Please stand by for real time captions. >> Please stand by. We are going to give people an opportunity to login. Another minute or two for everybody to get connected to audio. >> Standby one moment, we are working on getting one more person connected. We will be with you shortly. >> [ Pause ] >> Let me know when you would like to start the event. Cindy dropped off, so I don't know she is attempting to get back on or what is going on.

I think we are going to give a few more minutes to allow others to login.

Okay, I see Cindy has popped up. Let me see if I can get her into the panelists.

Okay, great.

[ Pause ] >> Thank you for your patience. We are waiting to get one more item fixed, and then hopefully we will be starting the presentation in a moment.

[ Pause ] >> It says you have audio, let's try this one more time. I'm going to take you off mute, can you hear me and can I hear you?

[ Pause ] >> Not working. All right. Let's see, standby. Thank you for your patience.

[ Pause ] >> We could get started. I can take you off of mute,

Can you hear me, we can go ahead and get started.

Let's go ahead and do it. You have control.

All right. Good morning on this beautiful Tuesday. Welcome to the HR meeting and I'm glad you can join us. For those joining for the first time or new to the team, [ Indiscernible ] with the employee benefits Bureau and today we have a special guest in attendance from the third-party administrator. Today we will go over our flexible spending account better known as FSA and which we will touch realizing the FSA portal, we will go over FSA claims, the FSA debit card, the overall process of the benefit, and of course, HR reminder updates. At this point, state agency HR representatives may drop-off while we go over a dedicated training on the billing process for our local public body agencies. We have quite a bit to review, so in addition, we would like to advise a correction on some info from our meeting last month. Catherine job as with the employee benefits Bureau will advise.

The morning. Good morning. I wanted to go over one of the questions that was asked . In regards to the following question that was asked of the HR meeting on the 18th 2021, is if a state employee is read type, retiring on June 30, 2021, when were there benefits terminate? June 30, 2021 is in the middle of the [ Indiscernible ]. First thing is that if it's will terminate on July 9 that if it's will terminate on July 9, 2021 if premiums were collected. If premiums were not collected, the employee

will have to collect a self-pay payment. Therefore if the premiums are not paid by the end of the following pay period, submit a notification to terminate benefits due to nonpayment requesting benefits to be terminated back to the last day of the pay period in which payments were received.

If the retirees benefits overlapped with the start of the retiree health coverage, employee will have the option to coordinate coverage. This means the claims can be processed through both coverages. However, keep in mind that the state nor the retiree healthcare authorities pay for these services. It will be the employee's responsibility to submit the claims to the secondary coverage. Thank you. >> Thank you for the corrected information. At this time, I would like to introduce [ Indiscernible ] .

Hello everyone. This is Erica. I am the main point of contact for the FSA with the state of New Mexico. I just wanted to briefly go over the FSA plan, and the most common questions that we got. To start off, let me go to the next page. For the select spending plan this allows you to set money aside for anything that is medically necessary. You can elect from 130 up to $2750 for the flex spending . [ Indiscernible ]. Up to 5000 for the flex spending again, it covers any eligible healthcare expenses dependent care coverage they care coverage for [ Indiscernible ]. This covers your transit incurred while you travel to and from work. Deductions are taken from your paycheck before taxes are withheld. This does reduce the withholding and saves you money. As far as the enrollment process, the way it works is you can enroll for the flex spending in 31 days of your hire date. Open enrollment every year is effective January 1 the following year qualifying events, you do have to enroll this yearly. It is not like the [ Indiscernible ]. This covers yourself as the employee,

the spouse and your children under the age of 26. Domestic partners and domestic partner children are not eligible. They're not consider qualified dependents. For dependent care, you can enroll during open enrollment 31 days of higher qualifying event kind of the same with the health that this covers your day care expenses for your children 12 years or younger. FSA transportation and parking you can enroll and disenrollment any time. This isn't for employee expenses only. This is for employee expenses only. Eligible expenses with healthcare anything out of pocket that is medically necessary to pay coinsurance deductibles, anything that is non-cosmetic dental expenses. Vision care expenses, your co-pays deductibles glasses, your contacts, prescriptions, with the tears act and appropriations act there are new product items over the counter that you can purchase the some of them do require letter of medical necessity. The best way to confirm those expenses if you visit the [ Indiscernible ] there is a list of eligible expenses.

As far as anything that is ineligible, expenses that are not medically necessary at the date of service has not occurred yet that would not be eligible , if the date of services prior to the plan year that would not be an eligible expense. Any expenses incurred after [ Indiscernible ]. We do review each and every one of your FSA claims.

More than likely you will be required to provide the explanation of benefits. In order to determine a leverage ability we do it to cover the employee's name, provider information, date of service and the amount of what services rendered. As far as eligible dependent care expenses, this helps you pay for day care cost while you are your spouse are at work or looking for work. Before afterschool care day care Senior care center camp, pick up these registration fees application fees, items that are not considered eligible expenses paid to children's parent or a child under the age of 19. Overnight camps, instructional or sports camps, late payment fees, educational expenses. As far as transportation and parking. The minimum per month is five dollars up to a maximum of $270. You can enroll and change your elections at any time during the plan year. Include costs of public are certain privately operated transit service. Check your account using the mobile app. Reimbursements for claims is easy, just download the phone app at the website on your screen. Mass transit MBM polling reimbursement. And pulling, band pulling services, and other on your screen. Bus or train passes. Parking reimbursement of state owned parking by meter or lot or at the workplace. As far as the debit card, when you enroll, we do send you to debit cards. You can use this for both health and dependent care expenses. Most cars are not coded to accept the cards, but some are and in that case, you can have, file a claim online.

If for any reason the cards are lost or stolen or something happens to the card, and we order an additional replacement card, $10 is deducted from the employees FSA cost. This does allow you to pay directly from your FSA account. Still may be required to provide additional documentation . It is good to follow the employee to ensure they keep all of their explanation of benefits itemized statements anything that they may receive from the dock, doctors office. As far as online submissions, they can access their account through the website. They can submit claims, upload receipts, you can review your account information and update the address and email or they can also add their banking information. If that information is not in there, we will [ Indiscernible ] that it is good they refused the message center . I know sometimes there are cases where the notifications are blocked. It is good to stay on top of your portals. The paper claims submissions can access paper forms on our website.

Include all appropriate documentation including receipts any obese and letters,

EOBs and letters of medical necessity if required. Documents my show your name or dependent name, service provider, date incurred amount incurred types of expense, and if they have a paper claims submission we recommend they email it to the address on your screen. Or you can fax it to 505-244-6009 if there any questions you can call 855-618-1800. I know some employees like to mail the claim form so they can mean a, mail it to the address on your screen to we recommend they do that through the mobile app or the online portal.

They get processed much quicker. As far as documentation requirements. A lot of employees just provide us with the credit card slips. We need something that is itemized. For FSA if it is a statement of services which is provided by the doctors office directly so if they purchase glasses or any dental work, they will give the employee itemized treatments. The explanation of benefits comes from the insurance provider. It takes a little longer to receive them. As long as we get the itemized statement or explanation of benefits, we just have to confirm what incurred costs and what they use the money for to ensure it is FSA eligible. For dependent care proof of receipt , proves it is an afterschool care service, tax ID information on the documentation, here it of service must be within the plan year. Transit and parking requirements are proof of receipt, make sure the documentation clearly identifies you are the one using the benefit. The fastest way to submit your claims is through the mobile app or the online portal. If the employee goes to the my benefits.com, that's where you will find your letter of medical necessity form. The claim form for the FSA transit and parking. As far as the mobile app, if you go into the Google play or Apple Store, if they type in the benefit that will pop up the mobile app. It is the same username and password as far as the online portal. If they have any questions or concerns, we are happy to assist in any way we can. Just have them call the 855-618-1800, or can the FSA email should go to the FSA at [ Indiscernible ]. Some of them are still emailing to [ Indiscernible ]. As far as common questions, we tried to get the most common questions that are asked of us. As far as when it comes to the FSA. What documentation is required when submitting a claim? The IRS requires confirmation of the following. Name a person who received service. The date of service, the amount of service, provider information was services was rendered, this can be found on the explanation of benefits or the statement of services rendered. For glasses, contacts, theories don't get the statement of services or explanation of benefits. The eye doctor's office

or say go to VisualWorks or whatever the case maybe they do provide them with an itemized receipt. We do need a copy of that. I know we have seen people purchase sunglasses [ Indiscernible ]. Always keep the itemized statement that is provided to you at the visit or the explanation of benefits which is mailed by the insurance provider. If it is a generic $25 co-pay chances are you will be required to provide the documentation that it is still best to always keep those itemized statements. Another common question we get is why is FSA suspended, there are several factors to reviewing the portal or your mobile app to confirm why. If the claim was paid and later denied, this [ Indiscernible ]. The account will stay suspended until the documentation is received.

The portal is very important as this is where you will upload your documentation, submit your direct deposit information, update your address and phone number and email, obtain your account balance and view any communications via your message center. Why do I have to submit documents?

Since this is a pretax benefit and an IRS regulated account, we must follow the guidelines set forth the IRS to ensure we are adhering to the plan rules.

What is the timeframe I have to submit my EOP?

. Take a look at your screen for the information. What is FSA eligible? A list of eligible expenses for health and dependent care is available on the website. Using a website like this is also a next limp place to search for eligible terms. Eligible items. I do have another thing that I just wanted to touch upon. For FSA how long do I have to use my 2020 For FSA how long do I have to use my 2024 2021 funds? With the consolidated probation fact instead of using your 2020 funds with the date of service up to March 15 as many claims by 31 March you actually have until December 31 to read , use your funds. The date of service can be in 2021, it just cannot be where you use your 2021 funds with the 2020 date of service. As far as leave, I do want to touch on that as well. If an employee goes on Aleve or in a self-pay situation, how does this impact their FSA? When an employee is on leave and does not have time to cover the premiums deductions, the employee is in a self-pay situation and must submit the premiums cost. If an employee does not pay via deductions or self-pay, share does not read the amount , therefore deductions for the remaining pay periods are increased. The biweekly payment is missed for specific month, there will be no reimbursement for any claims for that month this wraps up my portion. If there any questions, or you need additional information, just reach out to me. I posted in the chat and link to the benefits. >> You can bookmark that site and it contains all of the links and materials you need. If you are with a [ Indiscernible ] of you the ability to contracted into the service, you need to reach out and talk to me. >> Thank you. Great information. Moving on to HR reminders and updates. Forward transmittal forms in individual premium payments to risk management division as soon as possible.

RMD has received payments dated in 2020. FY 22 benefit premium rates there is no increase.

Take a look at your screen for the information. Many of you have been asking premium rates for benefits will not be increased.

At this time, this does conclude our presentation for our state agency representatives. With that, I'm happy to give you time back, and for our local public body representatives, please stand by as we will not go over your training for your building process. At this time, I would like to welcome Raquel for building specialist. >> Thank you. Good morning. We are going to go over the billing process for the local public body. Some of you may be familiar. I know we have some new local public body groups that have joined recently. This is just a good refresher for everyone. This information is is always available and you can reach out to the office and we can do individual training as well. If we can go on to slide number two we will address the state of New Mexico plan requirements. There has been some recent information that has, that was sent last week. It was dated June 9 of 2021, this was distributed to all local public bodies to address the state of New Mexico requirements for plan participants.

[ Pause ] >>

LPBs have the flexibility to determine when the employees benefits will go into effect as long as benefits are offered and received by the 90th day of employment for the ACA requirements for ployees working 30 or more hours a week. SONM currently bills at a monthly rate on the invoicing, with each invoice reflect doing premiums for the month prior. Erisa will use the effective date for new hire or term. We recommend impossible you time your new hires to start on the first or 16th of the month to reflect the half and full month premium cycle. You are required to notify us of any discrepancies. The other requirements is all local public bodies must register and utilize the billing system. This is not new, this portal has been available for years. If you've not registered, please do so today. Another area that was addressed was the date of payment. Payment is due by the 20th of each and every month. Another requirement is for payment submission. They required to submit only two checks per month. One check and that includes premiums, supplemental premiums for employees, spouse employees independent life premiums in any line of duty coverage. The second check needs to be for the health account that is going to include medical, dental, vision, disability, and the admin fee. That is only two checks per month, there are some cases where people are sending checks for pay period. And this is not going to be accepted. It needs to be one check for like the one check for health and that is for that really month. Billing month. We are going to touch on the eligibility and effective dates. LPBs have the flexibility to determine when the employees benefits will go into effect as long as benefits are offered and received by the 90th day of employment for the ACA requirements for employees working 30 or more hours a week. SONM currently bills at a monthly rate on the invoicing, with each invoice reflecting premiums for the month prior. Erisa will use the effective date for new hire on term , or term. We recommend impossible you time your new hires to start on the first or 16th of the month to reflect the half and full month premium cycle. Just keep that in mind when you are trying to determine the effective date of coverage. Remember that the state of New Mexico plan currently bills on a monthly basis. With each invoice requesting premiums for month prior. The most recent invoice that you would have received would've been dated June 5, that would represent Mays premium. We do bill one month in arrears and that allows you to collect the premiums. The date on the enrollment form that you send us is going to be the date we use. Just keep in mind that it will reflect either a half month or full month premium cycle comp depending on the date that you choose. It is recommended that you start benefits either on the first or 16th of the month. That way the employee gets the entire period to utilize their benefits. If the employee starts anywhere from the first to the 16th, we will bill for an entire month premium, so it makes more sense to start them on the first rather than the 15th. If they will be billed for the entire month because they will get the full month. We are going to go into how a qualifying event will affect billing. We know that this does recognize several things of qualifying.

Those would include a change in marital status, a marriage or a divorce. Adding a domestic partner or removing a domestic partner. Birth of a child, gain a father coverage, loss of other coverage, or death. Along with these qualifying events, in these cases , in some cases it would cause a tear change to take place. When a tear change takes place it will affect the premium. Based on the date takes place, it would affect the premiums. If there was a change in marital status anywhere from the first to the 15th of the month, if it was an employee only and not changes to him ployees spouse, it is going to affect the billing because we are going to invoice you for half month at the employee only rate and half meant that the employee spouse rate. It will look a little different. If a tear change takes place from the 16th to the end of the month, that new tear will not go into effect until the first day of the following month. If an employee was married on to 17th, that new rate will not go into effect until July 1. Keep that in mind. Administrative fees will never be billed. [ Indiscernible ]. As far as the qualifying, there is supporting documentation that is required to be submitted to us with each event. Keep in mind that your employees must report qualifying within 31 days from the date the event takes place. You must submit an enrollment change form for all qualifying events along with supporting documentation. For example if there is a birth of a child, the employee will need to complete an enrollment change form. We will also need to list every single person that they currently have on their benefits. Even if changes are not occurring with them they will need to reenroll them on the form cup they will also need to provide proof of birth which would allow us to add the baby initially. And then they have 90 days from the date of birth to provide the birth certificate and Social Security number. With each qualifying event there is required documentation. That documentation is

sent within 31 days of the date of the event to be considered a valid event. One thing to note and this is the third bullet point here that even if an employee is [ Indiscernible ] they must complete a form. If you have a new hire coming on and have coverage elsewhere, they don't want to participate in any of the benefits offered, they must still complete an enrollment form. They would elect to waive but this will allow them to be enrolled in the basically benefit. It is required, you must sign up all of your employees to this benefit. This is the only way if we receive via moment form from you. That is important and we have seen some cases where an employee had benefits and never received an enrollment form, and then unfortunately, the employee had passed away. And then it becomes an issue that they , the family does not have access to the light benefit. It is crucial that you remember this step. Always send us an M Roman force available to participate in that plan. Another thing to keep in mind is terms or separation of employment.

Any time you are an employee who is separated, you are required to send us a COBRA notice.

A termination, a resignation, retirement, any time there is a separation we need this information. Once we receive the notice, we will send out a packet if they are eligible for benefits. Just letting them know what their options are. This is important it is done timely because it will affect the bill. We are not notified, we will continue billing you for these employees. It is important once there has been a separation that you send us the notice. You can find the notices on the website. This is a requirement of all State of New Mexico benefits eligible employees. We need to make sure

that we received an enrollment form. Even if the employee is leaving all other benefits. If an employee has elected to opt out of all benefits, and this includes basic [ Indiscernible ], we must be notified by the employee. There are some instances that an employee would choose to not be enrolled in basic life. If that is the case, and they make it clear that they do not want to be rolled, we need some type of documentation from the employee to we won't be able to accept an email from HR stating so-and-so does not want to be rolled, we need this direction from the employee. Once we receive that, we will create a file for them and scan the information. Supplemental life coverage is also available to state of New Mexico employees. There are several options for the employees. There's also an option for eligible children. Premiums will go into effect the first day of the month following enrollment. Or approval from an evidence of insurability. If the employee signs up as a new hire, that will go into effect the first date of the following month from the date of hire. If they are existing employees, and have elected to add supplemental coverage at a later date, they will be required to complete an evidence of insurability. Once we receive the notification, that will go into effect the following month after approval. If we received the approval date June 16, that benefit will go into effect July 1. We also send as a courtesy report a premium change. This will notify you of any increases . For instance if an employee or the spouse had a birthday, that has changed the premium for supplemental coverage, or change to the age, so there's an increase, we will notify you and send you a report that will come directly from your representative. Just be very mindful of the emails that we send please read them, because this will of fact the deductions and the way we bill you. I know they are fairly new, I have heard people state that they were not sure what it was said they didn't make the changes that if you have any questions about any of this information, please contact me at the office and or send me an email error and we will find out all of the details.

We recommend that LPBs that deduct biweekly hold and each pay period for

total of 20 pay periods. If you're currently on a 26 pay period schedule, please stop deductions for two of those out of the year so you are directing correctly. There is the link under the first bullet point which is the premium rate sheet. You can find that on the website.

We have been notified there's not going to be an increase of the premium. All benefit premiums are going to stay as they are now. No changes for the upcoming fiscal year, or any changes for the rest of 2021 that we have been aware of.

You can always find the information there. For supplemental life , they are calculated and based on age. Increase of the employee or the spouse partner in new category. There are several ways to find these premiums. There is a supplemental life premium rate calculator on the website. There is a worksheet that you can find on the website. You will go to the Hartford Lane, once you click on their link, you will see the supplemental life calculator. This is helpful for HR's to figure out what premium is. It is helpful for the employees that are contemplating enrolling in supplemental coverage. And want to get an idea of what they can spend for the month. They can determine what they are able to do as far as budget wise to enroll. Those are both available on the website. Another requirement of the basic plan, the payment [ Indiscernible ]. It is important that you [ Indiscernible ] notify us of of any changes or discrepancies that you come about that this allows for a cleaner reconciliation process. If you are short paying or doing your own adjustments on your end, and then you notify us of the change, and then we generate an adjustment, that is going to be two credits or in some cases to charges for the same change. It is important that you notify us and allows to generate that adjustment, was the adjustment it is generated it will be applied to your account the following billing month. You can find that in several places the we send you monthly billing spreadsheet. That is going to be located on sheet number two at the bottom of the spreadsheet. You can also find that detail from the portal. Some of you have stated that the portal is not the most he user-friendly, I'm happy to do some training to help you navigate through the site. We are going to talk about the billing portal. You can see the link. I sent this information to you every month with the monthly billing spreadsheet. There is a link and instructions to register for the billing portal.

Please be sure that you are actually reading that email. We have addressed some big things . We have also addressed the address issue and the [ Indiscernible ] have with checks. Every time I sent back, please read the body of the email to see if there are any updates or any changes. From this billing portal it is a helpful tool. You are able to view and download invoices back to 2013 if applicable. The detail of each employee and their elections. You check images and payments. View adjustments that have been applied to your account. You outstanding balances. Update contact information.

It is crucial that you monitor your account regularly and compare our data to your records to ensure all employees are enrolled correctly and billed accurately. Erisa sends a monthly billing spreadsheet on the fifth of each month. Please carefully review the information and report discrepancies timely. You can see all of this information immediately when you log on. If you have someone in the accounting department, someone in the HR department that both need to be able to have this view, you are able to. It is crucial that you are monitoring your account regularly. And that you are comparing our data to your records to ensure all employees are enrolled correctly and billed accurately. It is important that you are reviewing the information and comparing to yours so you make sure we have entered this correctly and billing for each person who is added. As far as reporting any type of changes , please do not send these changes. Please do not send them with your payment. There are cases where there are handwritten notes on the invoices, stating to remove so-and-so. We will not get that information. The payment is sent to General services Department they are not sent to Erisa, it is important that any of the discrepancies or changes are sent to our office. You can send them directly to me, you can send to your representative, and we can get the information to me. If you have questions, please send those to me and I'm happy to help you research or point you in the right direction. Payment details. Payment is due by the 20th of each month. Please send the official invoice along with payment each payment. You must send one check for the nonlife premiums this includes medical, dental, vision, disability and the admin fee, and a separate check for life benefits. ASIC life LOD supplemental life, spouse life and dependent life premiums. Please do not include Social Security numbers on the check register. Make sure the check is remitted correctly as it reads on each invoice. Checks should be made payable to GST Tash admin services division PO Box 6850, Santa Fe New Mexico 875-022-6850.

Send one invoice with the health , sent the other with the life information. This will ensure all monies are applied correctly. Just to reiterate what we talked about earlier, one invoice for each fund, so we need you to send one check for the health account, which is going to include mental, medical and others come second check for the life benefits.

One check per month per fund. Please do not include any Social Security information of the check register. We have seen several instances that payroll companies are including this information along , on the check. It is important that this information is not included is important that the check is remitted correctly, and if you can see below the last bullet point this is how the check needs to be made out. It is on each and every invoice. We have seen a lot of checks made payable to risk management division. To make sure these are going to be applied and not sent back, they need to be remitted correctly. That is going to be both life and health account, and this is how they need to be made payable each and every month. This is listed on the invoice. If you have registered for an account previously you do not remember your login information, there is a reset password option from the homepage. The homepage is where you are going to either register, reset your password or login. If you have any issues accessing your account, please email me. And we will do our best to get you set up and active. So you are able to utilize this portal.

Any questions, please feel free to reach out to me. If you need any additional training,

please contact me by email or give me a call. If you have any questions on the process as a whole, we can just go through the basic process, and the requirements of it at any time. Thank you for your time. >> Thank you. That was a thorough explanation of our billing process for local public body agencies. That does conclude our presentation for the day. I hope you have a great day. >> Thank you for attending. I will close out the event. >> [ event concluded ]