

2024 PEBB Insurance Accounting Manual

PEBB Employer Groups

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Invoicing

- **Monthly invoicing** (INVmmyy) is an automated process that is for the following month. It runs on “cycle 2”, for employer groups. Invoicing is for coverage for the following month (for example, cycle 2 invoicing created on 01/26/24 will be for 02/24 coverage).
- **Daily invoicing** (DLYmdd) is used when an eligibility change is entered after monthly invoicing has already processed for the month. For example, if an agency retro-enrolls a subscriber on 05/26/24 with an effective date of 04/01/24, 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** (ADJmm/dd) occurs when an agency requests an adjustment (using HCA Support) 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. If the discrepancy was caused by an enrollment change that has not been keyed or has been keyed incorrectly, correct the enrollment in Benefits 24/7. You will see the effect of the change on your next month’s invoice.

Payments

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.

2024 Invoicing Dates

For WSIPC

Coverage month	Invoicing date (Cycle 1)
January 2024	12/22/2023
February 2024	01/23/2024
March 2024	02/23/2024
April 2024	03/22/2024
May 2024	04/23/2024
June 2024	05/23/2024
July 2024	06/21/2024
August 2024	07/23/2024
September 2024	08/23/2024
October 2024	09/23/2024
November 2024	10/23/2024
December 2024	11/22/2024
January 2025	12/23/2024

For employer groups

Coverage month	Invoicing date (Cycle 2)
January 2024	12/26/2023
February 2024	01/26/2024
March 2024	02/26/2024
April 2024	03/26/2024
May 2024	04/26/2024
June 2024	05/28/2024
July 2024	06/26/2024
August 2024	07/26/2024
September 2024	08/26/2024
October 2024	09/26/2024
November 2024	10/28/2024
December 2024	11/26/2024
January 2025	12/26/2024

2024 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			
Plan code	Plan name		
Current plans			
1	Uniform Dental Plan		
3	Willamette Dental Plan 2008		
4	DeltaCare		
9	No Plan Selected		
Other Plan Codes			
Plan code	Plan name		
8	Life and accidental death and dismemberment (AD&D) insurance		
6	Long-term disability (LTD) insurance		

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.
TIMING:	Produced monthly at invoicing cycle.

Field Definition

Your employer group's 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 relates to.

BATCH/DOC 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 PEB Accounting staff.

INVmmyy 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 employer-paid LTD coverage

EMPLOYEE AMOUNT is for employee-paid 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 APRIL 2021

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	03/26/21	I	2104		LIFE LTD	.00	8.23	19.65
		03/26/21	I	2104	INV0421	U 1 LIFE LTD	853.77	.00	.00
			I			TOBACCO	0.00		
			I			SPOUSAL	0.00		
**** TOTAL							853.77	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	04/27/21	C	0819	DLY0321	CV 1 LIFE LTD	861.01-	.00	.00
			C			TOBACCO	0.00		
			C			SPOUSAL	50.00-		
		04/27/21	I	0919	DLY0321	U 1 LIFE LTD	803.48	.00	.00
			I			TOBACCO	0.00		
			I			SPOUSAL	0.00		
	03/26/21	I	1019	INV0421	U 1 LIFE LTD	803.48	.00		
		I			TOBACCO	0.00			
		I			SPOUSAL	0.00			
**** TOTAL							695.95	.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	02/28/21	C	2102	DLY0228	8 6	.00	2.00	1.00
		02/28/21	I	2102		8 6	.00	13.60	19.65
		03/24/21	I	2103	INV0421	U 1 8 6	937.44	.00	.00
**** TOTAL							937.44	15.60	20.65

RUN DATE: 09/26/19

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	EMPLOYEE AMOUNTS		
						-----	-----	-----	-----		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	907.71-	.00	.00	.00
**** TOTAL										907.7	113.60-	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 detailed 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 using HCA Support and accounting will provide one for 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 : 02/21
AMOUNT DUE \$56100.00
FILE ID : P0004
DUE DATE : 03/20/21

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 0221 00561000

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 detailed billing from HCA to your records (generally payroll deduction reports).
3. Use the following “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 employee.	Employee’s coverage has not been enrolled.	<ol style="list-style-type: none"> 1. Key enrollment in Benefits 24/7. 2. For additional assistance contact the PEBB O&T unit using HCA Support.
HCA billed for terminated employee.	Employee’s coverage has not been terminated.	<ol style="list-style-type: none"> 1. Key termination in Benefits 24/7. 2. For additional assistance contact the PEBB O&T unit using HCA Support.
For terminated employee - employer (ER) amount credited, but employee (EE) amount not credited.	HCA system limitation	Contact PEB Accounting using HCA Support .
Billing amount (ER or EE) doesn’t match between HCA billing and agency calculation.	<p>Problem can be either HCA or your agency.</p> <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. Key termination in Benefits 24/7. 2. For additional assistance contact the PEBB O&T unit using HCA Support.

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 employee.
- 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 entered or has been entered incorrectly, correct the enrollment in Benefits 24/7. If you need further assistance please contact HCA using [HCA Support](#).
- If eligibility is correct, but the billing is still wrong, please contact PEB Accounting using [HCA Support](#).
- 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 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 (PEBB Policy 19-1A).

Reminders

- **Be aware of invoicing dates (see page 4) when keying changes:** After Benefits 24/7 go-live, employee changes keyed into Benefits 24/7 that interface to PAY1 by the monthly invoicing date will be included on that month's invoice. For example:
 - Changes keyed in Benefits 24/7 by midnight on June 25 will be included on the July invoice created the evening of June 26. Changes keyed on June 26 will not interface to PAY1 until after invoicing runs in PAY1 the evening of June 26 so those changes will be included on the August invoice.
- **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 PEB Accounting using [HCA Support](#).
- **To ensure accuracy of billing of employee-paid LTD premiums, always enter salary changes immediately.** Employee-paid LTD will always be affected by salary changes. Failure to update salary changes will result in incorrect coverage and premiums.
- **Salary increases and birthdays affect employee-paid LTD premiums the month after they go into effect.** For example, an employee who receives a raise on January 1 will have their employee-paid premiums increased on February 1.
- **When checking credits on a terminated employee, be certain to verify that employee-paid LTD premiums have also been credited for any months needed.** A known system limitation may cause the employee-paid 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 PEB Accounting, 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 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, contact Outreach and Training using [HCA Support](#).** PEB Accounting cannot assist you with eligibility problems.
- If the subscriber's eligibility is correct, but the billing is incorrect, you should contact PEB Accounting using [HCA Support](#).

Submit a secure question

To submit a secure question to PEB Accounting or the Outreach and Training unit, go to the [PEBB benefits administrators](#) website and click on [HCA Support \(submit a question\)](#).