

INTEGR^A Insider

2nd Quarter 2007
Volume 2 • Number 2

your connection to health related information from the **INTEGRA Administrative Group**

FSA DEBIT CARD TECHNOLOGY

If there is one thing most people dislike about Flexible Spending Accounts, it is the delay in processing and receiving reimbursements. However, employers know the benefit of offering flexible spending accounts, to include allowing for a savings in payroll taxes, increasing employee take-home pay, and cushioning insurance rate increases. With the development of debit card technology, there is an additional value added to the employee benefit package. The debit card provides the following benefits to employees:

- **Instant access to flexible spending account funds**
- **Reduces the amount of paper claims submitted**
- **Eliminates waiting for a reimbursement check**
- **One card used for all flexible spending accounts**

How does it work? The card is accepted at qualified provider locations like doctor's offices, vision care centers, dental offices, pharmacies, hospitals, etc. The IRS requires that all card swipes be verified for qualified expenses. If the card is swiped for a co-pay at a doctor's office, INTEGRA will not request a receipt. The same is true for a co-pay at the pharmacy. However, if the card is presented to make a pharmacy co-pay and a bottle of Tylenol (or other over-the-counter health care item), the participant will be asked for a copy of the receipt. Here's why. **If the total amount of the card swipe cannot be matched with your co-pays, the IRS requires that ALL details in each receipt be verified.** Even if a receipt is required for verification, the money is still withdrawn from the account and the participant does not have to wait for a reimbursement check.

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Gross Misconduct & COBRA

The definition of gross misconduct is a question asked by many employers across the country. In fact, it is one of the most asked COBRA questions. Unfortunately, there is no clear cut answer since it is excluded from the COBRA qualifying event list. The guidance from the DOL and IRS is not clear,

therefore, employers should be very cautious when taking a position to not offer COBRA due to gross misconduct. In court cases, rulings have gone both ways in requiring employers to offer COBRA. A call to an employee benefits attorney is wise before letting an employee go under these circumstances. It also may be a smart business move to simply offer COBRA regardless of the reason for termination. ■

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302-629-3518
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President's Corner

In our last issue I highlighted three new "CHANGES" INTEGRA was making to benefit our clients. They were:

- 1) Installation of a new digital phone system and customer service center**
- 2) Implementation of new Section 125, HRA and HSA software upgrades with our current vendor and the addition of the "Take Care" Medical Debit Card**
- 3) Partnering with ADP to provide a state of the art HR/Benefits web based portal for payroll, enrollment, eligibility and billing management that will accommodate many locations, divisions, insurance carriers and benefit plans.**

In this issue, I would like to describe two additional benefits we have added in the past year to enable our clients and Plan Participants to save money.

First, (This benefit was mentioned in the 3rd Quarter Newsletter Volume 1, Number 2), *is a partnership with Preferred Medical Claims Solutions (PMCS) to negotiate claim discounts with out-of-network providers by paying them within 3 to 5 days of the negotiated fee.* This is accomplished by a daily screening of all our claims over \$100 that are out-of-network and downloading them electronically to PMCS every evening. PMCS personnel negotiate the discounts, upload the

negotiated claim to us for approval, and upon approval pays the claim within the negotiated time frame. PMCS once again uploads the claim to our system and we reimburse them the pre-paid claim amount.

The advantage to our clients is our ability to obtain discounts that were not available before. The speed of settling out-of-network claims with the use of the electronic claim pre-payment program reduce costs to the Plan and the Plan Participant in co-pays and other out-of-pocket expenses.

Second, *is our partnership with iNetico, a Florida firm that assists INTEGRA in obtaining PPO network access along with the largest discounts and the greatest number of participating providers in areas of the U.S.A that may have limited or no access to OneNet PPO.* We have had excellent success over the past 12 months with iNetico's contracts in New York and Florida as well as in other states.

The advantage to our clients as well as the Plan and Plan participants is reduced disruption to out-of-net-work providers and consistently greater savings to the Plan and Plan participants.

INTEGRA continually investigates and partners with service providers that will bring value to our relationship with our broker partners and their clients.

Regards,

Dave Smith, CLU, President

Managi

INTEGRA Administrative Group recently partnered with a Health Management Organization (SHPS – a joint venture between Sykes Enterprises & Health Plan Services) regarding a Disease Management Program for our employer clients. SHPS, in turn, provides "integrated health management solutions to employers, TPA's and government agencies". Headquartered in Louisville, KY and serving some 700 clients including 70 Fortune 500 companies, SHPS is uniquely positioned to deliver a broad suite of healthcare/disease management services. SHPS is URAC (Utilization Review Accreditation Commission) accredited for: Case Management, Disease

Technology CONTINUED FROM PAGE 1

Participants will NOT be asked to submit a receipt when they shop at Walgreens (Happy Harrys), Walmart and drugstore.com. Their system only allows qualified items to be charged on the debit card, separating out any items that are not qualified expenses. When the participant purchases both qualified health care items and other merchandise at the same time, the participant will be asked for another form of payment to complete the purchase. **Target is scheduled to have the coding system in place in May 2007.**

How does the use of the FSA Debit Card help the employer? It drives FICA tax savings by increasing FSA participation and contributions when employees are educated to recognize the benefits of the debit card. ■

g for **TOMORROW** (MfT)...

Management, Health Call Center Services, Health Web Site Services, Utilization Management, Workers Compensation and Consumer Education Support.

The Managing for Tomorrow (MfT) program is a population-based approach to managing "chronic health conditions" and the general health of an employer's employee population. The program engages the 95% of a disease population that is not reached by traditional nurse-managed intervention. MfT provides the following: programs for all major disease management categories to include diabetes, respiratory & cardiovascular in both adults and children; population identification &

stratification; recruitment and fulfillment infrastructure; customized educational intervention; scalable program design; and integration with nurse case management. MfT also has Wellness programs to include: A Lighter Tomorrow (Weight Management); Smoke-Free Tomorrow (Smoking Cessation); Expecting for Tomorrow (Maternity); and Health Views (Health Risk Assessment).

The Program sponsor (employer) is only required to pay for those employees who opt-in the respective program. Stratification will analyze the severity, disability, self-management skills and behavioral factors of those

employees who opt-in the program. Case Management integration will target the most "actionable" participants, apply the nurse's routine assessment process, compare the participant's medical and pharmacy claims experience to identify "gaps in care", establish individual goals, develop an action plan for each goal, schedule follow-up monitoring and up-date the participant status as appropriate. A SHPS nurse acts as a personal health trainer that not only supports and educates but empowers "high-risk participants" to improve their ability to manage their health and improve their quality of life! ■

INTRODUCING

The Claims Team!

The Claims "**Team**" includes those involved in registering, auditing, and processing the medical, dental and vision claims for all our clients. Production of plan documents, plan summary sheets, ID cards and other required forms, as well as maintaining the processing system are all a part of the responsibilities of the team. Knowing the health plan is a most important benefit to employees, we strive to have an open line of communication with our employers/clients. ■



Karen Richardson, Lydia Trice, Vicki Taylor, Michelle Sheridan
Sarah Rice, Teresa Marine



110 S. Shipley Street
Seaford, DE 19973



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