

HBR Monthly Webinar

May 24, 2023

Agenda

- Prepare for 2024 OE with HBR Training
- Premium Payment Reconciliation Reminder
- Processing Qualifying Life Events
- Reminder: End of COVID Public Health Emergency
- 2023 HBR Monthly Webinars

★ ★ **HAPPY** ★ ★

MEMORIAL

★ ★ ★ **DAY** ★ ★ ★

REMEMBER AND HONOR

Prepare for 2024 Open Enrollment with HBR Webinars

- The State Health Plan is holding Open Enrollment training webinars for HBRs in July.
- Trainings will cover important information regarding 2024. Reserve your spot to ensure you have the information you need to best serve your employees! Click below to register for the one that best fits your schedule.
- Open Enrollment HBR Trainings Dates/Times:

[July 19 – 2 p.m.](#)

[July 20 – 10 a.m.](#)

[July 25 – 10 a.m.](#)

[July 27 – 2 p.m.](#)



SAVE the DATE:

2024 Open Enrollment will be held October 9-27, 2023.

Premium Payment Reconciliation Reminder



- All premium payments are due by the first of the effective month. Employing units are required to pay as billed.
- Each employing unit should reconcile their invoice every month to ensure that enrollment changes are captured appropriately.
- It is critical that the employing unit is cognizant of their billing cutoff window so that any terminations or additions impacting the invoice are finalized prior to the cutoff. If an enrollment correction is needed, it must be processed prior to the cutoff date of the next month's premium invoice; otherwise, it will not be reflected in the next month's invoice.
- Updates made and approved in eBenefits 48 hours before your bill date should show on your next invoice. In the event an enrollment appears to be accurate in eBenefits but inaccurate on the invoice, you must open a case to Benefitfocus account management via One Place 365 so they can research the discrepancy.
- Employing units should not remit payment based on changes they anticipate will take place after the billing cutoff. Underpaying the invoice because of a termination that was processed after the cutoff, for example, impacts the claims processing timeline for the entire employing unit.
- The State Health Plan holds all claims as of the effective date of the billing month and only advances the "paid through" date once the premium invoice is paid in full.
- The Plan will not approve enrollment correction exceptions more than two billing cycles in arrears.

Processing Qualifying Life Events

- Qualifying Life Events (QLE) continue to be a challenge for some employing units to manage.
- The challenges the Plan often sees include:
 - Employees not processing QLEs within the enrollment window
 - Employees not using the correct QLE reason code
 - Employees and Health Benefit Representatives (HBRs) not understanding the QLE effective date rules

There are 4 main QLE rules HBRs need to understand.

Rule #1 – The Effective Date for Every QLE Except Birth/Adoption/Newly-eligible for Medicare



Rule #2 – When a Dependent has an Employment Status Change



Rule #3 – Gap or an Overlap of Coverage



Rule #4 – QLE Documentation



State Health Plan Operations 101

Quick reference resource on how the State Health Plan operates and how HBRs fit into that process.

HBRs

Enrollment Information

Exceptions Process

Training and Development

HBR Monthly Training Archive

High Deductible Health Plan

State Health Plan Operations 101



Affordable Care Act Information

Employees on Disability

Reduction in Force Information for HBRs

Payroll and Billing

HBRs and Protected Health Information

End of COVID-19 Public Health Emergency

- The State Health Plan put multiple temporary benefit provisions in place to assist Plan members during the COVID-19 public health emergency.
- In January 2023, the federal government announced that the COVID-19 public health emergency will end on May 11, 2023.
- Here's what it means to employees regarding coverage as it relates to COVID-19:
 - The Plan will continue to cover both the cost of the COVID-19 vaccine and vaccine administration at 100% when employees receive the vaccine at an in-network provider as part of the Plan's preventive care benefits. If employees receive any other service during the visit, the visit may be subject to a copay. ***This is true for all other vaccines the Plan covers.***
 - The Plan will cover COVID-19 tests that are administered by a provider. If employees receive any other service during the visit, the visit may be subject to a copay. This is true for all other vaccines the Plan covers.
 - The Plan will no longer cover the cost of over-the-counter (OTC) COVID-19 tests. Employees will be responsible for the cost.
 - The Plan will no longer cover "return to work" COVID testing. "Return to work" testing includes having to provide an employer a negative test outside of the standard COVID-19 exposure testing guidelines.

Contact Information

- Plan staff reach out to HBRs for a variety of reasons.
 - Billing
 - Dependent Audit
 - Open Enrollment
 - Enrollment Exceptions
 - Upcoming vendor changes
- It is critical that the Plan has correct contact information.
- Several groups have “generic” email addresses that are great to use to avoid important employee information going to an email of someone that is no longer with your group.

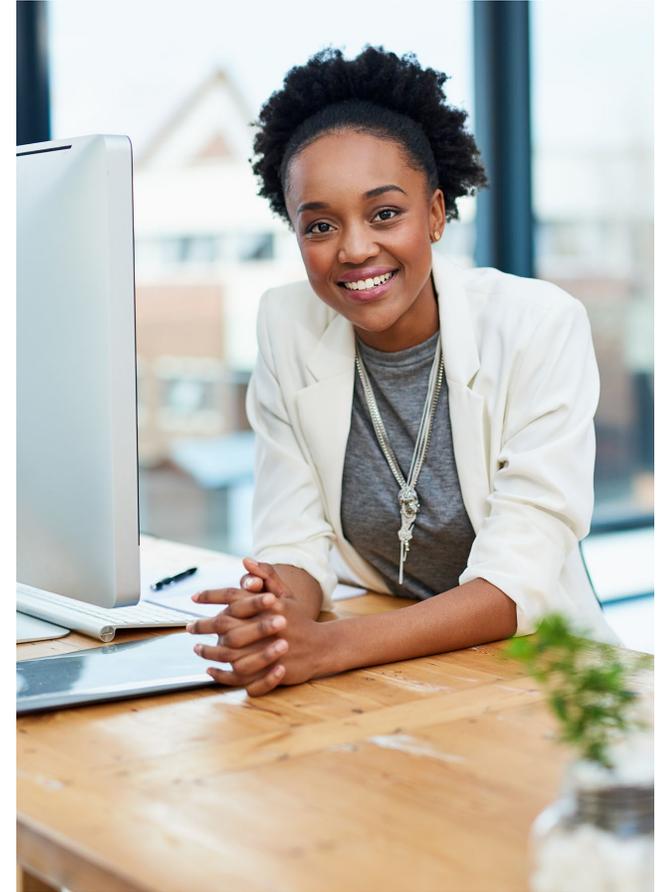


HBR Contact/Access Request Form

Complete this form to update HBR contact information and to request access to eBenefits and other Plan systems.

Upcoming 2023 HBR Monthly Webinars

- All webinars begin at 10 a.m. To register for the monthly webinars, see below or visit the Plan's [website](#).
- June 21, 2023, 10-11 a.m.
- July 26, 2023, 10-11 a.m.
- August 23, 2023, 10-11 a.m.
- September 20, 2023, 10-11 a.m.
- October 25, 2023, 10-11 a.m.
- November 15, 2023, 10-11 a.m.
- December 20, 2023, 10-11 a.m.





Processing Qualifying Life Events (QLEs)

- Viewing pending QLEs
- Confirming date used versus documented date
- Approving/Declining
- Pending QLEs that an HBR cannot approve
- Q and A



Viewing QLEs

It is critical that all pending QLEs are reviewed by the HBR timely.

No information will send to the carrier until they have been approved.

There is a 33-day window from the date of the event to approve/decline.

E.g., an employee has a loss of other coverage on 3/31/23, you must approve or decline the change by 5/3/23.

The screenshot shows a web application interface. At the top, a grey header bar displays "Welcome, UNC Greensboro! (14170742_1046)". Below the header is a search bar with the placeholder text "Search by Name or SSN" and a "Go" button. A dark sidebar on the left contains navigation icons for Home, Employees, Case Management, Data & Reporting, Content Manager, Targeted Messages, and Resources. The main content area is titled "To-do list" and includes a "View by:" dropdown menu set to "All Tasks". Below this, there are two sections: "Previous Benefits" with a "View by offer >" link and a count of 3 for "Employees with Election Approvals (Health Statement Required)"; and "Current Benefits" with a "View by offer >" link and a count of 2 for "Employees Need to be Approved", which is highlighted in yellow. An "Approve All" button is located in the bottom right corner of the main content area.



Employee Overview

Back to employees < 1 of 3 > Search by Name or SSN Go

Company [redacted]

Manage Employee

Overview

Benefit details

Dependents/beneficiaries

Documents

Benefit eligibility

Interactions

Employee history

EMPLOYEE REPORTS

Subscriber Detail Report

Confirmation Statement

Beneficiary Report

Kyle has 6 pending tasks

Sections Require Approval

Approve All

2023 NCFlex Dental +v

2023 NCFlex Vision +v

2023 SHP Medical +v

Sections To Be Completed

Life Event Documentation - DENTAL - Missing "Birth certificate" required for a "Birth" Life Event Start

Life Event Documentation - VISION - Missing "Birth certificate" required for a "Birth" Life Event Start

Missing Dependent Verification for [redacted] Start

After clicking on an individual employee (EE) from the task list, you will be taken to their overview page. This EE has had a QLE of birth to add their newborn to medical/dental/vision.

Steps to Complete:

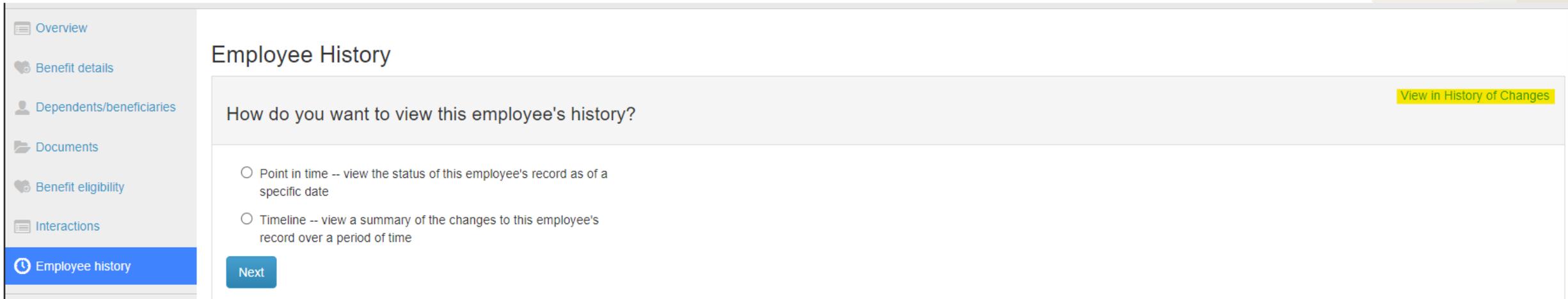
1. Check the history of changes to see what date the EE used.
2. Confirm the date matches the date on the supplied documentation.
3. If a new dependent was added, confirm the required dependent verification documentation has been uploaded in addition to the QLE documentation and verify the dependent.
4. Approve the QLE. If changes need to be made, i.e., the date entered does not match the documented date, you may decline the QLE and ask the EE to re-enter it.



History of Changes

You may access a full history by clicking the 'Employee history' link on the lefthand side of the overview page, then, 'View in History of Changes'

Remember to back up your start date to get a complete timeline of events!



The screenshot displays a web interface for 'Employee History'. On the left is a vertical navigation menu with the following items: Overview, Benefit details, Dependents/beneficiaries, Documents, Benefit eligibility, and Interactions. The 'Employee history' item is highlighted in blue. The main content area is titled 'Employee History' and contains a question: 'How do you want to view this employee's history?'. Below this question are two radio button options: 'Point in time -- view the status of this employee's record as of a specific date' and 'Timeline -- view a summary of the changes to this employee's record over a period of time'. A blue 'Next' button is positioned below the options. In the top right corner of the main content area, there is a yellow button labeled 'View in History of Changes'.



History of Changes

- Expand all to view the specific changes made.
- Use ctrl + F and type in 'due to' in order to quickly see the date that the EE used for their QLE.

[+] Collapse All due to 1/6 ^ v x fillment

05/16/2023 Hide

09:40 AM Hide

Changed by [REDACTED] **due to** Birth on **05/02/2023**

 **Medical** - 2023 SHP Medical (01/01/2023 - 12/31/2023)

Added Dependent [REDACTED]	Old Value	New Value
Coverage Level Effective Date		02/01/2017
Creditable Coverage Adjusted		No
Effective Date		05/02/2023
Original Effective Date		05/02/2023
Status		SPECIAL
Description		Accepted
Relationship		Child
Waive Pre-Existing Period		No

Changed by [REDACTED]

 **Personal**

Added Task	Old Value	New Value
Reason Code		Missing Documentation
Section Type		Life Event Documentation
Task Type		Document Center



Confirming Documentation

Navigate to the EE's document center by clicking 'Documents' on the lefthand side of the EE's overview page.

If no documents have been associated with the event, it will appear as below.

Filter by status All Documents

EE's do not always appropriately associate their documents. Please change the filter from 'All Requests' to 'All Documents' to check for this scenario!



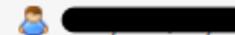
Document is awaiting upload

Subscriber Name: [REDACTED]

Please click [Life Event Documentation Requirements](#) and upload the appropriate documentation to verify life event change.

Please upload documentation by 05/25/2023.

05/15/2023



Document Required

[Upload a Document](#)

[Associate an Existing Document](#)

[Remove Document Request](#)



Confirming Documentation Cont.

Preview the document to confirm it matches the event and contains the relevant information required, then approve or decline accordingly.

Denying the documentation will allow you to select a reason why and write a brief message to the EE.

Please see shpnc.org for a complete list of accepted documents – found [here](#).

Deny a Document

Birth Certificate

Please choose a declination reason

No Response

Invalid Documentation

Untimely Response

Unreadable Documentation

Other

Please include any additional information that should be presented to the user. If left blank, a default message of "New Document Required" will be used

Deny Document



Verifying a Dependent

 Sections To Be Completed

Life Event Documentation - MEDICAL - Missing "Certificate of creditable coverage or - notification from employer listing affected members and the effective date." required for a "Loss of other coverage" Life Event Start

Missing Dependent Verification - Documentation Pending for [REDACTED] Start

- There will be a second document request for dependent verification when new dependents are added.
- Approving the document in the document center will verify the dependent in the dependents' tab.
- Please note sometimes the QLE doc and the dependent verification doc will be the same! Such as with birth and marriage.



[REDACTED]

Spouse

Status:  Verified,  Covered

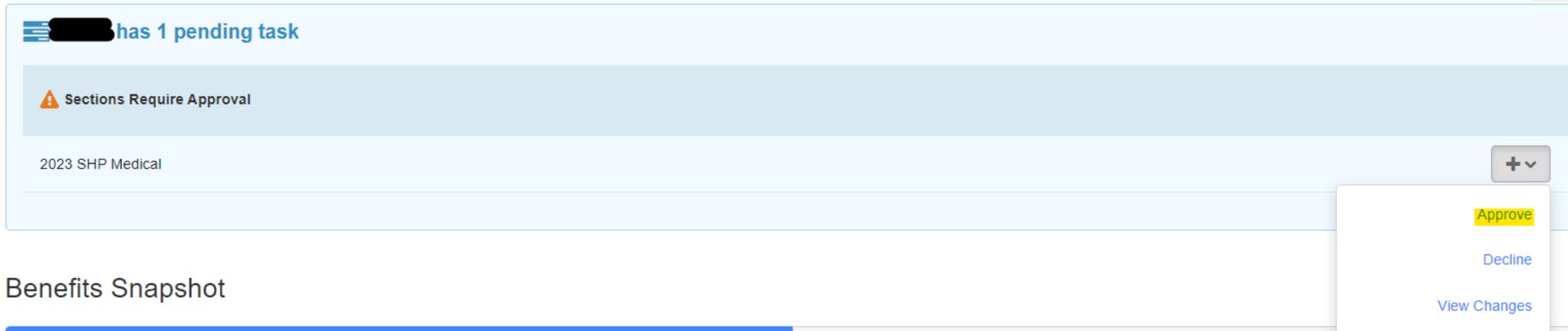
Tip: If the uploaded document is not associated with the request, you may associate it yourself.

Alternatively, you may flag the dependent as verified in the dependent tab *after* confirming the appropriate document is on file.



Approving the QLE

Once you have confirmed the QLE entered, approved the QLE documentation, and verified any dependents, you must approve the changes to the benefits.



The screenshot shows a user interface with a light blue header bar. On the left, there is a hamburger menu icon followed by the text "has 1 pending task". Below this, a light blue banner contains a warning icon and the text "Sections Require Approval". Underneath, the text "2023 SHP Medical" is visible. On the right side of the banner, there is a "+ v" button. A dropdown menu is open from this button, showing three options: "Approve" (highlighted in yellow), "Decline", and "View Changes". Below the banner, the text "Benefits Snapshot" is displayed above a blue horizontal line.

This important step will trigger the system to send the update to the carrier. Until this is completed, the EE will not be able to file any claims!

It is vital at this point to confirm there are no further pending tasks to know that you have successfully completed the QLE process.

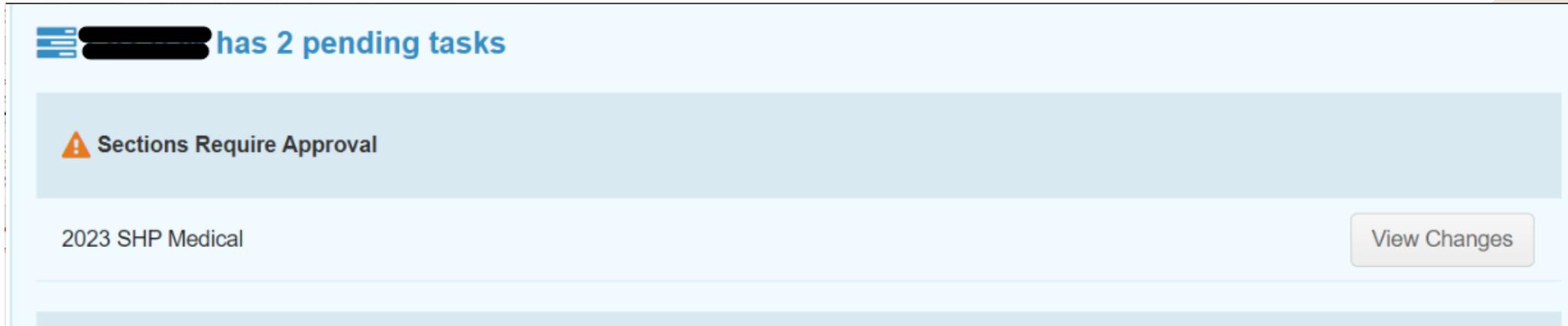


The screenshot shows a light blue rectangular box with a hamburger menu icon on the left and the text "has 0 pending tasks" on the right.



Pending QLEs that an HBR Cannot Approve

On rare occasion, a QLE will display as 'view changes' only and will not display an option to approve or decline.



- This will most commonly surface when there is a coverage level change for a QLE of birth late in a month. SHP does not allow for prorating, so the coverage level change on the first of the month will put the change outside the 33-day approval window.
- These events still require monitoring for documents.
- Once those documents have been added and you are within 33 days of the event date, please submit a case to OnePlace365 or call HBR support for assistance. These situations do not require an exception for approval.

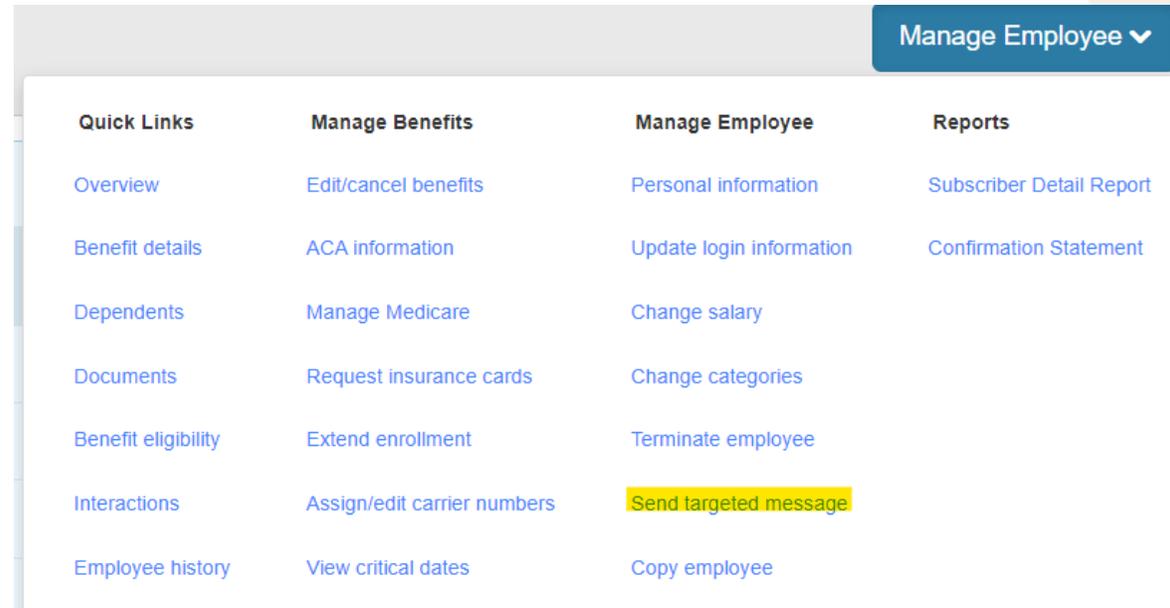


Tips and Tricks



Quickly page through EEs with pending tasks by using the arrows in the top left corner of their overview page.

You can send an email to the EE through the platform via the 'manage employee' → 'send targeted message' option. This can be handy for sending reminders about missing documents!



What Happens When?

What happens when the EE has missed their QLE window, or you have missed the deadline to approve?

- An exception is required to be submitted to SHP.
- If the exception is approved or declined and the platform needs to be updated, take no action! An account manager at Benefitfocus will perform the updates required to the system.
- Do not attempt to make the changes yourself or ask the EE to do so. An email notification will be sent to the reporting HBR once the update has been made.
- Please remember to still check the response to see if any docs are required or if the EE needs to supply additional information!



Q&A

