



## **Qualifying Event Guidelines and Health Incentive Program**

**Qualifying Year: 9/1/2019 to 8/31/2020**

**Plan Year 2021**

**As approved by the County Administrator**

*Manatee County Government believes that excellence in public service begins with our employees.*

*Therefore, our purpose is to educate, equip, motivate and support employees and their families to promote personal wellbeing.*

The YourChoice Health Plan is a self-funded health plan providing medical benefits based upon the completion of evidenced-based preventative care coupled with on-site clinical and wellness programs to assist employees and their family members in achieving better health. The model incorporates the premiums, benefits, requirements and incentives working together to create a motivational system driving employees and their dependents to better health. At Manatee County Government, our employees are the most critical resource of our government operations and our philosophy is that we have an obligation to create a work environment and a benefit package that assists them in achieving their highest level of well-being.

We know that chronic conditions are the leading causes of death in the US and that modifiable health risk behaviors contribute to most of those chronic conditions. The YourChoice Health Plan was designed to drive employees and their families towards engagement with primary care providers, preventative care and ultimately progressively less preventable diseases by utilizing population health management and evidence based behavior change strategies. A Primary Care provider is critical in this process and evidence shows the importance of maintaining routine visits. Patients who have better management of overall health lower their healthcare costs by receiving preventative care and have a higher level of satisfaction of having their healthcare needs met.

The intention behind the Plan is to set up a system that will motivate members to attend to their health throughout the year to elect a desirable health plan. Additionally, the County believes in addressing the "whole person" when it comes to health care. Therefore, it is important to have an integrated clinical program in place that allows for genuine relationships to be built with a team of professionals who are working together to help members become healthier, and who are incorporated into the County culture so they understand the population. This team of professionals, or Advocates, include Registered Nurse Case managers, Clinical Pharmacist, Registered Dietitians, Certified Diabetes Educator, Exercise Science Professionals, Wellness Specialists, Clinical Social Workers, Licensed Mental Health Therapist, Psychiatric ARNP and a Medical Director.

## Initial Enrollment Guidelines

- Manatee County believes in the importance of active engagement and involvement with Primary Care providers. To support this, all newly enrolled employees, spouses, and dependents electing the health plan will be eligible for the Ultimate or Best Plan\* level following the applicable waiting period of 60 days.
- All new members will have the opportunity to maintain their plan level on an annual basis by engaging in the Qualifying Event process outlined below. New members will engage in this voluntary process during the Qualifying Year after their initial benefit's effective date.

\*Nicotine Exposed

## Qualifying Event Guidelines

- A Qualifying Event is a specific course of action to be completed by a Member to determine which **YourChoice** Health Plan level the member (employee and covered dependents) will be enrolled in for the subsequent Plan Year. All members of the plan have the opportunity to engage in Qualifying Events on an annual basis, beginning in September of every year in order to maintain the highest level of reimbursement for which they are eligible. The highest plan level for non-nicotine exposed members is the Ultimate Plan. The highest plan level for nicotine exposed members is the Best Plan.
- The Qualifying Event Period runs from September 1<sup>st</sup> thru August 31<sup>st</sup> or as determined by the Plan Manager with the approval of the County Administrator.
- Members enrolled in the medical plan for primary or secondary coverage, with the exception of retirees over age 65, are required to complete Qualifying Events to select a plan level.
- Members who transfer from another employee's plan to their own plan do not need to re-qualify unless they wish to upgrade plan levels. (This could be a child that has gained employment with the County.)
- Members have several opportunities to confirm their enrollment in their desired plan level after the completion of the Qualifying Events, most efficiently via the Benefit Administration system during annual enrollment. Any member identifying an error with their enrolled plan level should reach out to Employee Health Benefits prior to the new plan year. If notified after the beginning of the plan year, and if the change is warranted, the change will be effective on the 1<sup>st</sup> of the month following the month the member notified EHB.
- Most Qualifying Events fall under the preventative benefit, as determined by the Affordable Care Act, and are completely covered by the Plan. The activities related to Qualifying Events that require a copayment are indicated in this document and adjustments are determined by the Plan Manager and standard claim processing rules.
- It should be noted that Qualifying Events are requirements for enrollment into the specific plans but not exclusive of member's coverage for those procedures. The member's Physician may prescribe additional procedures at frequencies outside of the Qualifying Event rules that will be covered, when indicated, according to the member's enrolled Plan level at the time of service, some may require a copay or coinsurance depending upon the services provided by your Physician.

- Members are responsible for providing accurate data on their completed Wellness Exam Form, to do otherwise is considered fraudulent. EHB engages in an audit process after the completion of qualifying events with the use of data provided by the medical carrier and lab vendor. Plan levels will be lowered if it is identified that a member did not complete the qualifying events reflected on the Wellness Exam Form.

### Qualifying Event Requirements

Prior to 9/1/2017, members of the plan engaged in qualifying events at age-based intervals. However, due to the data identifying the gaps in care for younger members and the rate of chronic conditions, annual qualifying events was instituted. Effective 9/1/2017, all members of the plan must complete the applicable Qualifying Events on an **annual basis** in order to elect their Plan Level for the following plan year.

The following evidenced based practices are required for enrollment into the respective Plan Level. The requirements indicated for the specific plan level must be completed by August 31<sup>st</sup> of every year for a plan effective date of January 1<sup>st</sup> of the upcoming plan year.

<b>ADULT (AGE 19 AND OVER) QUALIFYING EVENTS</b>	<b>ULTIMATE PLAN</b>	<b>BEST PLAN</b>	<b>BETTER PLAN</b>	<b>BASIC PLAN***</b>
NICOTINE FREE*	Yes	No	No	No
COMPREHENSIVE LAB DRAW	Yes	Yes	Yes	No
PREVENTATIVE PHYSICAL WITH PRIMARY CARE PROVIDER	Yes	Yes	Yes	No
WELLNESS AND AGE-BASED SCREENINGS:	Yes	Yes	No	No
• Colon Cancer Screen (Males and Females)	Yes	Yes	No	No
• Mammogram (Females)	Yes	Yes	No	No
• Pap Smear (Females)	Yes	Yes	No	No
• Clinical Breast Exam (Females)	Yes	Yes	No	No
• Pelvic Exam (Females)	Yes	Yes	No	No
• Testicular Exam (Males)	Yes	Yes	No	No
• Skin Screening (Males and Females)	Yes	Yes	No	No
DIABETES QUALIFYING EVENTS	Yes	Yes	No	No
TOBACCO PROGRAM	N/A	Yes	No	No

**\*Nicotine free is defined as tobacco/nicotine free for at least 90 consecutive days, tested through a blood draw.**

There is no copayment to the member for the Wellness Exam as long as no other procedure or illness is addressed during that visit. If a medical procedure is conducted during the time of the preventative physical, then applicable copayment or deductible/coinsurance will apply.

## Frequency for Age-Based Screenings

- **Colon Cancer Screening:** (males and females) Starting at age 50. (Higher risk individuals may need to be tested earlier per their Physician's order) {ACG, USPSTF, CDC recommendation}:
  - Colonoscopy every 10 years
  - Cologuard every 3 years
  - CT Colonography every 5 years.
- **Mammogram** (females): Every 2 years starting at age 40, annually starting at age 50 or as recommended by Physician. {ACOG and NIH recommendation}
- **PAP** (females): Every 3 years starting at age 21 or as recommended by Physician. {ACOG recommendation}
- **Clinical Breast Exam** (females): Annually {ACOG recommendation}
- **Pelvic Exam** (females): Annually. {ACOG recommendation}
- **Testicular Exam** (males): Annually during the Wellness Exam {ACS recommendation}
- **Skin Screening\*** (males and females): Annually during the Wellness Exam {AAD recommendation}

\*The Skin Screening is intended to be completed by the Primary Care Provider as a preventative measure. Members who are referred to a specialist by the Primary Care Provider for their Qualifying Skin Screening or additional follow up are subject to plan copay/deductible/coinsurance.

Partial completion of the QE Requirements, unless identified in the chart, result in an election of the Basic Plan.

## Diabetes Qualifying Guidelines

Annually, members (age 19 and older) must acknowledge their Diabetes status and those with Diabetes must complete the Diabetes Qualifying Guidelines in order to be eligible for the Ultimate or Best Plan Levels. All Members with Diabetes should refer to the [Diabetes Program Requirements](#) for specific requirements and guidance to ensure enrollment in the highest possible plan level:

- Annual HbA1C Value\*
- Urine microalbumin test
- Physical Exam and Foot Exam by Primary Care Provider\*
- Dilated Eye Exam by an Ophthalmologist
- Diabetes Educational options for members with an elevated A1C values (see Diabetes Care Program for detail).

\*The number of Physician visits required and HbA1C tests is determined by the HbA1C value from the previous Qualifying Year

## Tobacco (Nicotine Exposed) Qualifying Guidelines

The YourChoice Health Plan remains firmly committed to supporting the health and wellbeing of our members by reducing barriers for cessation, offering relevant programming to support members in their unique stage of readiness and creating a system of member accountability. In keeping with that commitment, annually, members (age 19 and older) must acknowledge their Tobacco/Nicotine status and those who are nicotine exposed and wishing to be enrolled in the Best Plan level must complete one of the Qualifying Events offered through the Tobacco Cessation Program.

**Early Upgrade Option:** In an effort to support members who engage in successful tobacco cessation, the opportunity to upgrade from Best to Ultimate in the middle of a plan year is provided. Refer to the [Tobacco Program Guidelines](#) for details.

Note: Nicotine exposed members are not eligible for the Ultimate Plan Level. Plan Members are required to report their tobacco status upon initial enrollment into the plan and to the Tobacco Program Coordinator if it changes during the Plan Year. Plan Members who begin or resume using/ becoming exposed to nicotine must report their status immediately upon the change and the member's plan level will be adjusted accordingly. Members utilizing nicotine products while enrolled in the Ultimate Plan are considered fraudulent according to the [plan document](#).

**Child(ren) Age 18 and Under**

All children must complete the Qualifying Events annually to qualify for the Ultimate Plan. Each child will qualify for his/her own plan level, exclusive from the other child(ren) on the Plan.

Children are eligible for the **ULTIMATE** or **BETTER** Plans only

**Child Qualifying Events**

<b>Children under Age 19</b>	<b>ULTIMATE PLAN</b>	<b>BETTER PLAN</b>
Child Preventative Wellness Exam	<b>Yes</b>	No
Immunizations as required by Federal and State Statute	<b>Yes</b>	No
Annual Preventative Care Dental Exam, Prophylaxis, Radiology, Restorative (age 3 -18)	<b>Yes</b>	No

**Health and Wellness Incentive Program**

The Health and Wellness Program's goals are designed to educate, equip, motivate and support the member to live a healthier lifestyle. To accomplish the goal, some incentives, called Health Bucks, are made available to participants for specific programs.

**HEALTH AND WELLNESS ELIGIBILITY**

Participants in the Health and Wellness Programs are known as Members.

All active full-time employees and adult dependents enrolled the Manatee **YourChoice** Medical Plan are eligible to participate in the Health and Wellness Programs and earn Health Bucks for the successful completion of the respective programs. As they are processed through payroll, retirees and COBRA participants are not eligible for Health Bucks. Some of the programming available to employees is provided through the medical plan, so members enrolled in the medical plan may have additional resources available to them. If any eligible member is unable to engage in the incentive program, reasonable alternatives are available if applicable.

**HEALTH AND WELLNESS PLAN YEAR**

The Plan year for earning Health Bucks is September 1<sup>ST</sup> to August 31<sup>st</sup>. All programs must be fully completed by August 31<sup>st</sup> for the Health Bucks to apply to the following plan year. All documentation must be authorized and submitted to Employee Health Benefits (EHB) by August 31<sup>st</sup> to be credited for the upcoming annual enrollment.

## HEALTH BUCKS PROGRAMS

For a list of current Health Bucks programs visit [www.manateeyourchoice.com](http://www.manateeyourchoice.com) or call the YourChoice Health Plan at 941.748.4501 x6464

## HEALTH BUCK ALLOCATION

Based upon the guidelines for the relevant programs, Health Bucks earned are processed as a credit, (payroll taxes applied) distributed throughout 24 pay periods in the employee's payroll for themselves and any eligible dependents who earned the incentive. Regarding dependents who are also employees, any Health Bucks earned by that dependent will be applied to the dependent-employee's paycheck, not the employee who carries the medical plan. (Example: Employee A is the parent to Employee B who is 24 years old. Health Bucks earned by Employee B will be applied to Employee B's paycheck)

## HEALTH BUCKS FORFEITURE

Any remaining Health Buck incentives not utilized prior to termination will be forfeited when the member terminates from employment.

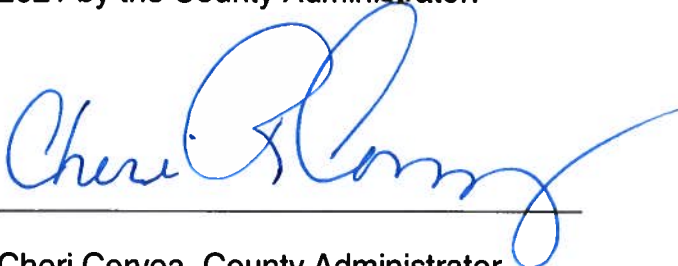
## HEALTH AND WELLNESS PROGRAM GOVERNANCE

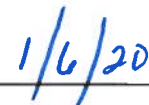
The Plan Administrator will approve Health Buck Incentives for the Health and Wellness Program based upon the recommendations of the Plan Manager. The Plan Manager is responsible for the daily operations of the Health and Wellness Program.

The Health and Wellness Team and the Plan's Medical Director determine the program's guidelines and make recommendations to the Plan Manager. Health and Wellness Programs are determined by the Plan Manager and approved by the Administrator or his designee.

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The Qualifying Event Guidelines and Incentives have been reviewed and approved for Plan Year 2021 by the County Administrator.

  
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Cheri Coryea, County Administrator

  
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Date