

# LeadingAge HPI Webinar #1: Introducing SISCO Benefits Administration

September 5<sup>th</sup>, 2019

# Upcoming Educational Webinars

- ▶ September 11<sup>th</sup> 3:00-4:30 PM:  
Preparation for Open Enrollment
- ▶ September 16<sup>th</sup> 2:00-3:30 PM:  
Plan Structure Overview, ELAP,  
PHCS, and Imagine Health  
Networks
- ▶ September 24<sup>th</sup> 10:00-11:30 AM:  
Special Programs, CancerCare,  
Regenexx, Renalogic, an  
MedTrak
- ▶ September 26<sup>th</sup> 10:00-11:00 AM:  
Advocacy Program,  
Telemedicine, Healthcare  
Education Resources
- ▶ September 30<sup>th</sup> 10:00-11:00 AM:  
Ancillary Benefits

What is HPI?  
How is it  
different than  
my current  
health plan?

## LeadingAge Texas Health Plan, Inc. (HPI)

- Self-Insured Trust - Multiple Employer Welfare Association (MEWA)
- Mini-Insurance Company owned by its Members
- Hybrid between a single-employer self-funded plan and fully-insured health plan
- Governed by a Board of its Members
- Subject to ERISA regulation and Texas Department of Insurance
- Must comply with filed Plan Document and Administrative and Compliance Guide
- Administered by Sisco on behalf of the Plan

# HPI Plan Structure

## 3 Essential Plans Basic / PLUS / Advantage

- These are **NOT** Qualified Plans
- Must be offered with at least one Plan from Bucket 2 or 3
- Lowest cost plans
- Designed to protect employees against penalties
- Ideal for healthy employees who occasionally need physician services
- Employer must pay 100% for Employee-Only coverage of lowest cost Essential Plan

## 3 Value Plans Basic / PLUS / Advantage

- These **ARE** Qualified Plans
- Meets minimum "Adequate" plan requirements
- Designed to protect Employer from penalties
- These plans are used to calculate "Affordable" employee contributions
- Do NOT cover Non-Essential Benefits (i.e., Specialty Drugs, Acupuncture, Chiropractic Services)
- Low cost plans

## 4 Enhanced Plans Basic / PLUS / Advantage/ Elite

- These **ARE** Qualified Plans
- Lower Deductible and Out-of-Pocket Costs
- Includes Copays for Office Visits and RX
- Fewer Exclusions - Covers some Non-Essential Benefits (i.e., Chiropractic Services, Therapies)
- Similar coverage to BCBS, Aetna, UHC
- Highest Cost Plans

# Who is SISCO Benefits?

- ▶ SISCO is the administrator for LeadingAge Texas Health Plan, Inc (HPI)!
- ▶ SISCO strives to deliver only the best service to our clients and has a reputation for excellence.
- ▶ SISCO was established in 1981 as a boutique Third Party Administrator (TPA) dedicated to the administration of unique, complex plan designs.
- ▶ Today, we are recognized as a premier TPA, serving over 280 employers and 100,000+ members from our facility in Dubuque, Iowa.

# Benefit Information Network

- The Benefits Information Network (BIN) is a tool for employers to interact with SISCO.
- On BIN you will find:
  - Invoicing
  - ID card PDFs
  - Claims processing information
    - Explanation of Benefits
    - Claim Status
  - Document Library
  - Reporting
- Employees will be able to create personal IDs using personal information to validate their Identity.
  - Employees will be able to access information relevant to themselves.

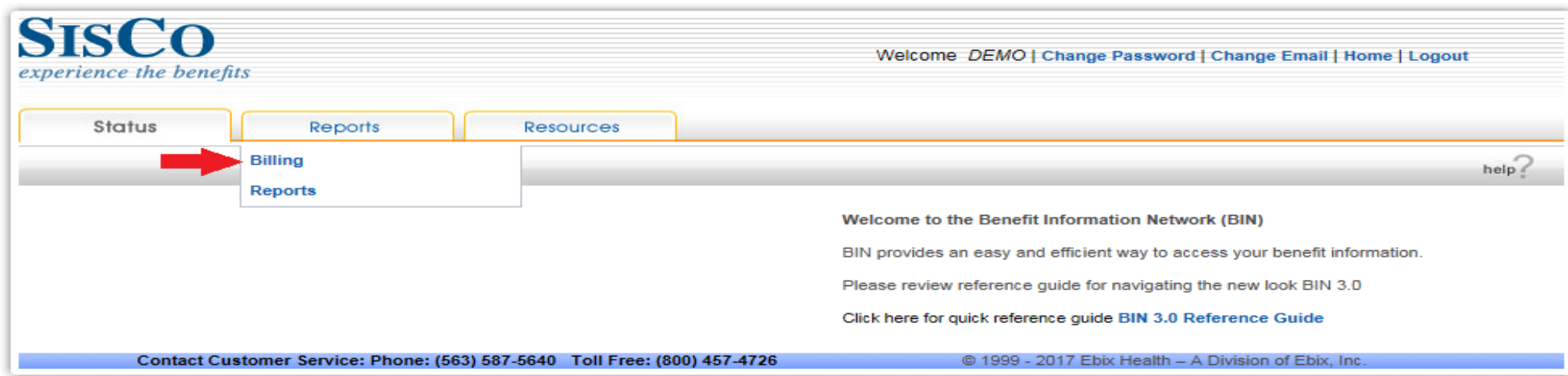
# Invoicing

- Invoices will be posted around the 10<sup>th</sup> of each month for the next month's premiums.
- Invoices will be made available only on the BIN Website.
  - You will be notified by email when posted.
- There are three payment options:
  - Automated Clearing House (ACH) Withdrawal
  - Automated Clearing House (ACH) Deposit
  - Mailing a Check (Additional Fees apply)

# Invoicing

## Retrieving Your Invoice

- SISCO will provide the Employer with a User ID to access Invoices.
- Click the Reports Tab to open drop down menu and select “Billing” (arrow below).

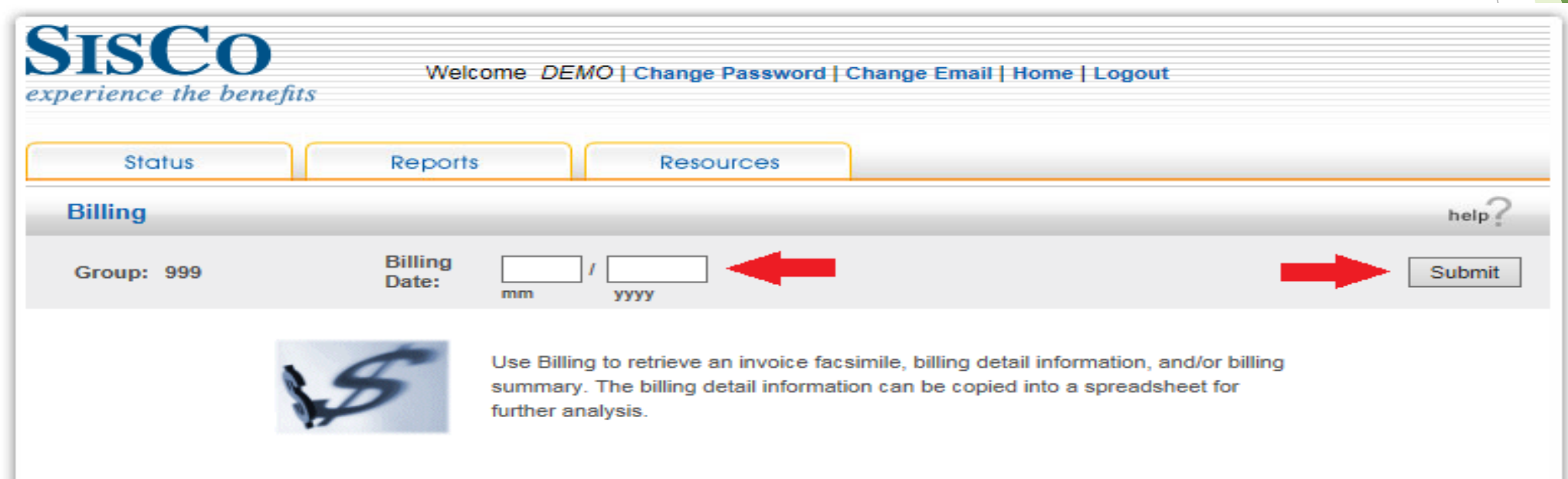




# Invoicing

## Retrieving Your Invoice

Enter a billing date to retrieve all invoices incurred since the selected month, or leave it blank to retrieve all invoices (**leftmost arrow below**). Click Submit (**rightmost arrow below**).



The screenshot shows the SISCO web interface. At the top left is the SISCO logo with the tagline "experience the benefits". To the right is a navigation bar with links: "Welcome DEMO | Change Password | Change Email | Home | Logout". Below this is a menu with three tabs: "Status", "Reports", and "Resources". The "Billing" section is active, indicated by a blue header. In the top right of this section is a "help?" link. Below the header, there is a form with the following elements: "Group: 999", "Billing Date:" followed by two input boxes (one labeled "mm" and one labeled "yyyy") separated by a slash. A red arrow points to the "mm" input box. To the right of the input boxes is a red arrow pointing to the "Submit" button. Below the form is a small image of a dollar sign and a brief description of the Billing feature.

**SISCO**  
*experience the benefits*


Welcome DEMO | [Change Password](#) | [Change Email](#) | [Home](#) | [Logout](#)

[Status](#) | [Reports](#) | [Resources](#)

**Billing** [help?](#)

Group: 999      Billing Date:  /      

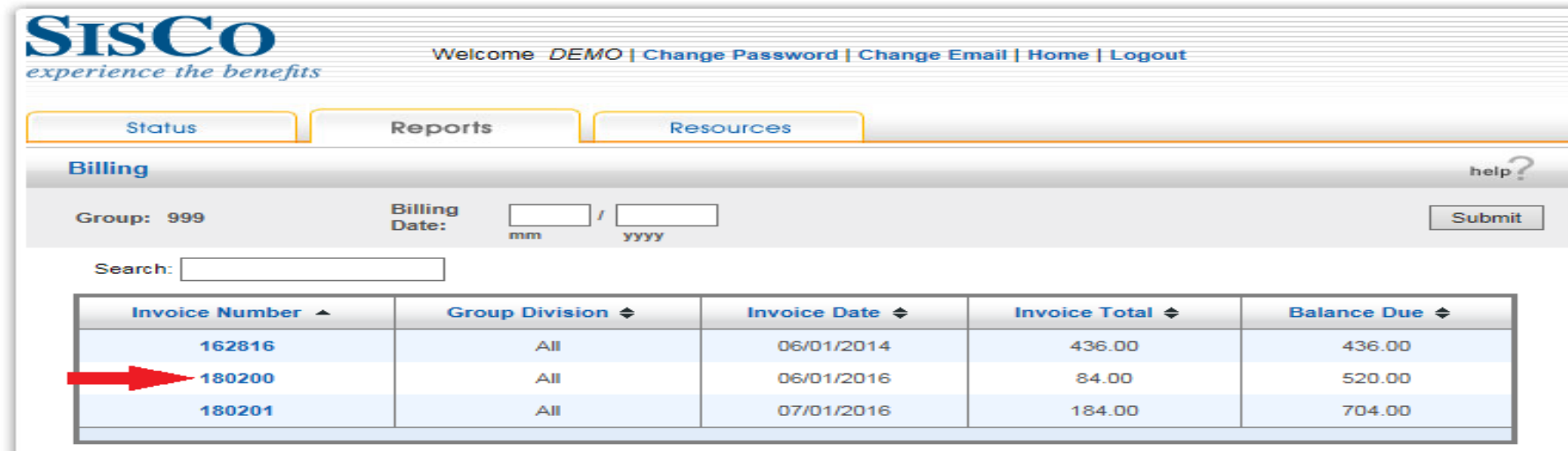
mm      yyyy

 Use Billing to retrieve an invoice facsimile, billing detail information, and/or billing summary. The billing detail information can be copied into a spreadsheet for further analysis.

# Invoicing

## Retrieving Your Invoice

- A summary of invoices that meet the criteria entered will appear in a listed format.
- To view a specific invoice, Click on the blue invoice number to bring up that invoice's summary at the bottom of the page (arrow below).



**SisCo**  
experience the benefits

Welcome DEMO | [Change Password](#) | [Change Email](#) | [Home](#) | [Logout](#)

[Status](#) | [Reports](#) | [Resources](#)

**Billing** [help?](#)

Group: 999      Billing Date:  /    
mm      yyyy      [Submit](#)

Search:

Invoice Number ▲	Group Division ◆	Invoice Date ◆	Invoice Total ◆	Balance Due ◆
162816	All	06/01/2014	436.00	436.00
180200	All	06/01/2016	84.00	520.00
180201	All	07/01/2016	184.00	704.00

# Invoicing

## Retrieving Your Invoice

- The Invoice Summary totals up the line item charges found on the “Detail Report (PDF)” (arrow right).

**Invoice**

Detail

Summary

Detail Report (PDF)

Print Invoice

From

SISCO  
PO BOX 389  
DUBUQUE IA 52004-0389

To

DEMO GROUP  
111 DEMO DR  
DEMO, IA 52000

Invoice Number	Invoice Date	Customer Number	Group Identification	Div.	For Billing Questions call
180200	06/01/2016	00999-0001	999	All	563-587-5430

Billing Month	Coverage Category	Description of Services	Invoice Amount	Credit Amount	Amount Due
06/2016	MEDICAL	MEDICAL ADM/PREM	505.00	0.00	505.00
06/2016	MEDICAL	ACA FEES	15.00	0.00	15.00

\*\*\*PAYMENT DUE ON THE 15TH\*\*\* =====> 520.00

FOR QUESTIONS ABOUT PAYMENTS PLEASE CALL 563-587-5329.  
\*SISCO IS ACTING AS A COLLECTION AGENT FOR FOR SPECIFIC AND AGGREGATE STOP  
LOSS PREMIUM. COTTINGHAM AND BUTLER IS AGENT OF RECORD FOR THESE COVERAGES\*

To

SISCO  
PO BOX 389  
DUBUQUE IA 52004-0389

For

DEMO GROUP  
111 DEMO DR  
DEMO, IA 52000

Invoice Number	Invoice Date	Customer Number	Amount Due
180200	06/01/2016	00999-0001	520.00

Group Identification	Group Division	Enter Amount of Payment
999	All	\$

# Invoicing

## Retrieving Your Invoice

CLAIM PROCESSOR			PLAN SPONSOR			Date: 10/04/16		
S  SCO PO BOX 389 DUBUQUE IA 52004-0389			DEMO GROUP  111 DEMO DR DEMO, IA 52000			BILLING DETAIL REPORT  Group : 999-DEMO GROUP Division : 0001 ACTIVE For the Month of : 06/2016		
LAST NAME	FIRST NAME	EFFECT DATE	MEDICAL & RX FEES	ACA FEES	ADMIN FEES	PPO FEE	PLAN COV	TOTAL
====	====	====	=====	=====	=====	=====	=====	=====
<b>06/2016 Billing:</b>								
SAMPLE	MIKE	03/01/2003	50.00	7.00	15.00	12.00	P00/999BEEC	84.00
DATE SUMMARY			50.00	7.00	15.00	12.00	1	84.00
P00 : PARTICIPANT ONLY			50.00	7.00	15.00	12.00	1	
DIVISION SUMMARY			50.00	7.00	15.00	12.00	1	84.00
P00 : PARTICIPANT ONLY			50.00	7.00	15.00	12.00	1	

# Who should you call?

- If you have questions about claims, enrollment or benefits?
  - Call SISCO @ (800) 457-4726
- If you need to obtain Pre-Certification or Prior Authorization?
  - Call HealthCorp @ (800) 457-4726

# Reporting

➤ The Reporting portal on BIN will be updated monthly with the following items:

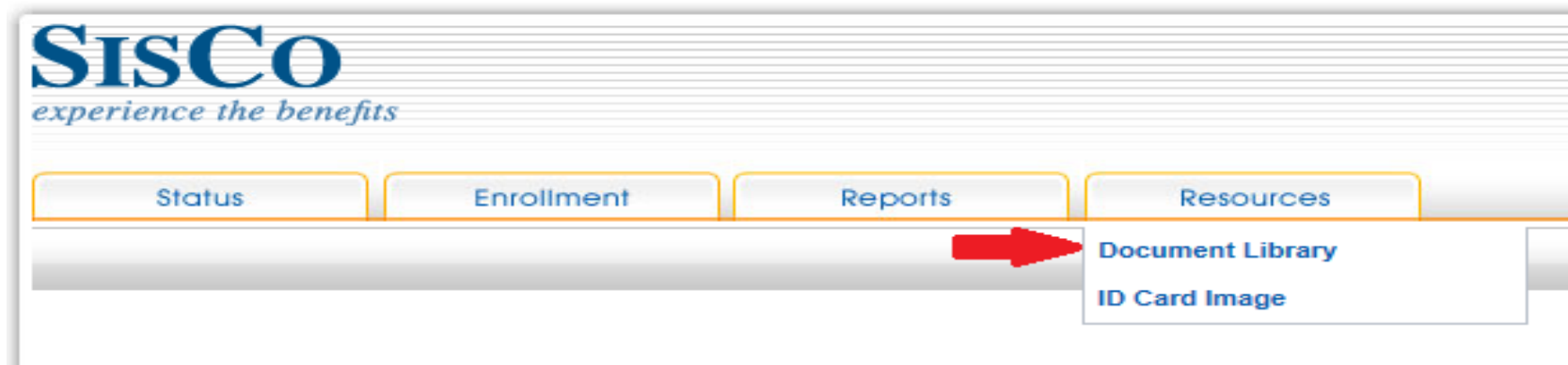
- Census
- 1095 Report

06/14/16 LQRELI0		SELF INSURED SERVICES COMPANY PARTICIPANT INFORMATION LISTING INFORMATION AS OF 04/30/2016				PAGE: 1
GROUP : 999 DIVISION: 0001		ABC COMPANY DRIVERS				
LAST NAME	FIRST NAME	MI SOC SEC NO	DATE OF BIRTH	**BENEFIT DATES** SEX EFFECTIVE TERM	MARITAL STATUS	
PARTICIPANT KEY: 999999999						
EMPLOYEE:	SAMPLE	JOHN	A 111-11-1111	06/28/1990 M	03/01/2015	S
COVERAGE:	CATEGORY MED	PLAN CODE 999AAA	PLAN NAME ABC COMPANY	ENROLLMENT CATEGORY	01/01/2016-99/99/9999	DIV: 0001 F00 PARTICIPANT ONLY
PARTICIPANT KEY: 000000000						
EMPLOYEE:	SAMPLE	MARK	L 222-22-2222	01/13/1971 M	10/01/2011	M
COVERAGE:	CATEGORY MED	PLAN CODE 999BBB	PLAN NAME ABC COMPANY	ENROLLMENT CATEGORY	01/01/2016-99/99/9999	DIV: 0001 F99 FULL FAMILY
*DIVISION* 0001						
*DIVISION CENSUS***** 2 EMPLOYEES 0 DEPENDENTS 0 TERMINATED EMPLOYEES						

Member Info						Coverage By Month							
SSN	Subscriber ID	Relationship	First Name	Last Name	DOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
111111119	111111119	Employee	PAM	WELCH	01/01/1970	X	X	X	X	X	X	X	X
452096526	111111119	Dependent	BARTLEY	WELCH	01/01/1960	X	X	X	X	X	X	X	X
123123123	123123123	Employee	EMPLOYEE	USER	01/01/1970	X	X	X	X	X	X	X	X
123456789	123456789	Employee	JOHN	SAMPLE	01/01/1970	X	X	X	X	X	X	X	X
	123456789	Dependent	EMMA	FRAIN	06/23/2003	X	X	X	X	X	X	X	X
888888888	123456789	Dependent	SUSIE	SAMPLE	01/01/1971	X	X	X	X	X	X	X	X
245789411	245789411	Employee	AUDREY	WELCH	01/01/1958	X	X	X	X	X	X	X	X
452652111	245789411	Dependent	BEV	WELCH	02/02/1960	X	X	X	X	X	X	X	X
977897789	977897789	Employee	DAVE	FRAIN	01/01/1970	X	X	X	X	X	X	X	X
989898989	989898989	Employee	HOMER	SIMPSON	01/01/1970	X	X	X	X	X	X	X	X
	999999980	Employee	DAVE	FRAIN	01/01/1950	X	X	X	X	X	X	X	X
4	999999995	Employee	MIKE	SAMPLE	07/18/1970	X	X	X	X	X			
5	999999997	Employee	MARY	JONES	06/17/1977	X	X	X	X	X	X	X	X
7	000000000	Dependent	ELIZABETH	JONES	05/12/2003	X	X	X	X	X	X	X	X
5	000000000	Dependent	JASON	JONES	03/08/2000	X	X	X	X	X	X	X	X
3	000000000	Dependent	SAMUEL	JONES	05/03/1975	X	X	X	X	X	X	X	X
9	123453562	Employee	LARRY	DEMO	09/01/1990						X	X	X

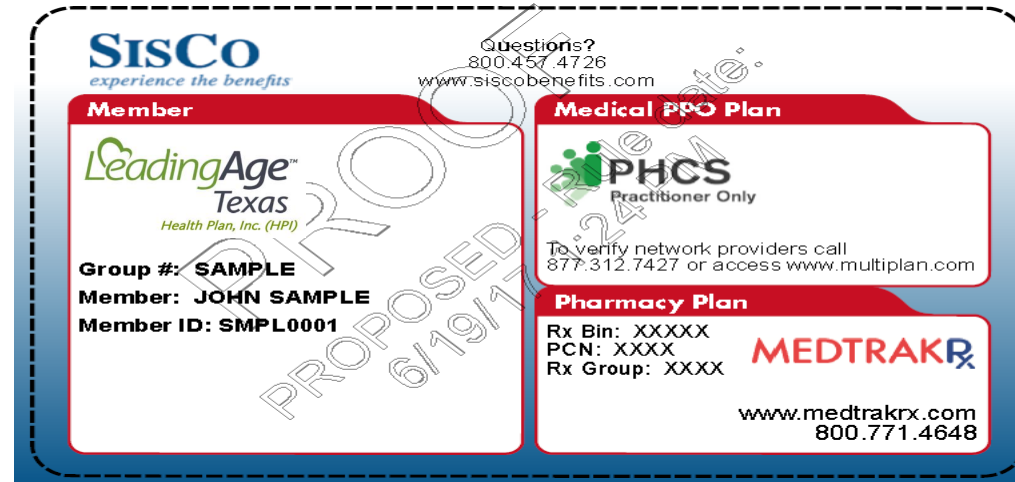
# Document Library

- The Document Library on BIN contains pertinent plan information including:
  - Summary of Benefits and Coverage (SBC)
  - Summary Plan Document (SPD)
  - Links to important healthcare information
  - Link to your Network's website.
- The Document Library is found under the Resources Tab (arrow below).

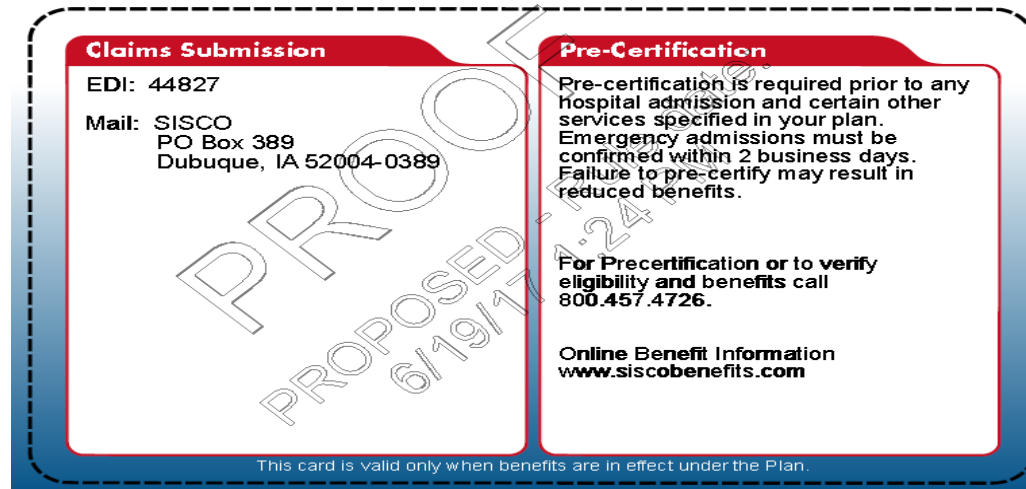


# Your ID Card

## ➤ Front of ID Card



## ➤ Back of ID Card





# Explanation of Benefits

- Pictured is an Explanation of Benefits.
- Members will receive Explanation of Benefits for all claims incurred.

Group Name  
PO BOX 389  
DUBUQUE IA 52004-0389

Page 1 of 1  
\*\*\* THIS IS NOT A BILL \*\*\*

Customer Service  
Date: 01/01/01  
Group: Group Name  
EOB#: 9999999999

Claim status and verification of benefits available 24 hours a day. Call Interactive Voice Response at 800-809-9665 or 563-587-5482 or on our Benefit Information Network at www.siscobenefits.com

Questions?  
Please contact SISCO Customer Service at 800-457-4725  
Email address: sisco.se@be@siscobenefits.com

Forwarding Service Requested

XXXXXXXXXXXXXXXXXXXXA LL FOR AA CC 630  
\*\*\*\*\*  
Printed Last  
99999 76 16 Street  
City ST 99999-9999

**Explanation of Benefits** \*\* SISCO Customer Service Representatives are available from 7:00 am to 7:00 pm Monday thru Thursday and 7:00 am to 5:00 pm on Friday, all times are CST \*\*

Patient Name: Fleet MI Last  
Claim Number: 99999999999

Date of Service	Procedure Description	Charge Amount	Eligible Amount	Discount	Remark Code	Deductible Amount	Co-ins Amount	R & C	Paid Amount	Paid To	You May Owe
01.01-01.01/1901	PHARMACY VISIT ONLY	\$250.00	\$0.00	\$193.21	1	\$0.00	\$11.36	\$0.00	\$45.43	PROVIDER	\$11.36
01.01-01.01/1901	PHARMACY VISIT ONLY	\$50.61	\$0.00	\$39.12	1	\$0.00	\$2.30	\$0.00	\$9.19	PROVIDER	\$2.30
01.01-01.01/1901	PHARMACY VISIT ONLY	\$1,743.99	\$0.00	\$1,347.92	1	\$0.00	\$79.21	\$0.00	\$316.86	PROVIDER	\$79.21
01.01-01.01/1901	PHARMACY VISIT ONLY	\$381.40	\$0.00	\$294.78	1	\$0.00	\$17.32	\$0.00	\$69.30	PROVIDER	\$17.32
01.01-01.01/1901	PHARMACY VISIT ONLY	\$501.95	\$0.00	\$387.96	1	\$0.00	\$22.80	\$0.00	\$91.19	PROVIDER	\$22.80
01.01-01.01/1901	PHARMACY VISIT ONLY	\$75.00	\$0.00	\$57.97	1	\$0.00	\$3.41	\$0.00	\$13.62	PROVIDER	\$3.41
01.01-01.01/1901	PHARMACY VISIT ONLY	\$75.00	\$0.00	\$57.97	1	\$0.00	\$3.41	\$0.00	\$13.62	PROVIDER	\$3.41
01.01-01.01/1901	PHARMACY VISIT ONLY	\$3,453.25	\$0.00	\$2,669.01	1	\$0.00	\$156.85	\$0.00	\$527.39	PROVIDER	\$156.85
01.01-01.01/1901	PHARMACY VISIT ONLY	\$1,726.63	\$0.00	\$1,334.51	1	\$0.00	\$78.42	\$0.00	\$313.70	PROVIDER	\$78.42
01.01-01.01/1901	PHARMACY VISIT ONLY	\$1,726.63	\$0.00	\$1,334.51	1	\$0.00	\$78.42	\$0.00	\$313.70	PROVIDER	\$78.42
CLAIM TOTALS		\$9,584.46	\$0.00	\$7,716.96		\$0.00	\$455.50	\$0.00			
Total Payment									\$1,514.00		\$455.50

**Deductible/Out-of-Pocket Summary**

Member Name	Description	Year	Amount
Fleet MI	Medical Out-of-Pocket	1901	\$43.89
Fleet MI	PPO Deductible	1901	\$1,000.00
Fleet MI	Separate Non PPO OOP	1901	\$143.89
Fleet MI	Separate PPO OOP	1901	\$1,905.19

**Remark Code Description**

Code	Description
1	THIS IS A DIRECT SEHEALTH DISCOUNT. THE PARTICIPANT IS NOT RESPONSIBLE FOR THIS AMOUNT.

**Your Right to Appeal**

You and/or your representative may submit a written request for a review within 180 days of this notice which should include the date of your request, your printed name and/or the printed name of your representative, the information from the top portion of your Explanation of Benefits, and the date of service in question. You should include the specific reason for your appeal and provide any other documentation to support your appeal. Send this information to: Self Insured Services Company (SISCO) Attn: Patient Advocate at P.O. Box 389, Dubuque IA 52004-0389. SISCO will provide a written reply to your request for review within 60 days of receipt.

Please call the number located above if you need diagnosis and/or treatment code information for this claim.

# Explanation of Benefits

The top of the Explanation of Benefits (EOB) is informational specific to the member.

GROUP NAME  
PO BOX 389  
DUBUQUE IA 52004-0389

## Forwarding Service Requested

|||||  
\*\*\*\*\*ALL FOR AADC 212 58  
9999 9 XX 9-999  
FIRST MI LAST  
999 STREET ADDRESS  
CITY ST 99999-9999

Page 1 of 1

\*\*\* THIS IS NOT A BILL \*\*\*

### Customer Service

**Date:** 01/01/17

**Group:** 9999 GROUP NAME

**EOB#:** 9999999999

Claim status and verification of benefits available 24 hours a day. Call Interactive Voice Response at 800-809-9665 or 563-587-5482 or on our Benefit Information Network at [www.siscobenefits.com](http://www.siscobenefits.com)

#### Questions?

Please contact SISCO Customer Service at  
800-457-4726

Email address: [sisco.service@SISCOBenefits.com](mailto:sisco.service@SISCOBenefits.com)

## Explanation of Benefits

\*\* SISCO Customer Service Representatives are available from 7:00 am to 7:00 pm Monday thru Thursday and 7:00 am to 5:00 pm on Friday, all times are CST \*\*

# Explanation of Benefits

- The middle portion of the EOB contains the processed payment breakdown of the claim.

## Explanation of Benefits

**\*\* SISCO Customer Service Representatives are available from 7:00 am to 7:00 pm Monday thru Thursday and 7:00 am to 5:00 pm on Friday, all times are CST \*\***

**Patient Name: FIRST MI LAST**  
**Claim Number: 999999999999**

**Provider: PROVIDER NAME**

Dates of Service	Procedure Description	Charge Amount	Ineligible Amount	Discount Amount	Remark Code	Deductible Amount	Co-ins Amount	R & C	Paid Amount	Paid To	You May Owe
06/26-06/26/2017	COLLJ VEN BLD VNPXNR	\$7.50	\$0.00	\$0.00		\$7.50	\$0.00	\$0.00	\$0.00	NO PAYMT	\$7.50
06/26-06/26/2017	LIPID PANEL	\$50.71	\$50.71	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	NO PAYMT	\$0.00
06/26-06/26/2017	CREATININE OTH SRC	\$25.63	\$0.00	\$7.11	2	\$18.52	\$0.00	\$0.00	\$0.00	NO PAYMT	\$18.52
06/26-06/26/2017	CYANOCOBALAMIN	\$66.15	\$0.00	\$13.11	2	\$53.04	\$0.00	\$0.00	\$0.00	NO PAYMT	\$53.04
06/26-06/26/2017	HGB GLYCOSYLATED	\$33.62	\$33.62	\$0.00	1	\$0.00	\$0.00	\$0.00	\$0.00	NO PAYMT	\$0.00
06/26-06/26/2017	MAGNESIUM	\$18.74	\$0.00	\$0.00		\$18.74	\$0.00	\$0.00	\$0.00	NO PAYMT	\$18.74
06/26-06/26/2017	COMPRE METAB PANEL	\$34.17	\$0.00	\$0.00		\$34.17	\$0.00	\$0.00	\$0.00	NO PAYMT	\$34.17
06/26-06/26/2017	ALBUMIN URINE MICROALBUMIN QUAN	\$20.00	\$0.00	\$0.00		\$20.00	\$0.00	\$0.00	\$0.00	NO PAYMT	\$20.00
<b>CLAIM TOTALS</b>		<b>\$256.52</b>	<b>\$84.33</b>	<b>\$20.22</b>		<b>\$151.97</b>	<b>\$0.00</b>	<b>\$0.00</b>			
<b>Total Payment</b>									<b>\$0.00</b>		<b>\$151.97</b>

# Explanation of Benefits

- Below the claim breakdown(s) is the Deductible and Out-of-Pocket Totals for individuals and family members on the insured's policy.
- Following the Totals Summary is the Remark Code Description. This will detail the reason for processing claim edits found in the Payment Breakdown.

## Deductible/Out-of-Pocket Summary

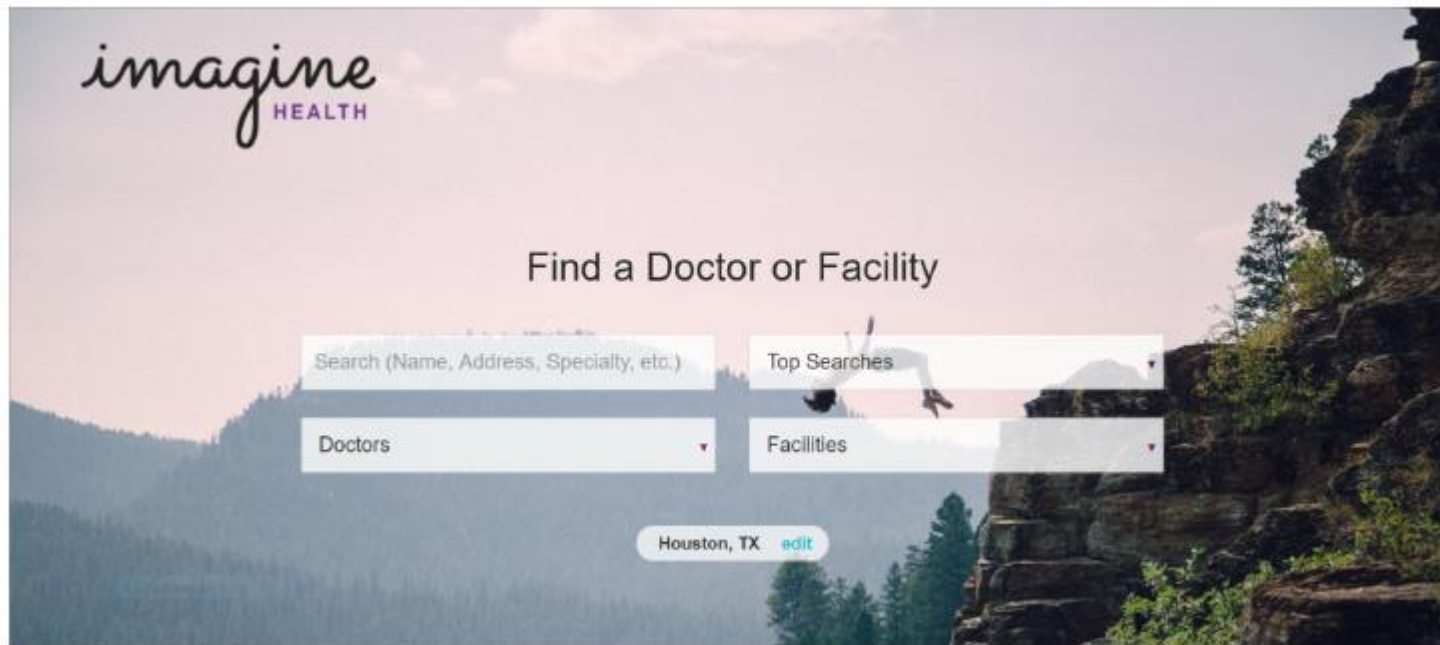
Member Name	Description	Year	Amount
FIRST MI	Medical Deductible	2016	\$300.00
FIRST MI	Medical Out-Of-Pckt	2016	\$787.64
Family Totals:	Medical Deductible	2016	\$600.00
Family Totals:	Medical Out-Of-Pckt	2016	\$1,139.04
FIRST MI	Medical Deductible	2017	\$151.97
FIRST MI	Medical Out-Of-Pckt	2017	\$151.97
Family Totals:	Medical Deductible	2017	\$151.97
Family Totals:	Medical Out-Of-Pckt	2017	\$151.97

## Remark Code Description

Code	Description
1	<b>Not medically necessary when billed with this diagnosis. Submit corrected claim/medical records.</b>
2	<b>Network discount. Patient not liable.</b>

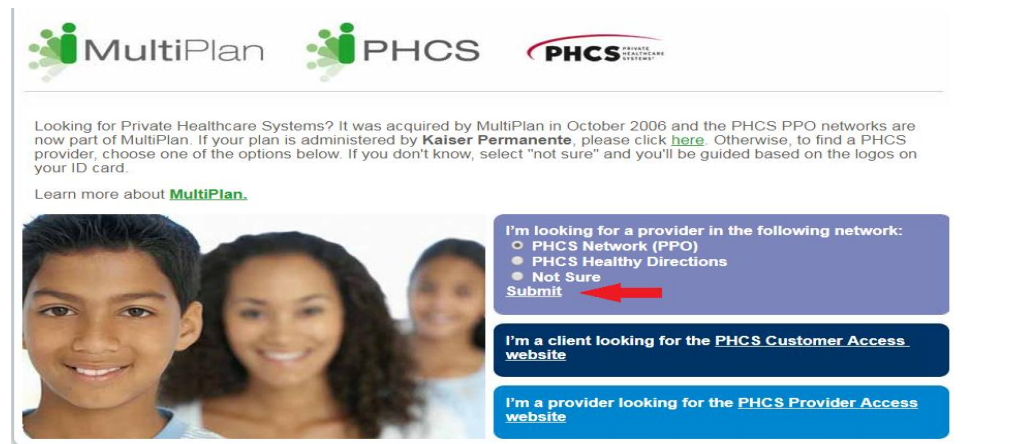
# PPO Network- Imagine Health

- Finding Providers on the Network can be done on the Imagine Health website: [providers.imaginehealth.com](https://providers.imaginehealth.com)



# PPO Network - PHCS

- Finding Providers on the network can be done on the PHCS website:  
<http://www.phcs.com/>
- Search the PHCS PPO (arrow on right).



The screenshot shows the PHCS website interface. At the top, there are logos for MultiPlan, PHCS, and PHCS Private Healthcare Systems. Below the logos, a paragraph of text explains the acquisition of PHCS by MultiPlan and provides instructions for finding a provider. A link to 'Learn more about MultiPlan' is provided. On the left, there is a photo of three smiling people. On the right, there are three buttons: 'I'm looking for a provider in the following network:' with radio button options for 'PHCS Network (PPO)', 'PHCS Healthy Directions', and 'Not Sure', followed by a 'Submit' button with a red arrow pointing to it; 'I'm a client looking for the PHCS Customer Access website'; and 'I'm a provider looking for the PHCS Provider Access website'.

MultiPlan PHCS PHCS PRIVATE HEALTHCARE SYSTEMS

Looking for Private Healthcare Systems? It was acquired by MultiPlan in October 2006 and the PHCS PPO networks are now part of MultiPlan. If your plan is administered by Kaiser Permanente, please click [here](#). Otherwise, to find a PHCS provider, choose one of the options below. If you don't know, select "not sure" and you'll be guided based on the logos on your ID card.

Learn more about [MultiPlan](#).

☐ PHCS Network (PPO)  
☐ PHCS Healthy Directions  
☐ Not Sure  
Submit

I'm a client looking for the PHCS Customer Access website

I'm a provider looking for the PHCS Provider Access website

- Providers can be nominated to be contacted for contracting by PHCS.

# Questions?

Sharon Earlenbaugh- CEO/Managing Member  
Integrity Benefit Solutions, LLC  
[searlenbaugh@integritywithbenefits.com](mailto:searlenbaugh@integritywithbenefits.com)

Lisa McCall- Account Manager  
SISCO Benefits  
[lmccall@siscobenefits.com](mailto:lmccall@siscobenefits.com)