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**AMERICAN RECOVERY AND REINVESTMENT ACT (ARRA) 2009  
- AFFECTS ON YOUR GROUP HEALTH COVERAGE**



On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act (the "Act"), which includes several important changes to COBRA. You can find the entire bill signed by the President at [http://www.whitehouse.gov/the\\_press\\_office/ARRA\\_public\\_review/](http://www.whitehouse.gov/the_press_office/ARRA_public_review/). If you use Google, please select ARRA: Public View.

There are also several documents distributed by the Department of Labor and the IRS, which every employer should review thoroughly. Cox HealthPlans provided the full versions of these documents in a mass mailing on March 4, 2009. If you did not receive the mailing please contact Cox HealthPlans.

We have listed a few areas for your review below.

- Start date is 03/01/2009- applies to both COBRA and state laws
- Employees must have an involuntarily termination between 09/01/2008-12/31/2009 to qualify as an "Assistance Eligible Individual" (AEI)
- Employees will pay 35%
- The employer will pay 65% - the federal government will reimburse employer 65% by allowing the employer to take credit against the employer's liability to deposit payroll taxes and federal income taxes withheld from employee compensation.
- For COBRA AEIs - a special second election period of 60 days must be offered to employees and depen-

dent that had an involuntarily termination since 09/01/2008

- Coverage would begin 03/01/2009 and would not be retroactive back to the date of termination and the 63 days break in coverage would not apply
- An employer may allow AEI's to elect a different coverage option (they are allowed an election period of not less than 90 days) as long as the premium is less than their current COBRA coverage.

The subsidy ceases to apply (and a plan administrator may again charge the full COBRA premium) as of the earliest of:

- Nine months after the first day of the first month to which the subsidy applies
- The maximum COBRA coverage period required by law
- The date the AEI becomes eligible for coverage (not actually covered) under another group medical health plan or Medicare coverage
- An AEI who elects COBRA during the special enrollment period, the end of the maximum COBRA coverage period that would have applied if the AEI had elected coverage when they were first entitled to do so.

The Department of Labor and Division of Insurance continue to review the new regulations - additional information may be available on issues such as State Continuation in the near future on their website.

**HOUSE BILL 818 - EFFECTS ON CARVE OUTS**

Missouri House Bill 818 requires that all small employers (50 or fewer employees) offering health coverage to their employees must offer this coverage to anyone who is considered an eligible employee. An eligible employee in the State of Missouri is defined as any employee who has a regular work week of 30 or more hours.

Based on this requirement, Cox HealthPlans will no longer be able to provide Carve Out policies for small employers (groups under 51 employees). Carve Outs plans are plans

in which only select classes of employees, such as management only, are eligible for coverage; other employees working 30 hours a week or more not in the defined employee class would be ineligible.

A company with 51 or more employees seeking to provide coverage to a class of employees (management only, for example) must provide Job Title information for all eligible employees as well as Job Descriptions for those job titles.



**HELPFUL  
INFORMATION:**

**GROUP CLIENT SERVICE**

(417) 269-2825

(800) 664-1244

FAX: (417) 269-4667

**MEMBER SERVICE**

(417) 269-2900

(800) 205-7665

FAX: (417) 269-2949

**ENROLLMENT**

FAX: (417) 269-2801

**HELPFUL  
WEB LINKS:**

**COX HEALTHPLANS:**  
COXHEALTHPLANS.COM

**COX HEALTH:**  
COXHEALTH.COM

**PRIVATE HEALTH CARE  
SYSTEMS (PHCS):**  
PHCS.COM

**CATALYST RX:**  
CATALYSTRX.COM

*Administration Update is published semi-annually for Group Administrators. Please send comments or suggestions to: grouphealth@coxhealthplans.com.*

## THE CLINIC AT WALMART

On March 2, 2009 CoxHealth and WalMart Stores Inc., partnered to open the Regional Services Clinic in the South Campbell WalMart Supercenter.



“The Clinic at WalMart” operated by CoxHealth is WalMart’s first in-store clinic in Missouri. The clinic provides affordably-priced acute and preventive care for common health ailments treatable without urgent or emergency care. The clinic will offer treatment for health

issues such as sore throats, sinus infections, upper respiratory infections, earaches, bladder infections, insect bites and stings. “The Clinic at WalMart” will also provide cholesterol screening, blood sugar testing, vaccinations, drug screenings and routine physicals.

For those with access to the CoxHealth network through insurance the visits will apply to the “office visit” benefits within their particular health plan.

The clinic will be open for walk-in service seven days a week, including nights and weekends. “The Clinic at WalMart” is located inside the WalMart at 3315 South Campbell in Springfield.

## CATALYST RX MAIL ORDER SERVICE NOW THROUGH IPS

January 1, 2009, CoxHealthPlans and CatalystRx announced their partnership with Immediate Pharmaceutical Services (IPS) as the new mail order pharmacy for members.

Members may obtain any maintenance medication at reduced copays through the use of the IPS mail order service allowing members an additional option of reducing their out of pocket health care expenses.

Members interested in beginning mail order service may simply contact IPS at (800) 233-3872 option #6 to set up their account. Once their account has been created, prescriptions may be submitted to IPS by the member’s physician via fax or mailed directly to IPS by the member. Refills are also a snap! - either refill online through the IPS web site, requested via telephone call, or members may mail in their refill request form received with their initial prescription receipt. It’s that easy!

If there are any questions about the change in mail order service, CatalystRx is available 24 hours a day at (888) 341-8578 or contact our office at (417) 269-4679.

## NEWBORN AMENDMENT CLARIFICATION

Due to clarification from the Department of Insurance, we recently changed how we handle newborn enrollments.

Members with existing dependent (employee/spouse, employee/child, employee/family) coverage:

- Newborn is automatically covered for the first thirty-one days. In order to continue coverage beyond the thirty-one day period the member will be required to submit an enrollment form adding the new born.

Members with employee-only coverage:

- Special Enrollment Options are available for newborn coverage. The coverage will be effective at the date of birth, upon receipt of the special enrollment application and required premium.

This includes an adopted newborn or a newborn placed in your physical custody, as long as we receive the court-approved adoption petition or placement documents within thirty-one (31) days of birth, or within ten (10) days from the date the forms and instruction are issued, whichever is later (provided the enrollee has contacted Cox HealthPlans within the thirty-one (31) days grace period).



*Spotlight on:*

## RENEWALS

*Why is it imperative to get the authorization submitted in a timely manner?*

Renewal authorization forms received three weeks prior to the renewal date will allow Cox HealthPlans to provide the following:

- ID Cards delivered in timely manner.
- Configuration of new plan designs in our system.
- Seamless claims processing even when changing benefit plans.

*Why did my group's premium go up in cost this year?*

There are 4 specific factors that affect premiums when a group is reviewed by the underwriting department:

- Trend (inflation in health care costs)
- Demographics (age, gender, makeup of the group)
- Base rate of the plan for the fiscal year
- Claims experience for specific group (large groups) or by the block of business (small groups).

*How does the billing cycle work with renewals?*

- If a renewal decision has not been received by Cox HealthPlans in time for the standard monthly billing cycle, premium for the groups' renewal month will be reflected as an adjustment on the following statement.
- Standard billing cycles end approximately the 10th of each month for the upcoming months' coverage for 1st of the month billing cycles and approximately 24th of the month for 15th of the month billing cycles.

### NEW STAFF ADDITION TO PROVIDE YOU IMPROVED SERVICE:



*April Stopka*  
*Client Service Representative*  
*Group Renewals*

April Stopka joined the CHP Marketing Department in December 2008. April has spent the last four years as a licensed title producer in both Oklahoma and Missouri. In addition, she has eight years of military experience, specializing in computer software. April will be taking over the position of Renewal Client Service Representative.

### NEW DEDUCTIBLE OPTIONS FOR PPO PLANS

New Deductible Options for Partners 80 and Partners 70 PPO plans!

Cox HealthPlans now offers more deductible options on our PPO Partners 80 and 70 plans.

The additional deductible amounts included are \$2000, \$3500, \$7500 and \$10,000.

More choices mean a better fit for our customers! Visit [www.CoxHealthPlans.com](http://www.CoxHealthPlans.com) for updated benefit outlines.

COX HEALTHPLANS CoxHealth		PARTNERS70 Benefit Summary	
PLAN FEATURES	DEDUCTIBLE Member is responsible for:	OUT-OF-NETWORK Member is responsible for:	
Lifetime Maximum Benefit	\$2,000, \$3,500, \$7,500, or \$10,000	\$2,000,000	
Deductible options	\$2,000, \$3,500, \$7,500, or \$10,000	2x in-network	
Out-of-Pocket Maximum options	\$2,500, \$3,000, or \$3,500		
Family Maximum = 2x Individual plus Deductible	\$4,000, \$4,500, or \$5,000		

COX HEALTHPLANS CoxHealth		PARTNERS80 Benefit Summary	
PLAN FEATURES	IN-NETWORK Member is responsible for:	OUT-OF-NETWORK Member is responsible for:	
Lifetime Maximum Benefit	\$2,000, \$3,500, \$7,500, or \$10,000	\$2,000,000	
Deductible options	\$2,500, \$3,000, or \$3,500	2x in-network	
Out-of-Pocket Maximum options	\$2,500, \$3,000, or \$3,500		
Family Maximum = 2x Individual plus Deductible	\$4,000, or \$5,000	2.5x in-network	



## ADMINISTRATION QUESTIONS

### *How do Dependent Terminations work?*

Dependent only terminations are effective the last day of the month following receipt of termination request from the Plan Administrator. If the group is on a 15th of the month billing cycle, the termination will be effective the 14th of the month following receipt of the termination request.

### *How do we enroll newborns whose last name is different than the employee?*

If an employee is enrolling a newborn and the child's last name is different than the employee's - please supply a copy of the birth certificate which will reflect the birth parents names. If the certificate is not immediately available, be sure to submit the enrollment form within thirty-one (31) days of the birth. You may then follow up with the birth certificate once it becomes available.

### *I submitted in an enrollment form for an employee; why is he/she not reflected on my current invoice?*

Cox HealthPlans runs the billing for the upcoming 1st of the month billing cycles on approximately the 12th of the current month (15th of the month billing cycles have billing cut off on approximately the 28th of the preceding month). It is likely that the employee or dependent did not get enrolled prior to the invoice being generated. Calls however, are always welcome to ensure the enrollment has taken place.

### *I have an employee whose spouse lost their job and needs to enroll in this insurance, what do we do?*

Any enrollments outside of the group's open enrollment time require a qualifying event. If the spouse has either quit or lost their job or realized a reduction of hours - they may be enrolled. Please keep in mind; we will need an enrollment form within thirty-one (31) days from the spouse's last day of coverage. If the Certificate of Creditable Coverage is not immediately available, send the enrollment form anyway and follow up with the certificate.

### *When is my group's Open Enrollment Period - the month before or after my annual renewal?*

Group Open Enrollment (OE) periods are the month before your annual renewal date as well as the month

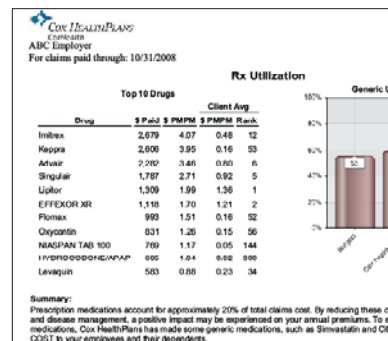
## ENHANCED ONLINE REPORTING: NEW LOOK - MORE INFORMATION INCREASED SERVICE FOR YOUR HEALTH PLAN!

Cox HealthPlans is pleased to announce enhancements to the online group reporting available to all sized groups!

The same information you have become accustomed to accessing is now available in a new easier to read format with added information including:

- Office Visit/Urgent Care/ER Utilization
- Expanded Pharmacy Information
- In-Net/Out of Net Utilization
- Member Spending Trends
- Disease Management data (large groups only)
- Enrollment Demographics
- and much more!

Action Items have also been added to help provide your organization greater control over your health care spending.



Those that have already requested and received log-in information will see the upgrades when you next access the site. For new members to the reporting system, you may access the Group Reporting link from our web site: [www.coxhealthplans.com](http://www.coxhealthplans.com) - then select the Group Administrator tab - Group Reporting to register for your group access today!

## ADMINISTRATOR QUESTIONS - continued

after. Any forms/changes submitted within the 30 days prior to your annual renewal as well as any forms received during the month of your renewal will be processed with an effective date of your renewal date. If you are unsure of when your renewal/OE period is, please contact our office at (417) 269-4679 and we're happy to research for your specific group!

## CENTRALIZED E-MAIL ASSISTANCE FOR ALL OF YOUR ADMINISTRATIVE NEEDS

Cox HealthPlans Client Services and Renewal Departments have one central e-mail for all of your group administration needs - from service issues to renewal questions and general communication:

[grouphealth@coxhealthplans.com](mailto:grouphealth@coxhealthplans.com)

is an easy one stop e-mail address for any issues that may arise in the administration of your group health plan. The one central e-mail will assure that your requests are easily accessible to all service representatives to allow for quick response time.