HEALTH BENEFITS E-NEWS

Department of Human Resource Management
Office of Health Benefits

May 3, 2019

Open Enrollment Updates

The Office of Health Benefits has several important changes to communicate during 2019 Open Enrollment for health benefits and flexible spending accounts (FSAs).

EmployeeDirect Web Page:
The link for EmployeeDirect should be https://edirect.virginia.gov. The "s" was inadvertently omitted in Open Enrollment communications. Changes have been made in Spotlight, on the DHRM website and the Open Enrollment page: www.dhrm.virginia.gov/healthcoverage/openenrollment.
Please share this information with employees at your agency.

Also EmployeeDirect will now block users trying to use any browser other than Internet Explorer or Chrome. If a user tries to log on with a different browser a message will be presented instructing them to use Internet Explorer or Chrome.

Health Assessment on ActiveHealth:
The Office of Health Benefits is aware that the ActiveHealth website refers in error to the 2018-19 plan year (July 1, 2018- June 30, 2019). We are working to get the information updated to 2019-20. There is no impact on submissions for the health assessments to be effective July 1, 2019. When you complete the health assessment, it will give you the date of the most recent update, which will show the month, date and 2019 as the year. Be sure to print your confirmation, which will be available to you online for 30 days.

COVA HealthAware Health Reimbursement Arrangement (HRA):
There is an update to administration of the HRA since Spotlight was published, and it is good news for employees!   The HRA will be administered by Aetna beginning July 1 in the same way as it is now. This means that automatic reimbursements will continue, and no MasterCard is required. Aetna will provide more information to members once they enroll for the new plan year.

Optima Health Coding on Enrollment Form for Employees:
The coding for the Optima Health Vantage HMO is listed as "OHP" on the Enrollment Form for Employees. It should be simply "OH." The online version of the form has been updated.

Handling Pending Records in Health Benefits Direct:
A pending record (PSBPEN) is created when a participant uses Health Benefits Direct via Employee Direct to submit a change request that requires supporting documentation.   During Open Enrollment, a pending record is created when there is a request to add a dependent to health care coverage.   Highlighted fields shown on the PSBPEN record are pending for approval by the agency.   Fields that are not highlighted are not pending (such as FSA amounts and address changes).

When the pending record is approved or rejected by the agency, all highlighted fields are accepted or rejected. Additional keying is required when a portion of the request is valid (such as a plan change) and the remaining election is not (such as an ineligible dependent).

Benefits Administrators should review the eligibility documentation provided and if appropriate, accept the transaction. If the dependent documentation is not acceptable or not received, print the pending record for documentation and reject it. This will reject all highlighted change requests. If the rejected pending record included a valid health plan change, key PSB301 to enter the health plan using the same date received that was on the original pending record.

Step 1:	Key PSBPEN, the ID and transmit. An error means the transaction failed; try again.*PSBPEN returns when the transaction succeeds.
Step 2:	Tab to Accept / Reject, key R to reject or A to accept and transmit. If the record is rejected the record is removed from BES. You must notify the participant of the rejected record. PSB305 returns when the transaction succeeds.
Step 3:	Verify the data. Key a PSB301 to correct a mistake or to enter a valid change.

*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Error Codes in Health Benefits Direct:
Error Codes appear in emails sent by Health Benefits Direct (HBD) when the transaction request fails. The Benefits Administrator and the user get the email with the error code. The email tells the user to contact their BA. The BA should check all failed emails and follow up with the user. We are providing this chart to help the BA know why the change request failed.

Common Error Codes on Failed HBD Change Requests:

000128	Participant termed – no action should be taken
000311	Last Name Error – Have user try again
000312	First Name Error – Have user try again
000693	Record must include either a Street Address or PO Box – Have user try again
000950	Participant Already on File as a Dependent-dependent record must be removed first
000961	Request to Add Dependent failed because they are over Age 26
001203	False Failure – Have user verify their record
001307	HCA pay period amount exceeds the annual maximum allowed – have user try again with a smaller amount
001326	PO Box Data Cannot Be Entered For the Street Address – Have user try again
002074	Request to Add Dependent failed because they have an active Participant Record-Participant record must be waived first
Progression	Have user try their request again

Thank you for your patience with us.

You may send inquiries to the Office of Health Benefits mailbox at
ohb@dhrm.virginia.gov