

**OFFICE OF  
EMPLOYEE SERVICES**



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To: All Participants in the Lake County BCC Employee Health Benefit Plan  
Thru: Sharon Wall, Director, Employee Services  
From: Susan Irby, Organizational Development Analyst, Employee Services  
Subject: Important Information Regarding Employee/Retiree Health Benefits

The purpose of this letter is to inform and clarify several important aspects regarding your health benefits with Lake County Board of County Commissioners. The following topics are addressed:

- The avenues to take when encountering issues regarding benefits.
- A new process that the Office of Employee Services is using when handling Protected Health Information (PHI).
- A review of the health plan ID card and the information that should be contained on it.
- Notification that new summary plan documents are now available.

**AVENUES TO TAKE WHEN ENCOUNTERING ISSUES WITH HEALTH AND BENEFIT COVERAGE**

When encountering an issue regarding medical, dental, or vision plan coverage, the first step is to call the plan/vendor directly. (Attached is a Helpful Tips Sheet including current contact information and frequently asked questions regarding each of the health insurance benefits available to County employees/retirees.) Once contact has been made, an explanation of the situation will need to be provided and related documentation may also need to be forwarded. In most cases, this is usually enough to provide a solution to the problem.

If, after an attempt has been made to contact the plan/vendor directly and a reasonable amount of time has passed, without resolution, an employee/retiree should submit documentation (copies only) to the Office of Employee Services for additional assistance in resolving the matter.

There are a variety of beneficial reasons to having members contact the vendors directly. (1) It allows members the opportunity to speak directly with the vendors providing the particular service in question. (2) Vendors, such as WEB-TPA, track calls and have immediate access to member history, claims, and payment information. (3) Vendors will then have the ability to immediately research and address issue.

### **NEW PROCESS WHEN HANDLING PROTECTED HEALTH INFORMATION (PHI)**

As detailed above, if your issue has not been resolved through contact with the plan/vendor, you should contact Employee Services. Any documentation containing Protected Health Information (PHI), such as bills, statements, Explanations of Benefits, etc., brought to Employee Services must be accompanied by a completed Individual Authorization for Use and/or Disclosure of Protected Health Information form. (See sample form attached.) This authorization form will provide Employee Services the authorization to act on behalf of the employee/retiree/dependent.

Upon resolution of an issue, the document containing PHI will be disposed of in accordance with the method (shredded or returned to the employee) identified by the individual on the authorization form.

#### **Background**

*Why implement this new authorization form?*

In accordance with the Health Insurance Portability and Accountability Act (HIPAA), the form has been implemented in a continued effort to safeguard the protected health information of employees, retirees and dependents. This new form and process impacts how Protected Health Information (PHI) is received, handled and disposed of by the Office of Employee Services.

*What is Protected Health Information (PHI)?*

PHI can be any document containing information regarding ones medical condition, diagnosis, procedures, treatments, prescriptions, medical reports, tests, claim forms, etc.

### **REVIEW OF THE HEALTH PLAN ID CARD**

A sample of the health benefit plan ID card(s) has been provided on the back of the Helpful Tips Sheet. Please compare your card with the example provided. The Group Number on the front of the card should be LCBF-JO5, the Member Number should be a "unique" number and not a Social Security Number, and the Rx Group # on the back of the card should be 656220A. (It is necessary for there to be an "A" at the end of Rx Group # for you to properly access prescription drug benefits.) If any of these numbers are incorrect, please contact WEB-TPA at 1.800.697.2235 to receive a new card.

You will also want to provide your medical provider(s) and pharmacy with copies of your Plan ID Card to ensure they have the most current information on file. Even if your plan has not changed, the data on your card may be different from what they have in their records.

### **NEW SUMMARY PLAN DOCUMENTS NOW AVAILABLE**

Updated summary plan documents are now available for the Flexible Spending Account (FSA) program, Coordinated Panel Option (CPO) and Preferred Provider Option (PPO) medical plans. These plan documents are available on the County's Internet and Intranet pages. Members in the FSA program and PPO health plan will automatically receive a hardcopy of the plan document via US Mail to their home. Due to the large number of members in the CPO medical plan, hard copies will be provided upon request.

Should you have any questions, please contact Amy Teachout, Benefits Coordinator, in Employee Services at 352.343.9406.