rd, 10th, 17th and 24th
- 1st Three Reports Show BES Membership in Effect on 1st of that Month
- Last Report shows Membership as of 1st of Next Month
- You Should Review at Least Monthly and Report Errors Immediately

BES Exception Report

- Created on 3rd of Each Month
- Reports Database Discrepancies that Require Group Attention
- Cumulative and Remains on Report Until Resolved
- Examples Include:
 - Invalid SS#
 - Invalid Address

BES/ACA Reconciliation Report

- Created on 3rd of Each Month
- Reports Your Calendar Year Records in BES
- Data Used for ACA Employer Reporting

Other Reports

- Persons Eligible for Medicare
- Dependents Approaching Age 26
 Termination
- Age 26 Termination Report



TLC ROAD SHOW











 ID Cards, Claims and Benefit Information
 Anthem Customer Service
 1-800-552-2682

Billing – Anthem

<u>Valerie.Hash@Anthem.com</u>

(804) 354-2368

Membership – AnthemAretha Youngaretha.young@anthem.com

(804) 354-3380

•HuRMan Access and Questions – DHRM

tlc@dhrm.virginia.gov

•Eligibility
Walt Norman
(804) 786-6460

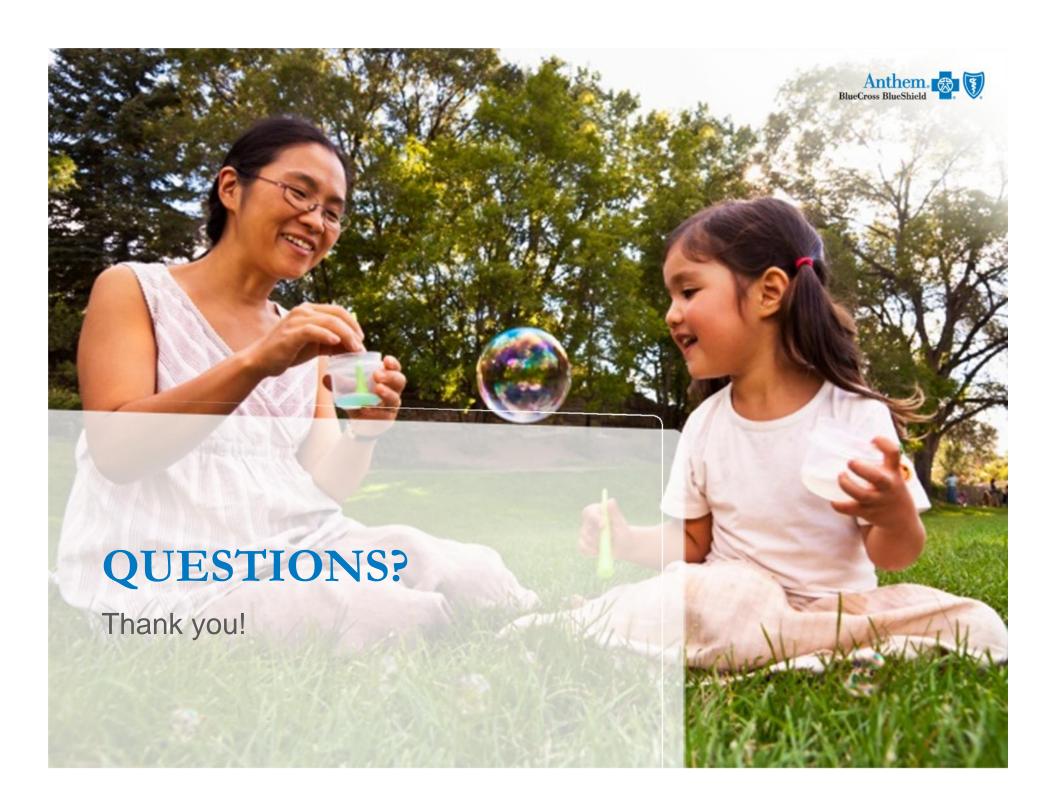




- Bills cut on the 10th, due on the 1st
- Direct bill Anthem only provides billing function. You must continue standard employee notification, www.thelocalchoice.virginia.gov







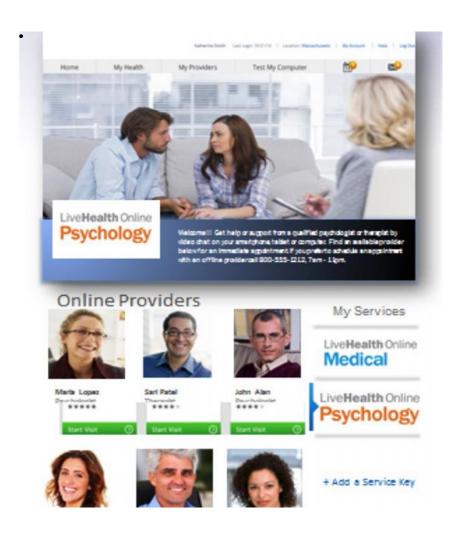
LiveHealth Online Psychology

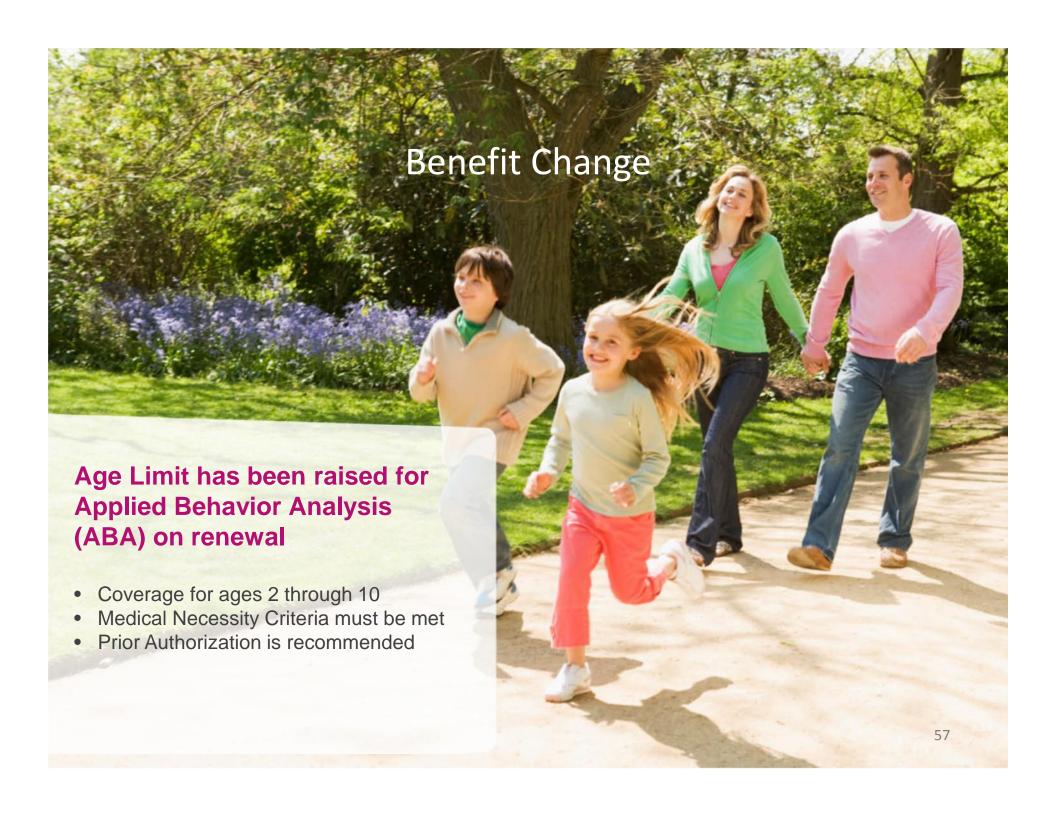
Seeking help for behavioral health is a big step. That's why we've made it even easier and more convenient to connect to a licensed behavioral health professional.

- Evening and weekend access based on availability¹
- Ability to schedule the first visit and be seen within four days and, in some cases, on demand
- Ability to interact privately with a psychologist or therapist from a comfortable environment like their home
- Your cost share remains the same as for current in-office therapy benefits

Appointments can be scheduled from 7am to 11pm coast to coast; Psychology is for those 18 and over.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.





Anthem Employee Assistance Program (EAP)

The Resources to Make a Difference

- Ease of access 24/7 call center; online EAP member center/provider finder
- Counseling services 4 face to face counseling sessions, per incident per year, for employees, covered dependents and household members; continuity of care between EAP and Anthem Behavioral Health benefit
- Child and Elder care resources Help parents and caregivers with their child and elder care needs
- Legal/Financial services legal and financial counseling, credit counseling, debt and budget assistance, real estate matters, wills, legal forms, financial calculators
- Identity protection To help consumers protect their identities and help those who have been victims of identity theft
- Work/Life services pet care, adoption, relocation, household maintenance and contracting
- EAP website tools, information and resources <u>www.AnthemEAP.com</u>; Log in *Commonwealth of Virginia*; then choose *The Local Choice*
- Monthly Promotion/Webinar topical focus each month with live webinar

Critical Incident Response (CIR)



For crisis situations or consultation regarding a workplace trauma response which may involve Critical Incident Response Services (CIR) to include having a counselor on site following a tragic event:

To initiate services, call 855-223-9277 and press 1 for CRISIS

Primary reasons included:

- Employee death
- Death of a resident/client
- Worksite accident

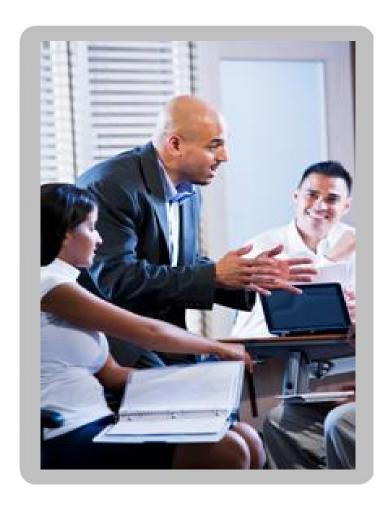
Free On-Site Workshops/Trainings

Workshops have been favorably received. Surveys note:

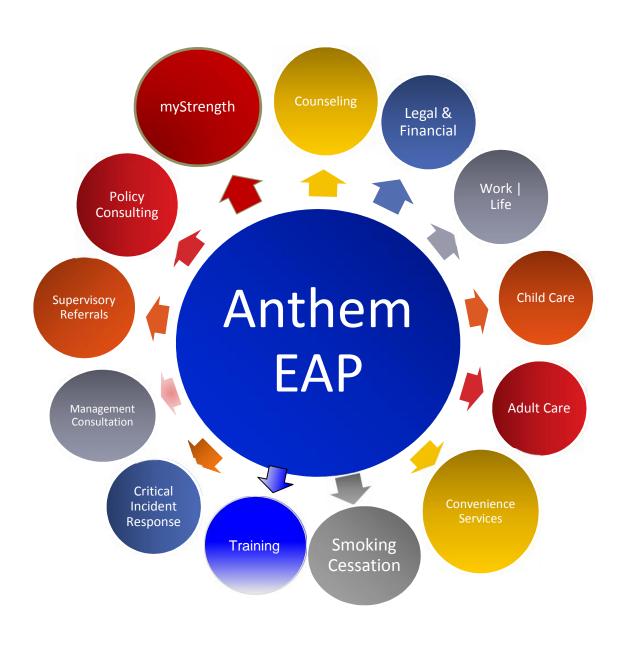
- 92% of employees agreed or strongly agreed that what they learned in the training would make them more effective in their daily work
- 100% indicated they saw value in the training in enhancing their personal development
- Over 97% rated the trainings "Excellent" or "Good"

For Free On-Site Educational and/or Wellness workshops:

- View the catalog on www.AnthemEAP.com
 under Manager Tools to choose your training topic(s)
- Contact Lynn Vogel <u>lynn.vogel@anthem.com</u> or 804-354-4197 to schedule
- Please provide the topic name, preferred date and time, and location for training



Another EAP tool for Productivity & Presenteeism

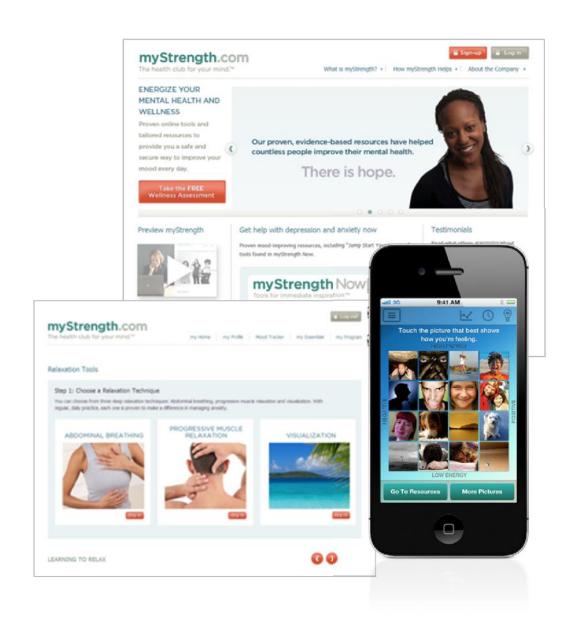


myStrength

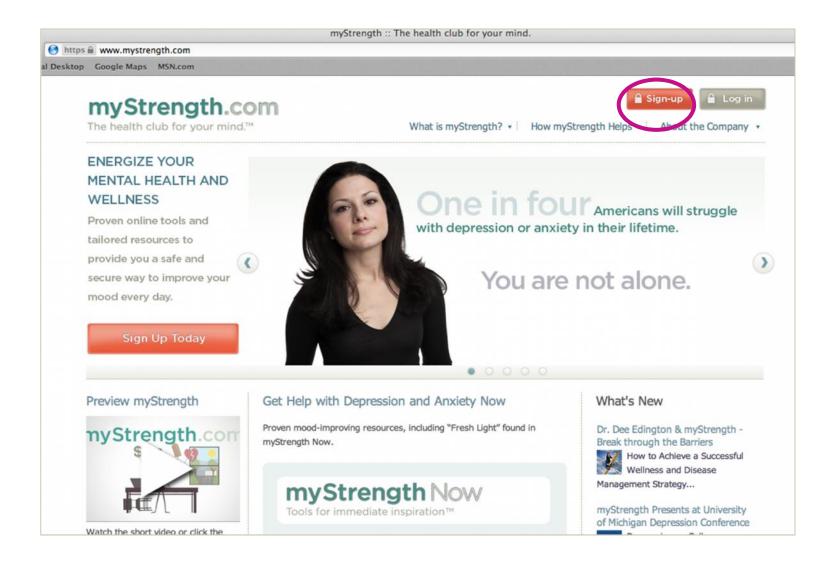
Evidence-based, self-help resources offering healthcare providers the ability meet customer demands, extend access to members, improve outcomes and lower the cost of care.

Confidential

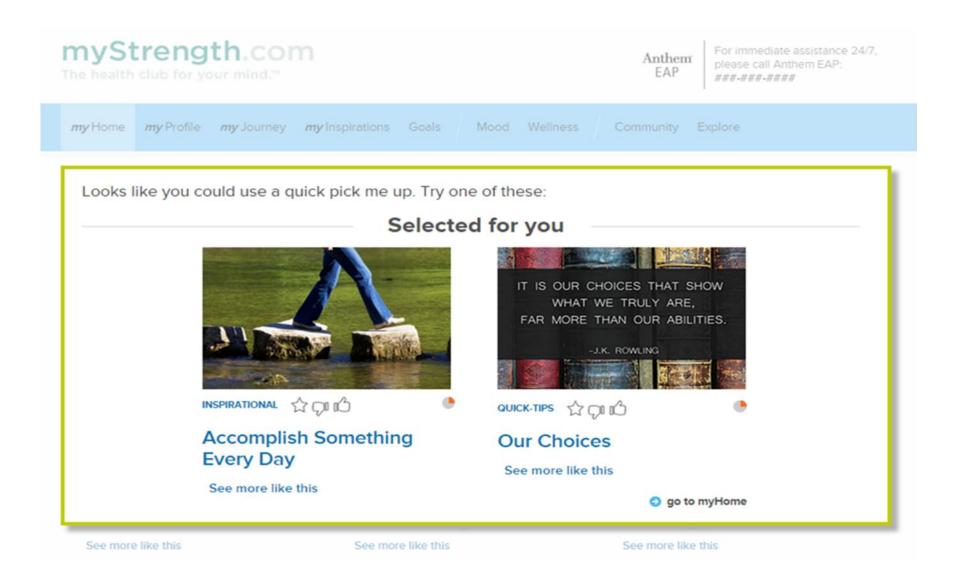
Free



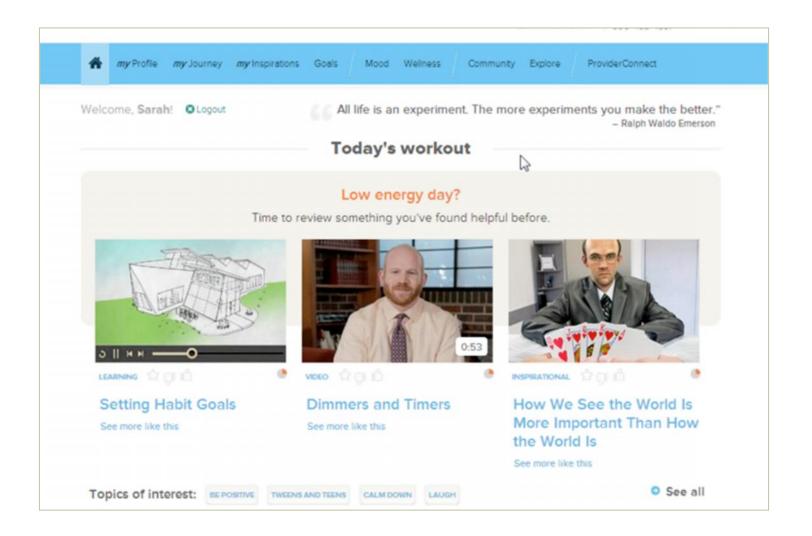
Signing up is easy



Resources tailored to you . . .



Customized Content





The Local Choice RoadShow

March 2016





DELTA DENTAL



Delta Dental PPO plus Premier

Dual-network advantage

 Members can access the Delta Dental PPO network for maximum savings or the Delta Dental Premier network for maximum provider choice

In 2015:

- 90% of The Local Choice claims were paid to participating Delta Dental dentists
 - In-network claims have increased over 10% in the last five years



2016 TLC Dental Benefits

- Dental benefits will continue to be administered by Delta Dental
- Two plan options to choose from with selected Anthem medical plan: Preventive or Comprehensive
- No changes to current plan designs



Preventive Option

- No contract year deductible
- No contract year maximum (frequency limitations apply to services)
- No coverage for Primary, Major or Orthodontic services
 - 100% coverage for Diagnostic & Preventive Services to include:
 - Two Cleanings and Exams
 - Two Fluoride Treatments for dependents under 19
 - Bitewing and Full Mouth X-rays
 - Emergency Treatment
 - Space Maintainers
 - Sealants for dependents under 19



Comprehensive Option

- \$25 individual / \$75 family contract year deductible (does not apply to Diagnostic & Preventive services)
- \$1,500 individual contract year maximum (does not apply to Diagnostic
 & Preventive services)
- \$1,500 individual lifetime Orthodontic maximum
 - 100% coverage for Diagnostic & Preventive Services
 - 80% coverage for Primary Services
 - 50% coverage for Major Services and Orthodontics



2016 Dental Plan Options

Benefits	Preventive	Comprehensive
Dental Plan Year Deductible	No contract year deductible	\$25 Individual \$75 Family
Plan Year Maximum	No contract year maximum	\$1,500
Preventive Dental Care (routine oral exam and cleaning - twice per contract year, x-rays, sealants and fluoride for children)	100%	100%
Primary Dental Care (fillings, root canal, simple extractions, periodontic services, etc.)	Not Covered	80% coverage after deductible
Major Dental Care (crowns, inlays, onlays, dentures and fixed bridges)	Not Covered	50% coverage after deductible
Orthodontic Services (for children and adults)	Not Covered	50% coverage, no deductible, with \$1,500 lifetime maximum



Networks – High Growth, Low Turnover

Delta Dental's networks continue to be larger and more stable, experiencing continued growth and low turnover in 2015:

	<u> I urnover</u>	<u>Growth</u>	
Delta Dental Premier® Dental PPO SM	1.2% 1.4%	5% 10%	
DeltaCare	1.3%	4%	

Delta Dental's Virginia network is 15% larger than any other network



Networks – Quality of Care

- Dental has dentists on staff to review complex treatment and consult with treating dentist to ensure appropriateness and quality of care
- Comprehensive grievance process
 - Easy to access for enrollees
 - We act as enrollee's advocate
- All network dentists credentialed to NCQA standards

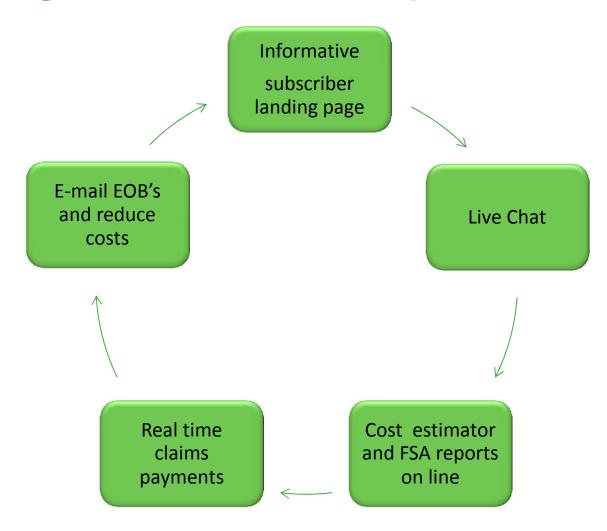


Superior Customer Service

- Delta Dental's call center has been certified as a Center of Excellence by BenchmarkPortal for the fourth consecutive year.
 - This prestigious award is given to the top 10% of call centers that demonstrate superior performance on both cost and quality related metrics compared with their industry peers.
- Our satisfaction survey results consistently show customer satisfaction rates in excess of 90%. Last year, TLC specific satisfaction was over 99%.
- The average call wait time for TLC members is 6 seconds.
- Abandoned call rate of 0.51%.



Providing web tools to empower employees

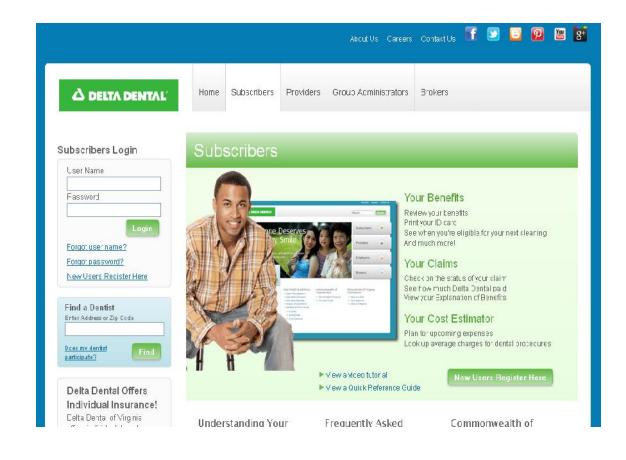




Website Capabilities for Members

Members are able to:

- View a step-by-step video tutorial and web guide
- Check benefits and eligibility
- Find a dentist
- Check claims status
- Look up average charges for dental procedures
- Download forms
- Learn valuable oral health information

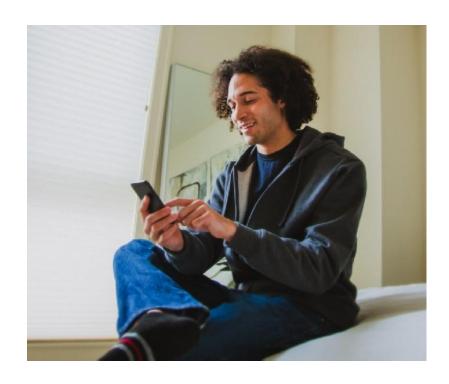




Mobile App

Delta Dental's Mobile App allows members to get the dental information that they need when they are on the go.

Members can find a dentist, check their coverage and review their claims information.







Pre-tax Documents

- IRS Requires Compliance with Your Section 125 Rules
- TLC Uses COVA Rules Unless You Tell Us that Your Rules Are More Restrictive
- On 2016-17 Data Sheet renewal select "yes" if you have stricter rules than TLC
- Select "No" If Your Rules Are Not More Restrictive
- Example 1: COVA Uses 60 Day Window for QMEs. Unless Updated Recently, Your Rules Probably Allow 30 Days. IRS Penalties Can be Severe.
- Example 2: Can't Allow Termination for Joining Marketplace Plan Unless Your Document Permits

QME: Gained Eligibility under Medicare or Medicaid

- These qualifying mid-year event election changes are permitted when you, your spouse, or your child enrolls in Medicare or Medicaid (including FAMIS Plus). These changes are voluntary.
- Retiree group participants or their covered family members of retirees who
 are eligible for Medicare must terminate coverage or enroll in a Medicarecoordinating plan unless they are still in their coordination period for End
 Stage Renal Disease.

Health Insurance Coverage Changes:

- You may waive your coverage when you become eligible for Medicare or Medicaid.
- You may remove family members enrolling in Medicare or Medicaid, and
- You may change your plan when removing the named individual(s) enrolling in Medicare or Medicaid.
- HMO members must select a primary care physician.

Changes

- eMails to Explain Requests Are Encouraged however Forms Are Required to Make Changes
- Send Forms by One Method Only <u>Do</u>
 Not Fax or eMail a Form and Follow up with a Hard Copy
- If Submission is Revised or Correction, Mark It as "REVISED"
- Confirm Receipt by HuRMan Report

Coverage Effective Dates

- Request to enroll must be received within 30 days of employment date or newly eligible.
- When request is received by deadline, coverage can become effective on first of month coinciding with or following date of employment if permitted by Personnel Policies and Practices.
- Waiting periods of less than 90 days are allowed.
- Missed deadline requires waiting until Open Enrollment or another consistent QME.

Terminations

- Coverage Ends On End of Month in which Employment Terminates. Unearned Premium Will Be Refunded
- Terms Must Be Timely
- Retro Active Terminations Cause Problems
 - Only 59 Day Retroactivity You Lose Money
 - Have Liability for Pharmacy Claims

Late Payments

- Premium Due on the First Working Day of Month Payable in Advance
- If Not Received 10 Day Grace Period,
 Considered Late and Subject to 1% Penalty
- If Premium and Penalty Not Received by 20th of Month, Claims Will Not Be Paid and Community Notified
- ER May Be Obligated to Pay Greater of Past Due Contributions or Incurred Claims Plus Penalty and Damages

TLC Monthly Billing Process

Late Payment will have consequences. Timely payment of premium is key to maintain access to benefits. The Code of Virginia leaves little leeway in its application.

ACTION	SCHEDULE	COMMENTS
Premium Due	1 st working day of each month* payable in advance	10 day grace period. 12% per annum interest penalty applied if payment not received within grace period.
Delinquency Notice Sent	Sent to employer after 10 day grace period	Past due premium AND interest penalties are due by 20 th of month*.
Claims Payment Suspended	Past Due beyond 20 th of month	Claims Payment suspended and the Department of Human Resource Management (DHRM) will place a notice of nonpayment in newspaper to notify covered employees of the delinquency and restriction on paying claims.

^{*}Be sure to allow time for delivery (even if you are using overnight delivery service). Allow 2-3 days for the bank process the check and credit your account. You may want to consider electronic payment.

Retiree Plan Eligibility

Retiree Not Eligible for Medicare

- KA
- HDHP
- Kaiser

Retiree Eligible for Medicare or with Dependent Eligible for Medicare

 A65 or A65 w/DV or Medicare Complementary

Importance of Medicare Supplement

- Retirees Found in Wrong Contract Will Be Retroactively Moved to Correct Contract or Termed
- Medical/MHSA/Dental Claims Will Be Retracted
- Drug Charges Will Be Billed to Member or Group
- Medicare May Charge Late Fee and/or Deny Special Enrollment

TLC Program Review

DHRM Recommendations based on Feedback from Town Hall Meetings:

- 1. Follow up with Anthem on Specialist wait times in Tidewater.
- 2. Provide reports to groups to ensure accuracy of data before the Affordable Care Act (ACA) mandate reports are filed.
- 3. Communicate with TLC groups on the impact of the ACA excise tax as guidelines are developed.
- 4. Maintain current HDHP design.
- 5. Gap Plans not be included in TLC options.
- 6. Encourage regional plans to bid during the next TLC procurement.
- 7. Not add coverage for hearing aids or to remove lab tests from deductible requirements.
- 8. Maintain current plan and options for retirees not eligible for Medicare.
- 9. Maintain current Medicare retiree options without prescription coverage.
- 10. Maintain current COBRA process.
- 11. Implement extended coverage training sessions for TLC group benefits administrators.
- 12. Analyze and consider Shared Services Division for TLC.
- 13. Provide additional utilization reporting to TLC groups.
- 14. Complete enchantments allowing BAs access to BES and employees to make elections directly.

TLC Program Review (cont.)

- 15. At procurement, solicit bids for a second tier of unbundled options and implement if practical.
- 16. Provide ongoing education to current and prospective groups on TLC premium rate development.
- 17. Implement the following in FY 2018:
 - Reduce the minimum 80% employer contributions to employee only coverage to 70%. This should provide budget relief and still provide protection against an adverse selection.
 - Maintain 75% eligible employees' participation level, but exclude those participating in other TLC or state employee plans from participation percentage calculation
- 18. Permit individual groups to limit spousal coverage for their employees.
- 19. Allow individual groups to require higher contributions for working spouses beginning after the next procurement ends, assuming that the successful bidder is capable of administering.
- 20. Maintain the Adverse Experience Adjustment (AEA) protection without modification.
- 21. Have the actuaries develop an alternate rate structure for review.
- 22. Educate groups on the annual review process of stop loss levels.

TLC Program Review (cont.)

- 23. Apply the one-plan restriction to groups of 15 or fewer employees, down from the current threshold of 25 or fewer employees.
- 24. Further communicate the opportunity for feedback at the annual open forum TLC regional review meetings to encourage attendance.
- 25. Maintain current quote practice and provide rates only when explicitly requested...
- 26. Allow individual groups to implement their own incentive programs.
- 27. Continue CommonHealth discount programs.
- 28. Implement a pilot TLC diabetes Value-Based Insurance Design (VBID) program in FY 2018.

http://www.dhrm.virginia.gov/docs/defaultsource/reports/review-of-the-public-employeehealth-programs-in-thecommonwealth 11 16 2015.pdf?sfvrsn=0

Legislation - SB 364

SUMMARY AS PASSED SENATE:

Local option health insurance plan.

Allows the Department of Human Resource Management to develop a plan under the local option health insurance plan with benefits similar to those in the state employee health insurance plan and that uses a single rating group.

Questions??

The Local Choice
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