



North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES
A Division of the Department of State Treasurer



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HBR Monthly Webinar

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Agenda

- Exception Form Reminders
- Member Terminations and Reinstatements
- Medicare Eligible Information Sessions
- Dependent Eligibility Audit Results
- TPA Implementation Training for Non-Beacon Groups



Important Exception Form Reminders

- 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.
- Always select a new form from our website versus using a stored one on a computer drive at work. **Outdated forms may also be rejected** and returned, delaying the exception process.
- We appreciate your efforts in assisting us with making the exception process efficient and timely.

Terminations & Reinstatements

- To ensure compliance with IRS guidelines and Section 135-48.40 of the North Carolina General Statutes, the State Health Plan requires that subscribers provide qualifying life event (QLE) and dependent verification documentation. Documentation of a dependent's eligibility is also required when a dependent is added to the Plan due to New Hire event, QLE, or Open Enrollment. A new policy has been created to address terminations and reinstatements processes.
- **QLE and Dependent Documentation:** The Plan will conduct ongoing audits to confirm appropriate QLE documentation has been provided for members who are dropped or added as a result of a QLE. The Plan will also confirm that appropriate dependent verification documentation has been provided for all new dependents, whether they are added during the subscriber's initial enrollment, Open Enrollment or as a result of a QLE. Subscribers who have not provided sufficient documentation to support enrollment into the Plan may be terminated.
- **SSN:** Because eEnroll does not have Social Security Number (SSN) validation, the Plan must routinely query for valid SSNs and will follow up with subscribers and provide a deadline for supplying a valid SSN. The Plan will also follow up with subscribers who have not provided an SSN for dependents who have reached 6 months of age. Members who do not respond to the SSN inquiries by the deadline may be terminated.
- **Terminations requested by subscribers without QLE documentation:** As described, if a subscriber has removed a dependent using a QLE and has not provided appropriate documentation to support the QLE, the Plan will reinstate the dependent equal to the termination date. The subscriber will be responsible for any retroactive premiums owed for this period.

Terminations & Reinstatement Responsibilities

- **State Health Plan:** The Plan will conduct audits of enrolled member information including SSN audits, audits of qualifying life events used to add or remove coverage, and audits of dependent eligibility verification documentation. When conducting an audit, the Plan will reach out to the subscriber to request the appropriate documentation. After approximately 10 business days, the Plan will reach out to the employing unit to request the appropriate documentation. If no response is received from the employing unit after two business days and/or the appropriate documentation has not been provided, the action will be reversed back to the last day of the month in which premiums were due.
- **Employing Unit:** Employing units are responsible for managing Plan enrollment by ensuring that employees are offered the appropriate coverage and premium based on their eligibility for the Plan, and by validating all dependent eligibility and qualifying life event documentation. eEnroll provides a “pending approval” task on the “to-do” list for all changes made by subscribers (employees). This task list should serve as an indicator that documentation is required from the subscriber for their qualifying life event and/or newly added dependents. Employing units are also responsible for submitting an exception for an employee who has their enrollment reversed by the Plan because of insufficient documentation.
- **Subscriber:** A subscriber is the primary contract holder. Subscribers are responsible for ensuring their dependent information is accurate. All dependents over 6 months of age must have an SSN or Tax ID.
- Please review the entire policy by clicking here, [Terminations & Reinstatement Policy](#), and selecting Policy on Member Termination and Reinstatements

Dependent Eligibility Audit Results

- As you all probably recall, we announced the Dependent Eligibility Verification Audit in May 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!

Entity	Dependent Count	Verified	No response
Public Schools	87,390	86,789 / 99%	601 / 1%
Universities	33,187	33,058 / 99%	129 / 1%
State Agencies	31,363	31,040 / 99%	323 / 1%
Retirees	19,176	18,979 / 99%	197 / 1%
Community Colleges	8,702	8,683 / 99%	19 / 1%
Local Governments	4,417	4,396 / 99%	21 / 1%
Charter Schools	2,592	2,570 / 99%	22 / 1%
COBRA Participants	778	777 / 99%	1 / 1%
Direct Bill Members	186	185 / 99%	1 / 1%

Dependent Eligibility Audit Results

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

Reinstatements By Week	Count
Week ending January 2	150
Week ending January 8	0
Week ending January 15	90
Week ending January 22	87
Week ending January 29	106
Total Dependents Reinstated in January	433

- 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.

Medicare Eligible Information Sessions

- Beginning this week, 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.”
- 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.”

TPA Implementation – 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. Visit the State Health Plan's website to register for a time that is most convenient for you.
 - [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!

Questions?



This presentation is for general information purposes only. If it conflicts with federal or state law, State Health Plan policy or your benefits booklet, those sources will control. Please be advised that while we make every effort to ensure that the information we provide is up to date, it may not be updated in time to reflect a recent change in law or policy. To ensure the accuracy of, and to prevent the undue reliance on, this information, we advise that the content of this material, in its entirety, or any portion thereof, should not be reproduced or broadcast without the express written permission of the State Health Plan.



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