

2024 PEBB Insurance Accounting Manual

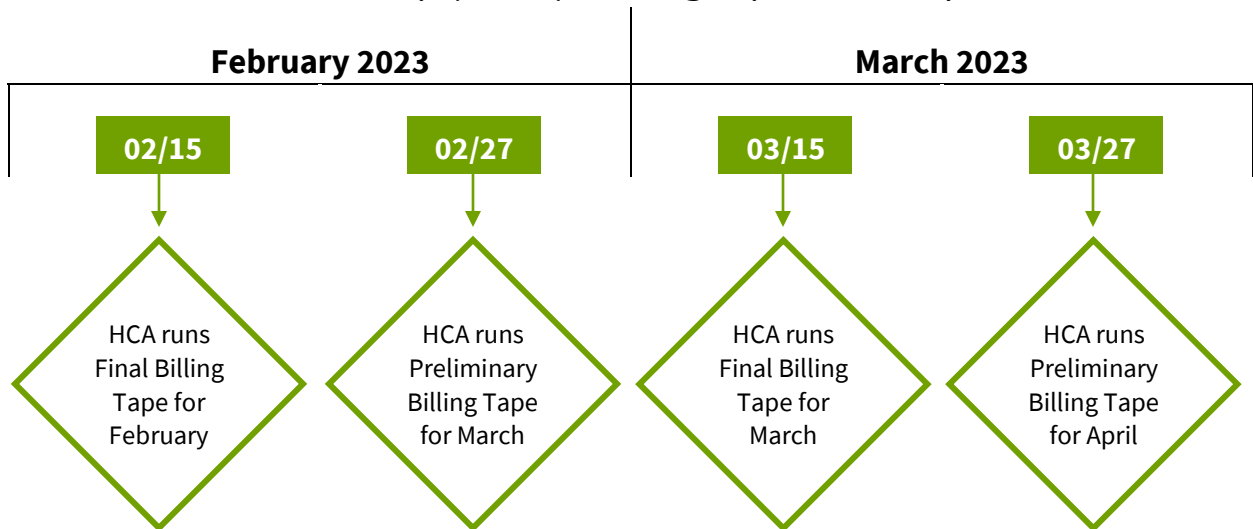
**Institutions of
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Billing Schedule.....	3
Health Care Authority (HCA) Billing Cycle Example	3
Final Billing File Calculation Formula	4
Sample Higher Ed Process Dates.....	4
Sample for February 2023.....	4
2023 Carrier Codes	5
HCA Reports Format.....	6
Daily Reports	7
Using the Daily Eligibility Update Report and Daily Adjustment report.....	7
Daily Eligibility Update Report	8
Daily Adjustment Report.....	9
Daily Transfer Hold Forwarding Report.....	10
Monthly Reports.....	11
Using the Monthly Eligibility Update and Adjustment Reports.....	11
Monthly Eligibility update Report	11
Monthly Adjustment Report	11
Monthly Transfer Hold Forwarding Report.....	11
Reminders.....	12

2024 Billing Schedule

Coverage month	Preliminary billing file creation date (Cycle 2)	Final billing file creation date (Cycle 0)
January 2024	12/26/2023	01/12/2024
February 2024	01/26/2024	02/15/2024
March 2024	02/26/2024	03/15/2024
April 2024	03/26/2024	04/15/2024
May 2024	04/26/2024	05/15/2024
June 2024	05/28/2024	06/14/2024
July 2024	06/26/2024	07/15/2024
August 2024	07/26/2024	08/15/2024
September 2024	08/26/2024	09/13/2024
October 2024	09/26/2024	10/15/2024
November 2024	10/28/2024	11/15/2024
December 2024	11/26/2024	12/13/2024
January 2025	12/26/2024	

Health Care Authority (HCA) Billing Cycle Example



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

Note: If you are an employer that is using Benefits 24/7 for entering eligibility changes, due to the interface timing between Benefits 24/7 and PAY1, an extra processing day should be considered for understanding when you will see the eligibility change on your invoice. Using the February coverage month example below, eligibility changes entered through midnight on 1/25/23 would appear on the February 2023 invoice. Eligibility changes entered on 1/26/23 would not appear on your invoice until the March 2023 invoice.

Sample for February 2023

Date	Process	
01/16/23	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 01-16-23 to 01-31-23.
01/26/23	1) Cycle 2 invoicing for February runs 2) Create informational file which is sent to CTC	
02/15/23	CTC produces HCA BILLING PREMIUM REPORT (REPORT # CR5605) from INFORMATIONAL FILE	Final invoicing report will reflect eligibility changes for Feb. 10 which are keyed from 1-11-23 to 2-15-23.
02/10/23	Optional LTD – 1st half of EC Health for 2/23	
02/15/23	Create final invoicing file which is sent to CTC	
02/15/23	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 2-16-23 to 3-15-23.
02/25/23	CTC produces HCA BILLING PREMIUM REPORT (REPORT # CR5605) from FINAL INVOICING FILE	
02/25/23	Optional LTD – 2nd half EC Health + ER for 2/23	

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		

HCA 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)

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

Daily Reports

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 PEB Accounting if you think a change should have affected accounting.
 - **Coverage Period:** 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.
 - **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 plus the employee contribution.

If you identify any discrepancies or expected different charges, please contact PEB Accounting for a review of the transactions.

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.

1REPORT NO: HRISDB5044-R04

STATE OF WASHINGTON

RUN DATE: 05/24/23

HEALTH CARE AUTHORITY

PAGE 1

DAILY ELIGIBILITY UPDATE REPORT BY AGENCY

AGY/AGY-SUB: 107-

NAME	SSN	BATCH NBR	SEQ#	COV PER	TRAN DATE	AGY-SUB	AMOUNT	TYPE
ED, MISTER	XXX-XX-XXXX	DLY1017	184	2210	10/17/22	360	1,130.00	EMPLOYER BASIC
							110.00	EMPLOYEE MEDICAL CONTRIBUTION
							25.00	EMPLOYEE TOBACCO SURCHARGE
							<u>TOTAL</u>	1,265.00
KIRK, JAMES T	XXX-XX-XXXX	DLY1017	162	2210	10/17/22	360	1,130.00-	EMPLOYER BASIC
							<u>TOTAL</u>	1,130.00-
JETSON, GEORGE	XXX-XX-XXXX	DLY1017	215	2210	10/17/22	360	1,130.00-	EMPLOYER BASIC
							313.00-	EMPLOYEE MEDICAL CONTRIBUTION
							50.00-	EMPLOYEE SPOUSAL SURCHARGE
							<u>TOTAL</u>	1,493.00-

YMMM MM/DD/YY

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: 05/21/23

HEALTH CARE AUTHORITY

PAGE 1

DAILY ADJUSTMENT REPORT BY AGENCY

AGY/AGY-SUB: 107-

NAME	SSN	BATCH NBR	SEQ#	COV PER	TRAN DATE	AGY-SUB	AMOUNT	TYPE	
SMITH, MARY	111-11-1111	ADJ05/23	463	1601	05/21/23	107	1,130.00-	EMPLOYER BASIC	
							193.00-	EMPLOYEE MEDICAL CONTRIBUTION	
							TOTAL	1,323.00-	
SMITH, JOHN	111-11-1111	ADJ05/23	464	1601	05/21/23	107	1,130.00	EMPLOYER BASIC	
							193.00	EMPLOYEE MEDICAL CONTRIBUTION	
							25.00	EMPLOYEE TOBACCO SURCHARGE	
							TOTAL	1,348.00	
							AGENCY 107	TOTAL	25.00
0								EMPLOYER TOTAL	25.00
								EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL	.00

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 by the next monthly invoicing cycle run date.
USE: If you have transferred an employee “out” to another college or state agency and the gaining agency hasn’t transferred them “in” yet, contact the agency to remind them to complete the transfer. All invoicing is suspended until the transfer is completed by the gaining agency.

1REPORT NO: HRISDB5044-R06

STATE OF WASHINGTON

RUN DATE: 02/16/23

HEALTH CARE AUTHORITY

PAGE 1

DAILY TRANSFER HOLD FORWARDING RPT BY AGENCY

AGY/AGY-SUB: 107-

NAME	SSN	BATCH NBR	SEQ#	COV PER	TRAN DATE	AGY- SUB	AMOUNT	TYPE	
SMITH, JOE	222-22-2222	XFE0212	000	0919	02/16/23	107	1,130.00	EMPLOYER BASIC	
							110.00	EMPLOYEE MEDICAL CONTRIBUTION	
							TOTAL	1,240.00	
THOMAS, CARL	222-22-2222	XFE0212	000	0919	02/16/23	107	1,130.00	EMPLOYER BASIC	
							319.00	EMPLOYEE MEDICAL CONTRIBUTION	
							TOTAL	1,449.00	
							AGENCY 107	TOTAL	2,689.00
0							EMPLOYER TOTAL	2,689.00	
							EMPLOYEE (OPTIONAL LIFE AND LTD) TOTAL	.00	

Monthly Reports

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

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.

Reminders

- **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 PEBB Outreach and Training using [HCA Support](#)**
PEB Accounting cannot assist you with eligibility problems.
- If the employee'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 \(submit a question\)](#).