



Health Benefits Committee

PCCD Board Room

January 21, 2016

9-10:30am

Agenda

- Welcome and Introductions, Benefits Office
- Review of Proposed Mission Statement
- Employee and Retiree Survey 2016
- Legislative Updates
 - Affordable Care Act Update IRS Form
 - ICD 10 Transition FAQ (ICD=International Classification of Disease)
- Year-to-date Budget Spending Review
- Upcoming Workshops
- Review of Open Enrollment Schedule 2016
 - Why so many?
 - Agenda items for next meetings
- Next Meeting Dates

Welcome & Introductions

Constituents Representatives

New Faces Around the District

Local 1021	Local 39	PFT	Managers	Confidentials	Peralta Retirees
Ava Lee-Pang	Rick Putz	Ed Jaramillo	Sean Brook	Laura Leon-Maurice	Debbie Weintraub
Abigaile Brewer	Selwyn Montgomery	Jennifer Shanoski	Atheria Smith		Tom Branca
	William Highsmith	Rick Greenspan	Luther Aaberge		Diana Lara

Review of Proposed Mission Statement discussion update

...As suggested by Peralta Retirees Organization

The PCCD Fringe Benefit Committee shall consist of representatives from PFT, SEIU Local 1021, IUOE Local 39, management, confidentials and retirees. Part of the members' responsibilities will be to:

- review potential changes and/or modifications to health and welfare plans
- **inform their constituents about these potential changes/modifications** (new proposed language)
- **review compliance with negotiated agreements** (new proposed language)
- report back to the Fringe Benefits Committee on behalf of their constituents.

The role of the committee shall be limited to making recommendations to the groups represented on the committee.

PRO + IUOE Local 39 language reflect the collective mission of the Committee:

The PCCD Fringe Benefit Committee shall consist of representatives from PFT, SEIU Local 1021, IUOE Local 39, management, confidentials and retirees. **The committee shall study manners and mechanisms which will impact health and welfare costs to the District. (language stated in Local 39 CBA)** Part of the members' responsibilities will be to:

- review potential changes and/or modifications to health and welfare plans
- **inform their constituents about these potential changes/modifications** (new proposed language)
- **review compliance with negotiated agreements** (new proposed language)
- report back to the Fringe Benefits Committee on behalf of their constituents.

The role of the committee shall be limited to making recommendations to the groups represented on the committee.

See past Committee Meeting Notes

Employee and Retiree Interest Survey

<https://www.surveymonkey.com/r/RRN5B75>

Survey went to active employees and retirees. Based on the feedback of committee members and feedback from others:

- Peralta benefits website
- health and wellness
- employee activities

Surveying since 2010; responses help us to study the “manners and mechanisms”

Legislative Updates

- Affordable Care Act
- International Classification of Diseases (ICD) Codes
- Increase to Commuter Plan Maximum Contribution

Increase on Commuter Contributions

Peralta Colleges | Apply & Enroll | Site Index | Directory | MyPeralta | Home

Benefits & Medical Information

Apply & Enroll | Students | Faculty & Staff | District Offices | Governance | Community

Navigation

- > **Benefits & Medical Information Home**
- > Archived Forms & Documents
- > Benefits Committee Meetings
- > Health & Wellness
- > Tax-deferred 403(b) & 457(b) Plan Information

Health Care Reform

- > 2013 Meaningful Notices Manual
- > 2013 Protected Health Information – Our Legal Duty Statement
- > HealthCare.gov
- > Marketplace Coverage Options Notice – Part A
- > Marketplace Mailing 9-23-2013

Historical Rates

- > Peralta Medical Benefit Rate Matrix 2013-2014
- > Peralta Medical Benefit Rate Matrix 2014-2015
- > Peralta Medical Benefit Rate Matrix 2015-2016

Quick Links

- > 1. Online Enrollment for Medical & Dental Coverage through BenefitBridge
- > 2. Universal Benefit Enrollment Form for Retirees & Exceptional Processing
- > 3. Change of Address Form

Benefits & Medical Information Home

January 2016 Updates

- Increase to Commuter Monthly Contributions. PRE-TAX COMMUTER EXPENSE PROGRAM HANDBOOK 2016 (Commuter/Parking enrollment form included.)
- New Partnership with JFK University. Obtain a University Degree. Attend upcoming lunch and learn.
- Respond to the PCCD Benefits Office Survey by January 20, 2016.
- Save the Dates: Retirement Workshops, New Employee Orientations Schedules and Part-time Faculty Spring 2016 Open Enrollment Briefings.

December 2015 Peralta Benefits Everyone

- Customer Services Resources
- Medicare annual notice
- BenefitBridge online secure portal
- Medicare Enrollment Campaign 2/3/2016

Click here for a personal copy of the December 2015 Peralta Benefits Everyone Newsletter

Open enrollment for part-time hourly faculty will begin on February 2, 2016 and end on March 2, 2016 for coverage March 1 – August 31, 2016.

Before you begin your online enrollment, download your "Term Workload" from Promt (your term workload determines your share of premium)

To enroll: click here for access to the secure website www.benefitbridge.com/peralta

- Establish password and user id
- Navigate to the Life Event Online tab
- Download, complete/then upload the following documents:

Affordable Care Act Update

- Affordable Care Act Update
- Form 1095 is to be distributed by March 31, 2015
 - Distribution of Form 1095 by Kaiser
 - Distribution of Form 1095 by CoreSource
- Some tax-payers may received more than one Form 1095
- See recommended template

1095 Notice

Companies 50+

New healthcare reporting law

Since 2014, the healthcare reform law (the Affordable Care Act (ACA) or “Obamacare”) has required individuals to have health insurance that meets the “minimum essential coverage” standards or potentially pay a penalty. When you file your Federal income tax return, you must indicate whether you (and your dependents) had the type of health insurance required by the law. The IRS will also receive information about your coverage from your employer and/or your health insurance provider.

What do I put on my tax return?

You will indicate whether you (and your dependents) had coverage on your Federal income tax return by checking a box on the form you are filing. On IRS Form 1040, this information is requested on Line 61.

The image shows a portion of the IRS Form 1040, specifically the 'Other Taxes' section. Line 61 is highlighted, which is labeled 'Health care: individual responsibility (see instructions)'. To the right of this label is a checkbox for 'Full-year coverage'. Below line 61 are lines 62 and 63. Line 62 is labeled 'Taxes from:' and includes checkboxes for 'a Form 8959', 'b Form 8960', and 'c Instructions; enter code(s)'. Line 63 is labeled 'Add lines 56 through 62. This is your total tax'. The 'Payments' section below line 63 includes line 64, 'Federal income tax withheld from Forms W-2 and 1099'.

You will receive information from your employer and/or your health insurance provider about the coverage in which you are enrolled and/or were offered, **but you should not provide this information to the IRS with your tax return.** This process functions in the same manner as your Form W2 in that regard.

What information about my coverage will I receive?

Alt1: (fully insured plans): If you enrolled in coverage, you will receive a Form 1095-B from our insurance carrier, [Carrier name]. This form notes which members of your family were covered and in which months. Information from Form 1095-B can be used in completing your Federal income tax return.

In addition, as part of this law, [Company] will send you a Form 1095-C which shows which months of the year you were eligible for coverage and the cost of the least expensive monthly premium you could have paid under our plans for employee only coverage. You will receive a 1095-C even if you declined coverage.

Health Benefits Committee

Keep all forms you receive with your tax documents in case you are ever asked to provide proof of coverage. Your tax preparer may also ask for these forms as documentation. **You do not need to submit these forms with your taxes** and can prepare taxes without them if you know the months of the year that you (and your dependents) had coverage.

1095 Notice, continued

you could have paid under our plans for employee only coverage. Section III of the form provides information about the months in which you and/or your dependents were covered under our plan. Information from Form 1095-C, Section III can be used in completing your Federal income tax return.

Keep all forms you receive with your tax documents in case you are ever asked to provide proof of coverage. Your tax preparer may also ask for these forms as documentation. **You do not need to submit these forms with your taxes** and can prepare taxes without them if you know the months of the year that you (and your dependents) had coverage.

How will I know if I owe a tax penalty?

If you and your tax dependents had healthcare coverage for all of 2015, you will not owe a tax penalty. However, if there was a gap in healthcare coverage of more than three months, you may have to pay a penalty when you file your Federal income taxes. If you had a gap in coverage, talk to your tax advisor about whether you may qualify for an exemption due to financial hardship or other accepted reasons.

What if my dependents or I had other coverage?

If you are covered under your spouse or domestic partner's plan, these forms will be provided by his or her employer and/or insurance carrier. If you were covered by a healthcare marketplace plan, you would receive a similar form (1095-A) from your healthcare carrier.

When will I receive the forms?

For your 2015 tax filing, you may not receive your forms until March 31, 2016. This deadline was recently extended from February 1, 2016. You should timely file your individual tax return even if you do not receive a 1095 before the April 15 tax filing deadline. The IRS had indicated that you will not need to file an amended return and can rely on the information you have at the time you timely file your individual tax return. In future years, you will receive information about your health coverage by January 31, the same timeline as your Form W2.

Who can I contact with questions?

If you have questions, contact [Name] at [phone] or [email].

International Classification Disease Codes

ICD-10 Transition: Frequently Asked Questions

CoreSource is in compliance with a federal mandate requiring an updated coding system be used to identify diseases and other health conditions on healthcare claims. Federal regulations require health plans, payers and most providers to begin using the most up-to-date version of the International Classification of Diseases (ICD) on claims with healthcare service dates on or after Oct. 1, 2015. The mandate for ICD-10 applies to both electronic and paper medical claims.

To provide more information about the mandate and our processes during this time of transition, we are sharing answers to frequently asked questions:

What is the federal mandate regarding ICD coding?

ICD-10 codes must be submitted on claims with dates of service on or after Oct. 1, 2015. ICD-9 codes must be submitted on claims with dates of service before Oct. 1, 2015.

Are there any exceptions?

The federal government established one exception: Hospital inpatient claims with a discharge date of Oct. 1, 2015, and after must use ICD-10 codes, even if the admission date is prior to Oct. 1, 2015.

Will CoreSource accept both ICD-9 and ICD-10 code formats after Oct. 1, 2015?

Yes, but remember the ICD coding version required is driven by the date of service. ICD-10 codes must be submitted on claims with dates of service on or after Oct. 1, 2015. ICD-9 codes must be submitted on

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How long will you accept ICD-9 codes?

ICD-9 codes will be accepted on claims with dates of service before Oct. 1, 2015, for the duration specified in our client contracts and legal mandates.

Will you accept a claim that has both ICD-9 and ICD-10 codes?

No. Claims with service dates through Sept. 30, 2015, and on or after Oct. 1, 2015, must be filed separately.

A claim filed after Oct. 1, 2015, was correctly coded in ICD-9 because the date of service was on Sept. 30, 2015, or earlier. If an adjustment is needed for this claim, should the coding be converted from ICD-9 to ICD-10?

No. Resubmissions or adjustments to claims for healthcare services before Oct. 1, 2015, must be submitted in the same code set used in the originally

International Classification Disease Codes

What is CoreSource's approach regarding claim processing?

Our claims clearinghouse will reject electronic claims with the incorrect coding version based on the date of service. These claims will not be sent to CoreSource until properly submitted. When CoreSource receives paper claims with the incorrect coding version, they will be denied via an Explanation of Benefits (EOB), with a remark code indicating that the claim was improperly submitted based on the date of service.

How will the member know that a claim was returned?

The processing of electronic claims is seamless for members, so they will not be aware of any returns. However, for paper claims, members will receive an EOB with a remark code indicating the claim was improperly submitted and that the provider of service has been instructed to resubmit the claims.

Does CoreSource have a communication plan for members?

While a member may see different diagnostic codes for claims with dates of service on or after Oct. 1, 2015, the only other indication of the ICD transition will occur if a paper claim is returned to their provider. In this situation, a member's EOB will state that their provider has already been asked to resubmit the claim to CoreSource.

What impact will this transition have on our reports?

Because of the updated coding in ICD-10, more detail about a diagnosis will be available. Where needed, CoreSource could support unique reporting needs around that level of detail.

What are the benefits of the ICD code transition?

CoreSource will have considerably more detail about the services our customers receive, generating better understanding of procedure and diagnosis trends for our clients.

Year-to-Date Spending

Vendor Name	change over prior year 14-15	Amount 2015-2016	YTD Expenses	7/1/2015 thru	% of budget	# of mos
MEDICAL						
Kaiser-Washington ⁽¹⁾	0	30,948	15,639.00	12/31/2015	51%	5
Kaiser-ATL ⁽¹⁾	0	17,861	8,930.40	12/31/2015	50%	5
Kaiser North	7.42	8,582,885	4,343,357.26	12/31/2015	51%	5
	-2.61	2,732,999	1,362,279.22	12/31/2015	50%	5
CoreSource Claims &	0	10,692,361	2,337,949.48	10/31/2015	22%	3
	0	7,824,429	1,538,258.23	10/31/2015	20%	3
CoreSource Administr	0	357,111	220,129.29	12/31/2015	62%	5
Wellpoint EAP	0	17,467	9,578.16	12/31/2015	55%	5
ING Stop/Loss ⁽²⁾	-21	894,570	521,100.22	11/30/2015	58%	4
		596,380				
DENTAL						
Pacific Union / UHDM	10%	28,745	12,831.79	11/30/2015	45%	4
ASIG		882,760	314,617.52	10/31/2015	36%	3
ASIG	3.08					
ASIG Administrative		50,718	18,317.04	10/31/2015	36%	3

Upcoming Workshops



Come Join Us
Know & Grow Campaign
Wednesday, February 3, 2016
@ the District 9:00am – 1:00pm

Proudly sponsored by the Benefits Office, benefits@peralta.edu

Time	Topics
9—10	Planning a Peralta Retirement? <ul style="list-style-type: none">◆ During this workshop we will cover<ul style="list-style-type: none">◆ What happens to medical coverage◆ What dental coverage options are available◆ The timeline for effecting a Peralta retirement & more!
10—11	Medicare, Peralta & You <ul style="list-style-type: none">⇒ How, when and why enroll in Medicare⇒ What are the different Medicare Programs A-D?⇒ What a Peralta retiree should know⇒ What survivors of a Peralta retiree should know Representatives from Kaiser, CoreSource and Medicare will share the panel and field your questions
11-12	Tax Deferred Planning the 403(b) 457(b) way <p>As the new year often brings new financial plans and as we approach tax season, come learn more about the benefits of tax-deferred investing and how it may fit into your current or financial plans. Will your CalPers or CalStrs retirement be enough to support your retirement. Where are your other as-sets?</p> <p>Know what you own, Protect what you own, Grow what you own!</p>
12-1	Education for Change: John F. Kennedy University 15% tuition reduction <p>JFK has partnered with the Peralta Community College District to offer a special educational benefit to District staff and faculty—a scholarship equivalent to a 15% percent tuition reduction. It's not too late to start your plan. JFK offers:</p> <ul style="list-style-type: none">* Certificate and degree programs* Full and part-time schedules* Academic support and mentoring

Open Enrollment Schedule

Why so many? And what are they?

Month	Activity	Audience
May	Annual open enrollment for active benefit eligible & retirees & COBRA participants	Full-time active employees <ul style="list-style-type: none">• Retirees• Cobra participants• Surviving spouses
August	Semi-annual open enrollment for Part-time & hourly faculty	Part-time & hourly faculty
November	Flexible Benefit 125 Plan open enrollment	All employees 10+ months
January	Semi-annual open enrollment for Part-time hourly faculty	Part-time hourly faculty
January-March	Medicare Open Enrollment	Retirees and eligible dependents over age 65 or otherwise eligible per Medicare regulations

Agenda Items for Next Meetings

- Legislative Updates 2016
- What happens when payments are received late from COBRA participants and surviving spouses?
- Medical trend analysis
- Survey responses
- Medicare campaign update

Next Meeting Dates

March 24, 2016

April 28, 2016

The Benefits Office is available to serve as a resource at your meetings.
Contact us at benefits@peralta.edu