

Insurance Accounting Training

Higher Education

HEALTH INSURANCE TRAINING FOR HIGHER EDUCATION AGENCIES

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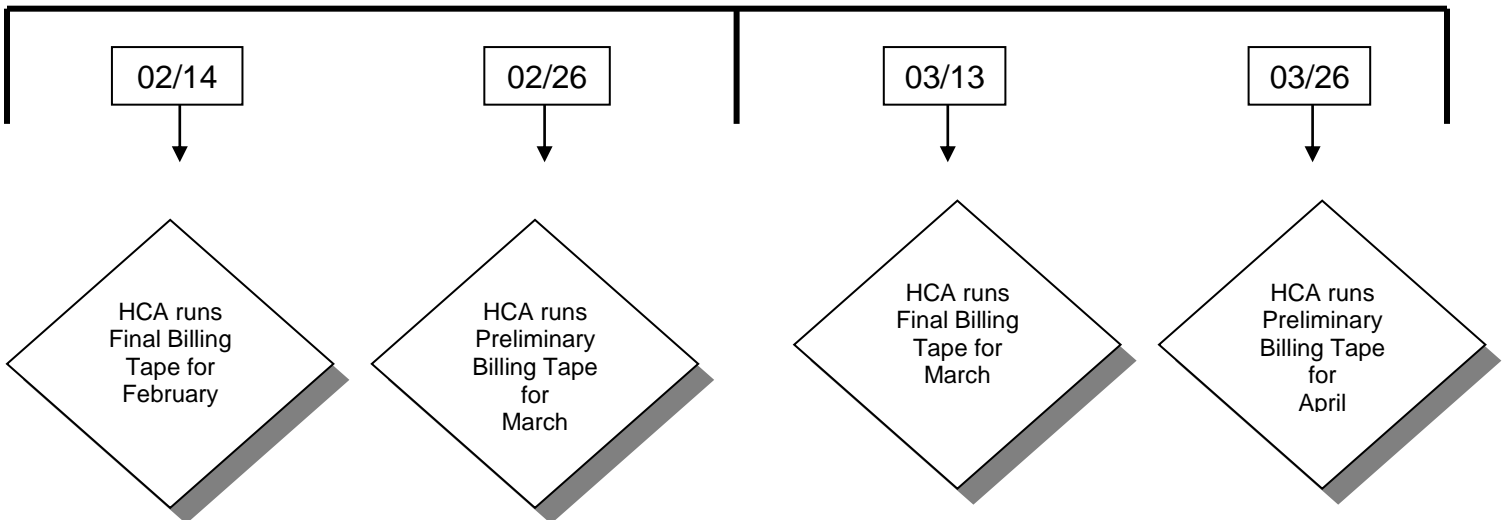
Higher Ed Billing Schedule

<u>Coverage Month</u>	<u>Preliminary Billing File Creation Date (cycle 2)</u>	<u>Final Billing File Creation Date (cycle 0)</u>
January 2020	12/26/19	01/15/20
February 2020	01/27/20	02/15/20
March 2020	02/26/20	03/13/20
April 2020	03/26/20	04/15/20
May 2020	04/27/20	05/15/20
June 2020	05/26/20	06/15/20
July 2020	06/26/20	07/15/20
August 2020	07/27/20	08/14/20
September 2020	08/26/20	09/15/20
October 2020	09/28/20	10/15/20
November 2020	10/30/20	11/13/20
December 2020	11/27/20	12/15/20

HCA Billing Cycle (example)

February 2020

March 2020



Final Billing File Calculation Formula

Final Billing File = Preliminary Invoicing File + Daily Eligibility Updates
(since preliminary file process) + Daily Adjustment Updates (since
preliminary file process)

SAMPLE HIGHER ED PROCESS DATES

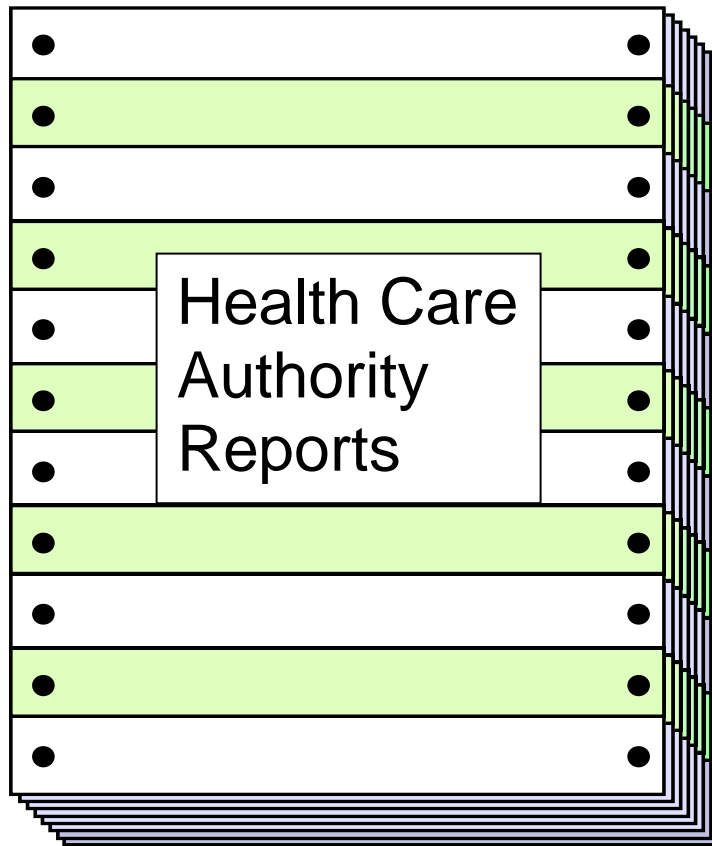
FEBRUARY 2020

DATE	PROCESS	
01/15/20	Online changes for February processing period begin. See daily eligibility reports. (HRISDB5044-R04)	Informational report will reflect eligibility changes for Feb. 10 which are keyed from 01-16-20 to 01-31-20 .
01/27/20	1) Cycle 2 invoicing for February runs 2) Create informational file which is sent to CTC	
02/14/20	<i>CTC PRODUCES HCA BILLING PREMIUM REPORT</i> (REPORT # CR5605) FROM INFORMATIONAL FILE	Final invoicing report will reflect eligibility changes for Feb. 10 which are keyed from 1-15-20 to 2-14-20 .
02/10/20	Optional LTD – 1 st half of EC Health for 2/20	
02/14/20	Create final invoicing file which is sent to CTC	
02/14/20	Online changes for March processing period begin. See daily eligibility reports. (HRISDB5044-R04)	Informational report will reflect eligibility changes for Mar. 10 which are keyed from 2-17-20 to 3-13-20 .
02/24/19	<i>CTC PRODUCES HCA BILLING PREMIUM REPORT</i> (REPORT # CR5605) FROM FINAL INVOICING FILE	
02/26/20	Optional LTD – 2 nd half EC Health + ER for 2/20	

2020 Medical/Dental Carrier Codes

MEDICAL PLAN CODES			
PLAN CODE	WELLNESS CODE	PLAN NAME	
CURRENT PLANS			
C	CW	Kaiser WA Classic	
C1	C1W	Kaiser WA Sound Choice	
CV	CVW	Kaiser WA Value	
CHSA	CHSW	Kaiser WA CDHP	
D	DW	Kaiser Permanente	Classic
DHSA	DHSW	Kaiser Permanente	Consumer Directed Health Plan (CDHP)
U	UW	Uniform Medical Plan	Classic
U1	U1W	Uniform Medical Plan	UMP Plus UW Medicine ACN
U2	U2W	Uniform Medical Plan	UMP Plus Puget Sound High Value Network (PSHVN)
UHSA	UHSW	Uniform Medical Plan	Consumer Directed Health Plan (CDHP)
Z		No Plan Selected	
DENTAL PLAN CODES			
CODE	PLAN NAME		
CURRENT PLANS			
1	Uniform Dental Plan		
3	Willamette Dental Plan 2008		
4	DeltaCare		
9	No Plan Selected		

**Plan code 8 is for Life
Plan code 6 is for LTD**



HEALTH CARE AUTHORITY REPORTS FORMAT

Your **AGY/AGY-SUB** is in the top left corner.

Employees are listed alphabetically by last name in the **NAME** column.

Next is the employee's **SSN**

BATCH NUMBER AND SEQUENCE# are assigned by the system and show the source of the adjustment

DLY - Daily eligibility updates - system generated

ADJ - Adjustments made by Health Care Authority Accounts Auditors

INV - Invoicing - system generated

XFE - Transfers - system generated

COV PER indicates the coverage period which is affected

The **TRAN DATE** is the date the transaction occurred and is the same as the run date for daily reports.

AGY/SUB-AGY is listed for the adjustment

The **ACCTS REC** shows the **ER** - which includes both the employer portion and the employee health portion.

The **CARRIER PREMIUMS** section shows the amount paid to the carriers.

The **MED EC** line shows the employee health portion.

The PV (premium variance) is the difference between the amount paid to the carriers and the account receivable amount (amount collected).

Using the Daily Eligibility Update Report And Daily Adjustment Report

- These reports are produced nightly out of the daily invoicing process based on eligibility updates and manual adjustments that have been keyed throughout each day.
- In order to verify accurate accounting corrections, the following fields of the report should be checked when an account appears on the report:
 - **Employee Name and SSN** – verify you have keyed or requested updates for all employees listed (this will only show if the eligibility changes resulted in accounting changes). If you keyed changes on additional employees the changes did not affect the premium. Check with HCA if you think they should have.
 - **Coverage Period** – is in YYMM format. Verify you have received accounting changes for each month.
 - **Agency/Sub-Agency** – verify that only invoices/credits for your employees have been invoiced and/or credited and the correct sub-agency was keyed.
 - **Amount** - A negative sign (“-“) after a dollar amount indicates a credit to your agency. No negative sign indicates a charge to your agency.
 - **Carrier Premiums (Health and Dental)** – verify the health and/or dental carrier codes are accurate.
 - **Med EC** – verify that the appropriate carrier code and corresponding employee contribution has been properly credited and/or billed. (Although this detail falls under “Carrier Premiums”, it represents the amount your agency will be charged under “Employee Contributions”).
 - **Accts Rec - ER** – verify that your agency is being credited and/or billed the appropriate employer amount. This amount listed is the combined total of the employer contribution (\$913.00) plus the employee contribution.
- If you identify any discrepancies or expected different charges, please contact HCA Accounts Receivable for a review of the transactions.
- The net result of the changes reported will be picked up by the next monthly billing file.

DAILY ELIGIBILITY UPDATE REPORT

REPORT NAME: Daily Eligibility Update Report by Agency

REPORT NUMBER: HRISDB5044-R04

DESCRIPTION: Shows daily eligibility updates made by the agency payroll offices, and/or HCA's eligibility department that resulted in daily premium adjustments. The daily eligibility update report shows invoices and credits for each affected coverage period for each employee. Agencies should receive this report the day after changes affecting premiums have been keyed for that agency/sub-agency.

HEALTH CARE AUTHORITY PAGE: 1
 DAILY ELIGIBILITY UPDATE REPORT BY AGENCY

AGY/AGY-SUB: 107-

NAME	SSN	BATCH NBR	SEQ#	COV PER YMMM	TRAN DATE MM/DD/YY	AGY-SUB	AMOUNT TYPE	
SMITH, JOHN	444-44-4444	DLY1023	070	1604	10/23/19	107	939.00- EMPLOYER BASIC 107.00- EMPLOYEE MEDICAL CONTRIBUTION 25.00- EMPLOYEE TOBACCO SURCHARGE -----	
						TOTAL	1,071.00-	
SMITH, JOHN	444-44-4444	DLY1023	070	1604	10/23/19	107	939.00 EMPLOYER BASIC 165.00 EMPLOYEE MEDICAL CONTRIBUTION 25.00 EMPLOYEE TOBACCO SURCHARGE -----	
						TOTAL	1,129.00	
							=====	
AGENCY 107							TOTAL	58.00
							EMPLOYER TOTAL	58.00
EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL								.00

0

DAILY ADJUSTMENT REPORT

REPORT NAME: Daily Adjustment Report by Agency
REPORT NUMBER: HRISDB5044-R02
DESCRIPTION: Shows all manual adjustments made by PEB Accounting staff on a specific date. These adjustments could not be made on-line and may have been requested through payroll offices or to correct erroneous invoicing. You will only receive this report for days on which manual adjustments have been keyed by HCA for your agency.
USE: This report should be used to confirm that changes or adjustments have been processed by HCA.

1REPORT NO: HRISDB5044-R02 STATE OF WASHINGTON RUN DATE: 10/23/19
 HEALTH CARE AUTHORITY PAGE: 1
 DAILY ADJUSTMENT REPORT BY AGENCY

AGY/AGY-SUB: 107-

NAME	SSN	BATCH NBR	SEQ#	COV PER YMM	TRAN DATE MM/DD/YY	AGY-SUB	AMOUNT TYPE
SMITH, MARY	111-11-1111	ADJ10/23	463	1601	10/23/19	107	939.00- EMPLOYER BASIC 107.00- EMPLOYEE MEDICAL CONTRIBUTION
						TOTAL	1,046.00-
SMITH, JOHN	111-11-11111	ADJ10/23	464	1601	10/23/19	107	939.00 EMPLOYER BASIC 165.00 EMPLOYEE MEDICAL CONTRIBUTION 25.00 EMPLOYEE TOBACCO SURCHARGE
						TOTAL	1,129.00
							=====
AGENCY 107						TOTAL	83.00
						EMPLOYER TOTAL	83.00
EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL							.00

REPORT

REPORT NAME: Monthly Eligibility Update Report by Agency
REPORT NUMBER: HRISDB5044-R14
DESCRIPTION: This report is an accumulation of all daily eligibility updates keyed on-line throughout the period.
TIMING: Produced around the 22nd of each month (not produced if no changes keyed)

Using the Monthly Eligibility Update and Adjustment Reports

- **Monthly Eligibility Update Report:** This report is a compilation of all the Daily Eligibility Updates that have occurred since the last monthly report, and it can be used in conjunction with your Monthly Adjustment Report to audit your monthly invoicing for accuracy.
- **Monthly Adjustment Report:** This report is a compilation of the manual accounting adjustments that have occurred since the last monthly report, and it can be used in conjunction with your Monthly Eligibility Update Report to audit your monthly invoicing for accuracy.

MONTHLY ADJUSTMENT REPORT

REPORT NAME: Monthly Adjustment Report by Agency
REPORT NUMBER: HRISDB5044-R12
DESCRIPTION: This report is an accumulation of all daily adjustments keyed on-line throughout the period.
TIMING: Produced around the 22nd of each month (not produced if no changes keyed)

MONTHLY TRANSFER HOLD FORWARDING REPORT

REPORT NAME: Monthly Transfer Hold Forwarding Report by Agency
REPORT NUMBER: HRISDB5044-R16
DESCRIPTION: This report includes all information reported on the Daily Transfer Hold Forwarding Reports by Agency for the period.

System Limitations

- **Keying an enrollment and a termination on the same employee or dependent on the same day may cause invoicing problems.** If you make an error when keying a change, let the system process the change overnight, and then key the correction or reversal the next day.
- **One month of invoicing may not get backed out.** If an employee or dependent is enrolled and then terminated with the same effective date as the enrollment, the insurance system will not back out the first month's invoice. Contact PEB Accounting via FUZE when this occurs and we will manually reverse the invoice.
- **Keying multiple SSN changes on the same employee or dependent on the same day will cause accounting issues.** If you change the SSN of an employee or dependent and make a keying error you must wait until the next day before keying the correction. DO NOT key a retroactive change to a SSN, contact PEB Accounting for assistance.
- **Keying eligibility screens out of numerical order can cause problems.** New enrollments (new hires) and multiple changes (like marriage) should be keyed in the order of the screen numbers (i.e.; A.41, A.43, etc). If the numeric order is scrambled (i.e.; keying the A.41, then the A.44, then the A.43, then the A.45) the daily invoicing process may not read the data correctly.
- **Timing of retro-terms can cause problems.** Retroactive terminations that are keyed by HCA due to requests right before the billing file run date (15th) can cause the credit balance reported on the billing file to be incorrect. PEB Accounting must post manual adjustments to correct the credit balance being reported on the billing file when the retro-term is subject to PEBB Policy 6-02. If we don't get notified in time to post the adjustments before the billing file runs, a false credit will be reported. Due to system limitations, the adjustment to reverse the credit will show as all ER (no EC) instead of being correctly distributed between ER and EC on the billing file. If the entire credit was EC, the adjustment will show in the ER column on the billing file in error.

Reminders

- **Be aware of invoicing dates when requesting eligibility or accounting changes –** Changes keyed after that date will not be reflected until the invoicing cycle following the eligibility change. Invoices are created once per month, PEB Accounting is unable to rerun an invoice.
- **Please read your reports carefully –** what appears to be a double invoice may be invoicing for prior month(s) and current month. The coverage period field will indicate the month(s) which are invoiced for each employee.
- **Eligibility problems should be addressed to HCA Benefits Services - HCA Accounts Receivable cannot assist you with eligibility problems.**
- **If the subscriber's eligibility is correct, and billing is incorrect, contact PEB Accounting via FUZE or email.** (A current PEB Accounting section contact list is included at the end of this packet).

HCA PEBB ACCOUNTS RECEIVABLE CONTACT LIST

- **Michelle Burgess**
Fiscal Analyst 2, PEB A/R
Specialty: FSA/DCAP
Phone: 360-725-9804
- **Sean Johnston**
Fiscal Analyst 2, PEB A/R
Specialty: FSA/DCAP
Phone: 360-725-1880
- **Dawn Young**
Fiscal Analyst 2, PEB A/R
Specialty: DRS Pension Deduct
Phone: 360-725-1109
- **Ron Luang**
Fiscal Analyst 2, PEB A/R
Specialty: Pol Sub/K-12/Higher Ed/State Agencies
Phone: 360-725-5239
- **Mali Bin**
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- **Marlys Hamilton**
Fiscal Analyst 2, PEB A/R
Specialty: Retiree/COBRA Self Pay
Phone: 360-725-0495
- **Mike Williamson**
Fiscal Analyst 2, PEB A/R
Specialty: Retiree Electronic Debit Service
Phone: 360-725-0494
- **Amy Koetje**
Fiscal Analyst 2, PEB A/R
Specialty: Retiree Electronic Debit Service
Phone: 360-725-1867

**To sign up for FUZE
Contact Outreach and Training 800-700-1555**

For eligibility contact HCA Benefits Section at 1-800-700-1555.