

Insurance Accounting Training

State (Central Pay) Agencies

Updated November 2020

INSURANCE ACCOUNTING TRAINING FOR STATE (CENTRAL PAY) AGENCIES

<u>INVOICING.....</u>	<u>1</u>
<u>PAYMENTS.....</u>	<u>1</u>
<u>STATE SHARE TRANSFER PROCESS.....</u>	<u>2</u>
<u>PAYROLL AND THE STATE SHARE PROCESS.....</u>	<u>3</u>
<u>STATE SHARE TRANSFER PROCESS CALENDAR FOR 2020.....</u>	<u>4</u>
<u>SYSTEM LIMITATIONS</u>	<u>5</u>
<u>OPTIONAL LTD ACCOUNTING.....</u>	<u>6</u>
<u>2021 MEDICAL/DENTAL PLAN CODES.....</u>	<u>ERROR! BOOKMARK NOT DEFINED.</u>
<u>HEALTH CARE AUTHORITY REPORTS FORMAT.....</u>	<u>11</u>
<u>SAMPLE MDR.....</u>	<u>12</u>
<u>USING THE “DAILY ELIGIBILITY UPDATE REPORT”.....</u>	<u>13</u>
<u>AND “DAILY ADJUSTMENT REPORT”.....</u>	<u>13</u>
<u>DAILY ELIGIBILITY UPDATE REPORT</u>	<u>14</u>
<u>MONTHLY ELIGIBILITY UPDATE REPORT</u>	<u>16</u>
<u>USING THE MONTHLY “ELIGIBILITY UPDATE” AND “ADJUSTMENT” REPORTS.....</u>	<u>16</u>
<u>DAILY ADJUSTMENT REPORT</u>	<u>17</u>
<u>DAILY TRANSFER HOLD FORWARDING REPORT</u>	<u>20</u>
<u>MONTHLY TRANSFER HOLD FORWARDING REPORT</u>	<u>22</u>
<u>RECONCILIATION NOTES.....</u>	<u>23</u>
<u>BASIC RECONCILIATION FORMULA</u>	<u>23</u>
<u>TO SIGN UP FOR FUZE</u>	<u>ERROR! BOOKMARK NOT DEFINED.</u>

INVOICING

Invoicing is created in one of three ways:

- **Monthly:** monthly invoicing is an automated process that runs after the 25th payroll and is for the following month. It runs on “cycle 3”, which is the last weekday of the month, excluding holidays. Invoicing is for coverage for the following month (for example, invoicing created on 01/29/21 will be for February 2021 coverage).
- **Daily:** when an agency enters an eligibility change after monthly invoicing has already processed for the month, a daily “invoice” is created. For example, if an agency retro-enrolls a subscriber on 03/26/21 with an effective date of 01/01/21, the daily process would recognize that *January 2021, February 2021 and March 2021* invoicing had already run and would post ALL 3 invoices as part of the daily process. These invoices would be part of the April 2021 state share transfer.
- **Manual:** manual invoicing occurs when an agency requests an adjustment (usually via FUZE) because they cannot key the correct effective date for an eligibility change 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. PEB Customer Service staff will enter/correct the eligibility information and PEB Accounting staff will manually post adjustments to the affected invoices.

PAYMENTS

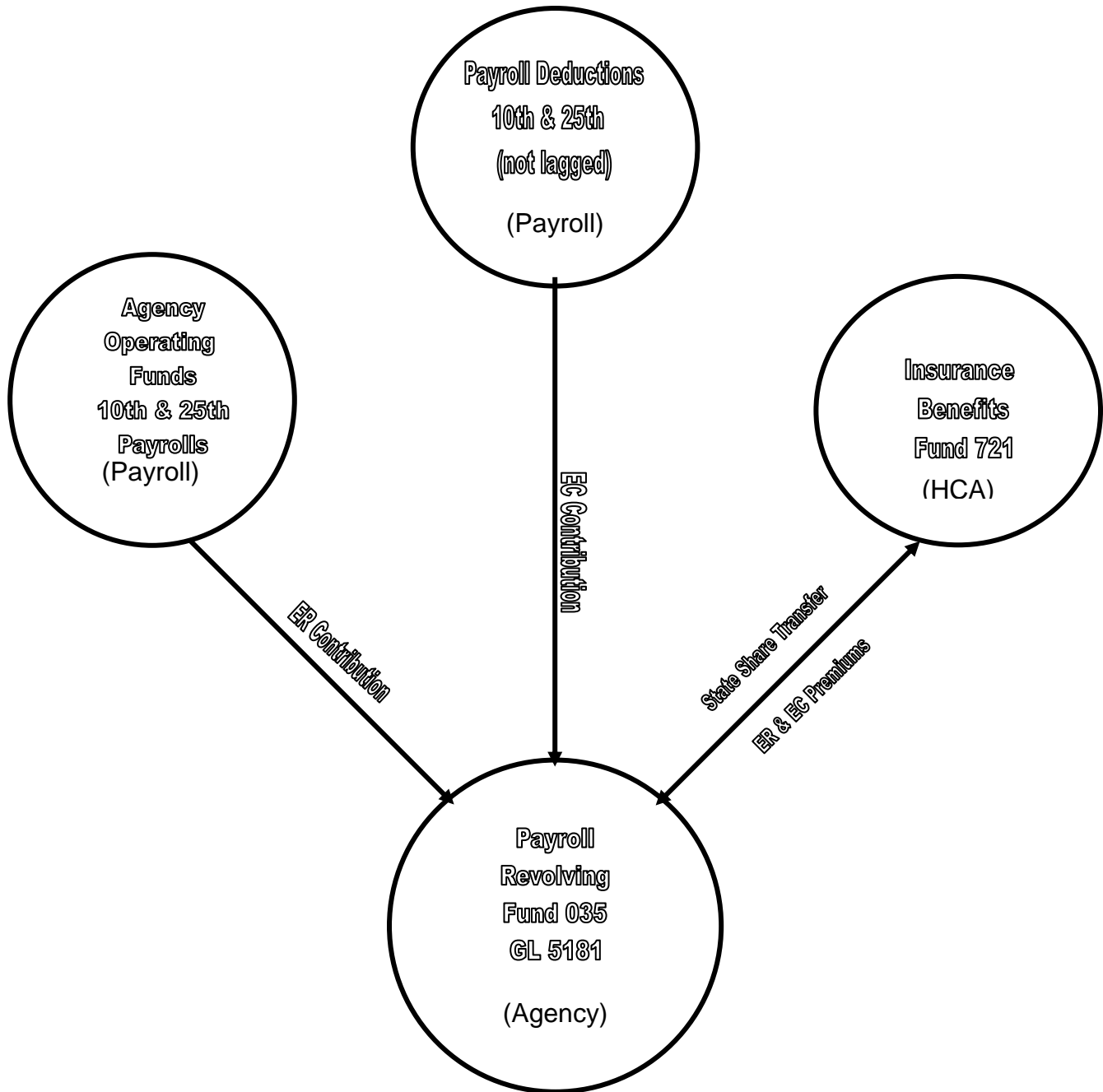
Payments for insurance premiums are made in one of two ways:

- **State Share Process:** this is the automated monthly process by which the state payroll system transfers insurance premiums from your 035 agency revolving fund to Health Care Authority (HCA).
- **Manual Journal Vouchers:** these are very rarely needed, but Journal Vouchers can be used to transfer premiums outside the automated processes. Journal Vouchers for LTD or employer health premiums **need to be pre-approved by HCA** before your agency keys its side or sends a Journal Voucher to the Office of the State Treasurer (OST) please send it to HCA for approval. Once the journal voucher is approved, we will send the original to the OST and send a copy back to you.

State Share Transfer Process

- The state share transfer process is an automated process that transfers the amount invoiced for insurance coverage from your agency to HCA.
- This process runs once a month, around the 23rd, and after the payroll has run for the 25th payroll. See the enclosed calendar for 2021 state share transfer process dates, or check the PAY1 system for the on-line calendar.
- The transfer includes the employer share, the employee contribution, and any applicable surcharges. The contributions are put into your 035 agency revolving fund and transferred to HCA on the State Share date. Employee contributions are deducted from the payrolls on the 10th and the 25th of each month for the current month's premium (not lagged like optional premiums).
- The state share transfer process is composed of all invoicing transactions that posted since the prior state share transfer process ran. The transfer includes the entire amount owed, regardless of the amount actually deducted from the employee's payroll. Example: March's state share process includes all transactions dated from February 24th through the night of March 23rd.
- Discrepancies between payroll deductions for the employee contribution and surcharges and the amount transferred on state share are reported via the A.23 screen on a monthly basis.

Payroll and the State Share Process



State Share Transfer Process Calendar for **2021**

**Do not key eligibility changes the day before and the day of the State
Share Transfer Date**

January	22
February	23
March	23
April	23
May	21
June	23

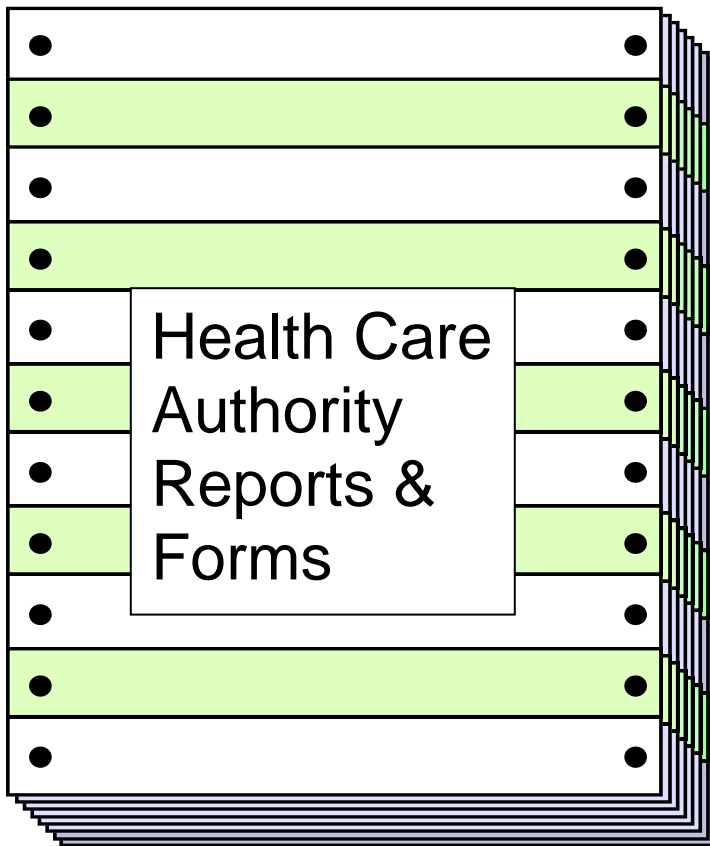
July	23
August	23
September	23
October	22
November	23
December	23

System Limitations

- **DO NOT key any eligibility changes that may affect premiums on the day state share runs.** The changes you key will not fully process before the state share process runs and may cause reconciliation problems for your agency, HCA, and/or the insurance carriers. **Anything not keyed prior to the day before state share runs must be held for two business days and not keyed until the day after state share run.** See “2021 State Share Keying Instructions” on the PERSPAY website.
- **Keying two different effective dates for any changes on same day.** If you have two different effective dates for changes such as medical that is effective one date and tobacco attestation that is effective another date, ***key each change on separate days***, letting the system update overnight for each change.
- **Keying an enrollment and a termination on the same employee or dependent on the same day causes invoicing problems.** If you make an error when keying a change, let the system process the change overnight, and then key the correction the next day.
- **One month of invoicing may not get backed out.** If an employee or dependent is enrolled in error and then terminated effective same date as the enrollment effective date, the insurance system assumes that they were enrolled for one month and will not back out the first month’s invoice. Contact HCA Accounting when this occurs and we will manually adjust the invoicing.
- **Keying multiple SSN changes on the same employee or dependent on the same day will cause invoicing problems.** If you change the SSN of an employee or dependent and make a keying error, ***wait until the next day before keying the correction***. IF you discover that an incorrect SSN was entered in the past, example: Employee hired 01/01/17, in November you uncover the error, DO NOT correct the SSN, contact PEB Accounting via FUZE for assistance.
- **Keying eligibility screens out of numeric 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, A.44, etc). If the numeric order is scrambled (i.e.; keying the A.45, then the A.44, then the A.43,) the invoicing process may not read the data correctly.

Optional LTD Accounting

- **Optional LTD premium deductions for the current month are taken on the 25th payroll of the current month and the 10th payroll of the following month and match the pay period for the pay date** (example: premiums for January 2020 are taken on 01/25/10 and 02/10/21).
- **Optional premiums taken by payroll deduction are automatically transferred to HCA by the payroll system each payroll.** (not monthly like state share).
- **Premiums collected manually (due to LWOP, FMLA etc.) can be transferred to HCA by Journal Voucher.** (see form and instructions)
 - **If the employee writes a personal check:** Checks should be made payable to the “Health Care Authority” and sent to HCA with a completed “Optional Life and LTD Payment Form” detailing the reason for the payment.
 - **If the agency is paying the LTD premiums (usually due to the employee making the check payable to the agency instead of HCA):** Submit payment to HCA via JV (do not send the JV directly to the treasurer). You should also include the payment details on the JV in the “agency use” and/or “explanation of entry” boxes. Only items not deducted from payroll should be transferred this way. HCA will approve the JV and send it to the State Treasurer. We will also send a copy back to you.
 - **HRMS calculates retroactivity for Optional LTD:** If back premiums need to be deducted from an employee’s pay due to retroactive enrollment of Optional coverage, the payroll system will automatically calculate the amount that should be deducted. If an employee is receiving pay, the payment does not need to be made outside the system. The same is true for refunds that are due to employees due to terminated coverage or waivers.



2021 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)
MB		United Health Care	PEBB Balance
MC		United Health Care	PEBB Complete
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)
US	USW	Uniform Medical Plan	UMP Select
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 Accounting Staff

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.

SAMPLE MDR

(Miscellaneous Deduction Register)

FORM A5-1 STATE OF WASHINGTON PAGE 1
 DEPARTMENT OF PERSONNEL 107
 MISCELLANEOUS DEDUCTION REGISTER

PAYROLL DATE: SEP 23, 2021 CYCLE: 1

W.R. AGENCY NAME AGY SUB AGENCY NAME SUB AGY
 INS411 HEALTH CARE AUTHORITY 107 HEALTH CARE AUTHORITY

	DEDUCTION	DEDUCTION
PAYEE NAME	CODE	TITLE
STATE TREASURER	0708	MD/DNT INS

SSN	PERNR	EMPLOYEE NAME	EMPLOYEE SHARE	TOBACCO SURCHARGE	SPOUSAL SURCHARGE	EMPLOYER SHARE	TOTAL PREM
xxx-xx-xxxx	12345678	ANDERSON, FRED	159.00	25.00		976.00	1160.00
xxx-xx-xxxx	87654321	JAMES, SHARON	72.00			976.00	1048.00
xxx-xx-xxxx	23456789	JOHNSON, WILLIAM	328.00		50.00	976.00	1354.00
xxx-xx-xxxx	76543210	SANDERS, AMY	328.00			976.00	1304.00
xxx-xx-xxxx	34567890	SMITH, JAMES	0.00			976.00	976.00
xxx-xx-xxxx	65432109	ZANE, MARY	-72.00			-976.00	-1048.00
xxx-xx-xxxx	65432109	ZANE, MARY	159.00			976.00	1135.00
xxx-xx-xxxx	65432109	ZANE, MARY	159.00			976.00	1135.00
		DEDUCTION TOTAL	1133.00	25.00	50.00	5856.00	7064.00
		TAXED TOTAL	1133.00				

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 that accurate accounting adjustments were made, 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 (not all changes will show, employees will only show if the eligibility changes resulted in premium changes). If you keyed changes on additional employees that don't show up, but you think the changes affected the premium, contact HCA via FUZE (secure information, ie. SSN).
 - **Coverage Period** – is in YYYYMM 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. The amounts listed are what will be paid to the carrier and do not directly relate to the amount the agency or employee pays. HCA pays carriers based on what is entered into PAY1.
 - **Med EC** – verify that the appropriate carrier code and corresponding employee contribution has been properly credited and/or invoiced. (Although this detail falls under “Carrier Premiums”, it represents the amount that will be sent to payroll as “Employee Contributions”).
 - **Accts Rec - ER** – verify that your agency is being credited and/or billed the appropriate employer amount(s). This amount listed is the combined total of the employer contribution (**\$939.00**) plus the employee contributions.
- If you identify any discrepancies or expected different charges, please contact HCA accounting via FUZE for a review of the transactions.
- The net result of these daily eligibility updates will process during the next State Share cycle and will be transferred to HCA. You will see a line for each invoice or credit, for each month, for each employee on the MDR from state share.

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.

REPORT NO: HRISDB5044-R04

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
DAILY ELIGIBILITY UPDATE REPORT BY AGENCY

RUN DATE: 02/04/21
PAGE: 1

AGY/AGY-SUB: 107-

NAME	SSN	---BATCH----		COV	TRAN DATE	AGY-SUB	AMOUNT	TYPE	
		NBR	SEQ#	PER YMMM					
JONES, BOBBY	111-22-3333	DLY0204	178	1512	02/04/21	107	976.00	EMPLOYER BASIC	
							72.00	EMPLOYEE MEDICAL CONTRIBUTION	

							TOTAL	1048.00	
ROBINSON, JOE	334-45-5667	DLY0204	005	1512	02/04/21	107	976.00-	EMPLOYER BASIC	
							159.00-	EMPLOYEE MEDICAL CONTRIBUTION	
							25.00-	EMPLOYEE TOBACCO SURCHARGE	

							TOTAL	1160.00-	
SMITH, JOSEPHINE	800-55-1212	DLY0204	050	1512	02/04/21	107	976.00	EMPLOYER BASIC	
							189.00	EMPLOYEE MEDICAL CONTRIBUTION	
							25.00	EMPLOYEE TOBACCO SURCHARGE	

							TOTAL	1190.00	
							=====		
							AGENCY 107	TOTAL	1078.00
							EMPLOYER TOTAL	1078.00	
							EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL	.00	

MONTHLY ELIGIBILITY UPDATE 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.

SEQUENCE: Agency/Sub-Agency

TIMING: Produced around the 22nd of each month (not produced if no changes were keyed during the prior month)

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 check your monthly state share MDRs 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 check your monthly state share MDRs for accuracy.

DAILY ADJUSTMENT REPORT

REPORT NAME: Daily Adjustment Report by Agency

REPORT NUMBER: HRISDB5044-R02

DESCRIPTION: Shows all manual adjustments made by HCA accounting staff on a specific date. These adjustments could not be made on-line and may have been requested through payroll offices, through the FUZE process, or to correct erroneous invoicing due to keying errors. The daily adjustment report shows invoices and credits made to one or more coverage periods. Agencies will only receive this report for days on which manual adjustments have been keyed for that agency.

REPORT NO: HRISDB5044-R02

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
DAILY ADJUSTMENT REPORT BY AGENCY

RUN DATE: 03/11/21
PAGE: 1

AGY/AGY-SUB: 107

NAME	SSN	---BATCH---		COV PER YYMM	TRAN DATE MM/DD/YY	AGY-SUB	AMOUNT	TYPE
		NBR	SEQ#					
ANDERSON, BILL	444-44-4444	ADJ03/11	547	2103	03/11/21	107	976.00- EMPLOYER BASIC 105.00- EMPLOYEE MEDICAL CONTRIBUTION	

							TOTAL	1081.00-
ANDERSON, BILL	444-44-4444	ADJ03/11	548	2103	03/11/21	107	976.00 EMPLOYER BASIC 159.00 EMPLOYEE MEDICAL CONTRIBUTION	

							TOTAL	1134.00
SMITH, WILL	333-33-3333	ADJ03/11	576	2103	03/11/21	107	976.00- EMPLOYER BASIC 105.00- EMPLOYEE MEDICAL CONTRIBUTION	

							TOTAL	1081.00-
SMITH, WILL	333-33-3333	ADJ03/11	577	2103	03/11/21	107	976.00 EMPLOYER BASIC	

							TOTAL	976.00
							=====	
	AGENCY 107			TOTAL				52.00-
				EMPLOYER TOTAL				52.00-
	EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL							.00

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)

DAILY TRANSFER HOLD FORWARDING REPORT

REPORT NAME: Daily Transfer Hold Forwarding Report by Agency

REPORT NUMBER: HRISDB5044-R06

DESCRIPTION: Shows employee accounts which were in transfer-out status and which had not been appointed by the new agency prior to the monthly invoicing cycle. This report will only be produced for those employees in transfer-out status during the monthly invoicing cycle.

REPORT NO: HRISDB5044-R06

STATE OF WASHINGTON
HEALTH CARE AUTHORITY
DAILY TRANSFER HOLD FOWARDING RPT BY AGENCY

RUN DATE: 02/11/21
PAGE: 1

AGY/AGY-SUB:107

NAME	SSN	----- BATCH ----- NBR SEQ#	COV PER	TRAN DATE MM/DD/YY	AGY-SUB	AMOUNT TYPE
JOHNSON, MAGIC	444-44-4444	XFE0211 000	0819	02/11/21	107	976.00 EMPLOYER BASIC 105.00 EMPLOYEE MEDICAL CONTRIBUTION
					TOTAL	1081.00
						=====
					AGENCY 107	TOTAL
						EMPLOYER TOTAL
						EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL
						1081.00
						1081.00
						.00

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.

It is important you verify that an employee does not continue to show on the report for more than one month. If they do, then the gaining agency or HCA accounts receivable needs to be contacted.

Reconciliation Notes

- It is your responsibility to reconcile the payroll deductions to the HCA reports and report any discrepancies to HCA accounting.
- Each month, compare your payroll reports to the HCA state share invoice (MDR) to identify any differences between what you were billed and what you expected to be billed. Reports; A.23 Employee HRISD-PAY001P1-R01 (HCA)
Employer HRISD-B5570-R01 (HCA)
General Ledger Account Analysis Flexible, acct 035 & GL 5181 (Enterprise Reporting)
PC00_M99_URMR (HRMS)
ZHR_RPTPY126 (HRMS ER costs)
- For any differences noted, determine where the difference is and if the adjustment needs to occur on the payroll side or if HCA needs to make adjustment.
- If the discrepancy was caused by an enrollment change that has not been keyed or has been keyed incorrectly, simply correct the enrollment in the PAY1 insurance system. (Contact HCA if you need assistance at <https://fuzeqna.com/perspay/consumer/question.asp>). The adjustments will come through on the next state share process.
- If the eligibility is correct, but the premiums charged are wrong, please contact HCA Accounting section.
- Review the accounts identified on the previous month's reconciliation to ensure that the corrections have come through. Errors or changes should be corrected by HCA within two billing cycles of being reported. If you do not see the correction, contact HCA Accounting via FUZE.
- Remember the HCA "Retroactive Termination Policy". Keep in mind that if the policy applies, manual intervention in HRMS is needed to stop the entire refund from going back to the employee(s). If the termination or change isn't processed timely, you could end up being responsible for the premiums for the months beyond the policy.
- This also applies to adjustments to the employee's contribution amount. If retroactive terminations are made for dependents then this is also subject to the "Retroactive Termination Policy". If the retro term policy does apply, watch the employee's paycheck as the credit and charges *will not* be processed on the same dates.
- Remember to check your state share MDR if you were expecting a credit to hit the insurance reconciliation screen and it appears to have not happened. Depending on when the transaction was keyed, you may have received full credit under the employer instead of the employee contribution crediting separately. Your MDR can verify that problem if it occurs. (Changes for both the EC and ER portions would show under Employer column)

Basic Reconciliation formula

(Employer HRISD-B5570-R01) – (Corrected HRMS total on HRISD-B5570-R01) + (A.23 ending balance prior month) – (A.23 ending balance current month) = (GL 5181 activity for current month)

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

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