

June 2019 HBR Update

Remember to Retire Your Employees Timely

The State Health Plan typically sees an increase in retirements and terminations during the months of June and July.

Please terminate retiring employees as soon as you are notified of their retirement date. Terminations due to retirement should be processed at least 30 days before the retirement date.

For example, a member retiring 8/1 with benefits ending 8/31 would need to be processed no later than 7/1 by the Health Benefit Representative (HBR).

Timely processing ensures that the Medicare-eligible members are offered the UnitedHealthcare Medicare Advantage plans as an option. If the termination is not processed timely, Medicare-eligible members will be defaulted to the 70/30 Plan, which may not be their choice.

For more information on processing these actions in eBenefits, please review details on the [HBR Training and Development page](#).

If additional benefit changes are needed after the termination is processed but before the last day of coverage on the active group, HBRs may contact HBR Support at 800-422-5249, create a case via [One Place 365](#) or contact your [Account Manager](#).

Eligibility for State Health Plan Coverage While on Disability

If an employee does not return to work at the end of their short-term disability period, HBRs should cancel the employee's coverage within 30 days of the date that short-term disability ends. This should be done by terminating employment involuntarily since the employee is no longer eligible for coverage under the active group.

The termination will generate a COBRA notice to the employee. Employees applying for extended short-term or long-term disability through the Retirement Systems may need to elect COBRA if their extended short-term or long-term disability is not approved when their short-term disability ends. COBRA coverage will be needed to close the gap in coverage between the employee's active and Retirement Systems health benefits. This is necessary because a retroactive award of either extended short-term or long-term disability does not equate to retroactive enrollment into health benefits through the Retirement Systems.

It is important that you do not carry employees beyond their short-term disability benefit period while they are waiting for approval for extended short-term or long-term disability. **Groups that do elect to continue coverage for employees on disability even though they are no longer eligible, will be responsible for the associated premiums. These premiums will not be refunded.**

Please note: The rules of eligibility for health coverage shall cease on the last day of the month in which a covered individual is ineligible for coverage, as established in statute §135-48.44, Cessation of coverage:

“(8) The last day of the month in which a covered individual is found to be ineligible for coverage.”

[Click here to view the article.](#)

Important Social Security Number and QLE Reminders

Please review the following important reminders and take action as needed.

Social Security Number

- HBRs should review their internal process for when an employee's SSN changes to ensure all records get merged appropriately, and to avoid duplicate profiles from being created in eBenefits.
- Duplicate profiles can cause the member to experience access to care issues.
- If you have employees who are foreign nationals that have dependents without valid, unique SSNs, you must contact your eBenefits Account Manager or the HBR Support Line as soon as possible, so these dependents are identified and not terminated. [Click here for a list of Account Managers.](#)

QLE and Dependent Verification

- As an update to the new Qualifying Life Event (QLE) document posted to the State Health Plan [website](#) in early April: If submitting a 1040 tax form to verify dependents, the employee must also include the tax form signature page.
- As of May 1, 2019, members should only be uploading the 2019 1040 tax form. If not available, the tax form from the year prior will be accepted if a letter is included indicating that you have an extension.

Thank you for your attention to these items!

HBR Scorecard Update

Thank you for all your feedback on the HBR Scorecard and the Plan's ongoing HBR training. The Plan will continue to make tweaks to the scorecard to ensure we're displaying the most pertinent facts. We're also excited to hear that the additional HBR training has been beneficial.

But most importantly, thank you for engaging with us on these important enrollment management topics! We want to make sure you have the tools you need to be successful. Your employees are counting on all of us to ensure they are enrolled properly.

Reminder! 1095 Reporting Solutions Deadline July 31, 2019

The Affordable Care Act (ACA) created the requirement for yearly 1095 reporting. As a self-insured employer, you are required to file either form 1095-B or 1095-C with the Internal Revenue Service (IRS) each year. These forms have to be delivered to the IRS and to your employees as evidence of compliance with the ACA.

All employers utilizing the State Health Plan are self-insured employers.

The filing of 1095-B forms is required by the IRS for self-insured employers with less than 50 Full-Time Equivalents (FTEs) on average during the prior year (2018). All coverage provided for employees and their dependents must be reported via the 1095-B forms for these employers.

The filing of 1095-C forms is required for employers with 50 or more FTEs on average during the prior year (2018). A 1095-C is filed for each full-time employee who worked for the employer during the year, indicating all offers of coverage in Part II of the form. Also, for self-insured employers, all coverage provided for employees and their dependents must be reported on the 1095-C forms in Part III.

The Plan has identified solution options for those employers looking for a complete or "Full Service" solution and for those who only need the data to support their own reporting solution. A description of the solution options is below.

The Plan is accepting sign-ups for the "Full Service" solutions. Please respond to ACA@nctreasurer.com before July 31, 2019, if you wish to participate. Please indicate which solution you need, 1095-C or 1095-B. If you need the 1095-C solution, please also indicate if you would like to purchase the optional, add-on Data Support service, as described below. This is a new option for 2019.

If we do not hear from you, we will assume you are “Data Only” and that you have identified your own reporting solution.

For full details and options, see the April 2 HBR Alert.

Slots Still Open for HBR OE Training in July and August

Are you ready for Open Enrollment? Your employees are counting on you! To prepare you, the State Health Plan is conducting HBR Open Enrollment training sessions for the upcoming 2020 Open Enrollment period Oct. 1-31, 2019. The Plan is offering on-site trainings and webinars. These sessions will review plan options and changes to assist you in educating employees about Open Enrollment.

Sessions will be held in the following counties: Buncombe, Caldwell, Pitt, Wake and New Hanover. Register soon if you want to attend, as space is limited! Open Enrollment posters will be distributed at these sessions.

Webinars will include the same material as the on-site sessions. To register for on-site events and webinars, please see the charts below.

On-Site Sessions

Click on the event below to register.

Date	County	Click Below to Register	Time
July 29	New Hanover County	Cape Fear Community College	10am-12pm
July 31	Wake County	Department of Transportation Auditorium	2pm-4pm
August 5	Buncombe County	Western Carolina University at Biltmore Park	10am-12pm
August 6	Caldwell County	Caldwell Community College, J.E. Broyhill Civic Center	2pm-4pm
August 9	Pitt County	Pitt Community College	10am-12pm

Webinars

Click on the event below to register.

Date	Location	Click Below to Register	Time
August 1	Online	Register	2pm-4pm
August 2	Online	Register	10am-12pm
August 2	Online	Register	2pm-4pm
August 7	Online	Register	2pm-4pm
August 8	Online	Register	10am-12pm

Wage Garnishment Law Applies to Employing Units in Plan

As a reminder, [House Bill 1056 became law](#) on June 25, 2018. This legislation applies to all employing units that participate in the State Health Plan.

HBRs should be aware that the legislation mandates employing unit cooperation in collecting through wage garnishment money that members owe the Plan.

Specifically, any payment of benefits or other amounts to, or premiums or claims paid on behalf of, any Plan member that is later determined to be an overpayment, an erroneous payment, or a benefit or amount for which the Plan member was ineligible, shall be repaid by the Plan member.

If the Plan member is an employee of an employing unit, then any amounts to be recouped under this subsection shall be offset against the net wages of the Plan member.

What this means for you:

- When a Plan member owes an amount to the Plan, the Plan will notify the member of this debt in writing. If the member does not enter into a payment plan acceptable to the Plan within 30 days after the written notice, the Plan will notify the member's employer of the debt.
 - When the employing unit receives notice of the debt from the Plan, the employing unit is required to offset the amount owed against at least 10 percent of the net wages of the member until the Plan notifies the employing unit that the debt has been paid in full.
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- The Plan's notice to the employing unit shall be prima facie evidence that the debt is valid and the employing unit has no obligation to verify the amount owed.
- The employing unit must provide written notice to the member before beginning the offset. The written notice must be no more than 30 days but not less than 14 days.
- The employing unit is required to remit all offset amounts to the Plan in intervals corresponding with the employing unit's regular pay periods.
- If an employing unit does not follow these requirements, the Plan will, after notice to the employing unit of its failure to cooperate, be entitled to seek recovery of any amounts due directly from the employing unit.
- Debts owed to the Plan may not be forgiven by the Plan's Board of Trustees, the Plan, the Plan's Executive Director, the State Treasurer, or an employing unit.
- The Plan and the employing unit have a duty to pursue repayment in full of these debts by all lawful means available, including the filing of a civil action in the General Court of Justice.

For details, visit the [Recovery Section](#).

An Early Heads Up on Fighting the Flu

Maxim Health Systems, in cooperation with Blue Cross and Blue Shield of North Carolina (Blue Cross NC), will again work with agencies this fall to host onsite flu immunization clinics. Maxim is accepting requests now for agencies that would like to go ahead and schedule their clinics for the fall.

Maxim will start onsite clinics on September 16, 2019. The process will be the same as the 2018 program. We will again be offering the Quadrivalent flu vaccine for ages 4 and above.

There is a 25-shot minimum per clinic. Worksites will be charged \$25 per shot for shots below the required 25 minimum. For more information and to schedule an onsite clinic, [HBRs may use this request form](#).

Did You Know:

June is Men's Health Month. This national observance is used to raise awareness of preventable health problems and encourage early detection and treatment of disease in men.

Ways to help your employees support men's health:

- Encourage them to eat healthy and include a variety [of fruits and vegetables](#) in their diet each day. Fruits and vegetables contain vitamins and minerals that may help protect against chronic diseases. Avoid foods that are high in calories, sugar, salt and fat. Limit alcohol consumption. [Post this flier to promote men's health](#).
- Urge them to get moving! [Physical Activity](#) can help control weight, reduce the risk of heart disease and some cancers, and improve [mental health](#).
- Remind them to make prevention a priority. Many health conditions can be prevented or detected early with regular checkups from your health care provider. Regular screenings may include blood pressure, cholesterol, glucose, prostate health and more.
- Make sure they know [the benefits of quitting](#). Smoking causes cancer, heart disease, stroke and a greater risk of sexual dysfunction.

More information regarding preventative benefits and tobacco cessation services can be located on the Plan's [website](#).