SUBJECT: Information Concerning the Final Rule for the Federal Employees Health Benefits Program Regarding Members of Congress and Congressional Staff

Background

This letter provides information related to the implementation of the Office of Personnel Management’s (OPM) final rule to amend the Federal Employees Health Benefits (FEHB) Program regulations regarding health coverage for Members of Congress and designated congressional staff. The final rule amends FEHB Program regulations to comply with Section 1312 of the Patient Protection and Affordable Care Act, Public Law 111-148, as amended by the Health Care and Education Reconciliation Act, Public Law 111-152 (the Affordable Care Act or the Act).

Small Business Health Options Program (SHOP)

The Small Business Health Options Program (SHOP) was established by the Affordable Care Act and administers group health benefits to employees of qualified employers. The final rule declares that Members of Congress and designated congressional staff must enroll in an appropriate SHOP as determined by the Director of OPM in order to receive a Government contribution towards health coverage. Given the location of Congress in the District of Columbia, OPM has determined that the DC SHOP, known as the DC Health Link Small Business Market (DC SHOP) administered by the DC Health Benefit Exchange Authority, is the appropriate SHOP from which Members of Congress and designated congressional staff will purchase health insurance in order to receive a Government contribution.

Current FEHB health plan enrollment for Members of Congress and designated congressional staff terminated at midnight on December 31, 2013. Members of Congress and designated congressional staff who chose to purchase health insurance via SHOP did so during the initial open enrollment period with an effective date of January 1, 2014. The 31-day temporary extension of coverage will not apply to those individuals who elect SHOP coverage. Members of Congress and designated congressional staff will have the same open enrollment period as other Federal employees. During the annual open enrollment period, Members of Congress and designated congressional staff can register in the DC SHOP and select coverage. The designations for initial enrollment in 2014 were due by October 31, 2013. In subsequent years, the due date for the designations for the following year is September 30th.
Notification of Enrollee’s FEHB Health Plan Termination

The Administrative Offices will complete a Standard Form (SF) 2810 for each staff member designated for SHOP health coverage and will submit the paper SF-2810 to the Carrier. The Remarks Section of the SF-2810 will contain a notice that the 31-day temporary extension of coverage does not apply for employees whose DC SHOP coverage begins on the day following the FEHB termination date in Item 8 of the SF-2810. Standard termination practices and policies apply.

Temporary Continuation of Coverage (TCC)

Loss of coverage under an OPM-contracted plan does not entitle the enrollee to TCC as the enrollee is still an active Federal employee.

TCC will be available to Members of Congress and designated congressional staff who leave their jobs, as well as former spouses and children who are no longer eligible family members. The same rules regarding TCC for other Federal employees and eligible family members apply. TCC will only be offered through OPM-contracted plans.

Annuitants

Upon retirement, Members of Congress and designated staff will be eligible to enroll in an OPM-contracted FEHB plan as long as all other eligibility requirements are met. Both OPM-contracted plans and DC SHOP plans will be used to determine continuous coverage. Carriers will receive a completed SF-2809 from the House or Senate Administrative Office enrolling the individual. The enrollment will be effective on the 1st of the month after retirement. OPM will inform the FEHB carrier of the payroll office change through a transfer-in SF-2810.

Enrollment Reconciliation - CLER

CLER is the FEHB enrollment reconciliation clearinghouse. This program compares enrollment files submitted by the OPM-contracted plans and the enrollment files submitted by the Administrative office of the agency where the enrollee is employed. If the enrollment files of the plans and the Administrative offices do not match, the CLER program will generate an error code as explained in the paragraphs below.

The DC SHOP will not report to CLER and the Administrative office will not report enrollees in the DC SHOP to CLER. However, the Administrative office will continue to report their OPM-contracted plan enrollees to CLER.

The Administrative Office will be responsible for reviewing the quarterly CLER reports to determine if an employee who has enrolled in a DC SHOP plan appears on the CLER report. These enrollees will generate a 160 error as the OPM-contracted plan is showing an active enrollment. The Administrative Office will submit a corrective action SF-2810 to the OPM-contracted plan so that the plan can terminate the enrollment.

Once the employee retires and chooses to enroll in an OPM-contracted plan, the Administrative Offices will follow the established procedures for reporting the retirement to OPM’s Retirement Services. Should the OPM-contracted plan fail to report the annuitant to CLER, a 163 error will
be generated. The 163 error will inform OPM’s Retirement Services that an annuitant’s SF-2809 has not been processed by the OPM-contracted plan.

**OWCP**

If a Member of Congress or designated staff member enrolled in a DC SHOP plan is injured on the job, that person may continue coverage under that DC SHOP plan for up to 365 days from the time of the injury. After 365 days, if the individual chooses to continue coverage, the individual must enroll in an OPM-contracted plan via an SF-2809 from the Administrative Office and will be transferred-in to the OWCP payroll system.

In those cases where the individual is able to return to work as a Member of Congress or designated staff member OWCP would complete an SF-2810 to terminate the OPM-contracted plan coverage and would enroll in a DC SHOP plan. Because this is a new enrollment in a SHOP plan, the plan could be different than the plan he or she held prior to the injury.

**Questions**

If you have questions you may contact Maria Bianchini at Maria.Bianchini@opm.gov or Mark Knee at Mark.Knee@OPM.gov.

Sincerely,

John O’Brien
Director
Healthcare and Insurance