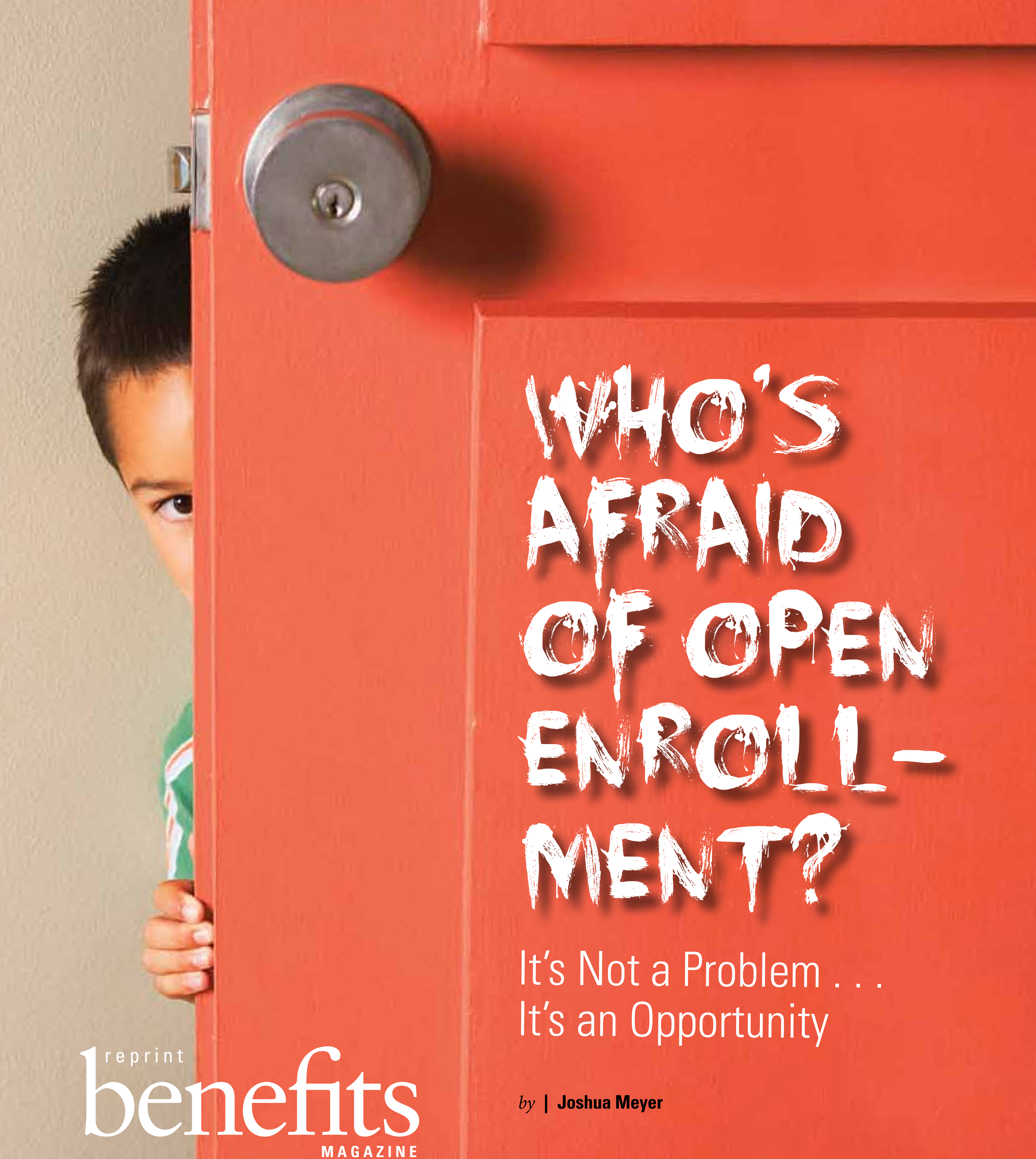

Who's Afraid of Open Enroll-ment?

It's Not a Problem . . . It's an Opportunity

by | **Joshua Meyer**

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With the right communications about benefit details, how to enroll and deadlines, open enrollment can go smoothly and also provide a "teachable moment" for other important benefit plan information.

Multiemployer health and welfare plans that hold an open enrollment for any one of several reasons—for an annual enrollment process, or because the plan is introducing a second-tier benefit requiring dependent contributions for coverage, for example—should leverage this opportunity to communicate with their participants.

While the prospect may seem daunting, with proper planning, open enrollment is relatively easy to manage. And any opportunity to "touch" participants with key information is one to be seized. Moreover, even multiemployer plans that have not held open enrollments until now will be able to draw on their experience with the special enrollment they held last year in accordance with the Patient Protection and Affordable Care Act.

This article describes how multiemployer plans can make the most of open enrollment and what they can do to plan and execute the open enrollment period to maximize its effectiveness. In addition, three sidebars examine "Important Notices to Include With Enrollment Materials," "What Multiemployer Plans Can Learn From Their Special Enrollment Experience" and "Educational and Instructive Information to Include With Enrollment Materials."

Seize the Opportunity

The success of any enrollment campaign depends on the plan's ability to communicate the benefit details, enrollment processes and deadlines for action. As mentioned, open enrollment is also a time to communicate key messages to participants—remind them about the important health care decisions they can make to help improve their health and lower both their own out-of-pocket expenses and the plan's total health care expenditures. Such messaging can include reminding participants about preventive care, such as tests and screenings, using generic rather than brand-name drugs, waiting and seeing a primary care physician for nonemergency care instead of going to the emergency room or an urgent care clinic, or choosing in-network providers rather than out-of-network providers.

Important Notices to Include With Enrollment Materials

Although multiemployer health and welfare plans can send these notices at other times during the year, it makes sense to include some or all of them in the open enrollment package:

- Notice of Special Enrollment Rights (Health Insurance Portability and Accountability Act, or HIPAA) (required)
- Notice of Preexisting Condition Exclusion (HIPAA) (if applicable)
- Disclosure of grandfather status (if applicable)
- Disclosure of patient protections related to the designation of a primary care provider for nongrandfathered plans (if applicable)
- Women's Health and Cancer Rights Act Notice (required annually)
- Reminder of where to find a plan's HIPAA Notice of Privacy Rights (required every three years, but easier to remember if it is included in each open enrollment package)
- Medicare Part D Notice of Creditable Coverage (either annually to everyone or to specific people at specific times).

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From the Bookstore

The Definitive Guide to HR Communication: Engaging Employees in Benefits, Pay and Performance

by Alison Davis and Jane Shannon. Pearson Technology Group. 2011.

For more details, visit *www.ifebp.org/books.asp?8910.*

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takeaways >>

- Planning is key to a manageable open enrollment.
- Open enrollment is a time to communicate the cost-effectiveness of things like preventive care and using generic instead of brand-name drugs.
- Starting communications early gives you time to use a variety of messages and media to reach participants.

This is also a good time to include mandatory and recommended notices with the enrollment information and materials. It is essential to remember, however, that open enrollment materials can be legally binding, just like summary plan descriptions or plan documents, because participants rely on them to make decisions. As a result, legal counsel should review all open enrollment documents.

The following are a few tips trustees of multiemployer plans can use to guide them as they prepare for their next open enrollment.

Get Started Early . . .

In order to ensure the return on investment in the enrollment campaign, it is important to start early by employing a variety of educational and promotional approaches using a range of media. An example of a campaign might include the following, prior to the open enrollment start date:

- **Four to six weeks before**, start the campaign by sending brief e-mails, postcards and posters highlighting events, key dates and new benefits information leading up to the start of the enrollment period. Underscore and bolster the material by also providing the information at union meetings and including it in regular union or fund publications and websites. Send contributing employers, association representatives, union leaders and other key messengers an e-mail "teeing up" the enrollment and asking them for their support during the process.
- **Two to three weeks before**, make presentations at meetings that promote the open enrollment and educate participants about the enrollment process. Distribute "special edition" newsletters, highlights/change brochures and bulletins that can be printed as well as posted on the plan's website. These should describe any changes and details of the benefits

What Multiemployer Plans Can Learn From Their Special Enrollment Experience

Over the past year, multiemployer (and other) health and welfare plans were required under the Patient Protection and Affordable Care Act (PPACA) to hold a one-time, 30-day special enrollment during which they had to offer dependent coverage to adult children up to age 26 and to individuals who had lost coverage under the plan after reaching its lifetime maximum. The special enrollment had to begin no later than the first day of the plan year that began on or after September 23, 2010.

Plans had to create special enrollment forms, determine how they wanted participants to submit their information, consider what verification requirements were needed and decide what medium they would use to enroll participants and their dependents (paper, electronic, phone, in-person or all of the above). Plans that had never experienced an open enrollment also had to train their office staff and develop the materials they needed to answer questions and prepare for the enrollment process.

Multiemployer plans also took advantage of the PPACA-required special enrollment opportunity to consider if there was anything else they wanted to accomplish.

Since it was next to impossible to know which participants had a child who became eligible or reeligible for coverage as a result of PPACA, most plans with dependent coverage communicated with all participants. Many combined this with other member communications such as including verifying dependent eligibility, advocating certain important health promotion or cost-saving programs (such as wellness or disease management programs) and collecting e-mail addresses to improve the fund's ability to communicate with participants.

Multiemployer plans should view any enrollment, special or open, as an important benefits communications event. With the proper attention and planning, enrollment can become one of a plan's best, regular opportunities to engage participants in benefits programs, promote the plan's value, explain any changes, communicate costs and describe how to make elections. It is also an excellent opportunity to meet annual compliance requirements and communicate the policies regarding the Health Insurance Portability and Accountability Act, and the Women's Health and Cancer Rights Act.

offered in the new plan year. They can also inform participants about how they can get their questions answered. Make sure the fund office staff is educated fully about the upcoming changes so they can answer the inevitable phone calls. Another way to be responsive is to post frequently asked questions (FAQs) on the plan's website so participants can find answers to their questions on their own.

- **One week before**, ensure participants have received (in the mail at home) or have access to (on the website) the current enrollment guide or any important information provided by the fund or its vendors. Make sure that if electronic information is used, federal rules regarding when electronic dissemination methods can be used are followed. Update the FAQs based on feedback from the fund office and the key messengers. Make sure the messengers are aware that the enrollment timing is imminent.

. . . And Finish Strong!

Once open enrollment has begun, it is important to make sure that there are no unintended glitches or difficulties in the enrollment. Make adjustments as necessary. In addition, follow up with short and simple reminders to participants about deadlines and the necessary actions they must take in order to take advantage of the enrollment period:

- **After the first week**, send another postcard or e-mail, hang posters in workplaces, union halls or break areas, and post a banner on the website's home page. These will help remind participants that enrollment is ongoing, but will end soon. Direct participants to the best sources to answer questions, address concerns and access enrollment materials.
- **During the last week**, reach out to the key labor and employer representatives and other key messengers via e-mail and ask them to remind participants to enroll.

Conclusion

Any communication to fund participants presents an excellent opportunity for multiemployer health and welfare plan trustees to publicize required information as well as other useful, educational and instructive information they want to get to plan participants. A little planning, a little energy and a lot of execution and coordination will make open enrollment a success for everyone.

Educational and Instructive Information to Include With Enrollment Materials

Enrollment campaigns are excellent opportunities to provide "public service announcements"—important messages that can help participants use their benefits resources more wisely. Here are some examples:

- Information about the cost-effective wisdom of using generic drugs (where available and appropriate) rather than brand-name medications
- Insights into why it is better to wait and see a primary care physician for nonemergency care instead of going to the emergency room or an urgent care clinic—or if it cannot wait, go to an urgent care clinic rather than the emergency room. The savings can be significant and the care (unless it is a true emergency) will be medically appropriate. Participants should also be urged to call the plan's free 24/7 nurse hotline (if the plan has one) for advice on where to go and what to do.
- Materials that encourage participants to take advantage of the wellness programs and options offered by the plan. Participants can be encouraged to quit smoking, lose weight, eat properly, start exercising and more. This can be done under the theme, "Today's a great day to get started on a healthier you."
- Information about what vaccines are required and recommended for participants' children
- A list of free, publicly accessible websites that offer information about medications, procedures, illnesses, side effects and much more.

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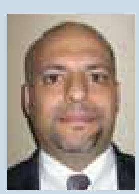

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