

FLASH REPORT

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Issue XLII

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4th Quarter Rider Rates

Enrolled Group Size	Basic Blue 1	Acupuncture	Vision
	1-50 Can be added off cycle	1-50 Cannot be added off cycle	1-50 Can be added off cycle
Individual	\$5.75	\$0.69	\$3.04
EE/Spouse	\$13.80	\$1.66	\$7.30
EE/Child(ren)	\$11.21	\$1.10	\$4.86
Full Family	\$19.78	\$1.86	\$8.21

BlueCHiP for Healthy Options Keeping Employees on Track

According to data from BCBSRI, only about **40% of enrolled subscribers** renewing in the 4th quarter of 2008 **have complied with the requirements to maintain the Advantage Level of Benefits**. The deadline for submitting these requirements (PCP Checklist and Self-Reporting forms) for 4th quarter 2008 renewals **ONLY** has been extended. The deadline is being extended to give brokers and clients the opportunity to outreach and remind employees that are enrolled in the plan to complete the requirements. BCBSRI will accept these until the last business day of the month prior to renewal (September 30th for October renewals, October 31 for November renewals, and November 28 for December renewals), but members will be subject to being moved from the Basic Plan to the Advantage Plan retroactively.

The benchmarks that are commonly being overlooked include:

- Submit annual PCP Checklist within 8 months of enrollment (not required for members under age 12)
- Submit annual Self Reporting Form within 8 months of enrollment (not required for members under age 18)

These forms are attached for your convenience. If you currently have clients enrolled in the BlueCHiP for Healthy Options plan, please ask them to remind their employees about the requirements and the extended deadline. Be sure to indicate that the requirements apply to subscribers as well as their dependents. This simple reminder may save employees from being

Creditable Coverage Disclosure Help Your Employer Groups Stay Compliant

Please remind your clients that entities that provide prescription drug coverage to Medicare Part D eligible individuals must disclose to the Center for Medicare & Medicaid Services (CMS) whether the coverage is "creditable prescription drug coverage". This disclosure is required whether the entity's coverage is primary or secondary to Medicare. The Disclosure to CMS Form must be provided at the following times:

- For Plan Years that end in 2007 and beyond, the Disclosure to CMS Form must be provided within 60 days after the beginning date of the Plan Year for which the entity is providing the Disclosure to CMS Form
- Within 30 days after the termination of the prescription drug plan
- Within 30 days after any change in the creditable coverage status of the prescription drug plan.

The link to complete the Disclosure to CMS Form is:

http://www.cms.hhs.gov/CreditableCoverage/45_CCDisclosureForm.asp#TopOfPage

This method of transmission is convenient and will take minimal time to complete, and is the sole method for compliance with the requirement, unless the entity does not have internet access. For guidance on Creditable Coverage Disclosure to CMS please refer to the guidance document found at the link below:

http://www.cms.hhs.gov/CreditableCoverage/Downloads/Updated_Guidance_02_15_07.pdf.

If you have any questions regarding the disclosure process, please contact Jessica Northup at jessica.northup@amwins.com.

Continuing Education Opportunity

BrokerNetUSA will be hosting "Who, What, When, Where, Why – Personal Lines" presented by Robin Federici. The seminar will be held on December 5, 2008 from 1:00PM to 4:00PM at Chelo's on the Waterfront in Warwick, RI. The seminar will provide **3 RI P&C Credits**. The cost for this seminar is \$25 which is payable to BrokerNetUSA. If you would like to attend the seminar, please contact Gloria Hollis at gloria.hollis@amwins.com.

Giving Employees the Advantage BlueCHiP for Healthy Options

BCBSRI wants their members to have the **Advantage**. Take steps to help ensure members get enrolled in the Advantage level of benefits. If members don't complete certain portions of the BlueCHiP for Healthy Options enrollment form or Personal Health Assessment, you may contact subscribers directly to remind them to fully complete the form. (You can also directly contact dependents and spouses who are aged 18 or older to notify them that their information is incomplete.)

Please contact the subscriber if any of the following fields of the BlueCHiP for Healthy Options enrollment form are left blank:

- PCP selection
- Questions on the personal health assessment marked with an asterisk
- Signature on the application

All completed information must be submitted to BrokerNetUSA in a sealed envelope for submission to BCBSRI. If you have questions about this product or the requirements for enrollment, please feel free to contact Alyssa Stepinski at alyssa.stepinski@amwins.com or MaryBeth Higgins at marybeth.higgins@amwins.com.

If members don't complete certain portions of the BlueCHiP for Healthy Options enrollment forms, you may contact subscribers directly to remind them to fully complete the form.

RI General Law 27-50-5 Amended

Effective January 1, 2009 for small group new business and renewals, health risk appraisals and claims data will no longer be reviewed as a factor for rating or required in order to obtain guaranteed rates. This change is being made in order to be compliant with the legislation that recently passed. So that the most accurate rates can be provided, please be sure to submit census information using **accurate dates of birth** (ages will no longer be accepted). This will ensure that the estimated rates provided are accurate and represent a rate as close to the guaranteed rate as possible. In order to obtain guaranteed rates, BCBSRI will still require the New Business Underwriting Checklist and payroll/tax verification as well as the Waiver of Coverage forms. Personal Health Assessments will still be required for the BlueCHiP for Healthy Options as these are not used for rate factoring. If you have any questions, please feel free to contact any member of the BrokerNetUSA team.

BCBSRI Offers Package Discount

An added incentive has been provided for BCBSRI Small Group accounts. Beginning with new dental groups sold effective October 1, 2008 and upon renewal, those that purchase a dental plan along side a health plan will receive a 1% package discount off the health premium. Groups that add dental during the current health plan year will have the health plan rerated solely to add the premium credit. This rerate will present no change to the current renewal cycle. This package discount, coupled with the benefit of having only one premium bill and one ID card for members is a great reason to suggest BCBSRI Dental. In addition, BCBSRI will provide a dental proposal that mirrors or is comparable to a competitor's inforce plan design for groups with 20 or more enrolling. They will also provide 2 or 4 tier rating on dental proposals. Please note that the Basic Blue Options 1 or 2 and Premier Blue Option 1 are not eligible for the package discount. If you have any questions, please contact Jessica Northup at 401-734-2424 or jessica.northup@amwins.com. For questions regarding BCBSRI Large Group Accounts, please contact your BCBSRI Sales Representative.

RI Military Family Relief Act A New Law Affecting Rhode Island Employers

Effective June 23, 2008, The Rhode Island Military Family Relief Act (R.I. Gen. Laws §§ 30-33-1) took effect. The new law affects Rhode Island employers with 15 or more employees. Under the law, employees may request leave if a spouse or child is called to military service lasting longer than 30 days. The maximum length of leave for employers with 15-50 employees is 15 days. Employers with more than 50 employees must provide a maximum of 30 days leave.

Employers may require that the employee provide a minimum of two weeks notice prior to taking the leave if the leave extends beyond 5 consecutive days (the law allows for employees to take the leave time intermittently). The leave may be unpaid and may only be taken if the employee has exhausted all other leaves, including vacation, personal and compensatory leaves.

In addition, employers can require the employee to pay the full premium for their benefits during the leave; however, the employer must allow the employee to return to work in the same position or a position with equivalent seniority, benefits and pay. Please remind your clients to update their employee handbook to reflect this change.

BCBSRI Revised Forms

The Small Group Summary of Benefits (BlueCHiP for Healthy Options Advantage Plan summary) and the Request for Group Insurance Amendment to the Sales Agreement (BCBSRI Officer section) have been updated. Electronic versions of these forms are attached. Please contact any member of the BrokerNetUSA team for a supply.