Frequently Asked Questions

Below is a list of questions and answers that will help you as you begin to field questions from employees regarding Open Enrollment in October.

Q: If an active/non-Medicare retiree does not make any benefit changes during Open Enrollment in October, will he or she automatically be put into the Traditional 70/30 Basic Plan?
A: Yes

Q: Do the wellness premium credits apply to the monthly dependent rates or just the subscriber?
A: The wellness premium credits only apply to the employee-only (subscriber) rate.

Q: If a subscriber has a tier change during the year, from employee-only to employee-family, do the premium credits apply if you have already done them?
A: Yes, once a subscriber completes the wellness activities for the current benefit year, they will not need to be repeated until the next enrollment period.

The subscriber should consider selecting a Primary Care Provider (PCP) for any dependents added during the benefit year to take advantage of reduced copay savings when visiting that provider.

Q: Can I go to any provider I want?
A: Yes, but you will pay less if you stay in-network.

Q: If a subscriber transfers to another North Carolina state agency during the year, will that person need to redo the wellness activities to reduce the premium?
A: No, once a subscriber completes the activities for the current benefit year, they will not need to be repeated until the next enrollments period.

Q: Will the results of the Health Assessment be used for credit?
A: The results of the Health Assessment are completely confidential and credit is received based on completing the assessment, not the results.

Q: Can the Health Assessment be completed by phone?
A: Yes, by dialing 1-800-817-7044 and pressing prompt 2.

Q: What if as subscriber has already taken the Health Assessment? Do they need to take it again prior to the end of Open Enrollment?

A: If a subscriber has already taken the Health Assessment as of November 1, 2012 or after, they do not need to take it again.

Q: How do subscribers attest to not smoking?
A: Subscribers will attest during Open Enrollment through their enrollment system (BEACON or eEnroll). If subscribers smoke and choose not to commit to a smoking cessation program they will pay an additional $20 per month.

Q: Will the State Health Plan be conducting worksite screenings to verify whether subscribers are non-smokers or enrolled in a cessation program?
A: No. It will be the subscriber's responsibility to attest as a non-smoker and/or enroll in a smoking cessation program

Q: When can subscribers take the Health Assessment and have it count toward the incentives in 2014?
A: Subscribers can log in now to complete the Health Assessment through the Personal Health Portal, which is accessible at www.shpnc.org. In fact, if they completed it any time after November 1. 2012, it will count towards the premium credit for 2014. Subscribers can also go ahead and select a Primary Care Provider (PCP) through their enrollment system.

Q: Who is considered a Primary Care Provider (PCP)?
A: A PCP is a medical professional (a doctor who practices general medicine, internal medicine, pediatrics, obstetrics and gynecology or a licensed family nurse practitioner or physician's assistant), whom a member selects to oversee all of their health care.

Q: For 2014, does the Primary Care Provider selected during enrollment need to be in network?
A: Yes. The PCP must be selected from the Blue Options network.

Q: Does the subscriber need to select a Primary Care Provider for everyone in their family?
A: Yes, the subscriber will need to select a PCP for themselves and dependents covered on the plan before October 31, 2013, to take advantage of the premium credit for 2014.

Q: If members can't find their PCP using the search tool, what should they do?
A: Encourage them to use these search tips:

- *Using the last name, rather than the provider's whole name, will often return the desired results.*
- *Check the spelling for the provider to make sure that it is spelled correctly.*
- *If the provider is not showing with the last name, they can change the parameters to search just by ZIP code, and increase the range. Sometimes the provider's address in the search tool is in a different ZIP code than expected.*
- *If they still cannot find the provider's name, they should call BCBSNC Customer Service at 888-234-2416 and BCBSNC will research to see whether or not that provider is in network.*

Q: What happens if the subscriber selects a PCP who retires/moves or the member wants to change to a different PCP?
A: Subscribers can select another PCP anytime through their enrollment system and a new ID card with the new PCP's name will be sent to them in the mail.

Q: Can a member see a physician, physician's assistant or nurse practitioner in the same practice as their Primary Care Provider and still receive the copay reduction?
A: Yes. The PCP copay reduction applies to all qualified primary care providers within the same practice.

Q: Do members need a referral to see a specialist who is not in their Primary Care Provider?
A: No. PPO plans do not require referrals. However, certain services require prior review or "certification". For a list of these services, please refer to the Benefits Booklet, which is available on the Plan's website at www.shpnc.org under the "My Medical Benefits" tab.

Q: Am I required to choose a Primary Care Provider (PCP)?
A: No, but your monthly premium is reduced if you choose one for each enrolled family member.

Q: Will the funds in the Health Reimbursement Account (HRA) roll over from year to year?
A: Yes. Unused funds from one year will roll over to the next year and can be used in subsequent years.

Q: If a subscriber changes North Carolina State agencies during the benefit year, will their unused HRA funds transfer with them?
A: Yes. Unused HRA funds will remain in their account and transfer with them.

Q: Are Subscribers going to be required to complete the wellness activities again next year?
A: Specific wellness activities beyond the 2014 benefit year have not yet been finalized.

Q: Under the Consumer-Directed Health Plan (CDHP), if a member goes to a provider, do they have to pay up front and submit a claim for reimbursement from their HRA?
A: In most cases, if a member has a balance in their HRA when they go to a provider, the provider's office will submit a claim to BCBSNC, which will be sent to the HRA for consideration. There is a possibility that a provider may ask for payment, in which case the member will be reimbursed.

Q: How can members check the balance of their HRA?
A: Members can monitor the balance of the HRA by logging into My Member Services. Visit the State Health Plan website at www.shpnc.org and click on "Member Services" under Quick links.

Q: Why are the premium credits different for the Enhanced 80/20 Plan and the Consumer-Directed Health Plan (CDHP)?
A: The wellness activities that subscribers may complete to lower their premium are the same, however the credits associated under the CDHP are slightly less. The CDHP is a high deductible plan with a lower premium. By completing all of the wellness activities under the CDHP, subscribers can actually have a zero dollar premium and still be eligible for incentives that will add to value to their HRA balance.

Q: Why is preventive care covered at 100% under Enhanced 80/20 Plan and the CDHP but not the Traditional 70/30 plan?
A: The Traditional 70/30 plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act or ACA). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when the ACA law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing.

The Enhanced 80/20 plan has been updated with numerous incentives and credits and includes 100% coverage for non-hospital ACA preventive services; however, it remains a grandfathered plan under the ACA.

The CDHP is a brand new option and therefore is subject to the Affordable Care Act, which means ACA preventive care must be covered at 100%.

Q: If members choose the Traditional 70/30 Plan, can they still lower their copays by visiting Blue Options Designated Providers or facilities?
A: No, this incentive is only available under the Enhanced 80/20 Plan or the CDHP. However, members will continue to have lower out-of-pocket costs if they seek services from an in-network provider.

Q: Will employees be contacted by a Health Smart coach/program based on their health assessment responses? If yes, will it be telephonically, by mail or both? Is this an auto enroll program and can employees opt out?
A: Employees can opt out if being contacted by Health Coach. If they do not, based on health status they may be contacted either telephonically or by mail.

Q: Who will receive the reporting information for health assessment responses and how will the Plan use the data?
A: Only the population health management vendor has access to the HA responses. The Plan may receive aggregate data that is used to develop programs or design benefits.

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Q; Are members required to complete a smoking cessation program upon enrollment or will simply stating the willingness to enroll in a program enough to receive the wellness premium credit? Will the plan verify enrollment/participation and will members be contacted by a Health Smart Coach as a result of attesting to smoking?
A: Members are only required to attest. The Plan will not verify participation. A member may be contacted by a Health Coach if they are a smoker.

***Q:* How will ACA preventive services incurred in a hospital based clinic be covered by the plan in the 80/20 and CDHP plans?**
A: All preventive services are covered at 100% regardless of location including facility charges if received in an outpatient setting.

Q: Is BCBS using a TPA for the health reimbursement account?

A: The TPA is Health Equity. They're responsible for administration and customer service. Members will access the HRA customer service via the BCBSNC customer service line at 888-234-2416.

Q: Will the HRA be pro-rated for hires made throughout the year?

A: New enrollees who elect the CDHP after January 1 will receive a pro-rated HRA amount.