

March 2018 HBR Update

Dependent Eligibility Verification Audit Results

As you all probably recall, we announced the Dependent Eligibility Verification Audit in May of 2017. The official audit started on May 22 and ended on July 31, 2017. The original audit population was 193,791 but through normal attrition, dropped to 187,791 by the end of the audit period.

At the end of this round of the audit we had a verification rate of 92 percent. The intent was never to terminate valid dependents, therefore, the Plan determined the best course of action at the end of the audit was to continue the outreach campaign to obtain the appropriate documentation instead of terminating around 15,000 dependents. By the end of the year, we had obtained 99 percent of the documents!

We proceeded to terminate 1,314 dependents with a February 1, 2018, effective date. As soon as the termination letters went out, we started receiving requests for reinstatements along with validation documentation. Here are the reinstatement statistics by week for the month of January 2018:

We continue to receive reinstatement requests on a daily basis. Through the first of March, we have reinstated an additional 150 dependents.

As we have outlined in other announcements, the Plan will continue to approve reinstatements through the exception process. For details, see the "SSN and DEVA Termination Reminders" article in the February HBR Update.

As the reinstatement will be equal to the termination date, the subscriber will be responsible for paying any retroactive premiums owed.

We have also noticed that some members are adding their dependents back with an invalid QLE. Those transactions will be reversed. HBRs should not approve invalid QLEs. Continued approval of any type of invalid enrollment could result in the loss of HBR's update access in eEnroll.

Important Reminder: Fill Out Exception Forms *Completely!*

All areas on the exception form need to be completed for the form to be processed. This includes a subscriber's home address and ID number. **Forms missing information will be rejected** and sent back to the HBR for completion, delaying the exception process.

Please pay specific attention to the subscriber's personal information and be sure to send it securely to the State Health Plan for processing. We appreciate your efforts in assisting us with making this process efficient and timely.

New Address Fields in eEnroll

Over the next several weeks, HBRs may notice additional address fields in eEnroll as shown below. We receive a great deal of return mail and often hear from members that they have a separate mailing address that we should use.

We've asked Benefitfocus, the Plan's enrollment vendor to configure additional address fields to allow employees to add a mailing address in addition to the physical address that is already present. The default election will be that the physical address equals the mailing address.

The collection of this second address should not negatively impact payroll groups that send us addresses on their files. Those addresses will continue to map to the physical address as they do today and if a member updates their physical address in eEnroll and does not update it in their payroll system, it will most likely be overwritten by a subsequent payroll file.

Reminder: High Deductible Health Plan Transition: Your Action is Required!

These changes will be implemented in eEnroll in June 2018. Please ensure that all Payroll Administrators carefully read the information below.

As reported in the October HBR Update, the enrollment and invoicing for the High Deductible Health Plan (HDHP) will be moving from iTEDIUM to Benefitfocus and Blue Cross Blue Shield NC. MedCost will no longer be the carrier for the HDHP plan.

This means we need to be ready to enroll members by the start of the 2019 Open Enrollment. To support this transition, the existing "12 month RIF Enrollee" category will be renamed "Employment Status" with the following status options:

*FTE conversion is based on how majority of groups categorize employees and may not exactly match your group's setup.

An additional category option, "Direct Bill: Non-Perm Full Time (Retirees)," may be added to individual groups based on each group's responses to the Plan's prior outreach regarding Non-Permanent Retiree coverage options. The Plan will expand this category to include LOA options in 2nd quarter 2019 and is open to groups who would like to demo this functionality in 1st quarter.

Members in the following employment statuses will be eligible for the HDHP plan in eEnroll:

- Direct Bill: Non-Perm Full Time
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- Direct Bill: Non-Perm Full Time (Retirees)

What does this mean for employing units?

- All existing employees in eEnroll will have their status mapped as follows:
 - Not Assigned Payroll Deduct: Full Time
 - No Payroll Deduct: Full Time
 - Yes Direct Bill: 12 Month RIF
- All employees that are eligible in iTedium will be migrated to eEnroll with the “Direct Bill: Non-Perm Full Time.” **HBR’s will need to ensure no people are marked as eligible in iTedium that are truly no longer eligible. These members will not migrate correctly if they have eligibility in both iTedium and eEnroll.**
- The employment status will impact how the group and member are billed for coverage beginning 1/1/19.
 - The statuses with “Direct Bill” will generate an invoice directly to the member for their portion of the premium from iTedium. It will then invoice the group for the employer portion.
 - The statuses with “Payroll Deduct” will invoice the entire premium to the group on the BCBSNC invoice
- This new category will NOT change how Reduction in Force members are processed. Any updates to RIF members will continue to be manual.

The Plan and Benefitfocus will continue to provide updates on this implementation including timeline and considerations for Open Enrollment. For any questions contact HBR Support: 800-422-5249, create a case via [One Place 365](#) or contact your [Account Manager](#).

TPA Implementation *Required* Webinars Coming Soon! (*Non-BEACON Groups Only*)

The State Health Plan will host an important webinar in April for HBRs regarding the Third Party Administrative (TPA) transition. This webinar is **REQUIRED** for all non-BEACON groups to learn more about the required steps related to the transition. Anyone in your group that will be involved with this transition will need to attend.

As a reminder, the Plan awarded the new TPA Services Contract to Blue Cross and Blue Shield of North Carolina, effective January 1, 2019. The administration of enrollment for the High Deductible Health Plan will be moving from iTEDIUM to Benefitfocus, the Plan’s eligibility and enrollment vendor.

Information on the following topics will be covered:

- Medicare Manager Changes - HICNs changing to MBIs
- Transfer of documents and Dependent Verifications
- HDHP Transition
- Employee Status Enhancements

- eEnroll changes
- Billing changes

For your convenience, there will be several dates and times in which you can choose to attend. Please click below for the date and time that is most convenient for you and register.

- Monday, April 9 at 4 p.m.
- Tuesday, April 10 at 12 p.m.
- Wednesday, April 11 at 2 p.m.
- Thursday, April 12 at 10 a.m.

Thank you in advance for your support during this effort.

‘Understanding Your Medical Plan Options When You Become Medicare-Eligible’ Information Sessions Beginning Soon!

Beginning in March, the State Health Plan will be offering in-person information sessions on “Understanding Your Medical Plan Options When You Become Medicare-Eligible.” These popular sessions are free of charge and are designed for active employees who will soon be 65, are already 65 or older, and retirees getting ready to turn 65.

Each session lasts approximately 2 hours and will explain important information regarding Medicare, your retirement health benefit options and offer the opportunity to ask questions. The in-person sessions are held across the state and will run from March through July. Employees can visit the State Health Plan website at www.shpnc.org and click “Upcoming Events” or click here to register for one of the in-person events.

If you have employees nearing retirement, you are encouraged to promote these sessions to them as a resource. As an HBR, you are also welcome to attend to learn more about how to assist your employees through this process.

If employees are unable to attend an in-person meeting, the Plan is offering convenient online webinars on the same topic now through August. Employees can visit the website at www.shpnc.org and click “Upcoming Events” or [click here to register for one of the webinars](#).

- You can help your employees manage their out-of-pocket costs by encouraging them to check the locations in which they receive care. Generally speaking, care received in a doctor's office is the most cost effective, followed by hospital outpatient services. Hospital inpatient and emergency room services often bear the highest cost.
- In addition, in-network care (services from an in-network provider) will cost less than similar care provided by an out-of-network provider. Tell your employees to ask their provider's receptionist whether the provider's office is hospital owned or operated, or provides hospital-based services. This may subject medical services to the outpatient services benefit, which requires deductibles and coinsurance. Encourage your employees to find out what their financial responsibility is before receiving care.