

HEALTH ENHANCEMENT PROGRAM (HEP)

FAQ

Q: What is HEP?

A: HEP stands for “Health Enhancement Program.” It encourages employees and their enrolled family members to take charge of their health and their health care by providing guidelines to follow for preventive and chronic care management. By signing up for and fulfilling all HEP requirements, you can save \$100 per month in premiums (\$1,200 per year) and become eligible for a waiver of an annual in-network deductible of \$350 per member (up to a maximum of \$1,400 per family).

Q: What are the requirements?

A: There are two parts to HEP: age/gender appropriate preventive requirements and chronic condition education requirements.

Preventive Requirements:

2022 HEP REQUIREMENTS

MORE INFO: WWW.CTHEP.COM | (877) 687-1448

PREVENTIVE SCREENINGS	AGE						
	0-5	6-17	18-24	25-29	30-39	40-49	50+
Preventive Visit	1 per year	1 every other year	Every 3 years	Every 3 years	Every 3 years	Every 2 years	Every year
Vision Exam	N/A	N/A	Every 7 years	Every 7 years	Every 7 years	Every 4 years	50-64: Every 3 years 65+: Every 2 years
Dental Cleanings*	N/A	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year	At least 1 per year
Cholesterol Screening	N/A	N/A	Every 5 years (20+)	Every 5 years	Every 5 years	Every 5 years	Every 5 years
Breast Cancer Screening (Mammogram)	N/A	N/A	N/A	N/A	N/A	1 screening between age 45-49**	As recommended by physician
Cervical Cancer Screening (Pap Smear)	N/A	N/A	Every 3 years (21+)	Every 3 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years	Pap smear only every 3 years or Pap and HPV combo screening every 5 years to age 65
Colorectal Cancer Screening [‡]	N/A	N/A	N/A	N/A	N/A	40-44: N/A 45+: Colonoscopy every 10 years, Annual FIT/FOBT to age 75 or Cologuard screening every 3 years	

* Dental cleanings are required for family members who are participating in a dental plan sponsored by your employer
 ** Or as recommended by your physician
 ‡ NEW: colorectal screening age requirements lowered to 45 years of age for calendar year 2022 as recommended by US Task Force on Preventive Services

For those with a chronic condition: The household must meet all preventive and chronic requirements to be compliant.

Chronic Condition Education:

We provide support and education for participants with asthma, chronic obstructive pulmonary disorder (COPD), coronary artery disease (CAD), diabetes, heart failure, hypertension (high blood pressure), and hyperlipidemia (high cholesterol).

In order to meet the chronic education requirement, you have a few options. One option is to register on the portal at CTHEP.com and take a short survey, read a fact sheet, or watch a video on your specific condition. Another option is to call our care team at 1-877-687-1448.

If one of our dedicated nurse care managers calls you, you are required to have at least one conversation. If the nurse recommends that you participate in a support program, that decision is entirely up to you. It is not a requirement, but it is highly encouraged.

Q: When does the program start?

A: The program runs on a calendar year basis so each year on January 1st a new compliance year begins. Your requirements for the year are based on your age on that day. So, if you are 49 on January 1st, you are held to the requirements for a 49-year-old, even though you turn 50 in that calendar year.

Q: How does Care Management Solutions determine compliance?

A: Each year, CMSI loads your age appropriate preventive and chronic requirements to your HEP portal. As you obtain your required screenings, CMSI receives the claims data from your insurance carrier and uploads that data to your HEP portal. As the claims come in you will see your requirements marked as complete.

Q: How can I track my progress toward my requirements?

A: The best way is to register on [CTHEP.com](https://cthep.com). Once you sign in, your home page will display your requirements based on your age and gender. You will also see any chronic condition(s) requirements that apply to you. You can see any dependents' information, too. If they are under age 18, you will be able to view specific requirements and progress. If they are over age 18, you will be able to review a summary to see how many requirements they have and how many have been completed.

Q: How do I know if my family members are compliant?

A: As mentioned above, if you register at [CTHEP.com](https://cthep.com), you will be able to view specific requirements for dependents under age 18, for dependent over 18 you can view a summary. Dependents over age 18, can create their own secure login to see their individual status in the HEP program. If they would like you to have access to their individual requirements, they can sign a [personal health information](#) (PHI) release form that would grant you access.

Q: I am a new employee. I tried to register at [CTHEP.com](https://cthep.com), but it doesn't recognize me.

A: It takes about 45 days for CMSI to receive your enrollment information. We recommend you wait until the middle of the month after your insurance goes into effect.

Q: I don't have access to a computer. How will I know if I am missing a requirement?

A: Everyone is notified by mail towards the end of the compliance year of any missing requirements. Dependents ages 18 and over will receive their own letters. You typically receive the first letter at the end of September and will continue to receive letters until we receive the claims showing the requirement(s) have been completed. You can also call the dedicated customer service team at CMSI at 1-877-687-1448 to discuss your compliance status.

Q: A service is required less frequently than every year – every 2, 3, 4, 5, 7, and even 10 years. Do I have that long to complete it?

A: Here's how those work: We will look back at claims the appropriate number of years to see if the requirement has been completed. Requirements are measured using the current compliance year. For example, for Compliance year 2020, if you are 45 years old, and a vision exam is required once every four years, on Dec. 31, 2020 we will look back to see if it was completed in either 2017, 2018, 2019, or 2020.

Q: I had a service that I needed before this insurance went into effect. Do I have to have it again?

A: No, you do not. Have your health care provider fill out a [provider notification form](#) (PNF) with the date the service was done and submit it to us (instructions are on the form). For example: you are a new employee (or a new Partnership group) who is 57 years old and had your colonoscopy seven years ago. That satisfies your requirement for a colonoscopy, but you must submit the PNF. You can access a PNF at any time at CTHEP.com under “FORMS” at the top of the home page.

Q: I had my physical in December of last year, and my doctor is telling me I cannot get one sooner than December of this year because of the insurance. What do I do? I am afraid if it gets cancelled due to weather I will be out of compliance.

A: You do NOT have to wait 365 days to schedule a preventive visit. Your insurance pays for one every calendar year, regardless of when in the calendar year you have it. If your provider has a question about this, they should contact your health insurance company.

Q: Are there any alternate options to a colonoscopy?

A: While a colonoscopy is the most accurate way to test for colon cancer, we know that it is not appropriate for everyone. If your doctor agrees, you can take an annual FIT or FOBT test, or you may take a COLOGUARD® test every 3 years.

Q: I can't do one of the requirements because I have dentures, had a hysterectomy, or had a mastectomy.

A: Have your doctor fill out a [PNF](#) indicating that you should be exempt from the service. Be sure they indicate it is a permanent exemption. When we receive the form, we'll remove the requirement for you.

Q: My doctor does not feel I need to have one of the requirements. Why do I have to do it?

A: If your doctor feels one of the requirements is not appropriate for you, they can fill out a [PNF](#). This will be required every year unless it is a permanent exemption, as in the cases above.

Q: My physician checks my eyes during my annual physical wellness exam. Does that count toward the required vision exam?

A: Your in-office vision exam counts long as your doctor submits a claim to your insurance company with a procedure code indicating they completed an eye exam as part of your wellness exam. If your doctor does not bill or submit a claim for the vision exam, you will need to have him/her fill out a [PNF](#).

Q: I went to the doctor. Why am I still showing non-compliant with a requirement?

A: We typically receive claims one to two weeks after they are processed by your insurance company. This can, however, vary with doctors' offices and their billing processes. If a couple of months has passed and the portal continues to reflect that you're noncompliant for a screening that you have already completed, then call CMSI so one of our representatives can assist you.

Q: I went to the doctor months ago. Why am I still showing as non-compliant for my preventive visit?

A: Going to a doctor for a problem, such as a sore throat or headaches, or a medicine check for a chronic condition does not satisfy the preventive requirement. The visit has to be specifically for a preventive exam, which is also referred to as a routine physical or well visit. For an adult, it typically includes lab work and screenings. For a child, it typically includes immunizations. Preventive visits are intended to prevent illness or detect problems before you have symptoms.

Q: Why does it seem like I always have to submit a [provider notification form \(PNF\)](#)?

A: There are only a few situations that require you to submit a PNF:

1. Your dependents have other insurance, and that insurance is primary. In this case we will never receive a claim for preventive services, and you will always have to submit a form. You should bring the form at the time of service and ask the provider to complete it and send us a copy.
2. You had the service done before this insurance went into effect. Since we do not have past claims history, you will need to submit a PNF as proof you had the service.
3. You just had the service, but the compliance deadline is two months away. We recommend submitting a PNF rather than waiting for the claim to be processed and sent to us.

Q: If I'm showing one of the chronic conditions, how do I complete the requirement?

A: The chronic condition requirement is an educational requirement that is separate from a doctor's visit or bloodwork for that condition. The education can be done in one of these ways:

1. You create an account on [CTHEP.com](#), then take a survey, read a factsheet, or watch a video. After you finish, simply hit the "submit" button.
2. If you prefer not to register, you can print a factsheet from the log-in page. You click the chronic conditions button, select the appropriate condition, print the fact sheet, fill it out and send it in to us.
3. You can call us at 877-687-1448 and a representative will help you take a quiz over the phone.

This is an annual requirement due by December 31 along with the preventive requirements. Please remember, too, that if one of our dedicated HEP nurses calls you, you must accept the call to be considered in compliance.

Q: I didn't get the mailing you sent. It went to my old address.

A: Make sure you notify your employer of your address change through your benefit officer, payroll officer, benefit administrator, or human resources department. They will send the change to us. This could take up to six weeks, depending on when we receive the notice.

Q. Why does my child have to be compliant? He/she will be turning 26 and coming off my health plan before the end of the year.

A: The state changed medical coverage requirements for dependents in 2019. Dependents who turn 26 during the year now stay on a parent's plan until the end of the calendar year instead of the first of the month following their 26th birthday.

Q: My spouse is a state retiree on Medicare and doesn't have to comply with HEP. If it's his policy, why do I have to meet the requirements?

A: If you are under 65 and a dependent of a retiree in the Medicare Advantage plan who based on retirement date (10/2/2011 and later) would otherwise be required to meet the requirements of HEP, the benefit provided to you includes all the components of HEP. You must be compliant with the requirements to continue to receive the financial benefits of the program.

Q: I am a new employee -- do I have to be compliant with HEP? Or, I just added a dependent -- do they have to be compliant with HEP?

A: HEP compliance is measured once you are in the program for a full year. For example, if the effective date of your insurance is Jan. 1, 2019, you must be compliant by Dec. 31, 2019. If the effective date of your insurance July 1, 2019, you must be compliant by Dec. 31, 2020.

Q: I am divorced and have no contact with my children who are in HEP.

A: You may download and print a [non-custodial parent form](#) from CTHEP.com. Find it under the “Forms” tab. Follow instructions on the form to complete and return it.

Q: My child is serving in the military. How can I get him/her to comply?

A: You may download and print a [military exemption form](#) from CTHEP.com. Find it under the “Forms” tab. Follow instructions on the form to complete and return it.

Q: Why can't I see my dependents' requirements? I pay for the insurance.

A: The Health Insurance Portability and Accountability Act (HIPAA) prevents us from disclosing this information without express consent from your dependent. Your dependent may give us permission by going to CTHEP.com and clicking on the “Help, Forms & Contact” box. Download and print the [release of personal health information \(PHI\) form](#) and follow the instructions.

Your dependent may also give consent for us to talk to you by registering at CTHEP.com. Then, he or she can sign in and click on the “Contact” information tab, scroll to the bottom, and fill out the HIPAA release section. Make sure to “save” before navigating away from the page.

Q: How do I get access to my adult dependents' requirements/status?

A: There are several ways:

- Have your dependent fill out a [PHI release form](#) (see above).
- Have your dependent register on the portal and give us permission (see above).
 - These two options allow you to call us and get information on your dependents.
- Have all your dependents 17 and over fill out the [PHI release form](#) and complete the cover sheet. This allows you access to their requirements thru the portal at CTHEP.com. This must be done annually.

Q: Why did I have extra money taken out of my paycheck?

A: When you are placed into a non-compliant status, your premium contribution increases by \$100 a month. You should check CTHEP.com and get your missing requirement(s) done as quickly as possible. Once you've completed them, fill out the [reinstatement form](#) (find it on the portal) and send to CMSI. It can take one or two pay cycles before you see the change in your paycheck.

Q: If I'm out of compliance and being penalized, will I automatically be reinstated once I complete the requirement?

A: No, you won't be automatically reinstated. If you've completed a requirement, you must have a **reinstatement form** filled out by a health care provider and sent to us right away. That begins the reinstatement process. Claims for the service alone will not automatically reinstate you.

Q: I removed a non-compliant person from my insurance. Why wasn't I reinstated?

If you have removed a non-compliant person, please contact us right away so we can verify it and start the reinstatement process.

Q: I just completed my missing requirement and sent in my reinstatement form. When will I be reinstated?

A: You will be reinstated the first day of the month following receipt of a completed [reinstatement form](#).

Q: Do I have to wait until open enrollment to be reinstated?

A: No, you don't have to wait. Please send us a **reinstatement form** with proof of your missing requirements right away. Once you (and any family members) are 100% compliant, we will send your name for reinstatement. That reinstatement is effective on the first day of the month following when you send in the reinstatement form. If you find that you're compliant but are being charged, please contact us immediately so we can assist you with the reinstatement process. It is your responsibility to know your compliance status in HEP.

Q: There are so many different forms – I don't know which one to use

A: There are a number of different forms that address very different circumstances –

Q: Am I responsible for HEP when I retire? What about my dependents?

A: Retirees that transition to Medicare no longer need to comply with HEP requirements, however their covered dependents that remain on Anthem will need to. Retirees and dependents still covered under Anthem can access their online HEP accounts using the same username and password they originally created.

- [Provider Notification Form](#) (PNF) – this form is used to report a service you have had done and must be signed by your provider
- [Reinstatement Form](#) – Looks similar to a PNF, but this form is used if you are currently in a non-compliance status and are being penalized. This form must be signed by your provider if you are missing a preventive requirement. If you are missing the chronic condition education and you completed it on the portal, no provider signature is required
- [Non-Custodial Parent Form](#) – This form is to be used if you have a dependent child on your insurance plan and you do not have custody, so you cannot ensure his/her requirements are complete.
- [Military Exemption Form](#) – This is to be used if you have a dependent on your insurance plan that is actively deployed in the military.
- [Religious Exemption Form](#) - This form should be used to claim an exemption from the requirements of the Health Enhancement Program based upon your adherence to religious beliefs.
- [Permission to Release PHI](#) – This is the form a participant would fill out to release their Protected Health Information (PHI). If you want to be able to speak to a customer service representative about your spouses or overage dependents specific requirements they need to complete this form and follow the instructions to return to us.
- [Permission to View PHI](#) - This is the form you must fill out and submit with a [Permission to Release PHI](#) (above) in order to view your spouse and overage dependents requirements on the portal. Everyone on your plan that is 17 or over must complete the required forms for this option. This must be done on an annual basis

All of these forms can also be found at CTHEP.com by clicking on the Help, Forms & Contact button, or by clicking on the forms tab.