



COX HEALTHPLANS
CoxHealth



ADMINISTRATOR UPDATE

WINTER 2008

VOLUME 1 - ISSUE 4

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



HOUSE BILL 818 EFFECTS ON YOUR GROUP HEALTH INSURANCE COVERAGE

Missouri House Bill 818 which took affect January 1, 2008 and altered the landscape for insurers state wide. All insurance carriers are governed by the changes, although each carrier may interpret the House Bill language differently.

Main health insurance areas affected by the HB818 legislation:

- Dependent Definition & Age Limit Re-Defined**
Cox HealthPlans amended the Evidence of Coverage by supplying all active members an addendum in their annual mailing to meet the new requirements. Dependents will need to meet all of the following criteria to be considered an eligible dependent:

 - Unmarried dependent
 - Under the age of 25
 - Not covered under a health benefit plan or government program
 - CHP will NOT require dependents to meet the criteria of 'Resident of the state of Missouri'

Full-Time Student Status will no longer be required. Dependents must meet the new criteria and were eligible to join the plan if they were ineligible in the past provided an enrollment form was received by 2/10/08.
- Definition of Small Group Expanded**
Cox HealthPlans will change their definition of a small employer to meet the new requirements. Small employers whom would like to receive claims summary reports for their coverage may do so by logging into the coxhealthplans.com web site and registering today. Additional information on reporting contents is provided later in this publication.
- Section 125 Requirement**
Cox HealthPlans is not an administrator of 125 plans. Groups interested in pursuing a Section 125 plan should consult their accountant, financial advisor, or insurance broker for additional information.
- Retaining Individual Coverage**
Cox HealthPlans will consider waivers of insurance due to individual coverage as a valid waiver for participation purposes for group eligibility.

Letters were mailed to all active group administrators in December 2007. If an additional copy of the letter is needed, please contact our Client Service Department at 269-2825 or e-mail at: grouphealth@coxhealthplans.com for an additional copy of how Cox HealthPlans is addressing the changes due to this important legislation. Information may also be obtained directly from the State of Missouri web site at: www.house.mo.gov/bills071/bills/hb818.htm.

<p>UPDATED EMPLOYEE APPLICATION Now Available</p>	<p>EMPLOYEE APPLICATION FOR GROUP HEALTH INSURANCE</p>	<p><small>Cox Health Systems Insurance Company Cox Health Systems HMO, Inc.</small></p>
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The employee application has recently been updated and is now available on the coxhealthplans.com web site under the Group Sponsor/Forms link. If your company would like a supply mailed to you, please contact us today with the quantity desired at:
grouphealth@coxhealthplans.com.

APPLICATION INSTRUCTIONS:

1 This application must be completed by the applicant for himself/herself and all eligible dependents.
2 Please print using a ball point pen and complete all questions.
3 Sign and date where indicated and on any additional pages you may include.
4 Forms completed in pencil will be returned and may delay coverage.

APPLICANT INFORMATION							
(Last, First, MI)	SOCIAL SECURITY #:	BIRTH DATE:	GENDER: M F	HEIGHT:	WEIGHT:		
ADDRESS:	HOME PHONE:	WORK PHONE:	OCCUPATION:				
COUNTY:	STATE:	ZIP:	USE TOBACCO: Y N				
PLUS (Select One): <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			GROUP/COMPANY/EMPLOYER NAME:		DATE OF HIRE:		
REASON FOR APPLICATION							
If you are currently covered by another group health plan, please skip to Section D: Waiver of Coverage.)							
Applicant: <input type="checkbox"/> Member <input type="checkbox"/> Retiree				Dependent: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Other			
COBRA / State Continuation:							

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**WELLNESS
INITIATIVES AID
IN CONTROLLING
HEALTH CARE COSTS**

Wellness has taken center stage in the media recently with special emphasis being placed on employer sponsored wellness programs.

Work site programs that target overweight or obesity notice a significant reduction in their health care costs¹:

- 26% reduction in health care claims
- 27% reduction in sick leave
- 32% cost reduction in workers' compensation

Cox HealthPlans now offers the CoxHealth Wellness Rider for employer groups. 4 levels of wellness initiatives are available to meet your organization's needs. For additional information on a wellness program for your company, please contact your agent or Cox HealthPlans at (417) 269-4679.

¹Obesity: The Cost of the Crisis, Dr. Keith Bachman, SHRM webinar Nov. 13, 2007

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

REPORT GENERATION NOW AVAILABLE TO EMPLOYER GROUPS

With the recent passage of Missouri legislation House Bill 818 effective January 1, 2008, groups may now access certain claims and enrollment data which was not available to the small group market in the past. Cox HealthPlans is pleased to present the new online reporting tool through ManagedCare.com now available to group administrators whom wish to access this data.

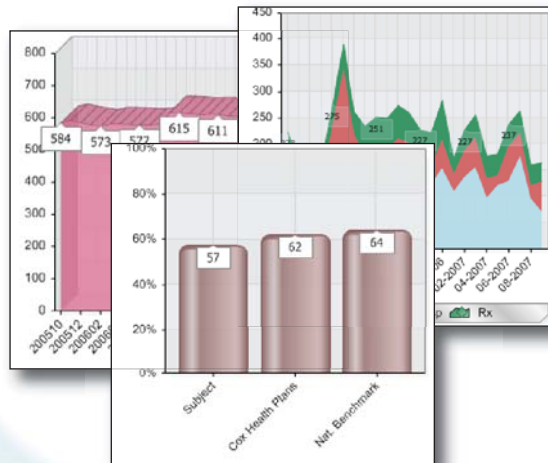
Employer groups may now register for the ManagedCare.com reporting by registering online. Simply click on the 'Online Reporting' link under the Group Sponsor on the coxhealthplans.com web site.

The reporting tool provides key performance indicators (KPIs) in graphical format using 12 months of rolling data for your organization's utilization.

Graphical reports include:

- Premium Claims vs. Membership
- Cost Trend
- ER Visits per 1,000 Members
- Top 10 Drugs by Cost
- Top 10 Diseases by Cost
- Membership Summary
- Member Spending by Total Cost

Additional standard reports are also provided using your company's specific data.



CATALYST RX RECEIVES TOP RANKING IN 2007 CUSTOMER SATISFACTION REPORT

For the second consecutive year, Catalyst Rx received the top customer satisfaction ratings for "Overall Service and Performance" in the Pharmacy Benefit Management Institute (PBMI) 2007 Pharmacy Benefit Manager (PBM) Customer Satisfaction Report.

PBMI independently conducts an annual customer survey to benchmark PBM performance on overall customer satisfaction. Cox HealthPlans selected Catalyst Rx as the Pharmacy Benefit Manager for their members January 1, 2007.

NEW LOOK TO BILLING INVOICE

Recently, you may have noticed a change to the first page of your monthly billing statement. Cox HealthPlans updated the invoices and have removed the Adjustment Requests section. Adjustments to your billing statements will appear on the next billing statement after the requested change is received and processed in our office. In order to make a change, the employee application or termination forms are required.

ONLINE ACCESS UPDATE

The anxiously awaited Cox HealthPlans online internet access is close on the horizon!



Cox HealthPlans has been diligently working to bring administrators, providers, and members access to their benefits, enrollment, and claims via the internet. Although there has been a delay in releasing the capabilities online, we will soon release the first phase of these capabilities in read-only format including provider benefit and eligibility verification as well member access to their claims information. Following the phase 1 release, additional tools will become available soon after allowing real-time online updates for new employee additions, employee changes, and other enrollment processes.

Stay tuned to future Administrator Updates for additional information on this exciting new tool in the coming months!