

Insurance Accounting Training

SEBB Organizations

HCA ERB Accounting Training for SEBB Organizations

MEDICAL/DENTAL/VISION BILLING & PAYMENTS.....3

KNOWN SYSTEM LIMITATIONS.....4

BILLING DATES.....5

PLAN CODES.....6

BILLING FILE.....7

RECONCILING YOUR ACCOUNT.....10

SEBB ORGANIZATION REMINDERS.....13

FSA/DCAP BILLING & PAYMENTS.....13

SIGN UP FOR FUZE.....14

Medical/Dental/Vision BILLING

- **Monthly (INVmmyy)** billing 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 12/15/2020 will be for 01/2021 coverage, billing file created on 01/15/2021 for 02/2021 coverage and so on).
- **Daily (DLYmdd)** billing is triggered daily when an organization enters an eligibility change. For example, if an organization retro-enrolls a subscriber on 05/12/2021 with an effective date of 04/01/2021, 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 (ADJmm/dd)** billing occurs when an organization requests an adjustment via FUZE 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 2021 coverage due 02/05/2021).
 - Remittance will be sent to lockbox and **must include your unique organization number**:
 - HCA-SEBB BENEFITS
 - PO Box 94194
 - SEATTLE, WA 98124-6494
 - This lockbox is for Medical/Dental/Vision/Basic Life/Basic LTD payments only.
 - 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.
 - 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.

Known 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 FUZE if you do not receive your full credit.

2021 Billing Dates for SEBB Organizations

<u>Coverage Month</u>	<u>Billing Date (Cycle 4)</u>
January	12/15/2020
February	01/15/2021
March	02/12/2021
April	03/15/2021
May	04/15/2021
June	05/14/2021
July	06/15/2021
August	07/15/2021
September	08/13/2021
October	09/15/2021
November	10/15/2021
December	11/15/2021

2021 Plan Codes

Carrier Codes	Type	Carrier Name
KN1	Medical	Kaiser Permanente NW 1
KN2	Medical	Kaiser Permanente NW 2
KN3	Medical	Kaiser Permanente NW 3
KW1	Medical	Kaiser Permanente WA Core 1
KW2	Medical	Kaiser Permanente WA Core 2
KW3	Medical	Kaiser Permanente WA Core 3
KWS	Medical	Kaiser Permanente WA SoundChoice
KO1	Medical	Kaiser Permanente WA Options Access PPO 1
KO2	Medical	Kaiser Permanente WA Options Access PPO 2
KO3	Medical	Kaiser Permanente WA Options Access PPO 3
PH	Medical	Premera High PPO
PP	Medical	Premera Peak Care EPO
PS	Medical	Premera Standard PPO
V	Medical	Uniform Medical Plan Achieve 1
VA	Medical	Uniform Medical Plan Achieve 2
VHSA	Medical	Uniform Medical Plan High Deductible
V1	Medical	Uniform Medical Plan Plus-UW
V2	Medical	Uniform Medical Plan Accountable Care Plan (ACP) Puget Sound High Value Network
T1	Vision	Davis Vision
T2	Vision	EyeMed
T3	Vision	MetLife
1S	Dental	Uniform Dental Plan
3S	Dental	Willamette Dental
4S	Dental	DeltaCare

Billing File

Report Name: Billing File by Agency/Sub

Accessed: Via SEBB My Account download

Washington State Health Care Authority
SCHOOL EMPLOYEES BENEFITS BOARD

SEBB Home About HCA Contact SEBB Sign Out

Admin Dashboard Dependent Verification SOE Verification Subscribers Access Eligibility Billing SmartHealth Reports Profile Enrollment Docs

ABERDEEN SCHOOL DISTRICT 005 Administrative Dashboard

Welcome, Katherine Sample!

- Manage Subscribers**
Search, view, add or update subscribers
- Manage Access**
- Organization Profile**
- You have 4 verification request(s)**
- You have 6 special open enrollment request(s)**
- Eligibility File**
Last eligibility file uploaded Jun 6, 2019
The file contained 4 errors or warnings
- Billing File**
Last billing file: Apr 15, 2019
- SmartHealth File**
Last SmartHealth file: N/A
- Reports**
- 0 enrollment doc(s) awaiting review**

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

ADNA SCHOOL DISTRICT 226												
Billing Files												
Selected Billing File												
600 D02-BillingFile-April.txt												
Export to Excel												
Age...	Last...	First...	MI	SSN	Tran...	Tran...	Cov...	Bat...	Hea...	Den...	Visi...	
1	Corey	Ixer	S	879431777	12/20/20	0	202001	26946020	QNLH	ATAC	RTZD	
2	Bianka	Rannie	P	766875405	03/05/20	8	202001	37540609	MHAW	AGLF	MXRU	
3	Laney	Twomey	T	876262564	10/12/20	1	202001	14144662	LUAD	IGFL	NDWE	
4	Athene	Mewe	I	328538449	12/19/20	8	202001	72527983	QIQA	BCSO	SXRX	
5	Elisabett	Clapp	M	1521677	10/22/20	1	202001	6194995	ZJHM	ZRQT	GQZO	

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:

DLYmdd 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 health 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 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

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

<u>Problem</u>	<u>Cause</u>	<u>Solution</u>
HCA did not bill for an employee	Employee’s coverage has not been enrolled (i.e., keyed in the system)	<ol style="list-style-type: none"> 1. Key enrollment in SEBB My Account 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either via FUZE or 1-800-700-1555 concerning retroactive enrollment.
HCA billed for terminated employee	Employee’s coverage has not been terminated in the system	<ol style="list-style-type: none"> 1. Key termination in SEBB My Account 2. Contact the Employees and Retirees Benefits (ERB) Division Outreach and Training either via FUZE or 1-800-700-1555 concerning retroactive terminations
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 ERB Accounting for billing correction

<p>Billing amount (ER or EE) doesn't match between the HCA billing and your organization calculation</p>	<p>Problem can be either HCA or your organization</p> <ol style="list-style-type: none"> 1. 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) 	<ol style="list-style-type: none"> 1. Check actual enrollment; correct enrollment as needed 2. 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 FUZE 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 FUZE.
- Differences caused by your SEBB Organization can be corrected on your next payment and need to be reported to HCA.
- Differences caused by HCA billing should be reported immediately to HCA ERB Accounting staff, via FUZE, 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.

SEBB Organization Reminders

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

- Cutoff for eligibility and accounting changes is the 12th of each month.
- 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 –

- What appears to be a double invoice may be billing 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 billing file within two months of entering/reporting them to HCA –

- 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 –

- 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 –

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

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

- **This will prevent you receiving a Past Due Letter,**
- **Contact the HCA ERB Division Outreach and Training unit directly (via FUZE or at 1-700-1555) for eligibility or enrollment questions.**
- 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

- FUZEs 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 will receive a bill, via USPS mail, for FSA/DCAP Administration Fees quarterly. I.e. Jan/Feb/Mar will be billed in April.
 - Reminder notices are sent for any account more than 30 days past due.

Admin Fee PAYMENTS

- SEBB Organizations must remit exact fee billed.
- Remittance will be sent to lockbox and **must include your unique organization number:**

HCA-SEBB Quarterly FSA
PO Box 94081
SEATTLE, WA 98124-9481
- This lockbox is for FSA/DCAP Admin Fee payments only.

Preferred accounting contact method is the SEBB secure e-mail system, FUZE. Register for a FUZE account at <https://www.hca.wa.gov/sebb-benefits-admins/find-answers-fuze>.

For assistance in signing up to FUZE contact the ERB Division Outreach & Training at 1-800-700-1555.