

Cape Cod Municipal Health Group

Responsibilities of Participating Governmental Units

The employer responsibilities listed here are not all-inclusive but are those around which most problems and/or questions arise.

1. Governance

- ▶ The Dukes County Health Group must appoint two primary Board representatives and an alternate Board representative (who can vote in the absence of a primary representative) who will be available to attend quarterly Cape Cod Municipal Health Group (CCMHG) Board meetings. Dukes County Commissioners or their representative must inform the CCMHG Chairman in writing of the appointments (Chairman, CCMHG, c/o Group Benefits Strategies, 27 Midstate Office Park, Suite 204, Auburn, MA 01501). The Dukes County Health Group in so doing authorizes the Board representatives or alternate to cast votes on its behalf, and all votes cast are binding on the governmental units that comprise the Dukes County Health Group.
- ▶ Each Board member is expected to attend all quarterly Board meetings and report back to the executives and policy makers of the participating governmental units that he/she represents. This includes providing meeting minutes and consulting the appropriate people at the local level regarding important votes that are scheduled for upcoming meetings.
- ▶ It is the responsibility of the Appropriate Public Authorities that participate in the Dukes County Health Group to make sure that they are being adequately represented at CCMHG meetings.

2. Compliance with M.G.L. Chapter 150E and Chapter 32B

- ▶ Governmental units participating in the CCMHG directly or through the Dukes County Health Group retain their obligation to comply with M.G.L. Chapter 150E and M.G.L. Chapter 32B.

3. Determination of Eligibility, Enrollment Transactions

- ▶ Governmental units determine eligibility based on M.G.L. Chapter 32B, Section 2. Only those employees and retirees who meet the definitions of eligibility under this Chapter will be eligible to participate.
- ▶ Governmental units are responsible for transacting enrollment changes with the CCMHG's central benefits administrator, Group Benefits Strategies, according to CCMHG's and health plan policies and federal laws and regulations. This includes adhering to the retroactivity policies for terminations, changes, and additions. Transactions must be made on forms acceptable to the health plans.

4. Payment of amounts invoiced by the CCMHG

- ▶ Payment of health and dental plan funding rates invoiced by Group Benefits Strategies is due on the first of the month following receipt of the invoice.

- ▶ Governmental units must pay as billed. If you dispute a bill, you should call Group Benefits Strategies. Adjustments will appear on the next bill.

5. Open Enrollment Activities

- ▶ Participating governmental units are responsible for conducting open enrollment activities each year providing employees and retirees with the opportunity to make health plan (and dental plan, if applicable) election decisions.
- ▶ Participating governmental units will provide each employee and retiree with a written list of the health plans offered, the rates that the Cape Cod Municipal Health Group will charge and the portions that the employer and employee or retiree will pay. Employers will also provide to employees and retirees the health and dental plan descriptive information provided by the Cape Cod Municipal Health Group and the health plan administrators.
- ▶ Employers will transmit to Group Benefits Strategies all enrollment transaction forms resulting from these open enrollment activities and will do their best to do so by the agreed upon deadline(s).

5. COBRA notifications

- ▶ Governmental units are responsible for providing the COBRA Initial Notice (a.k.a. COBRA General Notice) to all health plan enrollees and their covered family members according to COBRA regulations.
- ▶ Governmental units are responsible for providing to Group Benefits Strategies the COBRA Qualifying Event Form for (1) covered employees and retirees who lose eligibility under the group health plan through termination of employment or other COBRA qualifying event and (2) for covered dependents who have a COBRA qualifying event that is known to the employer. Employers must submit a health plan termination form at the time the individual becomes eligible to elect COBRA. Group Benefits Strategies will then fulfill all requirements for administering COBRA. If the qualified COBRA beneficiary elects coverage under COBRA, Group Benefits Strategies will process the health (dental) plan enrollment and bill and collect premiums.

6. Communications with Employees and Retirees

- ▶ Participating governmental units are responsible for distributing CCMHG written communications for employees and retirees, such as CCMHG newsletters and notices of health promotion/risk reduction programs. Employers should distribute the materials by payroll stuffers and/or mail and should do so in the time frame indicated by the CCMHG. CCMHG may provide the employer with one original document, either in hard copy or by email, and the employer will make the appropriate number of copies to distribute to its covered health plan members.