HBR Monthly Webinar

October 25, 2023

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

STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA

Agenda

- Open Enrollment Ends Friday!

- Tobacco Cessation Reminder

- Dependent Eligibility Documentation

- Premium Payment Reconciliation

- New Enrollment Exception Form

Open Enrollment Ends Friday!

- HBRs are reminded that Open Enrollment ends Oct. 27, 2023. That's just 2 days away!

- Here are a few other reminders:

  - The Plan's website has videos and additional information for your employees.

  - Keep communicating to remind employees to read their Decision Guide or review information online, and then take action!

  - The Plan's Eligibility and Enrollment Support Center has seen very little hold times during OE, but the last few days are always busy!

QUESTIONS AND SUPPORT
Call the Eligibility and Enrollment Support Center at 855-859-0966.

EXTENDED HOURS DURING OPEN ENROLLMENT
MONDAY - FRIDAY
8AM - 10PM
SATURDAY
8AM - 5PM

DALE R. FOLWELL, CPA
NORTH CAROLINA STATE TREASURER
"As State Treasurer, it's my honor to continue our mission to lower health care costs for teachers, state employees, and others who serve the people of North Carolina. I'm thrilled that we have frozen premiums for the sixth year in a row!"

Enroll and Learn More at
SHPNC.ORG

2024 State Health Plan
Open Enrollment
October 9-27, 2023

BASE PPO PLAN (70/30)
- ALL members will AUTOMATICALLY be moved to this plan.
- $25/month employee-only premium (after you complete tobacco attestation).

ENHANCED PPO PLAN (80/20)
- You MUST take action to enroll in this plan.
- $50/month employee-only premium (after you complete tobacco attestation).

HIGHLIGHTS FOR 2024
- No premium increases for the 6th year in a row!
- Members who select a Clear Pricing Project Provider as their Primary Care Provider will continue to enjoy $0 copay!
- Members will continue to enjoy a reduced copay when visiting a Clear Pricing Project Provider!
- Preferred and non-preferred insulin continues to have a $0 copay for a 30-day supply!
- Preventive Services remain covered at 100% - no copay or deductible on either plan!
- There are no significant benefit changes for 2024. The formulary (drug list), which determines what medications are covered and what tier they fall under, changes on a quarterly basis, so there is a possibility that you will have changes in your prescription coverage in 2024.

2024 Open Enrollment Information

Open Enrollment for the 2024 benefit year is happening October 9-27, 2023. Click here to learn more about your plan options!

Learn More

Call Stats

Date	# of Calls Handled	ASA (minutes)
10/9/2023	8,799	6.57
10/10/2023	6,335	0.12
10/11/2023	5,809	0.12
10/12/2023	5,400	0.12
10/13/2023	4,189	0.12
10/14/2023	773	0.12
10/16/2023	6,767	0.22
10/17/2023	6,036	0.13
10/18/2023	5,025	0.13
10/19/2023	4,521	0.13
10/20/2023	4,240	0.13
10/21/2023	769	0.13
10/23/2023	8,019	2.27
10/24/2023		
10/25/2023		
10/26/2023		
10/27/2023		

	# of Calls Handled	ASA (minutes)
Week 1	31,305	1.93
Week 2	27,358	0.15
Week 3	8,019	2.27

	# of Calls Handled	ASA (minutes)
Totals	66,682	1.24

Reminder! Employees Can Attend Tobacco Cessation Counseling Now

- Employees who are tobacco users and want to earn their monthly premium credit for 2024 can take action **now** to save money throughout 2024!

- Tobacco users can attend a tobacco cessation counseling session at their Primary Care Provider's office for FREE to earn a lower premium for 2024.

- They have until November 30, 2023, to take action. (Note: If employees combine their tobacco cessation visit with another service, there may be a copay.)

- To ensure they receive credit for their visit, employees must upload their office visit summary to the "Document Center" located in eBenefits.

- They should make sure to request a copy of their summary during their visit.

- New members enrolling in November or December for January 1, 2024, coverage will not be able to complete their tobacco cessation visit until January 1, 2024.

Managing Dependent Eligibility Documents

- Collecting and validating dependent eligibility documentation is the responsibility of the HBR.

- Because of the volume of new dependent adds during OE, the Plan allows unverified dependents to be approved for enrollment for the following year without documentation verification with the intent that the appropriate documentation will be collected and validated in the weeks following OE.

- This year, the Plan will once again give HBRs additional time after OE to review and approve dependent verification documentation. **Verification must be completed by November 17, 2023.**

- On **November 20, 2023**, the Plan will begin terminating coverage for unvalidated dependents. The goal is to complete the termination process prior to the January premium invoice production.

- If a dependent is terminated for lack of documentation, an enrollment exception will be required to reinstate the dependent. All reinstatement and exception rules continue to apply.

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Timely Premium Payment Reconciliation Reminder

- The State Health Plan will not approve enrollment correction exceptions more than two billing cycles in arrears.

- As a reminder, all premium payments are due by the first of the effective month. Equally important, 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.

Enrollment Exception Form Reminder

- The State Health Plan launched a new Enrollment Exception Request Form!

- The new form will be from the same location on the Plan's website, but the form will have a new look and streamlined required data fields. If you have bookmarked this page, please update your link, as the new form will have a new link and your old bookmark will not work.

- The new form does not require HBRs to have a login to complete submission.

- The Enrollment Exception Request Form will have fewer data fields to reduce the data that needs to be submitted. The Request Type and Error Type fields can now have multiple values selected.

- Important Reminders:
  - Required fields are marked with an asterisk * and will ensure the submission can be processed in a timely manner.
  - Exception requests can only be submitted by an HBR. Requests submitted by a member will be denied.
  - If the member does not have a Social Security number or other alternate ID, please enter N/A for that field.
  - In the reason field, please enter an appropriate level of detail to ensure Plan staff have enough information.
  - Any supporting documentation should be uploaded to the member's document center record in eBenefits.

- Currently HBRs receive exception communications from the HBRInquiries@nctreasurer.com email address regarding submitted exceptions request forms (for confirmation of receipt and decisions).

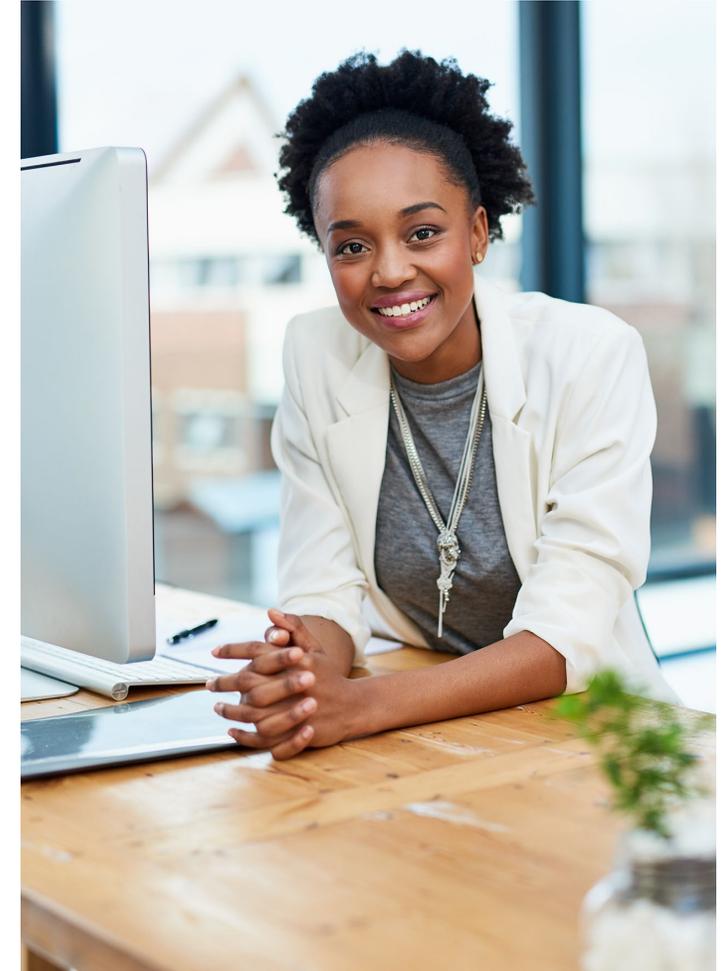- **Going forward, all communications will now be sent from the SHPExceptions@nctreasurer.com email address.**

SAVE THE DATE: HBR Roundtable   **January 10, 2024 at 10 a.m.**

Upcoming 2023 HBR Monthly Webinars

- Just 2 more HBR monthly webinars left in 2023!
- All webinars begin at 10 a.m. To register for the monthly webinars, see below or visit the Plan's website.

  - November 15, 2023, 10-11 a.m.
  - December 20, 2023, 10-11 a.m.

CANCELLED

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Benefitfocus®

Open Enrollment 2024

WRAP UP and POST OE

OE Closes at 11:59 pm October 27,2023

Members have until 10pm to call the Benefits Service Center

Documents

- TUA -Members have until November 30,2023 to take action for the Tobacco Users Attestation

Remind members to upload a copy of the Visit to the document center. It is not mandatory, but if something happens, like the doctor not billing BCBS under the right code, the document will serve as proof.

- Dependent Verification -Member has until November 17,2023 to provide dependent verification for OE enrollments

Resources

If you have questions concerning OE please visit the below locations for information that may answer your questions. For additional information you can also call the HBR support line or send us a 365 OnePlace case.

- **SHPNC.ORG**

- **OE Tool Kit /** Located in the resource center.

Useful Reporting

Helpful information is located in the Resources center in eBenefits

OE 2024 TASK

2023 and 2024 **Medical** Task- Always work 2023 task before working 2024 tasks

UPID TASK-UPID task are worked by Benefitfocus and can be disregarded. If you have questions about these tasks, please call the HBR support line or submit a 365 OP case.

DECLINED Task Feature

When declining a task please review the History of Changes. If the member has completed OE please mark the "Apply the changes to the future benefit period?" as NO. The declined benefits will not populate to the 2024 benefits.

**Make sure you are keying in the Correct Year **

- You have to Click on the year you are making changes in "Current" or "Open Enrollment"