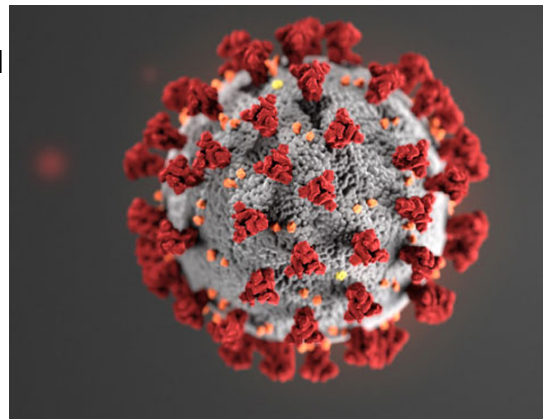


June 2021 HBR Update



COVID-19 Benefits Update: Treatment Waiver Expires June 30

The State Health Plan is currently waiving the cost of treatment (medical treatment only) for members diagnosed with COVID-19, including associated deductibles, copayments and coinsurance. Any medications prescribed to treat COVID-19 are subject to the copay/coinsurance. This waiver expires June 30, 2021. After that date employees will be responsible for the applicable copays/coinsurance for COVID-19 treatment.



As a reminder, testing for COVID-19 is still free regardless of the site of service, as well as the COVID-19 vaccine.

Please visit the Plan's [website](#) for more information regarding COVID-19 benefits.

Employing Unit Debt Recovery Policy

As employing units are aware, the State Health Plan utilizes a variety of methods to recover debts from Plan members, including [subrogation and](#)

recovery. One of those recovery tools is wage garnishment, which employing units are required by statute to assist the Plan with (N.C.G.S. § 135-48.37A).

Unfortunately, not all employing units are responsive to the wage garnishment request or the subsequent employing unit debt request. For that reason, the Plan has developed an Employing Unit Debt Recovery Policy to collect unsatisfied debt in accordance with this statutory mandate. This policy will also be used to recover any other unpaid fees from employing units. To review the policy in full, please go to the Plan's Policies and Procedures page at www.shpnc.org.

When the Plan determines there is an unsatisfied member debt that has exhausted the collection process due to the employing unit's failure to adhere to the wage garnishment process or any other employing unit debt, the Plan will notify the employing unit of the debt and provide a deadline for remitting payment. If the employing unit does not remit payment by the deadline, the Plan will add the debt to the employing unit's next monthly premium invoice.

The employing unit must pay the debt with its next premium payment to avoid a claims hold. The next payment received from the employing unit will be applied to the employing unit's account in the following order:

1. Debt recovery
2. Unpaid premium from a previous month
3. Current monthly premium

Unless the premium invoice is paid in full, claims will be held. See the May 2021 HBR Update for a refresher on the impact on underpaid premiums invoices.

Prepare for Open Enrollment with Online HBR Training

Let us help **you** get ready for Open Enrollment! Next month, the State Health Plan is holding Open Enrollment trainings for HBRs. Open Enrollment trainings cover important information regarding 2022 benefit changes.

This year, Open Enrollment will be held October 11-29, 2021. Reserve your spot to ensure you have the information you need to best serve your employees!

Open Enrollment HBR Trainings:

- [July 19, 2021, from 10 a.m. to noon](#)
- [July 20, 2021, from 2 p.m. to 4 p.m.](#)
- [July 22, 2021, from 2 p.m. to 4 p.m.](#)
- [July 23, 2021, from 10 a.m. to noon](#)

The Plan will also begin to focus on Open Enrollment in the HBR monthly webinars in addition to other important announcements. To register for the monthly webinars, visit the Plan's [website](#).

Opioid Utilization Management Program Update

For employees in the 70/30 and 80/20 plans, some prescription drugs may require coverage authorization, which includes prior approval, step therapy and/or quantity limits. It is important that your employees make sure that prior approval is received before filling a prescription.

Effective June 1, 2021, the Plan will update our Opioid Utilization Management Program for new prescriptions. Members who are newly prescribed opioid therapy will continue to be limited to coverage for up to seven (7) days of an Immediate Release (IR) opioid if the member is 20 years of age or older, or up to three (3) days if the member is 19 years of age or less.

However, when a member requires additional treatment with IR opioid therapy exceeding the initial seven (7) or three (3) days for the first time in a 90-day period, a Prior Authorization (PA) will now be required even if the quantity requested is within the Quantity Limit. This change will only impact new opioid utilizers.

In addition, the opioid quantity limit requirements will now include a daily dosing limit that corresponds with the number of doses prescribed per day. For example, if the medication is prescribed as one (1) tablet twice a day, the daily dosing limit is two (2) tablets.

The Plan will continue to align with the Centers for Disease Control and Prevention Guideline for Prescribing Opioids for Chronic Pain.

Members can not initiate a coverage review; it must be initiated from a provider. Providers have several options available with CVS to initiate and/or complete coverage reviews such as Prior Authorization:

- Providers with a username and password can log on to [Caremark.com](https://www.caremark.com) to view existing coverage review cases for their patients or to initiate a coverage review case for their patients (a rejected pharmacy claim must be on file in order to initiate a case). If a provider does not have or does not know their username and password, they can call CVS Caremark at 888-321-3124, 8 a.m. to 9 p.m., Eastern Time, Monday through Friday, and a username and password will be provided.
- Complete a coverage review case (answer the coverage criteria questions required to determine coverage).
- Another option to initiate and/or complete a coverage review case is to contact CVS Caremark coverage review department at 800-294-5979, 24 hours a day, seven days a week.

The screenshot shows the CVS Caremark website interface. At the top, there is a navigation bar with the CVS Caremark logo and links for 'Check Drug Costs & Coverage', 'Pharmacy Locator', 'Help Center', and 'Español'. Below this is a secondary navigation bar with links for 'Manage Your Prescriptions', 'New to CVS Caremark', 'Plan & Benefits', 'Health Resources', 'Register', and 'Sign In'. The main content area features a large banner with the text 'A prescription for better health.' and a photo of a man and a young girl. Below the banner, there is a 'Quick, easy, secure refills' section with a 'DATE OF BIRTH' field (MM/DD/YYYY), a 'MAIL SERVICE RX#' field (*****), and a 'Refill Now' button. To the right, there is a 'Sign In' form with fields for 'USERNAME' and 'PASSWORD', and a 'Remember Me' checkbox. The form also includes links for 'Forgot Password' and 'Forgot Username', and a 'Sign In' button at the bottom.

Reminder: New COBRA Subsidies Under the American Rescue Plan Act

Starting in March, the State Health Plan has issued a series of HBR Alerts related to new COBRA subsidies included in the [American Rescue Plan Act of 2021](#). Since learning of this new program in March, the Plan has been working with iTEDIUM, the Plan's COBRA and Direct Bill Administrator, to develop the infrastructure necessary to identify, notify and track Assistance Eligible Individuals (AEI).

HBRs are encouraged to remain familiar with these changes and the deadlines included in this process. As noted in previous HBR Alerts, the Plan believes the employing unit invoicing process will start as early as July. More information will be provided as soon as guidance is available. As a reference, below are links to the Plan's previous HBR Alerts regarding this topic. We appreciate your cooperation!

- [March 23 HBR Alert](#)
- [April 20 HBR Alert](#)
- [May 3 HBR Alert](#)
- [May 14 HBR Alert](#)
- [June 10 HBR Alert](#)

Health Care Support Program

The Health Care Support Program is a benefit of the State Health Plan. This program complements the care employees receive from their Primary Care Provider, specialists, and other medical providers. It is designed to help them better understand and control certain chronic medical conditions. Employees diagnosed with the following conditions are eligible for the Health Care Support Program:

- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Coronary Artery Disease (CAD)
- Diabetes
- Asthma
- Hypertension

If an employee is eligible, Blue Cross NC will identify them and contact them through letters and phone calls to enroll and participate in the program. Program participants receive the support of a dedicated team of medical professionals – nurses, social workers, nutritionists, pharmacists, and others.

Nurses and other members of the team interact with patients through phone calls and the Wellframe app. Wellframe provides a cloud-based mobile platform that delivers a mobile care program to patients, offers real-time progress and clinical alerts for care managers and enables easy 2-way communication. It provides employees with health management content, tools, daily care plans and educational materials.

If an employee receives a letter or phone call inviting them to participate in the Health Care Support Program, please let them know that it is a legitimate program offered as part of their State Health Plan benefits!



Next HBR Monthly Webinar
July 21, 2021 - 10am

[Click to Register! >](#)



**This Month's
Healthy
Recipe**



**This Month's
Wellness
Tip**



**Lemon-Pepper Linguine
with Squash**

[Get the Recipe! >](#)



**Know Your
Family Health History**

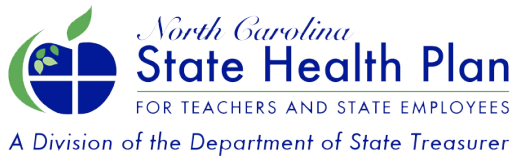
[Learn More! >](#)

Connect with us on facebook

Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

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



Dale R. Folwell, CPA
STATE TREASURER OF NORTH CAROLINA
DALE R. FOLWELL, CPA