

## **SPOUSAL AUDIT FREQUENTLY ASKED QUESTIONS**

### **Q: What is a Spousal Eligibility Audit and why did I receive this letter?**

**A:** A Spousal Eligibility Audit requires all employees who have a spouse enrolled in the Clermont County Insurance Consortium (CCIC) to provide proper documentation to verify your spouse's eligibility for coverage under the plan and certify if your eligible spouse will be covered as Primary or Secondary under the CCIC plan effective January 1, 2015. It is a way to make sure that CCIC provides benefits to only those who are eligible. Spousal Audits are a best practice used by organizations nationally and locally to help control the cost of benefits for everyone. To make sure covered spouses are eligible under CCIC, you will need to provide the necessary documentation.

### **Q: Why is CCIC conducting a Spousal Eligibility Audit?**

**A:** Providing quality benefits to our employees is an important part of who we are. To sustain a quality and comprehensive plan, we must act as good stewards by ensuring eligibility requirements are met for these benefits. Simply enrolling a spouse in the plan is not proof of eligibility. The audit is a very important piece of controlling the cost of our benefits for our employees and for maintaining the integrity of the CCIC. CCIC is required to verify that all plan premiums are being spent on only those who are eligible.

### **Q: Who is Next Generation Enrollment?**

**A:** **Next Generation Enrollment** is an independent audit group working with CCIC to conduct and manage the audit process. Look for these logos in the communication mailings.



## **DOCUMENTATION REQUIREMENTS/AUDIT PROCESS**

### **Q: What do I do if I am having trouble getting my documentation?**

**A:** You can contact the Next Generation Benefit Center toll-free at (888) 266-1732 to discuss your issue with a representative. The representative will instruct you on where to obtain required documentation and how to order new documents if needed.

### **Q: How can I be sure my documents are secure during this process and what happens to my documentation once the audit is complete?**

**A:** Next Generation Enrollment takes a number of precautions to assure the security of all spousal audit materials. All personal information will be treated as confidential and sensitive documents will be stored in a safe and secure manner. Upon receipt, all documentation is scanned and stored electronically on a password protected and encrypted server. The paper documentation is stored securely until the completion of the audit at which time it will be shredded and destroyed.

### **Q: Getting and sending the required documents will be an inconvenience for me—is it really going to be worth it in cost savings for the CCIC?**

**A:** Many organizations have experienced significant cost savings because of spousal audits. Spousal audits have proven to be a prudent operating procedure and administrative best practice. CCIC continues to look for effective strategies to control benefits costs, so that the benefits program remains affordable and sustainable for our employees. We need your participation, time and support to help us do this.

**Q: Can I email the documentation to the Benefit Center?**

**A:** Yes. The information can be sent via mail or secure email. If you are concerned about receipt of documents, consider certifying your letter through the U.S. Post Office. To ensure security, if you wish to use email you must follow these steps:

**How to send your documentation securely to NGE via email**

1. Go to [www.nextgenerationenrollment.com](http://www.nextgenerationenrollment.com)
2. Hover over Contact Us and click on Send NGE a Secure Email.
3. First-time users click on the New to Secure email link to register.
4. Enter your email address, create your own password, re-enter your password and click on register to submit.
5. A confirmation will be sent to your email. A link will be sent to you to activate your account.
6. Enter your email address and password and click Sign In.
7. Type your name and company name in the subject line of email. Example: **Bill Smith / CCIC**
8. Attach your documentation and enter [audits@nextgenerationenrollment.com](mailto:audits@nextgenerationenrollment.com) in the To: field. For security reasons, you **will not** be able to CC or BCC anyone in the email.

**Q: What happens if I don't return the required documentation before the deadline?**

**A:** It is very important that you return the required documents on time. **If you do not return the required documentation, coverage for your spouse under the CCIC will be terminated effective midnight November 20, 2014.**

**Q: Will I receive confirmation once my documentation is received?**

**A:** Yes. Next Generation Enrollment will mail or email (if an email address is provided) a confirmation notice once your verification is complete. If your documentation was processed but was determined to be incomplete, Next Generation Enrollment will send a notice to you explaining the reason why.

**ELIGIBILITY REQUIREMENTS**

**Q: What if I have a spouse covered under my CCIC medical/prescription plan who is no longer eligible?**

**A:** If you have a spouse covered on your benefit plan who is not eligible, you will need to report that to Next Generation Enrollment as soon as possible by sending in the remittance form indicating your spouse is ineligible. This will allow you to explore different coverage options including COBRA, if applicable.

**Q: I am required to cover my divorced spouse under court order. How do I do this if my spouse is considered ineligible?**

**A:** A divorced spouse does not qualify as an eligible dependent and, therefore, may not be covered as a dependent under the plan. He or she may be eligible for COBRA coverage.

**Q: Who do I call if I have questions?**

**A:** You can call Next Generation Enrollment toll-free at (888) 266-1732.

**CLERMONT COUNTY INSURANCE CONSORTIUM (CCIC)  
Spousal Coordination of Benefits (COB) Coverage FAQ**

Your District's plan is sponsored by CCIC. CCIC's Spousal COB language is effective January 1, 2015. The objective of Spousal COB language is **NOT** to remove working spouses from the District's plan. The objective is to require other employers in the community to be the primary payor of their own employees' health claims. Your working spouse **MAY** remain on the District's plan and receive secondary coverage.

**Frequently Asked Questions**

**1. What is Spousal COB?**

Spouses of District employees who are eligible for group health and/or prescription drug insurance coverage sponsored by his/her own employer, business, organization, or retirement plan, and meet specified criteria, as described in the District's Spousal COB language located on the back of the Spousal COB Certification form, must enroll in single coverage effective January 1, 2015 with their own employer or retirement plan. Employees enrolling in the district health plan must certify whether or not their spouse is eligible for coverage through their own employer, business, organization or retirement plan.

**2. How do I know if my spouse is subject to the Spousal COB language?**

The language applies to spouses eligible to participate, as a current employee, self-employed individual (other than a sole proprietor) in a business or organization (which includes partners, members) or retiree in a group health and/or prescription drug insurance program sponsored by his/her employer, business, organization or retirement plan.

**3. Are there any exceptions to Spousal COB?**

Yes, your spouse is EXEMPT\* if he/she:

- Is not employed;
- Is not eligible for coverage under his/her employer's plan;
- Is employed by a district sponsored by CCIC;  
(Batavia, Bethel-Tate, Clermont County ESC, Clermont Northeastern, Felicity-Franklin, Goshen, Grant, New Richmond, Williamsburg)
- Is employed as a sole-proprietor;
- Works less than 20 hours per week;
- Is employed by an employer with less than 20 employees (includes full-time and full-time equivalents) **AND** is <sup>1</sup>Medicare eligible.

*\*This exception does not apply to group retirement plan. If a spouse is eligible for a group retirement plan such as SERS or STRS and is NOT <sup>1</sup>Medicare eligible, the spouse must enroll in their group retirement plan as primary and may continue coverage under the district's plan as secondary.*

**4. What if my spouse is self-employed?**

If your spouse has coverage available through his or her company or offers coverage to employees, he/she must enroll in that coverage.

**5. Rather than my spouse enrolling into his/her employer's plan as primary, can he/she purchase a separate plan?**

No, your spouse must enroll in his/her employer sponsored plan as primary. If your spouse chooses to purchase another plan, such as an individual policy or a plan through the Marketplace Exchange, rather than enroll in their employer's plan, they are not eligible to enroll in the District's plan.

**6. If my spouse is eligible for health/prescription drug coverage through his/her SERS or STRS retirement plan or disability benefit, is he or she required to enroll in that plan?**

Yes, if the spouse is NOT <sup>1</sup>Medicare eligible, they must purchase coverage through SERS, STRS retirement plan or a disability plan.

**7. Does the Spousal COB requirement apply if the spouse is on Medicare?**

If the spouse is on <sup>1</sup>Medicare and actively at work for an employer that offers health coverage and has more than 20 employees (full-time and full-time equivalents) then the Spousal COB requirement does apply. If <sup>1</sup>Medicare is the ONLY source of coverage, or the spouse is or becomes <sup>1</sup>Medicare eligible AND is covered under his/her SERS or STRS retirement plan, then the Spousal COB requirement does not apply.

**8. If my spouse is disabled, is he/she still required to enroll in his/her employer's coverage?**

Yes. If your spouse meets the eligibility requirements of his/her employer's plan, he/she is required to enroll in their employer's coverage.

**9. What if my spouse is a partner for a firm or is an LLC associated with a firm?**

If your spouse is working as a partner for a firm, or is an LLC associated with a firm, and that spouse is eligible to participate in his or her associated firm's health and/or prescription drug coverage (as partners or LLCs associated with that firm), the Spousal COB requirement applies unless the spouse is working less than 20 hours.

**10. What happens if my spouse's employer's annual open enrollment period doesn't coincide with the January 1, 2015 effective date of this new rule?**

The District's spousal COB language states that if your "spouse is eligible to participate in group health insurance and/or prescription drug insurance, the spouse must enroll in such employer-sponsored group insurance coverage(s)... Any spouse who fails to enroll in any group insurance coverage sponsored by his/her employer, as required by this Section, shall be ineligible for benefits under such group insurance coverage sponsored by CCIC."

In compliance with federally mandated HIPAA requirements, your spouse's employer's plan must allow your spouse to enroll in their plan as of January 1, 2015 since your spouse will lose the District's coverage if he or she fails to enroll in his or her employer's plan which creates a qualifying event.

**11. If my spouse loses his/her job, or another "qualifying event" occurs causing the loss of his/her primary coverage, is there a waiting period before my spouse is eligible to receive primary coverage from my District's health care plan?**

No. Coverage under the District's plan will become primary **immediately** upon loss of the other coverage.

**12. How will my District know if my spouse *has* coverage available through his/her employer?**

If you elect family coverage and wish to cover your spouse, you will be required to complete a questionnaire. The questionnaire includes a certification that must be completed by your spouse's employer or retirement system. This certification must be completed by all spouses covered on the District's plan this year; then annually, if the spouse remains primary on the District's plan.

***If you submit false information on this certification, or fail to timely advise the District of a change in your spouse's eligibility for employer-sponsored group health and/or prescription drug insurance, and such failure results in the District providing benefits to which your spouse is not entitled, you will be personally liable to the District for reimbursement of benefits and expenses, including attorneys' fees and costs, incurred by the district. Any amount to be reimbursed by you may be deducted from the benefits to which you would otherwise be entitled. In addition, your spouse will be terminated immediately from the District's group health and/or prescription drug insurance coverage.***

***If you submit false information, you may be subject to disciplinary action, up to and including termination of employment.***

**13. Does this language affect my children's coverage?**

No.

**14. Is the implementation of Spousal COB a qualifying event that allows us to add dependent children onto our plan at this time?**

No.

**15. Does this new Spousal COB language mean that the District may still provide health care coverage for my spouse?**

Yes. If your spouse is enrolled in their own employers' health/prescription drug or retirement plan, the District will provide your spouse with secondary coverage under the District's plan. Your spouse's employer's plan or retirement plan will be responsible for the initial processing and payment of claims in accordance with the spouse's plan. Any unpaid balances may then be submitted to the District's plan for processing under Coordination of Benefits.

**16. What if my spouse's plan is a Health Savings Account (HSA) compatible plan?**

To be eligible to contribute pre-tax dollars into an HSA, an individual must be covered by a HSA-qualified High Deductible Health Plan (HDHP) and cannot be covered by other health insurance that is not an HDHP. This means that your spouse will need to decide whether:

- i. he/she wants to enroll in the HDHP *and contribute* (and/or allow his/her employer to contribute) pre-tax dollars into an HSA; **or**
- ii. he/she wants to enroll in the HDHP *without contributing* to the HSA and elect secondary coverage thru the District's plan.

**THE IRS DOES NOT ALLOW BOTH.**

You may refer to the following US Department of the Treasury website for more details:  
<http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx>.

**17. Please explain the "rules" of Health Coordination of Benefits (COB).**

For a complete explanation of the COB processing rules, please refer to your Benefit Booklet. To receive the highest level of benefit coordination you must use Network providers on the District's plan.

**18. Please explain the "rules" for Prescription Drug Coordination of Benefits (COB)?**

Your spouse will be required to show the pharmacy his/her primary carrier ID card and pay the copay for the primary insurance carrier at the time the prescription is filled. If the copay for the District's plan is less, you may file a paper claim with the District's plan and receive reimbursement for the difference. For example, if the copay for the primary insurance carrier is \$20 for a generic drug and the copay for the secondary insurance carrier is \$10 for a generic drug, then the secondary carrier will reimburse the member \$10.

*Important Note: There are some large prescription drug retailers that may, at their discretion, process coordination of benefits at the point of sale, making a paper claim unnecessary. Check with your local pharmacy.*

**19. Assume a spouse's plan does not cover a procedure, but the District's plan does; will the services be covered under the District's plan? If so, how much will be paid?**

The claim must first be submitted to the primary insurance carrier. If denied, then the claim and denial (EOB) can be submitted under the District's plan for processing. The payment will be based on the District's plan benefits and would be subject to any deductibles, copayments or applicable coinsurance, exclusions or limitations. The working spouse would receive the same benefit as any other covered member on the District's plan.

**20. Does the Spousal COB language apply to the Districts' dental or vision plan?**

No.

**21. If my spouse has secondary coverage under my District's plan, can he/she continue to take advantage of special wellness or care management programs offered by the District's plan or insurance carrier?**

Yes, your spouse is still covered by the District's plan and eligible to participate in any special program offered.

<sup>1</sup>This material does not address those individuals who are Medicare eligible due to End Stage Renal Disease (ESRD). Please consult the Medicare & You Guide or your local Medicare Office for further information.