



BC 101+

From the PEIA Customer Solutions and Legal
Teams



AGENDA

Today's training will focus on three (3) areas

Divorces—We are still getting reports from members that BCs are telling them that they have, “90 days” or that they have to wait until Open Enrollment.

Leaves of Absence – We are finding instances of members having been on extended LOAs (some >2 years) and them receiving continued PEIA coverages – in some cases with no employee share being collected from the employee.

Worker's Compensation –PEIA has been paying for medical and pharmacy claims that are directly attributable to worker's compensation related issues.



WELCOME TO THIS BC 101+ TRAINING...

- We appreciate the work done by the Benefit Coordinators across of 600+ participating agencies.
- We recognize that it may, at times, be difficult to manage the benefits of a dynamic workforce.
- Today's training is designed to target some areas that PEIA continues to experience issues with that are costing the Plan(s) and creating avoidable angst and animosity with our members.
- We want your questions! We welcome your feedback!!!
- **This is your Plan too...**



FOUNDATION OF THE TRAINING...



- **PEIA is a non-federal, government “Employer Sponsored Health Plan” under federal rules.**
- Agencies that participate in PEIA are not the "Employer Sponsor" of the employer sponsored health plan but are actually statutory permissible participants in an employer sponsored health plan whereby the "Employer Sponsor" is, by law, the State of West Virginia. As such they do not have the authority to waiver, modify, or otherwise alter or ignore PEIA's eligibility or operational rules.

DIVORCES

From Page 21 of the PEIA SPD:

- “Qualifying events which end eligibility (such as divorce, the re-marriage of a surviving dependent, placement in State or Federal custody, etc.) must be **reported immediately**. Stepchildren must be removed from coverage by the policyholder at the time of a divorce. For purposes of eligibility, the term “immediately” shall mean as soon as practically possible and, in no case, greater than thirty (30) days from the date of the event, e.g. divorce. The policyholder is responsible for notifying PEIA of the divorce, in writing, by completing and submitting either an online transaction in the Manage My Benefits system or a Change in Status form and providing a copy of the divorce decree. **Divorce cannot be reported by phone call or email.**”



ON PAGE 29 OF THE SPD IT RE-ASSERTS:

“For purposes of eligibility, the term “immediately” shall mean as soon as practically possible and, in no case, greater than thirty (30) days from the date of the event, e.g. divorce, termination of Guardianship/parental rights, etc. “Reporting” means the proper submission of a “Change In Status” form to the member’s Employer Agency Benefit Coordinator and/or the proper submission of the Qualifying Event through the PEIA Manage My Benefits Portal with the appropriate supporting documentation, e.g. a copy of the divorce decree, Court Order(s), etc. “Calling” and/or e-mailing and informing your participating employer and/or PEIA of an event does not meet the reporting requirements of this section.”

PAGE 29 OF THE SPD BROKEN DOWN

...have to be reported “immediately” – in no cases any later than 30 days. Not “90 days”; Not month plus two...; Not 30 days from when the member receives the decree from their attorney or the Court...

...can't be reported by phone or e-mail – the member has to do a Change In Status and send in a complete copy of the divorce decree – no “pictures”.

...if bifurcated, from the date of bifurcation. Bifurcation ends the marriage. There may other issues related to the marriage, i.e. child custody, property, etc. But these do not allow the now ex-spouse to be carried on the member's Plan(s).

It is the responsibility of the member to get a copy of the decree from the Court within 30 days of the divorce being finalized.

QUESTIONS ON DIVORCES?



LEAVES OF ABSENCE (LOA'S)



On Page 36 of the PEIA SPD:

- *"It is the employer's responsibility to make the determination regarding an employee's eligibility for a leave of absence. **It is important to note that a leave of absence is intended for an employee who is expected to return to work and for whom the employer maintains an open position. It is not intended to extend medical benefits for individuals who are not eligible to retire nor for those who have applied for disability and are not able to return to work, or for whom a position is not being held open.** Such a person is not an employee and it is improper to continue his or her health coverage as if he or she were still an employee. Employers are reminded that under State law it is a felony to misrepresent any material fact to obtain or provide PEIA benefits to which a person is not entitled (W.Va. Code §5-16-12). PEIA is required by law to report all violations of state or federal law to the authorities having jurisdiction."*

LOA'S CONTINUED...

• *"In Leave of Absence situations where the employee is required to pay their share of the premium, it is the employer's responsibility to establish the method or means for that premium collection and to track it on a monthly basis. As Leaves of Absence are granted by the employer, the employer assumes the responsibility for the full payment of premiums for the member. PEIA will not "retro-term" employee members for their failure to pay the employee share of the premiums nor credit the employer for past months that the employee failed to pay. **It is the responsibility of the employer to report any employees that are on a Leave of Absence to PEIA through the portal.** Failure to immediately report the employee's non-payment of premiums while on a Leave of Absence, and the failure to term said employee's coverage with PEIA, may result in the employer being held responsible for any and/or all claims paid by PEIA on behalf of the policyholder and/or their dependents.*

Return from a leave of absence does not constitute a qualifying event which would allow the member to change plans during the plan year."

IN THE PEIA PLAN DOCUMENT (LEGISLATIVE RULE)

- §CSR 151.01
- LOAs are limited to one (1) year with certain exceptions
 - Worker's Compensation
 - Military Leaves
 - Approved FMLA
- Employees have to submit monthly documentation of their LOA status and their expected return to work date to their employer.

IN SUMMARY FOR LOA'S...

- An agency can't "string" LOAs – consecutive one (1) year periods. •
- A member is eligible for one (1) year of PEIA coverage(s) under a LOA (with the previously mentioned exceptions noted)
- If a member applies for disability, under PEIA Rules they are no longer eligible for PEIA LOA coverage(s).

- If a member refuses to return to work after being discharged from a worker's compensation matter, then they are no longer eligible for PEIA LOA coverage(s) as they no longer meet the definition of an "employee" under PEIA Rule(s).



QUESTIONS ON LOA'S?



WORKER'S COMPENSATION



- PEIA has identified that, in some instances, it has been paying claims for medical issues related to Worker's Compensation.
- If a medical claim is, "Work Related", it is not PEIA's responsibility to pay the claim(s). It is the responsibility of the agency's worker's compensation insurance carrier.

- Agencies and members are required to report to medical providers if medical claims are work related and to advise the medical provider(s) – medical and pharmacy – to not bill PEIA for the claim(s).
- PEIA insurance is not a substitute for Worker's Compensation insurance coverage(s).

QUESTIONS ON WORKER'S COMPENSATION?



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