

ERRP

Early Retiree Reinsurance Program Application



U.S. Department of Health and Human Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1087. The time required to complete this information collection for this application is estimated to average 35 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

HHS Form # CMS-10321



Please note that if any information in this Application changes or if the sponsor discovers that any information is incorrect, the sponsor is required to promptly report the change or inaccuracy.

Send, using the U.S. Postal Service, a hardcopy of the signed original ERRP Application (i.e. not a photocopy) and Attachments (if any) to:

HHS ERRP Application Center
4700 Corridor Place
Suite D
Beltsville, MD 20705



An asterisk (*) identifies a required field.

PART I: Plan Sponsor and Key Personnel Information	
1) *Organization's Name (Must correspond with the information associated with the Federal Employer Tax Identification Number (EIN):	<u>Sumter County Board of County Commissioners</u>
2) *Type of Organization (Check the one category that best describes your organization):	<input checked="" type="checkbox"/> Government <input type="checkbox"/> Union <input type="checkbox"/> Religious <input type="checkbox"/> Commercial <input type="checkbox"/> Non-profit
3) *Organization's Employer Identification Number (EIN):	<u>59 - 6000865</u>
4) *Organization's Telephone Number:	<u>352 - 793 - 0205</u> ext. _____
5) Organization's FAX Number:	<u>352 - 568 - 6616</u> ext. _____
6) *Organization's Address (must be the address associated with the EIN provided above):	* Street Line 1: <u>910 North Main St</u> Street Line 2: _____ *City: <u>Bushnell</u> *State: <u>Florida</u> *Zip Code: <u>33513</u>
7) Organization's Website Address:	<u>www.sumtercountyfl.gov</u>
B. Authorized Representative Information	
1) *First Name:	<u>Doug</u> Middle Initial: _____
*Last Name:	<u>Gilpin</u>
2) *Job Title:	<u>Chairman, District 2 Commissioner</u>
3) Date of Birth:	Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.
4) Social Security Number:	Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.
5) *Email Address:	<u>doug.gilpin@sumtercountyfl.gov</u>
6) *Telephone Number:	<u>352 - 793 - 0200</u> ext. _____
7) FAX Number:	<u>352 - 793 - 0207</u> ext. _____
8) *Employer Name:	<u>Sumter County Board of County Commissioners</u>



9) * Authorized Representative Business Address:
* Street Line 1: 910 North Main St
Street Line 2: _____
*City: Bushnell
*State: Florida
*Zip Code: 33513

C. Account Manager Information

1) *First Name: Lita Middle Initial: N
*Last Name: Hart

2) *Job Title: Risk Manager

3) Date of Birth: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

4) Social Security Number: Do not respond to this item now. To comply with the Application Instructions, you must provide this at a later date if and when the application is approved.

5) *Email Address: lita.hart@sumtercountyfl.gov

6) *Telephone Number: 352 - 793 - 0205 ext. 2467

7) FAX Number: 352 - 568 - 6616 ext. _____

8) *Employer Name: Sumter County Board of County Commissioners

9) *Account Manager Business Address:
* Street Line 1: 910 North Main St
Street Line 2: Suite 217
*City: Bushnell
*State: Florida
*Zip Code: 33513



PART II: Plan Information

A. Plan Information

1) *Plan Name: Blue Options Physician Copay Plan 3359

2) *Plan Year Cycle: Start Month/Day: 10 / 01 End Month/Day: 09 / 30

B. Benefit Option(s) Provided Under This Plan (If the plan has more than one benefit option for which you intend to seek program reimbursement, please include the information below for each benefit option, on a separate copy of the Attachment below.)

1a) *Benefit Option Name: _____

1b) *Unique Benefit Option Identifier: _____

1c) *Benefit Option Type: Self-Funded Insured Both

1d) *Benefit Administrator Company Name: _____



C. *Programs and Procedures for Chronic and High-Cost Conditions

A sponsor cannot participate in the Early Retiree Reinsurance Program unless, as of the date of its application for the program is submitted, its employment-based plan has in place programs and procedures that have generated or have the potential to generate cost savings with respect to plan participants with chronic and high cost conditions. The program regulations define "chronic and high cost condition" as a condition for which \$15,000 or more in health benefit claims are likely to be incurred during a plan year by one plan participant. Please identify the chronic and high cost conditions for which the employment-based plan has such programs and procedures in place, and summarize those programs and procedures, including how it was determined that the identified conditions satisfy the \$15,000 threshold. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Please reference the enclosed attachment titled "Take Part. Understand the new world of health care."



D. *Estimated Amount of Early Retiree Reinsurance Program Reimbursements

Please estimate the projected amount of proceeds you expect to receive under the Early Retiree Reinsurance Program for the plan identified in this application, for each of the first two plan year cycles identified in this application. If you wish, you may provide a range of expected program proceeds that includes: (1) a low-end estimate of expected program proceeds, (2) an estimate that represents your most likely amount of program proceeds, and (3) a high-end estimate of expected program proceeds. For purposes of this estimate only, please assume for each of those plan year cycles that there will be sufficient program funds to cover all claims submitted by the Plan Sponsor that comply with program requirements. If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

Year 1 \$17,600.00

Year 2 \$36,800.00



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements

- 1) Please summarize how your organization will use the reimbursement under the Early Retiree Reinsurance Program to reduce health benefit or health benefit premium costs for the sponsor of the employment-based plan (i.e., to offset increases in such costs); or reduce, or offset increases in, premium contributions, copayments, deductibles, coinsurance, or other out-of-pocket costs (or combination of these) for plan participants; or reduce a combination of any of these costs (whether offsetting increases in sponsor costs or reducing, or offsetting increases in, plan participants' costs). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

The Board of Sumter County Commissioners Health Plan is a consolidated self-insured group health plan for six local government employers and Lake/Sumter Emergency Medical Services, Inc. (a not-for-profit medical transport provider). The funds received from the Early Retiree Reinsurance Program will assist in offsetting potential premium equivalent increases due to higher health claims.



E. *Intended Use of Early Retiree Reinsurance Program Reimbursements (continued)

- 2) If a sponsor decides to apply the reimbursement for its own use, it may only use the reimbursement to offset increases in its health benefit premium costs, if an insured plan, or its health benefit costs, if it is self-funded. If any amount of the reimbursement is used to offset increases in health benefit premium or health benefit costs of your organization (as opposed to offsetting increases to, or reducing, plan participants' costs), please summarize how program funds, as a result of being used by your organization for such purposes, will relieve your organization of using its own funds to subsidize such increases, thereby allowing your organization to instead use its own funds to maintain its level of financial contribution to the employment-based plan. (In other words, please explain how your organization will continue to maintain the level of support for this plan, and if it applies the reimbursement for its own use, will use the program reimbursement to pay for increases in health benefit premium costs or health benefit costs, as applicable). If necessary to provide a complete response, the sponsor may submit additional pages as an attachment to the application. Please reference such attachment in this space.

The funds received from the Early Retiree Reinsurance Program will assist in offsetting potential premium equivalent increases. Annually, an actuary reviews the Health Plan and determines the amount of increase needed for the premium equivalents to keep the plan solvent. The Board of County Commissioners reviews the information annually to determine the amount of increase that will reside in the budget as a portion of the employee benefit that in turn funds the Health Insurance Plan. Also, a review of the health benefits is made to determine what changes to the plan design may be needed to keep the premium equivalents affordable to both the employer and employee.

The Board of County Commissioners also provides a subsidy to employees retiring from local government based on their years of service and Medicare Eligibility status. The funds are provided from General Fund which is funded primarily from Ad Valorem (property) taxes levied annually.

Any reimbursements received from the Early Retiree Reinsurance Program will assist in offsetting potential increases that would be necessary based on increasing health claims.



PART III: Banking Information for Electronic Funds Transfer

- 1) *Bank Name: Sun Trust Bank

- 2) *Bank Address:
 - * Street Line 1: 107 Bushnell Plaza
 - Street Line 2: _____
 - *City: Bushnell
 - *State: Florida
 - *Zip Code: 33513

- 3) *Account Number: 0416500006854

- 4) *Name of Organization Associated with Account: Board of Sumter County Commissioner's

- 5) *Account type: (Checking or Savings Account) Checking

- 6) *Bank Routing Number: 061000104

- 7) *Bank Contact Name:
 - *First Name: Theresa Middle Initial: _____
 - *Last Name: Fussell

- 8) *Email address: _____

- 9) *Telephone Number: 352 - 793 - 0300 ext. _____



PART IV. Plan Sponsor Agreement

1. **Compliance:** In order to receive program reimbursement(s), Plan Sponsor agrees to comply with all of the terms and conditions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and in other guidance issued by the Secretary of the U.S. Department of Health & Human Services (the Secretary), including, but not limited to, the conditions for submission of data for obtaining reimbursement and the record retention requirements.
2. **Reimbursement-Related and Other Representations Made by Designees:** Plan Sponsor may be given the opportunity to identify one or more Designees (i.e., individuals the Sponsor will authorize to perform certain functions on behalf of the Sponsor related to the Early Retiree Reinsurance Program, such as individual(s) who will be involved in making program reimbursement requests). Plan Sponsor certifies that all individuals that will be identified as Designees will have first been given authority by the Plan Sponsor to perform those respective functions on behalf of the Plan Sponsor. Plan Sponsor understands that it is bound by any representations such individuals make with respect to the Sponsor's involvement in the Early Retiree Reinsurance Program, including but not limited to the Sponsor's reimbursement under, the program.
3. **Written Agreement:** Plan Sponsor certifies that, prior to submitting a Reimbursement Request, it has executed a written agreement with its health insurance issuer or employment-based plan regarding disclosure of information, data, documents, and records to HHS, and the issuer or plan agrees to disclose to HHS, on behalf of the Plan Sponsor, at a time and in a manner specified by the HHS Secretary in guidance, the information, data, documents, and records necessary for the Plan Sponsor to comply with the requirements of the Early Retiree Reinsurance Program, as specified in 45 C.F.R. 149.35.
4. **Use of Records:** Plan Sponsor understands and agrees that the Secretary may use data and information collected under the Early Retiree Reinsurance Program only for the purposes of, and to the extent necessary in, carrying out Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 including, but not limited to, determining reimbursements and reimbursement-related oversight and program integrity activities, or as otherwise allowed by law. Nothing in this section limits the U.S. Department of Health & Human Services' Office of the Inspector General's authority to fulfill the Inspector General's responsibilities in accordance with applicable Federal law.
5. **Obtaining Federal Funds:** Plan Sponsor acknowledges that the information furnished in its Plan Sponsor application is being provided to obtain Federal funds. Plan Sponsor certifies that it requires all subcontractors, including plan administrators, to acknowledge that information provided in connection with a subcontract is used for purposes of obtaining Federal funds. Plan Sponsor acknowledges that reimbursement of program funds is conditioned on the submission of accurate information. Plan Sponsor agrees that it will not knowingly present or cause to be presented a false or fraudulent claim. Plan Sponsor acknowledges that any excess reimbursement made to the Plan Sponsor under the Early Retiree Reinsurance Program, or any debt that arises from such excess reimbursement, may be recovered by the Secretary. Plan Sponsor will promptly update any changes to the information submitted in its Plan Sponsor application. If Plan Sponsor becomes aware that information in this application is not (or is no longer) true, accurate and



	complete, Plan Sponsor agrees to notify the Secretary promptly of this fact.
6.	Data Security: Plan Sponsor agrees to establish and implement proper safeguards against unauthorized use and disclosure of the data exchanged under this Plan Sponsor application. Plan Sponsor recognizes that the use and disclosure of protected health information (PHI) is governed by the Health Insurance Portability and Accountability Act (HIPAA) and accompanying regulations. Plan Sponsor certifies that its employment-based plan(s) has established and implemented appropriate safeguards in compliance with 45 C.F.R. Parts 160 and 164 (HIPAA administrative simplification, privacy and security rule) in order to prevent unauthorized use or disclosure of such information. Sponsor also agrees that if it participates in the administration of the plan(s), then it has also established and implemented appropriate safeguards in regard to PHI. Any and all Plan Sponsor personnel interacting with PHI shall be advised of: (1) the confidential nature of the information; (2) safeguards required to protect the information; and (3) the administrative, civil and criminal penalties for noncompliance contained in applicable Federal laws.
7.	Depository Information: Plan Sponsor hereby authorizes the Secretary to initiate reimbursement, credit entries and other adjustments, including offsets and requests for reimbursement, in accordance with the provisions of Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R Part 149 and applicable provisions of 45 C.F.R. Part 30, to the account at the financial institution (hereinafter the "Depository") indicated under the Electronic Funds Transfer (EFT) section of the Plan Sponsor application. Plan Sponsor agrees to immediately pay back any excess reimbursement or debt upon notification from the Secretary of the excess reimbursement or debt. Plan Sponsor agrees to promptly update any changes in its Depository information.
8.	Policies and Procedures to Detect Fraud, Waste and Abuse. The Plan Sponsor attests that, as of the date this Application is submitted, has in place policies and procedures to detect and reduce fraud, waste, and abuse related to the Early Retiree Reinsurance Program. The Plan Sponsor will produce the policies and procedures, and necessary information, records and data, upon request by the Secretary, to substantiate existence of the policies and procedures and their effectiveness, as specified in 45 C.F.R. Part 149.
9.	Change of Ownership: The Plan Sponsor shall provide written notice to the Secretary at least 60 days prior to a change in ownership, as defined in 45 C.F.R, 149.700. When a change of ownership results in a transfer of the liability for health benefits costs, this Plan Sponsor Agreement is automatically assigned to the new owner, who shall be subject to the terms and conditions of this Plan Sponsor Agreement.
	<p>Signature of Plan Sponsor Authorized Representative</p> <p>I, the undersigned Authorized Representative of Plan Sponsor, declare that I have legal authority to sign and bind the Plan Sponsor to the terms of this Plan Sponsor Agreement, and I have or will provide evidence of such authority. I declare that I have examined this Plan Sponsor Application and Plan Sponsor Agreement. My signature legally and financially binds the Plan Sponsor to the statutes, regulations, and other guidance applicable to the Early Retiree Reinsurance Program including, but not limited to Section 1102 of the Patient Protection Act (P.L. 111-148) and 45 C.F.R. Part 149 and applicable provisions of 45 C.F.R. Part 30 and all other applicable statutes and regulations. I certify that the information contained in this Plan Sponsor Application and Plan Sponsor Agreement is true, accurate and complete to the best of my knowledge and belief, and I authorize the Secretary to verify this information. I understand that, because program</p>



reimbursement will be made from Federal funds, any false statements, documents, or concealment of a material fact is subject to prosecution under applicable Federal and/or State law.

*Signature: _____
Chairman of the Board



Attachment: Additional Benefit Options

(Complete this form for each unique benefit option not already specified above in Part II.B)

1a) *Benefit Option Name: _____

1b) *Unique Benefit Option Identifier: _____

1c) *Benefit Option Type: Self-Funded Insured Both

1d) *Benefit Administrator Company Name: _____





FLORIDA

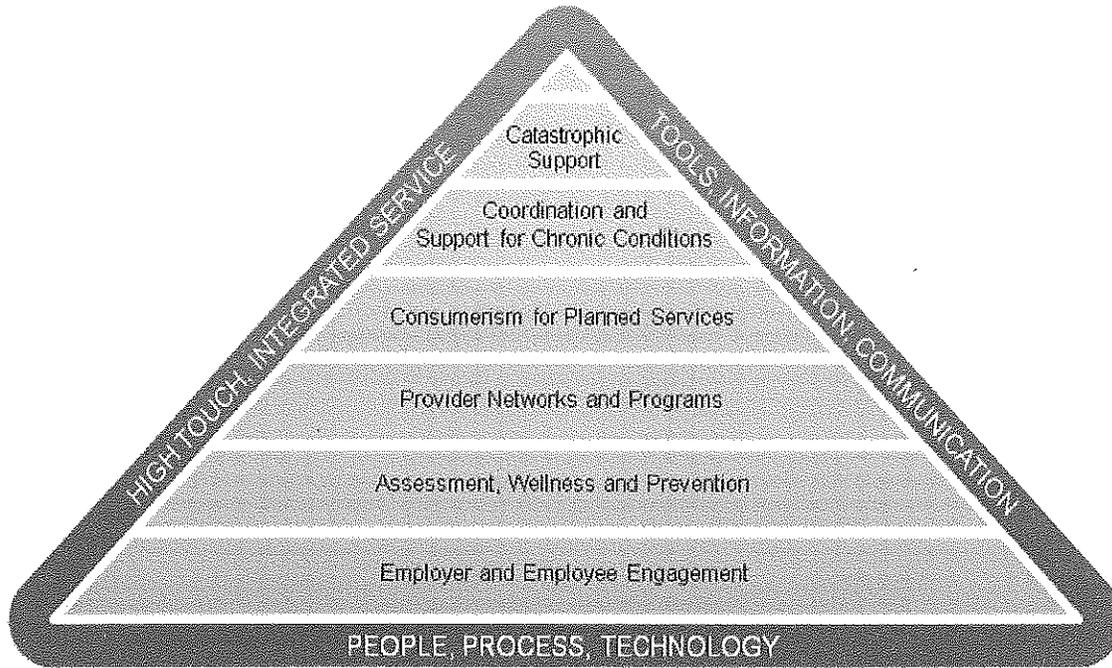
An Independent Licensee of the Blue Cross and Blue Shield Association

Take Part

Understand the new world of health care.

Early Retiree Reinsurance Program Care and Wellness Solution Overview June 1, 2010

We deliver superior total value for employers through an integrated portfolio of high-performing care and wellness solutions. Our portfolio also offers employees proactive and personal care solutions and support so they can make confident, cost-effective health care decisions. Our health care vision brings people, process and technology together to bring better health to our members and their communities. The following is an overview of the programs available as part of our health care vision. These programs have the potential to generate cost savings for members with chronic and high-cost conditions. Some of the most common conditions targeted in the programs are: asthma, chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, transplant services, depression and diabetes and have the potential to produce \$15,000 or more in health benefit claims.



Take Part

Understand the new world of health care.



Better You From BluesSM Next Steps. A personalized, proactive program to reduce the likelihood of a disease state and help manage medical costs.

Better You From BluesSM Worksite Wellness. A program designed to help employers motivate employees to take an active role in understanding their health status and live a healthy lifestyle. Worksite health fairs include health screenings, health risk assessments, biometric screenings, and health coaching.¹

Care Consultant Team. Personalized, caring support to help members get the information and care they need when they need it most. This innovative team includes nurses, benefit experts and even social workers and community resources, to help members save time, save money, and make smarter health care decisions.

Care Coordination. Personal case management program that focuses on assisting members who have serious, complex health conditions take full advantage of their benefits and treatment plan.

CareCalcSM. An online tool that allows providers a quick and easy way to calculate a member's actual financial responsibility prior to or at the time of service.

Clinical Account Consulting. An optional, specialized program that features a dedicated nurse clinical leader who partners with the employer to design, develop, and manage more focused health solutions to drive improved health and financial outcomes.¹

Disease Management. A program that provides trusted resources to assist members in obtaining information and services to effectively manage and make decisions about their health care needs.²

Email Communications with Providers. A safe and confidential way for members to communicate with their doctors about non-urgent health care needs, such as minor aches and pains, lab results, and Rx refills.²

For Florida's HealthSM. An easily accessible electronic database listing a variety of community-based health care services.

Healthy Addition[®]. A voluntary prenatal education and early intervention program designed to help expectant mothers, particularly those with high-risk pregnancies, take the necessary steps for a healthy pregnancy, birth, and baby.

Health Coach Line 24/7. Trained health care professionals available 24/7/365 to help members understand their symptoms, make informed medical decisions, and manage chronic conditions.²

Independent Expert Health Database. Web-based information tools with over 27,000 pages of up-to-date, easy to understand, in-depth information on more than 1,900 clinical topics including medical tests and medications.²

Integrated Behavioral Health Program. Helps employers respond to recent changes in mental health parity legislation by delivering focused, integrated medical, behavioral and pharmacy programs to more effectively manage cost, use and quality.

Take Part

Understand the new world of health care.



Local Medical and Sales Support. An action plan presented to groups that shows utilization trends and how to lower medical costs.¹

Member Health Statement. A statement summarizing how member's health care dollars are spent for doctor and hospital visits, and pharmacy services. It serves as an engagement tool by supplying cost comparison information to assist members in getting the most value from their health care plan.³

MyBlueInsight. Our secure, online reporting platform provides employers secure, convenient access to a comprehensive portfolio of engagement, clinical, and financial reporting capabilities.¹

MyBlueServicesSM. The member's online gateway to everything about their health plan as well as all Blueprint for Health self-service tools.

MyRxHealth. A comprehensive member-directed website that enables easy access to helpful information on prescription drugs and their costs, pharmacy benefit information, and general health topics.

National Discounts. A program to help expand members' health care choices and the value of their premium dollars by offering discounts on health-related products and services.²

Oncology Support. Provides highly personalized, individual care planning and assistance to employees and family members dealing with cancer. Support for all types and stages of cancer, including both physical and psychological support and oncology drug management.

Pharmacy Programs. We deliver the lowest total net pharmacy cost in the industry, made possible by our in-house, equity-owned PBM for aligned incentives; true, total price transparency; high-performing, flexible, patient-friendly formulary; strategic medication management approach; and, integrated clinical and medical programs for optimized whole-person care.

ResponsibleRxSM. A pharmacy utilization management program comprised of three initiatives: Responsible Quantity, Responsible Dose, and Responsible Steps.

Service Advocates. At the heart of BCBSF is service. Service Advocates help members understand and maximize their benefits and address their personal circumstances. We also offer Benefit Administrators online and telephonic support.

Stay Fit for SportsSM. A simple indicator on BCBSF's online provider directory allows individuals to select physicians and providers that value members' appreciation of fitness and exercise.

Take Part

Understand the new world of health care.



WebMD®. We have partnered with WebMD to provide industry leading decision support tools that provide our members with even greater support as they manage the health and well-being of themselves and their families. A sampling of the interactive online tools available include: 2

Care Comparison®. An industry-leading quality and cost transparency tool that enables members to make better-informed health care decisions by empowering them to compare hospitals by procedure or diagnosis within a specific geographic area.

Treatment Cost Advisor. A helpful resource to assist members in estimating the cost of their conditions, procedures, tests, and health care visits, and to make informed health care decisions.

Personal Health Assessment. Engages members in evaluating and managing their own health care, and motivating better lifestyle choices. Provides a highly personalized, real time, interactive, risk improvement analysis.

Health Management Centers. Empowers members to change their behavior and improve 12 modifiable health risk factors such as blood pressure, blood sugar, cholesterol, nutrition, and weight.

Lifestyle Improvement Programs. Sustained online behavior change programs that provide a personalized, engaging, and highly interactive way for members to address and improve risk factors such as, smoking cessation, stress management, emotional health, exercise, weight management, and nutrition at their own pace.

Health Topics. Access to personalized, relevant resources to help members better manage their existing chronic and acute conditions, from asthma to chronic fatigue to sinusitis. Includes hundreds of advertisement-free videos.

Symptom Checker. An interactive tool enabling members to enter symptoms, research Healthwise Knowledgebase content, and help determine whether medical intervention is necessary.

Health Trackers. Members can track important health measurements in easy-to-use graphical tools.

1 Some programs may not be available or selected for participation for all groups.

2 As a courtesy, Blue Cross and Blue Shield of Florida, Inc. has entered into arrangements with various vendors to provide value-added features that include care decision support tools and services to its members. These programs are not part of insurance coverage. All decisions that members make pertaining to medical/clinical judgment should be made in conjunction with their physician since neither BCBSF nor its vendors provide medical care or advice.