

Changes Under Consideration for the 2006 Guidelines, Addendum, and State and Local Contracts

Section and Page Number			Description	Reason for Change
Guidelines	State Contract	Local Contract		
II., D., 8 Page 1-8			Clarify that a participant who is confined at the time of a plan transfer, due to Dual Choice, becomes the responsibility of the succeeding plan; unless the participant is confined in a non-network facility for the succeeding plan. In such cases the liability remains with the previous plan (the plan which the participant was covered under at the beginning of the confinement).	To conform with state and federal regulations.
II., G., 3., I. Page 1-16			Require plans to track the 8-digit Department assigned unique member ID number.	To provide additional privacy protection as the Department moves towards electronic enrollment.
II., H. Page 1-17			The Department's actuary has the right to audit addendum data submitted by the plans.	To ensure that the Board's actuary has full confidence in plan data during bid negotiations.
II., I., 5., 6. Page 1-18			Clarify information for submission of proposals: <ol style="list-style-type: none"> 1. Delete reference to IPA model HMO's for written guidelines that physicians must follow to comply with utilization review programs. 2. Specify that plans must allow a participant to change a PCP/PCC immediately or must have a process in place to facilitate access to alternate provider who will accommodate a participant's request for covered treatment. 3. Include statement of agreement to abide by all terms and conditions set forth in the "Terms and Conditions for Comprehensive Medical Plan, Uniform Benefits and Contract" document. 	Clarify due to a member complaint.

Section and Page Number			Description	Reason for Change
Guidelines	State Contract	Local Contract		
	Article 1.6 Page 3-5	Same Page 3-35	Clarify definition of dependent to state that a student dependent must be attending an “accredited” institution and that post-graduation student commitments do not qualify a dependent for student status.	Clarify that a student dependent’s eligibility is determined by the date the semester or coursework ends.
	Article 2.3 (4) Page 3-8	Same Page 3-38	The plan is responsible for responding to and resolving all Medicare data-match inquiries.	Clarify existing practice that it is the plan’s responsibility to respond to Medicare on behalf of employers.
	Article 2.4 (3) Page 3-8	Same Page 3-38	Strengthen language that requires plans to collect Coordination of Benefits (COB) information from subscribers on an annual basis and report to the Department.	To ensure that the correct insurer is paying claims appropriately.
	Article 2.4 (4) Page 3-8	Same Page 3-38	Require plans to include data from ETF participants in their HEDIS prescription drug measures.	To ensure providing this data to our members is in the It’s Your Choice booklet.
	Article 2.9 (1) Page 3-10	Same Page 3-40	Clarify that COBRA health insurance applications must be postmarked within 60 days of the date of notification by employer of right to continue health insurance.	To conform with state and federal COBRA regulations.
	Article 2.9 (2) Page 3-10	Same Page 3-40	Require health plans to send a notification to participants at least 60 days prior to their COBRA coverage ending.	To allow a participant whose insurance is ending ample time to explore their options, including conversion policies.
		Article 3.1 (1) Page 3-43	Clarify that the surcharge assessed by the Board’s actuary is final and cannot be appealed.	In response to an employer inquiry.
		Article 3.1 (1) Page 3-43	Allow a special 30-day enrollment opportunity for employees that have previously declined coverage due to a financial incentive by the employer.	To accommodate any employee that may be affected by the ceasing of the opt-out provision.
		Article 3.1 (4) Page 3-44	Clarify that an employer cannot have a bargaining unit drop from the State Group Health Insurance Program and carry health insurance coverage elsewhere.	Clarification of existing practice.

Section and Page Number			Description	Reason for Change
Guidelines	State Contract	Local Contract		
		Article 3.1 (6) Page 3-44	Employers electing the deductible option for coverage cannot pay the deductibles on behalf of employees unless it is under a Section 125 Employee Reimbursement Account.	Clarify to align with pricing of alternative high deductible plans offered to local governments.
	Article 3.3 (4) (a) Page 3-13	Same Page 3-46	Allow an employee who was enrolled for coverage at the time of being called active duty to re-enroll for coverage if employment is resumed within 180 days of release from active military service.	Align with coverage offered through the federal government for released military personnel.