

Insurance Training

Political Sub-divisions & K-12 Agencies

HEALTH INSURANCE TRAINING FOR POLITICAL SUB-DIVISIONS & K-12 AGENCIES

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INVOICING

- **Monthly** invoicing is an automated process that is for the following month. It runs on “cycle 1”, for K-12 employer groups and “cycle 2”, for Political Sub groups. Invoicing is for coverage for the following month (for example, cycle 1 invoicing created on 01/23/19 will be for 02/20 coverage).
- **Daily** invoicing is used when an agency enters an eligibility change after monthly invoicing has already processed for the month. For example, if an agency retro-enrolls a subscriber on 05/29/20 with an effective date of 04/01/20, the daily process would recognize that April and May invoicing had already run and would post both invoices as part of the daily process. Changes made after monthly invoicing will show on the next month’s invoice (in this example June).
- **Manual** invoicing occurs when an agency requests an adjustment (usually via the Insurance Eligibility Form or email) because the correct effective date for an eligibility change can not be keyed online. In most cases this would be due to the effective date of the change being beyond the lower limit date, the effective date of the change being prior to an existing effective date already on the account, or to correct a keying error. PEBB staff will enter/correct the eligibility information and PEB Accounting staff will manually post adjustments to the affected invoices. You will see the effect of the change on your next month’s invoice.

PAYMENTS

- Premium payments are due no later than the 20th of the month following the month of coverage.
- Employer groups must remit exact premium billed.
 - ***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.***
- **Billing Remittance Slip must accompany all payments.** Mailing payments without billing remittance slips will cause delays in payment posting.

ELIGIBILITY “DO’S” AND “DON’T’S” FOR

MAINTAINING ACCOUNTING INTEGRITY

- **DO key eligibility screens in numerical order.** They should be keyed in the order of A.02, 41, 43, etc. If the numeric order is scrambled when keying, such as keying the A.02, then the A.41, then the A.45, then the A.43, then the A.46, the billing system may not process enrollment or billing correctly.
- **DO NOT key an enrollment and a termination on the same subscriber or dependent on the same day.** Keying an enrollment and termination on the same day may causes system billing problems. If you do make an error when keying an enrollment, let the system process the enrollment then key the correction the next day.
- **DO NOT key multiple SSN changes on the same subscriber or dependent on the same day.** If you need to change the SSN of a subscriber or dependent more than once, wait until the next day before keying the second change. Let the Daily process run after each SSN change before another change is keyed. IF you need to correct a SSN retroactively, please contact PEB Accounting for assistance.

Known System Limitations

- **EE Optional Amounts Not Credited on Termination:** Occasionally, when an employee is retroactively terminated from insurance coverage, the system will credit the ER health premiums, but not the optional LTD EE premiums. Contact PEB Accounting if you do not receive your full credit.
- **First month of erroneous billing not credited:** If an employee or 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 system frequently thinks they should have coverage for one month, and will not credit back for that first month. Contact PEB Accounting if you do not receive your full credit.
- **First month of erroneous LTD billed:** If an employee has ever had LTD in the past, the system will some time invoice LTD for the 1st month of coverage only. Contact PEB Accounting for adjustment to receive the full credit.

2020 Invoicing Dates for K-12 & Political Subdivisions

K-12 AGENCIES

<u>Coverage Month</u>	<u>Invoicing Date (Cycle 1)</u>
January	12/23/19
February	01/23/20
March	02/21/20
April	03/23/20
May	04/23/20
June	05/22/20
July	06/23/20
August	07/23/20
September	08/21/20
October	09/23/20
November	10/23/20
December	11/23/20

POLITICAL SUBDIVISION AGENCIES

<u>Coverage Month</u>	<u>Invoicing Date (Cycle 2)</u>
January	12/26/19
February	01/27/20
March	02/26/20
April	03/26/20
May	04/27/20
June	05/26/20
July	06/26/20
August	07/27/20
September	08/26/20
October	09/28/20
November	10/26/20
December	11/25/20

2020 Medical/Dental Plan Codes

MEDICAL PLAN CODES			
PLAN CODE	WELLNESS CODE	PLAN NAME	
CURRENT PLANS			
C	CW	Kaiser WA Classic	Formerly Group Health Classic
C1	C1W	Kaiser WA Sound Choice	Formerly Group Health Sound Choice
CV	CVW	Kaiser WA Value	Formerly Group Health Value
CHSA	CHSW	Kaiser WA CDHP	Consumer Directed Health Plan (CDHP)
D	DW	Kaiser Permanente	Classic
DHSA	DHSW	Kaiser Permanente	Consumer Directed Health Plan (CDHP)
F		Premera Blue Cross	Medicare Supplement Plan F
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**

Billing Statement

Report Name: Insurance Statement by Agency/Sub

Report Number: HRISDB5079-R01

Description: This report shows the total premiums billed for those individuals who are insurance eligible for the designated coverage period. The invoice should be reviewed for accuracy and to ensure that billing correctly matches eligibility information. Invoice may include amounts due for previous periods, which are designated in the coverage period column. Please contact PEB Accounting as soon as possible if a discrepancy has been found. **Please do not use the invoice to note changes needed in billing and/or eligibility.** Such changes need to be reported on the Insurance Eligibility Adjustment forms.

Timing: Produced monthly at invoicing cycle

Field Definition

Your Agency/Sub-agency (**AG/AGY-SUB**) is in the top left corner

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

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

The transaction date (**TRAN DATE**) is the date the transaction occurred

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

Coverage Period (**COV PP**) indicates the coverage period, year and month (**YYMM**) the transaction occurred

BATCH/DOC NUMBER is assigned by the billing system and shows the source of the transaction:

DLY is a system-generated transaction due to an eligibility change

ADJ is a manual adjustment made by HCA Accounting staff

INV is system-generated invoicing from the invoicing cycle

The **CARRIER CODES** indicate the insurance carriers for which the bill was created in the order of medical, dental, life, and ltd (see code chart for codes and definitions)

INSURANCE AMOUNT is the total amount billed for health, dental, basic life, and basic ltd coverage

EMPLOYEE AMOUNT is for optional LTD premiums

GROUP TOTALS: total of all premiums due for the month

CURRENT: total current month's billing for all employees

Balance Forward (**BALFWD**) is any outstanding balance or credit that remained on the account from previous months when the current month's billing was created

STATE OF WASHINGTON
 HEALTH CARE AUTHORITY
 INSURANCE STATEMENT BY AGENCY/SUB
 FOR OCTOBER 2019

AGENCY: 900 HCA POLITICAL SUB-DIV
 SUB AGENCY: B99 JOE'S WATER DISTRICT

NAME	SSN	TRAN DATE MM/DD/YY	TRAN TYPE	COV PP YYMM	BATCH/DOC NUMBER	CARRIER CODES OR DESCRIPTION	INSURANCE AMOUNT	EMPLOYEE AMOUNTS	
								LIFE	LTD
NORMAL INVOICE	444-44-4444	09/26/19	I	1019		LIFE LTD	.00	8.23	19.65
		09/26/19	I	1019	INV1215	U 1 LIFE LTD	764.72	.00	.00
			I			TOBACCO	0.00		
			I			SPOUSAL	0.00		
**** TOTAL							764.72	8.23	19.65

NAME	SSN	TRAN DATE MM/DD/YY	TRAN TYPE	COV PP YYMM	BATCH/DOC NUMBER	CARRIER CODES	INSURANCE AMOUNT	EMPLOYEE AMOUNTS	
								LIFE	LTD
MED PLAN CHANGE REMOVE SPOUSAL SURCHARGE	444-44-4444	09/18/19	C	0819	DLY0918	CV 1 LIFE LTD	764.72-	.00	.00
			C			TOBACCO	0.00		
			C			SPOUSAL	50.00-		
		09/18/19	I	0919	DLY0918	U 1 LIFE LTD	821.50	.00	.00
			I			TOBACCO	0.00		
			I			SPOUSAL	0.00		
		09/26/19	I	1019	INV1019	U 1 LIFE LTD	821.50	.00	.00
			I			TOBACCO	0.00		
			I			SPOUSAL	0.00		
**** TOTAL							878.28	.00	.00

NAME	SSN	TRAN DATE MM/DD/YY	TRAN TYPE	COV PP YYMM	BATCH/DOC NUMBER	CARRIER CODES	EMPLOYER AMOUNT	EMPLOYEE AMOUNTS	
								LIFE	LTD
OPT INCREASE	444-44-4444	09/17/19	C	0919	DLY0917	8 6	.00	2.00	1.00
		11/25/15	I	1019		8 6	.00	13.60	19.65
		11/25/15	I	1019	INV1019	U 1 8 6	878.28	.00	.00
**** TOTAL							878.28	15.60	20.65

STATE OF WASHINGTON
 HEALTH CARE AUTHORITY
 INSURANCE STATEMENT BY AGENCY/SUB
 FOR OCTOBER 2019

AGENCY: 900 HCA POLITICAL SUB-DIV
 SUB AGENCY: B99 JOE'S WATER DISTRICT

NAME	SSN	TRAN DATE MM/DD/YY	TRAN TYPE	COV PP YYMM	BATCH/DOC NUMBER	CARRIER		CODES		EMPLOYER AMOUNT	<u>EMPLOYEE AMOUNTS</u>		
						----	----	----	----		LIFE	LTD	OTHER
TERMINATION	444-44-4444	09/26/19	C	1909	DLY0926	8	6			.00	13.60-	19.65-	.00
		09/26/19	I	1909	DLY0926	U	1	8	6	828.72-	.00	.00	.00
**** TOTAL										828.72-	13.60-	19.65-	.00
**** AGENCY TOTAL										45,000.00	500.00	600.00	.00

***** GROUP TOTALS *****

	EMPLOYER	EMPLOYEE	
CURRENT	45,000.00	1,100.00	
BALFWD	10,000.00	.00	
TOTALS FOR AGENCY	55,000.00	1,100.00	= 56,100.00

Billing Statement Remittance Slip

Report Name: Insurance Statement by Agency/Sub Remittance Slip

Report Number: HRISDB5325-R01

Description: This remittance slip is produced with the detail billing statement and is to be sent back with your payment. *The bank will not process your payment without the slip, so please be certain to include it with your payment.* It identifies your agency name, number, and the coverage month for which you are paying. All payments must be accompanied by remittance slip. If you are sending a payment and do not have a remittance slip to send with it, please contact PEB Accounting and we will fax or e-mail one to you.

Timing: Produced monthly at invoicing cycle

REPORT NO: HRISDB5325-R01

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
INSURANCE STATEMENT BY AGENCY

RUN DATE:09/26/19

JOE'S WATER DISTRICT
PO BOX 1111
SMOKEY POINT, WA 98888

ACCOUNT# : 900 B99
INVOICE MONTH : 10/19
AMOUNT DUE : \$56100.00
FILE ID : P0004
DUE DATE : 10/20/19

THIS REMITTANCE SLIP MUST BE RETURNED WITH YOUR PAYMENT BY THE DUE DATE ABOVE TO ENSURE ACCURATE PROCESSING OF YOUR PAYMENT.

SEND PAYMENTS TO:

HEALTH CARE AUTHORITY
PO BOX 84265
SEATTLE, WA 98124-5565

SEND INQUIRIES TO;

HEALTH CARE AUTHORITY
PO BOX 42684
OLYMPIA, WA 98504-2684

900B99 1019 005610000

INSURANCE ELIGIBILITY ADJUSTMENT FORM

FORM: Insurance Eligibility Form

NUMBER: HCA 50-411 (12/01)

USE: Agencies that have HCA key eligibility changes are to use this form to report terminations and salary changes. If your agency does their own eligibility keying, you may use this form to reconcile differences between what was billed and what is being paid if you are not paying the exact amount billed for a coverage month.

Completed forms may be faxed to 360-725-0771 or mailed to:

Health Care Authority
Attn: PEBB Benefits
PO Box 42684
Olympia, WA 98504-2684

COMPLETION OF FORM: The following data needs to be entered on the form

1. **Agency/Sub Agency:** Your agency and sub-agency number (HCA agency account number).
2. **Agency Name:** Your agency name.
3. **Date:** The date the form is completed.
4. **Employee Name (Last, First):** The last and first name of the employee needing an eligibility change.
5. **Employee SSN:** The SSN of the employee needing an eligibility change.
6. **New Employee:** When adding new employee or dependent.
7. **Insurance Termination Date:** If the employee's insurance is to be terminated, enter the last effective date of insurance (always the last date of the month).
8. **Payment Adjustment:** The coverage month of the adjustment and the amount of the discrepancy.
9. **Salary Change Date:** The effective date of the employee's salary change (increase or decrease). The change will affect insurance for the month after the change is effective.
10. **Salary Change Gross Mo. Inc:** The new gross monthly wage of the employee if a salary change is being reported.
11. **Total Adjustment:** The total of all the payment discrepancies. (Note: the total of all the adjustments added to the payment amount must equal the amount on the billing statement.)
12. **Prepared By:** The name of the person preparing the form.
13. **Phone Number:** The phone number of the person who prepared the form.

REMINDER: Your monthly payment must equal the total amount billed. If they are not equal, you may find it difficult to reconcile. PEB Accounting encourages you to pay what you are billed and take credit(s) or pay retroactive premiums when they are invoiced. Agencies that are out-of-balance for 60 days or more will receive a termination warning. Agencies that receive a warning and do not reconcile with HCA within 30 days of the warning will face termination of coverage action. Coverage enrollment is to be reported by submitting all appropriate enrollment forms. If you have submitted enrollment forms, but the new employee is not appearing on your bill, please contact HCA Benefits Section.

Download a fillable form at www.hca.wa.gov/perspay > Forms and Publications > Download Forms > Miscellaneous > Insurance Eligibility System Adjustment Form

Insurance Eligibility Adjustment Form

Agency/Sub Agency Number [REDACTED]		Agency Name [REDACTED]				
Employee Name (Last, First)	Employee's Full SSN (000-00-0000)	Employment Termination Effective Date	Insurance Termination Effective Date*	Termination Reason*	Salary Change	
					Date Salary Changed	New Gross Monthly Salary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]

* **Insurance Termination Effective Date** is always the last day of a month (i.e. May 31, or Nov 30). Coverage lasts for the entire month in which the employee has at least 8 hours of pay status.

- ***Termination reasons** include but are not limited to:
- Employment ending, retirement, death, gross misconduct
 - Approved LWOP (disability retirement, layoff, USERRA [military] leave, educational leave, etc.)

Prepared by [REDACTED] Date [REDACTED] Phone Number [REDACTED] Email [REDACTED]

- Keep a copy for your files and submit to PEBB Program by:
- Sending via secure email through [Fuze](#), or
 - Faxing to 360-725-0771, or
 - Mailing to Health Care Authority, Attn: Outreach & Training, PO Box 42684, Olympia, WA 98504-2684

How to complete the form

The following data needs to be entered on the form:

1. **Agency/Sub Agency:** Your agency and sub-agency number (HCA agency account number).
2. **Agency Name:** Your agency name.
3. **Employee Name (Last, First):** The last and first name of the employee needing a change.
4. **Employee SSN:** The SSN of the employee needing a change.
5. **Employment Termination Effective Date:** Date the employment relationship is ending.
6. **Insurance Termination Effective Date:** If the employee's insurance is to be terminated, enter the date insurance ends (always the last date of the month).
7. **Termination Reason*:** The reason why insurance is being terminated.
8. **Date Salary Changed:** The effective date of the employee's salary change (increase or decrease). The change will affect insurance for the month after the change is effective.
9. **New Gross Monthly Salary:** The new gross monthly salary of the employee if a salary change is being reported.
10. **Prepared By:** The name of the person preparing the form.
11. **Date:** The date the form is completed
12. **Phone Number:** The phone number of the person who prepared the form.
13. **Email:** The email address of the person who prepared the form.

Agency/Sub Agency Number		Agency Name				
900 B89		Ben Franklin Transit				
Employee Name (Last, First)	Employee's Full SSN (000-00-0000)	Employment Termination Effective Date	Insurance Termination Effective Date*	Termination Reason*	Salary Change	
					Date Salary Changed	New Gross Monthly Salary
Smith, Doug	xxx-xx-xxxx	June 22 nd	June 30 th	Retirement	■	\$ ■
Jones, Shirley	xxx-xx-xxxx	■	■	■	July 8 th	\$ 3, 058.00
■	■	SAMPLE			■	\$ ■
■	■				■	\$ ■
■	■				■	\$ ■
■	■				■	\$ ■

Reconciling Your Account

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

1. Watch future billing statements to verify that any 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.
4. If your agency does not key their own eligibility changes, you **must** submit an HCA Insurance Eligibility Adjustment Form (form #HCA 50-411) to detail terminations and/or salary changes. This form is to be used for terminations and salary changes.
5. Submit any enrollment or eligibility change forms that are needed to complete the correction.

RECONCILIATION ASSISTANCE CHART

<u>Problem</u>	<u>Cause</u>	<u>Solution</u>
HCA did not bill for employee	Employee's coverage has not been enrolled	<ol style="list-style-type: none"> 1. Submit enrollment forms 2. Key enrollment (if your agency is on-line) 3. Contact HCA Benefits concerning status of submitted enrollment forms
HCA billed for terminated employee	Employee's coverage has not been terminated	<ol style="list-style-type: none"> 1. Submit termination effective date to HCA (using form HCA 50-411) 2. Key termination (if your agency is on-line) 3. Contact HCA Benefits concerning status of submitted termination information
For termed employee - employer (ER) amount refunded, but employee (EE) amount not refunded	HCA system limitation	<ol style="list-style-type: none"> 1. Contact HCA PEB Accounting for billing correction
Billing amount (ER or EE) doesn't match between HCA billing and agency calculation	Problem can be either HCA or your agency <ol style="list-style-type: none"> 1. HCA enrollment doesn't match your agency's enrollment (for EE optional amounts, may be result of salary change) 2. Your agency paid incorrect rate (may have used outdated rate chart) 	<ol style="list-style-type: none"> 1. Check actual enrollment paperwork; have enrollment corrected as needed 2. If salary change is needed, correct salary (if your agency is on-line) or report salary change on Insurance System Eligibility Adjustment Form (if HCA keys your eligibility changes) 3. Adjust your payment to correct for difference 4. Contact HCA PEB Accounting for billing correction

Reconciliation Notes

- **It is your agency's responsibility to reconcile your billing records to Health Care Authority.**
- **PEB Accounting staff are unable to determine your agency's side of the reconciliation as your monthly payment posts as a lump sum to your agency's account and 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 invoice to determine any differences between what you were billed and what you expected to be billed.**
- **For any differences noted, you need to determine the cause of the differences and discover if the error is on your side or on HCA side.**
- **If the error is caused by an enrollment change that has not been done or has been done incorrectly, please contact HCA Benefits section.**
- **If eligibility is correct, but the billing is still wrong, please contact PEB Accounting via FUZE .**
- **Differences caused by your side can be corrected on your next payment and need to be reported to HCA.**
- **Differences caused by HCA billing should be reported immediately to PEB Accounting staff, via FUZE, for correction.**
- **Re-check the previous month's differences on next month's bill to see if they have been corrected. HCA errors should be corrected within two billing cycles of being reported. Contact HCA PEB Accounting staff again if the discrepancies still haven't been corrected.**
- **Remember the HCA "Retroactive Termination Policy". If the termination isn't processed timely, you could end up being responsible for premiums for months the employee wasn't covered.**

K-12 & Political Subdivision Reminders

- **Be aware of invoicing dates when requesting eligibility or accounting changes** – cutoff for eligibility and accounting changes is the 20th of each month. Changes submitted after that date may not be reflected on the upcoming invoicing statement.
- **Please read your invoices 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 and accounting changes should be reflected on your bill within two months of reporting them to HCA** – if you have requested such a change and your invoice does not reflect the change within two months, please contact HCA Benefits department for follow-up.
- **To insure accuracy of billing of optional LTD premiums, always report salary changes immediately.** Optional LTD will always be affected by salary changes. Failure to report the salary changes will result in incorrect coverage and premiums.
- **Salary increases and birthdays affect optional LTD premiums the month after they go into affect** – for example, an employee who receives a raise on January 1st will have their optional premiums increased on February 1st.
- **When checking credits on a terminated employee, be certain to verify that LTD premiums have also been credited for any months needed** – a known system limitation may cause the optional LTD premiums to not be refunded to your agency in conjunction with the “employee share” of health, etc. This problem must be corrected manually by PEBB Accounts Receivable, so please contact us if you find any instances of this error.
- **Take credits only once** – if you take the credit before it appears on your billing statement, and then take it again when it does appear on a future statement, your account will be out of balance with HCA.
- **Return your remittance slip with your payment** – if you mail your payment to the Seattle lockbox without your remittance slip, the bank will not process the payment. It will be sent to HCA office in Olympia, and we will have to make a copy of your remittance slip and return it to the bank with your payment. This will delay posting of the payment to your account.
- **To avoid receipt of an Overdue Balance Notice, your agency must keep its account reconciled within 60 days.**
- **If you have an eligibility problem, you should contact the HCA Benefits (via email).** HCA Accounts Receivable Department cannot assist you with eligibility problems.
- **If the subscriber’s eligibility is correct, but the billing is incorrect, you should contact PEB Accounting.** A current PEB Accounting contact list is included at the end of this packet. When possible, emails and/or faxes are preferred over telephone calls as it gives us reference documentation for any adjustments that must be done.

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**
Fiscal Analyst 2, PEB A/R
Specialty: Pol Sub/K-12/Higher Ed/State Agencies Retirees
Phone: 360-725-0492
- **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.