

June 2020 HBR Update

Qualifying Life Events

The State Health Plan continues to receive exception requests to process qualifying life events (QLEs) outside the 30-day enrollment window. Unless there are extreme extenuating circumstances, these exceptions will not be approved. Not having the documentation during the 30-day window does not qualify for an exception approval. If the employee does not have the QLE documentation, they should still process the exception during the 30-day window and upload the documentation once it is available. HBRs should not approve the QLE transaction without appropriate documentation.

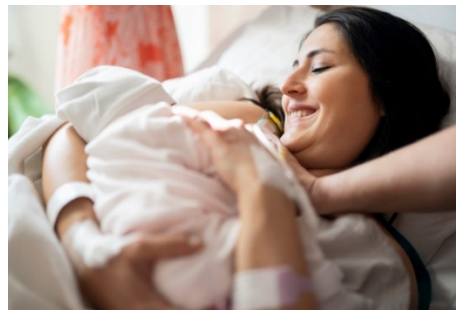
The Plan also recommends that HBRs send periodic reminders to their employees about the importance of processing QLEs within the appropriate timeframe. Don't forget to remind them that processing a QLE does not require HBR assistance. Employees should process these changes in eBenefits or by calling the Eligibility and Enrollment Support Center at 855-859-0966.

Updates in eBenefits

Qualifying Life Event (QLE) Language Update

The State Health Plan is continuing to update QLE language for certain events as situations arise to more clearly capture what dates and actions are needed. We hope this will assist HBRs in entering the dates correctly so that the expected outcome occurs.

Please review the eBenefit updates below for important changes.



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Most recently, eBenefits has been updated to reflect changes in Retirement and other life events under the eBenefits HR role.


For example, the **Retirement QLE** verbiage update went into effect 4/20/2020. The verbiage was updated so that there is a clear understanding to HBRs that the 1st of the month date must be used for all payroll and non-payroll groups.

Do you wish to continue with this change?


Yes

No

If yes, please enter the following:

Enter effective date of retirement (use 1st of the month date)* 

When were you notified about this life event?*



Missing and Pending Life Event Documentation eBenefits Update

The request for Life Event Documentation went live in production on 4/20/2020. When using the below life events below, members are prompted to upload documentation for their medical benefit:

- Dependent Gains Medicaid
- Death of Dependent
- Newly Eligible for Medicare
- Divorce
- Now Eligible for Other Coverage
- Legal Separation

In Member Role:

The document center now includes a hyperlink that when clicked directs employees to the QLE documentation guide on the State Health Plan [website](#). Members will be provided with a deadline for uploading documents. Please be mindful that these changes only apply to the medical benefit.

In the HR Role:

You will see a task if the life event documentation for any of the above QLEs are missing.



If the employee does upload the required documentation, but it is **not yet** approved by the HBR, the messaging will change to “pending” on the main task list page display.

HBRs can even identify which members are missing life event documentation and the members that are pending approval.

Please note: Even if an employee is within their timeframe for a document upload, the HBR will receive a pending task.

Enhanced Dependent Alert on the Benefit List

This is a heads up that the Plan will soon enable an enhancement that will impact the Member Role in eBenefits:

This alert message will appear to the employee when a dependent is added but not enrolled into benefits *“Wait! You did not add <dependent first name(s)> to <Medical, Dental, and/or Vision benefit element name> coverage. Do you want to add <dependent first name> to <Medical, Dental, and/or Vision benefit element name> coverage?”* and an option to go back and add those dependents to benefits.

The alert will only display if the plan allows dependents. For example, the alert won’t pop up if a dependent wasn’t added to the NCFlex AD&D plans, since the plan does not allow dependents to be covered unlike with vision, dental, etc.

Reminder: Verification of Facts (VOF) for Birth QLE

If the VOF is uploaded for newborns who are less than 6 months old, an employee does not need to add a birth certificate at a later date.

If the baby is being added for the **first time** after 6 months of age, the Plan will require a birth certificate to be uploaded into eBenefits.

On-Site Training Sessions Now Webinars

As a reminder, the State Health Plan has transitioned all in-person, on-site HBR regional training sessions to webinars. The webinars have been reduced to two hours; however, the content will include the same information. There is one more opportunity for this training. Please click the date and time below to register.

This training will cover a variety of topics for an overall review of HBR duties, including Eligibility and Enrollment, Benefits Overview, HDHP Overview, Policies and Processes, eBenefits Overview and Reporting.

Online HBR Trainings with Overall Review

- [June 16, 2020: 10am-12pm](#)

Online Open Enrollment HBR Trainings

Open Enrollment trainings cover important information HBRs need to know for 2021 Open Enrollment. Reserve your spot to ensure you have the information you need to best serve your employees!

- [July 23, 2020: 10am-12pm](#)
- [July 24, 2020: 2pm-4pm](#)
- [July 27, 2020: 2pm-4pm](#)
- [July 29, 2020: 10am-12pm](#)
- [July 30, 2020: 2pm-4pm](#)

HBR Monthly Webinars

The State Health Plan continues to utilize monthly HBR webinars as monthly training opportunities. The monthly webinars now serve as the main source of updates and guided training. Given this change, HBR attendance at each monthly webinar will now be included in the HBR scorecard.

To register for the monthly webinars and view the monthly topics, see below or visit the Plan's [website](#).

Please note the trainings that cover Open Enrollment!

HBR Monthly Webinars and Special Topics including OE

- [June 17, 2020: 10am-11am – COBRA](#)
- [July 15, 2020: 10am-11am – Reduction in Force \(RIF\)](#)
- [August 19, 2020: 10am-11am – Benefits, **OPEN ENROLLMENT** prep](#)

- [September 16, 2020: 10 am-11am – OPEN ENROLLMENT](#)
- [October 14, 2020: 10am-11am – OPEN ENROLLMENT](#)
- [November 18, 2020: 10am-11am – Retirement](#)
- [December 9, 2020: 10am-11am – Topic TBD](#)

Direct Premium Payments During COVID-19

In March, the State Health Plan enacted temporary changes in response to COVID-19 that extended the grace period for direct bill premiums that were originally due on or after March 1, 2020.



For active groups, this impacted your leave of absence (LOA) employees, 12-Month RIF members and COBRA participants. As we move into the next phase of the recovery, the Plan has returned to the thirty (30) day grace period and will once again follow [the standard Rules on Arrears](#).

As noted in a recent HBR Alert, during the first week of June, anyone who has a payment that is more than 30 days in arrears will have their coverage terminated effective the last day of the month for which they have paid full premiums.

For the next few months, members who want to be reinstated will be able to pay their current balance via credit card or automated clearing house (ACH) from their checking account in order to get reinstated. They may also be able to set up a payment plan. These members should contact iTEDIUM at 877-679-6272 to determine the best path forward.

Please note: The State Health Plan has updated various COBRA notices and invoices below with **temporary** language related to the COVID-19 emergency. This language conforms to federal guidelines.

- [COBRA Invoice](#)
- [COBRA Early Termination Notice](#)
- [COBRA Election Notice](#)

Open Enrollment Tobacco Attestation Activity Expansion Starts July 1!

Each year, the Plan continues to find that members struggle with completing the tobacco attestation activity. Therefore, we strive to find ways to make the process easier and more efficient.

This year, we're offering tobacco users who want to reduce their premium for 2021 a longer period of time to complete the activity and we have expanded the offering to other providers instead of limiting it to MinuteClinic locations.

Our hope is that by offering more time and more providers, members will find this easier and less restrictive.

Starting July 1, 2020, the State Health Plan is expanding tobacco attestation activity requirements for tobacco users who want to reduce their premium for 2021. HBRs are encouraged to share this information with their employees as appropriate. Members will also receive a postcard in the mail.

- Members who use tobacco and wish to reduce their premium in 2021, don't have to wait until Open Enrollment this October to complete this activity! Starting July 1, 2020, members are able to visit a CVS MinuteClinic *or* a Primary Care Provider for a tobacco cessation counseling session. Members will have until November 30, 2020, to complete this activity.
- Tobacco cessation counseling sessions are free.
- Now that members can see a PCP, waivers will no longer be given to members who live more than 25 miles away from a CVS MinuteClinic.
- Before a member visits a MinuteClinic or PCP for a session, they should go to the State Health Plan website at www.shpnc.org and print off instructions for their provider to ensure their FREE visit is billed correctly. (If a member combines the tobacco cessation visit with another service, there may be a copay.) **Instructions will not be available until July 1.**

This action is **ONLY** for tobacco users who want to reduce their monthly premium by \$60 per month in 2021. If a member is NOT a tobacco user, they will simply need to attest to that online during Open Enrollment.

Note regarding non-Medicare subscribers in the Retirement System: If they are a tobacco user and will be enrolling in the 80/20 Plan, they will need to complete this activity to reduce their premium in 2021. If they plan to enroll in the 70/30 Plan for 2021, this activity is not required.

New Policy on Evaluating Incapacitated Dependents

The State Health Plan has posted a new policy to establish a clear process for evaluating the continuation of health benefit coverage for a dependent child over the age of 26 if the dependent child is physically or mentally incapacitated to the extent that he or she is incapable of earning a living.

Pursuant to N.C. Gen. Stat. § 135-48.41(b), coverage of a dependent child may be extended beyond the child's 26th birthday due to incapacity if two statutory criteria are met. First, the Plan must determine that the dependent child is physically or mentally incapacitated to the extent that he or she is incapable of earning a living. And second, the Plan must determine that either the handicap developed or began to develop before the dependent child's 19th birthday, or the handicap developed or began to develop before the dependent child's 26th birthday if the dependent was covered by the Plan in accordance with N.C. Gen. Stat. § 135-48.40(d)(7). Visit the Plan's website to [view the full policy](#).

Medication Extended-Day Supply Form Request Policy

State Health Plan members who will be traveling outside of the United States for 90 days or more under certain circumstances, such as studying, working, living or vacationing abroad, may request an extended-day supply of medication.

Members may request additional refills for this purpose, by completing the "[Medication Extended-Day Supply Request Form](#)" and emailing it to SHPEDSR@nctreasurer.com 30 days prior to their scheduled departure date. Please notify your provider of your plans. Submitted requests may be approved or denied based on the Plan's consideration of all available information and the individual circumstances of each request.

Certain medications, such as controlled substances, may be restricted to a day-supply limit set by the Drug Enforcement Administration (DEA) or other applicable law, which cannot be overridden by the Plan or its Pharmacy Benefit Manager.

When traveling within the United States, members can use their Plan pharmacy benefit at any in-network pharmacy to fill their prescriptions. Requests for quantities of medications exceeding our typical 90-day supply limit while traveling within the United States may only be approved under special circumstances. [See the full policy here](#).
