Quarterly Human Resources Communication Forum

October 14, 2015
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome &amp; Introductions</td>
<td>Jamie Payne</td>
</tr>
<tr>
<td>New FSA/DCA Vendor: Chard Snyder</td>
<td>Holli Bonee</td>
</tr>
<tr>
<td>Catapult</td>
<td>Holli Bonee</td>
</tr>
<tr>
<td>HIPAA Update</td>
<td>Holli Bonee</td>
</tr>
<tr>
<td>Square Up Your Savings</td>
<td>Amy Hoy</td>
</tr>
<tr>
<td>Proper Completion of Payroll Signup Packets</td>
<td>Christa Louthan</td>
</tr>
<tr>
<td>ACA</td>
<td>Christa Louthan</td>
</tr>
<tr>
<td>Open Discussion</td>
<td>All</td>
</tr>
</tbody>
</table>
Human Resources Staff Changes

• Welcome Rachel Shreffler
• Misty Daniels transferring to CEAT
• Rachel Clary moving out of state
New FSA/DCA Vendor

- Chard Snyder
- Flexible Spending Account/Dependent Care Account Provider
- Effective January 1, 2016
- Mastercard Debit Card
Catapult

- Participation
  - 647

- Clinics
  - Over 90 clinics across OSU/A&M

- Form
  - Confidentiality
Health Insurance Portability and Accountability Act (HIPAA)

• Fully insured responsibilities
  – Employer
  – Insurer

• Self-insured responsibilities
  – Group Health Plan
HIPAA

• Ntegrity – Consultant
  – Security of PHI
    • Electronic, hard copies and oral
  – Confidentiality agreement
  – HIPAA Training
  – Position descriptions
  – Centralization of Benefits Administration
What is Protected Health Information?

• If information includes any of the 18 types of identifiers.

Examples:

• Name
• Address
• SSN
• Health Plan beneficiary number (BCBS ID)
• Birth date or date of death
• Telephone numbers
Square Up Your Savings

- October 5 – November 4
- Online Interactive Game
- Financial Savings Education
- Win an iPad Mini
- SUYS.ORG/OSU/1
Proper Completion of Payroll
Sign-up

• Updated forms
• Voluntary Designation forms
• Forms need to be complete and legible
• I-9
Common Errors

• I-9
  – Errors on the I-9 typically stop all processing and results in delays
  – Incomplete Section I for International Employees

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ______________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ________________________________
   OR

2. Form I-94 Admission Number: ________________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: ________________________________

Country of Issuance: ________________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)
Common Errors

Certification
I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.
ACA

• Equifax: live 10/1/15
• Measurement period: 12 months
• Stability period: 12 months
• GTA/GRA: 1/1/16
  – Job code O (8.7%) to job code V (10.76%)
THANK YOU!