SEBB Insurance Accounting Manual

SEBB organizations

Billing for Medical, Dental, and Vision

- **Monthly billing** (INVmmyy) is an automated process. It runs on "cycle 4", for K-12 organizations. The billing file is for coverage for the following month (for example, cycle 4 billing created on 12/15/2022 will be for 01/2023 coverage month, billing file created on 01/13/2023 for 02/2023 coverage month and so on).

- **Daily billing** (DLYmmdd) is triggered daily when an organization enters an eligibility change. For example, if an organization retro-enrolls a subscriber on 05/17/2023 with an effective date of 04/01/2023, the daily process would recognize that the April and May billing file had already run and would post both invoices as part of the daily process. Changes made after monthly billing will show on the next month's bill (in this example June).

- **Manual billing** (ADJmm/dd) occurs when an organization requests an adjustment via HCA Support because the correction for an eligibility change can't be entered into SEBB My Account. In most cases, this occurs when the effective date you need to use for enrollment or termination does not fall within the lower limit date parameters; the effective date of the enrollment change is prior to an existing effective date already on the subscriber's account; or to you need to correct a keying error. ERB Division Outreach & Training staff will enter/correct the eligibility information and HCA ERB Accounting staff will manually post adjustments to the affected bill(s). You will see the effect of the change on your next month's billing file.

Payments

- Premium payments are due no later than the 5th of the month following the month of coverage (January 2023 coverage due 02/05/2023).

  o Remittance will be sent to lockbox and **must include your unique organization number:**

    > **HCA-SEBB BENEFITS**
    > **PO Box 94194**
    > **SEATTLE, WA 98124-6494**

  o This lockbox is for Medical/Dental/Vision/Basic Life/Basic LTD payments only.
  o **If your organization has a PEBB account,** (i.e. you have School Board members participating in PEBB or an ESD with represented employees) you must make a **separate payment** and send to PO Box 84265, Seattle, WA 98124-8465.

- SEBB Organizations must remit exact premium billed.

  o If you are expecting a credit or additional charges, as a result of a retroactive change, you are encouraged to wait to "take the credit" or pay the extra months' premiums until you see it on your invoice. This will make monthly reconciliations much easier.

System Limitations

- First month of erroneous billing not credited: If a school employee and/or their dependent is enrolled in error, the termination date must be the same date as the enrollment date (usually the first day of the month). When both of these dates are the same, the Pay1 system sometimes "thinks" they should have coverage for one month and will not credit back for that first month. Contact HCA ERB Accounting through HCA Support if you do not receive your full credit.

Billing Dates

Coverage month	Billing date (Cycle 4)
January 2023	12/15/2022
February 2023	01/13/2023
March 2023	02/15/2023
April 2023	03/15/2023
May 2023	04/14/2023
June 2023	05/15/2023
July 2023	06/15/2023
August 2023	07/14/2023
September 2023	08/15/2023
October 2023	09/15/2023
November 2023	10/13/2023
December 2023	11/15/2023
January 2023	12/15/2022

Billing File

Report name: Billing file by agency/sub

Accessed: Via SEBB My Account download
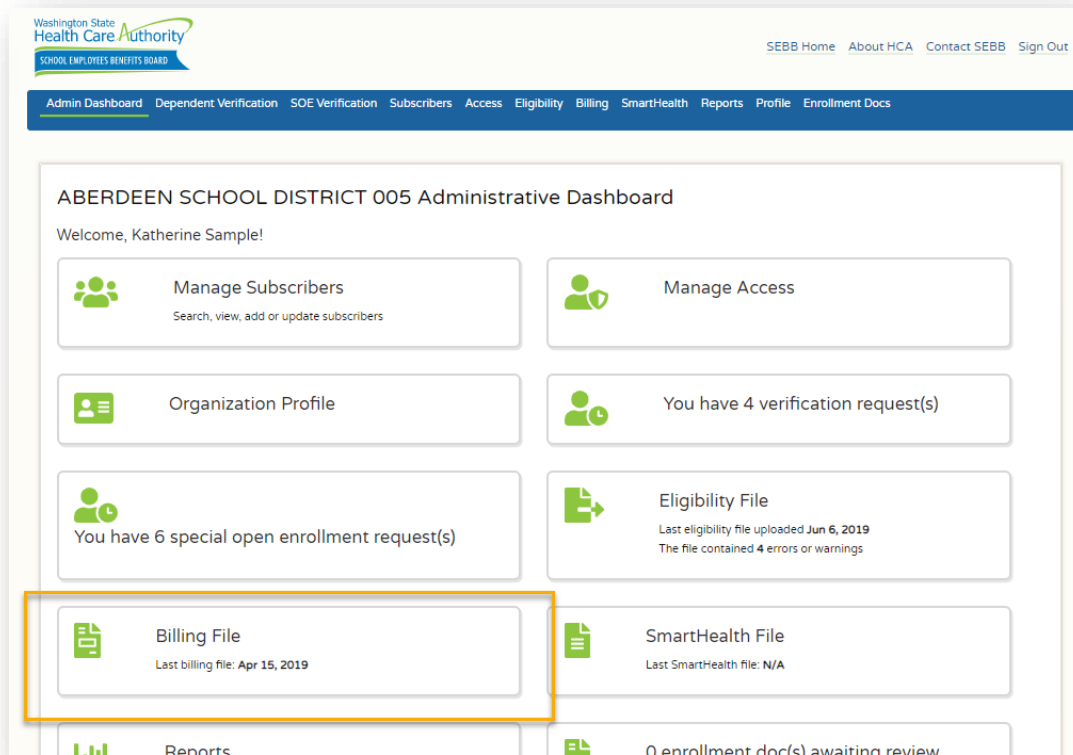
Description:

- This report shows the total premiums billed for those school employees (and any enrolled dependents on their account) who are enrolled in the designated coverage period, plus any retroactive eligibility changes since the prior billing file. The billing file should be reviewed for accuracy and to ensure that billing correctly matches eligibility information.

- The billing file may include amounts due from previous coverage periods, which are displayed in the coverage period column.

- Please contact HCA ERB Accounting, as soon as possible, if a discrepancy is found.

Timing: Produced monthly at billing cycle 4

Field definition

Your organization's name appears in the top left corner of the billing statement.

The Pay1 system has assigned a unique organization number to ensure your account is properly billed and credited. It is the "Employer Agency Code" shown in the "Selected Billing File" box, as well as on each line of your employees-column titled "Employer Agency Code", e.g., 600-A01, 600-D05, etc.

Employees are listed alphabetically by last name, first name and middle initial.

Reading across the page, the next column is the employee's social security number (**SSN**).

Transaction date is the date the transaction occurred.

Transaction type indicates an invoice (**I**) or credit (**C**).

Coverage Period indicates the coverage period, year, and month (**YYYYMM**) the transaction relates to.

Batch Number is assigned by the billing system and shows the source of the transaction:

> **DLYmmdd** is a system-generated transaction due to an eligibility change

> **ADJmm/dd** is a manual adjustment made by HCA ERB Accounting staff

> **INVmmyy** is system-generated billing from the monthly billing cycle

Health Carrier Code indicates the medical insurance carrier for which the bill was created.

Health Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Dental Carrier Code indicates the dental carrier and plan selected.

Dental Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Vision Carrier Code indicates the vision carrier and plan selected.

Vision Family Composition i.e. Full Family, EE (employee) and spouse, EE only, EE and children or waive.

Transaction Amount is the total amount to be remitted to HCA, includes employer contributions, employee health premium, tobacco surcharge (if applicable) and spousal surcharge (if applicable).

Employee Health Premium Amount is the employee's portion of the heath premium.

Tobacco-use Surcharge if applicable.

Spousal Surcharge if applicable.

LTD Supplemental Percentage Rate formatted .00000

Employer Contribution or "Funding Rate"

Current Month Invoice of SEBB Organization is total current month's billing for all employees, **SSN** is 000000000 and **Last Name** is Total.

Balance Forward Amount of SEBB Organization is any outstanding balance or credit that remained on the account from previous months when the current month's billing was created. **SSN** is 000000000 and **Last Name** is Total.

Total Amount Due from SEBB Organization

Download in Excel format example

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1	Employer Agency Code	Employee Last Name	Employee First Name	Employee MI	SSN/ITIN	Transaction Date	Transaction Type	Coverage Period	Batch Number	Health Carrier Code	Health Family Composition	Dental Carrier Code	Dental Family Composition	Transaction Amount	Employee Health Premium Amount
2	600D02	TOTAL			000000000	0		201901						00,000.00	00,000.00
3	600D02	COREY	IXER	S	879431777	20191202	I	201901	INV0120	V	EE AND SPOUSE	EE AND SPOUSE	EE AND SPOUSE	$1,140.00	00,224.00
4	600D02	BLANKA	RANNIE	P	766875405	20191202	I	201901	INV0120	V	EE AND SPOUSE	EE AND SPOUSE	FULL FAMILY	$1,190.00	00,224.00
5	600D02	LANEY	TWOMEY	T	876262564	20191202	I	201901	INV0120	V	EE ONLY	EE ONLY	EE ONLY	$1,023.00	00,107.00
6	600D02	ATHENE	MEWE	I	328538449	20191202	I	201901	INV0120	V	EE ONLY	FULL FAMILY	FULL FAMILY	$1,023.00	00,107.00
7	600D02	ELISABETT	CLAPP	M	152166721	20191202	I	201901	INV0120	V	FULL FAMILY	FULL FAMILY	FULL FAMILY	$1,220.00	00,304.00

Note: Not all columns are shown in the image above

Download instructions:

- Open Excel and import the data "From Text"
- Click on Open file
- Navigate to the folder where you downloaded the file
- Select the file that you downloaded (you might have to change the file type from "All Excel files" to "All files"
- On page 1 of the Text Import Wizard pop-up, choose "delimited" as the file type
- On page 2 of the Text Import Wizard pop-up, check the Semicolon box as the delimiter
- On page 3 of the Text Import Wizard pop-up, click Finish

2023 Carrier Codes

Medical Plan Codes	
Plan code	**Plan name**
KN1	Kaiser Permanente NW 1
KN2	Kaiser Permanente NW 2
KN3	Kaiser Permanente NW 3
KW1	Kaiser Permanente WA Core 1
KW2	Kaiser Permanente WA Core 2
KW3	Kaiser Permanente WA Core 3
KWS	Kaiser Permanente WA SoundChoice
KP1	Kaiser Permanente WA Summit PPO 1
KP2	Kaiser Permanente WA Summit PPO 2
KP3	Kaiser Permanente WA Summit PPO 3
PH	Premera High PPO
PM	Premera HMO
PS	Premera Standard PPO
V	Uniform Medical Plan Achieve 1
VA	Uniform Medical Plan Achieve 2
VHSA	Uniform Medical Plan High Deductible
V1	Uniform Medical Plan Plus-UW
V2	Uniform Medical Plan Accountable Care Plan (ACP) Puget Sound High Value Network

Vision Plan Codes	
Plan code	**Plan name**
T1	Davis Vision
T2	EyeMed
T3	MetLife

Dental Plan Codes	
Plan code	**Plan name**
1S	Uniform Dental Plan
3S	Willamette Dental
4S	DeltaCare

Reconciling Your Account

In order to determine adjustments needed, we recommend the following:

1. Review billing files downloaded from SEBB My Account to verify that necessary HCA adjustments appear and that the adjustment amounts are correct.
2. Compare the detail billing from HCA to your records (generally payroll deduction reports).
3. Use the enclosed "Reconciliation Assistance Chart" to determine the cause and solution for any discrepancies revealed by the comparison.

Reconciliation assistance chart

Problem	Cause	Solution
HCA did not bill for an employee	Employee's coverage has not been enrolled (i.e., keyed in the system).	1. Key enrollment in SEBB My Account 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either via HCA Support or 1-800-700-1555 concerning retroactive enrollment.
HCA billed for terminated employee	Employee's coverage has not been terminated in the system	1. Key termination in SEBB My Account 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either via HCA Support or 1-800-700-1555 concerning retroactive terminations.
For termed employee - employer (ER) amount refunded, but employee (EE) amount not refunded.	HCA system limitation	Contact HCA ERB Accounting for billing correction.
Billing amount (ER or EE) doesn't match between the HCA billing and your organization calculation.	Problem can be either HCA or your organization. HCA's enrollment doesn't match your organization's enrollment Your organization paid incorrect rate (may have used payroll deduction amount and not the billing file).	1. Check actual enrollment; correct enrollment as needed. Contact HCA ERB Accounting for billing correction.

Reconciliation notes

- It is your SEBB Organization's responsibility to reconcile your billing records to HCA's.

- HCA ERB Accounting staff are unable to determine your SEBB Organization's reconciliation as your monthly payment posts as a lump sum to your SEBB Organization's account and as such, we are unable to determine the amount of premiums you intended to pay for each subscriber.

- Each month, you need to compare your payroll records to the HCA billing file for differences between what you were billed and what you expected to be billed.

- For any differences noted, you need to determine the cause and determine if the error occurred on your side or on the HCA side.

- If the error is caused by an enrollment change that has not been keyed or has been keyed incorrectly, please contact the ERB Division Outreach & Training via HCA Support for assistance or at 1-800-700-1555.

- If the eligibility is correct, but the billing is still wrong, please contact the HCA ERB Accounting via HCA Support.

- Differences caused by your SEBB Organization can be corrected on your next payment and need to be reported to HCA via HCA Support.

- Differences caused by HCA billing should be reported immediately to HCA ERB Accounting staff, via HCA Support, for correction.

- Re-check the previous month's differences on next month's bill to see if it was corrected. HCA billing errors should be corrected within two billing cycles of being reported. Contact HCA ERB Accounting staff again if the discrepancies still haven't been corrected.

- Per the HCA "Retroactive Termination Policy 19-1. If the termination isn't processed timely, you could end up being responsible for premiums for those months the employee wasn't eligible for coverage.

Reminders

- Be mindful of invoice cycle dates when making enrollment or accounting changes –

  o Cutoff for eligibility and accounting changes is the 12th of each month.
  o Changes submitted after that date may not be reflected on the upcoming billing statement, but on the subsequent one instead.

- Read your billing file carefully –

  o What appears to be a double invoice may be billing for prior month(s) and current month.
  o The coverage period field will indicate the month(s) which are invoiced for each employee.

- Eligibility and accounting changes should be reflected on your billing file within two months of entering/reporting them to HCA –

  o If you have entered such a change and your billing file does not reflect the change within two months, contact HCA ERB Accounting for follow-up.

- Take credits only once –

  o If you take the credit before it appears on your billing file, and then take it again when it does appear on a future billing file, your account will be out of balance with HCA, and you may receive a past due notice.

- Ensure your "Agency" and "Sub-Agency" are noted on your payment –

  o If you mail your payment to the Seattle lockbox without this information, the bank will not process the payment.
  o This will delay posting of the payment to your account.

- Keep your account reconciled within 60 days of receiving each invoice.

  o This will prevent you receiving a Past Due Letter,
  o Contact the HCA ERB Division Outreach and Training unit directly (via HCA Support or at 1-800-700-1555) for eligibility or enrollment questions.
  o HCA ERB Accounting can only assist you with billing questions.

- Contact HCA ERB Accounting if the subscriber's eligibility is correct, but the billing file is incorrect

  o Requests through HCA Support are preferred over telephone calls as it gives us reference documentation for any adjustments that must be done.

FSA/DCAP Payroll Deductions

SEBB Organizations must remit employee contributions after each pay period. Remittance will be sent to lockbox and **must include your unique organization number and FSA/DCAP amounts split** :

> ***HCA-SEBB FLEX SPEND***
> ***PO Box 84245***
> ***SEATTLE, WA 98124-5545***

- This lockbox is for FSA/DCAP payroll deductions only.

FSA/DCAP admin fee billing

SEBB Organizations are no longer billed, the admin fee is included in the employer contribution (or "funding rate").