

HBR Update - August 20, 2019



Clear Pricing Project Update

The State Health Plan's Clear Pricing Project recently concluded its provider sign-up period, with thousands of new providers partnering with the Plan for transparent and affordable health care.

However, the State Health Plan realizes members need more hospitals and providers to meet member needs in accessing statewide quality health care.

Therefore, the decision was made to continue offering members the **same network they use today**, which is the Blue Options network, which will also include providers that signed on to the Clear Pricing Project.

Here is what you employees need to know:

- For 2020, members will have access to the **SAME** broad, statewide network that they do today, which is the Blue Options network administered by Blue Cross NC! This includes all North Carolina hospitals.
- Because of the success of the Clear Pricing Project, this network will now include even more providers that are supportive of transparent and lower pricing.
- **As a reminder, this does not affect members on the UnitedHealthcare Medicare Advantage plans.**

Open Enrollment Dates Announced

Open Enrollment for the 2020 benefit year will be held November 2-19, 2019.

HBR OE Trainings Rescheduled

The State Health Plan provides training for HBRs each year prior to Open Enrollment to make HBRs aware of any changes to benefits for the upcoming year. We want you to be fully informed prior to Open Enrollment.

To register for webinars, please click on the date and time below that work best for you.

Date	Time	Click Below to Register
9/10/2019	10am - 12pm	Register
9/10/2019	2pm - 4pm	Register
9/16/2019	10am - 12pm	Register
9/17/2019	10am - 12pm	Register
9/20/2019	2pm - 4pm	Register

Congratulations to Our Rock Star Groups!

The final numbers are in and 82 groups achieved perfect scores on their HBR scorecards for the entire first quarter!

Please join the State Health Plan in recognizing these 82 rock star groups and their hardworking HBRs. View a list of these 82 “perfect 10” groups [here](#).

As we continue to audit and deliver the scorecards on a monthly basis, we encourage you to strive for these top scores by making sure all documentation is uploaded and reviewed before all task and dependent approvals.

Senate Bill 399 Impact on Rehired Retirees

Earlier this summer, [Senate Bill 399](#) was ratified allowing retired teachers to return to work in high-need schools without adversely impacting the retired teachers’ benefits. Similar to other retirees who may be rehired on a non-permanent basis, retirees returning to work in a high-need school must cancel their retiree health benefit and enroll in health benefits through their employer. Retirees returning to work in high-need schools are eligible to enroll in the same health benefits for which other full-time employees are eligible.

Once the retiree has completed their employment with the high-need school, their coverage should be terminated as an employment termination, not a “retirement” termination. Once that termination is complete, the retiree can re-enroll in retiree benefits using the “loss of other coverage” qualifying life event located in eBenefits.

Retirement Health Benefit Termination Process

- Prior to the hire date, the HBR should notify the Plan of the need to terminate retiree health benefits by completing an [Exception Form](#). [Click here for step-by-step instructions](#).

Upon approval of the exception to terminate the retiree health benefit, the HBR should establish the active benefit enrollment shell in eBenefits that will enable the retiree to enroll in coverage. As a reminder, the retiree will not be able to enroll until the retiree health benefit has been canceled.

This does NOT apply to Charter Schools hiring these teachers; however, a retired Charter School teacher could be hired by a local board of education.

Updated QLE Option for New Medicare Members

The State Health Plan was recently made aware that the “reaching age 65” qualifying life event (QLE) was not calculating the appropriate Medicare effective date when the member’s birthday was on the first of the month. Benefitfocus was unable to fix this QLE reason code but has offered another QLE option for Medicare.

Effective immediately, “Newly eligible for Medicare” will replace the “spouse reaches age 65” and “employee reaches age 65” options. Employees will enter their true Medicare eligibility date when using this life event. Members will use this for all Medicare entitlements (i.e., age, disability and ESRD).

LOA Processing Access Coming in 2020

Beginning with the 2020 plan year, all groups will have access to use the LOA-Partially Paid and LOA-Fully Paid employment statuses. Using these employment statuses will eliminate the need for groups to individually invoice members and manage delinquency in accordance with the State Health Plan’s arrears policy.

All members with this employment status will be invoiced directly from iTedium. When you begin to use these new statuses, you will need to notify your LOA employees to discontinue sending payments directly to you. Payroll connect groups must reach out to Benefitfocus to ensure the appropriate attributes are assigned to these members. There is a training in [HBR University](#) to ensure your understanding on how the statuses should be used.

Reinstate as If Never Termed

Some HBRs have reported a tracking ID error when trying to reinstate benefits for an employee who was rehired. Please contact HBR Support at 800-422-5249 or create a case via [One Place 365](#) and Benefitfocus will then rehire and manually reinstate benefits. Once rehired by Benefitfocus, there is no member impact.

Reminder: Wage Garnishment Cooperation is the Law

As a reminder, the state requires HBRs to cooperate in wage garnishment actions against State Health Plan members who owe money to the Plan.

[House Bill 1056 became law](#) on June 25, 2018. This legislation mandates employing unit cooperation in collecting through wage garnishment money that members owe the State Health Plan (Plan). Specifically, any payment of benefits or other amounts to, or premiums or claims paid on behalf of, any Plan member that is later determined to be an overpayment, an erroneous payment, or a benefit or amount for which the Plan member was ineligible, shall be repaid by the Plan member.

If the Plan member is an employee of an employing unit, then any amounts to be recouped under this subsection shall be offset against the net wages of the Plan member.

What this means for you:

- When a Plan member owes an amount to the Plan, the Plan will notify the member of this debt in writing. If the member does not enter into a payment plan acceptable to the Plan within 30 days after the written notice, the Plan will notify the member's employer of the debt.
 - When the employing unit receives notice of the debt from the Plan, the employing unit is required to offset the amount owed against at least 10 percent of the net wages of the member until the Plan notifies the employing unit that the debt has been paid in full.
 - The Plan's notice to the employing unit shall be prima facie evidence that the debt is valid and the employing unit has no obligation to verify the amount owed.
 - The employing unit must provide written notice to the member before beginning the offset. The written notice must be no more than 30 days but not less than 14 days.
 - The employing unit is required to remit all offset amounts to the Plan in intervals corresponding with the employing unit's regular pay periods.
-

- If an employing unit does not follow these requirements, the Plan will, after notice to the employing unit of its failure to cooperate, be entitled to seek recovery of any amounts due directly from the employing unit.
- Debts owed to the Plan may not be forgiven by the Plan's Board of Trustees, the Plan, the Plan's Executive Director, the State Treasurer, or an employing unit.
- The Plan and the employing unit have a duty to pursue repayment in full of these debts by all lawful means available, including the filing of a civil action in the General Court of Justice.

For details, visit the [Recovery Section](#).

Help Your Employees Fight the Flu!

Maxim Health Systems, in cooperation with Blue Cross and Blue Shield of North Carolina (Blue Cross NC), will again work with agencies this fall to host onsite flu immunization clinics. Flu clinics will last from mid-September through December.

Maxim is accepting requests now for agencies that would like to go ahead and schedule their clinics for the fall. Maxim will start onsite clinics on September 16, 2019. The process will be the same as the 2018 program. We will again be offering the Quadrivalent flu vaccine for ages 4 and above.

There is a 25-shot minimum per clinic. Worksites will be charged \$25 per shot for shots below the required 25 minimum. For more information, [HBRs may click here](#). To schedule an onsite clinic, [HBRs may use this request form](#).

Did You Know:

QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting tobacco products, including [vaping](#). Quit Coaching is available by phone or online and services can be used separately or together. HBRs are encouraged to share the following resources with their employees.

Call QuitlineNC

- Telephone service is available 24/7 at 1-800-QUIT-NOW (1-800-784-8669).
 - Receive one-on-one support from a Quit Coach.
-

- Interpretation services are available for many languages. For Spanish dial 1-855-Dejelo-Ya (1-855-335-3569).
- Assistance is also available for the deaf, hard of hearing and speech impaired at TTY: 1-877-777-6543.

** As of January 1, 2019, this telephone service does NOT include a premium credit for State Health Plan members.*

WebCoach is available 24 hours a day. Your employees can also get support by email, text and online to make quitting stick. They can choose to quit entirely online or pair the online service with telephone coaching.

NEW SERVICE! QuitlineNC is offering specialized tobacco treatment calls with Quit Coaches uniquely trained to work with those with behavioral health disorders. To access this service, callers should notify a Quit Coach that their behavioral health disorder will likely affect their ability to quit tobacco. Callers should make sure to ask about receiving 12 weeks of combination nicotine replacement therapy. Also, anyone enrolled in a behavioral health protocol can have a letter sent to their health care provider notifying them that this person is working to become tobacco free.

For more information about this program and direction on how to register, please visit [QuitlineNC](#).
