



# ON THE Move



OCTOBER 2015

## NEWS

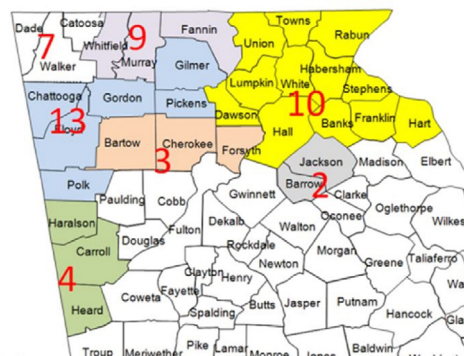
### PHARMACY BENEFIT CHANGES

Pharmacy costs continue to be a major driver in escalating health care expenses. Due to increased pressures of outpatient pharmacy costs, Alliant is eliminating the cost-share maximum effective January 1, 2016. Since most plans have co-pays, this will affect few members. However, those that have co-insurance or deductibles applied to prescriptions may be impacted by this change. Group clients are grandfathered under the existing rule until their renewal in 2016. All SoloCare members are impacted. 2016 SoloCare metal plans will now have co-insurance for the Specialty drug tier, so this change will be of importance to those members. *Applies to all members.*



### CMS APPROVES NEW 2016 RATES

Great news! Rates for 2016 are now approved by CMS and the Georgia Department of Insurance. The table below will give you a feel for rate changes that will take place in 2016 compared to 2015 rates. SimpleCare small group rates are a bit deceiving in that 1<sup>st</sup> quarter prices for 2016 were compared to the 2015 rates. In 2015, SimpleCare did not have quarterly pricing; as they will in 2016. You will find our rates continue to be competitive in most areas despite the increases.



Rating Area	SoloCare Plans	SimpleCare Plans
Rating Area 2	28.9% to 59.5%	10.4% to 47.8%
Rating Area 3	15.8% to 43.4%	-.08% to 32.8%
Rating Area 4	31.4% to 62.7%	12.6% to 50.7%
Rating Area 7	-5.3% to 36.51%	1.55% to 31.76%
Rating Area 9	7.6% to 33.2%	-7.8% to 23.4%
Rating Area 10	27.9% to 58.3%	9.6% to 46.7%
Rating Area 13	-2.8% to 20.3%	-16.7% to 11.4%

### ALLIANT BRINGS SERVICE IN-HOUSE

Your patience in 2014 was tested by recurring issues and challenges in the area of billing, eligibility and customer service. Alliant has elected to bring these services in-house, effective October 1, 2015. Our goal is to regain our status as a customer-centric organization. We appreciate your dedication during this last year and have every confidence this change will be welcomed by not only you but by our members as well. Please review the customer service information below:

**Hours of Operation: Monday-Friday, 8am-5pm**  
**Phone Number: (800) 811-4793**  
**Email: [customerservice@alliantplans.com](mailto:customerservice@alliantplans.com)**  
**Fax: (866) 634-8917**

#### Other Important Email Addresses:

[eft@alliantplans.com](mailto:eft@alliantplans.com) or Fax: (706) 229-6287 (Use to submit EFT forms)  
[solocare@alliantplans.com](mailto:solocare@alliantplans.com) (Request information on Individual or Family Coverage)  
[phi@alliantplans.com](mailto:phi@alliantplans.com) (Use to submit Personal Health Information forms)  
[appeals@alliantplans.com](mailto:appeals@alliantplans.com) (Use to submit appeals to claims)  
[eligibility@alliantplans.com](mailto:eligibility@alliantplans.com) (Use to submit questions and/or eligibility requests and changes)



### MAINTAINING PHI FOR ALL MEMBERS

We are committed to ensuring privacy for our members. If your client has not provided a PHI form specifically naming the you as someone to whom PHI can be released, your client must provide the

form before we can discuss claims, benefits, billing, etc. [PHI forms](#) are available on our website and should be sent to [phi@alliantplans.com](mailto:phi@alliantplans.com).

### COMPLIANCE HOTLINE



**HealthOne Alliance maintains an effective compliance program that not only meets legal standards, but also supports its operations. Should you have concerns, questions or simply wish to report an incident; please contact our Compliance Officer, Sabrina LeBeau at 706-624-4129.**



## DID YOU KNOW?

### CMS SHOP MARKETPLACE ENROLLMENT VIDEOS NOW AVAILABLE

CMS just made enrolling in coverage through the Small Business Health Options Program (SHOP) Marketplace much easier.

Open enrollment for small groups with no participation requirements is until December 15, 2015, for a January 1, 2016 effective date.

Step-by-step application and enrollment videos are now available online. Each video will walk through the steps to apply, enroll, and respond to an offer of SHOP Marketplace coverage on HealthCare.gov.

Watch the videos here:

How to Enroll in the SHOP Marketplace in 2015:

- [For Agents and Brokers](#)
- [For Employers](#)
- [For Employees](#)

Be sure to check them out for yourself and refer your clients to the videos, too.



### PROVIDER DIRECTORY ONLINE SURVEY

We want to ensure the Provider Search feature on AlliantPlans.com is useful and understandable to our membership. Take a moment to participate in a quick review of this website tool. We value and appreciate your input. [Click here](#) to take the 5-question survey. *Applies to everyone.*

ON THE **Move**



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## NEW SOLOCARE RETAIL SITE TO LAUNCH OCTOBER 1

The new SoloCare retail site is set to go live on October 1, 2015. Current agents will be set up on the system with new logins. You will receive an email within the first week of the launch giving you access to quotes for individuals and families. As an appointed agent, your account will be set up using your email address on file with us. Simply go to the [SoloCare retail site](#) to set up your password. If you have problems setting up your password, please email [SoloCare@alliantplans.com](mailto:SoloCare@alliantplans.com).

We anticipate functions for small group quotes to be available by early 2016. We hope this new tool will improve your experience when assisting your clients.

Effective 10/1, the existing group management portal will be archived as we transition to our new enrollment and eligibility system. A new group management portal will be launched in early 2016. The Broker Portal will still be available; however, you will only be able to view past commission statements. While you may be able to view your groups, you will not be able to make eligibility changes for your group clients. In the meantime, securely submit eligibility changes (i.e. terminations, additions, edits) for your clients to [eligibility@alliantplans.com](mailto:eligibility@alliantplans.com). To submit changes, fill out the [Group Admin Form](#) found on our website under Broker Resources.

Call (877) 668-1015 to speak with a representative today.

Check to see if you qualify for Financial Help.

APPLY FOR FINANCIAL HELP

INDIVIDUAL PORTAL

My Account
 Shop Plan
 My Applications
 Customer Support

**Good health begins with good choices.**

*Find the right health plan for you and your family.*

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Fill out the form below for an instant quote.

Zip Code \*  County \*

☐ Check Here for Child Only Application (under 18 years old)
 ☐ New Born
 ☐ Adoption

## SOLOCARE PLANS CHANGES FOR 2016

We have reduced the number of SoloCare plans offered in 2016. If a 2015 plan is not available in 2016, it will be mapped to a comparable plan. Take a moment to review what plans are going away (left) and what plans will take their place (right). There are 16 (8 in 40000; 8 in 60000) plans from 2015 that will continue to be offered in both the 40000 and 60000 series for 2016. Keep in mind, the 60000 series plans will continue to have the PHCS wrap. *Applies to SoloCare members.*

### 40000 Series

40001 → 40003  
 40004 → 40003  
 40005 → 40003  
 40006 → 40002  
 40008 → 40010  
 40009 → 40010  
 40011 → 40010  
 40012 → 40015  
 40013 → 40010  
 40014 → 40010  
 40016 → 40015  
 40020 → 40019

### 60000 Series

60022 → 60024  
 60025 → 60024  
 60026 → 60024  
 60027 → 60023  
 60029 → 60031  
 60030 → 60031  
 60032 → 60031  
 60033 → 60036  
 60034 → 60031  
 60035 → 60031  
 60037 → 60036  
 60040 → 60039

## ALLIANT ID CARD MOBILE APP

Your clients can stay informed on-the-go. When they download the 'Alliant ID Card Mobile' app on their mobile device, they gain access to their insurance information. such as a digital insurance card, provider directory and much more—with just one touch. Encourage them to download the app today. The mobile app is available for Apple and Android operating systems.





**IMPORTANT REMINDERS**

- Open Enrollment for individual plans is November 1, 2015 through January 31, 2016.
- If a member purchases a plan through [healthcare.gov](http://healthcare.gov), it takes 5-7 business days to process enrollments. [Healthcare.gov](http://healthcare.gov) handles all eligibility.
- Deadline for members to submit initial payment is the day before coverage is set to begin.
- Your clients must submit a [PHI form](#) on your behalf in order for Alliant to release PHI to you.

**GRACE PERIODS FOR ON/OFF MARKETPLACE MEMBERS**

For those receiving an Advanced Premium Tax Credit, the ACA provides a 90-day grace period before coverage will be discontinued for failure to pay a monthly premium. All other members receive a 30-day grace period before coverage is discontinued for non-payment.

Grace periods begin on the due date of the premium payment. Alliant sends a warning letter to notify members who enter their grace period, with specific info as well as the date coverage will end due to the failure to pay their premium. *Applies to all members.*

**PROVIDER SEARCH AND THE PHCS WRAP**

To make it easy for members to find a provider or facility, we have provided a [quick reference sheet](#) with instructions on how to find a provider or facility using the online Provider Search directory.

There is also a carve out list for the PHCS network on the back of the reference sheet. This list of providers are no longer a part of the network although you may find they are listed on the PHCS online directory. Be sure to inform your clients there are higher costs to members who

visit providers who are not in the Alliant network. Note: The online directory is for reference only as providers/facilities are subject to change.

Members may contact Customer Service at (800) 811-4793 to verify if a provider is in network and if a desired service is covered. Download the [quick reference sheet](#) today. The document will also be available on our website at [AlliantPlans.com](http://AlliantPlans.com) under Broker resources. *Applies to members who have PHCS network coverage.*

**PLAN CALCULATIONS FOR THREE JUVENILE DEPENDENTS**

For metal plans, the three oldest juvenile dependents age 20 or below are charged a premium. If a dependent is age 21 through 25 on the effective date of coverage, they will be counted in the premium calculation.

To clarify, if you quote a family with four dependents all under the age of 21, we would only charge for three of them. However, if one of those four dependents are between the ages of 21 and 25, they can still be counted as a dependent but would pay a premium based on their age. *Applies to members with metal plan coverage.*

**CMS APPROVES PLAN YEAR 2016 FFM AGENT & BROKER TRAINING**

CMS has approved the following vendors to offer plan year 2016 training to agents and brokers participating in the Federally-facilitated Marketplace (FFM):

- [America's Health Insurance Plans \(AHIP\)](#):
- [National Association of Health Underwriters \(NAHU\)](#):

Completion of a training curriculum, including the associated exams, through one of the above CMS-approved vendors will fulfill the FFM training requirement for agents and brokers who register to participate and receive commission on sold policies in the Individual Marketplace. CMS-approved vendors are required to cover, at a minimum, the same topic areas as are covered in the CMS training, and pursuant to 45 CFR § 155.222 are required to offer continuing education unit (CEU) credits in a minimum of five states where the FFM

is operating. The number of CEUs and the states where they are available vary by vendor. Vendors charge a fee for taking their training.

If you complete FFM training through a CMS-approved vendor, you will still need to execute the applicable Agreements with CMS on the Marketplace Learning Management System (MLMS) prior to assisting consumers seeking to enroll in health coverage through the FFM.

CMS also offers online training at no cost. CMS-approved vendor training can be accessed via the [CMS Enterprise Portal](#). Upon completion of training, you must email a copy of training certificates to [dterry@alliantplans.com](mailto:dterry@alliantplans.com). Per federal regulation, no commission can be paid to an agent unless certified by CMS. *Applies to all agents selling Marketplace products.*



## CHANGES TO MEMBER FORMULARIES

Members taking any of the drugs listed on the following chart have been notified of the two formulary changes.

1) Beginning 10/1/2015, topical diclofenac solution (Pennsaid equiv) will be removed from each member's formulary. Members currently taking these prescriptions will be able to get them at the current tier until 12/31/2015.

2) Beginning 1/1/2016, the drugs listed in Box 2 will be removed from each member's formulary. Members currently taking these prescriptions will be able to get them at the current tier until 12/31/2015.

Affected members should share this information with his or her prescriber and discuss whether a covered alternative is appropriate. Please note: It is very important for members to continue taking medication until they speak with their prescriber.

For more information about these formulary changes, members can contact their prescriber or pharmacist. For questions about pharmacy benefits, members can contact Navitus Customer Care at 1-866-333-2757. For a full list of drugs covered on a member's plan, members can log on to [phranywhere.com](http://phranywhere.com). Applies to members on the following formularies:

- 1) Commercial
- 2) Exchange

1)

Prescription Affected	New Status Effective 1/16/ 2015 for Current Members	Covered Alternative*
topical diclofenac solution 1.5% (Pennsaid Equiv)	Not Covered	Tier 1: ibuprofen, naproxen, meloxicam, and diclofenac Tier 2: Voltaren Gel QL

*\*Note: All possible covered alternatives may not be listed.  
Quantity Limit (QL) = 5 tubes/fill*

2)

Prescription Affected	New Status Effective 1/16/ 2015 for Current Members	Covered Alternative*
Esterified Estrogens/meth (COVARYX, EEMT HS equiv)	Not Covered	Tier 1: estradiol/norethindrone tab (ACTIVELLA equiv) Tier 2: PREMPHASE TAB/ PREMPRO TAB
Cheratussin DAC	Not Covered	Tier 1: hydrocodone/ chlorpheniramine CR susp QL, PROMETHAZINE VC SYRUP
Chlordiazepoxide HCL/CLID (LIBRAX equiv), Donnatal	Not Covered	Tier 1: dicyclomine cap Tier 2: PROPANTHELINE TAB
Isometheptene Mucate/Caff/ (PRODRIN equiv), Isometheptene/ Dichloralphen (MIDRIN equiv)	Not Covered	Tier 1: acetaminophen/codeine tab, naproxen sodium tab
Anucort-hc/grx hicort 25/ Hydrocortisone Acetate (RECTACORT-HC equiv)	Not Covered	Tier 1: hydrocortisone cream
Hemril-30/Rocortisone acetate PROCTOCORT equiv	Not Covered	Tier 1: hydrocortisone cream
Hydrocortisone acetate (ANALPRAM HC, PRAMCORT equiv)	Not Covered	Tier 1: hydrocortisone cream
hydrocortisone/iodoquinol (DERMAZENE equiv)	Not Covered	Tier 1: hydrocortisone cream
Pramosone E Cream	Not Covered	Tier 1: hydrocortisone cream

*\*Note: All possible covered alternatives may not be listed.  
Quantity limits apply.*