

OCTOBER 15, 2025: FLATWOODS

PEIA

PUBLIC EMPLOYEES INSURANCE AGENCY

BENEFIT COORDINATOR QUARTERLY WORKSHOP

AGENDA

- UMR and Member Benefits
- New Retirement Law
- Fraud Waste and Abuse
- Reminders
- Workshop Groups

PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

PEIA/UMR
Health and Wellness Programs

PEIA Benefit Coordinators Workshop

October 15, 2025
Flatwoods, West Virginia

PEIA
PUBLIC EMPLOYEES INSURANCE AGENCY

UMR℠

Agenda



- Clinical Resource Consultants
- PEIA Programs
- UMR Programs
- Questions
- Contacts

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Clinical Resource Consultants (CRC)

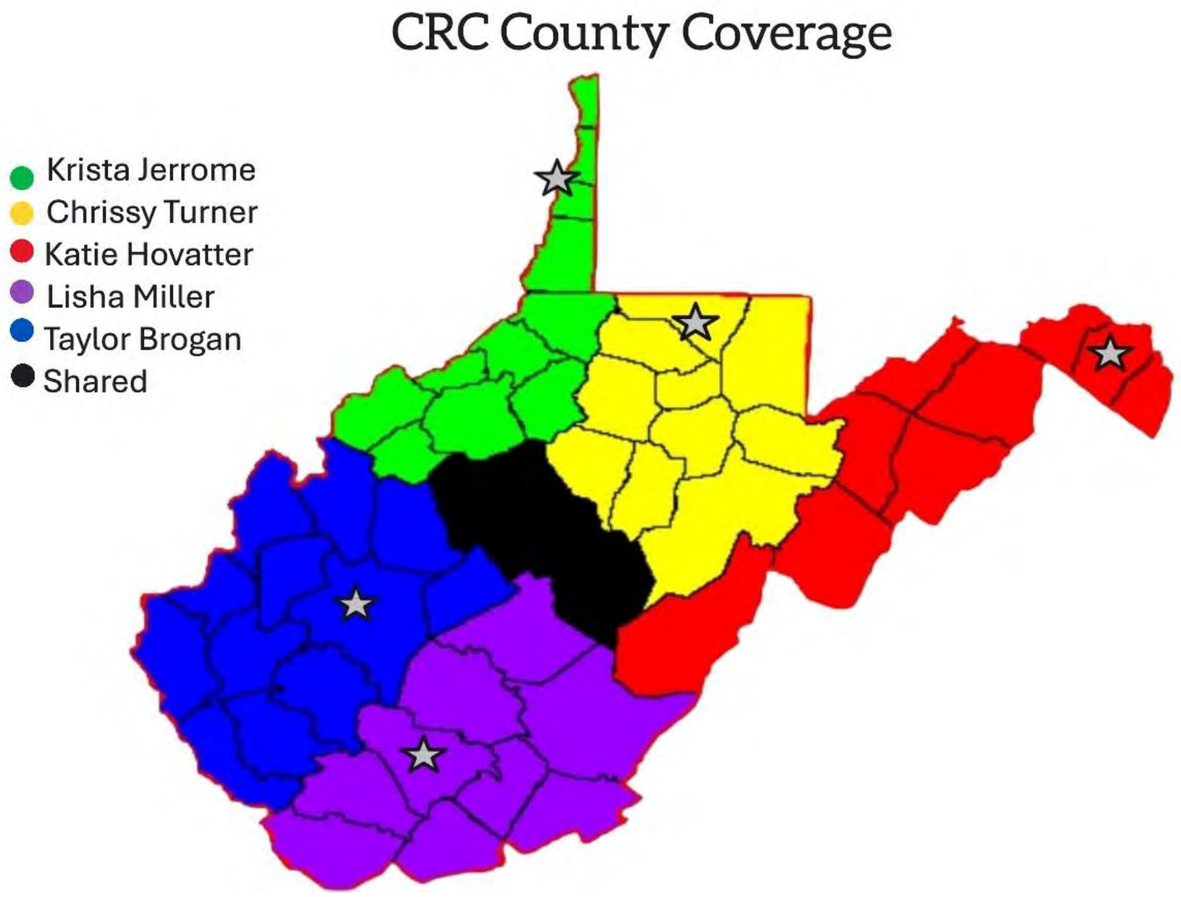
CRC Suite of Services



- Community/Virtual Resource Referrals
- Coordination of Care/Steerage
- Education and Support (Member/Provider)
- ER Utilization
- PEIA Program Referrals
- UMR Care Management Program Referrals
- Opioid Management & Education (Member/Provider)
- Steerage/Specialty Provider Assistance
- Denials and Appeals Support
- On Site Community Education
- Prior Authorization and Pre-determination Guidance
- Plan Health & Wellness Initiatives

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Onsite Community Care



- Community Liaisons
- Lisha Miller oversees the Team
- 5 CRCs across the state of West Virginia

The CRC's primary focus is to:

- Drive steerage to in-state providers;
- To provide education and support to members and providers;
- Deliver the monthly CCP Quality Metrics report to the CCPs with key highlights;
- Review Gold Card status for providers; and
- To coordinate with UMR internal teams as needed on appeals, prior authorizations, and other initiatives.

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Points of Collaboration



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PEIA Programs







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Face-To-Face Diabetes Program



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Face-to-Face Diabetes Program

Requirements for Participation in the Program

Engagement

PPB Plan Members with diabetes or gestational diabetes are eligible. Members must attend regularly scheduled appointments with the F2F provider and physician.

Provide a Hemoglobin A1c (HbA1c) lab value to the F2F provider at the initial appointment and thereafter quarterly

Requirements

New members enrolling in the F2F Diabetes program will have 12 months from the date of enrollment to get their HbA1c at a value of 8 or below or reduce the value by 1.0

Provide self-glucose monitoring values to the provider at each visit.

Participation

Participation is limited to two years. If the participant fails to complete a continuous two years, they may apply for a second attempt after a 12-month waiting period. Second attempt participants are eligible for a maximum time limit of one year (12 months).

Members can apply online at www.peiaf2f.com

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Face-to-Face Diabetes Program

Plan of Benefits and Conditions of the program

Copayments

Co-payments are waived for generic and brand-preferred diabetes related prescription drugs and/or some supplies. F2F Diabetes Program participants.

Deductible & Coinsurance

Participants are responsible for their deductibles and 75% co-insurance of any non-preferred brand medication.

PEIA will pay 100% of PEIA's allowance for in-network services.

Conditions

Copayments are not waived on non-preferred prescriptions drugs and mail order

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Face-to-Face Weight Management Program



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Face-to-Face Weight Management Program

Program Overview

Overview

The program uses the services of community-based exercise and nutrition professionals to help members make the necessary lifestyle changes so that they may lose weight and improve their health.

PEIA has developed a network of facilities across the state. A list of facilities can be found in the wellness tools section of the PEIA website. This is a twice per lifetime, self-selecting, opt in benefit with a duration of up to two years (24 months) in length.

Requirements

Must have current PEIA Preferred Provider Benefit Plan(PPB) or non-Medicare Retirees.

Member is over 18 years of age.

Member Requirements

Members must have a BMI of 25 or greater.

A waist circumference of 35 inches or greater for women **or** 40 inches for greater for men.

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Face-to-Face Weight Management Program

Participation in the Program

Participation

10 certified facility visits per month which are inclusive of professional visits and workouts. Workout minimum is 2x per week.

Maintain monthly measurements and food journal that are reviewed by weight management facility staff.

Check-Ins and Goals

Monthly compliance check-in with PEIA Staff by email, phone or text. Member must notify WM Staff at check-in or PEIA immediately if problems have occurred interfering with participation.

Work with the professionals in the program to meet the minimum weight loss standards:

-2.5% after 3 months in the program

-5% after 6 months in the program,

-10% after 18 months in the program

OR normal BMI & waist circumference (<25/<35W,<25/<40M)

Members

Complete online application forms, obtain program brochure and list of participating facilities on PEIA website.

No deductible or coinsurance

$30 per month copayment per participant

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Face-to-Face Weight Management Program

Ceasing Participation and Limitations

Ceasing Participation

Individuals who cease participation with the program due to medical reasons or pregnancy can resume the program upon medical release.

Participants who have ceased their participation for other reasons may apply for a 2nd attempt after a 12-month waiting period.

Limitations

Members covered by Humana or The Health Plan are not eligible.

Members are not eligible if under the age of 18.

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Weight Loss Program

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Weight Loss Program

Program Overview

Overview

- 1-year online program via smartphone or computer teaching core principles
- 10 weekly lessons averaging 30-45 minutes. Quarterly open enrollment (announcements are on PEIA website, Personify Health, and on Facebook)

Maintenance

- 10 bi-weekly/monthly personalized sessions
- Long-term weight management lessons

Member Requirements

- Members must be enrolled in PEIA PPB Plans, available to employees and non-Medicare primary retirees, and adult dependents over age 18
- Members who have previously completed this program will be eligible for a second attempt.

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Registered Dietician



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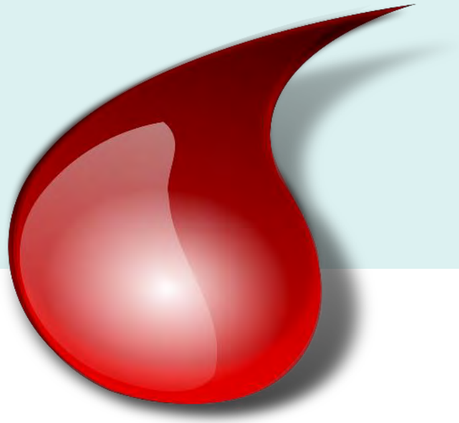
Registered Dietician Program

Program Overview



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Hemophilia Management Program



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Hemophilia Management Program

Program Overview

Overview

- Patients are identified by UMR Case Management or CRCs
- Patients and family will be introduced and encourage to use the CAMC or WVUH Hemophilia Disease Management Program for PEIA/CHIP patients

Program

- Voluntary program with incentives for participation
- Initial and annual evaluations by specialists

Member Benefits

- Plan pays 100% of evaluation, hemophilia expenses including factor replacement produces incurred at CAMC or WVUH (deductible and copayments are waived)
- Travel and Lodging expenses for child and 1 or 2 parents or 1 adult accompanying an adult patient: $110 per night for 2 nights
  - $75 daily food limit per person
  - Gas at the federal rate for 1 vehicle
  - Tolls with receipt

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Tobacco Cessation Program



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Tobacco Cessation Program

Program Overview

Overview

- PEIA PPB Plans are eligible to participate. Member must be paying the Standard Tobacco User Premium.
- Program applies to cigarettes, cigars, tobacco, e-cigarettes and vapes.

Program

- Voluntary program with incentives for participation
- PEIA will cover two 12-week cycles of drug therapy, even if more than one type of therapy is used

Member Benefits

- Initial and Follow Up visits to provider.
- Prescription and non-prescription are available at no cost when prescribed by a physician and purchased at a network pharmacy. Both the deductible and the copayment are waived.

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Tobacco Cessation Program

Program Nuances and Incentives

Using the Program

If extended therapy is required, the provider must submit a written appeal to the Director of PEIA with proof of medical necessity.

The benefit (office visits and prescriptions) can be used 2x per year (rolling 12-month period).

Pregnant Members

For pregnant participants, PEIA will provide 100% coverage for the tobacco cessation benefit during any pregnancy.

Incentives

Prescription and non-prescription are available at no cost when prescribed by a physician and purchased at a network pharmacy. Both the deductible and the copayment are waived.

Insureds must have been tobacco-free for 6 months prior to the beginning of the Plan Year to qualify for the discount for the entire plan year.

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Personify Health Wellness Program

Personify Health Wellness Program

Program Overview

Overview

Personify Health is a wellness platform with tools and resources to support PEIA PPB policyholders' personal wellbeing goals.

This is a way for members to create their own health journey and reduce their risk and impact of chronic disease. A large portion of the rising costs of healthcare are directly tied to preventable conditions. Utilizing the wellness platform and engaging in their health journey is a way for members to contribute to controlling the escalation of healthcare costs for both the member and the plan.

Program

Voluntary program with incentives for participation

Healthy habit tracking, fun step challenges, a video library and more

Member Benefits

Opportunity to earn $300 in Rewards Cash every year

Members who have earned 15,000 points in a quarter are entered into 2 drawings for $1000

Routine Screening

Take Health Assessment

Track healthy activities

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Travel Benefit



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Travel Benefit

Program Overview

Overview

If a covered PEIA participant travels more than 60 miles, one-way, from their home, to receive care in West Virginia, the PPB Plan will reimburse the policyholder some of the travel expenses related to their medical care.

Benefit is only for care and services received at providers in West Virginia.

Program

Covers mileage and tolls. Mileage reimbursed at Federal mileage rate. Tolls must be filed with receipt within 6 months of care.

Travel must be on same day as medical procedure and is limited to $250 maximum reimbursement per benefit year.

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SaveOnSP
Copay Assistance



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SaveOnSP Copay Assistance Program

Program Overview

Overview

PEIA has partnered with Express Scripts to offer members access to a co-pay assistance benefit, administered by SaveOnSP, to help members save money on certain specialty medications.

Program

SaveOnSP reaches out when it identifies eligible members taking the drugs that are included in the program. Members may contact SaveOnSP directly to sign up also.

If member's medication is on the SaveOnSP List, participation is mandatory.

Member Benefits

The specialty medications included on the SaveOnSP list will have a 30% co-insurance.

Participants will have $0 responsibility.

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Revive Health
Telehealth Program



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Revive Health Telehealth Program

Program Overview

Overview

Convenient and affordable virtual care with access to board certified physicians for medical consultation for non-emergency medical conditions.

Program

Acute condition care for Sinus infections, Bronchitis, Ear Infections, Cold & flu symptoms, Gastroenteritis, Sore throat, Urinary tract infection, Pink eye .

Member Benefits

$10 copay for telehealth visit.

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UMR CARE Programs

Ongoing Condition CARE



- Follow evidence-based guidelines to help patients with chronic conditions.
- Match interventions with identified risks to foster patient self management.
- Educate on primary care/prevention, behavior modification and maintaining successful lifestyle changes.
- Excel in patient advocacy and care.

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Ongoing Condition CARE

Clinical outreach to members living with ongoing conditions

We use medical and pharmacy claims data along with clinical health risk assessments and program referrals to identify members at high risk with one or more of the following conditions:

Neuromuscular/Autoimmune
ALS, Multiple Sclerosis, Myasthenia Gravis, Rheumatoid Arthritis

Cardiovascular
Hypertension, Heart Failure, Coronary Artery Disease

Respiratory
Asthma, COPD

Behavioral health
Depression, Anxiety*

Blood
HIV/AIDS, Hepatitis C, Sickle Cell Anemia

Gastrointestinal
Ulcerative Colitis, Crohn’s Disease

Oncology
Breast, Prostate, Colorectal, Lung Cancers

Endocrine
Diabetes (Types 1 or 2)

Genitourinary
Chronic Kidney Disease

* Only when identified as a co-morbidity

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Maternity CARE



- Registered nurses with extensive background in OB-GYN
- Provide comprehensive assessments before, during and after birth
- Provide education and support throughout pregnancy and delivery
- Connect with member by phone, email, or through CARE App
- Member receives health actions and pregnancy related tasks to reduce gaps in care and encourage preventive measures.
- CARE Nurse will engage with physicians as needed and alert them of the member’s participation in the program

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UMR Complex Condition CARE (CCM)



The purpose of the UMR Complex Condition CARE (CCM) program is to facilitate appropriate health care services. CARE Managers work with members and providers to achieve goals.

- Work closely with Inpatients, Catastrophic Illness and Transplant Programs.
- Help members negotiate treatment from the beginning of care to recovery under the direction of the provider.
- Serving as a member advocate.
- Coordination of care through collaboration with healthcare team.
- Providing an understanding of any complex issues.
- Helping members better understand their health benefits.

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UMR’s CARE app



Keeping members healthy in our digital world

The CARE app, powered by Vivify Health, allows us to meet members no matter where they are by connecting them to resources through their mobile device.

UMR CARE nurses and coaches can:

- View individual health metrics from self-reported data.
- Assign condition-specific CAREpaths.
- Virtually connect with members by text, email or face-to-face via streaming video.

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Plan Advisors
Available to assist members



Plan Advisors are responsible for answering a wide range of questions

- Answer benefit questions
- Review claims and accumulators
- Locate network providers.
- Assist with authorization or prior approval.
- Advise members on submitting appeals for processed claims & discuss outcomes
- Advise members on prior authorization/prior approval decisions.
- Arrangement appointments for members via 3-way call with provider’s office

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Member Portal on umr.com



Sign in to:

- View individual, tailored CARE Cues on “ **Your To Do**” list.
- Check your benefits and see what’s covered.
- Submit claims
- Complete Other Insurance Verification
- Complete Out of Area Dependent Forms
- Find a doctor In-State or In-Network
  - Estimate and compare services with health cost estimator tool.
- Look up what you owe and how much you’ve paid.
  - 24 months of claim and explanation of benefits (EOBs)
- Learn about medical conditions and treatment options to help you live a healthier life.
  - Healthy You quarterly magazine, Health Encyclopedia, Calculators and Assessment
- Scan the QR code to download the app

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Important Take Aways



Take Aways



- Clinical Resource Consultants (CRC) throughout the state.
- A host of Health and Wellness Programs to support members.
- Manage benefits on umr.com or the UMR app
- Change of Address with PEIA
- Out of Area Dependent Forms Annual

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Questions?



Program Contacts

Program Name	Program Purpose	Program Questions	Website
Face-to-Face (F2F)	Diabetes Management		https://peia.wv.gov/wellness_tools/Pages/default.aspx
Face-to-Face (F2F) Weight Management	Weight Management	weightmanagement@wv.gov 1-866-688-7493	https://peia.wv.gov/wellness_tools/Pages/default.aspx
Wondr Health	Weight Loss	1-855-999-7549	https://peia.wv.gov/wellness_tools/Pages/default.aspx
Personify Health	Wellness	1-833-842-4998 support.personifyhealth.com	https://peia.wv.gov/wellness_tools/Pages/default.aspx
Hemophilia Management	Hemophilia Management	UMR at 888-440-7342	Hemophilia Program (wv.gov)
Tobacco Cessation	Tobacco Cessation	PEIA: 1-888-680-7342	Tobacco Cessation Program (wv.gov)
SaveOnSP	Copay Assistance	1-800-683-1074	Prescription Drug Benefits (wv.gov)
Revive Health	Telehealth	844-433-8123	www.revive.health
UMR Maternity Management	Maternity Management	866-494-4502	Maternity Management Enrollment Form
UMR Plan Advisors	Benefits, locate network providers, assist members	1-888-440-7342	UMR.com

SENATE BILL 712



- On August 1, 2025 SB 712 became effective requiring retirees to be unemployed in any capacity for consecutive 60 days prior to being reemployed with an agency that has benefits through the Consolidated Public Retirement System (CPRB)

- Retirees may not have any communication regarding reemployment prior to retirement or during that 60 day period.

- Should this occur, the retiree's retirement is voided and they will be responsible for any annuity payments received and any future tax repercussions. This may also affect the member's PEIA coverage for that voided retiree period.

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Foundation of PEIA

PEIA
is a State Agency
as part of the State of WV

- 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

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DIVORCE



- PEIA takes fraud, waste and abuse seriously.
- Any member or dependent is left on a PEIA policy is considered either fraud, waste or abuse.
- PEIA will investigate who is at fault, be it the member, the BC, or the agency and they may be responsible for any and all claims/premiums due to PEIA.

- PEIA requires a complete copy of the divorce decree.
- If you are informed of a divorce that falls outside the timeframe for making changes, please email your eligibility representative after you've made the change online. This will allow them to backdate the change for you.

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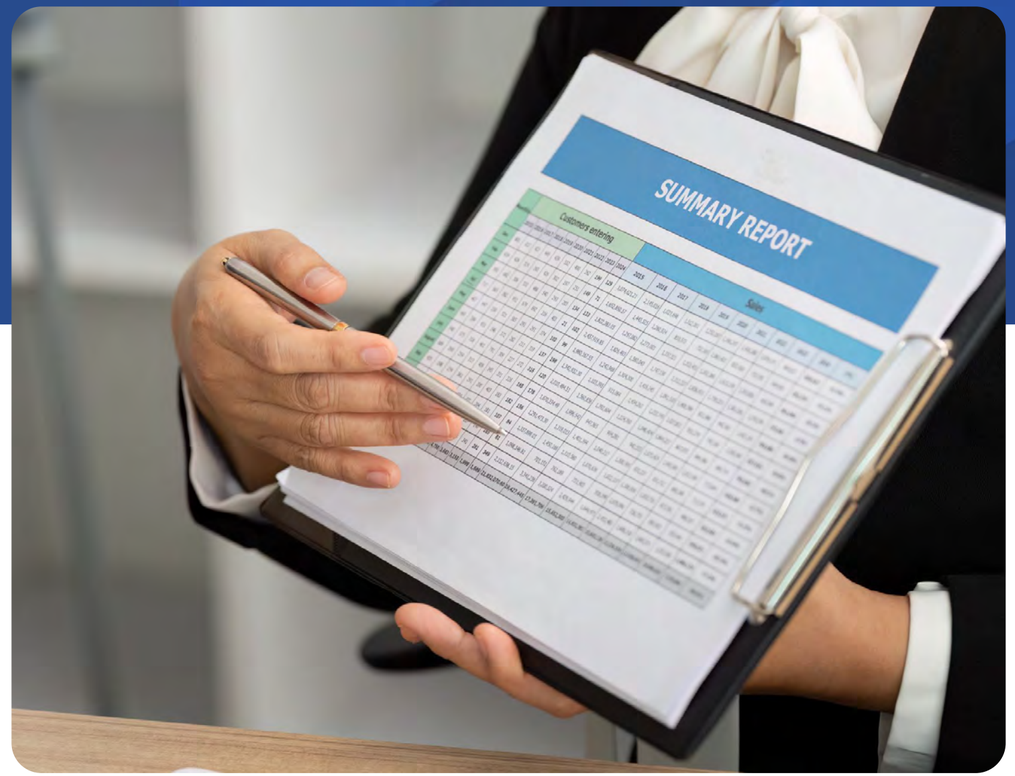


FROM PAGE 21 OF THE SPD

“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.”

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ON PAGE 29 OF THE SPD, IT REITERATES:



“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.”

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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 must submit monthly documentation of their LOA status and their expected return to work date to their employer.



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LEAVE OF ABSENCE (LOA)



- “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.”

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LOA SUMMARY

- 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 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).



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LOA
ONLINE PORTAL



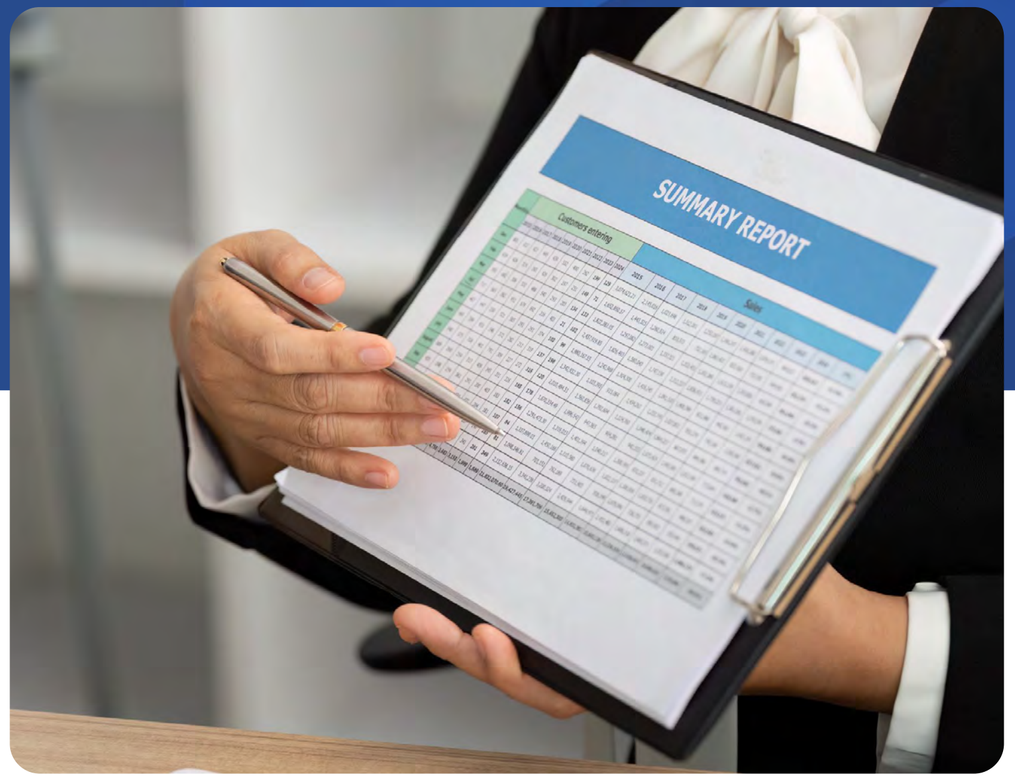


- If a member applies for disability, under PEIA Rules they are no longer eligible for PEIA LOA coverage(s)

- To term a member on leave in the online portal use: **TERMED INSURANCE WHILE ON LEAVE OF ABSENCE**

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WORKERS' 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).

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REMINDER

RETIREE FORMS

- Retirees MUST fill out a termination form and a Retiree Basic Life and Health enrollment form. If they do not want coverage, fill out the second form and decline coverage. Forms should be sent by fax, mail or uploaded into the online portal

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REMINDER



SPOUSAL SURCHARGE

- When a member has a spouse that works for an agency that works for PEIA and one of them quits, the PEIA system will automatically assess the Spousal Surcharge to their premium the first of the following month. Please remind employees to update their Spousal Surcharge Affidavit if their spouse will no longer have employee sponsored insurance.

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TRAINING REQUESTS

If you would like PEIA to come to your agency and speak to your employees or BCs, please contact me to set up a date and time.

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Thank you for the support and dedication you give to all members and PEIA!
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