

August 2017 HBR Update

Dependent Eligibility Verification Audit Update

The State Health Plan scheduled a Dependent Eligibility Verification Audit second notification letter to be sent to members last month. The letter, targeting members who had not responded to the audit by early July, was supposed to drop in the mail and arrive in mailboxes the week of July 13.

Due to circumstances outside our control, this mailing was delayed and was not sent to members until last week.

Please communicate to any employees that have already taken action and submitted documents that they can ignore that notification.

We regret any confusion or inconvenience this may have caused.

As a reminder, the deadline for State Health Plan members to submit documentation to comply with the Dependent Eligibility Verification Audit was July 31, 2017.

For those members that did not submit documentation or had their documents denied, please encourage them to upload their documents immediately as they have missed the deadline. **HBRs may help employees upload documents, but HBRs should not actually mark the documents as verified in the system.**

The State Health Plan did not terminate dependents as of August 1, 2017. The Plan is reaching out to these members in an effort to collect their documents and will advise members prior to the termination of their dependents.

Going forward, Benefitfocus will not be managing the audit process. For this post-deadline period, the Plan will be managing the process with our own Dependent Eligibility Audit Team. Please take note of the new contact information and communicate this information appropriately to employees regarding their documentation.

Dependent Audit Hotline: 866-416-4476
Fax: 919-855-5819
Email Address: SHPAudit@nctreasurer.com

Members are now able to submit documents via mail to:
State Health Plan
Attention: Dependent Audit
3200 Atlantic Ave.
Raleigh, NC 27604

Reminder: Mapping for 2018 Benefit Period

Benefitfocus in conjunction with Blue Cross and Blue Shield of North Carolina (BCBSNC) is in the process of mapping all enrolled active and non-Medicare members, along with their dependents, into the 70/30 Plan effective Jan. 1, 2018.

HBRs must approve all 2017 tasks prior to the start of mapping, which began on Aug. 15, 2017, running through mid-September. It is imperative that pending tasks are approved on a daily basis. If there are outstanding tasks when a group is mapped, Benefitfocus will approve these tasks without review in order to map the members.

Below are screen shots that show what members will see when they log into the system in the middle of mapping or after the mapping process. Please be aware that there is a small window of time during the mapping process where the member will have access to the Open Enrollment (OE) Benefit tab and may mistakenly make a change in that tab and not under Current Benefits. Benefitfocus will closely monitor to identify any changes made in the Open Enrollment Benefits tab. HBRs should report any changes made in the OE tab to the HBR Support team at Benefitfocus.

1. If a member logs in while we are in the middle of mapping:

2. If a member logs in after we are done mapping but before OE (10/1):

One Place 365 Enhancement

As a reminder, Benefitfocus is committed to providing HBRs immediate access to support. To ensure you are able to receive prompt assistance, Benefitfocus uses the platform One Place 365. This platform provides a secure avenue that can be used for issues or questions.

Effective August 1, 2017, an enhancement allows HBRs to Single Sign On (SSO) from the eEnroll system to One Place 365 through the HBR Administrator role. Please refer to the screenshot below and the [One Place 365 Guide](#).

If you have any questions, please call HBR Support at 800-422-5249 or reach out directly to your Account Manager, if one is assigned.

Please note that for OSC Integrated HR-Payroll System (formally BEACON) only BEST Shared Services HBRs have access to One Place 365.

2018 Open Enrollment Important Information

The State Health Plan will offer active employees and non-Medicare retirees a choice among these two plan options for the 2018 benefit year:

- 80/20 Plan
- 70/30 Plan

Members will automatically be enrolled in the 70/30 Plan unless they TAKE ACTION to enroll in the 80/20 Plan. They must also complete the tobacco attestation during Open Enrollment to ensure they receive the lowest possible monthly premium.

Each plan will have an employee-only premium. Specifically:

- The 70/30 Plan will have a \$25 per month employee-only premium, after you complete the tobacco attestation.
- The 80/20 Plan will have a \$50 per month employee-only premium, after you complete the tobacco attestation.

The State Health Plan will be holding Open Enrollment informational events statewide and online in September and October. To register for an event, members can visit the Plan's website.

Member Outreach Live Events

Member Outreach Webinars

Encourage your employees to participate in one of these sessions to learn more about their 2018 plan options. More information and resources will be added to the State Health Plan's website regarding Open Enrollment, so stay tuned!!

Legislation Modifies Newborn and Adoption Child Rules

[Senate Bill 218](#) passed and will be effective October 1, 2017. With this change, State Health Plan subscribers must add their newborns or newly adopted children to the Plan

within 30 days, even if the subscriber already has child(ren) or family coverage. It is critical that these updates are made within the 30-day enrollment window.

eEnroll Document Upload Functionality

The document upload functionality in eEnroll is now available to all groups in order to store dependent verification documentation.

Open Enrollment is the time to add and drop dependents as well as change plans. Outside of OE, there must be a qualifying life event to add or drop dependents and those changes must be made within 30 days of the event.

It is essential that dependent verification documentation is maintained on all dependents (e.g., birth certificate, marriage certificate, court orders). Refer to list on Plan's website.

For more information on how to use that tool, contact HBR Support at Benefitfocus or your Account Manager.

It's Time to Plan Flu Shot Clinics

Blue Cross and Blue Shield of North Carolina (BCBSNC) and the State Health Plan are offering agencies, schools, universities and community colleges the opportunity to host seasonal flu shot clinics at designated worksites from Sept. 18 to Dec. 31, 2017.

Maxim Healthcare Services, a BCBSNC vendor, will send a team to worksites to provide shots to your employees, retirees and dependents covered by the Plan or BCBSNC. Maxim's policy is to provide vaccines for members 18 years of age and above. State Health Plan members won't need to pay for this year's flu shot out of pocket as long as they bring their State Health Plan ID card. This procedure is the same as in previous years.

- Summer vacations can be fun – and sometimes risky! Help your employees have vacations that are safe for family, friends, and especially children. Share with them these tips from the Centers for Disease Control and Prevention on how to [Make Summer Safe for Kids](#).
- When outdoor accidents happen or a loved one is in pain, the State Health Plan has a quick online resource for Choosing the Care that's Right for You to help your employees select the right care for them and their families. And remind them that if their Primary Care Provider is not available, an Urgent Care Center may offer a less-expensive alternative than a hospital Emergency Room.