October 2020 HBR Update

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Open Enrollment Starts Thursday!

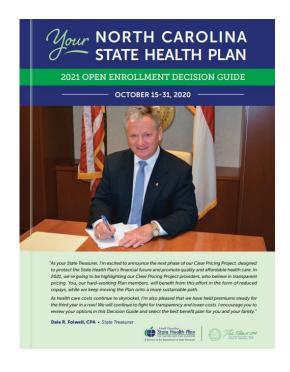
2021 Open Enrollment starts
Thursday and lasts through October
31. The State Health Plan has a
number of resources to assist you
and your employees through this
year's Open Enrollment.

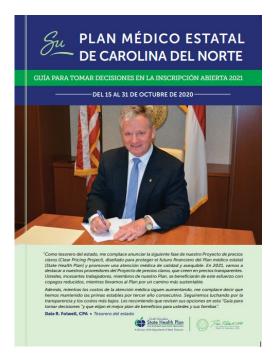
The Plan has posted several resources to the Plan's website. Encourage your employees to take advantage of the videos and guides to assist them with their Open Enrollment actions.



Active Member Decision Guide

Active Decision Guide (Spanish)





2021 State Health Plan Comparison

Open Enrollment Summary Video



Clear Pricing Project Cost Savings

Step-by-Step Navigational Video



Important Reminders

Please remind your employees that they have until November 30, 2020, to
visit their Primary Care Provider or a CVS MinuteClinic to complete a
tobacco cessation counseling session to earn their premium credit for 2021.
Employees may visit the Plan's <u>website</u> and print off instructions for their
provider to ensure their tobacco attestation counseling session is FREE and
billed correctly.

- This action is ONLY for tobacco users who want to reduce their monthly premium by \$60 per month in 2021. If an employee is NOT a tobacco user, they will simply need to attest to that during the online Open Enrollment process.
- Encourage your employees to register for one of several webinars the Plan is hosting so they can learn more about their 2021 benefits and what action is needed during Open Enrollment. Find webinars and register here.

Action Required on New October, November and December Retirements!

The State Health Plan has noticed an influx of October, November and December retirements that have been approved by the Retirement Systems, but the corresponding active retirement termination has yet to be processed by the employing unit. Until the retirement terminations are processed by the employing unit, the new retirees will be unable to successfully complete Open Enrollment for 2021 benefits. If they complete Open Enrollment under the active group, it will not transfer to retirement. It is critical that employing units process retirement terminations timely.

Employing units should also be processing 1/1/2021 retirement terminations. Once processed, these members are able to complete their January employing unit elections. If they are Medicare primary at the time of retirement, they will also be able to elect their February 2021 Medicare primary election. If they are not Medicare primary, their January election will continue under Retirement. Delays in processing the retirement termination may impact the new retirees' benefit options as there are limitations around electing and/or making changes to Medicare Advantage enrollment. Do not limit your employees' options by delaying the retirement termination.

As a reminder, the Plan implemented functionality earlier this year that allows you to process terminations as early as possible and still be able to process other transactions on the employee up until 33 days prior to the end date of coverage. There is no reason to delay processing these terminations.

Please act today to process any outstanding retirement terminations!

Upcoming HBR Monthly Webinar Trainings

To help you prepare, the next HBR monthly webinar (October 14 – tomorrow!) will focus on Open Enrollment in addition to other important announcements. If you haven't already registered for that webinar, please visit the Plan's website.

November's HBR monthly webinar (November 18) will focus on retirement in addition to other important announcements. If you haven't already registered for that webinar, please visit the Plan's <u>website</u>.

New Case Management Feature Available

The Case Management feature is now available and active in eBenefits. HBRs can now submit a case via eBenefits using the new "Interactions" tab of the Member Profile and view all cases associated with an employee under the Cases tab. Please be mindful that only cases created after July 11, 2020, are visible using the Case Management feature.

Benefitfocus, with support from the State Health Plan, will now require that HBRs utilize the Case Management Tool or One-Place 365 to submit cases and member requests to Benefitfocus that are not linked to exceptions or escalations. Doing so will ensure cases are worked in a timely manner and assist with appropriate reporting.

Any email that is sent directly to Benefitfocus outside of the outlined protocol will receive the following auto-response message:

"Please note that all inquiries submitted to the Benefitfocus HBR Support Team must to be routed through one of the following three methods in order to comply with all approved standard communication methods:

- 1. Submit a case via OnePlace365 outlining your inquiry
- 2. Call HBR Support 800-422-5249 (8:30am-5:30pm EST M-F)
- 3. Submit a case via eBenefits Case Management 'Interactions' tab

We appreciate your support with this effort to ensure all inquiries are worked timely and in the order in which they are received."

If there is something that requires immediate resolution, such as an escalation, HBRs can contact Benefitfocus by email or phone. However, issues deemed as non-escalations will be re-routed. Also, any inquiry or response submitted via the Customer Service Center will be redirected back to Case Management "Interaction Tab" and OnePlace 365 for submission.

Processing Qualifying Life Events

Processing Qualifying Life Events (QLEs) and providing the appropriate QLE documentation is one of our more frequent inquiry topics. While it can be confusing, there are some simple guidelines that should help. It is also important to note that

the dates do not always align to prevent gaps or overlaps in coverage. Everything is date driven and because different employers use different termination and effective date rules, it's not perfect. Here are some rules to follow:

Rule #1 – The effective date for every QLE except Birth/Adoption/Newly eligible for Medicare is always "first of the month following the event." Also, it's very important to remember that when describing termination dates, a 10/1/2020 termination means that coverage ended on 9/30/2020. For example, the loss of other coverage date for a 10/1/2020 termination is 9/30/2020. If you have the correct effective date for the event, it is pretty simple to follow with the "Loss of Other Coverage" QLE:

- Member loses other coverage 9/2/2020, the effective date on the Plan is 10/1/2020.
- Member loses other coverage 9/30/2020, the effective date on the Plan is 10/1/2020

Rule #2 – When a dependent has an employment status change that results in a loss or gain of coverage under another group health benefit plan, there are two date options for the QLE event. The option the employee chooses will drive the effective date.

For example, a spouse gets a new job. His/her hire date is 10/2/2020 and the date he/she gains other coverage is 11/1/2020. Here's how the "Now Eligible for Other Coverage" QLE could work in this scenario:

- Subscriber enters the 10/2/2020 hire date as the "Now Eligible for Other Coverage" date, which results in a 10/31/2020 Plan cancellation date; or,
- Subscriber enters the 11/1/2020 benefit effective date, which results in a 11/30/2020 Plan cancellation date.

Rule #3 – Depending on the QLE date, there may be a gap or an overlap of coverage. That's just the way it works. Using the examples we've outlined above, we have both Gap and Overlap scenarios:

- **Gap** Member loses other coverage 9/2/2020, the effective date on the Plan is 10/1/2020.
- **Overlap** Subscriber enters the 11/1/2020 benefit effective date, which results in an 11/30/2020 Plan cancellation date, which means the subscriber is paying for the dependent coverage in November when the dependent already has coverage through the new employer.
- In this overlap scenario, if the hire date is truly 10/2/2020, then all the subscriber needs to do is change the QLE date from 11/1/2020 to 10/2/2020 and there will be no overlap, but that does not always work.

- If the hire date is 9/30/2020 and the benefit start date is 11/1/2020, the subscriber will have to choose between the gap or an overlap:
- Subscriber enters 9/30/2020 hire date as the "Now Eligible for Other Coverage" date which results in a 9/30/2020 Plan cancellation date. If the new coverage doesn't start until 11/1/2020, then there is a gap.
- Subscriber enters the 11/1/2020 benefit effective date, which results in an 11/30/2020 Plan cancellation date and a month of coverage overlap.

Rule #4 – There are a variety of documents that can be used to satisfy the QLE documentation requirement, but the key to any of those documents is that the document must have an effective date.

- Health Benefit Effective Date The two most popular forms of documentation used to confirm the Health Benefit effective date for the "Now Eligible for Other Coverage" QLE are:
- **ID Cards** Only useful if there is an Effective date on the card. An "issue date" will not suffice. Neither will an ID card without an effective date at all.
- Confirmation Statements Confirmation statements and even screen shots from an enrollment portal almost always have an effective date of coverage, but if for some reason they do not, it will not be an acceptable form of QLE documentation.
- **Dependent employment status changes** (such as a new job or moving from a part-time to full-time employee) The two most popular forms of documentation to confirm this "Now eligible for Other Coverage" QLE are:
- Offer Letter An employment offer letter that includes the hire date.
- Confirmation Statements Confirmation statements are only helpful if the statement includes the hire date. The Benefitfocus Confirmation statements do include a hire date so this document can be used as QLE document when a dependent is hired by another employing unit that is part of the Plan or another employer who may use Benefitfocus as their enrollment vendor.

We are constantly reviewing the documentation on the Plan's website around QLEs and will add additional examples of valid documentation, but remember the key is the effective date! For more information on acceptable QLE documentation, see the Plan's website.

Reminder: New Program Waives Deductibles for Orthopedic Surgery

The State Health Plan and select high-quality orthopedic specialists are offering a new program for eligible employees in need of knee, hip or shoulder partial and full replacement surgery. The program simplifies the entire process with one simple payment, from pre-surgery consults and testing to post-surgery follow-up and physical therapy.

If eligible employees choose one of the participating providers, they may be eligible to have their plan deductible waived for their surgery! Please encourage your employees who may be considering a joint replacement to contact one of these providers.

Visit the Plan <u>website</u> for a list of providers and full details. <u>Click here</u> for a flier promoting the program to post in your worksites.



Pumpkin **Curry Soup**

Know Your Target Heart Rat

Get the Recipe Click for the Tip

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



