

May 2024 HBR Update



2025 Open Enrollment and Aetna Transition HBR Trainings

2025 Open Enrollment will be held Sept. 30-Oct. 25, 2024. With the Aetna transition, it's vital for Health Benefit Representatives (HBRs) to stay informed and updated! Let us help you get ready!

The State Health Plan is holding Open Enrollment trainings for HBRs in July. Trainings will cover important information regarding 2025. These trainings will be offered as webinars, so you may join us from the comfort of your own desk.

Reserve your spot to ensure you have the information you need to best serve your employees! Click below to register for one of the 10 trainings that best fits your schedule.



Open Enrollment HBR Trainings Dates/Times:

- July 9 – [10 a.m.](#) and [2 p.m.](#)
- July 12 – [10 a.m.](#) and [2 p.m.](#)
- July 16 – [10 a.m.](#) and [2 p.m.](#)
- July 19 – [10 a.m.](#) and [2 p.m.](#)

- July 23 – [10 a.m.](#) and [2 p.m.](#)

Group Premium Billing and TPA Services Transition Update

The State Health Plan has received a lot of questions about the impacts of the transition to Aetna on Jan. 1, 2025. The Plan has also announced the migration of group premium billing from the current Third-Party Administrator (TPA), Blue Cross NC, to the Plan's billing vendor, iTEDIUM.

Aetna becoming the TPA in 2025 is not related and does not affect the group premium billing transition. iTEDIUM will be hosting training opportunities regarding these changes.

Please use [this link](#) to register for the appropriate training session.

New Group Premium Billing Key Dates

June 2024

- BEACON/FIORI specific HBRs training for the new group billing process: June 2 through July 2.

July 2024

- Charter school HBRs will be offered training for the new group billing process, July 8 through July 12.
- Remaining HBRs will be offered training for the new group billing process: July 15 through July 26
- Makeup or refresher sessions: July 29 through Aug. 2. Link to register will be provided at a later date.

August 2024

- August will be the last time Blue Cross NC issues group premium bills in eBilling for the Plan.
- Login information for the new billing platform will be provided. HBRs will be expected to log in, at least once, to the new billing portal.

September 2024 – September will be the first month the premium bills are issued by iTEDIUM.

October 2024 – Group premium bills will be due Oct. 1. For those that still mail checks: Remember to update the remittance address. More information will be provided during training.

Transition Highlights

W-9 information remains the same as it is today for funds paid to the Plan. Please see the Plan website's handy [State Health Plan Operations 101 page](#) under [Transition of Billing Services](#).

In addition, each employing unit will receive a new group number. There will also be changes on the monthly premium invoices. Benefit packages will be replaced with new values, which will all be covered in the training sessions, along with a sample invoice export.

There will be an impact on member ID cards as well. New ID numbers and group numbers will be issued by Aetna, so ALL employees will receive a new ID card in December 2024. Because of this change, employees will NOT be able to use their 2024 ID cards in 2025. The 2024 ID cards will not work at the pharmacy or a provider's office. The Plan will be communicating that change during Open Enrollment.

There will be a lot more information about these changes coming later this year. For now, the Plan just wanted to make you aware of the upcoming changes. Be sure to read HBR Update each month for new information and training opportunities.

Related HBR information previously sent is included in the following: "[State Health Plan Update Regarding Third-Party Administrator Switch in 2025](#)" and "[January 2024 HBR Update](#)."

Employment Eligibility Reminder!

The State Health Plan continues to encounter issues with employees' eligibility within eBenefits. It is incumbent on HBRs to follow all of the eligibility rules established in statute.

This starts by loading all employees into eBenefits with the appropriate employment status code and updating their statuses timely when a change occurs. By maintaining the appropriate employment status codes, you not only ensure an enrollment window will open for the employee when appropriate, but that the data pulls correctly into your employing unit's annual 1095 reporting data.

Please see [HBR Update - April 2024](#) for more details.

2024 State Health Plan 1094/1095 Reporting Solutions Reminder

This information is for non-FIORI (formally BEACON) groups who are part of the State Health Plan (Plan). Best Shared Services handles the ACA reporting requirements for all FIORI agencies.

The Plan has partnered with our vendors to offer multiple ACA reporting offerings for groups who do not have their own tools to meet the IRS requirements. We also have an option for those groups who already have the necessary tools to complete reporting and just need a download of data from our Eligibility and Enrollment vendor (Benefitfocus) system.

After many years of keeping things the same, the Plan has made important changes to the ACA Reporting Program this year that groups should note. We feel these changes will ensure the success of each group in a more simplified manner. Please [click here](#) to access the recent HBR Alert with full details of reporting options.

Summary of Changes:

- **All groups must submit an online signup form regardless of using paid or free offerings. Failure to submit a signup form will jeopardize your group's delivery of COBRA data later this year.**
- **The signup deadline for 2024 offerings is June 30, 2024. No extensions past this deadline will be granted this year. Groups will be responsible for finding other ACA reporting solutions on their own after this time.**
- **Offering names and descriptions have been updated to better reflect that actual service level provided and to set the expectation of who is responsible for activities.**
- All groups participating in 2024 paid offerings will be defaulted to the Fully Managed option **unless** they opt to select a lower tier.
- For 1095-C groups the charge per form will increase from \$6.50 to \$7.50 to ensure the Plan's program costs are covered.
- After completing the online signup form the group will receive further communications from the Plan that includes acknowledgement of deadlines, expectations, participation costs, and require electronic signoff by the ACA and financial contacts.

- Groups will be held more accountable for meeting critical program deadlines. Failure to meet participation standards could result in being dropped from the program.
- The Plan is coordinating with vendor partners to revamp documentation and training to focus on specific task execution with hands-on learning workshops.
- Plan communication and status reporting will be simplified and tailored to each group's progress.

Coverage while Employees are on LOA or FMLA

As a reminder, employees are eligible to continue State Health Plan coverage on a fully or partially contributory basis while they are on Leave of Absence (LOA) and/or Family and Medical Leave (FMLA). If they choose to keep their Plan coverage, they must continue to pay their premiums on a timely basis to keep the coverage. See the Plan's [Rule on Arrears](#).

Changing Coverage During LOA and/or FMLA

Members who do not want or cannot afford to keep their coverage and/or their dependents' coverage while on LOA and/or FMLA should request their HBR to cancel the employee and/or dependent coverage using the Leave of Absence Qualifying Life Event (QLE). This QLE is not available to employees as the HBR controls the timing of the LOA. When the employee returns to work, the employee, not the HBR, must re-enroll using the Return from Leave of Absence QLE within 30 days of the return to work.

Maintaining Coverage During LOA and/or FMLA

If an employee chooses not to cancel coverage while on LOA and/or FMLA, the employee will not be able to make changes upon their return to the office. Because the employee had continuous coverage, there is no QLE. This is particularly important during Open Enrollment. If an employee is on LOA and/or FMLA during Open Enrollment, they must complete Open Enrollment during the Open Enrollment period. This is true even if they canceled a dependent when first going on LOA and/or FMLA.

They will not be allowed to complete Open Enrollment upon their return to work. The ability to complete Open Enrollment upon return to work only applies if the employee canceled their coverage when they went on LOA and are re-enrolling using the return from LOA QLE.

Last Chance for Clear Pricing Project Providers to Take Action for 2025

The Clear Pricing Project (CPP) will still be offered in 2025 when the State Health Plan transitions from Blue Cross NC to Aetna effective Jan. 1, 2025. **CPP Providers have to take action this month if they want to continue being a CPP Provider in 2025.** Encourage your employees to talk with their CPP Providers regarding their plans for 2025. Providers need to re-sign up with Aetna by May 31, 2024, if they want to be a CPP Provider in 2025.

If CPP Providers choose not to re-sign up, employees will not receive the lower copays in 2025 for those specific providers.

HBR Training Page Revamp Reminder

The State Health Plan has fully transitioned away from the SkyPrep learning platform. Instead of HBR University, all training is now housed on the Plan's website on the HBR [Training & Development page](#).

This will allow HBRs easier access to training materials without any barriers. Thank you for your continued cooperation and for taking advantage of these training opportunities.

Training and Development

The State Health Plan recognizes the value in providing HBRs with ongoing training opportunities to assist in carrying out duties as they relate to the Plan. Below is a list of resources available to you as an HBR. **We know how important you are to our members, and we're here to help you learn what you need to know!**



Resource Guides

- [HBR Quick Reference Guide](#)
- [High Deductible Health Plan \(HDHP\) Reference Guide](#)

HBRs
Enrollment Information
Exceptions Process
Training and Development
HBR Monthly Training Archive
High Deductible Health Plan
State Health Plan Operations 101
Employees on Disability
Reduction in Force Information for HBRs
Contact Information for HBRs

'Understanding Your Medical Plan Options When You Become Medicare-Eligible' Webinars For Prospective Retirees

HBRs are urged to share this information with employees nearing retirement: The State Health Plan's 2024 "Understanding Your Medical Plan Options When You Become Medicare-Eligible" series of webinars has started!

These popular, free webinars are designed for employees who will soon be 65, are already 65 or older, and retirees getting ready to turn 65. Each event lasts approximately 2 hours and will explain important information regarding Medicare, retirement health benefit options and offer the opportunity to ask questions.



Employees who wish to attend are encouraged to register soon, as these events fill quickly. [Click here](#) to find webinars and register!



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This Month's
Healthy
Recipe



**Sheet-Pan Poblano-&-Corn
Chicken Fajitas**

[Get the Recipe! >](#)



This Month's
Wellness
Tip

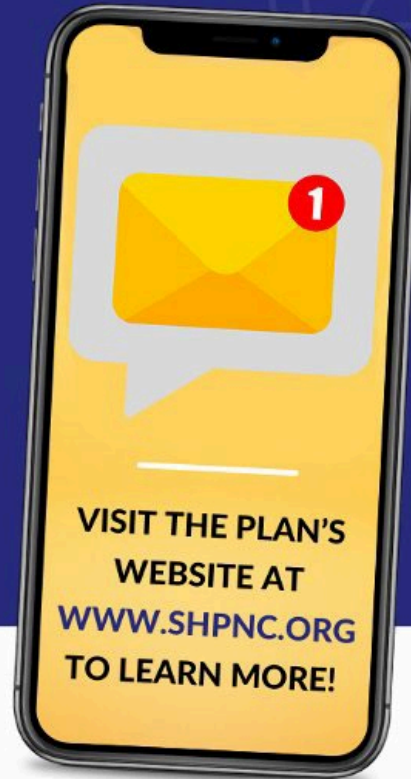


**National Stroke
Awareness Month**

[Learn More! >](#)

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

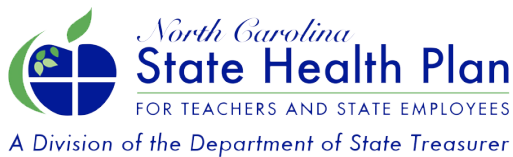


Message Frequency may vary. Message and Data rates may apply.
Reply STOP to cancel.

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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