August 2022 HBR Update

Managing Dependent Eligibility Documentation During Open Enrollment

Collecting and validating dependent eligibility documentation is the responsibility of the Health Benefit Representative (HBR). Outside of Open Enrollment (OE), a dependent add should never be approved without the appropriate documentation.

Because of the volume of new dependent adds during OE, the State Health Plan (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. Unfortunately, that does not always happen.

This year, the Plan will once again give HBRs additional time after OE to review and approve dependent verification documentation, but the window will be shorter. **Verification must be completed by Friday, November 18, 2022.**

The Plan will no longer send multiple reminders and lists of outstanding dependent documentation directly to HBRs. Instead, general reminders will be included in the HBR Alerts issued throughout OE. Then, on **Monday, November 21, 2022**, the Plan will begin terminating coverage for unvalidated dependents. The goal is to complete the termination process prior to the January premium invoice production.

The overall process is not changing. Members should be uploading dependent verification documentation at the time of enrollment. HBRs should be monitoring enrollment during OE and reminding employees about documentation requirements. Employees will have three weeks post OE to provide the documentation for HBR validation. 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:

- Rule on Enrollment Exceptions and Appeals
- Rule on Member Termination and Reinstatements

Processing Qualifying Life Events

Qualifying Life Events (QLE) effective dates and documentation continue to be one of the Plan's top drivers of enrollment exceptions. While it can be confusing, there are some simple guidelines that should help. It is also important to note that the dates do not always align to prevent gaps or overlaps in coverage. Everything is date driven and because different employers use different termination and effective date rules, it's not perfect.

Rule #1 - The effective date for every QLE except Birth/Adoption and Newly eligible for Medicare is always the "first of the month following the event." Also, it's important to remember how describing termination dates work. A 10/1/2022 termination date means that coverage ended on 9/30/2022. For example, the loss of other coverage date, for a 10/1/2022 termination, is 9/30/2022. If you have the correct effective date for the event, it is pretty simple to follow with the "Loss of Other Coverage" QLE:

- Member loses other coverage 9/2/2022, the effective date on the Plan is 10/1/2022.
- Member loses other coverage 9/30/2022, the effective date on the Plan is 10/1/2022

Rule #2 – When a dependent has an employment status change that results in a loss or gain of coverage under another group health benefit plan, there are two date options for the QLE event. Which option the employee chooses will drive the effective date.

For example, a spouse gets a new job. His/her hire date is 10/2/2022 and the date he/she gains other coverage is 11/1/2022. Here's how the "Now Eligible for Other Coverage" QLE could work in this scenario:

- Subscriber enters the 10/2/2022 hire date as the "Now Eligible for Other Coverage" date which results in a 10/31/2022 Plan cancellation date; or,
- Subscriber enters the 11/1/2022 benefit effective date which results in a 11/30/2022 Plan cancellation date

Rule #3 – Depending on the QLE date, there may be a gap or an overlap of coverage. That's just the way it works. Using the examples we've outlined above, we have both Gap and Overlap scenarios:

- **Gap -** Member loses other coverage 9/2/2022, the effective date on the Plan is 10/1/2022.
- **Overlap -** Subscriber enters the 11/1/2022 benefit effective date which results in a 11/30/2022 Plan cancellation date which means the subscriber is paying for the dependent coverage in November when the dependent already has coverage through the new employer.

- In this overlap scenario, if the hire date is truly 10/2/2022, then all the subscriber needs to do is change the QLE date from 11/1/2022 to 10/2/2022 and there will be no overlap, but that does not always work.
- If the hire date is 9/30/2022 and the benefit start date is 11/1/2022, the subscriber will have to choose between the gap or an overlap:

— Subscriber enters 9/30/2022 hire date as the "Now Eligible for Other Coverage" date which results in a 9/30/2022 Plan Cancellation date. If the new coverage doesn't start until 11/1/2022, then there is a gap.

— Subscriber enters the 11/1/2022 benefit effective date which results in a 11/30/2022 Plan cancellation date and a month of coverage overlap.

Rule #4 – There are a variety of documents that can be used to satisfy the QLE documentation requirement, but the key to any of those documents is that the document must have an effective date.

- **Health Benefit Effective Date –** The two most popular forms of documentation used to confirm the Health Benefit effective date for the "Now Eligible for Other Coverage" QLE are:

- **ID Cards –** Only useful if there is an effective date on the card. An "issue date" will not suffice. Neither will an ID card without an effective date at all.
- **Confirmation Statements –** Confirmation statements and even screen shots from an enrollment portal almost always have an effective date of coverage, but if for some reason they do not, it will not be an acceptable form of QLE documentation.

- **Dependent employment status changes** (such as a new job or moving from a part-time to full-time employee) **–** The two most popular forms of documentation to confirm this "Now eligible for Other Coverage" QLE are:

- **Offer Letter** – An employment offer letter that includes the hire date
- **Confirmation Statements** – Confirmation statements are only helpful if the statement includes the hire date. The Benefitfocus Confirmation statements do include a hire date so this document can be used as QLE document when a dependent is hired by another employing unit that is part of the Plan or another employer who may use Benefitfocus as their enrollment vendor.

For more information on acceptable QLE documentation, visit the Plan's website.

Enhanced 'Add Employee' Experience in eBenefits
As of August 13, 2022, eBenefits has an improved workflow when adding a new employee. HBRs will now have the ability to go from the *Add Employee page* directly to the *NewE profile, Benefit Details page*, to adding another employee or to return to the HR homepage.


Encourage Your Employees to Keep Their Contact Information Current!
As we get closer to Open Enrollment, the State Health Plan is reminding members to update their contact information with the Plan.

It is important that the Plan has updated contact information so we can communicate with employees on a regular basis about their health plan benefits. It is critical that they have a valid address, phone number and email address in the Plan's enrollment system, eBenefits.

Please encourage your employees to take time to make sure their address is updated, particularly if they have recently moved. They can easily access eBenefits from the State Health Plan's website at www.shpnc.org and click eBenefits at the top of the page.
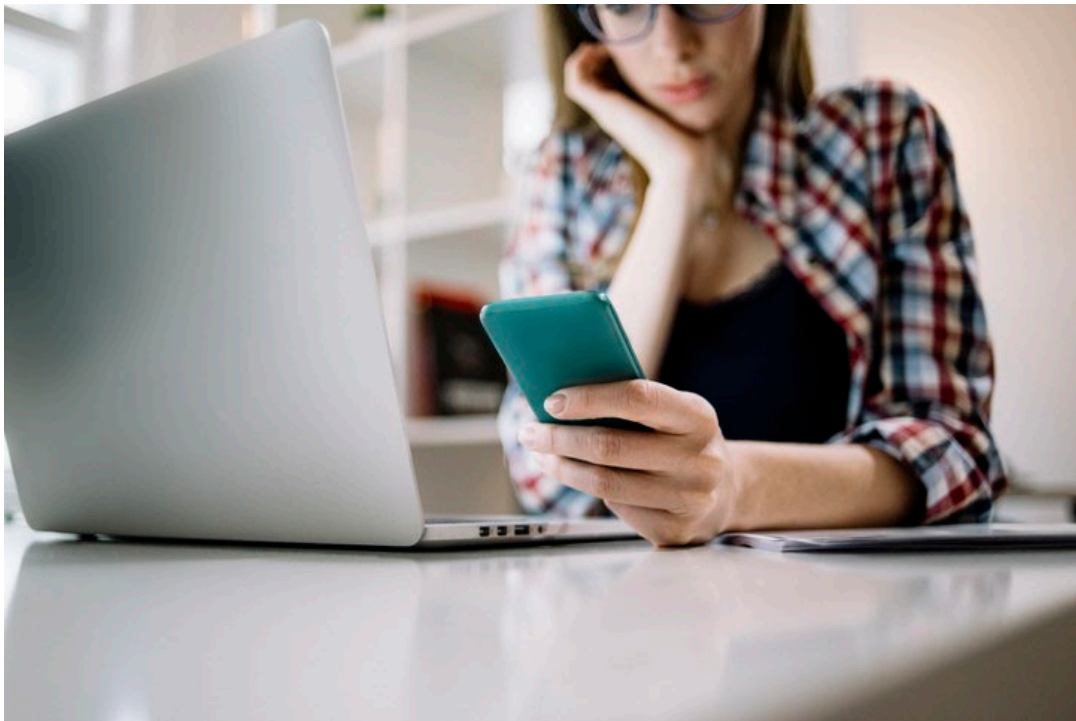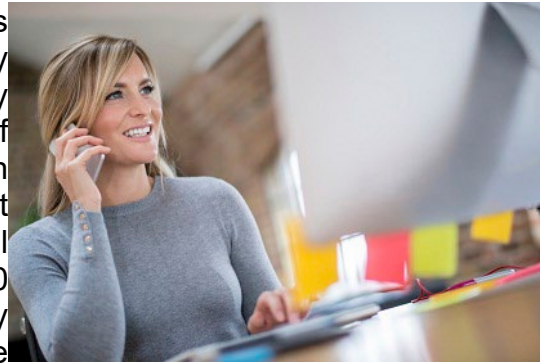

Here is how we need your help!

Employees of state agencies need to log into BEACON to update their address **AND** eBenefits to update their email and phone number. It is necessary to update that information in BOTH places.

Employees of payroll groups: your employees can update in eBenefits, however, payroll files override their update, so it's important that employees update their information with you to ensure its correct.

Don't Miss Any Upcoming HBR Monthly Webinars!

As HBRs know, the Plan utilizes monthly HBR webinars as monthly training opportunities. The monthly webinars serve as the main source of updates and guided training. Given this emphasis, HBR attendance at each monthly webinar is required. All monthly HBR webinars begin at 10 a.m. To register for the monthly webinars, see below or visit the Plan's website.

As a reminder, you can find presentations for a webinar you missed by visiting the State Health Plan HBR Monthly Training Archive page. Be sure to check the HBR Training and Development page often to sign up for upcoming webinars and review the resources available to you, like HBR University!

If you missed the 2023 Open Enrollment HBR Training, the presentation is available on the Plan's website as well as HBR University.

Monthly HBR webinars continue through 2022. Don't miss any! To register for the monthly webinars, see below or visit the Plan's website.

- August 17, 2022, 10-11 a.m.
- September 21, 2022, 10-11 a.m.
- October 19, 2022, 10-11 a.m.
- November 16, 2022, 10-11 a.m.
- December 14, 2022, 10-11 a.m.

TEXT "JOIN" TO 76971

- Sign up to receive State Health Plan updates by text! Just text "Join" to 76971.

- Text messages will be general information regarding your State Health Plan benefits.

SIGN UP TODAY

VISIT THE PLAN'S WEBSITE AT WWW.SHPNC.ORG TO LEARN MORE!
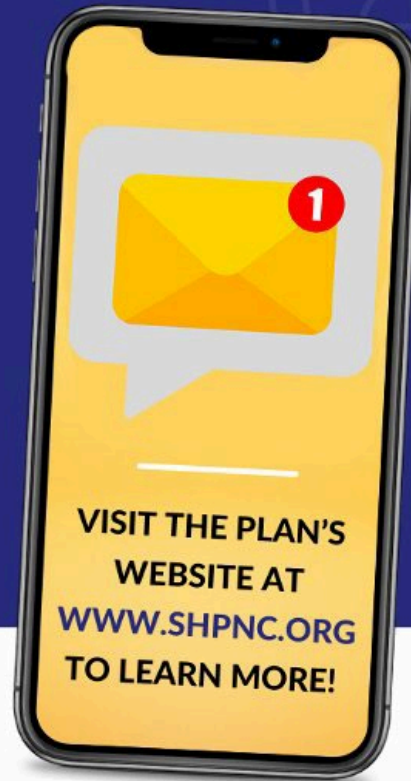
Message Frequency may vary. Message and Data rates may apply. Reply STOP to cancel.

Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

For questions on this newsletter, e-mail: ppo.inquiries@nctreasurer.com

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