April 2019 HBR Update

The Clear Pricing Project: Changing How We Pay Providers to Create Transparency and Make Health Care More Affordable!

As you may have heard, the State Health Plan is changing how it pays providers like doctors and hospitals for the medical services you receive as a Plan member. These changes will take place beginning January 1, 2020, and will affect members on the 80/20 Plan, 70/30 Plan and High Deductible Health Plan.

To explain and keep you up-to-date on these changes, the Plan has launched the Clear Pricing Project webpage. This new page features details of the initiative, informational videos, press releases, news updates and answers to frequently asked questions.

The Plan – through its third-party administrator, Blue Cross NC – currently pays providers whatever they charge based on rates they consider to be confidential. That means providers won't tell us the price of their services and what they're charging us. This can lead to a wide range of costs for the same service.

We will be setting our own rates instead of paying providers rates that are set under confidential contracts. These rates will be based on a percentage above what Medicare pays providers.

We are reaching out to North Carolina providers, including doctors and hospitals, to determine if they want to partner with us to provide you quality care and to help control health care costs.

The Plan's overall goal is to offer quality health care to its members and to generate savings of $300 million, making it possible for the Plan to reduce premiums and make the Plan more affordable. This will result in savings for Plan members of approximately $60 million.

More information will be located in Open Enrollment materials mailed to your employees this fall, but in the meantime, employees can check out the Clear Pricing Project page today to learn more!

MinuteClinic Visit and Tobacco Attestation Premium Credit Update

During Open Enrollment, 8,840 subscribers attested to being tobacco users and agreed to visit a CVS MinuteClinic by January 31, 2019, to reduce their premium credit. Of those, 5,790 members visited a CVS MinuteClinic location by January 31, 2019.

While the overall program was very successful, there were some challenges. Several subscribers lost their premium credit in error because of pertinent missing information not reported by CVS MinuteClinic. The Plan and CVS Caremark worked together to correct these errors.

If you have an employee who you believe had the credit removed in error, please file an exception for that employee by the end of April 2019. Documentation showing that the visit was completed prior to the January 31, 2019, deadline should be uploaded to the member's document center in eBenefits.

HBRs can file the exception here. Once the Plan receives your exception, we will validate the information. The Plan will continue to evaluate this program to determine improvements for next year.

Terminated Member Shell Cleanup

The State Health Plan and Benefitfocus are working to eliminate multiple member enrollment shells in eBenefits. For eligible employees who never enroll in benefits, the shell remains open. This member shell cleanup effort will consist of identifying subscribers that have 2017, 2018 and 2019 coverage refusals who have duplicate shells with active coverage on one shell and inactive coverage on another shell.

The mass termination was completed on March 29, 2019. Groups and HBRs were notified. Moving forward, this cleanup will need to be maintained by HBRs from each group. The removal of the inactive shells should be individually reviewed by HBRs prior to the member's shell being terminated. HBRs will need to perform a monthly member shell cleanup to keep current to help decrease multiple inactive member shells.

If you have further questions regarding the terminated member shell cleanup, please refer to the Shell Termination Process & Audit Process document, or contact the Account Management Team. Thank you!

Let Us Help *You*: Register Now for On-Site HBR Training Sessions!

2019 Regional HBR Trainings

These trainings will include a variety of topics providing an overall review of HBR duties, including Eligibility and Enrollment, Benefits Overview, HDHP Overview, Policies and Processes, eBenefits Overview and Reporting. The trainings will provide you with the tools and resources you need to assist your employees.

Date	County	Click Below to Register	Time
April 22	**Wayne County**	Arts Council of Wayne County	10 a.m.-4 p.m.
May 3	**Mecklenburg County**	Central Piedmont Community College	10 a.m.-4 p.m.
May 17	**New Hanover County**	Cape Fear Community College	10 a.m.-4 p.m.
June 24	**Buncombe County**	**Full**	10 a.m.-4 p.m.

2019 HBR Specialized Trainings

These trainings will focus specifically on the following topics: Documentation Requirements, Qualifying Life Events, Policies, Procedures and Processes, and Non-Actives (Leave of Absence, Reduction in Force, Disability and Medicare).

Date	County	Click Below to Register	Time
April 12	**Pasquotank County**	College of the Albemarle	10 a.m.-4 p.m.
May 13	**Halifax County**	Halifax Community College	10 a.m.-4 p.m.
June 25	**Caldwell/Watauga**	Caldwell CC, J.E. Broyhill Civic Center	10 a.m.-4 p.m.

HBR Scorecards Reveal More Groups Have Work To Do

The first quarter of HBR Scorecards has been released. Unfortunately, the number of groups in compliance with task management and exceptions is trending downward as we continue to audit and release scorecards. In February, we saw 7 more groups fall into red status for a total of 23 out of 344 groups in red status.

As a refresher, here are a few helpful tips regarding tasks and Qualifying Life Events (QLEs):

- Task Approval – Tasks should not be approved until all proper documentation has been uploaded into eBenefits. This includes dependent verification documentation for enrolled dependents and, if applicable, the QLE documentation.
- Document Submission – Employees have 30 days after the QLE "event" to submit all documentation. If the employee completes the enrollment during the last few days of the QLE window, then they only have a few days to provide the documentation. As the HBR, you then have 15 days after the end of the 30-day QLE window to approve or deny the task.
- Dependent Verification – Don't forget that dependents must also be verified once proper documentation is uploaded. If dependents are left unverified or without proper documentation, the State Health Plan may remove them from coverage.

It should be noted that several groups are doing a wonderful job managing the gathering of appropriate documentation and approving tasks within the appropriate time frame! As of February's scorecard, 237 groups were in a green status, scoring 80% or higher on their group's scorecard.

After two scorecard releases, 106 groups have maintained **perfect scores** for both January and February. Next month's HBR Update will highlight groups that were rock stars during the first quarter of the HBR scorecards!

Did You Know:
- National Infant Immunization Week is April 27-May 4, 2019. This annual observance highlights the importance of protecting infants from vaccine-preventable diseases and helps raise awareness about the importance of ensuring all children are fully protected from vaccine preventable diseases through vaccination

- Giving infants the recommended vaccinations by age 2 is the best way to protect them from 14 serious childhood diseases, like whooping cough and measles. Click here to learn more.

- Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. It is important to follow the recommended immunization schedule to protect infants and children by providing immunity early in life, before they encounter potentially life-threatening diseases.

- The Plan covers the full series of preventive immunizations recommended by the Centers for Disease Control and Prevention (CDC) and the American Academy of Family Physicians. Please refer to your benefit booklet for more detailed information.