September 2024 HBR Update



Open Enrollment Starts this Month!

2025 Open Enrollment (OE) begins Sept. 30 and ends Oct. 25, 2024. We appreciate your continued support and partnership. Here are some tips and reminders to assist you and your employees.

Open Enrollment Decision Guides are now available on the State Health Plan's website (linked below) and will arrive in members' mailboxes soon. A Spanish version is also available.





2025 Active Member Decision Guide →

2025 Active Member Decision Guide (Spanish) →

Open Enrollment Aetna Bus/Van Events, Webinars and Telephone Town Halls

This year we're offering several ways for your employees to connect with the State Health Plan. Encourage them to participate in one of the events the Plan is hosting, which will provide helpful information to assist them in making informed decisions during OE. Below are events coming up in September!

Online Webinars Members are asked to RSVP to attend. To register, click the time that is most convenient.

- Sept. 18 Noon & 4 p.m.
- Sept. 19 Noon & 4 p.m.
- Sept. 25 Noon & 4 p.m.
- Sept. 26 Noon & 4 p.m.
- Sept. 27 <u>Noon</u>

Telephone Town Hall Members are asked to RSVP to attend. To register, click the link below.

Sept. 26 – 7 p.m.

No RSVP is needed for the **Aetna Bus/Van events**. A complete schedule of events, including times and locations, is available on the Plan's <u>website</u> under OE Outreach Events and Webinars.

Open Enrollment Resources

- Open Enrollment Flier for your Worksites
- Link to <u>Upcoming Events</u>
- Printable List of Aetna Bus Tour, Webinars and Telephone Town Halls

Reminder that **Open Enrollment training for HBRs** can be located on the Plan's <u>website</u>. You can access the presentation and listen to a recorded version of the webinar.

Tobacco Attestation Reminder!

Employees who are tobacco users and want to earn their monthly premium credit for 2025 must take action to save money throughout 2025!

Tobacco users can attend a tobacco cessation counseling session at their Primary Care Provider's (PCP) office for FREE to earn a lower premium for 2025. They can complete that visit now, there is no need to wait until OE. They have until Nov. 30, 2024, to take action. (Note: If employees combine their tobacco cessation visit with another service, there may be a copay.) This means there's no need to wait for Open Enrollment to secure their monthly premium credit for 2025.

How it works:

 After employees visit a PCP for their tobacco cessation session, the provider will submit a claim on their behalf. To ensure they receive credit for their visit, employees should upload their office visit summary to the "Document

- Center" located in <u>eBenefits</u>, the State Health Plan's enrollment system. They should make sure to request a copy of their summary during their visit.
- This action is **ONLY** for tobacco users who want to reduce their monthly premium by \$60 per month in 2025.
- If employees are NOT tobacco users, they will simply attest to that online during Open Enrollment, Sept. 30 to Oct. 25, 2024.

Managing Dependent Eligibility Documentation During Open Enrollment

Collecting and validating dependent eligibility documentation is the responsibility of the HBR. Outside of OE, a dependent add should never be approved without the appropriate documentation.

Because of the volume of new dependent adds during OE, the Plan allows unverified dependents to be enrolled for the following year with the expectation that documentation will be collected and validated in the weeks after OE. Unfortunately, this documentation is not always submitted as required.

It is the HBR's responsibility to ensure proper documentation is uploaded for all new dependents, including dependents added during OE!

Dependent verification documentation should **be uploaded by October 25, 2024.** Tasks will be auto approved on Oct. 29, 2024, if they were not processed daily during the OE period.

The Plan will terminate coverage for un-validated 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.

- Rule on Enrollment Exceptions and Appeals
- Rule on Member Termination and Reinstatements
- Guidelines for Required Documentation

Process Retirements Timely!

Sept. 19, 2024, is the last day to process 2024 retirement terminations to ensure the new retiree is in the proper state to complete 2025 Open Enrollment as a retiree!

Please make sure to process retirement terminations in a timely manner to ensure members are enrolled in the plan of their choice for 2024 and 2025! You also don't want to put them in a multiple premium deduction situation.

State Health Plan Eligibility 101

Please remember that all non-permanent full-time, permanent part-time and permanent full-time employees should be loaded into eBenefits upon their hire. If they have an employment status that impacts their eligibility, that should also be loaded in eBenefits.

Timely updates to eligibility and employment status not only ensure that enrollment windows open when appropriate but also ensure that data is available for 1095 reporting.

It is important to note that employing units cannot establish their own eligibility rules, waiting periods, or termination rules. They must follow the enrollment rules outlined in statute § 135-48.40 - 135-48.44.

Reduction In Force

The State Health Plan continues to see Reduction In Force (RIF) events processed incorrectly.

As a reminder, all employees who are currently enrolled in Plan benefits and whose jobs are eliminated because of a partial or full reduction in funding are eligible for RIF coverage. Per statute, this applies to all groups within the State Health Plan, and groups must offer RIF coverage.

Groups that utilize a payroll file need to be able to send this RIF employment status in the file sent to Benefitfocus. Additional employment status information is available on the Plan's website.

It is critical that these members are offered and set up for 12-month RIF coverage on a timely basis. This should be done to ensure there is no break in coverage or access to care concerns, but also because delays in enrollment will cause delays in the member receiving a premium invoice.

Timely setup is especially important for members eligible for Medicare, as they will be Medicare primary under RIF and need to get their Medicare Parts A & B by the start of their 12-month RIF period. To better assist you in understanding the rules around RIF, additional information is available on the Plan's <u>website</u>.

New Group Premium Billing Platform Review

Logins

New logins for the Group Premium Billing platform were sent beginning Aug. 26, 2024, to HBRs who completed the training. If you did not receive an email with your new login credentials, please ensure you've completed a State Health Plan access request form. If both training and access request form have been completed and you still have not received your login, contact iTEDIUM at GroupBilling@itedium.com. Be sure to check your spam folder.

To gain new access to the new Group Premium Billing platform, please complete an <u>access request form</u>. Training guides for the new Group Premium Billing platform can be located <u>here</u>.

Remember, due to HIPAA and PII regulations, logins are unique and specific to each HBR and should not be shared.

Dual Billing Systems

HBRs are now responsible for managing dual billing systems. At this time, HBRs should be utilizing the new Group Premium Billing platform to access and pay October 2024 and forward premium invoices. HBRs will have view only access to eBilling for invoices prior to October 2024 as of Sept. 2, 2024.

Retroactivity balances in the eBilling portal will be transferred to the new Group Premium Billing platform. Debit balances (retro balances) will show on the "Fees and Other Services" tab of your current invoice, and the description will be "eBilling Adjustment." Credits will show as "Adjustment" in the "Payment History" tab.

For any billing questions, contact iTEDIUM at GroupBilling@itedium.com

Group Billing Schedules

The process for changing your bill generation date is:

- Request must be sent to GroupBilling@itedium.com and will be received in iTEDIUM's ticket system (Zendesk).
- HBR will receive an automated email from iTEDIUM's ticket system acknowledging receipt of request.
- Groups will indicate on request if the invoice date change is:
 - o A one-time occurrence
 - For a specified time period
 - For all future billing
- Request should be received at least 5 business days prior to the current bill generation date.
- Account must be in good standing and paid current.

Within 24 business hours of receiving the request, iTEDIUM will respond with one of the following:

- Approval Confirmation and notification that bill date is updated.
- Denial with reason why:
 - Not received at least 5 business days prior to the current bill generation date
 - Account not in good standing and or not paid current

W-9 Information

This remains the same as it is today for funds paid to the Plan. Please see the <u>Plan's website</u> for additional details.



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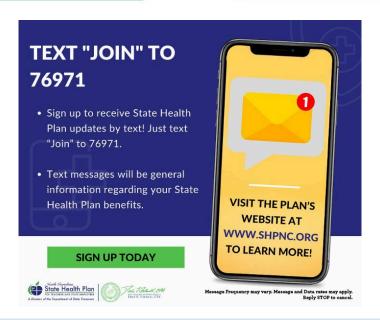
Crispy Chicken Rice Bowl

Get the Recipe! >



Tips For Healthy Aging

Learn More!



Eligibility and Enrollment Questions: 855-859-0966

Prescription Questions: 888-321-3124

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



