

# HEALTH ENHANCEMENT PROGRAM (HEP)

BY THE STATE OF CONNECTICUT. ADMINISTERED BY QUANTUM HEALTH.

## FREQUENTLY ASKED QUESTIONS

### Q: What is HEP?

A: The Health Enhancement Program (HEP) encourages employees and their enrolled family members to take charge of their health and their health care. The preventive care and chronic care management requirements are based on the U.S. Preventive Taskforce guidelines. When you (or your dependents) complete all HEP age-related screenings and chronic condition education (if required), your premiums remain unchanged. If you do not complete your household's HEP requirements each year, you will incur a \$1,400 in-network deductible and your premiums will increase by \$100 per month.

### Q: What are the requirements?

A: There are two parts to HEP: Age/gender-appropriate preventive requirements and if applicable, chronic condition education requirements. All HEP requirements below, including those taking effect in 2025, align with the latest U.S. Preventive Services Task Force recommendations.

## PREVENTIVE REQUIREMENTS

| 2024<br>PREVENTIVE<br>SCREENINGS                                                                      | Dependent<br>Requirements | Employee and Spouse Requirements  |                                                                                                         |                                      |                                  |             |
|-------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------|---------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------|-------------|
|                                                                                                       |                           | 6-26 years                        | 18-29 years                                                                                             | 30-39 years                          | 40-49 years                      | 50-64 years |
| Preventive Visit<br>(Changing to every 2 years<br>for all ages in 2025)                               |                           |                                   | Every 3 years                                                                                           |                                      | Every 2 years                    |             |
| Dental Cleaning                                                                                       | At least 1<br>per year    |                                   | At least 1 per year                                                                                     |                                      |                                  |             |
| Cholesterol<br>Screening                                                                              |                           | Every 5 years (age 20+)           |                                                                                                         |                                      |                                  |             |
| Breast Cancer<br>Screening<br>(for women)<br>(Changing to every 2 years<br>for women age 40+ in 2025) |                           | N/A                               |                                                                                                         | 1 mammogram<br>between<br>ages 45-49 | As recommended<br>by your doctor |             |
| Cervical Cancer<br>Screening<br>(for women)                                                           |                           | Pap every<br>3 years<br>(age 21+) | Pap only every 3 years or<br>Pap/HPV combo every 5 years                                                |                                      |                                  | N/A         |
| Colorectal Cancer<br>Screening                                                                        |                           | N/A                               | Colonoscopy every 10 years (45+),<br>Cologuard screening every 3 years,<br>or Annual FIT/FOBT to age 75 |                                      |                                  |             |

The requirements are based on your age as of January 1 each year. As Quantum Health receives your claims, your preventive care will be marked complete in your online account.

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## **CHRONIC CONDITION REQUIREMENTS**

If you have one of the following chronic conditions, you must complete additional steps to stay in compliance with the program.

- Diabetes (type 1 or 2)
- Asthma or COPD
- Heart disease/heart failure
- Hyperlipidemia (high cholesterol)
- Hypertension (high blood pressure)

If you have one of the designated chronic conditions, you must **complete ONLY one of the following** requirements for each condition:

- Read a fact sheet, linked in your Quantum Health account on the **My Health** tab.
- Attend an approved [HEP Monthly Basic Seminar](#) specific to your condition and confirm completion in your Quantum Health account on the **My Health** tab.
- Speak with a Quantum Health Nurse Care Coordinator by calling (833) 740-3258.

Please note that this is an annual requirement due by December 31<sup>st</sup> along with your preventive requirements.

### **Q: When does the program start?**

**A:** The program runs on a calendar year basis so each year on January 1 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 1, you are held to the requirements for a 49-year-old, even though you turn 50 in that calendar year.

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

**A:** To check your status or update your compliance, go to [carecompass.quantum-health.com](http://carecompass.quantum-health.com) to register or log in to your Quantum Health account and then click on the My Health tab. Anyone on your plan over the age of 18 must log in to their own Quantum Health account to view their HEP status. Your dependents may grant permission for you to view their HEP status by going to **Privacy Settings** and clicking the **Privacy Authorization** tab. Once there, scroll down to **Wellness/Prevention** to select who can view your HEP requirements.

### **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:** Quantum Health looks back at the claims for the appropriate number of years to see if the requirement has been completed. Requirements are measured using the current compliance year.

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

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**A:** No, you do not. You may log in to [carecompass.quantum-health.com](http://carecompass.quantum-health.com) and complete a self-entry for the specific activity by selecting **My Health**, then clicking **HEP Requirements**, and then scrolling to find the self-entry option for the requirement you had completed before this insurance went into effect.

**Q: I can't do one or more of the HEP requirements due to medical reasons.**

**A:** Have your doctor fill out a Medical Exemption form indicating that you should be exempt from the service. The medical exemption form can be found by logging into [carecompass.quantum-health.com](http://carecompass.quantum-health.com), selecting the **My Health** tab, and then selecting **Medical Exemption Form**. Be sure they indicate whether a permanent exemption is needed. When Quantum Health receives the form, they provide credit for the requirement. Directions for form submissions may be found at the top of the Medical Exemption Form.

**Q: I can't do one or more of the HEP requirements due to changes in anatomy and the way I identify.**

**A:** Have your doctor fill out a Medical Exemption Form indicating that you should be exempt from the service. The Medical Exemption Form can be found by logging into [carecompass.quantum-health.com](http://carecompass.quantum-health.com), selecting the **My Health** tab, and then selecting **Medical Exemption Form**. Be sure they indicate whether a permanent exemption is needed. If the exemption is approved, Quantum Health will provide credit for the requirement. In addition, you may also update your preferred pronouns by logging into [carecompass.quantum-health.com](http://carecompass.quantum-health.com), selecting **Profile Settings**, and then scrolling down to **Preferred Pronouns** to select an option in the drop-down.

**Q: I can't do one or more of the requirements due to non-medical reasons.**

**A:** Complete the Non-Medical Exemption Form indicating which requirement(s) you are requesting an exemption for. The Non-Medical Exemption Form can be found by logging into [carecompass.quantum-health.com](http://carecompass.quantum-health.com), selecting the **My Health** tab, and then selecting **Non-Medical Exemption Form**. Directions for form submissions may be found at the top of the Non-Medical Exemption.

**Q: I completed my HEP requirements. Why am I still showing as being non-compliant with a requirement?**

**A:** Quantum Health receives claims after they are processed by your insurance carrier. If a couple of months have passed and the portal continues to reflect that you're non-compliant for a screening that you have already completed, you may complete the self-entry for that activity.

**Q: Do I still have to complete the self-entry activity if I am showing as compliant via a claim?**

**A:** No, if there is a green check mark next to the activity due to a claim being received, you do not have to complete the self-entry option.

**Q: 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.**

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**A:** Dependents who are aging off the plan at the end of the calendar year will no longer be evaluated for HEP compliance.

**Q: My spouse is a state retiree on Medicare and doesn't have to comply with HEP. Do I still need to meet the requirements?**

**A:** If you are under 65 and a dependent of a retiree in the Medicare Advantage plan whose retirement date was (Oct. 2, 2011, or later), you are required to meet the HEP requirements and must be compliant with the requirements to receive the financial benefits of the program.

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

**A:** HEP compliance is measured once you are in the program for a full calendar year. For example, if the effective date of your insurance is Jan. 1, 2024, you must be compliant by Dec. 31, 2024. If the effective date of your insurance is July 1, 2024, you must be compliant by Dec. 31, 2025.

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

**A:** Yes, once Quantum Health receives the processed claim of the missing requirement, you will be automatically reinstated. If you've completed a requirement, but Quantum Health has not yet received a claim, you may complete the self-entry for the missing requirement. You will be reinstated on the first day of the month following receipt of a claim or self-entry. Please note that self-entries are subject to random audit if a claim has not been received after 60 days of the self-entry.

**Q: Can I complete a self-entry for my dependent(s) under the age of 18?**

**A:** If you have a dependent who is under the age of 18 and wish to self-report a completed screening, please contact your Care Coordinators at (833) 740-3258 for assistance.

**Q: Can I still get a physical every year and will it be covered?**

**A:** Yes, even though HEP does not require a preventive visit every year, one preventive visit is covered 100% by the State of Connecticut health plan per calendar year. An office visit for illness is not considered a preventive visit and does require a copay.

**Q: My provider's office is telling me that my insurance won't cover me if I schedule my next physical (preventive visit) under the 365-day rule. Is this True?**

**A:** NO- this is not true. The State of Connecticut plan is unique in that you can schedule your preventive visit in less than 365 days from your previous preventive visit if they fall on different calendar years. For example, if you have your preventive visit in December of one year, then schedule a new physical in March of the next calendar year, both will be 100% covered.

**Q: Does my well-woman (gynecologist) exam fulfill the HEP preventive visit requirement?**

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**A:** Yes. Remember that you may also need to schedule a mammogram or cholesterol screening to fulfill your requirements.

**Q: How do I enroll or opt-out of HEP?**

**A:** If you are enrolling in benefits for the first time, you will automatically be enrolled in HEP. If you wish to opt-out, then during the annual open enrollment or the first 31 days of hire, you must complete Form CO-1316 (available at [CareCompass.CT.gov/forms](http://CareCompass.CT.gov/forms)) and send it to your Agency Benefits Specialist. Be sure to read this form carefully as the same financial penalties apply for opt-out as to those who are non-compliant with HEP. You can only re-enroll in HEP during the annual open enrollment by notifying your Agency Benefits Specialist.