

January 8, 2016

ABC Conference Call

Don't forget, ABC conference calls are next week! The agenda is **attached** which includes the webinar link.

Local Education – Tuesday, January 12 at 9:00 a.m. Central

Central State – Tuesday, January 12 at 10:30 a.m. Central

Local Government – Tuesday, January 12 at 1:00 p.m. Central

Higher Education – Wednesday, January 13 at 9:00 a.m. Central

Medical ID Cards

Several members are reporting they did not receive their medical ID cards. As a reminder, cards cannot be delivered to an invalid address. If you have members who haven't received medical ID cards, you should first verify their current mailing address and make sure any necessary update is made in Edison.

The carriers can't update addresses or mail ID cards to invalid addresses. Once the address on file is verified as being correct, however, members can contact the carriers to request new cards. Members also have the option of ordering new ID cards or printing temporary ones from the carrier's member home page.

To get an ID card online, members will need to go to one of the website links provided below and create an account, or use their secure ID and password to sign in if they already have an account.

BCBS: http://www.bcbst.com/members/tn_state/index.page

Cigna: <https://my.cigna.com/web/public/guest>

Benefits Administration Service Center

Due to an unexpected increase in call volume the last several weeks, the Benefits Administration Service Center Active team is currently 12-15 days behind in keying documents submitted via fax or upload. We have asked our team to work overtime to try to catch up and anticipate that we will be caught up by the end of next week. We apologize for the delay and thank you for your patience.

PPACA Tax Report (LE, LG and HE)

We have discovered an issue with the PPACA Tax Report in Edison leaving off rows for some terminated employees and only showing December rows for other employees who had coverage for the whole year. This became an issue when we changed the report for another issue on December 10. If you have run the report since December 10 and have discovered issues with your employees, please run it again.

PPACA Report Filing Extension (LE, LG and HE)

We included this information in last week's ABC email but want to make sure you are aware that **a deadline extension has been granted by the IRS for the PPACA report filing**. The IRS has extended the employer's deadline to provide statements to **employees** by two months (from Feb. 1, 2016 to March 31, 2016), and also extended the deadline to **file with IRS** by three months (from Feb 29, 2016 to May 31, 2016 for paper filing, and from March 31, 2016 to June 30, 2016 if filing electronically).

Here is the link to the official release:

<https://www.irs.gov/pub/irs-drop/n-16-4.pdf>

As a reminder, employers with **less than 50 employees** need to complete the **1094B (IRS form) and 1095B (employee)** forms. Employers with **more than 50 employees** need to complete the **1094C (IRS form) and 1095C (employee)** forms.

PayFlex HSA Accounts (State)

State employees who enrolled in a CDHP plan for 2016 should have their state contributed funds in their Health Savings Accounts (HSA) accounts on January 15. Members who have activated their HSA cards can start to use them. Members can find helpful materials about their HSA on the [PayFlex website](#) under **My Resources** that include a HSA Quick Reference Guide, planning tools and forms including a beneficiary form.

Partnership Promise Welcome Mailers

Partnership Promise welcome mailers are being mailed to members next week. We have **attached** samples of the mailers that will go to the heads-of-contract and to the covered spouses.

Attachments:

State of Tennessee 2016 Welcome Mailer for HOC

State of Tennessee 2016 Welcome Mailer for Spouse



Tennessee Department of Finance and Administration.
Authorization number 317576, 130,000 copies, November 2015.
This public document was promulgated at a cost of \$0.30 per copy.

IMPORTANT PRIVACY NOTICE: The State Group Insurance Protected Health Information Program is prohibited from giving your Protected Health Information to your employer or any person or entity not authorized by law. Personal health information is protected under federal and state law and is released to State Group Insurance Program business partners in order to assist members with managing their health care needs, health plan operations and as authorized by law. As required by federal law, the State Group Insurance Program has agreements with our business partners that protect personal health information. More details about the privacy of Protected Health Information under federal law are available at www.hhs.gov/ocr/privacy.



The State contracts with Healthways, a leading provider of well-being improvement solutions, to manage the wellness program. Healthways is committed to protecting the confidentiality of your personal information.

ABOUT HEALTHWAYS



YOUR PARTNERSHIP PROMISE STATUS UPDATE

It is your responsibility to keep current with your Partnership Promise. Healthways will help by sending notices by mail to the Head of Contract when a Partnership Promise requirement has been missed by either the employee and/or the covered spouse. Healthways will send status updates in the mail later in the year to let you know where you are in your Partnership Promise for 2016.

CALL CENTER HOURS:

Monday-Friday: 8:00 a.m. to 8:00 p.m. Central

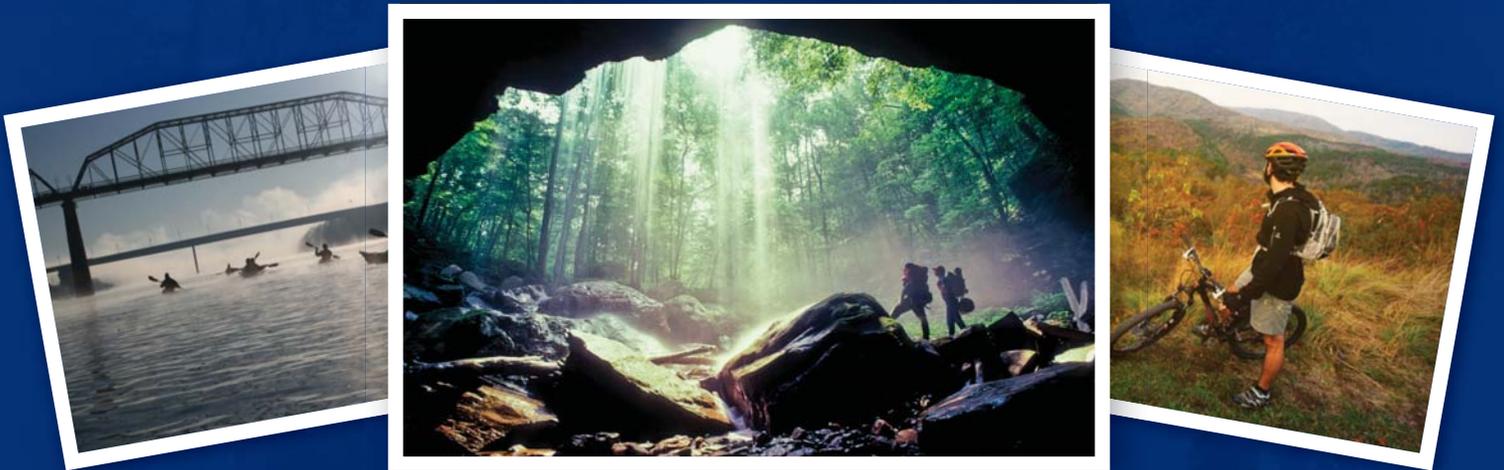
QUESTIONS? WE PROMISE TO HELP

Call: 1.888.741.3390

Email: partnersforhealth@healthways.com

Visit: www.partnersforhealthn.gov

2016



Welcome to your healthiest year yet.

The 2016 ParTNers for Health Wellness Program can help you improve your health while saving you money.

SEE INSIDE FOR THE NEXT STEPS
IN YOUR PARTNERSHIP PROMISE.



Be a part of the change.

We can all make healthy changes in our daily lives, and they all add up to a healthier community. Join in by completing your Partnership Promise in 2016.

**PARTNERS
FOR HEALTH**



Check out these staggering statistics about Partnership Plan members:



45%
are obese, and
33% are overweight

Obese members are also 35% more likely to have a hospital admission – and cost 23% more per admission.



17%
don't exercise at all

Medical costs are \$4,000 per year more for nonactive members than those who exercise 3-4 times a week.

The good news:



ER visits have decreased by 15% since 2011

Take charge of your health – and your health care costs. It's easy!

Complete a few simple steps to fulfill your 2016 Partnership Promise. By agreeing to these simple steps, you save money by paying lower premiums and lower costs for services throughout the year. **Here's what you need to do:**



COMPLETE A CONFIDENTIAL ONLINE WELL-BEING ASSESSMENT™ (WBA) BY MARCH 15, 2016.

Go to www.partnersforhealthtn.gov and click on "My Wellness Login." Then, sign in to your Well-Being Account (or click "Sign Up" to create a new account). If you do not have access to a computer, call **1.888.741.3390** for other options.



GET A BIOMETRIC SCREENING BY JULY 15, 2016.

You can complete this step in one of two ways:

- 1. At an onsite screening event.** Go to www.partnersforhealthtn.gov and sign up for an appointment at an onsite screening near you. Onsite screenings will start in March 2016.
- 2. With your physician.** Go to www.partnersforhealthtn.gov and download your Physician Screening Form. Take it to your next appointment for your doctor to fill out. Then, you or your doctor's office must return the form to Onsite Health Diagnostics (OHD) by July 15, 2016.



ANSWER THE CALL FROM YOUR COACH.

If you are called by Healthways to enroll in coaching, **you must participate to stay in the Partnership PPO or the Wellness HealthSavings CDHP.** Calls are private and scheduled at times that work for you. You'll be working with a health professional to reach your personal goals – at no additional cost to you.

If you are contacted by BlueCross, Cigna or Magellan about Case Management, you will need to participate. Case Management coordinates care for chronic conditions and/or catastrophic illness or injuries.



UPDATE YOUR INFORMATION.

If your home address, phone number or email address changes, you must update this information with your employer or Healthways. Go to www.partnersforhealthtn.gov for more detailed information.



CHECK YOUR PARTNERSHIP PROMISE STATUS

Call 1.888.741.3390 and select option 1 to use the automated verification system.

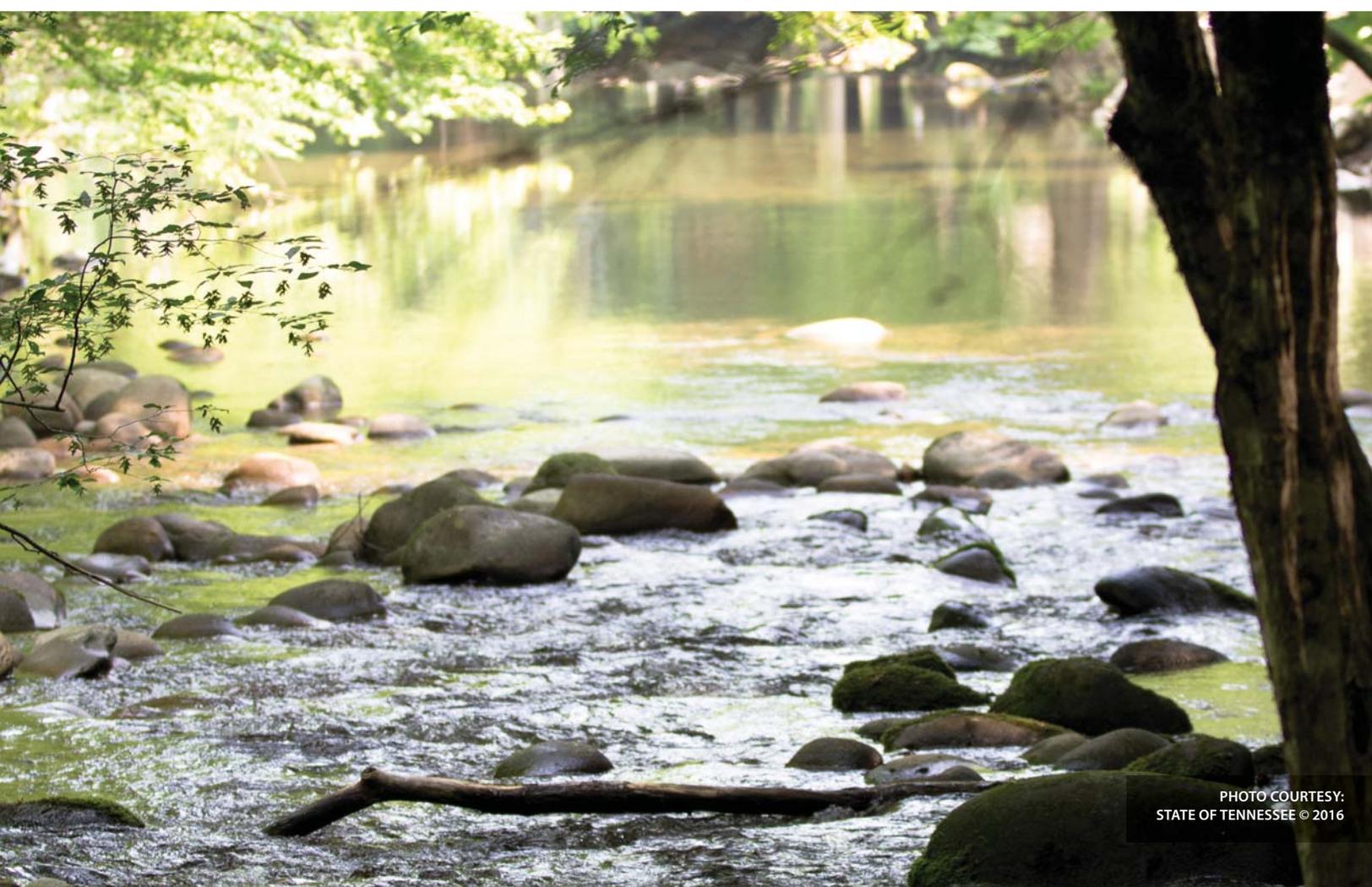


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STATE OF TENNESSEE © 2016

MAKE EVERY — MONTH — MATTER



Go to www.partnersforhealthtn.gov and complete your online Well-Being Assessment by March 15, 2016.



Is your contact information up to date? Notify your employer (Head of Contract) or Healthways (covered spouses) about any changes in email address, phone number or home address.



Before you start snacking, drink a full glass of water to fill your stomach. You'll eat less and feel refreshed.

JANUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
					New Year's Day	
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18 Birthday of Martin Luther King Jr.	19	20	21	22	23
24 31	25	26	27	28	29	30

FEBRUARY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
	Presidents Day					
21	22	23	24	25	26	27
28	29					

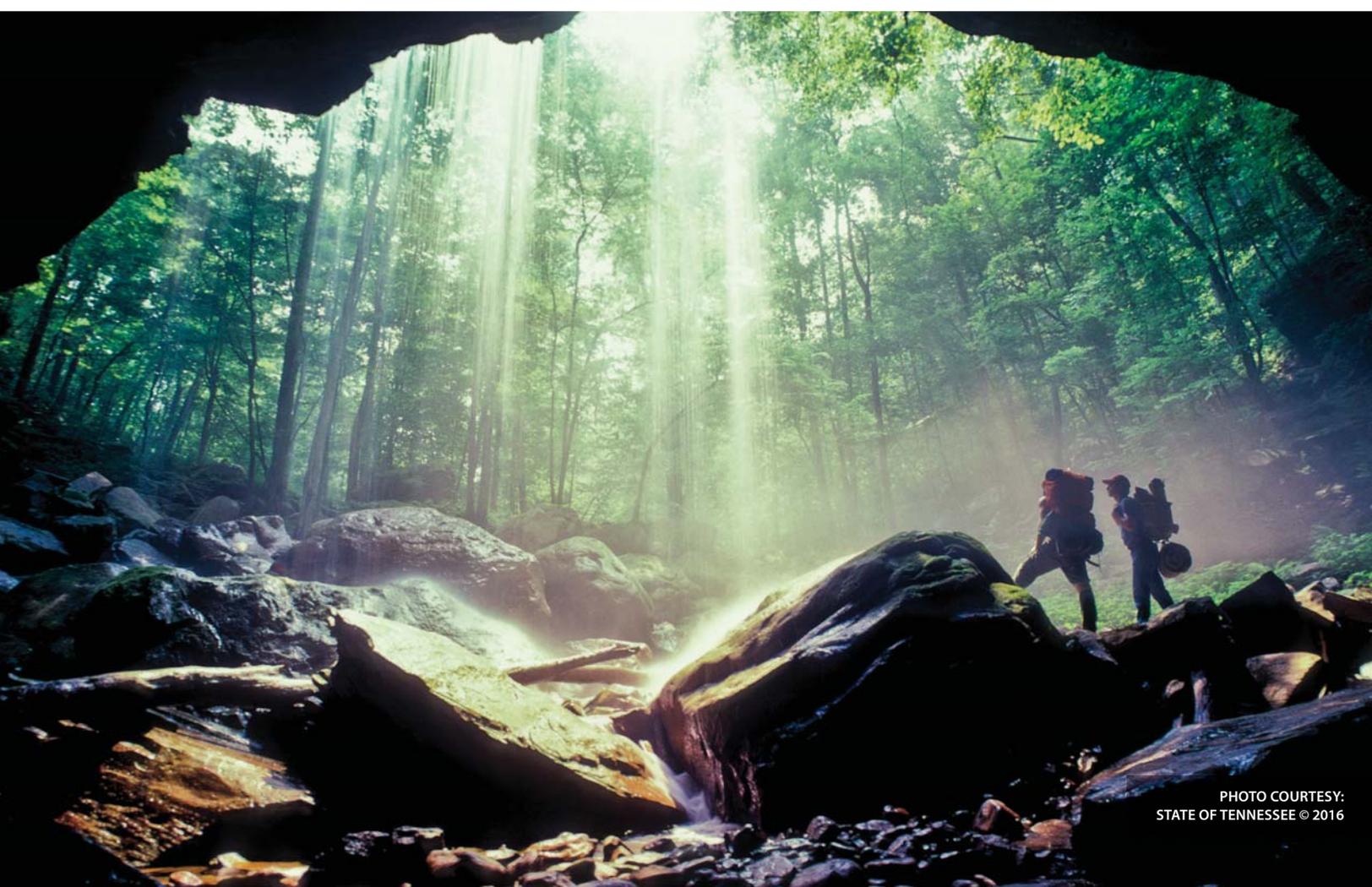


PHOTO COURTESY:
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Go to www.partnersforhealthtn.gov and complete your online Well-Being Assessment by March 15, 2016.



Time to start planning for your biometric screening. You must complete this by July 15, 2016. Go to www.partnersforhealthtn.gov to learn more.



Sneak in additional activity by parking farther away at the grocery store or skipping the elevator at work and using the stairs.

MARCH

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13 Daylight Saving Begins	14	15 	16	17	18	19
20 First Day of Spring	21	22	23	24	25	26
27	28	29	30	31		

APRIL

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7 World Health Day (WHO)	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30



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STATE OF TENNESSEE © 2016

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Have you answered the call? If you're identified for coaching, take the opportunity to get extra support with your positive changes.



Don't forget, your biometric screening must be completed by July 15, 2016. Go to www.partnersforhealthtn.gov and click on "Complete Your Biometric Screening."



As the weather begins to warm up, get outside and move around. Walk your dog, play Frisbee, go for a jog or find some other ways to enjoy the fresh air.

MAY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3 World Asthma Day	4 National Bike to School Day	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 Memorial Day	31 World No Tobacco Day				

JUNE

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 First Day of Summer	28	29	30		



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If you haven't completed your biometric screening yet, now is the time to do it. The deadline is July 15, 2016.



Are you signed up for our free weekly health tips? Visit www.partnersforhealthtn.gov and click the "Weekly Health Tips" link at the bottom of the page to sign up.



Summertime is the perfect time for healthy eating. Take advantage of farmers' markets and cook with fresh, locally grown produce.

JULY

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4 Independence Day	5	6	7	8	9
10	11	12	13	14	15 	16
17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 National Relaxation Day	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



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Don't forget your flu shot! Plan members get free flu and pneumococcal vaccines through a participating network pharmacy or an in-network doctor.



If Halloween candy is too tempting, try giving your trick-or-treaters healthier options like raisins, granola bars or even mini bottles of water.

SEPTEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5 <small>Labor Day</small>	6	7	8	9	10
11	12	13	14	15	16	17 <small>National Eat an Apple Day</small>
18	19	20	21	22 <small>First Day of Fall</small>	23	24
25	26	27	28	29	30	

OCTOBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5 <small>Walk to School Day</small>	6	7	8
9	10 <small>Columbus Day</small>	11	12	13	14	15
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Don't forget, you have access to wellness and fitness center discounts through ParTNers for Health Wellness, Magellan, BlueCross BlueShield and Cigna. Go to www.partnersforhealthtn.gov for more information.



Make a resolution to set yourself up for success next year too. Watch for our reminder to complete your 2017 Partnership Promise.



The holidays are tough on well-being efforts. You can still enjoy the goodies you love, but remember: Moderation is the key to success.

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6 Daylight Saving Ends	7	8 Election Day	9	10	11 Veterans Day	12
13	14 World Diabetes Day	15	16	17 Great American Smokeout	18	19
20	21	22	23	24 Thanksgiving	25	26
27	28	29	30			

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21 First Day of Winter	22	23	24
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Tennessee Department of Finance and Administration
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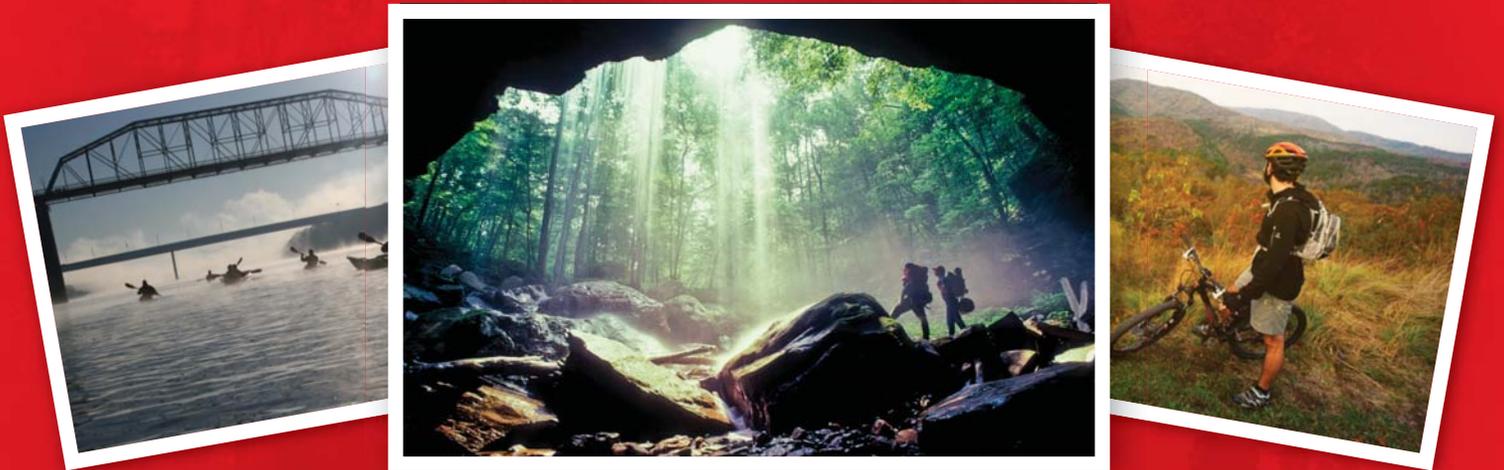


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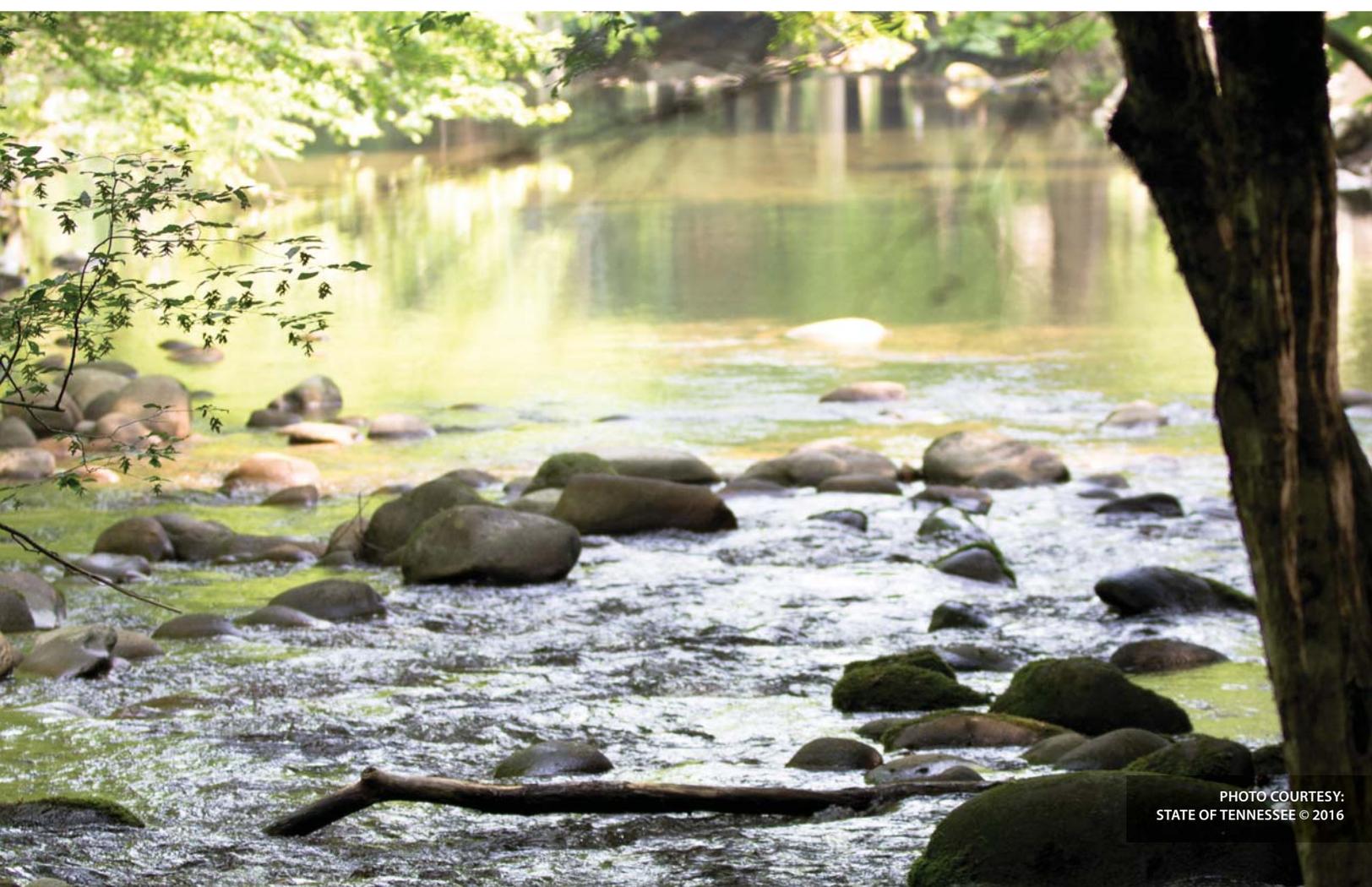


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	Presidents Day					
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28	29					

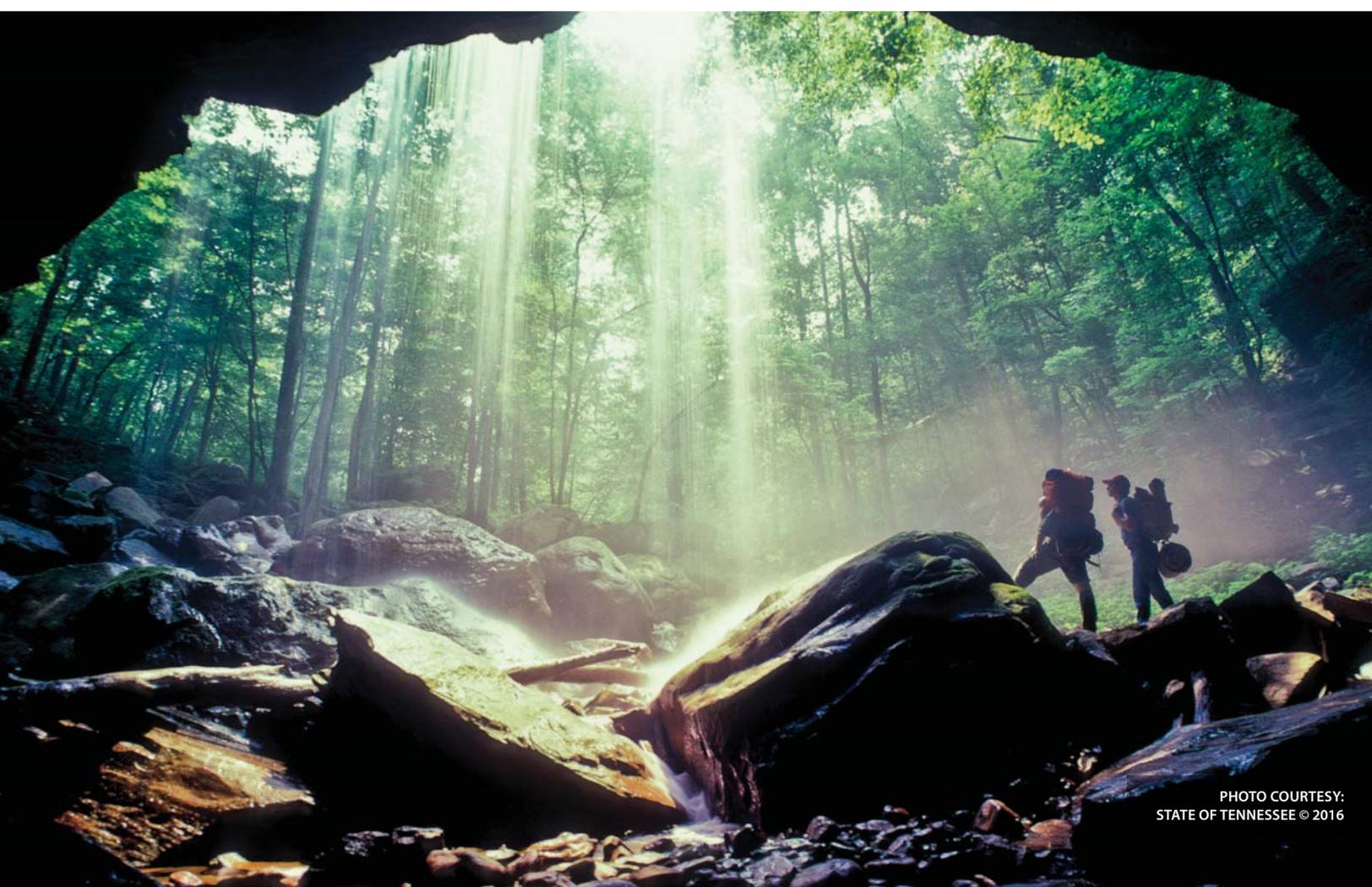


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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30 Memorial Day	31 World No Tobacco Day				

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Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27 First Day of Summer	28	29	30		



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17	18	19	20	21	22	23
24 31	25	26	27	28	29	30

AUGUST

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15 National Relaxation Day	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



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2	3	4	5 <small>Walk to School Day</small>	6	7	8
9	10 <small>Columbus Day</small>	11	12	13	14	15
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23	24	25	26	27	28	29
30	31					



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		1	2	3	4	5
6	7	8	9	10	11	12
Daylight Saving Ends		Election Day			Veterans Day	
13	14	15	16	17	18	19
	World Diabetes Day			Great American Smokeout		
20	21	22	23	24	25	26
				Thanksgiving		
27	28	29	30			

DECEMBER

Sun	Mon	Tue	Wed	Thu	Fri	Sat
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
			First Day of Winter			
25	26	27	28	29	30	31
	Christmas Day observed					

January 15, 2016

ABC Conference Call Notes

The combined notes from the January 12 and 13 ABC conference calls are **attached**.

Telehealth Communications

We included information during this week's conference calls about the telehealth benefit available to all health plan members beginning in February. We have **attached** sample communications pieces that will mail to BlueCross BlueShield members on January 19, as we want you to be aware of the program in case you receive questions. We will share sample communications pieces from Cigna when they are available.

ACA Eligible Employees Who Go to Full-Time (Higher Ed)

We have more information about a conference call question about Affordable Care Act (ACA) eligible employees who then go to a full-time regular position:

- Employees who are eligible for coverage due to ACA, have elected to waive their coverage and later become a full-time regular employee may add coverage based on becoming full-time.
- Additionally, if the member had enrolled upon becoming ACA eligible, the employee is now eligible to change coverage as a new full-time employee.

Healthways Call Center Hours

The Healthways call center will be **open** on Monday, January 18 from 8:00 a.m. to 8 p.m. Central.

State Offices and BA Call Center Closed Monday

State offices and the Benefits Administration service center are closed on Monday, January 18 due to the Martin Luther King Day holiday. We hope you have a great weekend!

Attachments:

Combined January ABC Conference Call Notes
Physician Now Welcome Kit Letter
Physician Now Welcome Kit Card



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402

bcbst.com



physician NOW

A New Kind of Housecall

Dear BlueCross BlueShield of Tennessee Member,
BlueCross BlueShield of Tennessee offers PhysicianNow, powered by MDLIVE, to give you 24/7 access to doctors on video or by phone.

Whether you're at home, at work, traveling, or you simply want the easiest way to see a doctor, PhysicianNow is always available. The affordable service is secure, confidential and private.

Visit by logging in to your BlueAccess account on **bcbst.com** and clicking on the "My Health & Wellness" tab or call toll-free **1-888-283-6691** to get started today!

Best of health,
BlueCross BlueShield of Tennessee

How to Use Telehealth

- 1 Video Consultation**
See a doctor using your computer's webcam or smartphone.
- 2 Phone Consultation**
No webcam? No problem! Speak to a doctor over a landline or your cell phone.

Get Started Today!



Activate your account

Log in to **BlueAccess™** on **bcbst.com** and click on the "My Health & Wellness" tab. You will need the employee's BlueCross BlueShield of Tennessee member ID and Date of Birth.

You may also activate over the phone by calling **1-888-283-6691**.



Complete medical history

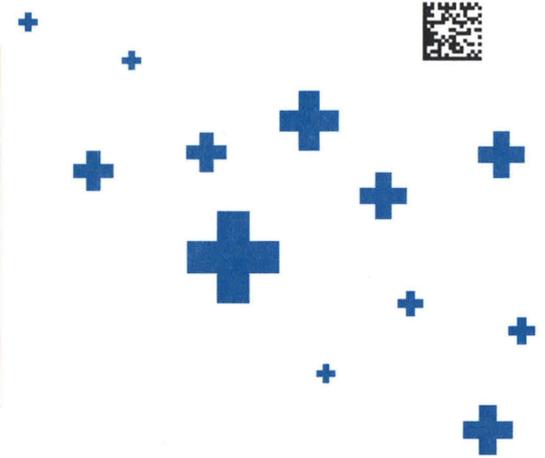
Get ready for your first appointment. Complete your medical history profile during registration.



Request a consultation

The PhysicianNow staff is available 24/7 by your choice of video, smartphone app or telephone.* PhysicianNow consultations are subject to your applicable Primary Care Physician (PCP) copay or deductible.

*State restrictions on telehealth apply.



Welcome to physician NOW

PhysicianNow powered by MDLIVE
24/7 on-demand access to affordable,
quality telehealth services

When to use Telehealth

- For non-emergency medical issues (especially as an alternative to a costly emergency room or urgent care center visit)
- Nights, weekends and even holidays
- If your doctor or pediatrician is unavailable
- When it's not convenient to leave your home or work
- You are traveling and need medical care
- You need a prescription

Common Conditions Telehealth Treats

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> ■ Allergies ■ Asthma ■ Bronchitis ■ Cold & Flu ■ Ear Aches ■ Fever ■ Infections ■ Respiratory Infections | <ul style="list-style-type: none"> ■ Sinus Infections ■ Skin Infections ■ Sore Throat ■ Urinary Tract Infections and more! | <h4>Pediatric Care</h4> <ul style="list-style-type: none"> ■ Cold & Flu ■ Constipation ■ Ear Infections ■ Nausea ■ Pink Eye and more! |
|---|--|--|

GET STARTED
NOW



CALL
1-888-283-6691



ONLINE
Log in to BlueAccessSM
on **bcbst.com** and
click the "My Health
& Wellness" tab.



Andrew Sample
12345 Main Street
Anytown, TN 55555

Andrew,
Welcome to physician NOW
A New Kind of Housecall



physician NOW
A New Kind of Housecall



physician NOW



Andrew Sample
& Eligible Dependents

Request a consultation



1-888-283-6691



BlueAccessSM

Important: Prescriptions are issued only when clinically appropriate. No controlled substances may be prescribed and the availability of some prescriptions may be restricted by law in some states. For complete terms of use visit www.mdlive.com/pages/terms.html



of Tennessee

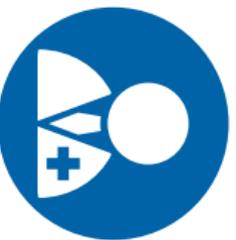


physician  **NOW**

Get the care you need, when you need it!



24/7 CARE



BOARD-CERTIFIED
DOCTORS



10-MINUTE AVERAGE
CALL BACK TIME



PRESCRIPTIONS SENT
DIRECTLY TO YOUR
PHARMACY

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association
PhysicianNow consultations are subject to your applicable Primary Care Physician (PCP) copay or deductible.

Request a consultation



1-888-283-6691



BlueAccessSM

BlueCross BlueShield of Tennessee, Inc. an Independent
Licensee of the BlueCross BlueShield Association

What can I use it for?

- Allergies
- Asthma
- Bronchitis
- Cold & Flu
- Ear Aches
- Fever
- Sore Throat
- Urinary Tract Infections
- and more!

When can I use it?

- For non-emergency medical issues
- If your doctor is unavailable
- Weekends and holidays

To learn more about how you can use Telehealth, visit BlueAccessSM on bcbst.com and click the "My Health & Wellness" tab.

January 22, 2016

State Offices and BA Call Center Closed Today (LE, LG and HE)

State offices and the Benefits Administration service center are closed today due to weather. We will send our "regular" Friday ABC email on Monday, January 25.

The following email was sent to State Agency Benefits Coordinators today.

State Offices, BA Call Center, Healthways Call Center Closed Today (State)

State offices and the Benefits Administration service center are closed today due to weather. We will send our "regular" Friday ABC email on Monday, January 25. The Healthways Call Center is also closed.

January 25, 2016

HSA Information (LE, LG and HE)

The following, along with the attached information from PayFlex, will be emailed to members who were enrolled in the CDHP/HSA as of January 1, 2016. You might find it helpful as well, particularly for new hires who enroll.

USING YOUR HSA

Our records show that you are enrolled in a Consumer Driven Health Plan with a Health Savings Account (CDHP/HSA).

Attached is an information sheet that can help you learn how to:

- Register your HSA online (note: **your Member ID is your Social Security #**)
- Use your Debit Card
- Make a Payment
- Pay Yourself Back
- Request Reimbursement

HAVE QUESTIONS?

Visit stateoftn.payflexdirect.com

Call PayFlex directly at **1-855-288-7345**

- Monday – Friday, 7 a.m. – 7 p.m. Central
- Saturday, 9 a.m. – 2 p.m. Central.

HSA Information (State)

The following, along with the attached information from PayFlex, was emailed today to members who were enrolled in the CDHP/HSA as of January 1, 2016.

USING YOUR HSA

Our records show that you are enrolled in a Consumer Driven Health Plan with a Health Savings Account (CDHP/HSA).

Attached is an information sheet that can help you learn how to:

- Register your HSA online (note: **your Member ID is your Social Security #**)
- Use your Debit Card
- Make a Payment
- Pay Yourself Back
- Request Reimbursement

As a reminder, if you currently have funds remaining in your **2015 Flexible Spending Account** (FSA), due to IRS regulations, you will not be eligible to receive State funding or to contribute to your HSA until April 1, 2016. In addition, you are not eligible to use HSA funds for claims incurred prior to April 1, 2016.

PLEASE NOTE: The state contribution (\$500/\$1000) for **state employees who are paid monthly** will be deposited on the end of the month payday in January (1/29/2016). This includes: Judicial branch agencies, Legislature, Treasury, and Secretary of State employees.

HAVE QUESTIONS?

Visit stateoftn.payflexdirect.com

Call PayFlex directly at **1-855-288-7345**

- Monday – Friday, 7 a.m. – 7 p.m. Central
- Saturday, 9 a.m. – 2 p.m. Central.

UT Medical Center Update

BCBST is mailing the attached letter to Network S patients who have utilized UT Medical Center (UTMC) and certain physicians affiliated with the University Physicians' Associates (UPA).

These letters are NOT being mailed to our members as these physicians and facilities will still be in-network for our BCBST members enrolled in the State Insurance Health Plans through a specific agreement between UT Medical and BCBST.

It is **possible** that some of our members or maybe their spouses or dependents might get this letter based on previous enrollment circumstances. But, again, please be assured that BCBST has a special **agreement with UT Medical Facilities and UPA that allows them to be in-network for the State Insurance Health Plans.**

Telehealth Communications

We included information during the January conference calls about the telehealth benefit available to all health plan members beginning in February. We have **attached** sample communications pieces that will mail to Cigna members, as we want you to be aware of the program in case you receive questions.

Attachments:

Using your PayFlex HAS PDF
MD Live Cigna PDF

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Andrew Sample
12345 Main Street
Anytown, NW, 55555

| Andrew,
Welcome to MDLIVE



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Andrew Sample
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Anytown, NW, 55555

| Andrew,
Welcome to MDLIVE

MDLIVE[®]
Virtual Care, Anywhere.

MDLIVE[®]

OFFERED
THROUGH



Andrew Sample
& Eligible Dependents

Request a consultation ▼



1-888-726-3171



mdlive.com/stateoftn



Get the care you need, when you need it!



24/7/365 Care
Anytime, Anywhere



US Board-Certified
Doctors



10 Minute Average
Call Back Time



Prescriptions Sent
Directly to Your
Pharmacy

Scan with smartphone
to create a contact



Request a consultation



1-888-726-3171



mdlive.com/stateoftn

What can I use it for?

- Allergies
- Ear Infections
- Pediatric Care
- Prescriptions, if needed
- Nausea & Vomiting
- Respiratory Infections
- Sinus Problems
- Urinary Tract Infections
- and more...

When can I use it?

- For non-emergency medical issues
- Your doctor is not available on your schedule
- Anytime, Anywhere including nights, weekends, and holidays

To learn more about how you can use MDLIVE, visit mdlive.com/stateoftn

MDLIVE[®]

OFFERED
THROUGH



**PARTNERS
FOR HEALTH**

Cigna offers MDLIVE to provide you with 24/7/365 access to board-certified primary-care doctors and pediatricians by secure video, phone or e-mail.

You pay the applicable amount for an in-network primary care visit.

Whether you are at home, at work, traveling, or you simply want a more convenient way to see a doctor, MDLIVE is easy to use and available on your schedule anytime, anywhere. This service is secure, confidential and compliant with all medical privacy regulations.

Visit mdlive.com/stateoftn or call toll-free **1-888-726-3171** to get started and make an appointment today!



HOW TO USE MDLIVE



Video Consultation

See a doctor using your computer over the Internet, via webcam



Phone Consultation

No webcam? No problem! Speak to a doctor over the phone



E-mail Advice

After you've talked with the doctor — use secure email to ask follow-up questions and get advice privately

GET STARTED TODAY!

1

Register online or by phone

Go to mdlive.com/stateoftn
You will need your First Name, Last Name, Gender, Date of Birth and your Cigna Customer ID #.

You may also register over the phone by calling **1-888-726-3171**.

2

Complete medical history

Be prepared for your first appointment. Complete your medical history profile during registration.

3

Request a consultation

You pay the applicable amount for an in-network primary care visit.

MDLIVE staff is available 24/7/365 by online video or phone!

GET STARTED NOW!



mdlive.com/stateoftn



1-888-726-3171

Welcome to MDLIVE

24/7/365 on-demand access
to affordable quality healthcare
anytime, anywhere



WHEN TO USE MDLIVE

- For non-emergency medical issues (especially as an alternative to the high cost of an emergency room or urgent care center)
- Your doctor or pediatrician is not available on your schedule
- You are traveling and need medical care
- You need a prescription or refill*
- When it's not convenient to leave your home or work
- Anytime, anywhere including nights, weekends and even holidays



COMMON CONDITIONS TREATED

- | | | |
|---|---|--|
| <ul style="list-style-type: none"> ■ Allergies ■ Asthma ■ Bronchitis ■ Cold & Flu ■ Constipation ■ Diarrhea ■ Ear Aches ■ Fever ■ Headache ■ Infections | <ul style="list-style-type: none"> ■ Insect Bites ■ Joint Aches & Pains ■ Poison Ivy ■ Rashes ■ Respiratory Infections ■ Sinus Infections ■ Skin Inflammations ■ Sore Throat ■ Sports Injuries ■ Urinary Tract Infections | <p>Pediatric Care</p> <ul style="list-style-type: none"> ■ Cold & Flu ■ Constipation ■ Ear Aches ■ Fever ■ Nausea ■ Pink Eye ■ Vomiting |
|---|---|--|

GET STARTED NOW



mdlive.com/stateoftn



1-888-726-3171

Disclaimers: Cigna wants to help you improve your health and make sure you remain satisfied with your plan. If you have a complaint about the service you receive from MDLIVE, or the quality of care that you receive from one of the health care professionals or facilities in the Cigna network, please call the number shown on your Cigna ID card. Your feedback helps MDLIVE and Cigna to continuously improve and better serve all our customers. MDLIVE does not replace the primary care physician. MDLIVE operates subject to state regulation and may not be available in certain states. *MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit <http://www.mdlive.com/consumer/terms.html> 010113. "Cigna" and the "Tree of Life" logo are registered service marks of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation.

Using Your PayFlex Health Savings Account



Visit stateoftn.payflexdirect.com, or call Payflex directly at 1-855-288-7345, Monday – Friday, 7 a.m. – 7 p.m. Central, and Saturday, 9 a.m. – 2 p.m. Central.

Making HSA Withdrawals

Debit Card – at time of service where required (i.e., Pharmacy) if funds are available

Make a Payment – pay provider from your HSA once claim is processed.

- Claim is submitted by your provider and you are billed for your out-of-pocket portion.
 - Choose “Make an HSA Payment” from the Financial Center of member portal if funds are available (you may need to pay from personal funds if your balance will not cover this amount and you may follow one of below once your balance builds up).
 - Add payee, enter date of payment, amount and submit.

Pay Yourself Back

- **One-time or repeating transfer** to a linked bank account to pay yourself back if personal funds were used for a qualified expense:
 - Choose “Link My Bank Account” from the Financial Center of member portal and add your bank details. Choose “Make an HSA Withdrawal” from the Financial Center of member portal to move funds from your HSA to your linked account.
 - Enter amount, choose the linked account for the deposit, and submit.
(A repeating transfer example is if your provider approved payments over a period of time).
- **Reimbursement request** with a check mailed to home address to pay yourself back if personal funds were used for a qualified expense:
 - Choose “Make an HSA Payment” from the Financial Center of member portal
 - Add you as the payee, enter date of payment, amount and submit.

How do I register my HSA?

- Log into stateoftn.payflexdirect.com
 - To Register:
 - Click on Register Now button
 - Enter your Member Number which is your Social Security Number (SSN)
 - Enter your residential zip code and Click Register
- Read the appropriate agreements and fees. Check the box that says **I have read and acknowledge the above fees and agreements**, and enter your initials in the text box. Click **Continue**.
- Choose your **Marital Status** from the dropdown box, and enter your telephone numbers (Optional). Click **Continue**.
- Enter the following information:
 - Name of your insurance carrier
 - Plan start date

- Coverage type (Employee only, etc.)
 - Deductible amount.
 - Click **Continue**. (This information is captured to alert you if you appear to have exceeded your contribution maximum.)
- To link your bank account(s) to your HSA, click **Add Bank Account**, and complete the following the steps.
- Enter bank account type (checking or savings), your account number, and your routing number. Click **Continue**.
 - **Please note:** You do have to verify your bank account. Payflex will take an amount (under \$1.00) from your bank account and then ask you to verify the amount. This may take up to one to two business days. After the account is verified, the \$1.00 will be returned to your account.
- Input your beneficiary information.
- Required fields include Name, Address, Social Security Number and Relationship. Click **Continue**.
- This final step will show you the amount that you may contribute to your HSA based on the data that you provided. Click **Continue**.

How does the card work?

- When you receive the PayFlex Card in the mail, call the number on the card to activate and get your personal identification number (PIN).
- To use your card when funds are available, simply swipe and select either “debit” or “credit.” Please note that some merchants may ask you to select “debit.” This means you’ll need to enter your PIN to complete the transaction.

What if I don’t use my card to pay for an expense?

- Typically you would not need to pay at time of expense at provider/hospital visit. Allow the claim to process through your medical carrier. You should expect a bill for your out-of-pocket portion.
- If you use your HSA funds and find that you have overpaid for a claim, you may pay back your HSA by submitting a Mistaken Distribution form to PayFlex with a personal check. Contact PayFlex service team, at 855.288.7345, for this form. The provider is responsible to return those overpaid funds to you. Payment back into your HSA should be made before end of tax year.
- If your HSA balance does not allow full payment of your out-of-pocket portion and you use personal funds, you can pay for an eligible expense with cash, check or a personal credit card. You can then pay yourself back by linking a bank account or with a check through your online HSA. Hang on to your receipts as verification of the withdrawal.
- Move funds from your HSA to a personal bank account:
 - First link a personal checking or savings account. Choose “Link My Bank Account” from the Financial Center and add your bank details.
 - Then, choose “Make an HSA Withdrawal” from the Financial Center to move funds from your HSA to your linked account by entering the amount, choose the linked account for the deposit, and submit.
 - Reimburse yourself with a check mailed to home address:
 - Choose “Make an HSA Payment” from the Financial Center of member portal.
 - Add you as the payee, enter date of payment, amount, and submit.

Questions?

Visit stateoftn.payflexdirect.com, or call us directly at **1-855-288-7345**, Monday – Friday, 7 a.m. – 7 p.m. Central, and Saturday, 9 a.m. – 2 p.m. Central.

January 29, 2016

Information for Employees About 1095-C (State)

Because of provisions in the Affordable Care Act (PPACA), your employees will receive a new form in 2016 providing them with information about the health coverage they had or were offered in 2015.

The information below is intended to help individuals understand this new form, including who should expect to receive them and what to do with them.

As employees are now getting their W-2s, we are providing this to central state Agency Benefits Coordinators now in case you are getting questions from your employees. Benefits Administration will send out a statewide email with similar information to all central state employees when BA mails the [Form 1095-C](#) to them. We will let you know when this form goes in the mail.

From a central state employee perspective:

1. Will I receive any new health care tax forms in 2016 to help me complete my tax return?

In March 2016, you will receive a 1095-C form from Benefits Administration providing information about the health care coverage that you had or were offered during the previous year. Much like Form W-2 and Form 1099, which includes information about the income you received, this new health care form provides information that you may need when you file your individual income tax return. Also like Forms W-2 and 1099, this new form will be provided to the IRS by the state.

The new form that the Benefits Administration will mail to you is:

[Form 1095-C](#), *Employer-Provided Health Insurance Offer and Coverage*. It includes information about what coverage the state offered to you with information about who was covered and when.

2. When will I receive this health care tax form?

The deadline for employers to provide 1095-C has been extended to March 31, 2016. Individual taxpayers will generally not be affected by this extension **and should file their returns as they normally would.**

Benefits Administration will notify your Agency Benefits Coordinator and all employees by state email when the form is mailed to employees.

3. Must I wait to file until I receive these forms?

It is **not** necessary to wait for 1095-C in order to file your tax return. While the information on this form may assist in preparing a return, it is not required. Individual taxpayers should file their returns as they normally would.

Like last year, taxpayers can prepare and file their returns using other information about their health insurance. You should **not** attach [Form 1095-C](#) to your tax return.

Q1 Wellness Challenge – The “Mission Nutrition” Challenge

Enrollment for the first quarter wellness challenge – The “Mission Nutrition” Challenge will begin on Monday, February 1 through February 15. The challenge will run from February 8 through March 20.

The six-week challenge is designed to help members easily decode nutrition facts labels and use this information when they shop, plan meals and cook each day. It’s designed to help participants make smarter food choices.

Participants will receive a weekly email, a weekly “mission” and reminders to stay active in the challenge. Members will have to register in Well-Being Connect and set up their Food Log Tracker to participate.

The **attached** flier includes the enrollment details. You can forward it to all state employees and members enrolled in any state group health insurance plan.

Attachments:

‘Mission Nutrition’ Flier



The “Mission Nutrition” Challenge

FREQUENTLY ASKED QUESTIONS

WHAT'S THE CHALLENGE ABOUT?

Mission Nutrition is a fun, six-week nutrition challenge that's part of the ParTners for Health Wellness Program. It's designed to help you easily decode nutrition facts labels and use this information when you shop, plan meals and cook each day. It's also meant to help you feel good about making smart food choices.

Join the fun! Mission Nutrition runs from **February 8 to March 20**.

HOW DOES THE CHALLENGE WORK?

During the challenge, you will receive:

- **A weekly email** highlighting one new section of a nutrition label and what it means
- **A weekly mission** that helps you practice your label reading skills and make healthier choices
- **A reminder to stay active online** by using your Food Log Tracker and the chatter board

HOW DO I SET UP AND USE THE FOOD LOG TRACKER?

Sign in to Well-Being Connect. If the Food Log Tracker is not listed in your “Well-Being Plan” tab, click “Add More Goals and Trackers” to select it, and select whichever goal is appropriate for you.

HOW DO I USE MY FOOD LOG TRACKER?

In the “Find a Food” section, enter your food or drink and then select the specific item and brand that appear. Select the meal you had that item for, enter the serving size and select save. The nutrition information for that item will appear.

WHY SHOULD I USE MY FOOD LOG TRACKER?

Using your Food Log Tracker in Well-Being Connect helps you know the nutritional content of the foods and drinks you consume. It also can help you see how portions affect the nutrients and calories you consume so you can make healthy choices.

REGISTER NOW! Last day to register: **February 15**

1

Go to www.partnersforhealthtn.gov and click on “My Wellness Login.”

2

Sign in to your **Well-Being Account**.*

3

In the **Groups and Challenges** tab, click **Join This Group** under **Mission Nutrition**.

4

Set up your Food Log Tracker with your goal for the challenge.

5

Finish registration. Then return **February 8** to start participating.

ParTners for Health

partnersforhealth@healthways.com • www.partnersforhealthtn.gov • 1.888.741.3390

*If you haven't already, you must create a Well-Being Account and Well-Being Plan before joining the challenge. You will also need to complete the Well-Being Assessment, if you haven't already this year.

Please consult your health care provider before starting this challenge to be sure it is appropriate for you.

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**PARTNERS
FOR HEALTH**



HEALTHWAYS

February 5, 2016

ABC Conference Call

Don't forget, ABC conference calls are next week! The agenda is **attached** which includes the webinar link.

Local Education – Tuesday, February 9 at 9:00 a.m. Central

Central State – Tuesday, February 9 at 10:30 a.m. Central

Local Government – Tuesday, February 9 at 1:00 p.m. Central

Higher Education – Wednesday, February 10 at 9:00 a.m. Central

We have also **attached** an Employer Guide HSA Portal PDF PayFlex will go over during the calls. **Please print this or have the PDF available as a reference.** There won't be slides on the screen during this presentation.

Minnesota Life Update (State/Higher Ed)

Minnesota Life has informed us of a branding change currently happening at their company. Starting now, in 2016, they will begin using their parent company's brand -- **Securian**. This will not change the underwriting company of Minnesota Life Insurance, but will change the logo both in printed materials and on the website. All materials are being changed now to reflect the Securian branding. For a while our materials will contain a sentence that notes: Insurance products are underwritten by Minnesota Life Insurance Company, an affiliate of Securian Financial Group, Inc.

Attachments:

2.09.16 Call Agenda

Employer Guide HAS PayFlex Portal

PAYFLEX®

Employer Portal Guide

PayFlex® Health Savings Account (HSA)

This guide is designed to help you easily manage your HSA program from your online employer portal.





Get started

- Go to **payflex.com**.
- Select the **Employers** tab and click **Sign In**.
- If you need assistance, contact your PayFlex account manager.
- Once you log in, you can change your password within the **Your Profile** section.

Update your profile

- Under Portal Administration, select **Your Profile**.
- You can enter your name, e-mail address, password, address, phone number and fax number.

View important account messages

- Under Portal Administration, select **Your Messages** to view messages sent from PayFlex.
- To narrow your search, enter a start and end date. Select **Apply Filter**.

MANAGE USERS OF THE EMPLOYER PORTAL

Available for users with Web Administrator role

- Under *Portal Administration*, select **Portal User Management**.
- On the *User Maintenance* page, you can view, update or remove any user by clicking on the user's name.
- To add a new user, click **Add User** and complete the required fields.
- Then you can assign the appropriate roles. You must select the **HealthHub HSA** role to view and use any of the HSA features. If your organization offers other PayFlex accounts, you may want to assign the following roles:

- **Benefit Billing Eligibility** — This role is only for clients who offer Direct Billing service to employees.
- **Billing** — This person receives monthly administrative invoices and has access to invoice information.

Additional user roles

Note: If PayFlex only administers your HSA, you only need to sign up for the **HealthHub HSA** role.

- **Broker** — This person receives important communications specific to PayFlex, your plans, or more generic regulatory and legislative updates.
- **Communication** — This contact is included on important communications specific to PayFlex, your plans, or more generic regulatory and legislative updates.
- **Electronic Data** — This individual serves as the point of contact for any eligibility files exchanged with PayFlex (if applicable).
- **Executive** — This individual receives renewal information annually.
- **Flex Eligibility** — This person serves as the point of contact regarding eligibility matters and has access to participant benefits and account information.
- **Funding** — This individual receives funding reports and notifications and has access to the archived funding information.
- **HealthHub HSA** — This individual has access to HSA information specific to funding and eligibility data.
- **Primary** — This individual serves as the point of contact regarding general client account matters.
- **Reporting** — This individual receives scheduled reports and has access to archived reporting information.
- **Website Administrator** — This individual can add new contacts, edit existing contact information and change access rights.

HSA DASHBOARD

The dashboard provides a summary of your HSA program. This includes:

Contributions profile

- **Total employer contributions year-to-date (YTD)** — This is YTD employer funding amount contributed to employee accounts for the current tax year.
- **Total employee contributions YTD** — This is the YTD amount that employees have contributed through payroll deductions for the current tax year. This amount does not include any after-tax contributions made by the employees.
- **Total scheduled contributions through end-of-year (EOY)** — This feature is not being used at this time. The amount should always be \$0.00.

Note: If you have contributions that should be applied to the prior tax year, we need to receive them in the current year by April 15. If April 15 falls on the weekend, the deadline is the next business day. If we receive the funds by this deadline, we can apply the contributions to the total contribution amount for the prior tax year.

Company profile — This shows your company name, tax identification number and the name of your HSA custodian.

Recent transactions — This displays five most recent transactions, which may include the date, status and amount for the following:

- **Created from batch contribution file on (date)** — This includes contributions received per employee from the deposit file, as well as funds posted and funds queued. The funds posted includes payroll deductions and any employer contributions that go into the HSA. The funds queued are for HSAs that aren't opened yet (i.e., pending the customer identification process [CIP]).
- **Incorrect deposit amount** — This value appears when an employer sends funds to PayFlex (i.e., ACH push) for contributions but we have not yet received an associated deposit file. This description also appears if the funds received are greater than the amount in the file.
- **Reverse of mistaken contribution** — This is the total amount that was reversed back to the employer because the contributions were identified as excess or mistaken contributions (e.g., employee contributes funds over the Internal Revenue Service [IRS] limit or the employee contributes funds and was never eligible for an HSA).

Employee profile — This shows the number of employees with open HSAs and the total with pending HSAs. It also shows the total number of employees in our system. To view more detailed information, click Manage Employees.

Employee account summary

- **Funds received** — These are the funds received from the employer to post to employee accounts. This is a running total from Day One of your plan at PayFlex.
- **Posted contributions** — This is the total contribution amount that we have deposited into open employee accounts. This is a running total from Day One of your plan at PayFlex.
- **Queued contributions** — This is the total contribution amount that we are waiting to deposit into the HSAs that are not yet open (i.e., pending the CIP).

Employer account summary

- **Contributions awaiting funding** — This is the total contribution amount received and currently awaiting employer funding.
- **Balance** — This is the amount received by PayFlex that isn't reserved for contributions to the HSAs. This doesn't include posted and queued contributions and contributions waiting for funding.

VIEW COMPLETED REPORTS

Under HSAs on the left side, select **View Completed Reports**. This page houses the following reports:

Auto-generated reports:

- **HSA Deposit Register** — A summary of contributions posted to employee HSAs from a deposit file received by PayFlex. This also shows employer, employee and incentive contributions. This doesn't include after-tax contributions made by the employee. (Created daily, Monday – Friday.)
- **Daily Account Status** — Employee demographic information and status of the HSA for each employee. (Created daily, Monday – Friday.)
- **Failed Account Verification** — Employees who failed the CIP. This report also includes the date(s) we sent letters, and the number of days that a verification request is outstanding. (Created monthly.)

CREATE ON-DEMAND REPORTS

Under HSAs on the left side, select **Create Reports**.

- Select a report from the drop-down menu. **Note:** Some reports allow you to mask the Social Security number (SSN). The following reports are available:
 - **Status Report** — Use this report to periodically identify accounts that were once opened but are now closed. This report helps you keep track of pending accounts, and includes the account status for each of your eligible employees. Only accounts in an “Open” status will receive contributions.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**. Then click **Submit**.
 - > Here are the statuses you may see:
 - Pending** — HSA not yet established. The employee hasn’t yet passed the CIP. Contributions are accepted for this account but funds won’t be available until the account setup process is completed.
 - > Here are some additional statuses you may see:
 - Open** — The account opening process is complete and the account is active.
 - Closed** — The employee established an HSA but the account has been closed.

Note: This report also includes employee demographic information such as first name, last name, date of birth, SSN (if not masked), address, type of coverage, e-mail address (if applicable) and open date (if applicable).

- **Termination Report** — This report helps identify employees you requested for us to remove from your program. You can also use this report to verify submitted data, and reconcile any account invoicing.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**.
 - > Enter a start and end date to view terminations during a specific date range.
 - > Select a status (e.g., all, queued and processed) and click **Submit**.
- **Contributions Report** — This report helps you reconcile contributions you have reported for your employees’ accounts. **Note:** This doesn’t include after-tax contributions made by the employee.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**.

- > Select a contribution year, start and end date, and status. Here are the status options:
 - All** — Includes any contributions that are completed, pending, processing, scheduled and queued.
 - Completed** — The transaction has been completed and the funds have posted to the HSA.
 - Pending** — The transaction has been loaded into the system and will process with our next daily processing cycle.
 - Processing** — The transaction request has been sent to the bank and will be completed by the end of the day.
 - Scheduled** — The transaction has been scheduled to occur in the future.
 - Queued** — The request has been sent but the employee doesn’t have an open account.
- > Then click **Submit**.

Note: You may also use the **View Contributions** section to assist with reconciling payroll contributions.

- **Failed Account Verification Report** — This report shows those employees who failed the CIP. This also includes the date(s) we sent verification letters, and the number of days a verification request is outstanding.

Note: When a report is available, we will send an e-mail to the individual who requested the on-demand report. The completed reports are housed under **View Completed Reports**.

CALENDAR

The calendar is another way to find out when we processed your contribution files.

- Under HSAs on the left side, select **Calendar**.
- Select a month and year. Then click **Refresh**.
- A piggy bank is displayed on the day(s) we processed your contribution file(s). If more than one transaction occurs on the same day, this could represent a combination of transactions.

MANAGE EMPLOYEES

You can view whether an employee's HSA is open, pending or closed.

- Under *HSA*s on the left side, select **Manage Employees**.
- Under *Active Employee Summary*, you can view:
 - **Number of employees with open HSAs**
 - > Select the number to view a list of employees who have an active HSA.
 - **Number of employees with pending HSAs**
 - > Select the number to view a list of employees who haven't yet passed the account verification process (i.e., CIP).
 - > If the member's account is in a pending status, you can generate a new welcome letter to the employee. Next to Action, select **Resend Welcome Letter** from the drop-down menu. Then choose which members you want to receive the letter. Click **Complete Action**.
 - **Number of employees with closed* HSAs**
 - > Select the number to view a list of employees who no longer have an HSA under your plan.
- Under *Find Employees*, search for employees by account status (open, pending or closed). Under *Account Status Search*, select a status from the drop-down menu. Or search by first name, last name, SSN or Employee ID (if applicable). Then click **Find**.

Note: The employee is responsible for the account fees. They can view the Fee Schedule online. If the employee would like to close the retail account, a final disbursement of their HSA funds is required.

VIEW CONTRIBUTIONS

View the status of the contribution files sent to us. This includes the dollar amount deposited into the HSAs and whether it's an employee or employer contribution. This doesn't include after-tax contributions made by the employee.

Note: The funding that PayFlex receives goes into the Employer Funding Account. This could be funds we pull from a designated employer account or funds the employer pushes to us.

- Under *HSA*s on the left side, select **View Contributions**.
- You will see the date, total contribution amount, description of the contribution and status. Here are the descriptions you may see:

- **Created from batch contribution file on (date)** — This includes contributions received per employee from the deposit file. This includes funds posted and funds queued. The funds posted include payroll deductions and any employer contributions that go into the HSA. The funds queued are for HSAs that aren't opened yet (i.e., pending the CIP).
 - **Incorrect deposit amount** — This value appears when an employer sends funds to PayFlex (i.e., ACH push) for contributions, but we haven't yet received an associated deposit file. This also appears if the funds received are greater than the amount in the file.
 - **Reverse of mistaken contribution** — This is the total amount that was reversed back to the employer because the contributions were identified as excess or mistaken contributions (e.g., employee contributes funds over the IRS limit or the employee contributes funds and was never eligible for an HSA).
- To narrow your search, enter a start and end date. Select a status from the drop-down menu. Here are the status options:
 - **All** — Includes any contributions that are completed, pending, processing, scheduled and queued.
 - **Completed** — When transactions are completed and funds are posted to the HSAs.
 - **Pending** — The transactions that are loaded into the system and scheduled to process with our next daily processing cycle.
 - **Processing** — The transactions sent to the bank and will be completed by the end of the day.
 - **Scheduled** — The transactions scheduled to occur in the future.
 - **Queued** — The requests sent but the employees don't have an open account.
 - Then click **Filter**.
 - To view individual contribution amounts for each employee, select a row and click on the **magnifying glass**. This will take you to the *Fund Schedules* page. You'll see your employees' names, employee and employer contribution amounts, and status of the contributions.

*When an account is closed, the employee will no longer receive payroll or employer contributions. If we receive a termination date for the member, the HSA moves to a retail environment. The account remains open unless we receive a request from the employee to close it. This allows the employee to continue to use their HSA funds.



TERMINATIONS

View a list of employees that we received a termination date for on your eligibility file.

- Under *HSAs* on the left side, select **Terminations**.
- You can view the employee name, last four digits of their SSN, termination date and status.
- You can use the drop-down menu to search by name, SSN and termination date. Or simply type in the search field and click **Search**.

ADD EMPLOYEE

Establish an HSA on behalf of an employee. If you do this, you don't need to send an eligibility file to PayFlex for that employee's HSA.

- Under *HSAs* on the left side, select **Add Employee**.
- Complete the required fields. **Note:** You'll need the employee's name, SSN, mailing address, birth date and the start date of their high-deductible health plan (HDHP). If an employee uses a PO box for their mailing address, provide a residential address as well, so we can verify the account.
- Confirm the employee information and click **Next**. To make changes click **Previous**. To cancel the entire request, click **Cancel**.
- To complete the request, click **Submit**. To make changes, click **Previous**. To cancel the entire request, click **Cancel**.
- After you submit the request, you'll see the following confirmation message:

Employee Successfully Added.

The HSA will be opened in accordance with the employee's HDHP start date and upon completion of the employee verification process.

Note: View the status of an employee's HSA on the **Manage Employees** page.

HSA REPORTING DASHBOARD

Under *HSAs* on the left side, select **HSA Reporting Dashboard**. The dashboard is available if you have (or ever had) 10 or more pending or open HSAs. This feature provides monthly online report views across the following reporting categories:

- Program Summary (home page)
- Account Balances
- Contributions
- Distributions
- Expense Analysis
- Investment Analysis
- Spender/Saver Analysis

Program summary

This view includes the following sections:

- Account Status Summary
- Program Feature Utilization
- Self-Service Tool Utilization

Account balances

This section provides an analysis of account balances across two categories — **Account Balances** and **Account Growth**.

- Each category includes the following three tables: Health Savings Accounts, Investment Accounts and Combined HSA/Investments.
- Each table captures the total number of accounts, total balance and average balance.

Contributions

Within this section, contributions are displayed by **This Period** and **Year to Date**.

- For each section, the total number, total amount and average amount of contributions are displayed for the following contribution types:
 - Employer Contributions
 - Employee Payroll Deductions
 - Non-Payroll Deposits

Note: Only completed contributions are shown. Pending, scheduled or queued contributions are excluded.

This material is for informational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax adviser if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to payflex.com.

Financial sanctions exclusions. If benefits provided by any agreement violate or will violate any economic or trade sanctions, benefits are immediately considered invalid. PayFlex cannot make payments for claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Distributions

This section provides transactions and payments analysis for **This Period** and **Year to Date**.

- The total number, total amount and average amount of distributions are displayed for the following distribution types:
 - Debit Card Transactions
 - Connected Claims Payments
 - Other Withdrawals

Expense analysis

Within this section, expense types are viewed by **This Period** and **Year to Date**.

- Each section includes the total number, total amount and average amount of transactions. Transactions are displayed for the following expense types:
 - Medical
 - Dental
 - Vision
 - Prescription
 - Other

Investment analysis

This view displays the total number of accounts, total dollar amounts and average dollar amounts associated with each investment option being offered.

Spender/saver analysis

This view categorizes employees based on the percentage of contributions spent in a specific time period. Employees are categorized as:

- **Spenders** — Mostly spends 70 percent or more of their HSA contributions.
- **Savers** — Mostly saves 30 percent or less of their HSA contributions.
- **Adapters** — Sometimes spends/saves HSA contributions (spends between 31 percent to 69 percent).

EXPORTING REPORT DATA

You may elect to export a specific report view or all report views for a selected month. **Note:** When multiple report views are selected in an Excel format, each report is displayed as a separate sheet in the Excel Workbook.

February 12, 2016

ABC Conference Call Notes (LG, ST, HE)

The combined notes from the February 9 and 10 ABC conference calls are **attached**.

Local Education February ABC Conference Call

BA has decided to not reschedule the cancelled February Local Education ABC conference call due to scheduling conflicts. We have **attached** the call notes from the other calls for your reference. The March ABC conference call will be at the regularly scheduled time, 9 a.m. Central.

If you have questions about anything in the notes before our March conference call, send them to benefits.info@tn.gov

Partnership Promotions - Onsite Screening Information

We are providing you with several resources in today's email that should help you promote the onsite screenings.

1. **Onsite screening flier:** We encourage you to promote screenings sites in your area. You have the ability to type in the information – just remember to save on your desktop and then share the flier. Or you can print and post the flier. Your choice.
2. **Two pdfs of all scheduled screening sites.** One sorted by screening date and the other by county. Feel free to share either or both or use as a resource for your members.
3. **An excel spreadsheet of the scheduled sites.** This spreadsheet is sorted by screening date. We have included filters to allow you to narrow a search for a specific site should you choose to do so. If you have never used the filter on a spreadsheet, here is a quick tutorial.
 - At the top of each column is a small down arrow. This will allow you to filter by column (site name, county, address, etc.)
 - First select the column you want to filter (example: city). Click on the down arrow in the column for city. All cities will be selected. Click select all at the top. This will unselect all cities. Then select the city that you want to view (example – Bristol). This will filter out all other sites and will only show the screening site for Bristol.
 - To filter for any other column, just follow the steps above.

State Offices and BA Call Center Closed Monday

State offices and the Benefits Administration service center are closed on Monday, February 8 due to the President's Day holiday. We hope you have a great weekend!

Attachments:

Combined February ABC Conference Call Notes
MetLife Dental PDP State of TN ABC presentation
Onsite Screening Schedule (County)

Onsite Screening Schedule (Date)
Screening Locations Flier
Excel Final Schedule

MetLife



**PARTNERS
FOR HEALTH**

MetLife Dental

*Savings, convenience and service for
healthier smiles*

Prepared For: State of Tennessee
Dental Preferred Provider Organization (DPPO)
February 2016

- MetLife is the dental PPO provider beginning January 2016
- There are waiting periods in the plan
 - a 12 month waiting period on Orthodontia
 - a 6 month waiting period on some major services such as dentures, crowns and implants
- Time enrolled in the Delta Dental plan will count towards the plan waiting periods
- ID cards and Member Handbooks were mailed to member's homes in December/early January



Put control and support into the hands of your employees with valuable tools, simplified processes, and easy enrollment and applications.



Empowers Employees

- Search for a dentist
- Print an ID card
- Review plan information, including what's covered and coinsurance
- Track plan deductibles and maximums
- View claim history
- Read oral health information to help make informed decisions about dental care
- E-mail updates for PPO claim status
- All employee data is stored in a secure environment
- Access the site through Partners For Health Site

THANK YOU!



L1214404306[exp0216][CA,FL,NJ,NY,TX]

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FREE Biometric Screening

To sign up for an Onsite Screening:



www.partnersforhealthtn.gov

In the **Quick Links** box: Click on
Complete Your Biometric Screening link



1.888.741.3390

Monday – Friday, 8:00 a.m. – 8:00 p.m. (Central)

Location: _____

Date: _____

Time: _____

Who can participate? All State Group Insurance Program members (employees and covered spouses) are eligible to participate.

February 22, 2016

2016 Enrollment Change Form

All Agency Benefits Coordinators should be sure to use the [2016 Enrollment Change](#) form, found on the [ABC webpage](#) under Forms. Using older forms will cause the service center to kick the enrollment back to be re-submitted. As we all know, the coverage and vendor choices have changed and we need to be sure the employees are seeing all of their options when they fill out the form.

MetLife Dental

If you have members who have not received their MetLife welcome packet and ID cards, please have them call the MetLife service center at 855.700.8001, Monday – Friday, 7 a.m. to 10 p.m. Central time. Members need to be specific in their request and state if they need both the welcome packet and an ID card sent to them.

As a FYI, members don't have to have a card to receive services. The dental provider should be able to look them up. Members can also print a temporary ID card through MyBenefits, www.mybenefits.metlife.com/StateOfTennessee. It's available 24/7. They can use this site to also get estimates on care, check coverage and claim status.

February 26, 2016

Partnership Promise - Well-Being Assessment Reminder (State/HE)

Many members are receiving Healthways email reminders about completing the Well-Being Assessment (WBA) by the March 15 deadline. However, we do not have an email address available for all members. We have written the information below so you can simply cut and paste, then forward to your members who are required to complete the requirements.

**** Share the information below with your members ****

Attention Partnership PPO or Wellness HealthSavings CDHP members (you can disregard this message if you are in another plan)

If you haven't completed your Well-Being Assessment (WBA) as required of all members and covered spouses enrolled in the Partnership PPO or Wellness HealthSavings CDHP, here is a direct link to [Take Your WBA](#).

- **Forgot your username or password?**

When you get to the WBA page, if you forgot your online Well-Being Account username or password, you can click on the links below the Sign In boxes, "**Forgot your [username](#) or [password](#)**" to have your username emailed to you or to reset your password.

If you took the above step to get your username and did not receive an email, this means you do not yet have an account and need to create one in Well-Being Account. Click on the [Sign Up](#) link on the site to register and create an online account. For additional help, view this [User Guide](#) with step-by-step instructions.

2016 new employees have different requirement deadlines. You can go to the [Partnership Promise webpage](#) to learn more or [click here](#) for a flier for the requirements.

All members can also sign up to receive Partnership Promise requirement reminder emails by [clicking here](#).

Partnership Promise - Well-Being Assessment Reminder (LE/LG)

Many members are receiving Healthways email reminders about completing the Well-Being Assessment (WBA) by the March 15 deadline. Since we do not have an email address for all members we have also included information below you can forward to your members who are required to complete the requirements.

**** Share the information below with your members ****

Attention Partnership PPO members (you can disregard this message if you are on another plan)

If you haven't completed your Well-Being Assessment (WBA) as required of all members and covered spouses enrolled in the Partnership PPO, here is a direct link to [Take Your WBA](#).

- **Forgot your username or password?**

When you get to the WBA page, if you forgot your online Well-Being Account username or password, you can click on the links below the Sign In boxes, "**Forgot your [username](#) or [password](#)**" to have your username emailed to you or to reset your password.

If you took the above step to get your username and did not receive an email, this means you do not yet have an account and need to create one in Well-Being Account. Click on the [Sign Up](#) link on the site to register and create an online account. For additional help, view this [User Guide](#) with step-by-step instructions.

2016 new employees have different requirement deadlines. You can go to the [Partnership Promise webpage](#) to learn more or [click here](#) for a flier for the requirements.

All members can sign up to receive Partnership Promise requirement reminder emails by [clicking here](#).

PPACA Forms Reminder - 1094 and 1095 forms (LE, LG and HE)

As a reminder, employers with **less than 50 employees** need to complete the **1094B (IRS form) and 1095B (employee)** forms. Employers with **more than 50 employees** need to complete the **1094C (IRS form) and 1095C (employee)** forms. As the plan is self-insured, all agencies will report as self-insured.

As previously emailed, **a deadline extension has been granted by the IRS for the PPACA report filing.**

- The IRS has extended the employer's deadline to provide statements to **employees** by two months (from Feb. 1, 2016 to March 31, 2016).
- The IRS extended the deadline to **file with the IRS** by three months (from Feb 29, 2016 to May 31, 2016 for paper filing, and from March 31, 2016 to June 30, 2016 if filing electronically).

Please be sure to share this information with your fiscal directors or others who are in charge of IRS reporting.

Centers for Medicare & Medicaid Services (CMS) Data Match Project (LE/LG)

Benefits Administration has received a few requests from agencies asking about the pharmacy RX information they will need to complete an online report for the Center for

Medicare & Medicaid Services (CMS) for their IRS/SSA/CMS Data Match Project. If your agency has been contacted to complete this information, here is pharmacy information needed for the report:

RxBIN = 004336
RxPCN = ADV
RxGRP = Rx7529

Minnesota Life Documents Revised (State and HE)

As previously relayed to ABCs, Minnesota Life will begin using their parent company's brand Securian. The Minnesota Life handbooks, fliers and resources found on the [Insurance and Benefits website](#) have been updated to include the Securian logo. When referring members to the information, please be sure to use the updated versions found on the website.

March 4, 2016

ABC Conference Call

Don't forget, ABC conference calls are next week! The agenda is **attached** which includes the webinar link.

Local Education – Tuesday, March 8 at 9:00 a.m. Central
Central State – Tuesday, March 8 at 10:30 a.m. Central
Local Government – Tuesday, March 8 at 1:00 p.m. Central
Higher Education – Wednesday, March 9 at 9:00 a.m. Central

Memorandum of Understanding Presentation (Local Ed and Local Gov**)**

During ABC calls next week, BA will present important information on the Memorandum of Understanding (MOU) as it impacts the state health insurance plans. **We strongly encourage you to invite your fiscal directors and/or others who assist with your agency's plan decisions.**

PayFlex Employer Guide HSA Portal Document (Local Ed only**)**

We have **attached** an Employer Guide HSA Portal PDF PayFlex will go over during the calls. **Please print this or have the PDF available as a reference.** There won't be slides on the screen during this presentation.

Tennova Hospital Name Changes

Tennova's parent company, CHS, is re-branding with the Tennova name five middle Tennessee facilities that they already owned. There is no change to BCBST Network S or the Cigna LocalPlus network.

Both carriers will update their online provider directories. Below are the changes. We have attached updated grids and have posted them on the State's websites.

Old Name	New name
Jamestown Regional Medical Center	Tennova Healthcare-Jamestown
Gateway Medical Center	Tennova Healthcare-Clarksville
University Medical Center	Tennova Healthcare-Lebanon
Heritage Medical Center	Tennova Healthcare-Shelbyville
Harton Regional Medical Center	Tennova Healthcare Harton-Tullahoma

Partnership Promise Well-Being Assessment Deadline Alert

The Well-Being Assessment (WBA) deadline is March 15. This includes the head of contract (HOC) and covered spouse, if applicable. Dependent children do not have to complete the Partnership Promise. **Please encourage members who have not completed their WBAs to do so as soon as possible.**

You can share the information below with your Partnership PPO members:

Members enrolled in a plan with the Partnership Promise must complete the Well-Being Assessment by March 15. You can complete the [WBA online](#) or by calling Healthways at 1-888-741-3390, Monday – Friday, 8:00 a.m. to 8:00 p.m. Central.

2016 new employees have different requirement deadlines. You can go to the [Partnership Promise webpage](#) to learn more or [click here](#) for a flier for the requirements.

Sign up to receive Partnership Promise email reminders by [clicking here](#).

Attachments:

- 3.8.16 Call Agenda
- BCBS Directory Hospitals
- Cigna Directory Hospitals
- Employer Guide HSA PayFlex Portal



BlueCross BlueShield Network S Hospitals for 2016

Updated 3/1/2016

BlueCross BlueShield of TN- Network S	City	County
Baptist Memorial Hospital- Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital- Union City	Union City	Obion
Baptist Memorial Restorative Care Hospital	Memphis	Shelby
Blount Memorial Hospital- Alcoa	Alcoa	Blount
Blount Memorial Hospital- Maryville	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Copperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
DeKalb Community Hospital	Smithville	DeKalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Erlanger Bledsoe- Dunlap	Dunlap	Sequatchie
Erlanger Bledsoe- Pikeville	Pikeville	Bledsoe
Erlanger East- Gunbarrel Road, Chattanooga	Chattanooga	Hamilton
Erlanger Medical Center- Downtown Chattanooga	Chattanooga	Hamilton
Erlanger North- Morrison Springs Road Chattanooga	Chattanooga	Hamilton
Fort Loudon Medical Center	Lenoir City	Loudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin Medical Center	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Henry County Medical Center	Paris	Henry
Highlands Medical Center	Sparta	White
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Houston County Community Hospital	Erin	Houston
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center Hospital	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Lakeway Regional Hospital	Morristown	Hamblen
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital Inc	Greeneville	Greene
Lebonheur Childrens Medical Center	Memphis	Shelby
LeConte Medical Center	Sevierville	Sevier



BlueCross BlueShield Network S Hospitals for 2016

Updated 3/1/2016

BlueCross BlueShield of TN- Network S	City	County
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	Mc Kenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Memorial Hospital- Chattanooga	Chattanooga	Hamilton
Memorial Hospital- Hixson	Hixson	Hamilton
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist Memphis Healthcare- Germantown	Germantown	Shelby
Methodist Memphis Healthcare- Memphis South	Memphis	Shelby
Metropolitan Nashville General Hospital	Nashville	Davidson
Milan General Hospital	Milan	Gibson
Miller Eye Center	Chattanooga	Hamilton
Morristown Hamblen Hosp Assoc Inc	Morristown	Hamblen
Northcrest Medical Center	Springfield	Robertson
Parkwest Medical Center	Knoxville	Knox
Perry Community Hospital	Linden	Perry
Pioneer Community Hospital of Scott	Oneida	Scott
Regional Hospital of Jackson	Jackson	Madison
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	Mc Minnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Saint Francis Hospital- Bartlett	Bartlett	Shelby
Saint Francis Hospital- Memphis	Memphis	Shelby
Select Specialty Hospital Knoxville	Knoxville	Knox
Select Specialty Hospital Memphis	Memphis	Shelby
Select Specialty Hospital Nashville	Nashville	Davidson
Select Specialty Hospital North Knoxville	Powell	Knox
Select Specialty Hospital Tri Cities Inc	Bristol	Sullivan
Skyridge Medical Center	Cleveland	Bradley
Southern Tennessee Medical Center- Sewanee	Sewanee	Franklin
Southern Tennessee Medical Center- Winchester	Winchester	Franklin
St Jude Childrens Research Hospital	Memphis	Shelby
St Thomas Hickman Community Hospital	Centerville	Hickman
St Thomas Hospital for Spinal Surgery	Nashville	Davidson
St Thomas Midtown Hospital Inc	Nashville	Davidson
St Thomas Rutherford Hospital	Murfreesboro	Rutherford
St Thomas West Hospital	Nashville	Davidson
Starr Regional Medical Center- Athens	Athens	McMinn
Starr Regional Medical Center- Etowah	Etowah	McMinn



BlueCross BlueShield Network S Hospitals for 2016

Updated 3/1/2016

BlueCross BlueShield of TN- Network S	City	County	
Stones River Hospital	Woodbury	Cannon	
Sumner Regional Medical Center	Gallatin	Sumner	
Sweetwater Hospital Association	Sweetwater	Monroe	
Sycamore Shoals Hospital	Elizabethton	Carter	
T C Thompson Childrens Hosp	Chattanooga	Hamilton	
Takoma Regional Hospital	Greeneville	Greene	
Tennova Healthcare - Clarksville (formerly Gateway Medical Center)	Clarksville	Montgomery	name change eff 3/1/16
Tennova Healthcare - Jamestown (formerly Jamestown Regional Medical Center)	Jamestown	Fentress	name change eff 3/1/16
Tennova Healthcare - Lebanon (formerly University Medical Center)	Lebanon	Wilson	name change eff 3/1/16
Tennova Healthcare - Shelbyville (formerly Heritage Medical Center)	Shelbyville	Bedford	name change eff 3/1/16
Tennova Healthcare Harton - Tullahoma (formerly Harton Regional Medical Center)	Tullahoma	Coffee	name change eff 3/1/16
Tennova Healthcare Jefferson Memorial Hospital	Jefferson City	Jefferson	
Tennova Healthcare LaFollette Medical Center	La Follette	Campbell	
Tennova Healthcare Newport Medical Center	Newport	Cocke	
Tennova Healthcare North Knoxville Medical Center	Powell	Knox	
Tennova Healthcare Physicians Regional Medical Center	Knoxville	Knox	
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox	
Three Rivers Hospital	Waverly	Humphreys	
Trousdale Medical Center	Hartsville	Trousdale	
Unicoi County Memorial Hospital Inc	Erwin	Unicoi	
United Regional Medical Center	Manchester	Coffee	
University of Tennessee Medical Center	Knoxville	Knox	
Vanderbilt Childrens Hospital	Nashville	Davidson	
Vanderbilt Univ Medical Center	Nashville	Davidson	
Volunteer Community Hospital	Martin	Weakley	
Wayne Medical Center	Waynesboro	Wayne	
Williamson Medical Center	Franklin	Williamson	

Network S Border State Facilities

Eliza Coffee Memorial Hospital, Florence, AL
Hutcheson Medical Center in Fort Oglethorpe, GA
Methodist Healthcare Olive Branch Hospital, Olive Branch, MS
Monroe County Medical Center, Tompkinsville, KY
Murray Calloway County Hospital, Murray, KY

PARTNERS FOR HEALTH

Cigna LocalPlus Hospitals for 2016

Updated 3/1/2016

Cigna LocalPlus	City	County
Baptist Memorial Hospital Huntingdon	Huntingdon	Carroll
Baptist Memorial Hospital Tipton	Covington	Tipton
Baptist Memorial Hospital Union City	Union City	Obion
Blount Memorial Hospital	Alcoa	Blount
Blount Memorial Hospital	Maryville	Blount
Bolivar General Hospital	Bolivar	Hardeman
Bristol Regional Medical Center	Bristol	Sullivan
Camden General Hospital	Camden	Benton
Centennial Medical Center	Nashville	Davidson
Claiborne Medical Center	Tazewell	Claiborne
Cookeville Regional Medical Center	Cookeville	Putnam
Copper Basin Medical Center	Cooperhill	Polk
Crockett Hospital	Lawrenceburg	Lawrence
Cumberland Medical Center Inc	Crossville	Cumberland
Cumberland River Hospital	Celina	Clay
Decatur County General Hospital	Parsons	Decatur
Dekalb Community Hospital	Smithville	Dekalb
Dyersburg Regional Medical Center	Dyersburg	Dyer
East Tennessee Childrens Hospital	Knoxville	Knox
Emerald Hodgson Hospital	Sewanee	Franklin
Erlanger Bledsoe	Pikeville	Bledsoe
Erlanger East Hospital	Chattanooga	Hamilton
Erlanger Medical Center	Chattanooga	Hamilton
Erlanger North Hospital	Chattanooga	Hamilton
Erlanger Sequatchie	Dunlap	Sequatchie
Fort Loudon Medical Center	Lenoir City	Laudon
Fort Sanders Regional Medical Center	Knoxville	Knox
Franklin Woods Community Hospital	Johnson City	Washington
Hancock County Hospital	Sneedville	Hancock
Hardin County General Hospital	Savannah	Hardin
Hawkins County Memorial Hospital	Rogersville	Hawkins
Henderson County Community Hospital	Lexington	Henderson
Hendersonville Medical Center	Hendersonville	Sumner
Henry County Medical Center	Paris	Henry
Highlands Medical Center	Sparta	White
Hillside Hospital	Pulaski	Giles
Holston Valley Medical Center	Kingsport	Sullivan
Horizon Medical Center	Dickson	Dickson
Houston County Community Hospital	Erin	Houston
Humboldt Medical Center	Humboldt	Gibson
Indian Path Medical Center	Kingsport	Sullivan
Jackson Madison County General Hospital	Jackson	Madison
Jellico Community Hospital	Jellico	Campbell
Johnson City Medical Center	Johnson City	Washington
Johnson County Community Hospital	Mountain City	Johnson

PARTNERS FOR HEALTH

Cigna LocalPlus Hospitals for 2016

Updated 3/1/2016

Cigna LocalPlus	City	County
Kindred Hospital Chattanooga	Chattanooga	Hamilton
Kindred Hospital Nashville	Nashville	Davidson
Lauderdale Community Hospital	Ripley	Lauderdale
Laughlin Memorial Hospital	Greeneville	Greene
Lebonheur Childrens Hospital	Memphis	Shelby
Leconte Medical Center	Sevierville	Sevier
Lincoln Medical Center	Fayetteville	Lincoln
Livingston Regional Hospital	Livingston	Overton
Macon County General Hospital	Lafayette	Macon
Marshall Medical Center	Lewisburg	Marshall
Maury Regional Hospital	Columbia	Maury
McKenzie Regional Hospital	McKenzie	Carroll
McNairy Regional Hospital	Selmer	McNairy
Medical Center of Manchester	Manchester	Coffee
Methodist Extended Care Hospital	Memphis	Shelby
Methodist Germantown Hospital	Germantown	Shelby
Methodist Healthcare Memphis	Memphis	Shelby
Methodist Medical Center of Oak Ridge	Oak Ridge	Anderson
Methodist North Hospital	Memphis	Shelby
Methodist South Hospital	Memphis	Shelby
Methodist University Hospital	Memphis	Shelby
Milan General Hospital	Milan	Gibson
Morristown-Hamblen Hospital	Morristown	Hamblen
Mountain View Regional Medical Center		
Nashville General Hospital Meharry	Nashville	Davidson
Northcrest Medical Center	Springfield	Robertson
Parkridge East Hospital	Chattanooga	Hamilton
Parkridge Medical Center	Chattanooga	Hamilton
Parkridge West Hospital	Jasper	Marion
Parkwest Medical Center	Knoxville	Knox
Perry Community Center	Linden	Perry
Portland Medical Center	Portland	Sumner
Regional One Health	Memphis	Shelby
Rhea Medical Center	Dayton	Rhea
River Park Hospital	McMinnville	Warren
Riverview Regional Medical Center	Carthage	Smith
Roane Medical Center	Harriman	Roane
Select Specialty Hospital	Nashville	Davidson
Select Specialty Hospital - Tri Cities	Bristol	Sullivan
Select Specialty Hospital-Knoxville Inc	Knoxville	Knox
Select Specialty Hospital-North Knoxville Inc	Knoxville	Knox
Select Specialty Memphis	Memphis	Shelby
Skyline Medical Center	Nashville	Davidson
Skyridge Medical Center	Cleveland	Bradley
Southern Hills Medical Center	Nashville	Davidson



Cigna LocalPlus Hospitals for 2016

Updated 3/1/2016

Cigna LocalPlus	City	County	
Southern Tennessee Medical Center	Winchester	Franklin	
St Jude Children's Research Hospital	Memphis	Shelby	
Starr Regional Medical Center	Athens/Etowah	McMinn	
Stonecrest Medical Center	Smyrna	Rutherford	
Stones River Hospital	Woodbury	Cannon	
Summit Medical Center	Nashville	Davidson	
Sweetwater Hospital ASC	Sweetwater	Monroe	
Sycamore Shoals Hospital	Elizabethton	Carter	
Takoma Regional Hospital	Greeneville	Greene	
TCT Childrens Hospital	Chattanooga	Hamilton	
Tennova Healthcare - Clarksville (formerly Gateway Medical Center)	Clarksville	Montgomery	name change eff (3/1)
Tennova Healthcare - Jamestown (formerly Jamestown Regional Medical Center)	Janestown	Fentress	name change eff (3/1)
Tennova Healthcare - Lebanon (formerly University Medical Center)	Lebanon	Wilson	name change eff (3/1)
Tennova Healthcare - Shelbyville (formerly Heritage Medical Center)	Shelbyville	Bedford	name change eff (3/1)
Tennova Healthcare Harton - Tullahoma (formerly Harton Regional Medical Center)	Tullahoma	Coffee	name change eff (3/1)
Tennova Ambulatory Care Center South	Knoxville	Knox	Out Network (eff 12/31/2015)
Tennova Healthcare	Knoxville	Knox	Out Network (eff 12/31/2015)
Tennova Healthcare Jefferson	Jefferson City	Jefferson	Out Network (eff 12/31/2015)
Tennova Healthcare LaFollette	LaFollette	Campbell	Out Network (eff 12/31/2015)
Tennova Healthcare Newport	Newport	Cocke	Out Network (eff 12/31/2015)
Tennova Healthcare North Knoxville Medical Center	Knoxville	Knox	Out Network (eff 12/31/2015)
Tennova Healthcare Physicians Regional Medical Center	Powell	Knox	Out Network (eff 12/31/2015)
Tennova Healthcare Turkey Creek Medical Center	Knoxville	Knox	Out Network (eff 12/31/2015)
Tennova Infusion Center	Powell	Knox	Out Network (eff 12/31/2015)
Three Rivers Hospital	Waverly	Humphreys	
Trousdale Medical Center	Hartsville	Trousdale	
Trustpoint Hospital	Murfreesboro	Rutherford	
Unicoi County Memorial Hospital	Erwin	Unicoi	
United Regional Medical Center	Manchester	Coffee	
University Of Tennessee Medical Center	Knoxville	Knox	
Vanderbilt Childrens Hospital	Nashville	Davidson	
Vanderbilt University Medical Center	Nashville	Davidson	
Volunteer Community Hospital	Martin	Weakley	

PARTNERS FOR HEALTH

Cigna LocalPlus Hospitals for 2016

Updated 3/1/2016

Cigna LocalPlus	City	County
Wayne Medical Center	Waynesboro	Wayne
Williamson Medical Center	Franklin	Williamson

Cigna LocalPlus Border State Facilities
Dickenson Community Hospital, Clinton, VA
Hutcheson Medical Center, Fort Ogelthorpe, GA
Johnston Memorial Hospital, Abingdon, Va
Lonesome Pine Hospital, Bisstone Gap, VA
Methodist Olive Branch Hospital, Olive Branch, MS
Norton Community Hospital, Norton, VA
Russell County Medical Center, Lebanon, VA
Smyth County Community Hospital, Marion, VA

PAYFLEX®

Employer Portal Guide

PayFlex® Health Savings Account (HSA)

This guide is designed to help you easily manage your HSA program from your online employer portal.





Get started

- Go to **payflex.com**.
- Select the **Employers** tab and click **Sign In**.
- If you need assistance, contact your PayFlex account manager.
- Once you log in, you can change your password within the **Your Profile** section.

Update your profile

- Under Portal Administration, select **Your Profile**.
- You can enter your name, e-mail address, password, address, phone number and fax number.

View important account messages

- Under Portal Administration, select **Your Messages** to view messages sent from PayFlex.
- To narrow your search, enter a start and end date. Select **Apply Filter**.

MANAGE USERS OF THE EMPLOYER PORTAL

Available for users with Web Administrator role

- Under *Portal Administration*, select **Portal User Management**.
- On the *User Maintenance* page, you can view, update or remove any user by clicking on the user's name.
- To add a new user, click **Add User** and complete the required fields.
- Then you can assign the appropriate roles. You must select the **HealthHub HSA** role to view and use any of the HSA features. If your organization offers other PayFlex accounts, you may want to assign the following roles:

- **Benefit Billing Eligibility** — This role is only for clients who offer Direct Billing service to employees.
- **Billing** — This person receives monthly administrative invoices and has access to invoice information.

Additional user roles

Note: If PayFlex only administers your HSA, you only need to sign up for the **HealthHub HSA** role.

- **Broker** — This person receives important communications specific to PayFlex, your plans, or more generic regulatory and legislative updates.
- **Communication** — This contact is included on important communications specific to PayFlex, your plans, or more generic regulatory and legislative updates.
- **Electronic Data** — This individual serves as the point of contact for any eligibility files exchanged with PayFlex (if applicable).
- **Executive** — This individual receives renewal information annually.
- **Flex Eligibility** — This person serves as the point of contact regarding eligibility matters and has access to participant benefits and account information.
- **Funding** — This individual receives funding reports and notifications and has access to the archived funding information.
- **HealthHub HSA** — This individual has access to HSA information specific to funding and eligibility data.
- **Primary** — This individual serves as the point of contact regarding general client account matters.
- **Reporting** — This individual receives scheduled reports and has access to archived reporting information.
- **Website Administrator** — This individual can add new contacts, edit existing contact information and change access rights.

HSA DASHBOARD

The dashboard provides a summary of your HSA program. This includes:

Contributions profile

- **Total employer contributions year-to-date (YTD)** — This is YTD employer funding amount contributed to employee accounts for the current tax year.
- **Total employee contributions YTD** — This is the YTD amount that employees have contributed through payroll deductions for the current tax year. This amount does not include any after-tax contributions made by the employees.
- **Total scheduled contributions through end-of-year (EOY)** — This feature is not being used at this time. The amount should always be \$0.00.

Note: If you have contributions that should be applied to the prior tax year, we need to receive them in the current year by April 15. If April 15 falls on the weekend, the deadline is the next business day. If we receive the funds by this deadline, we can apply the contributions to the total contribution amount for the prior tax year.

Company profile — This shows your company name, tax identification number and the name of your HSA custodian.

Recent transactions — This displays five most recent transactions, which may include the date, status and amount for the following:

- **Created from batch contribution file on (date)** — This includes contributions received per employee from the deposit file, as well as funds posted and funds queued. The funds posted includes payroll deductions and any employer contributions that go into the HSA. The funds queued are for HSAs that aren't opened yet (i.e., pending the customer identification process [CIP]).
- **Incorrect deposit amount** — This value appears when an employer sends funds to PayFlex (i.e., ACH push) for contributions but we have not yet received an associated deposit file. This description also appears if the funds received are greater than the amount in the file.
- **Reverse of mistaken contribution** — This is the total amount that was reversed back to the employer because the contributions were identified as excess or mistaken contributions (e.g., employee contributes funds over the Internal Revenue Service [IRS] limit or the employee contributes funds and was never eligible for an HSA).

Employee profile — This shows the number of employees with open HSAs and the total with pending HSAs. It also shows the total number of employees in our system. To view more detailed information, click Manage Employees.

Employee account summary

- **Funds received** — These are the funds received from the employer to post to employee accounts. This is a running total from Day One of your plan at PayFlex.
- **Posted contributions** — This is the total contribution amount that we have deposited into open employee accounts. This is a running total from Day One of your plan at PayFlex.
- **Queued contributions** — This is the total contribution amount that we are waiting to deposit into the HSAs that are not yet open (i.e., pending the CIP).

Employer account summary

- **Contributions awaiting funding** — This is the total contribution amount received and currently awaiting employer funding.
- **Balance** — This is the amount received by PayFlex that isn't reserved for contributions to the HSAs. This doesn't include posted and queued contributions and contributions waiting for funding.

VIEW COMPLETED REPORTS

Under HSAs on the left side, select **View Completed Reports**. This page houses the following reports:

Auto-generated reports:

- **HSA Deposit Register** — A summary of contributions posted to employee HSAs from a deposit file received by PayFlex. This also shows employer, employee and incentive contributions. This doesn't include after-tax contributions made by the employee. (Created daily, Monday – Friday.)
- **Daily Account Status** — Employee demographic information and status of the HSA for each employee. (Created daily, Monday – Friday.)
- **Failed Account Verification** — Employees who failed the CIP. This report also includes the date(s) we sent letters, and the number of days that a verification request is outstanding. (Created monthly.)

CREATE ON-DEMAND REPORTS

Under HSAs on the left side, select **Create Reports**.

- Select a report from the drop-down menu. **Note:** Some reports allow you to mask the Social Security number (SSN). The following reports are available:
 - **Status Report** — Use this report to periodically identify accounts that were once opened but are now closed. This report helps you keep track of pending accounts, and includes the account status for each of your eligible employees. Only accounts in an “Open” status will receive contributions.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**. Then click **Submit**.
 - > Here are the statuses you may see:
 - Pending** — HSA not yet established. The employee hasn’t yet passed the CIP. Contributions are accepted for this account but funds won’t be available until the account setup process is completed.
 - > Here are some additional statuses you may see:
 - Open** — The account opening process is complete and the account is active.
 - Closed** — The employee established an HSA but the account has been closed.

Note: This report also includes employee demographic information such as first name, last name, date of birth, SSN (if not masked), address, type of coverage, e-mail address (if applicable) and open date (if applicable).

- **Termination Report** — This report helps identify employees you requested for us to remove from your program. You can also use this report to verify submitted data, and reconcile any account invoicing.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**.
 - > Enter a start and end date to view terminations during a specific date range.
 - > Select a status (e.g., all, queued and processed) and click **Submit**.
- **Contributions Report** — This report helps you reconcile contributions you have reported for your employees’ accounts. **Note:** This doesn’t include after-tax contributions made by the employee.
 - > If you only want to see the last four digits of your employees’ SSNs, check the box next to **Mask SSN**.

> Select a contribution year, start and end date, and status. Here are the status options:

- All** — Includes any contributions that are completed, pending, processing, scheduled and queued.
 - Completed** — The transaction has been completed and the funds have posted to the HSA.
 - Pending** — The transaction has been loaded into the system and will process with our next daily processing cycle.
 - Processing** — The transaction request has been sent to the bank and will be completed by the end of the day.
 - Scheduled** — The transaction has been scheduled to occur in the future.
 - Queued** — The request has been sent but the employee doesn’t have an open account.
- > Then click **Submit**.

Note: You may also use the **View Contributions** section to assist with reconciling payroll contributions.

- **Failed Account Verification Report** — This report shows those employees who failed the CIP. This also includes the date(s) we sent verification letters, and the number of days a verification request is outstanding.

Note: When a report is available, we will send an e-mail to the individual who requested the on-demand report. The completed reports are housed under **View Completed Reports**.

CALENDAR

The calendar is another way to find out when we processed your contribution files.

- Under HSAs on the left side, select **Calendar**.
- Select a month and year. Then click **Refresh**.
- A piggy bank is displayed on the day(s) we processed your contribution file(s). If more than one transaction occurs on the same day, this could represent a combination of transactions.

MANAGE EMPLOYEES

You can view whether an employee's HSA is open, pending or closed.

- Under *HSA*s on the left side, select **Manage Employees**.
- Under *Active Employee Summary*, you can view:
 - **Number of employees with open HSAs**
 - > Select the number to view a list of employees who have an active HSA.
 - **Number of employees with pending HSAs**
 - > Select the number to view a list of employees who haven't yet passed the account verification process (i.e., CIP).
 - > If the member's account is in a pending status, you can generate a new welcome letter to the employee. Next to Action, select **Resend Welcome Letter** from the drop-down menu. Then choose which members you want to receive the letter. Click **Complete Action**.
 - **Number of employees with closed* HSAs**
 - > Select the number to view a list of employees who no longer have an HSA under your plan.
- Under *Find Employees*, search for employees by account status (open, pending or closed). Under *Account Status Search*, select a status from the drop-down menu. Or search by first name, last name, SSN or Employee ID (if applicable). Then click **Find**.

Note: The employee is responsible for the account fees. They can view the Fee Schedule online. If the employee would like to close the retail account, a final disbursement of their HSA funds is required.

VIEW CONTRIBUTIONS

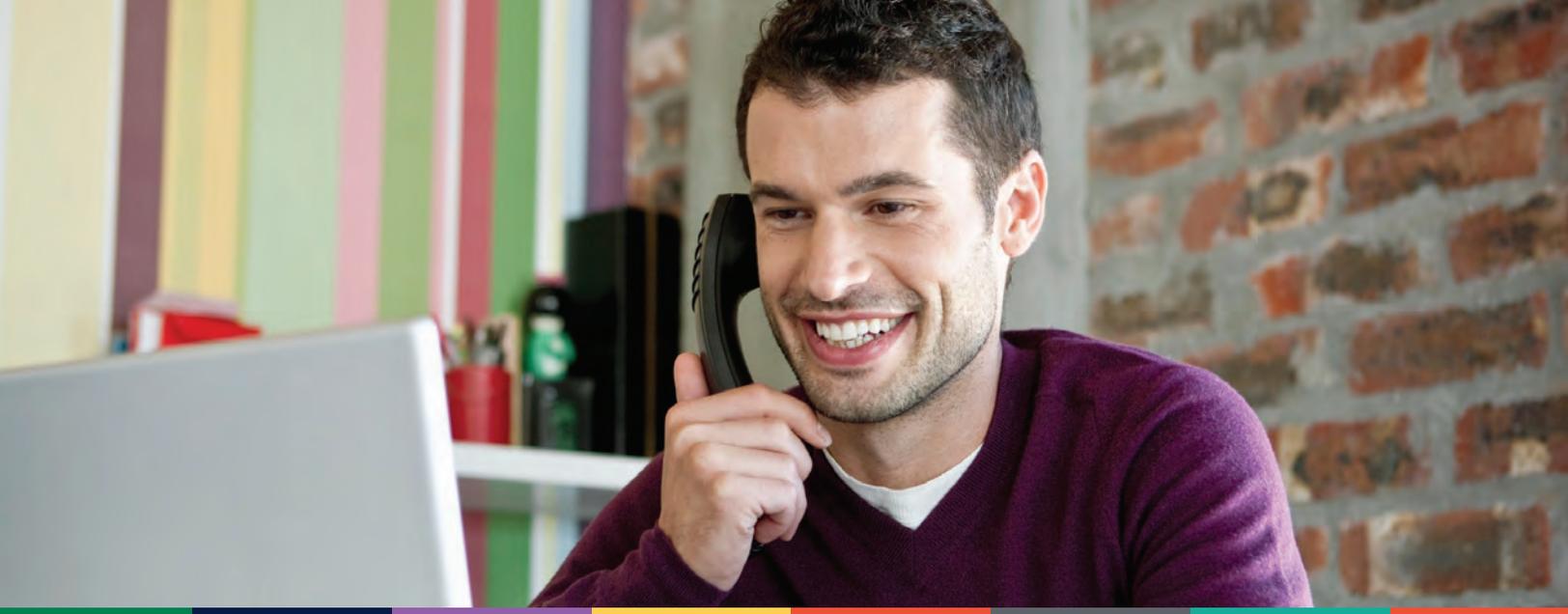
View the status of the contribution files sent to us. This includes the dollar amount deposited into the HSAs and whether it's an employee or employer contribution. This doesn't include after-tax contributions made by the employee.

Note: The funding that PayFlex receives goes into the Employer Funding Account. This could be funds we pull from a designated employer account or funds the employer pushes to us.

- Under *HSA*s on the left side, select **View Contributions**.
- You will see the date, total contribution amount, description of the contribution and status. Here are the descriptions you may see:

- **Created from batch contribution file on (date)** — This includes contributions received per employee from the deposit file. This includes funds posted and funds queued. The funds posted include payroll deductions and any employer contributions that go into the HSA. The funds queued are for HSAs that aren't opened yet (i.e., pending the CIP).
 - **Incorrect deposit amount** — This value appears when an employer sends funds to PayFlex (i.e., ACH push) for contributions, but we haven't yet received an associated deposit file. This also appears if the funds received are greater than the amount in the file.
 - **Reverse of mistaken contribution** — This is the total amount that was reversed back to the employer because the contributions were identified as excess or mistaken contributions (e.g., employee contributes funds over the IRS limit or the employee contributes funds and was never eligible for an HSA).
- To narrow your search, enter a start and end date. Select a status from the drop-down menu. Here are the status options:
 - **All** — Includes any contributions that are completed, pending, processing, scheduled and queued.
 - **Completed** — When transactions are completed and funds are posted to the HSAs.
 - **Pending** — The transactions that are loaded into the system and scheduled to process with our next daily processing cycle.
 - **Processing** — The transactions sent to the bank and will be completed by the end of the day.
 - **Scheduled** — The transactions scheduled to occur in the future.
 - **Queued** — The requests sent but the employees don't have an open account.
 - Then click **Filter**.
 - To view individual contribution amounts for each employee, select a row and click on the **magnifying glass**. This will take you to the *Fund Schedules* page. You'll see your employees' names, employee and employer contribution amounts, and status of the contributions.

*When an account is closed, the employee will no longer receive payroll or employer contributions. If we receive a termination date for the member, the HSA moves to a retail environment. The account remains open unless we receive a request from the employee to close it. This allows the employee to continue to use their HSA funds.



TERMINATIONS

View a list of employees that we received a termination date for on your eligibility file.

- Under *HSAs* on the left side, select **Terminations**.
- You can view the employee name, last four digits of their SSN, termination date and status.
- You can use the drop-down menu to search by name, SSN and termination date. Or simply type in the search field and click **Search**.

ADD EMPLOYEE

Establish an HSA on behalf of an employee. If you do this, you don't need to send an eligibility file to PayFlex for that employee's HSA.

- Under *HSAs* on the left side, select **Add Employee**.
- Complete the required fields. **Note:** You'll need the employee's name, SSN, mailing address, birth date and the start date of their high-deductible health plan (HDHP). If an employee uses a PO box for their mailing address, provide a residential address as well, so we can verify the account.
- Confirm the employee information and click **Next**. To make changes click **Previous**. To cancel the entire request, click **Cancel**.
- To complete the request, click **Submit**. To make changes, click **Previous**. To cancel the entire request, click **Cancel**.
- After you submit the request, you'll see the following confirmation message:

Employee Successfully Added.

The HSA will be opened in accordance with the employee's HDHP start date and upon completion of the employee verification process.

Note: View the status of an employee's HSA on the **Manage Employees** page.

HSA REPORTING DASHBOARD

Under *HSAs* on the left side, select **HSA Reporting Dashboard**. The dashboard is available if you have (or ever had) 10 or more pending or open HSAs. This feature provides monthly online report views across the following reporting categories:

- Program Summary (home page)
- Account Balances
- Contributions
- Distributions
- Expense Analysis
- Investment Analysis
- Spender/Saver Analysis

Program summary

This view includes the following sections:

- Account Status Summary
- Program Feature Utilization
- Self-Service Tool Utilization

Account balances

This section provides an analysis of account balances across two categories — **Account Balances** and **Account Growth**.

- Each category includes the following three tables: Health Savings Accounts, Investment Accounts and Combined HSA/Investments.
- Each table captures the total number of accounts, total balance and average balance.

Contributions

Within this section, contributions are displayed by **This Period** and **Year to Date**.

- For each section, the total number, total amount and average amount of contributions are displayed for the following contribution types:
 - Employer Contributions
 - Employee Payroll Deductions
 - Non-Payroll Deposits

Note: Only completed contributions are shown. Pending, scheduled or queued contributions are excluded.

This material is for informational purposes only. It does not contain legal or tax advice. You should contact your legal counsel or your tax adviser if you have any questions or if you need additional information. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about PayFlex, go to payflex.com.

Financial sanctions exclusions. If benefits provided by any agreement violate or will violate any economic or trade sanctions, benefits are immediately considered invalid. PayFlex cannot make payments for claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a written Office of Foreign Asset Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Distributions

This section provides transactions and payments analysis for **This Period** and **Year to Date**.

- The total number, total amount and average amount of distributions are displayed for the following distribution types:
 - Debit Card Transactions
 - Connected Claims Payments
 - Other Withdrawals

Expense analysis

Within this section, expense types are viewed by **This Period** and **Year to Date**.

- Each section includes the total number, total amount and average amount of transactions. Transactions are displayed for the following expense types:
 - Medical
 - Dental
 - Vision
 - Prescription
 - Other

Investment analysis

This view displays the total number of accounts, total dollar amounts and average dollar amounts associated with each investment option being offered.

Spender/saver analysis

This view categorizes employees based on the percentage of contributions spent in a specific time period. Employees are categorized as:

- **Spenders** — Mostly spends 70 percent or more of their HSA contributions.
- **Savers** — Mostly saves 30 percent or less of their HSA contributions.
- **Adapters** — Sometimes spends/saves HSA contributions (spends between 31 percent to 69 percent).

EXPORTING REPORT DATA

You may elect to export a specific report view or all report views for a selected month. **Note:** When multiple report views are selected in an Excel format, each report is displayed as a separate sheet in the Excel Workbook.

March 11, 2016

ABC Conference Call Notes

The combined notes from the March 8 and 9 ABC conference calls are **attached**.

Memorandum of Understanding – Gap Plans (Local Ed and Local Gov)

Following the conference calls this week, we have provided the **attached** memo (Insurance Committee Decision) with detailed information about the Memorandum of Understanding, gap/wraparound plans and offering other coverage in addition to the state's health insurance plans.

Please share this information with Agency Heads, Budget Officers and other decision-makers/leaders as appropriate.

Partnership Promise - Onsite Screening Location Lists

For your reference, we have **attached** updated onsite screenings lists by county and date. These lists are found on the homepage of the [ParTNers for Health website](#) in the Resources box. You can share these lists directly with members.

Partnership Promise Well-Being Assessment Deadline

The Well-Being Assessment (WBA) deadline is next Tuesday, March 15. Close to 40,000 members still need to complete this requirement. **Please encourage members who have not completed their WBAs to do so as soon as possible.**

Note: The Healthways call center will be open on Saturday, March 12 from 8:00 a.m. to 4:30 p.m. Central

For members who indicate they do **not** have computer access, they can complete the WBA over the phone. This process can take 30-40 minutes, sometimes longer to complete. Healthways will triage members who want to complete the WBA telephonically versus a member who needs quick assistance with username and password reset. Members who need to complete the WBA by phone may be scheduled after the deadline. This will not impact their Partnership Promise as long as the member completes the WBA and the rest of the requirements.

Please share the information below with your Partnership Promise members:

Members enrolled in a plan with the Partnership Promise must complete the Well-Being Assessment by Tuesday, March 15. You can complete the [WBA here](#). If you need assistance, call Healthways at 1-888-741-3390, Monday or Tuesday, 8:00 a.m. to 8:00 p.m. Central. The call center will also be open on Saturday, March 12 from 8:00 a.m. to 4:30 p.m. Central. Call volume may be high so you may need to leave a message for a return call.

2016 new employees have different requirement deadlines. You can go to the [Partnership Promise webpage](#) to learn more or [click here](#) for a flier with the requirements.

Attachments:

Onsite Screenings by Date
Onsite Screenings by County
Insurance Committee Decision about Offering of Supplemental Insurance
(LE/LG)
Combined March ABC Conference Call Notes



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone (615) 741-4517 or (866) 576-0029
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

March 11, 2016

TO: Agency Benefits Coordinators

FROM: Laurie Lee, Executive Director

SUBJECT: **Insurance Committee Decision re Offerings of Supplemental Insurance**

Background

The Limited PPO was introduced in 2004 in the Local Government Plan to provide a lower price point product for those agencies, which receive no state support for insurance.

The Local Education Insurance Committee authorized the expansion of the Limited PPO to the Local Education Agencies starting in 2014, in response to specific requests from LEAs concerned about meeting the employer responsibility requirements of the Patient Protection and Affordable Care Act (ACA) to offer affordable coverage to all of their eligible employees. At that time, the Consumer Driven Health Plan (CDHP) with an IRS-qualified Health Savings Account (HSA) had not been developed as an alternative low-cost option for these agencies. This CDHP is now in place for both Local Government and Local Education agencies and offers a product that is similarly priced as the Limited PPO.

While the Limited PPO covers the same services as the other three options (Standard and Partnership PPOs and HealthSavings CDHP) the premiums are lower than the Partnership PPO in both the Local Education and Local Government Plans. A member in the Limited PPO has higher co-pays, out of pocket maximum and deductibles than the Partnership or Standard PPOs because of this lower premium. Given the higher cost-sharing, the product is designed as a good choice for members who are healthier and do not use many health care services or for members who are more careful about their health care use and spending. Premiums for the Limited PPO for 2014 and 2015 were set based on the past enrollment profile and claims experience that the Local Government Limited PPO has had, for which we have many years' cost and utilization to evaluate, and the expected enrollment profile for the Local Education population.

Recent Developments

With implementation of the ACA, some insurance brokers have started to sell "Gap" (also called "supplemental" or "wraparound") policies to Local Education and Local Government agencies as a solution to the employer's responsibility to provide coverage for all full-time employees. The agency offers the Gap policy at no or little cost to the member in order to encourage

enrollment in the Limited PPO. In many instances, the agency pays the full price of the Limited PPO and the Gap policy. The Limited PPO with a wraparound Gap policy provides about the same level of coverage as our more comprehensive plans but, combined, the price is lower than the Partnership PPO.

When agencies offer an additional supplemental health coverage product as a companion to the Limited PPO, however, it changes member behavior and members use services at a much higher rate than historical experience. Therefore, members and agencies pay much less for coverage that is equal or better than Partnership-level coverage and **people who are sicker and use many more healthcare services are now enrolling in the Limited PPO.**

The Gap policies are designed to coordinate with the state's Limited PPO and pay most of the member cost-sharing. The low-cost Gap policy picks up the member's deductible and coinsurance up to our Limited PPO plan's out of pocket maximums and the Limited PPO picks up the rest of the cost. We have also seen the introduction of health reimbursement accounts (HRAs), specifically designed to pick up the member's cost-sharing in the Limited PPO.

The Gap policy or an HRA combined with the Limited PPO attracts a higher risk/higher cost membership than the product is designed or priced for, actually encourages inefficient use of health care, such as use of inpatient and emergency services, and effectively negates the incentive to use health care services more carefully.

Because their cost is capped at the out of pocket maximums, the Gap policies and HRA accounts are inexpensive and do not have the financial exposure as the Limited PPO or other State-sponsored plans. This leaves the state-sponsored plans to pay the rest of the medical bills.

Local Education Agency and Local Government Cost and Enrollment Trends

Benefits Administration and our consulting actuary, Aon Hewitt, monitor revenue and expense history within the plans. During mid-late 2015, we became concerned that plan expenses in the Local Education plan were greater than expected. This experience could be driven by a few unexpected high cost claimants, greater than expected medical inflation, a shift in demographics due to changes in enrollment, or other fluctuations, so we started to evaluate the root cause. As we researched the potential causes we ruled out such anomalies. **It became clear that the Limited PPO cost/revenue difference was driving the adverse trend.**

In December we conducted a survey of all LEAs to determine how many agencies are offering the coordinated Gap policies and to what degree these policies are being subsidized by the agencies, which would alter the risk profile of those enrolled in the Limited Plan. While we did not survey the Local Government agencies, the increased Limited PPO enrollment and the higher than anticipated expenses for the Limited PPO suggest a similar impact of the Gap policies in the Local Government plan.

Enrollment and claims cost in the Limited PPO has increased significantly in the Local Education plan. Based on our December 2015 survey, half of our Local Education Agencies now offer Gap policies that coordinate with our Limited PPO plan and 92% of those agencies

fund all or part of the Gap policy premium. In addition, almost all offer some additional medical coverage (e.g., 94% offer cancer policies, 92% offer critical illness policies and 54% offer indemnity policies). Recently, two agencies added HRAs as an alternative to the Gap policy. More importantly, claims for the Limited PPO saw a **57% increase** on a per member basis for the first 6 months of 2015 as compared to 6% for all plans.

State law stipulates that agencies participating in the basic health plans provided by the local education and local government insurance committees shall only offer those plans to its employees. Our Memorandum of Understanding (MOU) with participating agencies and marketing materials state that agencies cannot offer other health plans if they participate in the state-sponsored plans. See Appendix A for these references. It is clear that agencies have not interpreted these requirements consistently. It is also clear, however, that, until recently, agencies have not offered products such as the Gap plans that specifically change the performance of the Plans that we offer. The widespread proliferation of the “Gap” products is having a negative impact on our Local Education and Local Government fund. If this continues without any changes, the plans run the risk of enormous premium increases to cover the high claims cost.

Evaluation of Options

With the 2016 increases in Limited PPO enrollment and the penetration of the Gap plans, Aon Hewitt projects that **retention of the Gap policies would result in either an unacceptably high across the board rate increase or in setting a new price for the Limited PPO that would erase the lower price advantage that the product was designed to achieve.** Neither of these options is feasible from a state budget perspective for the Local Education plan.

The Insurance Committees considered options to implement in mid-2016 but rejected various options, as they would create significant member and agency disruption mid-plan year.

Therefore, at their February 4, 2016 meeting, the Local Education and Local Government Insurance Committees voted to allow agencies to only offer the following health plans in addition to the four state plans:

- Liabilities incurred under workers' compensation laws, tort liabilities, or liabilities related to ownership or use of property
- A specific disease or illness (e.g., cancer, heart/stroke)
- A fixed amount per day (or other period) of hospitalization
- Coverage for the following items:
 - Accidents
 - Disability
 - Dental care
 - Vision care
 - Long-term care
 - Life insurance

The list of permitted plans does not include supplemental plans or Health Reimbursement Accounts (HRAs), which alter the member's cost-sharing. In addition, the Committees directed

Benefits Administration to perform oversight and evaluation of those options the local agencies offer and enforce sanctions if agencies do not comply.

These decisions are effective now for any agencies considering the addition of these plans for 2016 and for all agencies with the 2017 plan year.

LSL/s

APPENDIX A

The TCA places some restrictions on local education agencies offering other plans; the MOU and marketing materials prohibit other plans:

From PC426 8-27-302, Local Education

(d) The basic health plans provided for in subsection (a) and the equal or superior benefit plans provided for in § 8-27-303 shall be the only state-supported insurance plans for local education employees.

(e) If a local education agency participates in the basic health plans provided for in subsection (a), those plans shall be the only basic health plans that the local education agency may make available to its employees.

Note: Subsection (a) provides that the local education insurance committee shall approve a group insurance plan for eligible employees of local education agencies that shall consist of the following:

(1) One (1) or more basic health plans as the local education insurance committee deems necessary and reasonable; and

(2) Voluntary benefit plans as may be necessary and reasonable. The local education insurance committee may provide for voluntary benefits as part of the basic health plans or as separate plans.

From the Local Education MOU:

[Section 1A Responsibilities of the LEA, Item 9] A LEA participating in the Local Education Plan may not offer any other health plan to individuals eligible for the health plan sponsored through the state group insurance program.

From our LEA marketing materials:

- All health plans (Partnership, Standard, Limited PPOs and the HealthSavings CDHP) and dental and vision plans (if your agency decides to offer them) must be offered to all eligible employees — it is the employee's choice as to which option he or she chooses
- An agency **CANNOT** mandate a plan to the employee
- No other health insurance plans may be offered in addition to the Local Education Plan

The TCA places some restrictions on local government agencies offering other plans; the MOU and marketing materials prohibit other plans:

From PC426 8-27-702, Local Government

(e) If a local government agency participates in the basic health plans provided for in subsection (a), those plans shall be the only basic health plans that the local government agency may make available to its employees.

Note: Subsection (a) provides that the local government insurance committee has the authority to establish a group insurance plan for employees of local governments and quasigovernmental organizations.

(c) The local government insurance committee shall approve such voluntary benefit plans as may be necessary and reasonable. The local government insurance committee may provide for voluntary benefits as part of the basic health plans or as separate plans.

From the Local Government MOU

[Section 1A Responsibilities of the LGA, Item 9]A LGA participating in the Local Government Plan may not offer any other health plan to individuals eligible for the health plan sponsored through the state group insurance program.

From our agency marketing materials:

- All health plans (Partnership, Standard, Limited PPOs and the HealthSavings CDHP) and dental and vision plans (if your agency decides to offer them) must be offered to all eligible employees — it is the employee's choice as to which option he or she chooses
- An agency **CANNOT** mandate a plan to the employee
- No other health insurance plans may be offered in addition to the Local Government Plan

March 18, 2016

ABC Conference Call Notes Correction

We have corrected a response to one of the questions in the Local Education operations section in the March conference call notes. We have also revised the call notes archived on the [ABC webpage](#). The corrected information is highlighted below in red.

Question: My question is about retiree insurance. The *Continuing Insurance at Retirement* booklet only mentions that retirees can come on the insurance through open enrollment due to qualifying events. Under ACA, shouldn't they be able to enroll in coverage regardless?

- **Answer:** Retirees cannot bring themselves onto health insurance during open enrollment. They have to have a qualifying event if they chose not to take the retirement insurance when they retired, and would have met the eligibility requirements for retirement insurance at the time of termination of active coverage. **A TCRS/Higher Ed ORP retiree can sign up for new dental enrollments at any time. Retirees may not elect vision at any time. A retiree must be receiving a monthly TCRS pension or be a higher education ORP retiree and be enrolled in the group health plan to elect vision coverage. If the retiree does not elect vision upon the initial continuance of group health insurance as a retiree, he or she may elect vision during the Annual Enrollment Period or if he or she loses other vision coverage under the special enrollment provision.**

CVS/caremark System Announcement

On Saturday, March 26, from 12:00 a.m. to 1:30 a.m. Eastern Time (11:00 p.m. to 12:30 a.m. Central), all CVS/caremark systems will be unavailable while planned maintenance is conducted. This includes the websites Caremark.com and CVSCaremarkSpecialtyRx.com, the claims processing system used at retail pharmacies, and the interactive voice response (IVR) system at CVS/caremark's customer service center.

Members calling customer care during this time will be asked to call back later. CVS/caremark is committed to conducting necessary system maintenance during times of the lowest volume to minimize potential impact to our plan members. Network pharmacies are instructed to follow procedures outlined in their Provider Manual during this maintenance period when needing to process and fill prescriptions.

1095C Forms - State Employees (State)

Earlier this year, the IRS extended the deadline for employers to send the 1095-C form to employees to March 31, 2016. Benefits Administration (BA) will soon mail the form to all state employees.

Also, BA will send the following email next week to state employees letting them know about the form but we would appreciate it if you would also share this information with your employees.

Please share this information below with your employees:

Important Information about your 1095-C Form

Earlier this year, the IRS extended the deadline for employers to send the 1095-C form to employees to March 31, 2016. Benefits Administration will mail your 1095-C form with instructions to the address you have provided in Edison.

The 1095-C form is **not** required to be attached to your tax return or sent to the IRS. You can file your 2015 income tax return even if you have not received the 1095-C in the mail. But you must keep the form for your records with your other important tax documents.

Here is information you need to know:

- The health coverage offered to you by the State is considered qualifying health coverage, also known as “minimum essential coverage”.
- If you and your dependents were covered under the State’s health plan for the entire year, you may check the “full-year coverage” box on your tax return.
- If you did not have health coverage with the State for the full year, you will need to indicate how many months you had healthcare coverage on your tax return.

If you have questions about the 1095-C, you can visit www.IRS.gov or [click here](#) for more information.

PPACA Forms Reminder (LE, LG and HE)

The IRS **employee** form (1095-B or 1095-C) deadline of March 31 is fast approaching.

Employers with **less than 50 employees** need to complete the **1094-B (IRS form) and 1095-B (employee)** forms. Employers with **more than 50 employees** need to complete the **1094-C (IRS form) and 1095-C (employee)** forms. As the plan is self-insured, all agencies will report as self-insured.

As previously emailed:

- The IRS extended the employer’s deadline to provide statements to **employees** by two months (from Feb. 1, 2016 to **March 31, 2016**)
- The IRS extended the deadline to **file with the IRS** by three months (from Feb 29, 2016 to May 31, 2016 for paper filing, and from March 31, 2016 to June 30, 2016 if filing electronically)

Please be sure to share this information with your fiscal directors or others who are in charge of IRS reporting.

State Offices Closed March 25

State offices and the BA service center will be closed on Friday, March 25. Regular service center hours will resume on Monday, March 28.

March 24, 2016

Pre-Enrollment Benefits Information Document (State)

The new hire online document that provides links to benefits information has been updated. This is a word document that you can personalize at the top and bottom of the letter, and email out to your new hires prior to their orientation. This helps your new hires familiarize themselves with the benefits options available to them. You can find this form on the [Agency Benefits Coordinator web page](#), under **Forms** titled **"Pre-Enrollment Benefits Information"**.

Onsite Screening Signage

Onsite screening site contacts received the **attached** promotional poster. We are sending the promotional poster to all ABCs as a reference. If an onsite screening is located at your facility, please make sure the promotional signage marks the location of the screenings. You can find the current list of onsite screening locations on the [ParTNers for Health website](#) in the **Resources** box.

April Preferred Drug List (PDL) Updates

Attached is a copy of the April 2016 preferred drug list (PDL), which will also be updated on our websites. Notification letters were mailed by Caremark to 252 members impacted by the single-source brand changes. Starting April 1, 2016, the medications that are being removed from the PDL will cost plan members the highest copayment or coinsurance.

As a reminder, as of January 1 of this year, we no longer provide a grace period of 60-90 days for member to move to a generic or preferred drug once their current drug regimen moves to non-preferred status. Members are alerted by a letter from Caremark of the date their drug will move to the non-preferred status. It is up to the member to work with his or her physician to obtain a prescription for a generic or preferred brand drug, otherwise the member's cost share increases. Below are the major changes to the list from last quarter.

Drugs being added to the PDL on April 1, 2016 include:

Drug	Use	Options/Comments
Pazeo	Allergic conjunctivitis	To provide an additional once daily topical ophthalmic therapy option for the treatment of Ocular itching
Proventil HFA	Asthma	In some areas there may be a limited supply of ProAir HFA, the sole formulary agent onCVS/caremark's standard commercial formularies. To ensure member access to an albuterol Inhaler product, CVS/caremark is adding Proventil HFA
Ventolin HFA	Asthma	In some areas there may be a limited supply of ProAir HFA, the sole formulary agent onCVS/caremark's standard commercial formularies. To ensure member access to an albuterolInhaler product, CVS/caremark is adding Proventil HFA
Dipyridamole extended-release/aspirin caps	Strokes	The "A"-rated generic dipyridamole ext-release/aspirin capsules will replace the branded Agent Aggrenox capsules on our preferred drug list
Esomeprazole capsules	GERD; gastric ulcers; H.pylori infection	The "A"-rated generic esomeprazole capsules will replace the branded agent Nexium capsules on our preferred drug list.
Risedronate tablets	Osteoporosis; Paget's disease	The "A"-rated generic risedronate tablets will replace the branded agent Actonel tabletson our preferred drug list.

Drugs being deleted from the PDL on April 1, 2016 include:

<u>Drug</u>	<u>Use</u>	<u>Options/Comments</u>
Actonel	Osteoporosis; Paget's disease	The "A"-rated generic, risedronate, is now available.
Aggrenox	Strokes	The "A"-rated generic, dipyridamole extended-release/aspirin capsules, are available.
Daytrana	CNS; ADHD	There are other available effective oral therapy options with less variable administration Issues for the treatment of ADHD in children. Preferred options include Quillivant XRSuspension, Strattera, and Vyvanse. Also available are amphetamine/dextroamphetamineMixed salts, amphetamine/dextroamphetamine mixed salts extended release, Guanfacine extended-release, methylphenidate, methylphenidate extended-release
Foradil	Asthma or COPD in certain populations	Foradil is no longer being manufactured. Preferred options include Arcapta, Perforomistand Serevent.
Nexium delayed-rel	GERD; gastric ulcers; H. pylori infection	Nexium delayed-rel will be replaced on the preferred drug list by the "A"-rated generic, Esomeprazole.
Rescriptor	HIV-1 infection	Availability of safer and more effective oral therapy options for the treatment of HIV-1. A preferred option on the Advanced Control Specialty Formulary includes Sustiva (efavirenz).
Simcor	High LDL or Triglycerides	Availability of additional oral therapy options for the treatment of high cholesterol, withno additional benefit with combination therapy of the individual agents. Preferred optionson the preferred drug list include niacin extended-release, atorvastatin, fluvastatin, lovastatin, pravastatin, simvastatin, Crestor, and Vytorin.

State Offices Closed March 25

State offices and the BA service center will be closed on Friday, March 25. Regular service center hours will resume on Monday, March 28.

Attachments: Onsite Screening Instructions
April 2016 PDL



Onsite Screening Promotional Flier Instructions

1. In preparation of your screening event, print out the Onsite Screening Promotional Flier (2nd page of this PDF). *This is a full color flier. Please use a **color printer** when printing, if one is available.*
2. Hang/post the flier outside of the room you will be hosting the onsite screening event.
3. Enjoy the event!

The ParTNers for Health Wellness Team



HEALTHWAYS

ParTNers for Health Wellness Program Onsite Screening Location

All ParTNers for Health Plan members welcome!*

**Partnership PPO and Wellness CDHP members must complete either an onsite screening or submit a Physician Screening Form by July 15 as part of the 2016 Partnership Promise requirements. New hires and new members have 120 days from their coverage effective date to complete a biometric screening.*



**PARTNERS
FOR HEALTH**

April 1, 2016

1095-C Forms and FAQs – (State)

BA mailed state employees their 1095-C forms on March 31 and employees will soon receive them in the mail. We have **attached** FAQs for your reference in case you receive questions.

BA also sent the following information in an email to all state employees with a tn.gov email address.

If your department or agency has a different email address than tn.gov (i.e., legislature, comptroller, courts, etc.) it is very important that you email this same information to all of your employees. Here is the message that you should email to your employees:

Subject: Important Information about your 1095-C Form

As required by the IRS, Benefits Administration will mail your 1095-C form with instructions to the address you have provided in Edison.

The 1095-C form is **not** required to be attached to your tax return or sent to the IRS. You can file your 2015 income tax return even if you have not received the 1095-C in the mail. But you must keep the form for your records with your other important tax documents.

Here is information you need to know:

- The health coverage offered to you by the State is considered qualifying health coverage, also known as "minimum essential coverage".
- If you and your dependents were covered under the State's health plan for the entire year, you may check the "full-year coverage" box on your tax return.
- If you did not have health coverage for the full year, you will need to indicate how many months you had healthcare coverage on your tax return.

If you have questions about the 1095-C, you can visit www.IRS.gov or [click here](#) for more information.

CMS Data Match Project (LE, LG and HE Primary ABCs)

Many agencies have contacted Benefits Administration asking for "group health plan" information to complete the IRS/SSA/CMS Data Match Project. For your reference, we have **attached** health carrier and pharmacy vendor information and group plan ID numbers to help you complete the Data Match Questionnaire for 2013 and 2014 data. This information includes group plan ID numbers for active and retired plan members.

For Cigna, group plan ID numbers are listed as Account #s. Plans with an effective date of 2011 were in effect for 2013 and 2014. Plans with an effective date of 2014 were only in effect for that year.

For BlueCross BlueShield, all plan members have the same group plan ID number, 80860, for all regions. This information is also included on the Tax ID document.

If you have questions or need assistance completing the Data Match Questionnaire, please refer to the information included in the letter you received from Centers for Medicare and Medicaid Services (CMS).

Attachments: FAQ for 1095C Form
 Tax ID and GHP Numbers
 Cigna Group Plan ID Numbers and Region Codes

FAQs for 1095-C Forms

When should I get my 1095 form?

The 1095-C forms for State employees will be mailed by Thursday, March 31st. You should receive the form in the mail by Friday, April 8th.

What is this form and what am I supposed to do with it?

It is an annual statement that the IRS created that employers must send to all employees eligible for insurance coverage. It describes the insurance available to employees and also shows if the employee and any dependents are enrolled in coverage. If you have more questions, you can visit <https://www.irs.gov/Affordable-Care-Act/>.

What do the codes on the form mean?

Descriptions of the Line 14 codes can be found on the back of the 1095-C statement. Information about the Safe Harbor Codes can be found on the IRS website.

Line 14 – Offer of Coverage:

1A. Minimum essential coverage providing minimum value offered to you with an employee contribution for self-only coverage equal to or less than 9.5% of the 48 contiguous states single federal poverty line and minimum essential coverage offered to your spouse and dependent(s) (referred to here as a Qualifying Offer). This code may be used to report for specific months for which a Qualifying Offer was made, even if you did not receive a Qualifying Offer for all 12 months of the calendar year. ***Not used by State***

1B. Minimum essential coverage providing minimum value offered to you and minimum essential coverage NOT offered to your spouse or dependent(s). ***Not used by State***

1C. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) but NOT your spouse. ***Not used by State***

1D. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your spouse but NOT your dependent(s). ***Not used by State***

1E. Minimum essential coverage providing minimum value offered to you and minimum essential coverage offered to your dependent(s) and spouse.

1F. Minimum essential coverage NOT providing minimum value offered to you, or you and your spouse or dependent(s), or you, your spouse, and dependent(s). ***Not used by State***

1G. You were NOT a full-time employee for any month of the calendar year but were enrolled in self-insured employer-sponsored coverage for one or more months of the calendar year. This code will be entered in the *All 12 Months* box on line 14.

1H. No offer of coverage (you were NOT offered any health coverage or you were offered coverage that is NOT minimum essential coverage).

1I. Your employer claimed "Qualifying Offer Transition Relief" for 2015 and for at least one month of the year you (and your spouse or dependent(s)) did not receive a Qualifying Offer. Note that your employer has also provided a contact number at which you may request further information about the health coverage, if any, you were offered (see line 10). ***Not used by State***

Line 16 – Safe Harbor Codes:

- 2A. Not Employed
- 2B. Not Full-time and not in Minimum Essential Coverage
- 2C. Enrolled in Coverage Offered
- 2D. Non-assessment (new hire) period
- 2E. Multiple Employer Interim Rule Relief ***Not used by state***
- 2F. Affordability – Form W-2
- 2G. Affordability – Federal Poverty Line ***Not used by state***
- 2H. Affordability – Rate of Pay
- 2I. Non-calendar year transition relief ***Not used by state***

Do I need this form to file my taxes?

The 1095-C form is **not** required to be attached to your tax return or sent to the IRS. You can file your 2015 income tax return even if you have not received the 1095-C in the mail. But you must keep the form for your records with your other important tax documents.

It's after April 8th and I haven't gotten my form yet. What do I do?

Call the Benefits Administration Service Center at 800-253-9981. They will collect your name and Edison Employee ID, verify your address, and will reissue a statement. You should receive the new copy in the mail in about a week.

I think my form is wrong. What do I do?

Call the Benefits Administration Service Center at 800-253-9981. They will collect your information and review your statement. If they determine that there is an error, they will correct the statement and reissue it to you in the mail.

I pay more/less than \$139.49 for my coverage. Why does the form list that amount?

The state is required to list the cost of the cheapest monthly premium that the employee could have paid under the plan for **Employee Only** coverage, excluding plans with a wellness component (the Partnership plan). If you are enrolled in Employee Only Partnership coverage, you pay less than this amount listed. If you have dependents enrolled, you pay more than this amount.

My spouse got a 1095-C form but it doesn't have any information listed in Part III. Why is that?

Only employers with self-insured insurance plans are required to fill out Part III. The state plan is a self-insured plan. If your spouse has a question about their form, they should contact their employer.

Since I was eligible and covered all 12 months, why are all of the monthly boxes filled in?

The federal government does not require employers to use the "All 12 Months" box. The state's software provider decided to list each month individually.

Can I access this form in Edison?

The 1095-C forms will not be available in Edison for Tax Year 2015. We will be providing the opportunity for an electronic statement for Tax Year 2016. You will be required to give your consent later in the year to receive an electronic copy instead of a paper form, similar to the process for receiving electronic W-2s.

Account Name	Account # (Group ID#)	Plan/Region Code	Effective	Cancelled
EAST - STATE PARTNERSHIP	3333827	PPPV2E	01/01/2011	12/31/2015
MIDDLE - STATE PARTNERSHIP	3333826	PPPV2M	01/01/2011	12/31/2015
WEST - STATE PARTNERSHIP	3333828	PPPV2W	01/01/2011	12/31/2015
MIDDLE - STATE PARTNERSHIP LP	3337280	PPPV3M	01/01/2014	
EAST - LOCAL ED PARTNERSHIP	2498675	PPPV2E	01/01/2011	12/31/2015
EAST - LOC GOV PARTNERSHIP	2498677	PPPV2E	01/01/2011	12/31/2015
EAST - LOCAL ED STANDARD	2498682	PPOV2E	01/01/2011	12/31/2015
EAST - RET LOC ED STANDARD	2498683	PPOV2E	01/01/2011	12/31/2015
EAST - RET ST PARTNERSHIP	2498674	PPPV2E	01/01/2011	12/31/2015
EAST - STATE STANDARD	2498679	PPOV2E	01/01/2011	12/31/2015
MIDDLE - LOCAL ED STANDARD	2498667	PPOV2M	01/01/2011	12/31/2015
MIDDLE - LOCAL GOVT LIMITED	2498671	PPLV2M	01/01/2011	12/31/2015
MIDDLE - LOCAL GOVT PARTNERSHIP	2498662	PPPV2M	01/01/2011	12/31/2015
MIDDLE - LOCAL GOVT STANDARD	2498669	PPOV2M	01/01/2011	12/31/2015
MIDDLE - RET LOCAL ED PARTNERSHIP	2498661	PPPV2M	01/01/2011	12/31/2015
MIDDLE - RET LOCAL ED STANDARD	2498668	PPOV2M	01/01/2011	12/31/2015
MIDDLE - RET LOCAL GOVT LIMITED	2498672	PPLV2M	01/01/2011	12/31/2015
MIDDLE - RET LOCAL GOVT PARTNERSHIP	2498663	PPPV2M	01/01/2011	12/31/2015
MIDDLE - RET LOCAL GOVT STANDARD	2498670	PPOV2M	01/01/2011	12/31/2015
MIDDLE - RET ST PARTNERSHIP	2498655	PPPV2M	01/01/2011	12/31/2015
MIDDLE - RET STATE STANDARD	2498666	PPOV2M	01/01/2011	12/31/2015
MIDDLE - STATE STANDARD	2498664	PPOV2M	01/01/2011	12/31/2015
WEST - RET STATE PARTNERSHIP	2498688	PPPV2W	01/01/2011	12/31/2015
MIDDLE - LOCAL ED PARTNERSHIP	2498660	PPPV2M	01/01/2011	12/31/2015
EAST - LOCAL GOVT LIMITED	2498686	PPLV2E	01/01/2011	12/31/2015
EAST - RET LOCAL ED PARTNER	2498676	PPPV2E	01/01/2011	12/31/2015
EAST - RET LOCAL GOV LIMITED	2498687	PPLV2E	01/01/2011	12/31/2015
EAST - RET STATE STANDARD	2498680	PPOV2E	01/01/2011	12/31/2015
EAST - RET LOC GOV PARTNERSHIP	2498678	PPPV2E	01/01/2011	12/31/2015
EAST - RET LOCAL GOVT STANDARD	2498685	PPOV2E	01/01/2011	12/31/2015
EAST- LOCAL GOVT STANDARD	2498684	PPOV2E	01/01/2011	12/31/2015
EAST- RET LOCAL ED LIMITED	2499268	PPLV2E	01/01/2014	12/31/2015
EAST - LOCAL ED LIMITED	2499267	PPLV2E	01/01/2014	12/31/2015
MIDDLE - LOCAL ED STANDARD LP	2499281	PPOV3M	01/01/2014	
WEST - RET LOCAL GOVT LIMITED	2498701	PPLV2W	01/01/2011	12/31/2015
WEST - LOCAL ED LIMITED	2499269	PPLV2W	01/01/2014	12/31/2015
WEST - LOCAL ED PARTNERSHIP	2498689	PPPV2W	01/01/2011	12/31/2015
WEST - LOCAL ED STANDARD	2498695	PPOV2W	01/01/2011	12/31/2015
WEST - LOCAL GOVT LIMITED	2498700	PPLV2W	01/01/2011	12/31/2015
WEST - LOCAL GOVT STANDARD	2498697	PPOV2W	01/01/2011	12/31/2015
WEST - RET LOCAL ED LIMITED	2499270	PPLV2W	01/01/2014	12/31/2015
WEST - RET LOCAL ED STANDARD	2498696	PPOV2W	01/01/2011	12/31/2015
WEST - RET STATE STANDARD	2498694	PPOV2W	01/01/2011	12/31/2015
WEST - STATE STANDARD	2498693	PPOV2W	01/01/2011	12/31/2015
WEST - LOCAL GOVT PARTNERSHIP	2498691	PPPV2W	01/01/2011	12/31/2015
WEST - RET LOC ED PARTNERSHIP	2498690	PPPV2W	01/01/2011	12/31/2015
WEST - RET LOC GOV PARTNERSHIP	2498692	PPPV2W	01/01/2011	12/31/2015
WEST - RET LOCAL GOVT STANDARD	2498698	PPOV2W	01/01/2011	12/31/2015
MIDDLE - STATE STANDARD LP	2499279	PPOV3M	01/01/2014	
MIDDLE - LOCAL ED LIMITED	2499265	PPLV2M	01/01/2014	12/31/2015
MIDDLE - LOCAL ED LIMITED LP	2499287	PPLV3M	01/01/2014	
MIDDLE - LOCAL ED PARTNERSHIP LP	2499275	PPPV3M	01/01/2014	
MIDDLE - LOCAL GOVT LIMITED LP	2499285	PPLV3M	01/01/2014	
MIDDLE - LOCAL GOVT PARTNERSHIP LP	2499277	PPPV3M	01/01/2014	
MIDDLE - LOCAL GOVT STANDARD LP	2499283	PPOV3M	01/01/2014	
MIDDLE - RET LOCAL ED LIMITED	2499266	PPLV2M	01/01/2014	12/31/2015
MIDDLE - RET LOCAL ED LIMITED LP	2499288	PPLV3M	01/01/2014	
MIDDLE - RET LOCAL ED PARTNERSHIP LP	2499276	PPPV3M	01/01/2014	
MIDDLE - RET LOCAL ED STANDARD LP	2499282	PPOV3M	01/01/2014	
MIDDLE - RET LOCAL GOVT LIMITED LP	2499286	PPLV3M	01/01/2014	
MIDDLE - RET LOCAL GOVT PARTNERSHIP LP	2499278	PPPV3M	01/01/2014	
MIDDLE - RET LOCAL GOVT STANDARD LP	2499284	PPOV3M	01/01/2014	
MIDDLE - RET ST PARTNERSHIP LP	2499274	PPPV3M	01/01/2014	
MIDDLE - RET STATE STANDARD LP	2499280	PPOV3M	01/01/2014	

BLUECROSS BLUESHIELD OF TENNESSEE

Insurer/TPA Tax Identification Number: 62-6001445

*Name of Group Health Plan: BlueCross BlueShield of Tennessee

*Address 1: One Cameron Hill Circle

Address 2:

*City: Chattanooga

*State: TN

*Zip Code: 37402

BCBS Group Plan ID number (for all plan options/regions): 80860

CIGNA

Insurer/TPA Tax Identification Number: 06-0303370

*Name of Group Health Plan: State of Tennessee

*Address 1: Two Liberty Place

Address 2: 1601 Chestnut Street

*City: Philadelphia

*State: PA

*Zip Code: 19192

CIGNA Group Plan ID numbers are included on the attached excel spreadsheet by plan type

CVS/Caremark

Insurer/TPA Tax Identification Number: 75-2882129

Name of Group Health Plan: CaremarkPCS Health, LLC

Address 1: P. O. Box 52196

City: Phoenix

State: AZ

Zip Code: 85072-2196

RxBIN = 004336

RxPCN = ADV

RxGRP = Rx7529

April 8, 2016

ABC Conference Call

Don't forget, ABC conference calls are next week! The agenda is **attached** and it includes the webinar link.

Local Education – Tuesday, April 12 at 9:00 a.m. Central
Central State – Tuesday, April 12 at 10:30 a.m. Central
Local Government – Tuesday, April 12 at 1:00 p.m. Central
Higher Education – Wednesday, April 13 at 9:00 a.m. Central

Conference Call Webinar Instructions have CHANGED

CenturyLink (also referred to as GlobalMeet), the webinar ABC conference call tool we use to conduct the monthly ABC calls, has been updated and will only work with the following operating systems:

For PC

Windows 7 or higher

For Mac

10.9 or higher

Also, if you are using Windows 10 as an operating system, you will not be able to use Edge as your browser. You will need to use Internet Explorer, Chrome, or Mozilla Firefox.

Prior to your scheduled call, you can make sure your computer works with CenturyLink by clicking this link to join the webinar: <https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>

We have **attached** revised login instructions for your reference. If you have a system that is not compatible with CenturyLink, you can still dial in and participate by phone, but you will not be able to see the slides on your computer.

Attachments: CenturyLink Webinar Login Instructions

NOTE: You will need the latest version of Adobe Flash player, so please make sure your player works prior to your scheduled call: <http://get.adobe.com/flashplayer/>

To log in - click on this link:

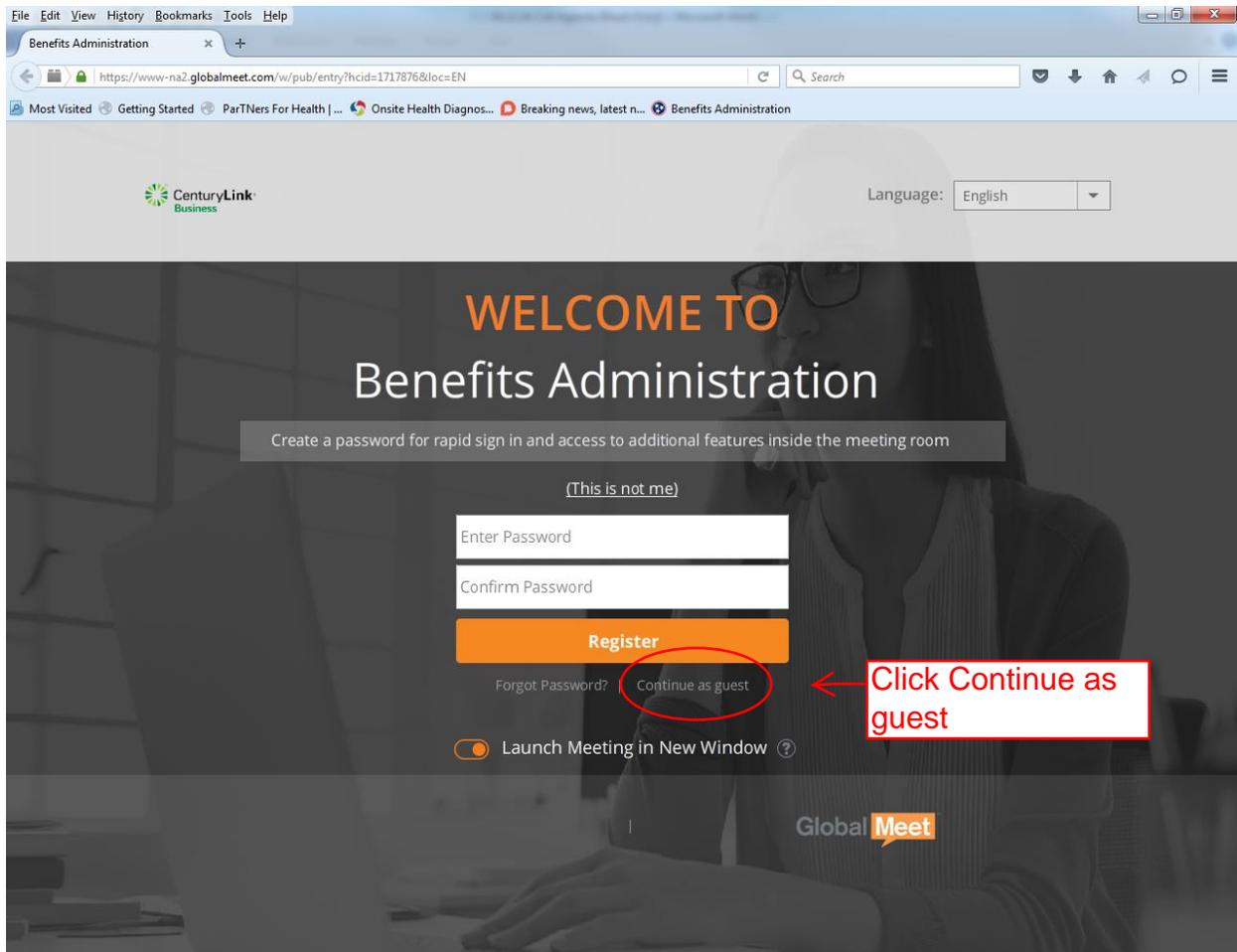
<https://stateoftn.centurylinkccc.com/CenturylinkWeb/BAmeeting>

The screenshot shows a web browser window displaying the CenturyLink Business Benefits Administration login page. The page has a dark background with a person working at a computer. The main heading is "WELCOME TO Benefits Administration" in white and orange text. Below the heading is a grey box with the text "If you are a new or existing user, sign in to join your meeting". The login form consists of three input fields: "First name", "Last name", and "Email or Client ID". The "Join meeting" button is highlighted with a red circle. Two red arrows point to the "First name" and "Last name" fields, and another red arrow points to the "Email or Client ID" field. Below the form is a "Keep me signed in" checkbox and a "Launch Meeting in New Window" toggle. The CenturyLink Business logo is in the top left, and the Global Meet logo is in the bottom right.

You will see this page.

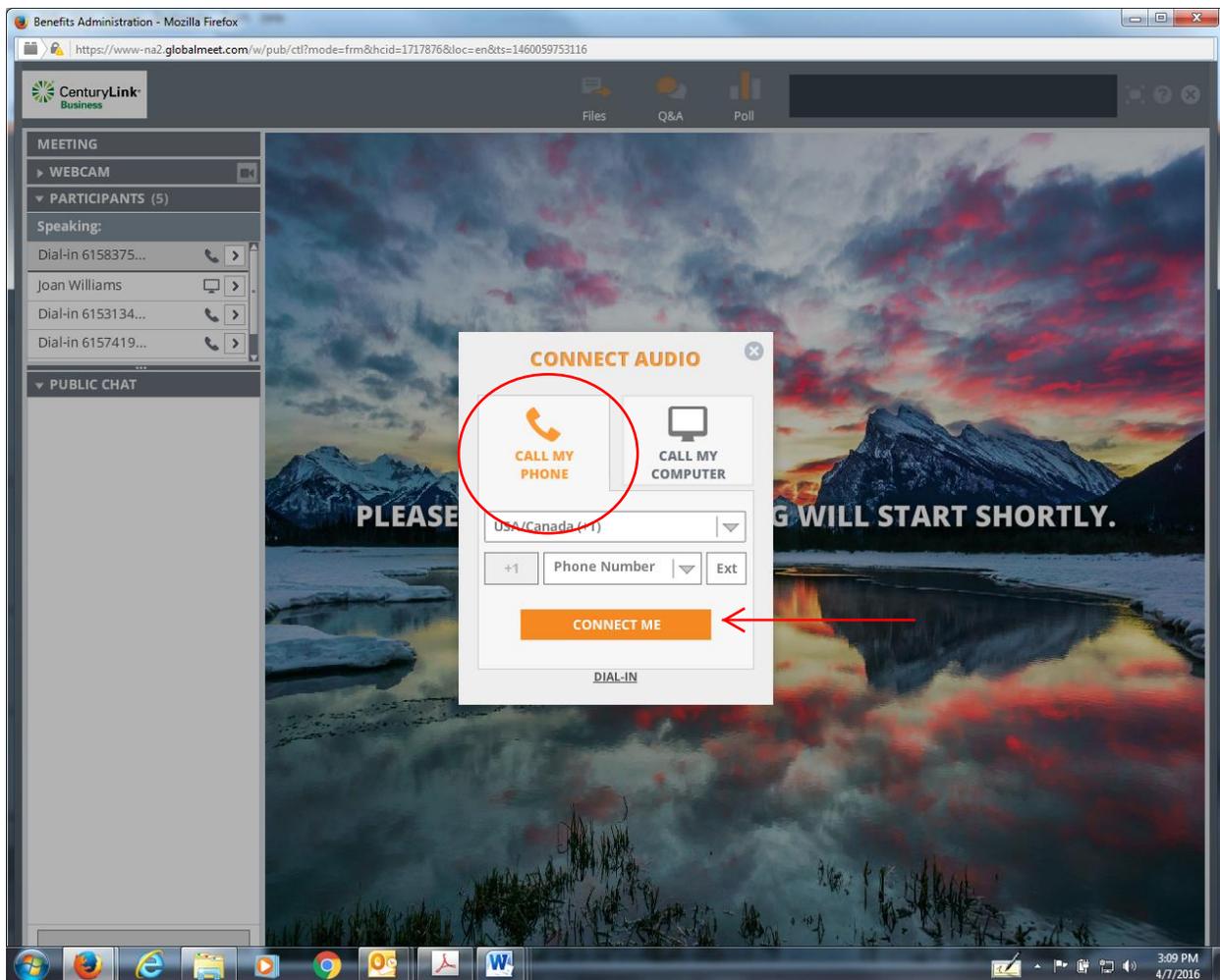
Type in your first and last name and email address.

Click "Join meeting".

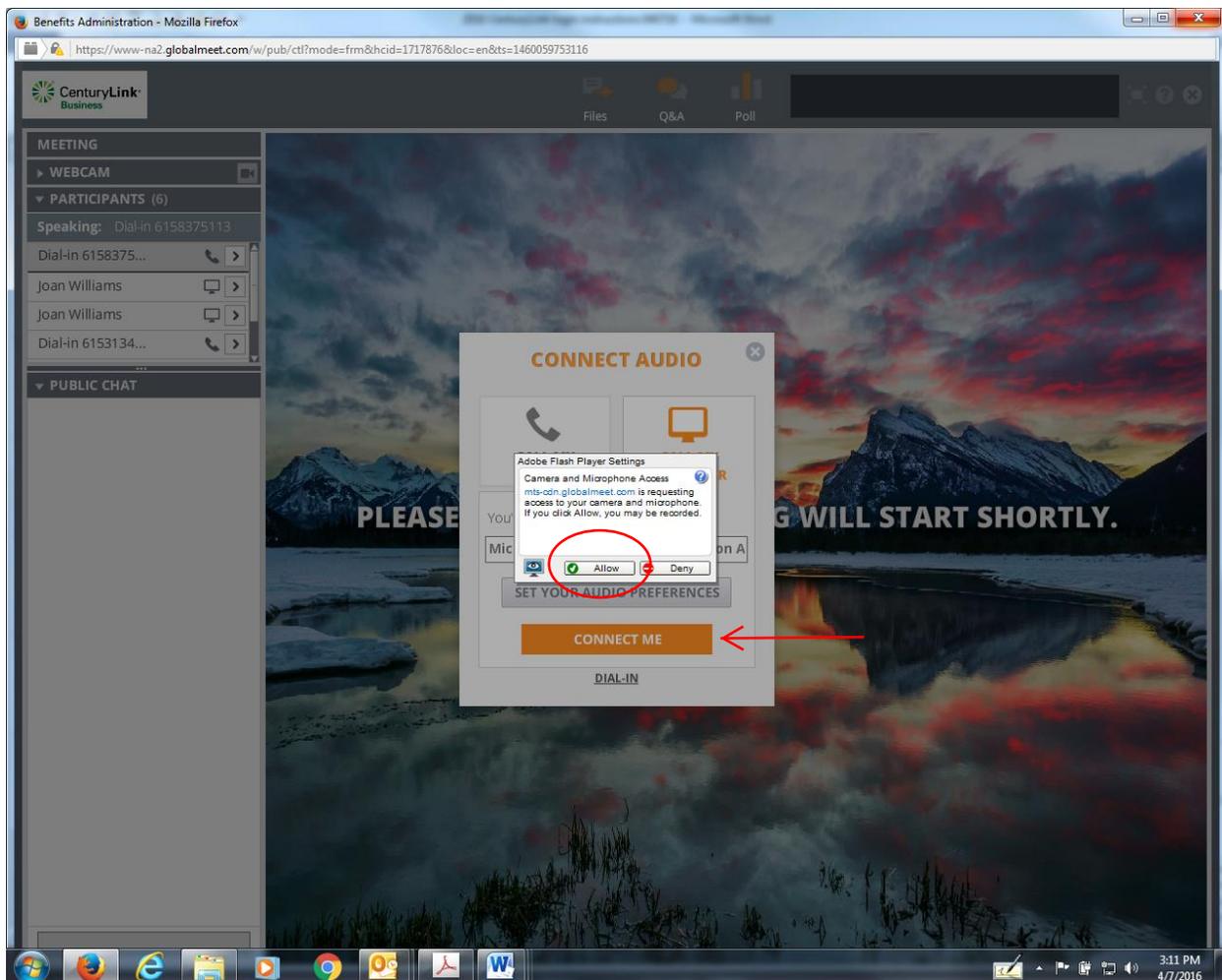


You will be given the option of creating a password and registering, or joining the meeting as a guest.

We recommend you join as a guest – click “Continue as guest”.



Your first option is to click **“Call My Phone”**. The conferencing service will ask you to enter your phone number (and extension if you have one) and click **“Connect Me”**.



Your second option is to click **“Call My Computer”**. Once you click this option, the screen above will open. If you want to speak on the conference call, you must have a microphone on your computer. If you do not, you can listen to the call from the computer and type your questions and comments into the chat box.

Click **“Allow”** to allow your camera and microphone access to be accessed by CenturyLink. Then click **“Connect Me”**.

If you have trouble logging into the webinar, call the conference line number at 1.877.820.7831 and enter participant code 217506#. You will be able to listen to the presentation

April 15, 2016

ABC Conference Call Notes

The combined notes from the April 12 and 13 ABC conference calls are **attached**. The 2016 vendor contact list has also been updated and is **attached**.

2016 ABC Survey

Benefits Administration will send out the 2016 ABC survey on **Tuesday, April 19**. Your responses are extremely valuable in helping us understand areas where we could better meet your needs. The deadline to complete the survey is Friday, May 6 at 4 p.m. Central.

Q2 10K-A-Day Wellness Challenge

10K-a-Day is a fun, six-week steps challenge that is part of the ParTNers for Health Wellness Program. It runs April 25 – June 5. The challenge is open to all state employees and members of the State Group Insurance Plan.

The goal? To walk “10K” or 10,000 steps every day. This challenge is designed to get us all moving more and feeling healthier while enjoying some friendly competition and having fun along the way.

Enrollment Period: April 18 – May 2

Challenge Period: April 25 – June 5

We have **attached** a flier you can share with state employees and health plan members.

Attachments: 2016 Vendor List
10KaDay Wellness Challenge Flier

The 10K-a-Day STEPS CHALLENGE

FREQUENTLY ASKED QUESTIONS

About the challenge

10K-a-Day is a fun, six-week steps challenge that is part of the *ParTNers for Health Wellness Program*. It runs **April 25 – June 5**. And it's open to all state employees and members of the State Group Insurance Plan. The goal? To walk "10K" or 10,000 steps every day.

This challenge is designed to get us all moving more and feeling healthier while enjoying some friendly competition and having fun along the way. There's no denying that physical activity like walking is good for us, yet few of us are getting enough of it. Walking also helps improve other goals you may have like losing weight, lowering your blood sugar or blood pressure, improving joint function or strengthening your heart.

How does the challenge work?

During the challenge, you will receive:

- ✓ **A weekly email** with encouraging tips and tricks to help you incorporate more steps in your day
- ✓ **A reminder to stay active online** by using your Steps Tracker and the chatter board

How do I set up my daily steps goal?

When you register, you must enter the number of daily steps you want to achieve. A good long-term goal to consider is 10,000 steps per day, which is about 5 miles depending on your stride. If you're not there yet, aim to increase your steps gradually.

How can I count my steps during the challenge?

- If you wear a Fitbit®, you can [sync it to your Well-Being Account](#), and your steps will automatically be added to your Steps Tracker.
- You can wear another type of pedometer or download a free mobile app like [Moves](#), [Runtastic Pedometer](#), [Accupedo Pedometer](#) or [MapMyWalk](#). You can also use the built-in Health app on the iPhone® 5s or newer model. You will then need to manually record your steps in the Steps Tracker.

Can other activities count toward my step goal?

Yes. When you use your Steps Tracker in Well-Being Connect®, you can add the types and duration of other activities and convert them into steps.

REGISTER NOW

Last day to register*: May 2

1. Go to www.partnersforhealthtn.gov and click on the "My Wellness Login" button.
2. **Sign in** to your [Well-Being Account](#).
3. In the **Groups & Challenges** tab, click **Join This Challenge** under **10K-a-Day**.
4. **Set up your Steps Tracker** with your daily steps goal for the six-week challenge (10,000 steps/day is a good long-term goal).
5. **Finish registration**. Then start logging your steps April 25.

* If you haven't already, you must create a Well-Being Account and Well-Being Plan before joining the challenge. You will also need to complete the Healthways Well-Being Assessment®, if you haven't already this year.

ParTNers for Health
partnersforhealth@healthways.com • www.partnersforhealthtn.gov • 1-888-741-3390

Please consult your health care provider before starting this challenge to determine if it is appropriate for you.

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Vendor Contact List

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Christine Proscia	(860) 273-8032	ProsciaC@aetna.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone	770-407-2495	StateofTennessee@metlife.com
Norrell Wahl	770-407-2495	StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Magellan		
Deborah Roberts	1-800-450-7281 ext. 74641	daroberts@magellanhealth.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Tricia Burnett	585-231-6851	tricia.burnett@medamericaltc.com
Vision		
EyeMed Vision Care		
Kadi Smith	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

April 22, 2016

2016 ABC Survey

Benefits Administration has decided to **email the 2016 ABC survey in May**. We will keep you updated in the Friday ABC emails as to the exact date the survey will be sent. This survey will only be sent to primary ABCs.

April 27, 2016

Edison Upgrade Reminder

Edison will be conducting a system upgrade this weekend. The system will be down from 5:00 p.m. today until Monday, May 2 at 8:00 a.m. The Benefits Administration call center (800.253.9981) will remain open on Thursday, April 28 and Friday, April 29 so that we can assist members with triage issues. We will not be able to make any changes in the Edison system but we will be able to make manual updates to our vendors' systems if a member is in need of services.

April 29, 2016

Partnership Promise Member Transfer Letters

Members are starting to receive transfer letters from Healthways if they have failed to meet the Well-Being Assessment (WBA) requirement by the deadline or if they were identified for coaching but have not responded to enroll in a coaching program. We have included sample letters for your reference.

- **Coaching transfer letters:** Approximately 3,000 coaching letters were sent to head-of-contracts and arrived in mid-April.
- **WBA transfer letters:** Approximately 9,600 WBA transfer letters will start to arrive at members' homes May 2 and 3.

Member appeals: Members have a right to appeal a transfer. The appeal form is found on the [ParTNers for Health website](#) in the **Quick Links** box and it includes instructions on how the member can file an appeal. Members can also call Healthways directly at 888.741.3390 prompt #1 to file an appeal with a customer service representative.

HIPAA Training

Benefits Administration will send an email to all ABCs about HIPAA training early next week. Instructions on how to log in to Edison and complete the training will be included.

Edison System Upgrade

As a reminder, Edison will be conducting a system upgrade this weekend. The system will be down until Monday, May 2 at 8:00 a.m. Central.

Attachments: WBA Transfer Letter
Coaching Transfer Letter

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you and/or your covered spouse have not met the coaching requirement for the 2016 Partnership Promise program year.** Therefore, you will not be eligible to enroll in the Partnership PPO or the Wellness HealthSavings CDHP in 2017. You will automatically be transferred out of the Partnership PPO or the Wellness HealthSavings CDHP as of January 1, 2017.

The Partnership Promise requirements were provided to you in the 2016 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you and/or your covered spouse.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you and/or your covered spouse have not met the coaching requirement in 2016, you and your covered dependents will have to choose from other benefit options for 2017.

If you do not agree with this, **you may appeal** if:

- You and/or your covered spouse are under a doctor's care for a medical or mental health condition that kept either and/or both of you from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have record of this condition so you must provide that information in your appeal.
- You and/or your covered spouse have attempted to complete coaching calls after you and/or your covered spouse received your last failed attempt letter during the 2016 program year. A failed attempt letter is mailed to all members who have missed a committed coaching call and a follow up re-engagement call.

There are several ways to file your appeal but you must do so within **30 days** of the date of this letter. You can go to www.partnersforhealthtn.gov and download the appeals form (found in the Quick Links box).

- **Email:** You may email your appeal to us at tnappeals@healthways.com
- **Fax:** Appeals can be faxed to us at 1.615.807.3996
- **Mail:** Send appeals through the mail **postmarked 30 days from the date of this letter** to:
Attn: ParTNers for Health Wellness Program, Appeals
701 Cool Springs Blvd.
Franklin, TN 37067
- **Phone:** You may also call Customer Service at 1.888.741.3390.
Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central).

All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal. This policy has been approved by the State of Tennessee.

Sincerely,

The ParTNers for Health Wellness Program Team

First Name and Last Name
Address 1
Address 2
City, State, ZIP code

<date>

Dear <HOC first and last name>:

According to our records, **you and/or your covered spouse did not meet the 2016 Partnership Promise requirement to complete the Well-Being Assessment (WBA) by the March 15, 2016 deadline.** You will automatically be transferred out of the Partnership PPO or the Wellness HealthSavings CDHP as of January 1, 2017.

The Partnership Promise requirements were provided to you in the 2016 Decision Guide as well as the ParTNers for Health Wellness Program mailer that was sent to the address we have on file for you.

YOU ARE NOT LOSING YOUR HEALTH INSURANCE. However, because you did not complete the WBA, you and your covered dependents will have to choose from other benefit options for 2017. You will be eligible to re-enroll in the Partnership PPO or the Wellness HealthSavings CDHP for the 2018 plan year.

If you and/or your covered spouse do not agree with this, **you may appeal** if:

- You and/or your covered spouse are under a doctor's care for a medical or mental health condition that kept you and/or your spouse from completing the Partnership Promise. The ParTNers for Health Wellness Program may not have a record of this condition, so you must provide that information in your appeal.
- If you and/or your covered spouse have attempted to take the assessment and/or had any issues completing the assessment.

There are several ways to file your appeal, but you must do so **on or before June 17, 2016**. You can go to **www.partnersforhealthtn.gov** and download the appeals form (found in the Quick Links box).

- **Email:** You may email your appeal to us at **tnappeals@healthways.com**
- **Fax:** Appeals can be faxed to us at 1.615.807.3996
- **Mail:** Send appeals through the mail **postmarked on or before June 17, 2016** to:
Attn: ParTNers for Health Wellness Program, Appeals
701 Cool Springs Blvd.
Franklin, TN 37067
- **Phone:** You may also call Healthways Customer Service at 1.888.741.3390 and file your appeal over the phone. Our hours are Monday – Friday, 8:00 a.m. to 8:00 p.m. (Central).

All appeals will be reviewed by the Healthways Appeals Team in accordance with standards established by the State of Tennessee Benefits Administration. You will receive a written appeal decision within 45 days from the receipt of the appeal.

Sincerely,

The ParTNers for Health Wellness Program Team

May 6, 2016

ABC Conference Calls

Don't forget, ABC conference calls are next week! The agenda is **attached** and it includes the webinar link.

Local Education – Tuesday, May 10 at 9:00 a.m. Central
Central State – Tuesday, May 10 at 10:30 a.m. Central
Local Government – Tuesday, May 10 at 1:00 p.m. Central
Higher Education – Wednesday, May 11 at 9:00 a.m. Central

2017 Annual Enrollment Dates (State and Higher Ed)

For 2017, and every year going forward, the **annual enrollment period for State and Higher Education employees will be two business weeks** instead of four. Over the last several years, we have reviewed our service center call statistics during open enrollment. Because the majority of employees make benefits changes during the last week of the enrollment period this change will still provide you and our members the support they need and will be more efficient. **Retirees will have four business weeks.**

State and Higher Ed employees will enroll during the first two business weeks in October. Here are the annual enrollment dates:

State/Higher Ed: 2017 annual enrollment dates - October 3 to October 14

Retirees: 2017 annual enrollment dates - October 3 – October 28

We will discuss the annual enrollment date changes during next week's ABC conference calls.

2017 Annual Enrollment Dates (Local Gov and Local Ed)

The 2017 **annual enrollment period for Local Education and Local Government employees will be four business weeks. Retirees will also have four business weeks.** Here are the annual enrollment dates:

Local Ed/Local Gov: 2017 annual enrollment dates - October 3 to October 28

Retirees: 2017 annual enrollment dates - October 3 – October 28

ABC Workshop – Navigation in the New Edison

Benefits Administration will again offer the ABC workshop, **Navigation in the New Edison**, on Thursday, May 12 from 1 p.m. to 2 p.m. Central. Instructions on how to register are below.

ABC Training:

Instructions for ABCs to enroll in ABC Web Training:

1. Log into Edison.
2. Navigate to Main Menu > ELM >Self Service >Learning > Search Catalog > Click the "Catalog Items" link > Enter ABC in the "Search the Catalog" field > Click the "Search Catalog Items" button.
3. Locate the training you are interested in.
ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC's
4. Click Enroll.
5. Locate the specific dates you would like to attend the webinar.
6. Click Enroll.
7. Click Submit Enrollment.
8. Once you have enrolled, you will see the following message under your name at the top of the page.

Minnesota Life Letters (State and Higher Ed)

Minnesota Life will periodically request from those enrolled in the voluntary term life insurance program information on spouses and children enrolled in the program. **Attached** are two letters Minnesota Life mailed last week.

ABC Survey

The ABC survey will be emailed to primary ABCs on Tuesday, May 10. Your responses are extremely valuable in helping us understand areas where we could better meet your needs. The deadline to complete the survey is May 27, at 4 p.m. Central.

HIPAA Training

Following the Edison system upgrade, there were a large number of users in Edison and the system was slow this week. BA has decided to delay sending the HIPAA training information until next week when the system should be running better.

EyeMed Contact Information

Attached is a contact sheet for our vision vendor, EyeMed, which ABCs can use for general member questions, member coverage questions and issues, and open enrollment requests.

Attachments: EyeMed Client Service Model Flier
Securian (Minnesota Life) Spouse Letter
Securian (Minnesota Life) Dependent Letter



EyeMed is pleased to serve the State of Tennessee!

EyeMed takes great pride in delivering excellent service to all of our clients and members. Our multi-channel model provides you and your team support for all of your needs, from member questions or concerns to supporting your open enrollment meetings.

Our Award Winning Customer Care Center is open Monday through Saturday 6:30 am – 10:00 pm and Sunday 10:00 am – 7:00 pm CST. Additionally, we encourage our members to self-serve by registering at www.eyemedvisioncare.com/stoftn where they can request ID cards, check claim status, or retrieve a copy of their EOB.

The Client Service Representative can provide one-call support for duplicate invoices and rosters, group portal set-up and password resets, and urgent membership changes. Please note that our Client Service Representative is for ABCs only, we ask that number not be shared with members.

Our Open Enrollment event coordinators can assist with materials and/or representatives for open enrollment events or health fairs. Please note, for representative request, we require at least 200 employees on site and 30-day notice. For open enrollment materials only, a 2- week notice is needed.

For Questions Regarding	Point of Contact
State of TN Member Questions Claims status/EOB Eligibility for Service ID card request	1-855-779-5046 www.eyemedvisioncare.com/stoftn
Verification of Member Coverage Urgent Member Adds/Changes/Terminations Elevated Member Issues Claims Questions (<i>member has already contacted EyeMed directly</i>) Network/Provider Service Issues Benefit Administrator/Questions Password Resets Invoice Requests and Reprints	Client Service Representative Margo Middlemas 888-865-4583 #3 csu@eyemed.com (cc: ncenci@eyemed.com)
Open Enrollment Representation Requests Printed Handbook Requests	Event Coordinator Kadi Smith openenrollment@eyemed.com fax: 513-492-5325

Please distribute this information to those on your team or related business partners who will directly partner with the EyeMed Service Team.

We welcome your feedback at any time and will continue to review our delivery of excellent client service

PARTNERS FOR HEALTH

Minnesota Life Insurance Company
A Securian Company
400 Robert Street N
St. Paul, MN 55101

MINNESOTA LIFE

Important information about your voluntary optional dependent term life insurance program

[First Name] [Middle Init] [Last Name] [Suffix]
[Address 1]
[Address 2]
[Address 3]
[City], [State] [Zip]

[Date]

**Update your
dependent
information**

SPONSOR: <SPONSOR NAME>
POLICY: <POLICY # - CONTRACT ID>
OWNER/INSURED: <INSURED NAME>

We conducted an audit and discovered we do not have the name, date of birth and social security number for your dependent child coverage you're carrying through the <SPONSOR NAME> Optional Term Life Insurance program.

Please provide below name, date of birth and social security number for each dependent child under your Optional Term Life Insurance Certificate. **Please note, child dependent life coverage ends at age 26, unless disabled. You must notify us when your last covered child reaches age 26 so that we can stop collecting premiums for the child term rider.**

Child Full Name: _____ Date of Birth: _____ SSN: _____

Child Full Name: _____ Date of Birth: _____ SSN: _____

Child Full Name: _____ Date of Birth: _____ SSN: _____

Child Full Name: _____ Date of Birth: _____ SSN: _____

If you would like to cancel dependent child term life coverage, indicate so below,

Cancel Dependent Child Life Coverage

OWNER SIGNATURE

X

DATE SIGNED

Please complete and return to Minnesota Life in the envelope provided, or by fax (651-665-4827).

If you have any questions, please call Minnesota Life at 1-866-881-0631, Monday through Friday from 7AM to 6PM., CT.

SAMPLE

**PARTNERS
FOR HEALTH**

Minnesota Life Insurance Company
A Securian Company
400 Robert Street N
St. Paul, MN 55101

MINNESOTA LIFE

Important information about your voluntary optional spouse term life insurance program

[First Name] [Middle Init] [Last Name] [Suffix]
[Address 1]
[Address 2]
[Address 3]
[City], [State] [Zip]

[Date]

SPONSOR: <SPONSOR NAME>
POLICY: <POLICY # - CONTRACT ID>
INSURED: <INSURED NAME>

**Update your
dependent
information**

We conducted an audit and discovered we do not have the social security number for the spouse coverage you're carrying through the <SPONSOR NAME> Optional Term Life Insurance program.

Please provide spouse information below:

Spouse Full Name: _____ Date of Birth: _____ SSN: _____

If you would like to cancel spouse coverage, indicate so below,

Cancel Spouse Life Coverage

OWNER SIGNATURE

X

DATE SIGNED

Please complete and return to Minnesota Life in the envelope provided, or by fax (651-665-4827).

If you have any questions, please call Minnesota Life at 1-866-881-0631, Monday through Friday from 7AM to 6PM., CT.

May 13, 2016

ABC Conference Call Notes

The combined notes from the May 10 and 11 ABC conference calls are **attached**.

Vendor Contact List for ABCs – Benefits Fairs/Materials

We have **attached** an updated vendor contact list for ABCs. Kathy Stanton with PayFlex will be taking on a different role and assisting the state with 2017 implementation. Please note there are two new contacts for PayFlex.

This contact list is for ABCs to use for assistance with benefits fairs and materials and is not to be shared with members. This list can also be found on the [ABC webpage](#) under Conference Call Notes.

ELM Instructions for New Edison

We have **attached** instructions for registering for classes in ELM for your reference.

HIPAA Training

BA will send the HIPAA training information to ABCs next week.

Attachments: Vendor List
ELM Instructions

Instructions for ABC's to Enroll in ABC Web Training

1. Login in To Edison.
2. Navigate to Main Menu above the TN red and white logo>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.

ABC Training Webinar (ABCT 5000) State/Higher Ed (Session 1)
ABC Training Webinar (ABCT 3000) Local Education (Session 1)
ABC Training Webinar (ABCT2000) Local Government (Session 1)
ABC Training Webinar (ABCT1000) Combined Entities (Session 2)
ABC Workshops (ABCT4000) – Workshops on various topics for New and Established ABC's

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 Enroll in the lower left corner.
7. Click Submit Enrollment in the bottom lower left corner.
8. 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.

Vendor Contact List for ABCs – Benefits Fairs/Materials

Health		
BlueCross BlueShield of Tennessee		
Amy Jordan	(423) 535-5788	Amy_Jordan@bcbst.com
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
Health Savings Account (HSA)		
PayFlex		
Samantha Alleva – benefits fairs	(860) 273-8864	AllevaS@aetna.com
Darlene Russo – ABC questions about HSA		stateoftennessee@payflex.com
Dental		
Cigna		
Deb Williams – East TN	(860) 902-2815	Deborah.Williams@Cigna.com
Cindy Sexton – Middle TN	(615) 595-3389	Cynthia.Sexton@Cigna.com
Bonnie Hampton – West TN	(901) 748-4114	Bonnie.Hampton@Cigna.com
Celeste Sims – packets and materials	(615) 595-3134	Celeste.sims@cigna.com
MetLife		
Julie Salomone Norrell Wahl	(770) 407-2495 (fax number)	StateofTennessee@metlife.com StateofTennessee@metlife.com
Wellness		
Healthways		
Joe Nebel	(615) 614-5806	Joseph.nebel@healthways.com
Employee Assistance Program (EAP)/Behavioral Health		
Magellan		
Deborah Roberts	1-800-450-7281 ext. 74641	daroberts@magellanhealth.com
Group Term Life Insurance		
Minnesota Life		
Michael Kretman	(651) 665-3935	Michael.kretman@securian.com
Long-Term Care Insurance		
MedAmerica		
Tricia Burnett	(585) 231-6851	tricia.burnett@medamericaltc.com
Vision		
EyeMed Vision Care		
Kadi Smith	(513) 492-5325 (fax number)	openenrollment@eyemedvisioncare.com

May 19, 2016

HIPAA Training

HIPAA training is now available and we have **attached** instructions on how to log in to take the class. HIPAA Privacy and Security training is a requirement. Every ABC is responsible for completing the HIPAA training that is available in Edison, and you are required to take the class annually.

The training is a webinar that takes approximately 35-45 minutes with a 10-question quiz at the end. A score of 80 percent is required to complete the course. You can retake the quiz. Please enroll in the class and take it within the next 30 days making sure that you complete the entire webinar. Be sure to select the training for 2016. Narration is available.

Once completed, Edison will let you know that the training has been completed and if you have passed the quiz. Certificates **will not** be emailed to you after you have completed the course. If you need a paper copy for your records, go to ELM > ESS > My Learning, HIPAA Annual Training and print the page showing the class has been completed.

Attachments: ELM Instructions

Instruction for Non-State ABCs to Enroll in the ABC Webinar Training

1. To log into Edison, copy and paste the following link into your Internet browser.

https://sso.edison.tn.gov/oaam_server/oaamLoginPage.jsp

2. Enter your user name (el\$ba...) into the USER ID: field and the password into the Password: field. Click Sign In

3. Now that you are logged in, follow the navigation to the My Learning Page:

Click on **Main Menu** (upper left) > Click on **ELM** > **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**

4. *Locate the appropriate Activity Code –*

BA_ABC_HIPAA_Higher Education

BA_ABC_HIPAA_Local Education

BA_ABC_HIPAA_Local Govt

5. *Click Enroll*

6. *Click Submit Enrollment.*

Once you have enrolled, you will see the following message under your name at the top of the page.

You have successfully enrolled in HIPAA Training Webinar/Workshop.

*To begin the webinar click on the **Launch button**.*

Instructions for ABCs to Enroll in ABC Web Training

1. Login in To Edison.
Click on **Main Menu** (upper left) > Click on **ELM** > **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –
BA_HIPAA_2016
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page.

You have successfully enrolled in HIPAA Training Webinar/Workshop.

To begin the webinar click on the **Launch button**.

May 20, 2016

Voluntary Benefits Premiums – State/Higher Ed

While we won't have information about all premiums until later this year, we can share the following with you now.

For 2017, the **Cigna dental** premium rates will increase by **3%** and the MetLife dental premium rates will increase by **4%**. **Attached** is a grid showing the voluntary dental insurance premiums and the dollar amount of the increase.

For **vision**, there is **no premium increase** for 2017.

For **long-term care**, there is **no premium increase** for 2017.

For **basic term life/basic ad&d, voluntary ad&d and voluntary term life**, there is **no increase** for 2017.

Voluntary Benefits Premiums – Local Ed/Local Gov

While we won't have information about all premiums until later this year, we can share the following with you now.

For 2017, the **Cigna dental** premium rates will increase by **3%** and the **MetLife dental** premium rates will increase by **4%**. **Attached** is a grid showing the voluntary dental insurance premiums and the dollar amount of the increase.

For voluntary **vision**, there is **no premium increase** for 2017.

For voluntary **long-term care**, there is **no premium increase** for 2017.

The deadline for agencies to add or drop voluntary benefits is July 1, 2016. We are sending you this information to help agencies make decisions about voluntary products for 2017.

For agencies not already enrolled in our dental or vision plan, if your agency would like to begin offering the state's vision and/or dental plan on January 1, 2017, you must notify Benefits Administration by July 1, 2016. Your notification letter to Benefits Administration 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 Holly Girgias at holly.m.girgias@tn.gov. When your agency joins the plan for 2017, your employees will be eligible to enroll during this fall's Annual Enrollment Period.

Dropping Dental or Vision: If your agency would like to drop dental or vision coverage for the 2017 calendar year, the same July 1 deadline applies, and BA needs a written notice sent to Holly Girgias by this date.

BCBS FitnessBlue Membership Promotion

BlueCross BlueShield will offer a special enrollment opportunity for FitnessBlue Membership. This offer is only for those who have BCBST as their insurance carrier. **In June, BCBST will waive the enrollment fee** for new people to enroll in FitnessBlue. This is for adults (18 and over) and is only offered during the month of June. There are no long-term contracts, but members must agree to a three-month commitment.

Members must enroll by phone at 855.515.1332 before June 30, 2016, to have the enrollment fee waived. We have **attached** a flier you can share with members that tells members how they can enroll.

Wellness Program - Well-Being Connect

There are two upcoming planned maintenance outages to Healthways Well-Being Connect, the system where members complete Well-Being Assessments (WBA), utilize wellness trackers and other program support tools.

- **Sunday, May 22:** Eight hours total outage time from 12 a.m. – 8 a.m. Central instead of the regular 12 a.m. – 6 a.m.
- **Sunday, June 19:** Ten hours total outage time from 12 a.m. – 10 a.m. Central instead of the regular 12 a.m. – 6 a.m.

HIPAA Training

BA sent HIPAA training information to all ABCs on Thursday, May 19. If you have questions about this training, you can send an email to benefits.info@tn.gov

Attachments: Dental Premium Rates 2017
BCBS FitnessBlue Flier

FitnessBlueSM

MAKING BETTER FITNESS EASIER – AND MORE AFFORDABLE

During June, we'll waive your enrollment fee when you sign up by phone** for FitnessBlue, BlueCross BlueShield of Tennessee's flexible fitness program.

Designed with You in Mind

Staying fit doesn't have to hurt your budget, thanks to FitnessBlue. The program's benefits include:

- **No long-term contracts** – Just a three-month commitment
- **Low monthly payments** – Only \$29* per month
- **A nationwide network** – More than 9,000 gyms and fitness centers nationwide
- **No waiting** – You can start working out the day you join
- **No enrollment fee** – If you enroll by telephone before June 30, 2016, we'll waive your \$29 enrollment fee



Join FitnessBlue Today

Becoming a FitnessBlue member is as easy as picking up your phone.

- 1 Visit **bcbst.com** and click on Health & Wellness/Getting Fit/Fitness That Fits Your Budget tabs to enroll and find participating gyms near you.
- 2 Call **1-855-515-1332** to enroll in FitnessBlue.
- 3 Give the customer service representative this coupon code: **FitBlue2016**. **Be sure to have your BlueCross Member ID card handy when you call.****



*Note: Taxes apply to the monthly rate.

**Note: Fee waiver is only available if you enroll by telephone.

	<u>2016</u>	% Increase	<u>2017</u>	Dollar Increase
CIGNA PREPAID (DHMO)				
MONTHLY PREMIUM RATES				
Employee	\$ 12.61	3%	\$ 12.99	\$ 0.38
Employee + Spouse	\$ 22.35	3%	\$ 23.02	\$ 0.67
Employee + Child(ren)	\$ 26.18	3%	\$ 26.97	\$ 0.79
Employee + Spouse + Child(ren)	\$ 30.73	3%	\$ 31.65	\$ 0.92
Retiree	\$ 13.87	3%	\$ 14.29	\$ 0.42
Retiree + Spouse	\$ 24.59	3%	\$ 25.33	\$ 0.74
Retiree + Child(ren)	\$ 28.81	3%	\$ 29.67	\$ 0.86
Retiree + Spouse + Child(ren)	\$ 33.79	3%	\$ 34.80	\$ 1.01

METLIFE DENTAL PREFERRED				
PROVIDER MONTHLY				
PREMIUM RATES				
Employee	\$ 21.51	4%	\$ 22.37	\$ 0.86
Employee + Spouse	\$ 40.69	4%	\$ 42.32	\$ 1.63
Employee + Child(ren)	\$ 49.46	4%	\$ 51.44	\$ 1.98
Employee + Spouse + Child(ren)	\$ 79.62	4%	\$ 82.80	\$ 3.18
Retiree	\$ 27.77	4%	\$ 28.88	\$ 1.11
Retiree + Spouse	\$ 52.54	4%	\$ 54.64	\$ 2.10
Retiree + Child(ren)	\$ 63.86	4%	\$ 66.41	\$ 2.55
Retiree + Spouse + Child(ren)	\$ 102.80	4%	\$ 106.91	\$ 4.11

May 27, 2016

HIPAA Training (Local Ed/Local Gov/Higher Ed)

More than 300 of you have already completed the HIPAA training! We have heard from a few ABCs who are having issues logging into the HIPAA training in Edison. The issues are varied.

Here are some suggestions for those who are having issues. Be sure to use the Chrome browser or Internet Explorer 11. You may need to allow pop-ups and clear out the cache. You can also try "Search Catalog" rather than "Browse Catalog" to find the training. You would enter HIPAA to search for a list of trainings and select the training for 2016.

If you still are not able to find the HIPAA training or you cannot gain access, please call the BA service center at 800.253.9981.

June ABC Conference Calls

In June, because of how the calendar falls, the ABC conference calls will take place **the third week of June**. Calls will be at the regularly scheduled day and time:

Local Education – Tuesday, June 14 at 9:00 a.m. Central
Central State – Tuesday, June 14 at 10:30 a.m. Central
Local Government – Tuesday, June 14 at 1:00 p.m. Central
Higher Education – Wednesday, June 15 at 9:00 a.m. Central

State Offices Closed May 30

State offices and the BA service center will be closed on Monday, May 30 due to the Memorial Day holiday. We hope you have a great weekend!

June 3, 2016

Local Education Agency Insurance Plan Document Change (LE)

At its May 25 meeting, the Insurance Committee approved a change to the plan document that would **PERMIT** local education agencies to deny health insurance coverage to the spouses of agency employees if the spouse is employed and eligible for group health insurance through their own employer.

Note: This change does not mandate anything. Some participating agencies in the state-sponsored plans have requested that the Local Education Plan permit (not require) this practice.

Attached is a memo that outlines this change. We are emailing this memo directly to school directors if we have their email information on file, but please share this memo with your superintendents and fiscal officers.

Local Government Agency Insurance Plan Document Change (LG)

At its May 25 meeting, the Insurance Committee approved a change to the plan document that would **PERMIT** local government agencies to deny health insurance coverage to the spouses of agency employees if the spouse is employed and eligible for group health insurance through their own employer.

Note: This change does not mandate anything. Some participating agencies in the state-sponsored plans have requested that the Local Government Plan permit (not require) this practice.

Attached is a memo that outlines this change. We are emailing this memo directly to agency heads if we have their email information on file, but please share this memo with your leadership and fiscal officers.

Reminder - June ABC Conference Calls

The June ABC conference calls will take place **the third week of June**. Calls will be at the regularly scheduled day of the week and time:

Local Education – Tuesday, June 14 at 9:00 a.m. Central
Central State – Tuesday, June 14 at 10:30 a.m. Central
Local Government – Tuesday, June 14 at 1:00 p.m. Central
Higher Education – Wednesday, June 15 at 9:00 a.m. Central

Attachments: LEA Memo – Spouse Coverage
LGA Memo – Spouse Coverage



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION
312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone (615) 741-4517 or (866) 576-0029
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

MEMORANDUM

TO: Local Education Directors, Fiscal Officers

FROM: Laurie Lee

DATE: June 3, 2016

RE: Local Education Agency Insurance Plan Document Change

I want to let you know about an important decision made by the Local Education Insurance Committee.

At its May 25th meeting, the Committee approved a change to the plan document that would **PERMIT local education agencies to deny health insurance coverage to the spouses of local education employees if the spouse is employed and eligible for group health insurance through their own employer.**

This change does not mandate anything. It simply allows a LEA to implement this practice if they so choose using the agency's process to approve such changes.

Background

Many private employers have implemented spouse surcharges or eliminated eligibility for spouses with access to other group health insurance coverage through their own employer. Some participating agencies in the state-sponsored plans have requested that the Local Education Plan permit (not require) this practice. State law provides that the Local Education Insurance Committee is authorized to determine eligibility provisions and rules relating to the group insurance plans. Based on requests from agencies, Benefits Administration staff asked the Local Education Insurance Committee to delegate limited authority to participating local education agencies to deny coverage to the spouses of local education and local government employees who are eligible for group health insurance through the spouses' employers. This change was approved at the May 25, 2016, meeting.

For this reason, the following change in the local education plan document became effective June 1, 2016:

1.11 "Dependents"

Dependents shall mean:

(A) A legally married spouse; **individual agencies may deny eligibility to the spouses of employees who are eligible for group health insurance through the spouses' employers.**

Action Required by Your Agency

Whether or not your agency wants to implement this change is entirely up to your governing body. You do not have to seek permission from the State. The only actions that will be required are to:

- notify your employees in a timely manner prior to Annual Enrollment
- note this information if requested by Benefits Administration

Please share this information with anyone at your agency who needs it. If you have questions or comments, please email them to: Benefits.info@tn.gov

Implementation of this practice is solely at the discretion of the agency. Here are some considerations. Other very general questions and answers about this type of program may be found on the Agency Benefits Coordinator page on the Benefits Administration website later this month:

1. Can other dependents (children) stay on the State Group Health Insurance Plan?
Yes, this policy change does not affect dependent children.
2. Does a spouse have to prove that he or she does not have other coverage? If so, how?
That determination is up to the agency, should the LEA decide to implement this eligibility change.



STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
BENEFITS ADMINISTRATION

312 Rosa L. Parks Avenue
Suite 1900 William R. Snodgrass Tennessee Tower
Nashville, Tennessee 37243
Phone (615) 741-4517 or (866) 576-0029
FAX (615) 253-8556

Larry B. Martin
COMMISSIONER

Laurie Lee
EXECUTIVE DIRECTOR

M E M O R A N D U M

TO: Local Government Directors, Agency Benefits Coordinators

FROM: Laurie Lee

DATE: June 3, 2016

RE: Local Government Agency Insurance Plan Document Change

I want to let you know about an important decision made by the Local Government Insurance Committee.

At its May 25th meeting, the Committee approved a change to the plan document that would **PERMIT local government plan agencies to deny health insurance coverage to the spouses of local government agency plan employees if the spouse is employed and eligible for group health insurance through their own employer.**

This change does not mandate anything. It simply allows a local government agency to implement this practice if they so choose using the agency's process to approve such changes.

Background

Many private employers have implemented spouse surcharges or eliminated eligibility for spouses with access to other group health insurance coverage through their own employer. Some participating agencies in the state-sponsored plans have requested that the Local Government Plan permit (not require) this practice. State law provides that the Local Government Insurance Committee is authorized to determine eligibility provisions and rules relating to the group insurance plans. Based on requests from agencies, Benefits Administration staff asked the Local Government Insurance Committee to delegate limited authority to participating local government agencies to deny coverage to the spouses of local education and local government employees who are eligible for group health insurance through the spouses' employers. This change was approved at the May 25, 2016, meeting.

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Action Required by Your Agency

Whether or not your agency wants to implement this change is entirely up to your governing body. You do not have to seek permission from the State. The only actions that will be required are to:

- notify your employees in a timely manner prior to Annual Enrollment
- note this information if requested by Benefits Administration

Please share this information with anyone at your agency who needs it. If you have questions or comments, please email them to: Benefits.info@tn.gov.

Implementation of this practice is solely at the discretion of the agency. Here are some considerations. Other very general questions and answers about this type of program may be found on the Agency Benefits Coordinator page on the Benefits Administration website later this month:

1. Can other dependents (children) stay on the State Group Health Insurance Plan?
Yes, this policy change does not affect dependent children.
2. Does a spouse have to prove that he or she does not have other coverage? If so, how?
That determination is up to the agency, should the LEA decide to implement this eligibility change.

June 11, 2016

ABC Conference Calls

Don't forget, ABC conference calls are next week! The agenda is **attached** and it includes the webinar link.

Local Education – Tuesday, June 14 at 9:00 a.m. Central
Central State – Tuesday, June 14 at 10:30 a.m. Central
Local Government – Tuesday, June 14 at 1:00 p.m. Central
Higher Education – Wednesday, June 15 at 9:00 a.m. Central

Emails From HHS

The U.S. Department of Health and Human Services (HHS) has begun sending e-mails to some employer-sponsored health plans as part of its audit program under the Health Insurance Portability and Accountability Act (HIPAA). ***You or someone in your department may receive one of these emails and you are required to respond.*** For your reference, **a sample of this HIPAA e-mail is attached.**

Discounts, Discounts And More Discounts

EyeMed members will have, as of July 1, access to a hearing care discount from Amplifon Hearing Health Care. Members receive a 40% discount off of hearing exams and a low price guarantee on set, discounted pricing of hearing aids. The Hearing Care Discount *is offered to enrolled EyeMed members* at no additional cost. Please note that the hearing care discount is not insurance. **Attached** is a flier about this new program.

While these are not new discount programs for hearing care, as a reminder:

- BlueCross Perks offers hearing aids administered by Epic
- Cigna's Healthy Rewards offers Hearing Exams and Aids Through Amplifon
- The State of Tennessee Employee Discount Program offers the EarQ Family Hearing Plan

Attached is flier that has information about the major discount programs offered by the state and our vendor partners with links to specific information about each. You will find discounts on everything from computers to car rentals and city attractions. There are some great deals here so please be sure to share this information with your employees.

Attachments: Sample Email from HIPAA
Discount Programs Flier
EyeMed Hearing Discount Flier



State of Tennessee Wellness Discounts

State of Tennessee Employee Discount Program (State only)

This program offers state employees discounts on products and services from various vendors in order to express appreciation for the valued service state employees provide Tennessee citizens.

The link to this resource is <https://teamtn.gov/main/article/employee-discounts>.

ParTNers for Health Employee Assistance Program (EAP)

ParTNers EAP offers the LifeMart discount center. You can find discounts on a multitude of items, including fitness centers, nutrition and other wellness resources.

Visit www.Here4TN.com, click on the Enter Here button, and then click on the LifeMart link in the Quick links button in the lower left corner or call 1.855.HERE4TN (1.855.437.3486).

ParTNers for Health Wellness Program Fitness Discount

This is open to all licensed centers (for-profit) and all non-profit centers in the state. Centers that choose to participate set their own discount levels, including a reduced monthly membership fee and/or a reduced initiation fee.

A list is on the [ParTNers for Health website](#), under the Wellness Program tab. Click on [fitness center discounts](#).

BluePerks Discount Program*

The **BluePerks Discount Program** is available to State Group Health Insurance Plan members whose insurance carrier is BlueCross BlueShield.

Members have access to more than 8,000 fitness locations across the U.S. at a discounted rate. BluePerks offers savings of up to 50% on a range of health-related products and services. These include gym memberships (FitnessBlue), LASIK eye surgery, massage therapy, hearing aids, regional attractions and more.

- Each State Group Insurance health plan member over the age of 18 is eligible for the **FitnessBlue** discount. Each member pays a \$29 enrollment fee and \$29 monthly membership fee.
- Sign up by logging into BlueAccess, click on Health & Wellness for the [BluePerks link](#). Or call Member Services at 1-800-558-6213 for more details.

*Members must pay the whole cost of all services they get through the BluePerks program. The terms and conditions of the Member's health plan do not apply to these services.

CIGNA's Healthy Rewards®*

Cigna's **Healthy Rewards® Program** is available to State Group Health Insurance Plan members whose insurance carrier is Cigna.

Healthy Rewards –includes discounts on nutrition services, fitness clubs and equipment, vision and hearing care, as well as discounts on alternative care like acupuncture, massage and chiropractic care.

- Gym memberships: Members can save 60% with this nationwide program.
- Sign-up for Health Rewards by logging in to www.mycigna.com or by calling 1-800-870-3470.

*Healthy Rewards is a discount program. Some Healthy Rewards programs are not available in all states and programs may be discontinued at any time. If your Cigna plan includes coverage for any of these services, this program is an addition to, not instead of your plan benefits. Healthy Rewards programs are separate from your plan benefits. A discount program is NOT insurance and you must pay the entire discounted charge. All goods, services and discounts offered through Healthy Rewards are provided by third-party providers and not by Cigna. Cigna assumes no responsibility for any circumstance arising out of the use, misuse or application of any of the goods, services, discounts or information made available through such third-party providers.



So you can hear all the sweet sounds of life

1 in 9 Americans has hearing loss.² But did you know there's also a connection between hearing and vision loss?¹ In fact, mature adults and diabetics are more likely to experience both.³

life's sights – and sounds – to the fullest. That's why EyeMed members have access to affordable hearing care discounts through Amplifon, the world's largest distributor of hearing aids and services.

EyeMed's top priority is your total health and wellness. We want you to enjoy all



Hearing and vision loss can go hand in hand.¹



95% of hearing loss can be treated with hearing aids.²



Call 1-844-526-5432 to find a hearing care provider near you and schedule a hearing exam today.

Your hearing discount through Amplifon includes:

40% OFF

40% off hearing exams at thousands of convenient locations nationwide



Discounted, set pricing on thousands of hearing aids, including those with the newest, most advanced technology



Low price guarantee – if you find the same product at a lower price elsewhere, Amplifon will beat it by 5%



60-day hearing aid trial period with no restocking fees



Free batteries for 2 years with initial purchase



3-year warranty plus loss and damage coverage



HEARING HEALTH CARE

¹ Association Between Vision and Hearing Impairments and Their Combined Effects on Quality of Life, October 1, 2006, Vol 124, No. 10, <http://archophth.jamanetwork.com/article.aspx?articleid=418658>

² AmplifonUSA.com/hearing-loss-information

³ Health Day, U.S. News: <http://health.usnews.com/health-news/news/articles/2012/11/16/hearing-loss-tied-to-diabetes-in-study>



DEPARTMENT OF HEALTH AND HUMAN SERVICES OFFICE OF THE SECRETARY

Voice – (202) 619-0403 TDD – (202) 619-2357 FAX – (202) 619-3818
<http://www.hhs.gov/ocr>

Director
Office for Civil Rights
200 Independence Ave., SW; RM 509F
Washington, DC 20201

DATE

Contact Person's Name
CE/BA Name
Address
City, State ZIP

Dear Contact:

This is an automated communication from the Office for Civil Rights (OCR).

According to our records, you are the primary contact OCR should use to reach Entity Name regarding its potential inclusion in the HIPAA Privacy, Security, and Breach Notification Rules Audit Program. We are attempting to verify this email address.

Please respond within fourteen (14) days as instructed below to either confirm your identity and email address or instead provide updated primary and secondary contact information.

If you ARE the primary contact for this organization, please select the following link [YES](#). Once the link is selected, a browser window will open and your response will be recorded.

If you ARE NOT the primary contact for this organization, please select the following link [NO](#). Once the link is selected, a browser window will open and your response will be recorded.

Thank you for your cooperation. If we do not receive a response from you we will use this email address for future communications with this entity. Failure to respond will not shield your organization from selection.

If you have questions or comments regarding this message, you may contact us at OSOCRAudit@hhs.gov.

Sincerely,

Jocelyn Samuels
Director
Office for Civil Rights
OFFICE OF THE SECRETARY
Department of Health and Human Services
<http://www.hhs.gov/ocr>

June 17, 2016

ABC Conference Call Notes

The combined notes from the June 14 and 15 ABC conference calls are **attached**. We have also **attached** a list of the upcoming ABC trainings and workshops for your reference.

HIPAA Training Reminder

HIPAA training is available. For those ABCs who have not completed the training, we have **attached** instructions on how to log in to take the class. **HIPAA Privacy and Security training is a requirement. Every ABC is responsible for completing the HIPAA training that is available in Edison**, and you are required to take the class annually.

The training is a webinar that takes approximately 35-45 minutes with a 10-question quiz at the end. A score of 80 percent is required to complete the course. You can retake the quiz. Please enroll in the class and take it as soon as possible making sure that you complete the entire webinar. Be sure to select the training for 2016. Narration is available.

Once completed, Edison will let you know that the training has been completed and if you have passed the quiz. Certificates **will not** be emailed to you after you have completed the course. If you need a paper copy for your records, go to ELM > ESS > My Learning, HIPAA Annual Training and print the page showing the class has been completed.

Federal & State Agency Notices & Calls – Marketplace Exchanges (State)

As mentioned during the ABC call this week, we have **attached** a memo detailing the correspondence you could receive from federal or state agencies regarding health insurance Marketplace (or exchange), appeals and State group health coverage. We have also **attached** a sample of the type of letter you could receive from HHS.

If you receive an email, letter, phone call or other notice, forward the correspondence or messages as soon as possible to benefits.info@tn.gov

Federal & State Agency Notices & Calls – Marketplace Exchanges (LE, LG and HE)

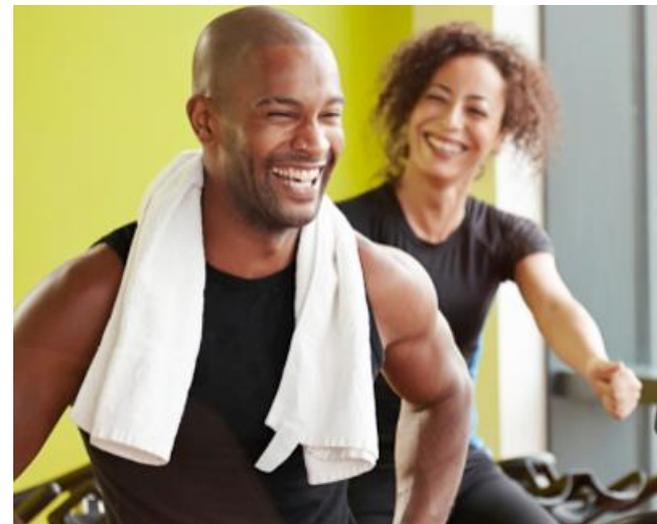
As mentioned during the ABC call this week, we have **attached** a sample of the type of letter you could receive from HHS.

Attachments: Marketplace Subsidy Letter State
Sample Marketplace Letter
BCBS ID Protection
BCBS Fitness Blue Flier
ELM Instructions
June July Training

WELCOME TO FITNESSBLUE

Fitness That Fits Your Budget

Consider joining a gym? Learn about our discount Fitness program for members. **You can try out a new fitness center at an affordable price with no long-term contracts.**



The program's benefits include:

No long-term contracts- Just a three-month commitment

Low monthly payments- Only \$29 per month

A nationwide network- More than 9,000 gyms and fitness centers nationwide

No waiting- You can start working out the day you join

No enrollment fee- If you enroll by telephone before June 30, 2016, we'll waive your \$29 enrollment fee

FITNESSBLUE

JUNE PROMOTION

During June, we'll waive your enrollment fee when you sign up by phone for FitnessBlue, BlueCross BlueShield of Tennessee's flexible fitness program.



Join FitnessBlue Today

Becoming a FitnessBlue member is as easy as picking up your phone.

- 1 Visit **bcbst.com** and click on Health & Wellness/Getting Fit/Fitness That Fits Your Budget tabs to enroll and find participating gyms near you.
- 2 Call **1-855-515-1332** to enroll in FitnessBlue.
- 3 Give the customer service representative this coupon code: **FitBlue2016**. **Be sure to have your BlueCross Member ID card handy when you call.****

IDENTITY PROTECTION SERVICES FOR BCBST MEMBERS

In addition to protecting your health, we want to help you protect your personal information. That's why BlueCross has partnered with Experian, one of the world's leading financial services companies, to provide the following identity protection services as a part of our medical plans at **no additional cost** to you:

+ ProtectMyID

- + For adults 18+, one person per policy
- + Credit Monitoring
- + Identity Theft Insurance
- + Fraud Resolution Services

+ FamilySecure

- + Once single policy for every child under 18 in the household
- + Credit Monitoring, Insurance, and Resolution Services

Beginning on or after 7/1/16, eligible members must opt-in to receive services.

- + Members will receive a post card at their home in July

To enroll:

- + Log in to your BlueAccess™ account at **bcbst.com**.
- + Look for the Tools & Information section on your Homepage
- + Click on the ID Protection link.

You'll be taken to a secure site to enroll in the services. You may also enroll by calling Experian at 1-866-926-9803. Reference engagement # **PC101139** for ProtectMyID or engagement # **PC101140** for FamilySecure.

 Please visit **bcbst.com/IDProtection** for additional details.

Instruction for Non-State ABCs to Enroll in the ABC Webinar Training

1. To log into Edison, copy and paste the following link into your Internet browser.
https://sso.edison.tn.gov/oaam_server/oaamLoginPage.jsp
2. Enter your user name (el\$ba...) into the USER ID: field and the password into the Password: field. Click Sign In
3. Now that you are logged in, follow the navigation to the My Learning Page:
Click on **Main Menu** (upper left) > Click on **ELM** > **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
4. *Locate the appropriate Activity Code –*
BA_ABC_HIPAA_Higher Education
BA_ABC_HIPAA_Local Education
BA_ABC_HIPAA_Local Govt
5. *Click Enroll*
6. *Click Submit Enrollment.*

Once you have enrolled, you will see the following message under your name at the top of the page.

You have successfully enrolled in HIPAA Training Webinar/Workshop.

To begin the webinar click on the **Launch button**.

If you have issues logging into the training:

Be sure to use the Chrome browser or Internet Explorer 11. You may need to allow pop-ups and clear out the cache.

You can also try “Search Catalog” rather than “Browse Catalog” to find the training. You would enter HIPAA to search for a list of trainings and select the training for 2016.

If you still are not able to find the HIPAA training or you cannot gain access, please call the BA service center at 800.253.9981.

Instructions for ABCs to Enroll in ABC Web Training

1. Login in To Edison.
Click on **Main Menu** (upper left) > Click on **ELM** > **Employee Self Service** > Click on **Learning** > Click on **Browse Catalog** > Click on **Workplace Compliance** > Click on **HIPAA Annual Training**
2. Locate the appropriate Activity Code –
BA_HIPAA_2016
3. Click Enroll
4. Click Submit Enrollment.

Once you have enrolled, you will see the following message under your name at the top of the page.

You have successfully enrolled in HIPAA Training Webinar/Workshop.

To begin the webinar click on the **Launch button**.

If you have issues logging into the training:

Be sure to use the Chrome browser or Internet Explorer 11. You may need to allow pop-ups and clear out the cache.

You can also try “Search Catalog” rather than “Browse Catalog” to find the training. You would enter HIPAA to search for a list of trainings and select the training for 2016.

If you still are not able to find the HIPAA training or you cannot gain access, please call the BA service center at 800.253.9981.

Upcoming ABC Trainings and Workshops

All times are Central time

6/20	9 a.m. -10 a.m.; 1 p.m. – 2 p.m.	ABC Workshop	Zendesk
6/27	1 p.m. – 2 p.m.	ABC Workshop	Zendesk
6/28	9 a.m. – 11 a.m.	New ABC – LE	Session 1
6/28	1 p.m. – 3 p.m.	New ABC – HE/ST	Session 1
6/29	9 a.m. – 11 a.m.	New ABC – LG	Session 1
6/29	1 p.m. – 3 p.m.	New ABC – ALL	Session 2

July

7/7	9 a.m. – 10 a.m.; 1 p.m. – 2 p.m.	ABC Workshop	Forms Automation
7/12	9 a.m. – 10 a.m.	ABC Workshop	Forms Automation
7/14	9 a.m. – 10 a.m.	ABC Workshop	Forms Automation
7/14	1 p.m. – 2 p.m.	ABC Workshop	Password reset/Alternate Browsers
7/21	9 a.m. – 10 a.m.; 1 p.m. – 2 p.m.	ABC Workshop	Forms Automation
7/21	9 a.m. – 11 a.m.	New ABC – LE	Session 1
7/21	1 p.m. – 3 pm.	New ABC – HE/ST	Session 1
7/22	9 a.m. – 11 p.m.	New ABC – LG	Session 1
7/22	1 p.m. – 3 p.m.	New ABC – ALL	Session 2

ABC Workshops

To login directly to an ABC workshop on the date/time listed above, click on the link below and follow the directions. You would then call the call-in number listed below.

<http://stateoftennessee.adobeconnect.com/abcworkshops/>

Call-in number 866-741-6464



State of Tennessee Group Insurance Program

Department of Finance and Administration • Benefits Administration
Suite 1900 WRS Tennessee Tower • 312 Rosa L. Parks Avenue • Nashville, TN 37243
Phone: 800.253.9981 • www.tn.gov/finance

DATE: June 14, 2016

TO: State of Tennessee Agency Benefits Coordinators

FROM: Benefits Administration Operations

Re: Federal & State Agency Notices & Calls – Marketplace Exchanges

Please forward **ANY correspondence or information** you receive on phone calls from state or federal agencies regarding health insurance Marketplace (or Exchange) appeals and State group health coverage to benefits.info@tn.gov. This includes **all e-mails, letters, phone calls, and other notices** from:

- Any State or Federal Marketplace or Exchange
- Centers for Medicare and Medicaid Services (CMS)
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Labor (DOL)
- U.S. Department of the Treasury
- Internal Revenue Service (IRS)

Why are these notices and calls important?

The Patient Protection and Affordable Care Act requires State and Federally-Facilitated Marketplaces/Exchanges to notify employers when an employee receives premium tax credits that subsidize Exchange health coverage. If a State employee receives these subsidies, the State of Tennessee may be liable for payments to the IRS.

So, **Benefits Administration needs to keep track of any notices you receive so we can verify liability, if there is any, for these payments and appeal within 90 days, if necessary**. A **sample of this type of notice is attached** for your reference. But if a notice doesn't look like this, send it anyway. They could all look different.

In addition, the Centers for Medicare and Medicaid Services (CMS) is conducting a study to verify, by telephone, certain information about employer-sponsored health coverage. If your department or agency receives one of these calls, it is important for Benefits Administration to respond with the appropriate information.

Next steps?

- Check your e-mail and spam filter regularly for any e-mails from the above agencies.
- Check your U.S. mail regularly for any correspondence from the above agencies.
- Check your voicemail regularly for any calls from the above agencies.
- If you receive any e-mail, calls, letters or other notices from the above agencies, forward the correspondence or messages as soon as possible to benefits.info@tn.gov.

Questions?

If you have any questions, please contact us at benefits.info@tn.gov

June 24, 2016

BlueCross BlueShield of Tennessee (BCBS) ID Protection Services

As mentioned during ABC conference calls, BCBS will make ID Protection services available to all eligible BCBS members on July 1, 2016, at no charge to the plan or to the members. Members must opt-in to receive the services. BCBS will be mailing a postcard to members after July 1, as well as adding information online in BlueAccess. **Attached** is a sample postcard that BCBS will be sending to BCBS members.

Zendesk Training Reminder

There is one more Zendesk Training Webinar scheduled. You do not have to sign up to attend this webinar.

- Monday, June 27, 1 p.m. to 2 p.m. Central

Follow the instructions below to sign into the webinar.

The conference call-in number: 1-866-741-6464

Instructions for signing in:

1. To attend the web meeting hold down the Ctrl key and click the following link or copy it into your web browser.
<http://stateoftennessee.adobeconnect.com/abcworkshops/>
2. Then, select the "Enter as a Guest" radio button and enter your first and last name.
3. Using your desk or conference room telephone, call the conference call-in number to communicate during the workshop.

HIPAA Training Webinars

We sent an email about HIPAA webinars earlier this week. If you are having issues enrolling in HIPAA training online in Edison, you can attend a webinar.

If you can access ELM in Edison, please complete the training online.

If you have more than one person viewing the webinar, please send an email to the HIPAA Privacy Officer with a list of the individuals who have participated and the name of your organization. This is the best way to keep track and make sure that everyone who participates gets credit. Chanda's email address is chanda.rainey@tn.gov. Here are the webinar dates and times:

June 30 at 1:00 p.m. Central
July 19 at 10:00 a.m. Central
July 21 at 10:00 a.m. Central

The conference call-in number: 1-866-741-6464

Below is the link for your session.
Please follow the instructions below to sign into the webinar.

Instructions for signing in:

1. To attend the web meeting hold down the Ctrl key and click the following link or copy it into your web browser.
http://stateoftennessee.adobeconnect.com/hipaa_2016/
2. Then, select the "Enter as a Guest" radio button and enter your first and last name.

3. Click Enter Room.
4. Using your desk or conference room telephone, call the conference call-in number to communicate during the meeting.

July Preferred Drug List (PDL) Updates

Attached is a copy of the July 2016 preferred drug list (PDL), which will also be updated on our websites. Notification letters were mailed by Caremark to 37 members impacted by the single-source brand changes. Starting July 1, 2016, the medications that are being removed from the PDL will cost plan members the highest copayment or coinsurance.

As a reminder, as of January 1 of this year, we no longer provide a grace period of 60-90 days for member to move to a generic or preferred drug once their current drug regimen moves to non-preferred status. Members are alerted by a letter from Caremark of the date their drug will move to the non-preferred status. It is up to the member to work with his or her physician to obtain a prescription for a generic or preferred brand drug, otherwise the member's cost share increases. Below are the major changes to the list from last quarter.

Drugs being added to the PDL on July 1, 2016 include:

Drug	Use	Options/Comments
Combipatch	menopause	To provide an additional transdermal therapy option for the treatment of menopause symptoms
Fycompa	epilepsy	To provide an additional oral therapy option for the treatment of partial-onset seizures in pts with epilepsy
Hysingla ER	severe round-the-clock pain	To provide an additional extended-release oral therapy option for pain management
Narcan	emergency treatment for opioid overdose	To provide an additional, easily administered therapy option for the emergency treatment of opioid overdose
Oxtellar XR	seizures	To provide an additional extended-release oral therapy option for the treatment of seizures in children & adults
Qudexy XR	partial onset seizures	To provide an additional extended-release oral therapy option for the treatment of certain seizures
Trokendi XR	certain types of seizures	To provide an additional extended-release oral therapy option for the treatment of certain seizures
Varubi	vomiting associated with cancers	To provide an additional oral therapy option for the treatment of nausea and vomiting associated with cancer
Viberzi	Irritable bowel syndrome (IBS)	To provide an additional oral therapy option for the treatment of IBS with diarrhea
dutasteride capsules	BPH in men with an enlarged prostate	"A"-rated generic dutasteride will replace the branded agent Avodart on the PDL
glatiramer injection	Multiple Sclerosis	"A"-rated generic glatiramer injection will replace the branded agent Copaxone 20 MG on the State of Tennessee Advanced Control Specialty Formulary
imatinib mesylate tablets	Chronic myeloid leukemia	To provide a generic oral therapy option for the treatment of CML. "A"-rated generic imatinib mesylate tablets will replace the branded agent Gleevec tablets on the State of Tennessee Advanced Control Specialty Formulary
memantine tables & oral	Alzheimer's disease	To provide generic oral therapy options for the treatment of dementia of the Alzheimer's type. "A"-rated generic memantine tablets and oral solution will

solution		replace the brand drug Namenda on the State of TN PDL
olopatadine ophthalmic solution	Allergic conjunctivitis	"A"-rated generic olopatadine ophthalmic solution will replace the brand name drug Patanol on the State of TN PDL
rivastigmine transdermal patch	Alzheimer's and Parkinson's disease	"A"-rated generic rivastigmine transdermal patch will replace the brand name drug Exelon patch on the St of TN PDL

Drugs being deleted from the PDL on July 1, 2016 include:

<u>Drug</u>	<u>Use</u>	<u>Options/Comments</u>
Amturnide	hypertension	Amturnide tablets are no longer manufactured. A preferred option is Tekturna (aliskiren) tablets
Avodart	BPH in men with enlarged prostate	A generic is now available (dutasteride capsules)
Copaxone 20 mg injection	Multiple Sclerosis	A generic of Copaxone 20 mg injection is now available (glatiremetir) 40 mg
Exelon patch	Alzheimer's & Parkinson's	A generic is now available (rivastigmine transdermal patch)
Evzio	Emergency treatment of opioid O.D.	A preferred brand option on the PDL is Narcan (naloxone) nasal spray
Gleevec	Chronic myeloid leukemia	Gleevec tablets will be replaced on the Advanced Control Specialty Formulary by the "A"-rated generic imatinibmesylate tablets
Namenda	Alzheimer's	Namenda tablets & solution will be replaced on the Advanced Control Specialty Formulary by the "A"-rated generic memantine tablets and oral solution.
Patanol	Allergic conjunctivitis	Patanol will be replaced on the PDL with the "A" rated generic olopatadine ophthalmic solution
Suclear	Bowel prep for colonoscopy	Suclear bowel prep kit is no longer manufactured. Preferred options include lactulose solution, MoviPrep solution, and Suprep.
Tekamlo	Hypertension	Tekamlo tablets are no longer manufactured. A preferred option on the PDL is Tekturna (aliskiren) tablets.

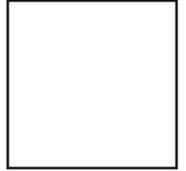
Attachments: ID Protection Postcard
July 2016 PDL



of Tennessee

1 Cameron Hill Circle
Chattanooga, TN 37402-0001

bcbst.com



BlueCross BlueShield of Tennessee can help you look after more than just your family's health.

<Name>
<Address 1>
<Address 2>
<City>, <State> <Zip>

Identity Protection Services Now Free for BlueCross BlueShield of Tennessee Members



In addition to protecting your health, we want to help you protect your personal information. That's why BlueCross has partnered with Experian, one of the world's leading financial services companies, to provide the following identity protection services as part of our medical plans at no additional cost to you:

- + ProtectMyID provides credit monitoring, fraud protection and fraud resolution support to adults with eligible BlueCross medical coverage. Each covered member age 18 or older will need to enroll separately.
- + FamilySecure provides credit monitoring for all covered children under age 18 in the household.

To enroll:

- + Log in to your BlueAccessSM account at **bcbst.com**.
- + Look for the Tools & Information section on your Homepage
- + Click on the ID Protection link.

You'll be taken to a secure site to enroll in the services. You may also enroll by calling Experian at 1-866-926-9803. Reference engagement # **PC101139** for ProtectMyID or engagement # **PC101140** for FamilySecure.



Please visit **bcbst.com/IDProtection** for additional details.

BlueCross does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation, or health status in the administration of the plan, including enrollment and benefit determinations. BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

BlueCross BlueShield of Tennessee is a Qualified Health Plan issuer in the Health Insurance Marketplace.

For TDD/TTY help call 1-800-848-0299.

Spanish: Para obtener ayuda en español, llame al 1-800-565-9140

Tagalog: Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-565-9140

Chinese: 如果需要中文的帮助, 请拨打这个号码 1-800-565-9140

Navajo: Dinek'ehgo shika at'ohwol ninisingo, kwijijigo holne' 1-800-565-9140

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ID Protection Postcard