





HBR Monthly Webinar

April 26, 2023





Agenda

- End of COVID-19 Public Health Emergency
- Eligibility and Enrollment
- Employees Planning Retirement
- 2023 HBR Monthly Webinars

End of COVID-19 Public Health Emergency

The State Health Plan put multiple temporary benefit provisions in place to assist Plan members during the COVID-19 public health emergency. In January 2023, the federal government announced that the COVID-19 public health emergency will end on May 11, 2023.

Here's what it means to employees regarding coverage as it relates to COVID-19:

- The Plan will continue to cover both the cost of the COVID-19 vaccine and vaccine administration at 100% when employees receive the vaccine at an in-network provider as part of the Plan's preventive care benefits. If employees receive any other service during the visit, the visit may be subject to a copay. *This is true for all other vaccines the Plan covers.*
- The Plan will cover COVID-19 tests that are administered by a provider. If employees receive any other service during the visit, the visit may be subject to a copay. This is true for all other vaccines the Plan covers.
- The Plan will no longer cover the cost of over-the-counter (OTC) COVID-19 tests. Employees will be responsible for the cost.
- The Plan will no longer cover "return to work" COVID testing. "Return to work" testing includes having to provide an employer a negative test outside of the standard COVID-19 exposure testing guidelines.

Telehealth Benefits

- The Plan implemented a new telehealth policy effective January 1, 2023.
- Below are the services that will no longer be covered at the same copay as inperson care (if a person receives these services via a telehealth appointment).
- The services below will continue to be covered, but employees will have to pay the appropriate copay:
 - Dialysis services
 - Physical Therapy/Occupational Therapy evaluations
 - COVID testing services
 - Emergency Department Evaluation and Management Services
 - Hospitalization Evaluation and Management Services
 - Extended Office Visits
 - New Patient Preventative/Annual Wellness Exams
- Members should always ask their provider if they offer telehealth services.
- Employees should call Customer Service at 888-234-2416 for any questions about telehealth benefits.







Eligibility and Enrollment

- This month the focus is on the Plan's Eligibility and Enrollment Services (EES) vendor, Benefitfocus.
- While the Plan utilizes Benefitfocus' enrollment platform (eBenefits) and data exchanges, the eligibility and enrollment rules, as well as many of the processes used to support Plan members, have been customized to meet the Plan's requirements.
- Benefitfocus also administers NCFlex eligibility and enrollment.

Eligibility and Enrollment: Enrollment Rules

- Benefitfocus is responsible for managing the Plan's eligibility and enrollment rules, accurately transmitting and receiving enrollment with the Plan's other service vendors and some employing units and providing telephonic support and enrollment to Plan members.
- You are all very familiar with the front-end enrollment rules that ensure that employees are only able to enroll or make enrollment changes within specific timeframes. These particular rules are a combination of regulations outlined in the North Carolina General Statutes, the Affordable Care Act, and other federal regulations.
- The Eligibility and Enrollment Support Center is also managed by Benefitfocus. The call center is available each state business day between 8 a.m. and 5 p.m. to assist Plan members as well as HBRs through the account management team.

Eligibility and Enrollment: Enrollment Rules

- Eligibility rules that are more "Plan-specific" include things like the 12-Month RIF rules or what we call the "Forever RIF" rules. While you only have to manage the subscriber for the first 12 months of RIF, the Plan must ensure they are offered the appropriate coverage at the end of the 12-month RIF period and that their Medicare status is correct. Benefitfocus has established workflow to support these members through the process.
- Towards the end of the 12-month RIF period, Benefitfocus mails the members a letter offering them "Forever RIF" coverage and providing enrollment instructions. Of course, it all hinges on the HBR accurately setting them up as a 12-month RIF on a timely basis as well as terminating them on a timely basis. See instructions here.
- The Plan has established similar, custom workflows with Benefitfocus to support surviving dependents. The termination due to death sets off a workflow that includes enrolling the dependents in surviving dependent coverage and mailing them a letter with enrollment and billing instructions.
- Another custom process Benefitfocus has deployed is a letter that is mailed to all active members right before they turn 65. The letter includes all the information they need to know about enrolling in Medicare and/or making changes to their Plan coverage. It is a helpful resource even if the member does not intend to make any enrollment changes due to this qualifying life event.

Eligibility and Enrollment: Enrollment Rules & File Exchanges

- The most complex, custom workflow is the retirement process. The Plan and Benefitfocus have developed a custom auto-enrollment workflow that automatically enrolls the member into the Retirement Systems group once a retirement is approved.
- As with other custom processes, the subscriber is mailed a letter advising them they have been enrolled and giving them the timelines for making changes. As a reminder, new retirees will not auto-enroll into retirement until their active termination is processed. It is not uncommon for a new retiree to miss their opportunity to enroll into a Medicare Advantage plan because of a delayed termination by the active group.
- Many of you have established payroll file exchanges with Benefitfocus. While the basic framework is the same for all the files, these files are also employing-unit specific. Similarly, we have custom daily enrollment files between Benefitfocus and all the Plan's service vendors: Blue Cross NC, iTEDIUM, CVS and Humana.
- We also have monthly files to the Plan, and some audit vendors. Many of those also return daily files to Benefitfocus. A great deal of the Plan's staff time every month is devoted to ensuring the data exchanges between Plan vendors is audited and reconciled. Ensuring members are properly enrolled at all the vendors is the foundation for everything we do.

Employees Planning Retirement

- A limited number of <u>in-person sessions</u> have been added to the 2023 "Understanding Your Medical Plan Options When You Become Medicare-Eligible" series.
- These sessions in April and May will offer the same information as the <u>webinars</u> already under way and scheduled through August.
- These popular, free onsite sessions and webinars are designed for active 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.
- These events are also a great resource for HBRs, so feel free to attend one as well so you can assist employees as needed.
- Interested employees and HBRs are encouraged to register soon, as these events are expected to fill quickly!

Date & Time	County	Location
April 20, 2023 2 p.m.	Forsyth	Forsyth Technical Community College, Robert L. Strickland Center, Room 3340, 1615 Miller Street, Winston-Salem, NC 27103
April 21, 2023 10 a.m.	Guilford	Guilford Technical Community College, Jamestown Campus, Sears Applied Technologies Center, Room 120, 601 E. Main Street, Jamestown, NC 27282
May 11, 2023 2 p.m.	Pitt	Pitt Community College, Craig F. Goess Student Building, Multipurpose Rooms, 2000 Eddie Smith St., Winterville, NC 28590
May 17, 2023 10 a.m.	Durham	Durham Technical Community College, Building 5: Educational Resources Center, Room 5-100, 1637 East Lawson Street, Durham, NC 27703





Upcoming 2023 HBR Monthly Webinars

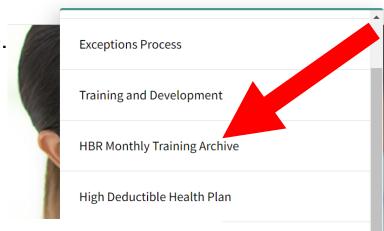
- The monthly webinars continue to serve as the main source of updates and training.
- All webinars begin at 10 a.m. To register for the monthly webinars, see below or visit the Plan's <u>website</u>.
 - May 24, 2023, 10-11 a.m.
 - June 21, 2023, 10-11 a.m.
 - July 26, 2023, 10-11 a.m.
 - August 23, 2023, 10-11 a.m.
 - September 20, 2023, 10-11 a.m.
 - October 25, 2023, 10-11 a.m.
 - November 15, 2023, 10-11 a.m.
 - December 20, 2023, 10-11 a.m.



HBR Monthly Webinar Archive

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- The best way to search for past monthly webinars is on the Plan's website.
- The archive located in HBR University has been removed.
- This is an easy way to browse through topics.



Title	Agenda	Presentation	Video Link
February 2023 Monthly Webinar	 Employees Planning Retirement HBRs Retiring an Employee in eBenefits Annual Certification Recap 2023 HBR Monthly Webinars 	Download	<u>Watch</u>
January 2023 Monthly Webinar	 Employees Planning Retirement HBRs Retiring an Employee in Ebenefits Annual Certification Recap 2023 HBR Monthly Webinars 	Download	Watch North Garolina



Importance of Working Task List Timely

What is a Task?

Dictionary definition is "a piece of work to be done."

- 1. Members will not have benefits unless the task is approved
- 2. Expired tasks not approved by the HBRs will be declined by Benefitfocus
- 3. If task was not approved timely only an approved exception from SHP will reinstate benefits.
- 4. Approving QLE documentation does not approve the task.

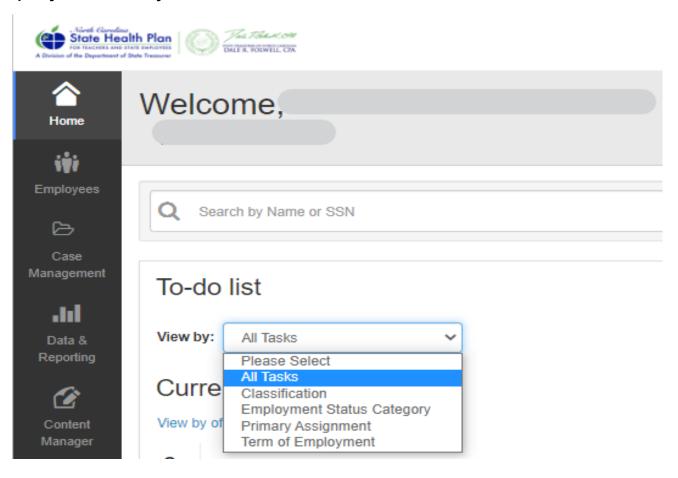
Automatic Pending Emails to HBRs

- The below email is sent if a task is pending for the group.
 - You have outstanding benefit tasks which require review and attention. These tasks could be for current or future year benefits including work or personal tasks. PLEASE DO NOT APPROVE TASKS THAT REQUIRE DOCUMENTATION IF YOU DO NOT HAVE SUPPORTING DOCUMENTATION.
 - This also may require refusing tasks for members that missed their initial eligibility window. Please
 ensure you are regularly reviewing any outstanding member tasks an confirm that you have received
 appropriate documentation for changes requiring your approval. You have the ability to approve
 tasks for 33-days from the member benefit effective date in eBenefits.
 - Once you are outside of the 33-day approval window, an exception is required to approve
 outstanding tasks. Timely approval of outstanding tasks will help ensure that benefit information will
 be sent to the carrier in a timely manner.
 - Please do not hesitate to contact the HBR Support Line at 800-422-5249 if you have questions.



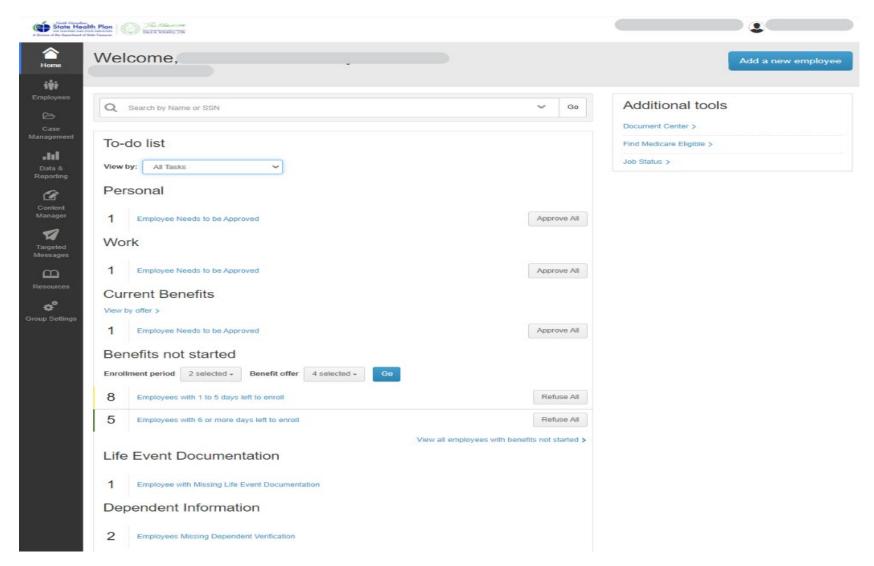
Task To-Do List

• Use the To-Do List to keep track of employee activity.





Task To-Do List





Task Review

- After 33 days any pending task will be Managed by Benefitfocus
- Benefitfocus will deny unapproved task that are outside of the 33-day HBR approval window except in cases below:
 - Benefitfocus can approve 45 days from date of Birth/adoption on HBRs behalf.
 - Benefitfocus can approve 60 days from effective date for Medicaid/CHIP QLEs
 - Death of Dependent-Benefitfocus will contact the group if event is not approved within 30 days. If HBR agrees QLE is valid Benefitfocus can approve.

