



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

December 13, 2017

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Agenda

- Permitted Changes in Relation to the Health Insurance Marketplace and Individual Policies
- Blue Cross NC and Mission Health Reach Agreement to Bring Health System Back into Network
- HBR Survey
- High Deductible Health Plan Transition Action Required
- SSN Alert with Letter
- Dependent Eligibility Audit Final Notice in the Mail This Week
- QuitlineNC Letters
- Exception Forms
- Implementation of new Blue Cross Contract



Permitted Changes in Relation to the Health Insurance Marketplace and Individual Policies

- As a reminder, mid-year changes are only allowed under the circumstances outlined in Section 125 regulations.
- The permitted changes in relation to the Marketplace are very specific and are outlined on the State Health Plan's website on the [Section 125](#) Form and in the [benefits booklet](#) under the Qualifying Life Events (QLE) that Allow Coverage Changes section:
- An employee can term their health plan, along with that of their enrolled dependents, in order to enroll in coverage under the Marketplace. However, they are not allowed just to drop their dependents.

Please refer to the QLE: *You may prospectively revoke your State Health Plan election if you certify your intent to enroll yourself and any covered dependents in the marketplace for coverage that is effective beginning no later than the day immediately following the last day of the original coverage that is revoked.*

- An employee cannot add a dependent to the health plan because their current plan in the Marketplace is no longer available and the other plans offered are too expensive or their plan's premium has increased. Section 125 only allows mid-year changes if there has been a significant increase in costs under a group health plan. The Marketplace is not a group health plan; therefore, changes are not permitted if the cost of their health plan increases.

Please refer to the qualifying life event that states: *If you, your spouse or dependents experience a cost or coverage change under another group health plan for which an election change was permitted, you may make a corresponding election change under the Flex Plan (e.g., your spouse's employer significantly increases the cost of coverage and as a result, allows the spouse to change his/her election).*

- Please also be aware that an individual policy is not a group health plan, so no mid-year changes are allowed for any reason.
- Refer to [HBR Alert - December 11, 2017](#)

Blue Cross NC and Mission Health Reach Agreement

- Health Benefit Representatives should be aware that Mission Health (Mission) in Asheville will return to the Blue Cross and Blue Shield of North Carolina (Blue Cross NC) network as of December 15, 2017.
- The new contract, which has been under negotiation since Mission Health's contract termination on October 5, 2017, means that Blue Cross NC customers, including State Health Plan members, can resume receiving care at Mission Health facilities and with Mission Health providers on an in-network basis as of December 15.
- Plan members who were affected by the contract termination in October, and who wish to change their listed Primary Care Provider (PCP) back to a Mission Health provider as of December 15, should take the following steps as provided in the [HBR Alert - December 6, 2017](#)

HBR Survey

- The State Health Plan would like to continue to improve your experience and we would sincerely appreciate your feedback! Please take the time to complete a short HBR survey and help us provide an even better experience for 2019 Open Enrollment!
- Your input and evaluations do make a difference in reviewing our processes and procedures. We thank you again for taking time to complete the survey!
- Refer to [HBR Alert - November 28, 2017](#)

High Deductible Health Plan Transition Action Required

- As a reminder, the High Deductible Health Plan (HDHP) will be moving to Blue Cross and Blue Shield of North Carolina effective January 1, 2019, and we need your feedback. In order for us to determine the appropriate configuration requirements, we need to know which employing units have chosen to offer retirees that return to work in a non-permanent full-time position the 80/20 or 70/30 plans instead of the HDHP.
- While a number of employing units responded by the November 22, 2017, deadline – and we thank you – many have yet to respond. Please respond with the appropriate information as quickly as you can to hbrinquiries@nctreasurer.com. If we don't hear from you by January 31, 2018, we will count your agency/unit as offering only the HDHP!
- Refer to [HBR Alert - December 12, 2017](#)

SSN Alert with Letter

- As a reminder, each member enrolled in the State Health Plan must have a valid Social Security Number (SSN). The SSN is required for 1095 reporting, as well as other federal reports the Plan must submit.
- To ensure compliance, the Plan periodically contacts members who have dependents without a valid SSN. If you have impacted employees, you will be contacted directly with employee details. Please reach out to these employees with the attached letter to obtain their valid, unique SSN.
- If valid SSNs are not provided immediately, these dependents will be terminated as of January 1, 2018. The only way these dependents can be added back to the Plan is with a valid qualifying life event (QLE) or through the exceptions process when a valid SSN is provided. Additionally, if there is no valid dependent verification information on file for these dependents, the exception will not be reviewed.
- If you have employees who are foreign nationals with dependents without valid, unique SSNs, you must contact your Benefitfocus Account Manager or the HBR Support Line (800-422-5249) as soon as possible, so these dependents are identified and not terminated.
- Refer to HBR Alert – [November 30, 2017](#)

Dependent Eligibility Audit Final Notice in the Mail This Week

- We have made several attempts to request dependent documentation from members subject to the Dependent Eligibility Verification Audit who either did not submit any documentation or submitted unacceptable documentation.
- The State Health Plan is making one last attempt to work with members to provide this documentation. A final notification will be mailed out this week. If these members do not supply the required documentation, their dependent's coverage will be terminated as of February 1, 2018.
- Members may submit these documents through eEnroll, email, fax or mail. If you, as an HBR, need assistance in getting a list of your employees who have yet to comply, please email hbrinquiries@nctreasurer.com requesting this information.
- Refer to [HBR Alert – November 30, 2017](#)

QuitlineNC Enrollment Letters

- HBRs are encouraged to remind their employees that if they agreed to enroll in QuitlineNC's multiple call program during Open Enrollment, they will need to call and enroll by December 31, 2017, or risk losing their premium credit. If they lose that credit, that will result in a \$60 increase to their monthly premium for 2018.
- Members that have not successfully enrolled in Quitline will receive a letter this week about calling to enroll in the program or their credit will be taken.
- QuitlineNC's telephone service is available 24/7 at 800-QUIT-NOW (800-784-8669). They do have limited hours on December 31, 2017, so members are advised not to wait until the last minute.

Exception Forms

- The Plan is receiving a high number of incomplete and inaccurate exception forms.
- For example: a different date is listed under the effective date than what is in the notes section; marking other when it should be retro termination.
- Forms will be sent back to the HBR for correction.

Implementation of New Blue Cross Contract

- We will be in need of some assistance from groups as we prepare for the new Blue Cross contract effective 1/1/19.
- *More information coming in January!!!*



Thank you for your continued support!

Questions?



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