Benefits Administration Manual

Health Insurance Representatives
State Employee

Employee Benefits Division
Department of Transformation and Shared Services

Contents

Welcome 3
Eligibility 4
Enrollment 5
Enrollment Documents 6
Retirement 7
Qualifying Events 9
ARBenefits Portal 10
Secure Task System 12
Procedures 21
Penalties 22
Accounting Tips 23
HIPAA 25
Arkansas Code § 21-5-415 28
Links 30

Contacts

Benefit	Website	Phone Number
TSS EBD Office	www.transform.ar.gov Askebd@dfa.arkansas.gov	877-815-1017 x1, then x2 501-682-9656
New Directions Behavioral Health (EAP)	www.ndbh.com Company Code: ARBenefits	877-300-9103
Health Advantage	www.healthadvantage-hmo.com	800-482-8416 501-378-2364
ConnectYourCare (FSA/HSA)	www.connectyourcare.com/ARbenefits	833-229-4431
Colonial Life Insurance	www.coloniallife.com	855-868-6009
Arkansas Diamond Plan	myplan.voya.com	501-301-9900 866-271-3327
ARSEBA	www.arseba.com	888-224-5233 501-224-5234

TSS Employee Benefits Division Office

TSS Employee Benefits Divison
501 Woodlane St, Ste 500
Little Rock, AR 72201
Monday - Friday: 8 AM - 4:30 PM

Mailing Address:
P.O Box 15610
Little Rock, AR 72231

Welcome to the Benefits Administration Manual (BAM)

This manual is designed to assist you with your everyday responsibilities as a Health Insurance Representative. In order to best serve our members, it is important that you have knowledge of the plans that ARBenefits offers, the requirements to be eligible for coverage, the forms needed when making changes to the Plan, as well as administrative procedures. While this guide is designed to be a reference for you, all Plan information can be found at www.transform.ar.gov, and in our Summary Plan Document (SPD).

As a Health Insurance Representative, you are expected to distribute Plan information to the employees in your group, and keep them up to date with any changes. You are also expected to keep up with your invoices received from TSS EBD and remit payment to the Plan on time.

These steps this guide will focus on the following information:

- Employee Eligibility
- Enrollment and Required Documents
- Using the ARBenefits Portal and the Secure Task System
- Administrative Procedures
- Accounting Tips

Should you need assistance, you can contact EBD at 877-815-1017 (press 1, then 2) by e-mail at AskEBD@dfa.arkansas.gov, or by using the Secure Task System which will be covered later in this guide.

NOTE:
This is a living document that can change at anytime during the year. You will be informed by a "TSS EBD Alert" if changes are made to this manual and where you can find the most up-to-date version.

ELIGIBILITY

Eligible Employees

All State Employees who qualify under one of the classes below:

(1) Regular Full-Time Employees of a participating agency, institution, commission, or constitutional office who are: in a budgeted position or a position recognized by the General Assembly; and not seasonal or temporary; and working 1,000 or more hours each year.

(2) A member of the General Assembly.

(3) An elected Constitutional Officer.

(4) An Appointed or elected member of a Board or Commission on a full-time, salaried basis.

(5) An extra help employee who:

- (a) Was assured of coverage under the Plan by their agency;
- (b) Whose agency has agreed to pay the State match for their coverage;
- (c) Is a non-eligible state employee as defined under the law; and,
- (d) Is willing to be responsible for all costs for participating in the Plan (unless the agency has chosen to pay all or part of the cost).

Eligible Dependents

(1) If your dependent is your spouse, he or she may join the Plan as long as they are your current legal spouse. Former spouses with court orders requiring coverage are NOT ELIGIBLE to join the Plan. Spouses eligible for coverage through his or her employer are not eligible for coverage.

(2) If your dependent is a child, they may join the Plan as long as they can answer yes to the following questions:

- (a) Is he or she your child, adopted child, stepchild, or do you have legal guardianship for him or her?
- (b) Is he or she under age 26?
- (c) Is he or she a Qualified Medical Child Support Order (QMCSO) dependent under age 26 and do you have a judgement, decree, or order issued under state law?
- (d) Is he or she a qualified disabled dependent and have they been medically certified as Totally Disabled due to mental or physical incapacity?

Supporting documentation is required when adding dependents to coverage. Supporting documentation will be included in the "Enrollment Documents" section.

ENROLLMENT

The time frames below are when employees are eligible to enroll or make changes to their current Plan.

Open Enrollment

Open Enrollment is an annual period each year where active employees can enroll or make changes to their Plan without the need of a qualifying event. TSS EBD determines each year when the annual Open Enrollment will take place. Changes elected during Open Enrollment will be effective January 1 of the following year.

During Open Enrollment, employees can submit forms through fax or mail to TSS EBD, or they can elect changes using the ARBenefits Online Member Portal.

Retirees do not have an Open Enrollment period to add dependents to their Plan. Non-Medicare Retirees can change Plan level (Premium, Classic or Basic) during this Open Enrollment by submitting a Retiree Election Form to TSS EBD or via the ARBenefits Online Member Portal. Medicare Primary Retirees cannot change Plan levels.

New Hire/Newly Eligible

A newly hired employee has 60 days from their hire date to elect coverage in the ARBenefits Plan. New hires are able to use paper forms or the online system to elect coverage.

Coverage for new hires will be effective the first of the month following the date of hire and the date on the Election Form submitted to TSS EBD.

If a current employee becomes eligible for coverage, they have 60 days from the date they gained eligibility to join the plan.

Qualifying Event

Certain life changing events are considered “qualifying events” that allow employees to make changes to their Plan. Active employees have 60 days from the date of the event to elect changes to their Plan. Documentation of the qualifying event is required along with the Change or Enrollment Form. A listing of common qualifying events that allow Plan changes is included on page nine.

Coverage changes due to a qualifying event will be effective the first of the month following the event and the date on the Election Form submitted to TSS EBD. One exception is the addition of a newborn to the Plan. The effective date for a newborn will be the first of the month in which they are born.

Retirees making changes due to a qualifying event have a 30-day window to submit their change and documentation to TSS EBD.

TSS EBD considers the turning in of forms and any necessary supporting documentation prior to deadlines to be the responsibility of the employee. However, if you ask that your employees turn their forms into you; you are agreeing to take on the responsibility that those forms will be submitted to TSS EBD in a timely manner.

ENROLLMENT DOCUMENTS

When a new employee, or a current employee who has become eligible for coverage is ready to enroll in the ARBenefits plan or add/drop a dependent from the current plan they can follow the steps below.

Enrollment Form

The ARBenefits Active Election Form should be used for new hires, Open Enrollment changes, and for employees who are enrolling onto the Plan due to qualifying event.

Change Form

The Change Form should be used for qualifying events only when the employee is looking to add or drop a dependent from coverage. The Change Form can also be used if the employee is cancelling their coverage due to qualifying event.

Retirement Packet

Employees who are retiring and are eligible for ARBenefits Retirement Insurance should use the Retirement Packet to enroll into their Plan of choice. The Retirement Packet should be submitted to TSS EBD no earlier than 30 days prior to the employee's retirement date.

Supporting Documentation

When adding dependents to their plan, employees will need to submit the following supporting documentation along with the Enrollment/Change Form, or the application will be mailed back to the member, and you will receive an e-mail notice detailing what was missing.

Adding a spouse:

- Copy of the marriage license, Spousal Affidavit (available at www.transform.ar.gov)

Adding a dependent(s):

- Birth certificate (or birth announcement from hospital for newborns)
  - *Birth certificate cards are not accepted since they do not include the names of the parents.*

Enrolling employee and/or dependent(s) due to qualifying event:

- Will need the above documentation along with proof of the qualifying event

Dropping a spouse and/or dependent(s):

- During Open Enrollment: only need the Enrollment Form
- For qualifying event: Change Form & proof of qualifying event

RETIREMENT

Eligibility for Retirement

Retirement eligibility is determined by Arkansas Legislative Law in effect at the time the employee retires. An Employee who terminates active employment and is enrolled for health coverage on their last day of employment may continue coverage as a retiree if all of the following conditions are met.

(1) The Retired Employee is an active Member of one of the following Retirement Plans and drawing their retirement annuity:
   (a) Arkansas Public Employees' Retirement System (APERS), including members of the legislative division and the contract personnel of the Arkansas National Guard; or,
   (b) Arkansas Teacher Retirement System (ATRS); or,
   (c) Arkansas State Highway Employees' Retirement System; or,
   (d) Arkansas Judicial Retirement System; or,
   (e) Alternative Retirement Plan.

(2) Elects to continue insurance coverage within 30 days of the qualifying event

(3) The Retiree makes the appropriate contribution required to continue the coverage from the date that employment ends or the date enrolled in the Plan.

The Plan Administrator may require documentation that the retired employee is drawing on the annuity. Members of the General Assembly and State Elected Constitutional Officers must have 10 years vested service in one of the listed retirement systems, and drawing an annuity, to be eligible to enroll in the Retiree Health Insurance Plan.

Reciprocity Service

Vesting Schedule:
Employment service prior to July 1, 1997 requires **ten** (10) years of fully vested service.
Employment service after July 1, 1997 requires **five** (5) years of fully vested service.

An employee fully vested as a state employee AND fully vested as a public school employee (a participating member under both APERS and ATRS and drawing a retirement annuity from each) may choose to enroll in either the ASE or PSE retiree health plan. Verification by TSS EBD is required.

Effective July 1, 1997 – Vesting for retirement changed from a ten (10) year vesting to five (5) years. Service prior to July 1, 1997 is still held to the ten (10) year vesting.

A member, who is not fully vested under both systems, will enroll in the Retiree Health Plan with the most vested years.

Retirement Packet

For the employees that are thinking about retirement, or are going to retire, you should provide them with an ARBenefits Retirement Packet. The Packet, available at www.transform.ar.gov and on the last page of this manual, provides the employee with the necessary forms if they wish to enroll into ARBenefits Retiree Insurance and/or continue any Colonial Life coverage.

TSS EBD will not accept any Retirement Packets submitted earlier than 30 days prior to the employee's retirement date. The Employee will also need to submit supporting documentation for any spouse and/or dependent that they will be continuing coverage on during retirement if not on file already with TSS EBD (Spousal Affidavit Form, marriage license, birth certificate).

Non-Medicare Retiree

Employees who are under the age of 65 and do not have a covered spouse 65 or older at the time of retirement, will be on the Non-Medicare Retiree Plan. When they elect Retiree Coverage, they can select the Plan level (Premium, Classic or Basic) they wish. During the annual Open Enrollment period for active employees, Non-Medicare Retirees can change their Plan level between the three choices.

Medicare Primary

Employees who retire and are Medicare eligible (65+), or have a covered spouse who is Medicare eligible, will be placed on the Medicare Primary Plan.

When the employee retires, it is important for them to have Medicare Parts A & B set up for when they retire. The ARBenefits Medicare Premium Plan for Retirees will coordinate as if Medicare Part A and Part B are both in force at the time of service. If the member does not have Part B, the Plan will pay as though the member does have Medicare Part B and the member will have full financial responsibility for incurred claims.

Active Employees Who Are Medicare Eligible

Active employees who become Medicare eligible and are still working, are not required to sign up for Medicare Part B while actively employed. The employee and any spouse and/or dependent are covered as any other active member with ARBenefits as their primary payer.

Active employees can sign up for Medicare Part B when they become eligible, and Medicare would pay secondary for that employee.

Retirees Who Return to Work

A Medicare Retire who goes back to work as an Active Employee as a State or Public School Employee, and is eligible for benefits, **MUST** come off the Retirement Health Insurance and enroll onto the Active Plan. Once the employee terminates employment again, the employee has the option to re-enroll in the Retirement Health Plan within 30 days of the loss of benefits. If an employee chooses not to enroll in the Retirement Health Plan at the second time of termination, and obtains health insurance outside of the State and Public School Health Plan, the employee will not have a qualifying event to enroll a second time in the Retirement Health Insurance.

A Non-Medicare retiree that goes back to work as an Active State or Public School Employee and is eligible for benefits MAY come off the Retirement Health Insurance and enroll in the active plan. Once the employee terminates employment again, the employee has the option to re-enroll in the retirement health plan within 30 days of the loss of benefits. If an employee chooses not to enroll in the retirement health plan at the second time of termination, and obtains health insurance outside of the State and Public School Health Plan, the employee will not have a qualifying event to enroll a second time in the Retirement Health Insurance.

If a retiree does not elect, decline or meet the Arkansas Legislative Code eligibility requirements for Retirement Health Insurance during their thirty-day election period, it is not an option to return to Active Employment as a rehired retiree to re-establish eligibility. Eligibility is determined at the initial time you elect to become an active retiree and begin drawing your retirement annuity.

QUALIFYING EVENTS

As stated on page five, certain life changing events are considered “qualifying events” that allow employees or retirees to make changes to their Plan. Active Employees have 60 days from the date of the event to elect changes to their Plan while retirees have 30 days from the event date.

Below is a listing of the most common qualifying events. This is not a complete list, and based on documents provided by the member, it is TSS EBD’s decision whether a valid qualifying event has occurred to allow the requested change.

Please note, unless the qualifying event results in the employee enrolling onto the Plan as a new member, qualifying events do not allow for a change in Plan level between the Premium, Classic or Basic Plans. Required supporting documentation is listed on page six.

Event	Action Allowed
Marriage	• Enroll legal spouse and dependents within 60 days of marriage date • Employee can drop coverage if they have gained other group coverage through the spouse
Birth	• Enroll newborn within 60 days of the date of birth • If member is currently in a NO HEALTH Plan, this is a qualifying event to enroll in coverage for member and the newborn.
Adoption/Guardianship	• Enroll new legal dependent
Loss of Group Coverage	• Employee can enroll within 60 days of the loss of other group coverage • Employee can add spouse and/or dependents that have lost other group coverage
Gain of Other Group Coverage	• Employee can drop coverage if they have gained other group coverage • Spouses that gain group coverage through an employer must come off of the plan • Employee can drop coverage of dependents that gain other group coverage
Divorce	• Divorce is a qualifying event for an employee to drop a spouse if decreed by the Judge
Turning 26	• Dependents covered by employees on the plan will automatically term off of the employee's plan at the end of the month in which they turn 26. • Employees who lose other group coverage (parent's coverage) when they turn 26 can enroll onto the Plan
Loss of Medicaid/CHIP	• Allows the affected party to join the Plan
Gain of Medicaid/CHIP	• Allows the employee to drop coverage for the affected party
Gain of Medicare	• Employees who gain Medicare Parts A & B coverage can elect to drop their Plan coverage - The gain of Medicare Part D does not constitute group health coverage when Parts A & B are already in effect.

ARBENEFITS PORTAL

Health Insurance Representatives (HIR) have access to login to the portal at https://rep.arbenefits.org. The portal allows you to access member information for your employees, send communication to EBD using a secure task system, access to reports, etc. Once you login to the Rep Portal, you will see the home screen below. **Remember, this system gives you access to member Personal Health Information (PHI). Unauthorized access or transmission of member PHI will not be tolerated, and is subject to penalties under HIPAA.**



Secure Task
Internal system that TSS EBD and HIRs can use to communicate with each other. PHI should be sent to TSS EBD using this system (not e-mail).

Invoices & "As Of Invoice" (Non-AASIS only)
Allows you to access your monthly invoice that you use to pay TSS EBD. As a reminder, TSS EBD does not bill agencies by individual member, but by the total of active members that you have.

Health Insurance Representative Search
Allows you to search for the contact information of HIR's at any district or agency

Membership Management
Allows to you access the benefit information for your employees. If requested by the employee, you can order replacement ID cards for them, or even print out a temporary one, etc.

Adjusted Group Invoice
Allows you to see invoices that have been adjusted due to any changes that have been made.

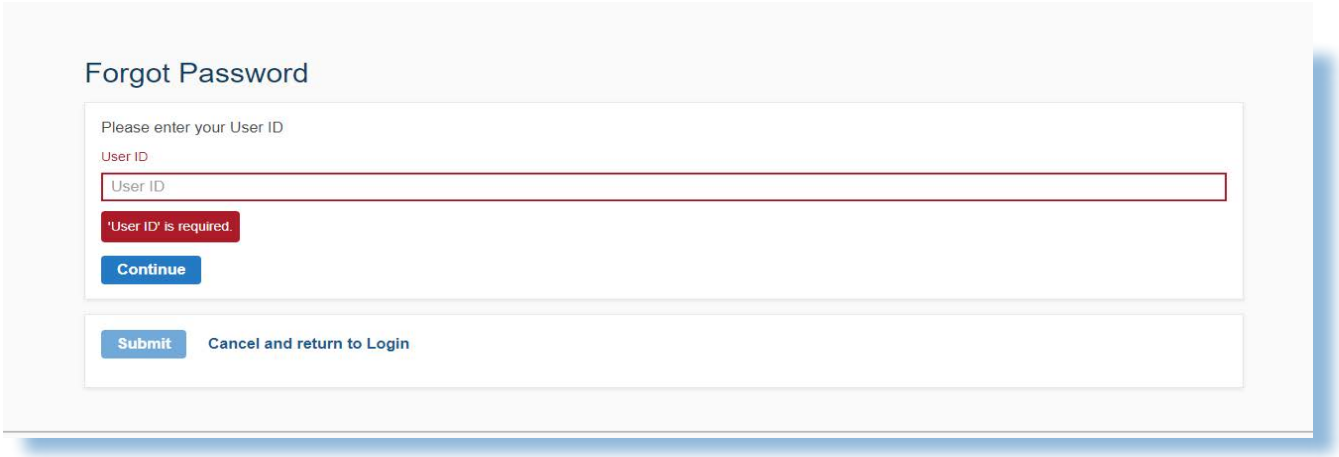
Search Wellness Eligibility Page
This report gives you access to see who in your group has or has not met the wellness discount requirements for the upcoming plan year.

Health Insurance Representative Jobs
Will give you a report when any reports specific to your group have been generated within the system.

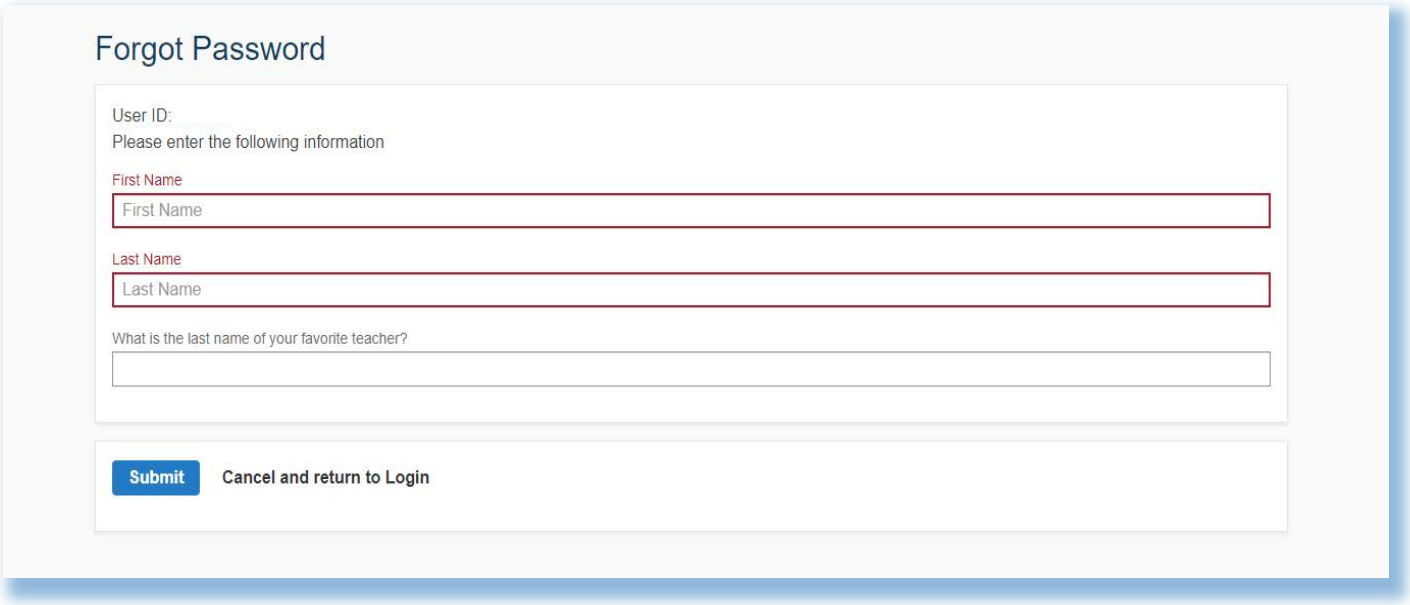
Unlocking Your Account

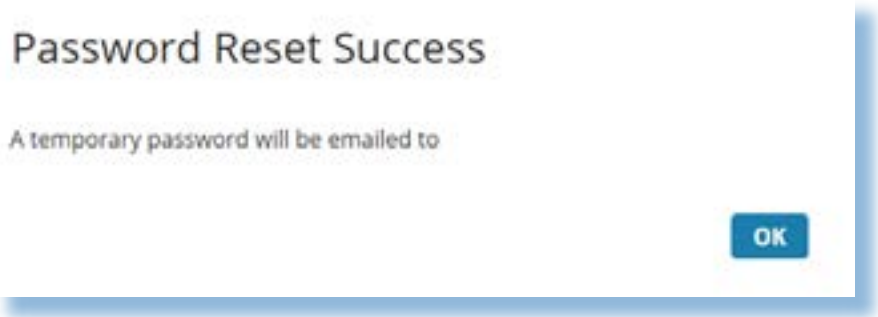
Should you get locked out of your ARBenefits portal account, you can unlock your own account. On the Rep Portal Login on previous page, click on Forgot Password?

When the Forgot Password page appears, enter your User ID, then click on "Continue."



Next, enter your first name, last name and the answer to your security question. Click "Submit."





A temporary password will be emailed to the email address we have on file for you.

SECURE TASK SYSTEM

The Secure Task system is an internal way for HIRs to communicate with TSS EBD, and be able to send PHI. After you click the Send Secure Task link you will be sent to the page below. This section will go though sending a task, and will also include some helpful reminders.

As a reminder, TSS EBD receives an increased number of tasks during peak times such as Open Enrollment. During these periods, tasks may take longer to be processed and resolved.

Secure Task Groups

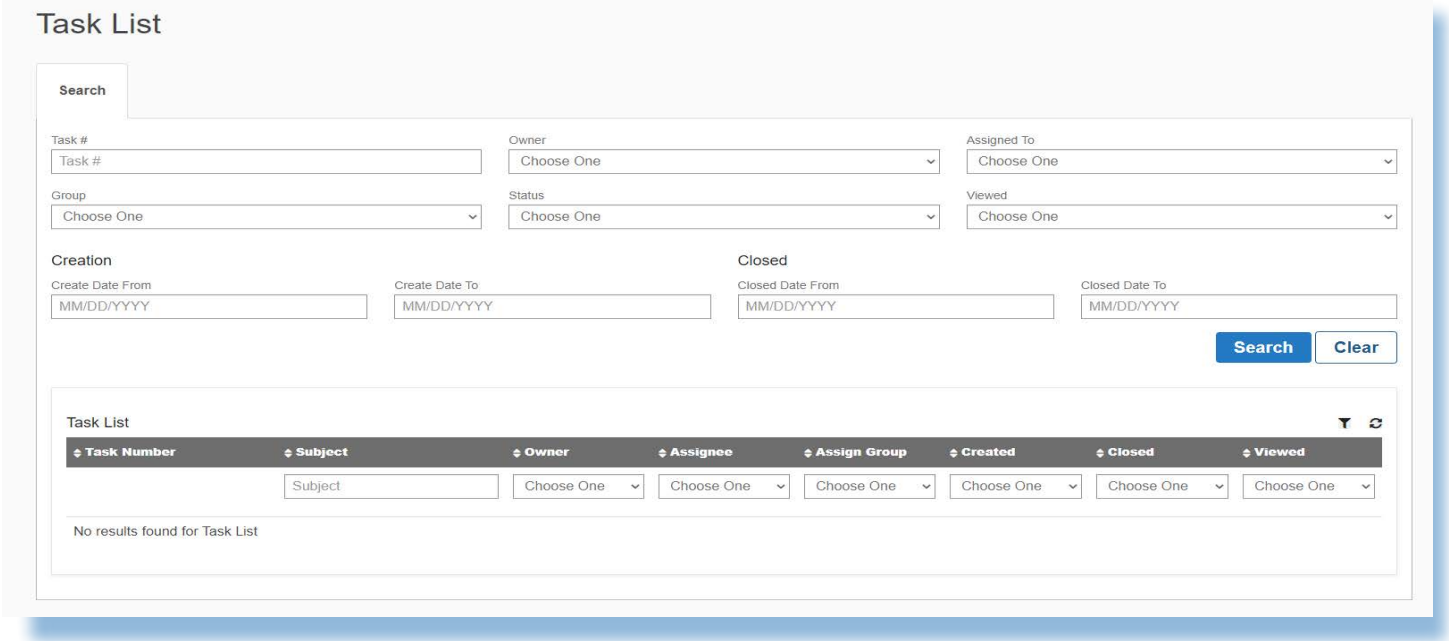
EBD_Benefits.....Anything related to the benefits offered by the Plan
EBD_Billing.....Billing, invoices, payments etc.
Colonial Life.....Anything regarding Colonial Life Insurance
EBD_Communications.....Questions regarding sent communications & information about the plan
EBD_Compliance.....HIPAA, Tax information etc.
EBD_Eligibility.....Anything regarding member eligibility
EBD_Post Employment.....COBRA & Retirement
EBD_Security.....Adding a new HIR to the system, or updating your contact information, etc.
EBD_Voluntary Products.....Questions regarding voluntary products (FSA/HSA, dental, vision, etc.)

If the task you send needs to go to a different group to get you assistance, you will see an update from TSS EBD that your task is being reassigned.

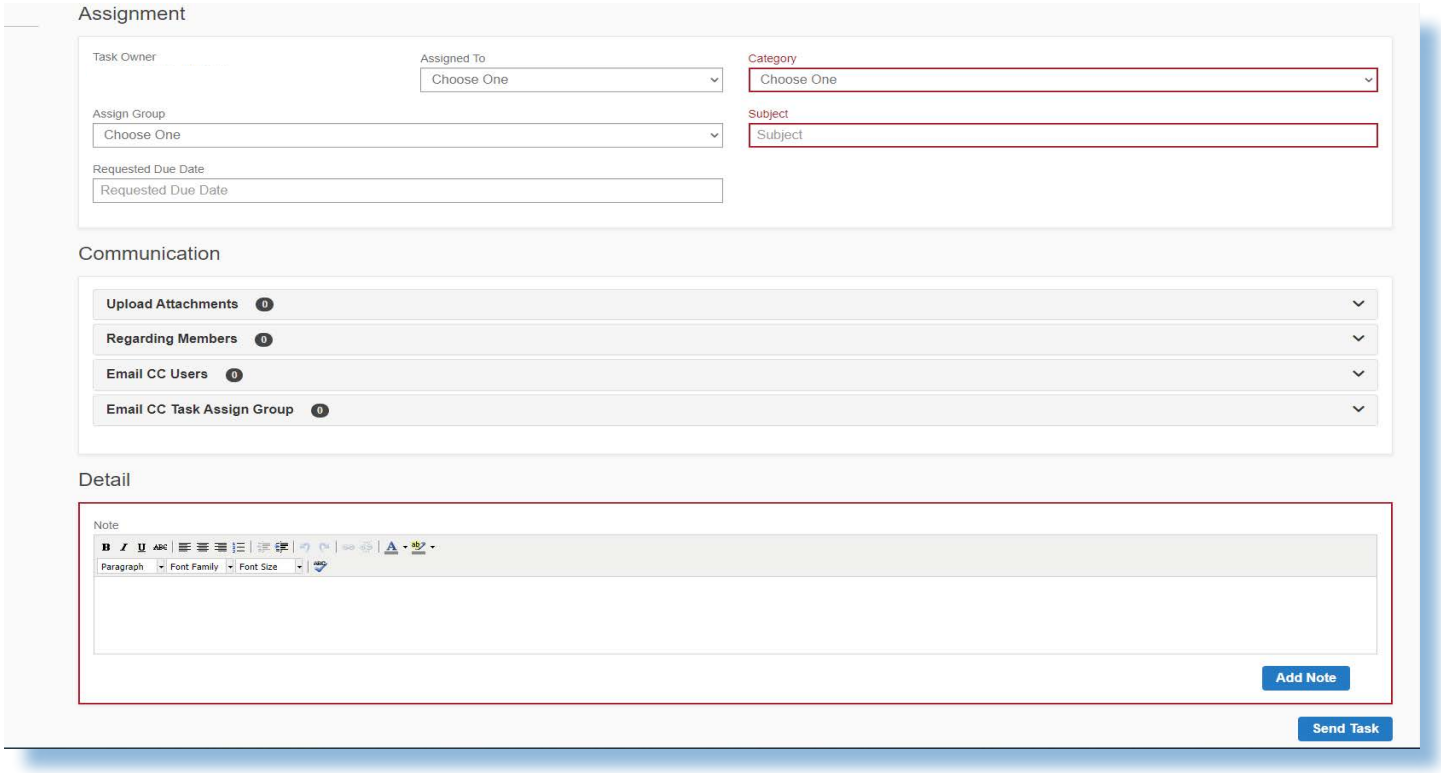
Task Section:

This section allows you to engage in two options:

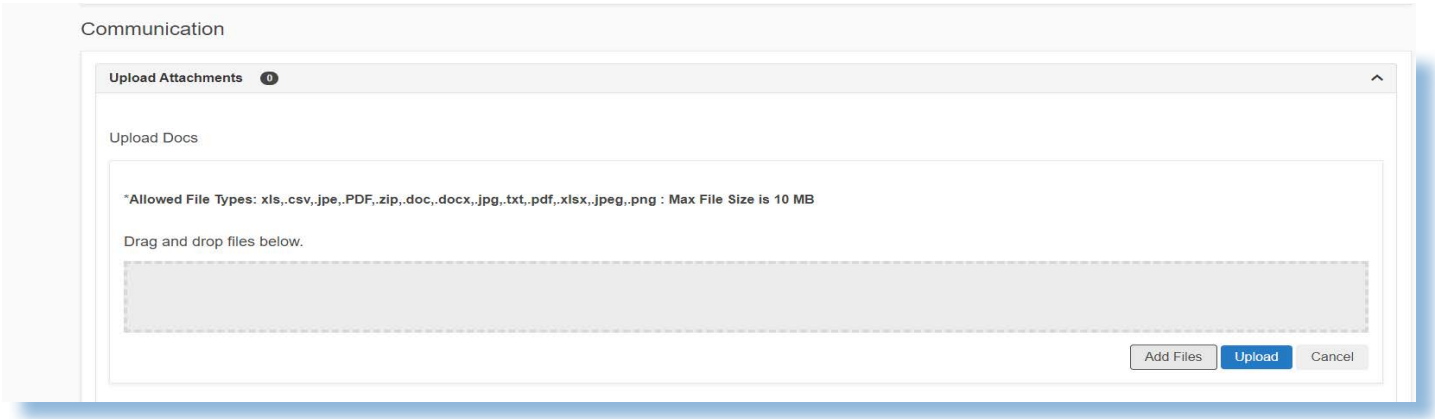
- **Task List** is where your created tasks or tasks assigned to you are located. Additionally, you can search for previous tasks with this option.



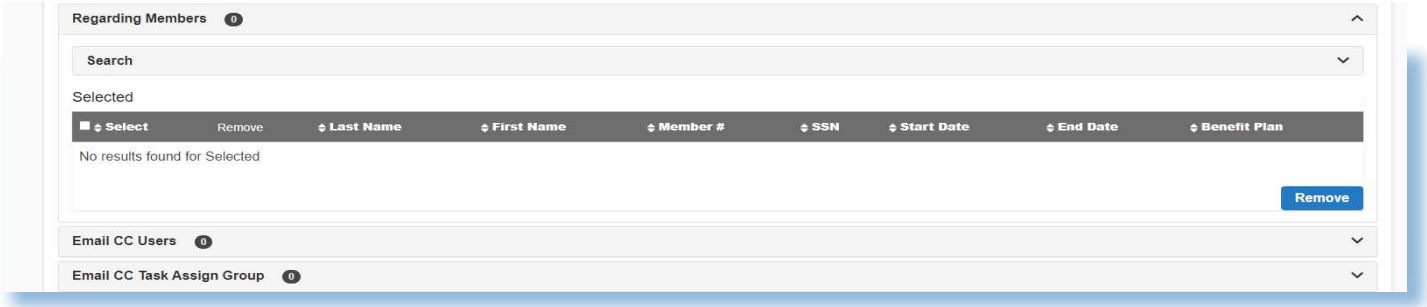
- **Task Entry** is where you create a task.



Once you have entered the required information pertaining to the task, you may upload documents by selecting the "Add" button. Once selected, a box will appear to find your file, or you can take the file and drag it onto the gray space, then click "Upload."



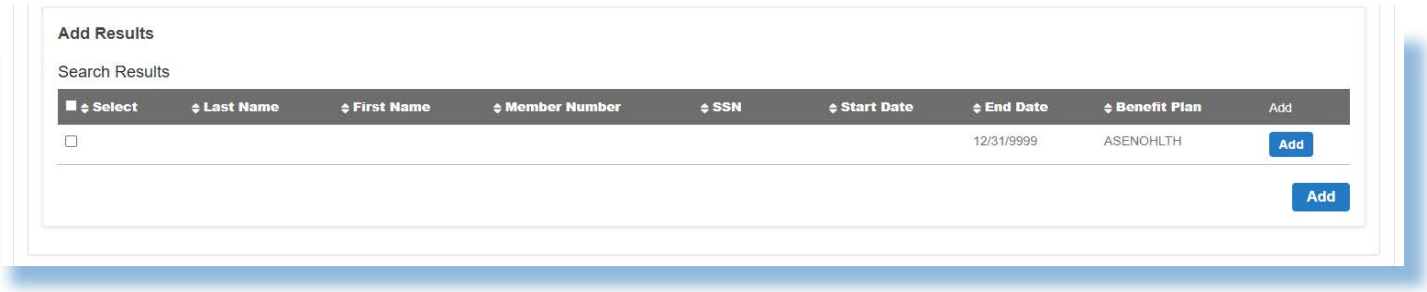
To add members to a task, click on "Regarding Member."



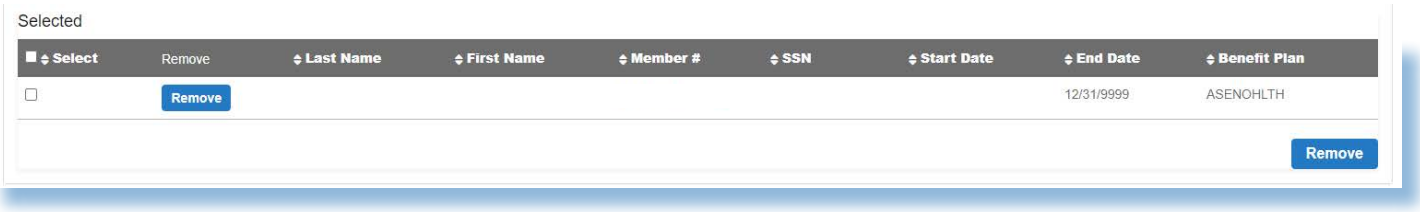
Under the "Regarding Member" tab, you can search for members by filling in their information and selecting the "Search" button.



After the member appears, you may click the “Add” button to include this member in the task. If there are multiple members you need to add to the task, select the boxes to the left, then click on the larger “Add” button at the bottom.



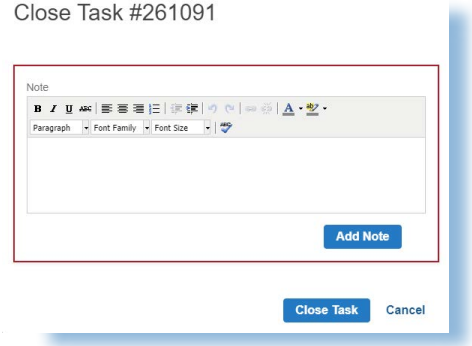
If you need to remove the member from the task, click on the “Remove” button.



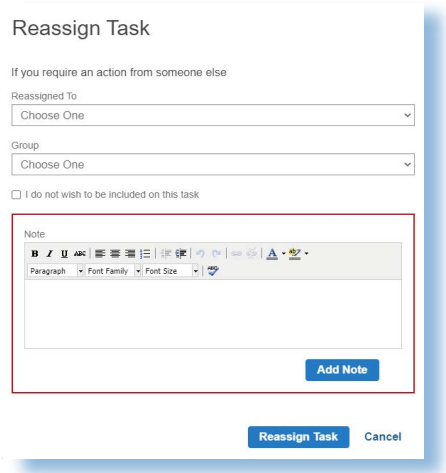
The bottom portion of the task creator is where you can input your question and information that you are requesting from TSS EBD. Include any pertinent details. You will receive an e-mail when your task has been created, when it receives an update, and finally when it closes.

There are three other options after you create a task:

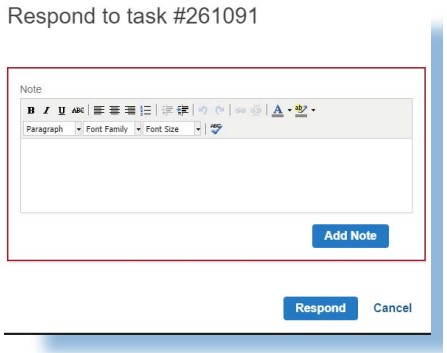
Closing Task will prompt a box to appear. Here you can enter a note, then click on “Close Task.”



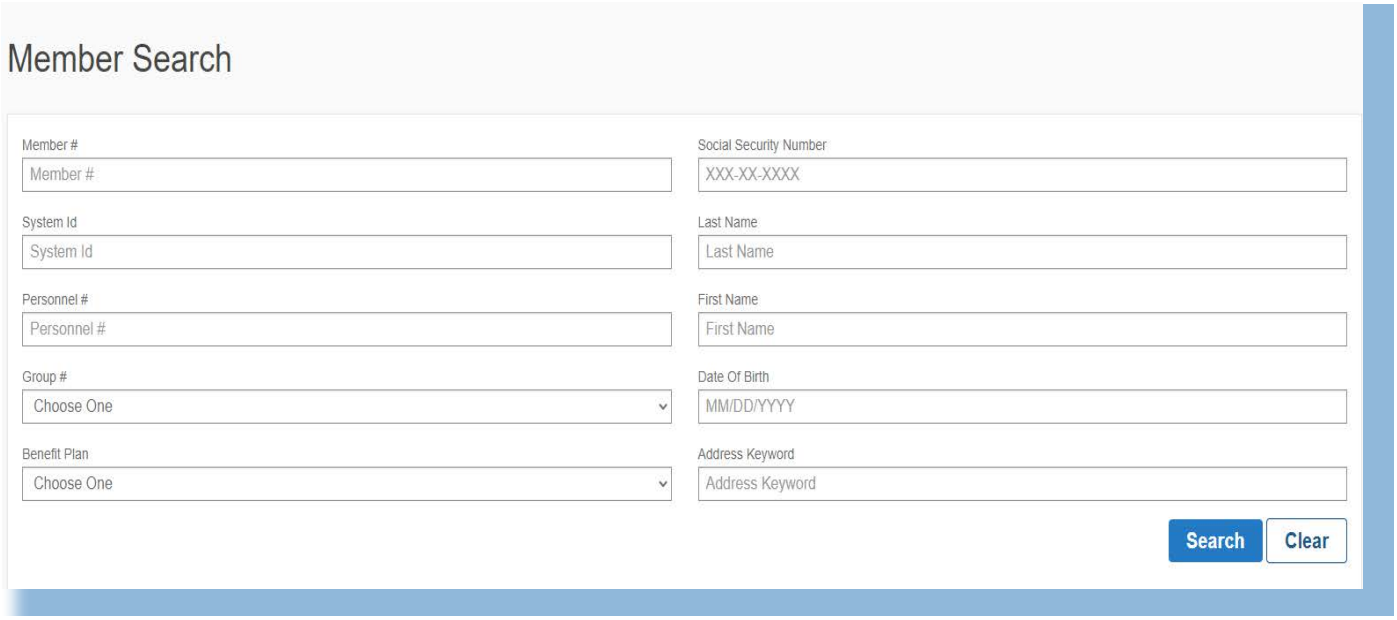
Reassign Task will prompt a box to appear. Here you can reassign the task to a person or group, enter your note, click on “Add Note,” and then “Reassign Task.”



Respond to Task will prompt a box to appear. Here you can enter a note, click on “Add Note,” then “Respond.”

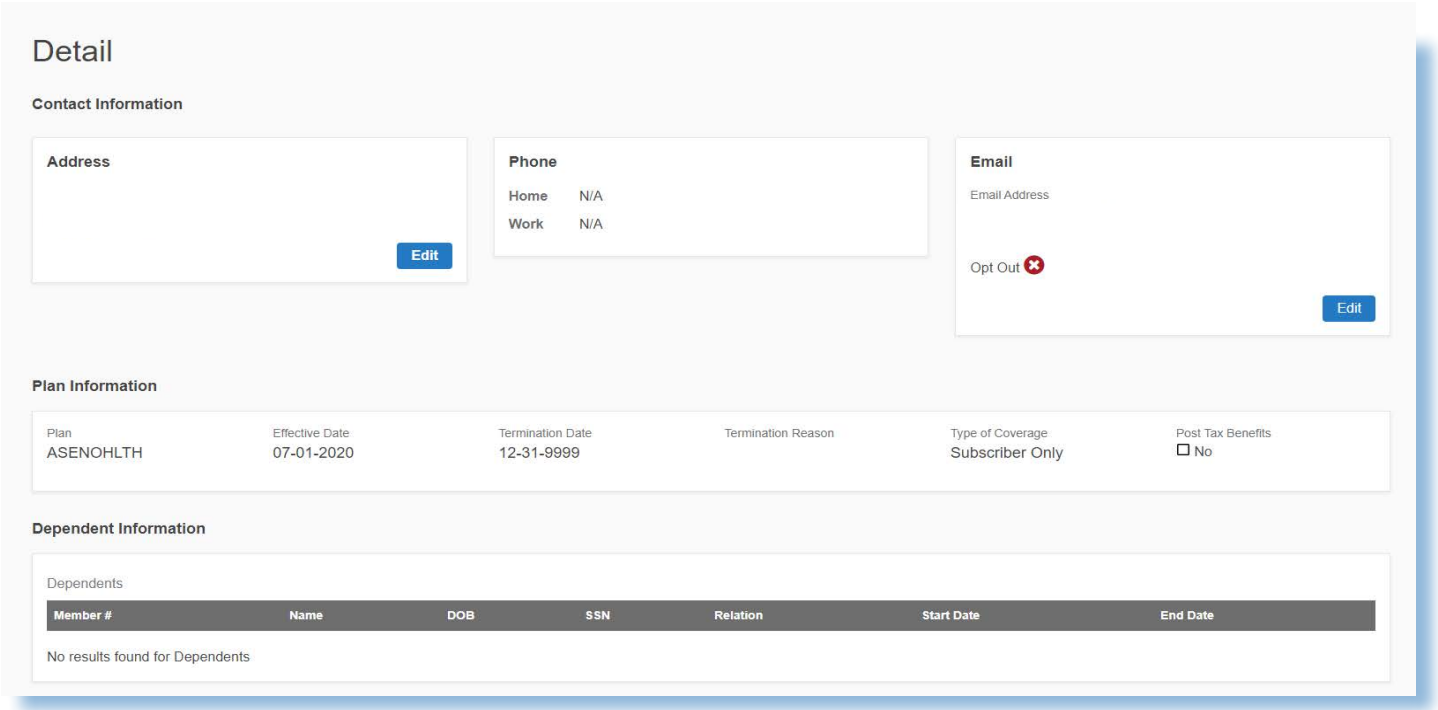


Membership Search



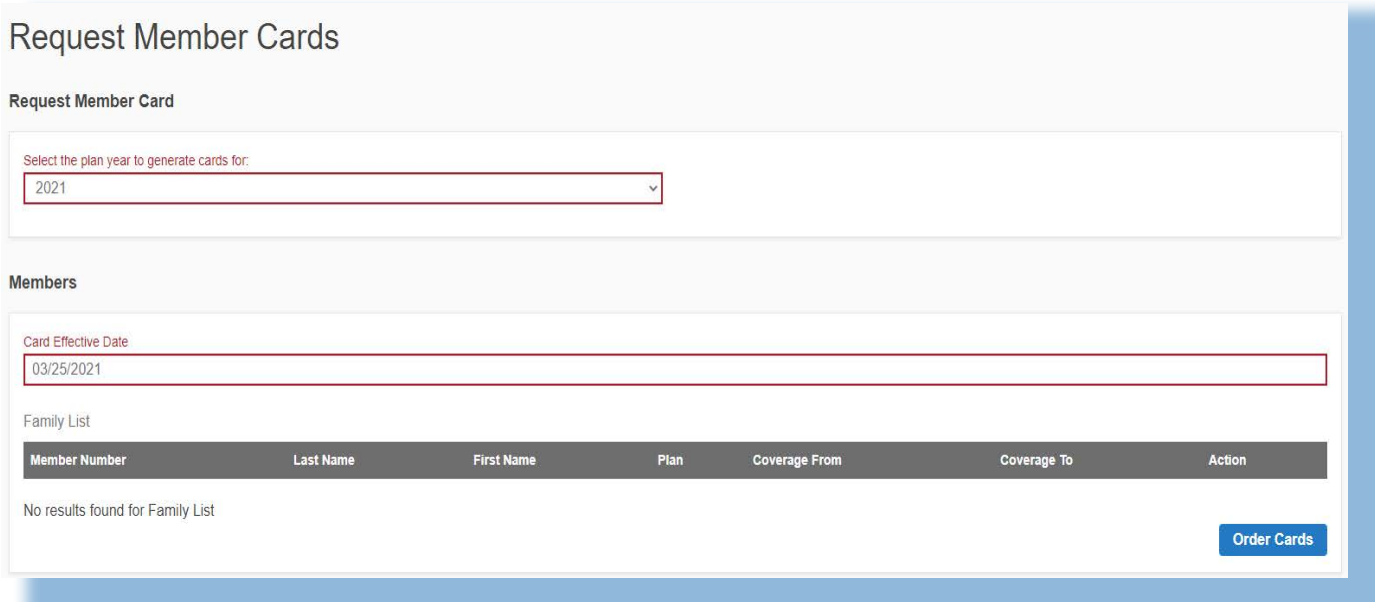
The "Searches" section or "Membership" at the top right handside is where you will look up your employees in the Member Search. When using the Member Search this will take you to the "Member Detail Page" when you select a member.

Member Detail Page



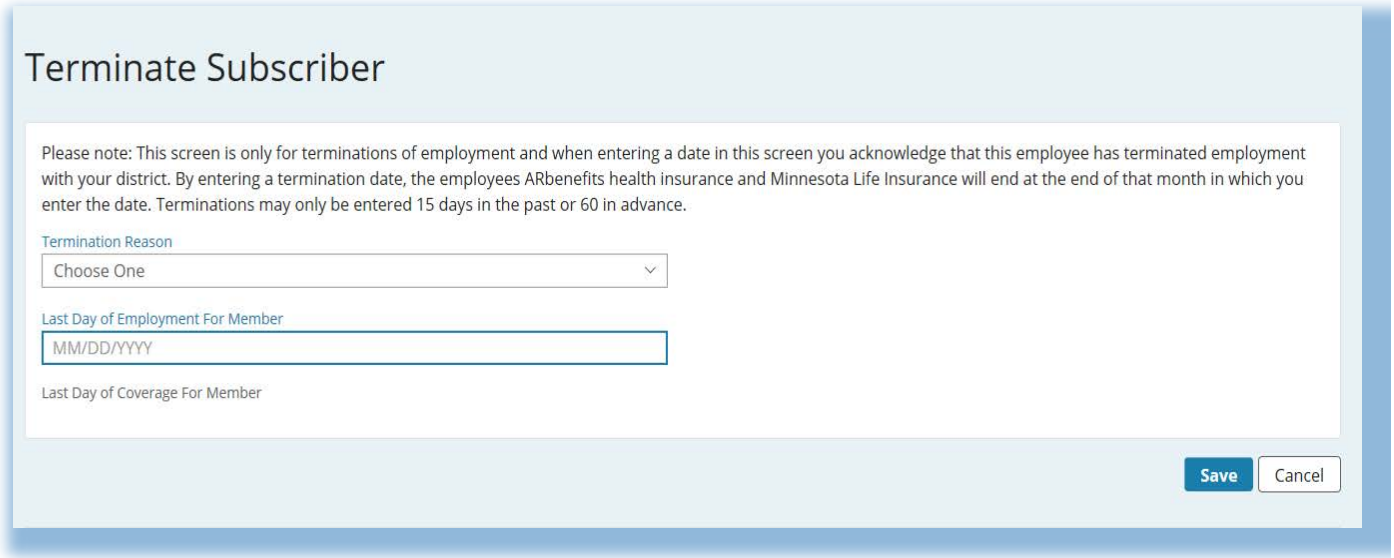
Request Member ID Cards

Membership / Member Search / Member Services / Request Member Cards
An important part about this page, is if there is a future card needing to be printed, enter the future date.



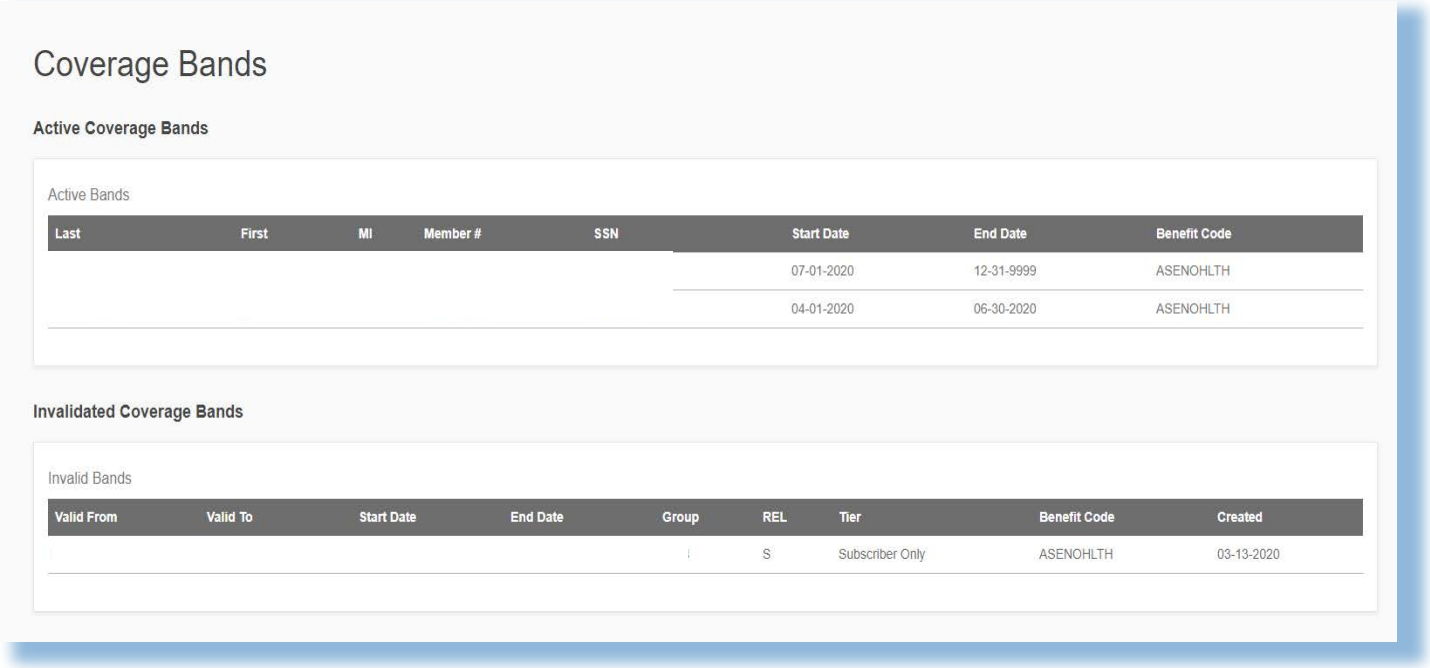
Terminate Subscriber (Non-AASIS)

Membership / Member Search / Member Services / Terminate Subscriber:
Instead of sending TSS EBD a task or Notice of Termination Form, HIRs can go into the HIR Portal and terminate employees health insurance on their own.



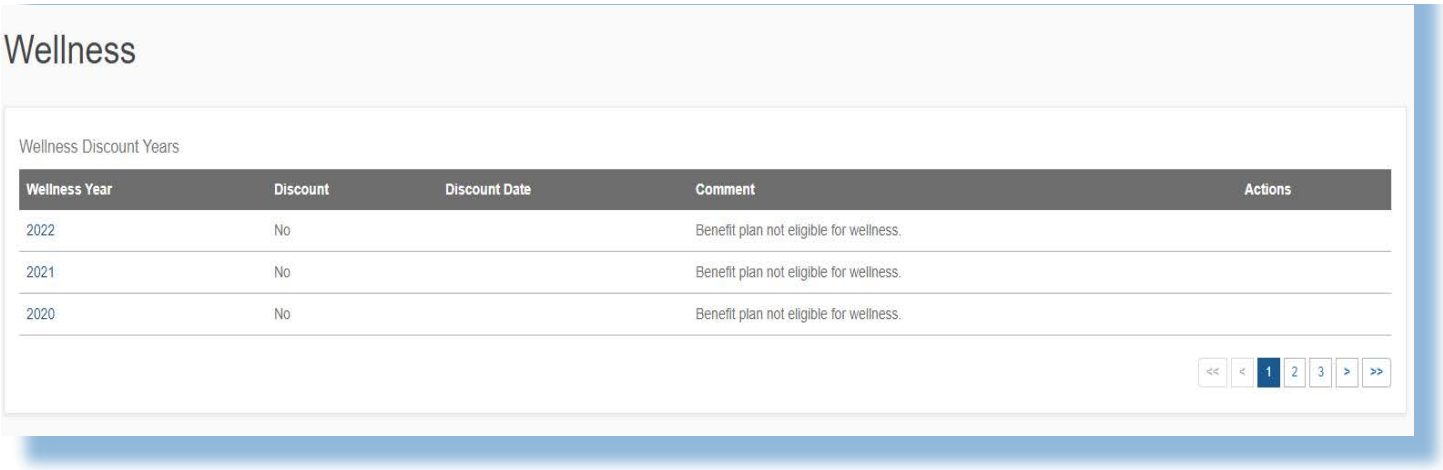
Coverage Bands

Membership / Member Search / Member Information / Coverage Bands



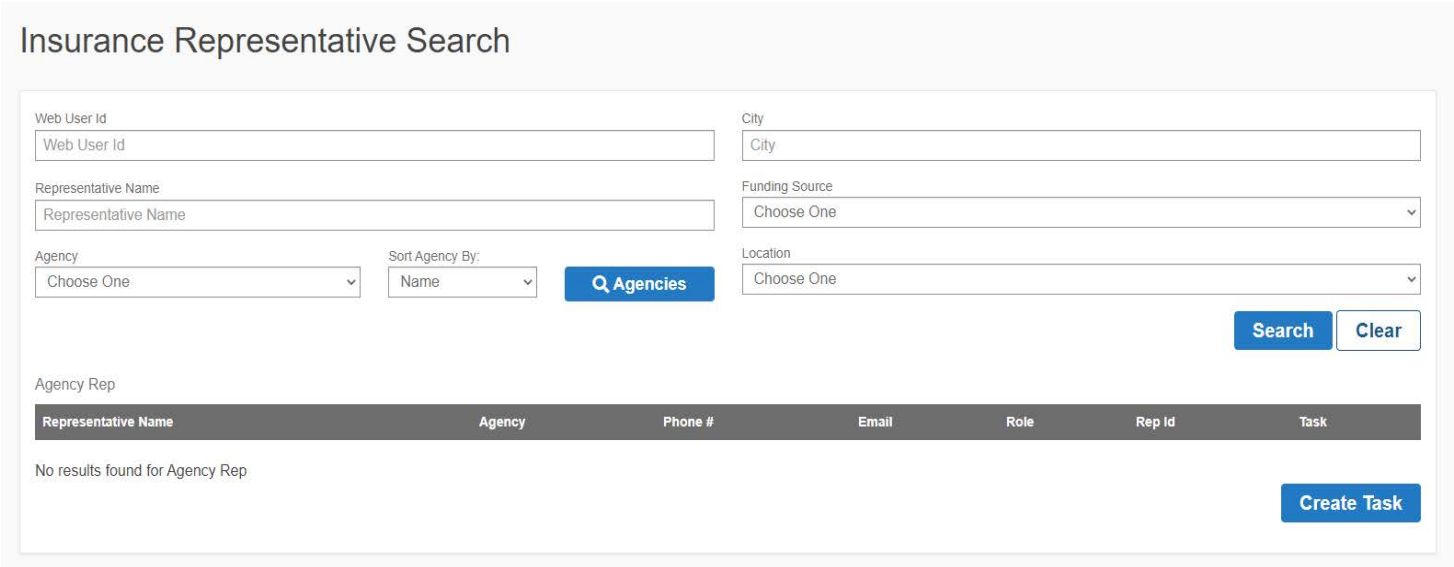
Wellness

Membership / Member Search / Member Wellness / Wellness

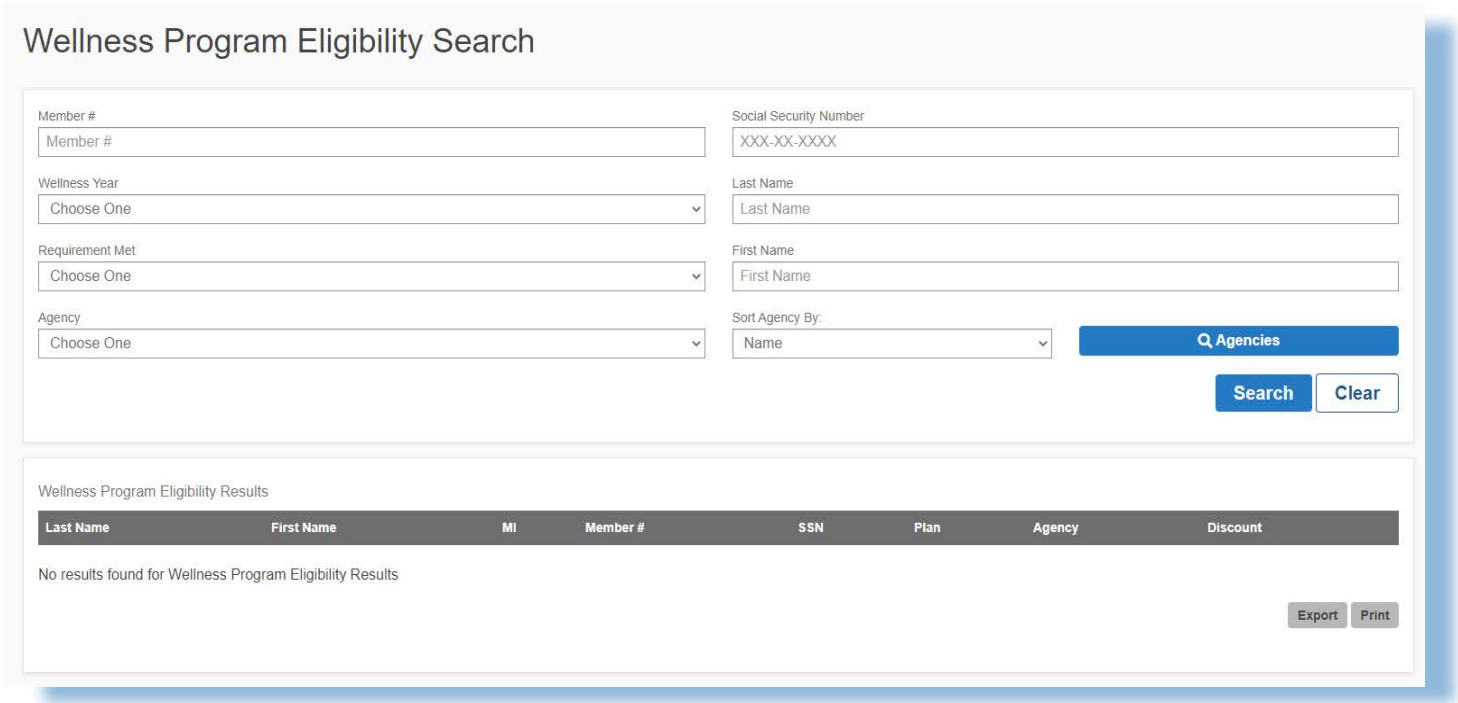


Tools Section

Under the "Tools" section, you can search for other HIRs, with the Insurance Representative Search



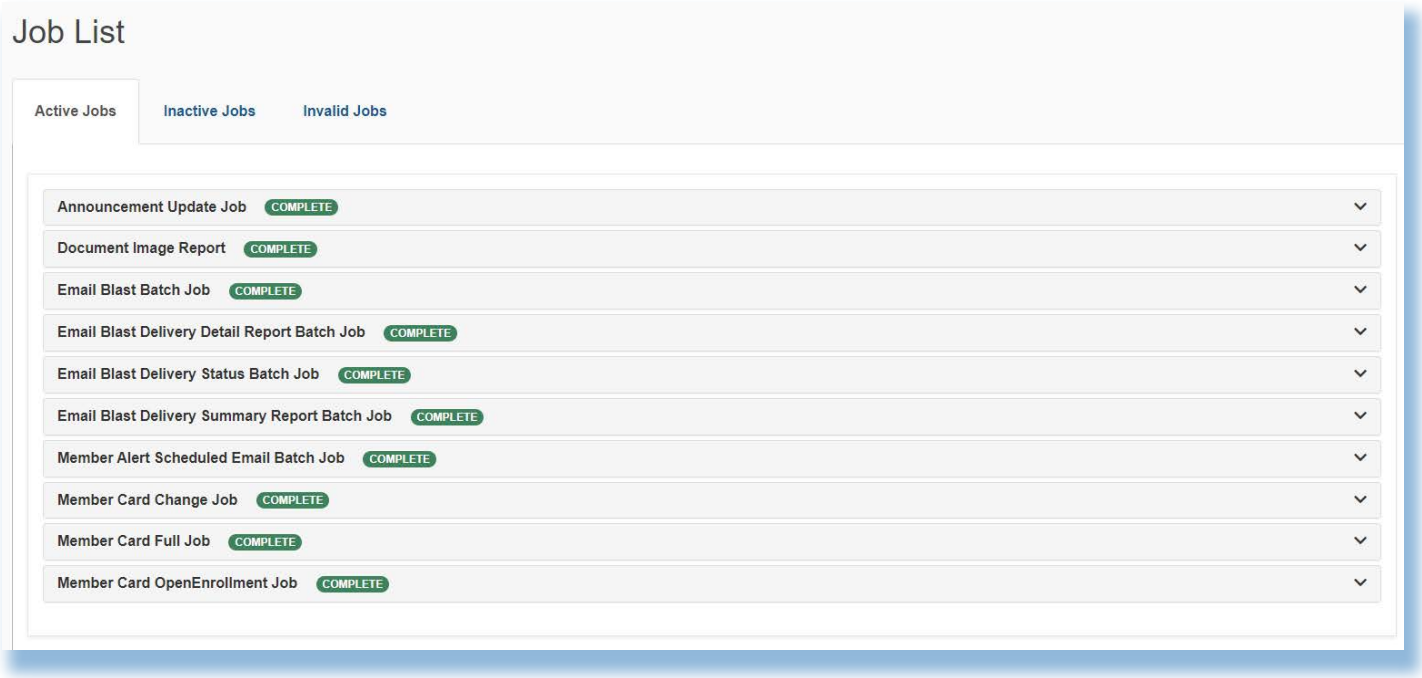
Also, under the "Tools" section, is where you will find the "Wellness Program Eligibility Search." This search allows you to search for who has or hasn't met wellness.



Job Section

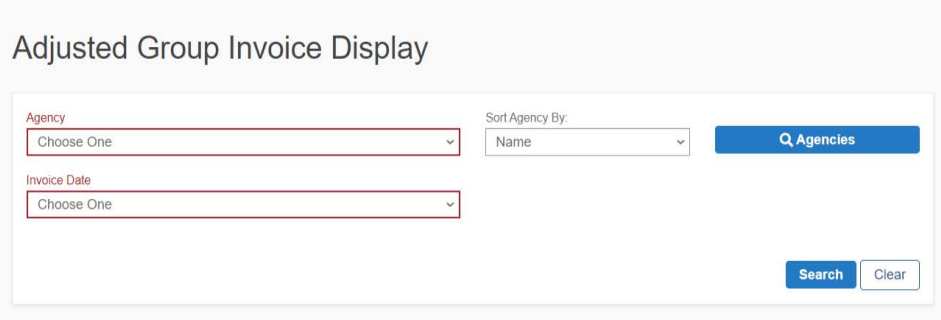
Job List

To access your Job files, click "Job" then "Job List." To properly view the job files, use any other browser besides Internet Explorer.



Accounting Section

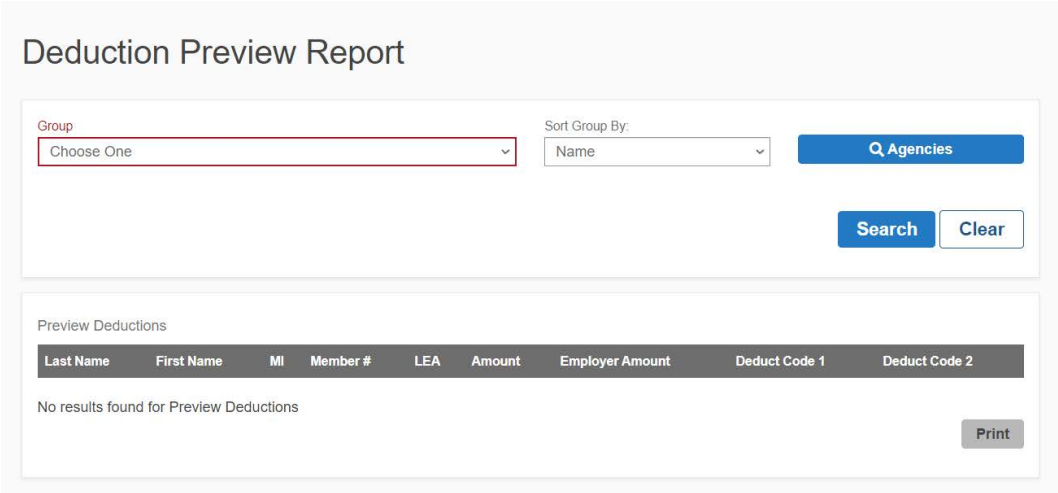
Adjusted Group Invoice- Non-AASIS



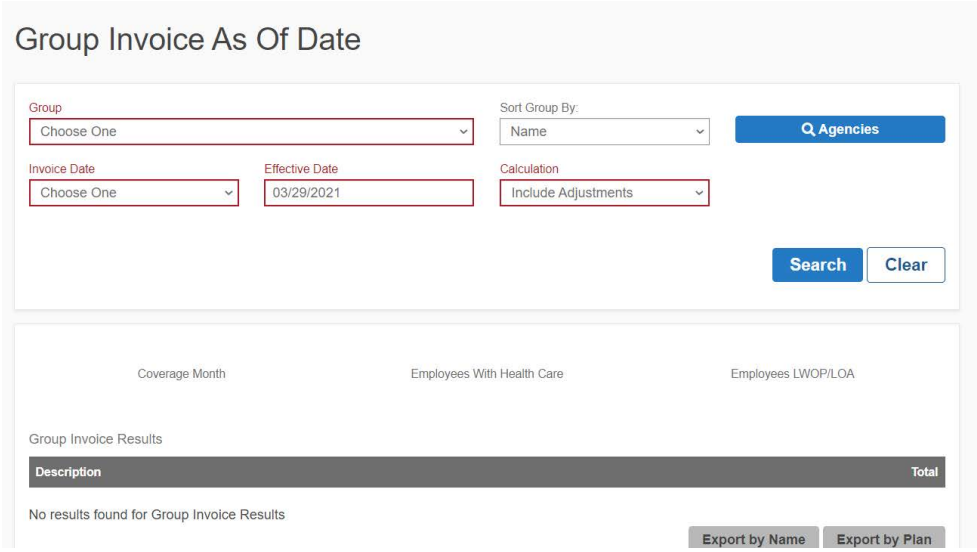
Adjusted Group Invoice allows you to view the adjusted invoice versus the original invoice.

Once you choose an invoice date and clicked on search, you will be able to view the page to print as a pdf, view as a spreadsheet, or even see the dif-ferences between the original and the ending invoice.

Deduction Preview Report



Group Invoice As of Date



PROCEDURES

The procedures section will provide information regarding important procedures to complete with regards to TSS EBD.

Name and Address Changes

TSS EBD uses the information that you put into AASIS as the profile information for your members in ARBenefits. This includes name, DOB, address, etc. Should any changes need to be made for a member, you should make them in AASIS. TSS EBD will receive the change in an update that night.

"When a member updates their address on their member portal, you will receive a task. Once you receive the task, please update the address in AASIS, if you have any questions please contact TSS EBD."

Making changes for spouse/dependents: If you need to make a change to a spouse/dependent of one of your employees, you can send a secure task to the EBD_Eligibility group detailing the change that you need made. **Non-AASIS agencies can submit changes in a secure task to the EBD_Eligibility group.**

Employee Eligibility (AASIS Agencies Only)

When you determine if an employee is eligible or ineligible for Health Insurance, you need to make sure to make the proper update in AASIS. If you have an employee that becomes eligible for coverage, you need to make sure the Insurance Eligible field is marked as “ALLB” for yes. On the flip side, if an employee is not eligible for coverage, that field should show a “NOBN” for no.

In order for TSS EBD to process an employee's enrollment for coverage, that field must show a “ALLB” in AASIS.

Employee Declining Insurance

Employees are not required to join the ARBenefits Plan. If they do not want to enroll onto the ARBenefits Plan, the agency should have them fill out a decline form each year that they do not want to join the plan, and keep in it their personnel file.

PENALTIES

Arkansas Code §21-5-415 gives TSS EBD the authority to impose a fine if our HIRs do not follow set policies and procedures. Prior to 1/1/2017, TSS EBD only penalized departments that failed to remit their premium or state match payments on time. However, starting in 2017, TSS EBD to enforce a penalty if the HIR has failed to follow other set policies and procedures.

The penalty will be in the amount of $50 per insured affected by the error. However, the first time an error is committed will only result in a warning from TSS EBD. The warning will detail the error, and what policy and/or procedure to follow in the future to avoid another error. It will be at the discretion of TSS EBD whether to impose a penalty or not for repeated errors.

When errors are committed by HIRs it negatively effects our members, and subjects the member, the HIR and the plan to unnecessary processes. Below are some specific examples of common HIR errors that have led to member appeals:

1. New hires not being added to payroll system correctly, therefore the members missed their 60-day window to enroll.

2. Member was advised by HIR that they could make Plan changes during a qualifying event that are not allowed by law.

3. HIR did not provide health benefits to the member.

4. HIR received documentation from employee within allowed time frame, but did not submit the documentation to TSS EBD until after the time frame had passed.

5. Deduction report is not followed therefore members are charged the wrong premium.

EBD will cooperate with you and your department to provide information and training to HIRs throughout the year. In addition to this guide and your training, TSS EBD also holds meetings at the Highway Department throughout the year. You are encouraged to attend a meeting close to you each time you receive a schedule. The meetings will go over any pertinent information regarding the plan, as well as allow you the chance to ask any questions you may have.

You are always welcome to contact TSS EBD if you need assistance by calling member services, sending an e-mail to AskEBD or by sending a Secure Task to the necessary group.

ACCOUNTING TIPS

Payment of State Match

State match is due on the last day of each month, or must be postmarked no later than the last day of the month. Failure to remit premiums on time will lead to penalties in accordance with Arkansas Code § 21-5-415. Please send a copy of the invoice with your payment. By law, all payments must be accompanied with an invoice. Please place the invoice on top after the check and do not staple your paperwork.

Member List (Applies to Non-AASIS Agencies)

If you use the As of Invoice, of which you should make sure your payment equals your invoice, it is not necessary to send us a copy of the names of your employees with insurance. i.e., the Deduction Summary Report. If you do not balance and you are aware of whom you're off balance by, you can either send a copy of the Deduction Change Report, or write on a note attached to the invoice whom the difference is regarding. If your payment equals your invoice, you only need to send your check(s) and a copy of the As of Invoice.

Overpayments (Applies to Non-AASIS Agencies)

If you have any outstanding balances and you make an overpayment, we are to apply that overpayment to your outstanding balances to reduce the amount the agency owes to TSS EBD. We have had HIRs say "Well how do you expect me to refund this member that I over deducted on?" We do not bill members, we bill the non-AASIS agency. Our accounting system shows monies owed by the agency, until those balances are zeroed, we will apply overages to those balances. If you do not have any outstanding balances and you make an overpayment, we will contact you to see if you want a refund check or a credit applied to the next invoice.

Wellness Benefit Discount & New Hires

If you have a new hire and their discount does not automatically show, please send a task to EBD_Billing and be sure to include to forward the task to EBD Health Services.

Post-tax or Pre-tax Status (Applies to Non-AASIS Agencies)

Please check and make sure that you check post-tax if the member is post-tax. All members are placed in pre-tax status, unless otherwise stipulated during enrollment. You will not pay FICA on post tax members. If a member is on leave without pay, and they bring you a personal check to deposit and send to TSS EBD on your monthly check, **they are post tax because it was not taken from payroll.**

FICA Savings (Applies to Non-AASIS Agencies)

We understand that you may have a penny or two difference on your FICA amounts due. Unless you want to manually enter the FICA amounts billed from the Deduction Report sent by TSS EBD each month, you may be over or short a few pennies. TSS EBD accounting will manually adjust your invoice in the accounting records for the difference of pennies due to rounding.

ACCOUNTING TIPS

New Item Added Recently: Adjusted Invoice (Applies to Non-AASIS Agencies)

On the 15th of each month, TSS EBD will run a program that will create an adjusted invoice for the previous month. The adjusted invoice will show you the new invoice amount if you had any adjustments to the previous month's invoice and the payments that have been applied to the invoice. If you owe additional money for the invoice, the payment is due by the end of the month. When you see an adjusted amount in your invoice and you would like to know for whom and what month these charges or credits are for; you can view the Adjusted Invoice, enter the month you need and scroll to the bottom of the page and you will see a list of names and the reason for the adjustment(s).

Health Insurance Portability and Accountability Act (HIPAA)

A. The Privacy Regulation

The HIPAA Privacy Regulations, with a compliance date of April 14, 2003, mandates that all Protected Health Information (PHI) be secured from use for reasons other than Medical Payments, Treatments, or Health Care Operations (PTO). The Department of Transformation and Shared Services Employee Benefits Division (TSS EBD) is considered a health plan and therefore is subject to the Privacy Regulation and bound to secure and protect all enrollees' health information. Protecting this information includes limiting uses and disclosures in all forms to those individuals not directly involved in services for PTO. For this reason, TSS EBD has chosen to use ARBenefits Call System (a secure messaging system) for questions regarding PHI.

B. The Security Regulation

The HIPAA Security Regulations, with a compliance date of April 14, 2005, mandates that all electronically transferred Protected Health Information (PHI) be secured. For this reason, EBD has chosen to use ARBenefits Task System (an encrypted e-mail system for EBD employees, contract workers, business associates, and carriers for questions regarding PHI and File Transfer Protocol (FTP), a secure website, for the transfer of PHI to and from our health carriers and vendors).

C. How HIPAA Affects TSS EBD Compliance

TSS EBD is considered a health plan administrator under HIPAA Privacy Regulations and is therefore subject to the privacy and security sections of these regulations.
The Privacy/Security Regulations have specific tasks and accomplishments, which must be in place in order for a Covered Entity to be considered compliant. TSS EBD has complied with these requirements as detailed in the following list:

1. Appointment of a Privacy/Security Officer:
The Privacy/Security Officer oversees all ongoing activities related to the development, implementation, maintenance of, and adherence to TSS EBD's policies and procedures covering the privacy and security of and access to patient health information in compliance with federal and state laws.

2. Notice of Privacy Practices (NPP) to all Plan participants:
The NPP is available on the TSS EBD web site and must be provided to all new enrollees in the Plan. TSS EBD accomplishes this by distributing the NPP via the Summary Plan Description (SPD).

3. Policies regarding disclosures of PHI:
TSS EBD has policies and procedures in place addressing the use and disclosure of PHI. These policies and procedures are accessible and available upon request to all enrollees, and Insurance Representatives.

4. Training for relevant employees:
TSS EBD is responsible for providing oversight, training, auditing, investigating and reporting of HIPAA- related policy, procedures, issues and violations for all members, business affiliates and business partners of the State of Arkansas State and Public School Employees Life and Health Insurance plan.

D. Uses and Disclosures of PHI

1. Authorization for uses and disclosures outside of PTO:
Plan enrollee information can only be used and disclosed by TSS EBD for purposes related to payment of claims, medical treatment, and health care operations. Communication between health carriers, prescription benefits manager, providers, and TSS EBD is allowed for the above stated reasons without the enrollee's consent. Written authorization is required from the enrollee in order for TSS EBD staff to disclose an enrollee's health information with anyone outside PTO. This includes health insurance representatives, payroll personnel, family members, legal counsel, and friends. Authorization forms are available at TSS EBD and are specific to the situation being addressed, applicable to the person listed as authorized to discuss the enrollee's information and valid only until the expiration date on the form.

2. Identification of employees who may receive PHI:
TSS EBD has identified specific employees within EBD, who are able to use and disclose member's medical information. A listing of these individuals has been provided to each of our carriers and is updated quarterly.

3. Restriction of access to information:
TSS EBD has restricted access to certain levels of information. Access to information is based on a minimum necessary for job function.

4. Employee Non-compliance:
TSS EBD has discipline policies and procedures in place for staff that do not follow privacy or security procedures. A suspected breach of confidentiality or possible unlawful disclosure should be reported to the TSS EBD Privacy/ Security Officer for investigation within one (1) business day.

E. How HIPAA Affects Insurance Representatives

1. Health Insurance Representatives are required to verify their identity any time that they contact TSS EBD for security purposes. Representatives must answer two (2) out of four (4) questions correctly in order to verify their identity. Questions that must be answered are, Name, Social Security Number, Group ID, and Pin # (or your login ID).

2. Discussion and/or communication of an enrollee's PHI between TSS EBD staff and Health Insurance Representatives will no longer be allowed without a member's specific written authorization allowing the named Health Insurance Representative (HIR) access to the enrollee's PHI.

3. If an Insurance Representative receives authorization to provide an enrollee's health information, the representative becomes responsible to secure and protect that enrollee's health information from all others not involved in the member's health care. You must not discuss a member's Protected Health Information (PHI) with any individual other than the member without a member's specific written authorization.

4. All health information must be separate from all employment documents and must not be accessible to any unauthorized person. Directors, Superintendents, Principals, and other supervisors do not have a right to an employee's heath Information. Should this occur the Insurance Representative might be liable for the violation. You are responsible for securing and protecting any PHI to which you are given access.

5. Business Affiliates will complete all Business Associate Agreements and Confidentiality statements as requested by TSS EBD in timely manner. Any personnel changes must be reported to TSS EBD within five (5) business days.

6. Business Affiliates will be subject to reasonable audit to ensure compliance with HIPAA regulations.

7.Business Affiliates must report any suspected violations or breaches to TSS EBD Security for investigation within one (1) business day.

Note: Please encourage the employees to call the insurance carriers or TSS EBD directly to resolve claim problems. If these attempts are unsuccessful then they may contact the Insurance Representative for assistance. Please remember to obtain signed authorization (and forward a copy to TSS EBD).

F. Penalties for Non-Compliance or Violations

The Privacy and Security Regulations are monitored and enforced by The Federal Department of Health and Human Services (HHS), Office of Civil Rights (OCR). Penalties for non-compliance are as follows:

Civil Money Penalties

- $100 to $50,000 for each violation where the entity did not know (even with reasonable diligence) that they were in violation of the statute, with a $25,000 to $1.5 million cap per year for violating the same requirement,
- $1,000 to $50,000 for each violation where the entity had reasonable cause, but did not show willful neglect in violating the law, with a $100,000 to $1.5 million cap per year for violating the same requirement,
- $10,000 to $50,000 for each violation where the entity showed willful neglect of the law, but corrected the violation within 30 days of discovery, with a $250,000 to $1.5 million cap per year for violating the same requirement,
- $50,000 for each violation where the entity showed willful neglect of the law, but failed to correct the violation within 30 days of discovery, with a $1.5 million cap per year for violating the same requirement, However, there is no maximum penalty for this circumstance.

Criminal Penalties

- Fine of up $50,000 and up to one (1) year in jail for knowingly disclosing individually identifiable health information
- Fine of up to $100,000 and up to five (5) years for offenses committed under false pretenses
- Fine of up to $250,000 and up to ten (10) years for offenses committed for personal gain or with malicious intent

Attorney General Prosecution

- State Attorney Generals now have the authority to bring civil actions on behalf of state residents injured by a breach, either to enjoin further violations or to obtain damages on behalf of residents
- Total damages imposed on a person or organization for all violations of an identical requirement in a calendar year may not exceed $25,000
- The court may award the costs of the lawsuit and reasonable attorney's fees to the state
- State Attorney Generals may not sue over a specific violation while an HHS action regarding that same violation is pending

ARKANSAS CODE § 21-5-415

A.C.A. § 21-5-415

Arkansas Code of 1987 Annotated Official Edition
© 1987-2011 by the State of Arkansas
All rights reserved.

*** Legislation is current through the 2011 Regular Session and updates ***
*** received from the Arkansas Code Revision Commission through ***
*** November 16, 2011. ***

Title 21 Public Officers and Employees
Chapter 5 Compensation and Benefits
Subchapter 4 -- State and Public School Life and Health Insurance Board

A.C.A. § 21-5-415 (2011)

21-5-415. Nonpayment of premiums and failure to file reports by agency or school district.

(a) (1) If any participating agency or school district does not remit insurance premiums and required monthly reports to the Employee Benefits Division of the Department of Transformation and Shared Services by the last calendar day of each billing month, the division shall impose a penalty of two dollars ($2.00) per insured member or one hundred dollars ($100), whichever is greater.

(2) Penalties will be assessed and invoiced based on the actual number of members included on the monthly billing report that is past due. Invoices will be processed at the beginning of the month following the infraction.

(3) Penalties shall be payable to the TSS Employee Benefits Division and must be received by the division no later than the last calendar day of the month following invoicing.

(4) If payment is not received by the division by the due date, the following collection methods may be used:

(A) (i) The Chief Fiscal Officer of the State may cause the amount sought to be transferred to the division from:

(a) Funds the agency or school district has on deposit with the Treasurer of State; or

(b) Any funds the agency or school district is due from the state.

(ii) If a transfer must be made, a transfer penalty of twenty dollars ($20.00) per transfer shall be assessed each agency or school district fund and included in the transfer;

(B) The agency director or school district superintendent may be required to appear be fore the State and Public School Life and Health Insurance Board to report the reasons for nonpayment or incorrect reporting; and

(C) The Chief Fiscal Officer of the State may use his or her powers outlined in § 19-4-301 et seq. to aid in collection.

(5) Nonpayment of premiums could also result in a lapse of health and life insurance coverage for employees of the school district, agency, or the agency assuming responsibility for paying health and life claims for its employees.

(b) (1) If any participating agency or school district fails to follow established policy and procedures set by the executive director, including but not limited to notifying the division of an insured's

leave without pay, family medical leave, or military leave status or if any participating agency or school district provides incorrect benefit information or processes unauthorized benefit changes, including system entries that result in unreimbursed expenses to the State Employees Benefits Trust Fund or Public School Employees Insurance Trust Fund, the division shall have the right to:

(A) Require the agency to pay the total amount of the insured's premium; and

(B) Impose a penalty of fifty dollars ($50.00) per insured.

(2) Penalties will be assessed and invoiced based on the actual number of violations. Invoices will be processed at the beginning of the month following discovery of the infraction.

(3) Penalties shall be payable to the Employee Benefits Division and must be received by the last calendar day of the month following invoicing.

(4) The Chief Fiscal Officer of the State may cause the amount sought to be transferred from:

(A) Funds the agency or school district has on deposit with the Treasurer of State; or

(B) Any funds the agency or school district is due from the state.

(5) If a transfer is made, a transfer penalty of twenty dollars ($20.00) per transfer shall be assessed each agency or school district fund and included in the transfer.

(c) The division may correct any error regarding an insured's benefits according to existing documentation without authorization or prior notification to the agency or school district.

HISTORY: Acts 1972 (Ex. Sess.), No. 48, § 8; 1973, No. 842, § 2; 1981, No. 749, § 4; 1981, No. 838, § 6; 1983, No. 582, § 1; A.S.A. 1947, § 12-3108; Acts 1997, No. 1295, § 3; 2003, No. 826, § 2; 2007, No. 1009, § 13.

LINKS

Click on the forms below to bring up a PDF version.

ARBenefits

ARBenefits Enrollment Form
ARBenefits Change Form
ARBenefits Retiree Enrollment Packet
Spousal Affidavit
Appeal Request Form
ARBenefits Summary Plan Document

Colonial Life

Colonial Life Enrollment Form
Colonial Life ASE Rates
ASE Basic and Enhanced Basic Coverage Brochure
ASE Supplemental Coverage Brochure
Colonial Life ASE Change Form
Colonial Life Beneficiary Change Form
Colonial Life Evidence of Insurability

Summary of Benefits & Coverage

Summary of Benefits and Coverage – ASE Basic 2021
Summary of Benefits and Coverage – ASE Classic 2021
Summary of Benefits and Coverage – ASE Premium 2021

Enrolling Online With ARBenefits

Rates

2021 Plan Rates – Active with Wellness
2021 Plan Rates – Active without Wellness
2021 Cobra Rates

2021 Table of Important Dates

Voluntary Products

ConnectYourCare HSA Enrollment Form
ConnectYourCare FSA Enrollment Form
ConnectYourCare HSA Change Form
ConnectYourCare Change in Status Form
ConnectYourCare HSA Claim Form
ConnectYourCare DCAP Claim Form

Delta Dental Enrollment Form
Humana Vision Application

AR BENEFITS

www.transform.ar.gov

AskEBD@dfa.arkansas.gov