

**GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2017**

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**SENATE BILL 218
PROPOSED COMMITTEE SUBSTITUTE S218-PCS35291-BC-9**

Short Title: State Health Plan Administrative Changes.-AB

(Public)

Sponsors:

Referred to:

March 9, 2017

A BILL TO BE ENTITLED
AN ACT TO MAKE CLARIFYING AND ADMINISTRATIVE CHANGES TO THE LAWS
RELATING TO THE NORTH CAROLINA STATE HEALTH PLAN FOR TEACHERS
AND STATE EMPLOYEES.

The General Assembly of North Carolina enacts:

SECTION 1. G.S. 135-48.44(a) reads as rewritten:

"§ 135-48.44. **Cessation of coverage.**

(a) Coverage under this Plan of an employee and his or her surviving spouse or eligible dependent children or of a retired employee and his or her surviving spouse or eligible dependent children shall cease on the earliest of the following dates:

...

(6) The last day of the month in which a covered individual is found to have knowingly and willfully made or caused to be made a false statement or false representation of a material fact regarding eligibility or enrollment information or in a claim for reimbursement of medical services under the Plan. The State Treasurer may make an exception to the provisions of this subdivision when persons subject to this subdivision have had a cessation of coverage for a period of five years and have made a full and complete restitution to the Plan for all fraudulent claim amounts. Nothing in this subdivision shall be construed to obligate the State Treasurer to make an exception as allowed for under this subdivision.

...."

SECTION 2. G.S. 135-48.40(c)(2) reads as rewritten:

"(2) Employees and members of the General Assembly with 10 but less than 20 years of retirement service credit provided the employees were first hired on or after October 1, 2006, and the members first took office on or after February 1, 2007. For such future retirees, the State shall pay fifty percent (50%) of the Plan's total employer premiums. Individual retirees shall pay the balance of the total premiums not paid by the ~~State~~State unless prohibited by law. The total premium is the sum of the Plan's total employer premium contribution rate plus the employee or retiree's contribution for individual and dependent coverage."

SECTION 3.(a) G.S. 135-48.42(a) reads as rewritten:

"(a) Except as otherwise required by applicable federal law, new employees must be given the opportunity to enroll or decline enrollment for themselves and their dependents within 30 days from the date of employment or from first becoming eligible on a partially



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1 contributory or other contributory basis. Coverage may become effective on the first day of the
2 month following date of entry on payroll or on the first day of the following month. New
3 employees age 19 and older not enrolling themselves and their dependents age 19 and older
4 within 30 days, or not adding dependents when first eligible as provided herein may enroll
5 during annual enrollment, but may be subject to a 12-month waiting period for preexisting
6 health conditions, except for employees who elect to change their coverage in accordance with
7 rules established by the State Treasurer for optional or alternative plans available under the
8 Plan. Children born to covered employees ~~having coverage type (2) or (3), as outlined in G.S.~~
9 ~~135-48.43(d)~~ shall be ~~automatically covered at the time of birth without any waiting period for~~
10 ~~preexisting health conditions. Children born to covered employees having coverage type (1)~~
11 ~~shall be automatically covered at birth without any waiting period for preexisting health~~
12 ~~conditions~~ so long as the ~~claims processor~~ Plan receives notification within 30 days of the date
13 of ~~birth that the employee desires to change from coverage (1) to coverage type (2) or (3),~~
14 ~~provided that birth and~~ the employee pays any additional premium required by the coverage
15 type selected retroactive to the first day of the month in which the child was born."

16 **SECTION 3.(b)** This section becomes effective October 1, 2017, and applies to
17 children born to covered employees on or after that date.

18 **SECTION 4.** G.S. 135-48.5(a) reads as rewritten:

19 "(a) There are hereby established two health benefit trust funds, to be known as the
20 Public Employee Health Benefit Fund and the Health Benefit Reserve Fund for the payment of
21 hospital and medical benefits. As used in this section, the term "health benefit trust funds"
22 refers to the fund type described under G.S. 143C-1-3(a)(10).

23 All premiums, fees, charges, rebates, refunds or any other receipts including, but not limited
24 to, earnings on investments, occurring or arising in connection with health benefits programs
25 established by this Article, shall be deposited into the Public Employee Health Benefit Fund.
26 Disbursements from the Fund shall include any and all amounts required to pay the benefits
27 and administrative costs of such programs as may be determined by the Executive
28 Administrator and Board of Trustees.

29 Any unencumbered balance in excess of prepaid premiums or charges in the Public
30 Employee Health Benefit Fund at the end of each fiscal year shall be used ~~first, in the following~~
31 order:

- 32 (1) First, to provide an actuarially determined Health Benefit Reserve Fund for
33 incurred but unrepresented ~~claims, second, claims.~~
- 34 (2) Second, up to fifty percent (50%) of any unencumbered balance remaining
35 after providing for incurred but unrepresented claims may be set aside by the
36 State Treasurer, subject to approval by the Board of Trustees, to reduce the
37 State's unfunded actuarial accrued liability for post-employment retiree
38 health benefits.
- 39 (3) Third, to reduce the premiums required in providing the benefits of the
40 health benefits ~~programs, and third programs.~~
- 41 (4) Fourth, to improve the plan, as may be provided by the ~~General~~
42 Assembly. State Treasurer, subject to approval by the Board of Trustees.

43 The balance in the Health Benefits Reserve Fund may be transferred from time to time to
44 the Public Employee Health Benefit Fund to provide for any deficiency occurring therein. The
45 Public Employee Health Benefit Fund and the Health Benefit Reserve Fund shall be deposited
46 with the State Treasurer and invested as provided in G.S. 147-69.2 and 147-69.3."

47 **SECTION 5.** G.S. 135-48.22 is amended by adding a new subdivision to read:

48 "(7) Approve set-asides to reduce the State's unfunded actuarial accrued liability
49 for post-employment retiree health benefits as provided in G.S. 135-48.5(a)
50 and G.S. 135-48.30(a)(18)."

51 **SECTION 6.** G.S. 135-48.30(a) is amended by adding a new subdivision to read:

1 "(18) Set aside funds from the Public Employee Health Benefit Fund to reduce the
2 State unfunded actuarial accrued liability for post-employment retiree health
3 benefits as provided in G.S. 135-48.5(a), subject to approval by the Board of
4 Trustees."

5 **SECTION 7.** G.S. 135-48.20 is amended by adding a new subsection to read:

6 "(n) Immunity. – Except to the extent provided under Article 31A of Chapter 143 of the
7 General Statutes and to the extent of insurance coverage purchased pursuant to G.S. 58-32-15,
8 a person serving on the Board of Trustees shall be immune individually from civil liability for
9 monetary damages for any act, or failure to act, arising out of that service, except where any of
10 the following apply:

11 (1) The person was not acting within the scope of that person's official duties.

12 (2) The person was not acting in good faith.

13 (3) The person committed gross negligence or willful or wanton misconduct that
14 resulted in damages or injury.

15 (4) The person derived an improper personal financial benefit, either directly or
16 indirectly, from the transaction.

17 (5) The person incurred the liability from the operation of a motor vehicle."

18 **SECTION 8.** G.S. 135-48.1 reads as rewritten:

19 "**§ 135-48.1. General definitions.**

20 As used in this Article unless the context clearly requires otherwise, the following
21 definitions apply:

22 (1) Authorized representatives who are assisting the State Health Plan Division
23 staff. – Staff of the Department of the State Treasurer, staff of the
24 Department of Justice, or persons providing internal auditing assistance
25 required under G.S. 143-746(b).

26 (1a) Benefit period. – The period of time during which charges for covered
27 services provided to a Plan member must be incurred in order to be eligible
28 for payment by the Plan.

29 "

30 **SECTION 9.** Part 1 of Article 3B of Chapter 135 of the General Statutes is
31 amended by adding a new section to read:

32 "**§ 135-48.16. Fraud detection and audit programs.**

33 (a) Access to Persons and Records. – In the course of conducting an investigation or a
34 audit under G.S. 135-48.30(a)(9), the Plan, or authorized representatives who are assisting the
35 State Health Plan Division staff, shall have ready access to the following:

36 (1) Persons, books, records, reports, vouchers, correspondence, files, personnel
37 files, investments, and any other documentation of any employing unit. The
38 Plan shall have the authority to both examine and make copies of the
39 information described in this subdivision. The review of State tax returns
40 shall be limited to matters of official business, and the Plan's report shall not
41 violate the confidentiality provisions of the tax laws.

42 (2) Persons, records, papers, reports, vouchers, correspondence, books, and any
43 other documentation that is in the possession of any individual, private
44 corporation, institution, association, board, or other organization that pertain
45 to any benefits received, disbursed, or otherwise handled pursuant to a grant
46 or contract from the federal government, the State, or its political
47 subdivisions. Providers of social and medical services to a beneficiary shall
48 make copies of records they maintain for services provided to the
49 beneficiary.

50 (b) Records of Providers of Social and Medical Services. – Providers of social and
51 medical services who provide ready access to the Plan under subdivision (2) of subsection (a)

1 of this section shall make copies of records they maintain for services provided to a beneficiary
2 available to the Plan or to the authorized representatives who are assisting the State Health Plan
3 Division staff. The Plan, or authorized representatives who are assisting the State Health Plan
4 Division staff, shall request records in writing by providing the name of each beneficiary from
5 whom records are sought, the purpose of the request, the authority for the request, and a
6 reasonable period of time for the production of record copies by the provider. A provider may
7 charge, and the Plan, or authorized representatives who are assisting the State Health Plan
8 Division staff, shall, in accordance with G.S. 90-411, pay a reasonable fee to the provider for
9 copies of the records provided.

10 (c) Fraud Detection and Audit Reports and Work Papers. – The Plan shall maintain for
11 10 years a complete file of all compliance investigative reports, fraud investigative reports, and
12 reports of other examinations, investigations, surveys, and reviews issued under the Plan's
13 authority under G.S. 135-48.30(a)(9). Fraud or compliance investigation work papers and other
14 evidence or related supportive material directly pertaining to the work of the State Health Plan
15 Division of the Department of State Treasurer shall be retained according to an agreement
16 between the Plan and State Archives. To promote intergovernmental cooperation and avoid
17 unnecessary duplication of fraud investigative effort, and notwithstanding local unit personnel
18 policies to the contrary, pertinent work papers and other supportive material relating to issued
19 fraud or compliance investigation reports may be, at the discretion of the Executive
20 Administrator of the Plan, and unless otherwise prohibited by law, made available for
21 inspection by duly authorized representatives of the State and federal government who desire
22 access to, and inspection of, such records in connection with some matter officially before
23 them, including criminal investigations. Except as provided in this section, or upon an order
24 issued in Wake County Superior Court upon 10 days' notice and hearing finding that access is
25 necessary to a proper administration of justice, fraud investigation work papers and related
26 supportive material shall be kept confidential, including any information developed as a part of
27 the investigation."

28 **SECTION 10.** G.S. 105-259(b) is amending by adding a new subdivision to read:

29 "(39a) To furnish the Department of State Treasurer with information it requests
30 related to an investigation or audit under G.S. 135-6(q), 135-48.16, or
31 128-28(r)."

32 **SECTION 11.** Except as otherwise provided, this act is effective when it becomes
33 law.