



SHBP Premium Billing & Discrepancy Process Job Aid

For SHBP Employing Entities

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OVERVIEW

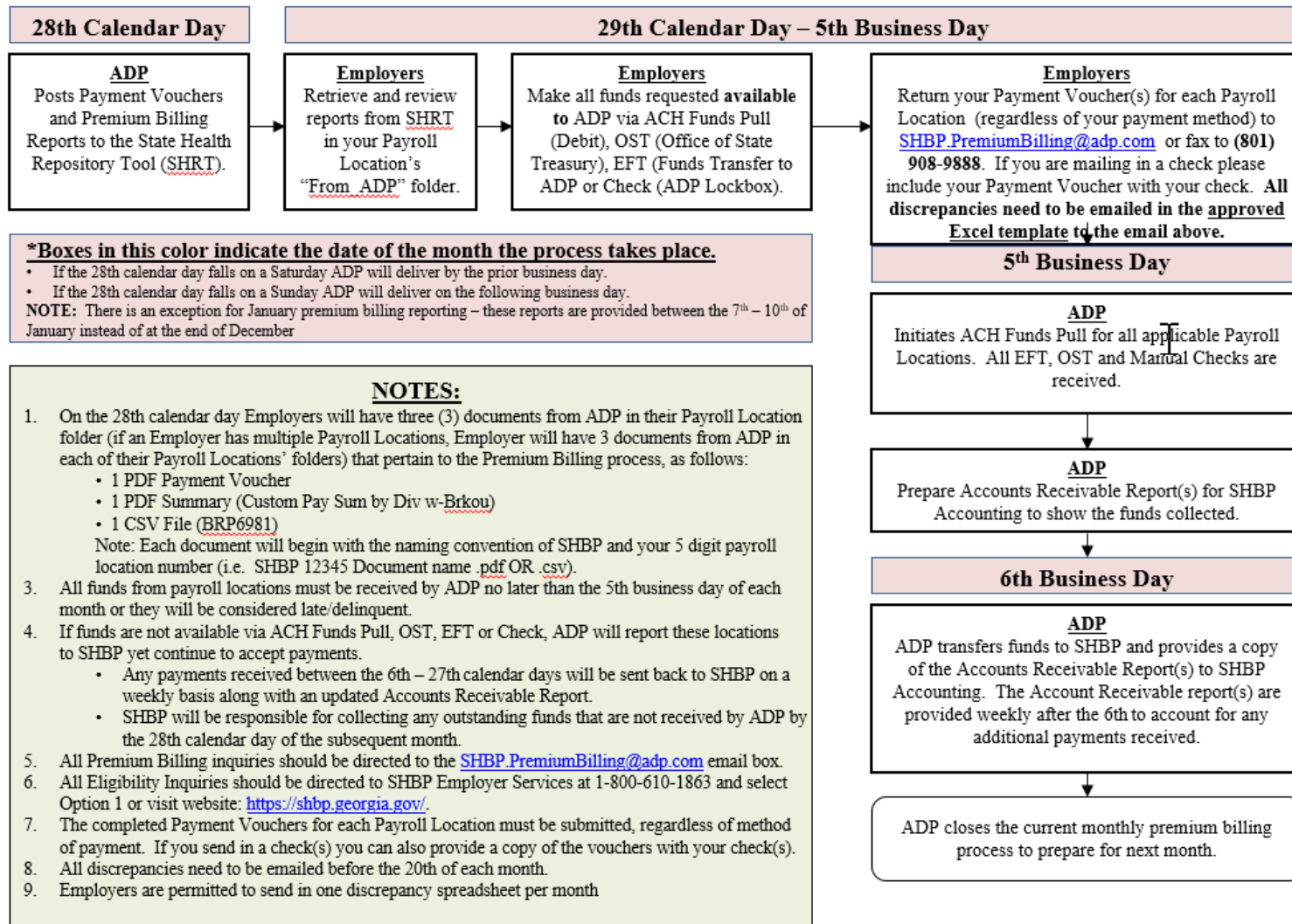
This SHBP Premium Billing & Discrepancy Process Job Aid is separated into two parts:

1. The Premium Billing Process, and
2. The Premium Billing Discrepancy Process.

It is a step-by-step guide to help SHBP Employing Entities (Employers) navigate the monthly Premium Billing Process from start to finish and identify and resolve Premium Billing Discrepancies.

PART I. INTRODUCTION TO SHBP PREMIUM BILLING

SHBP Premium Billing Process Flow



Updated: 07/18/2020

Monthly Premium Billing Cycle

The State Health Benefit Plan (SHBP) Premium Billing Process begins on the 28th Calendar Day of each month and ends on the 5th Business Day of the following month. Important Dates for Employers include:

*28th Calendar Day** – Premium Billing posted in State Health Repository Tool (SHRT), to each Employer Payroll Location(s). For more information about SHRT and to request access, please visit the SHBP website: <https://shbp.georgia.gov/shrt>.

29th Calendar Day through 4th Business Day – Premium Billing review period for Employers.

5th Business Day – Employers Premium Billing payments due.

Example Premium Billing Process Dates: August 2020

August 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26	27	28 Premium Billing posted	29	30	31	1 → → →
2 → → →	3	4	5	6	7 August Payment Due	8

*Note:

- If the 28th Calendar Day falls on a Saturday, Premium Billing is posted by the prior business day.
- If the 28th Calendar Day falls on a Sunday, Premium Billing is posted on the following business day.

28TH CALENDAR DAY

By the 28th Calendar Day, Employers have already submitted their Premium Billing Discrepancies to ADP's SHBP Premium Billing Team no later than the 20th day of the month and they have researched those discrepancies and responded to each Employer (*see Part II. Introduction to SHBP Premium Billing Discrepancy Process*).

On the 28th Calendar Day, Employers will have the following Premium Billing items posted to the State Health Repository Tool (SHRT), to their Payroll Location's "From_ADP" Folder, in the Premium_Billing subfolder:

1. Payment Voucher
2. Premium Billing Detail Report (BRP)
3. Premium Billing Summary Report (Custom Pay Sum by Div)

4 - SHBP Premium Billing Job Aid

Employers with multiple Payroll Locations will have Premium Billing posted to each Payroll Location Folder. For example, since Boards of Education can have up to 3 Payroll Locations: 1) certificated employees, 2) non-certificated employees, and 3) Board Members, Premium Billing will be posted for each of their Payroll Locations.

29TH CALENDAR DAY through 4th Business Day

PREMIUM BILLING EMPLOYER REVIEW PERIOD

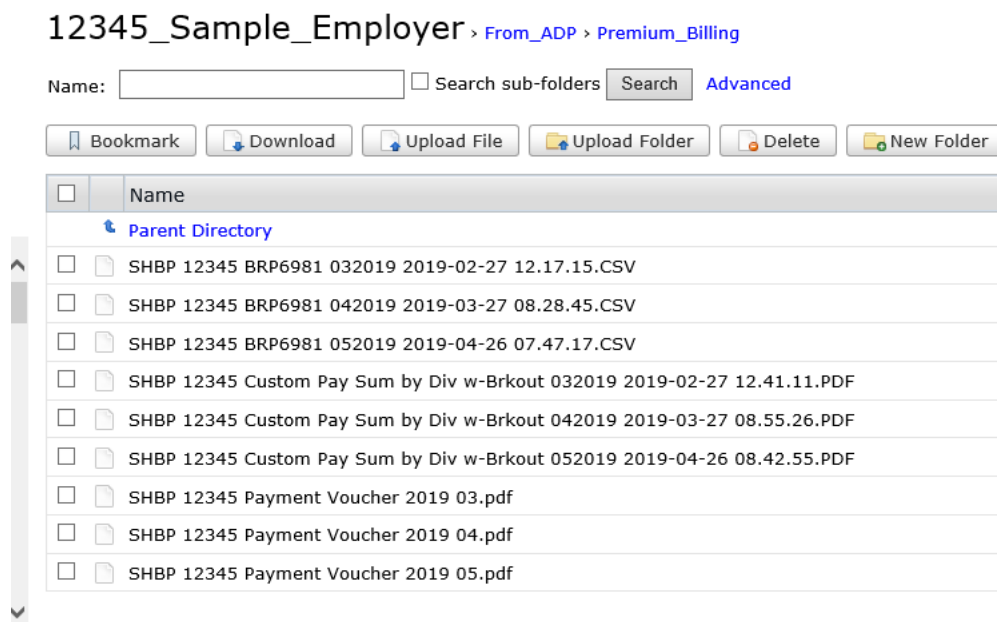
Monthly, no later than the 29th Calendar Day or next day after Premium Billing is posted, Employers should log into SHRT to download and thoroughly review their Premium Billing Voucher and Reports for each Payroll Location to ensure:

- Premiums were accurately billed for employees that are enrolled in SHBP Coverage,
- Premiums were accurately billed for the Plan Option & Tier, and
- Credits were received due to any resolved Premium Billing Discrepancies.

LOCATING MONTHLY PREMIUM BILLING IN SHRT

The sample screen shot below shows where an Employer's Premium Billing is located in SHRT in fictitious Payroll Location 12345. Actual screens may vary based on access rights. For more information about SHRT and to request access, please visit the SHBP website:

<https://shbp.georgia.gov/shrt>.



PREMIUM BILLING VOUCHER & REPORTS

Below is description of each Premium Billing item posted in SHRT. Each document name begins with "SHBP" and the Employer's 5 digit Payroll Location.

1. PAYMENT VOUCHER

- Provides the monthly billed amount(s) for the Employer's Payroll Location(s);
- Includes payment method details;

- Must be completed by Employer for their Payroll Location (note for Employers with Multiple Payroll Locations, a Payment Voucher must be completed for each Payroll Location); and
- Must be returned to SHBP Premium Billing via email or fax for all Employers' Payroll Locations to ensure proper payment allocation to:
 - Email: SHBP.PremiumBilling@adp.com, or
 - Fax at (801) 908-9888

Note: Employers who are approved to submit paper checks as their Payment Method must also include the Payment Voucher with the payment mailed to the ADP PNC Lock Box address, in addition to emailing or faxing the Payment Voucher. *Paper checks are being phased out and are not an available payment method for new Employer Payroll Locations.*

SAMPLE PAYMENT VOUCHER: BOARDS OF EDUCATION

**Georgia Department of Community Health
State Health Benefit Plan (SHBP)
Premium Billing – Payment Voucher**

All funds must be received by ADP no later than the Due Date listed below each month in order to complete the monthly premium billing process. If not paying by Check please complete this Voucher (1st page only) and return it to SHBP.PremiumBilling@adp.com or via fax at (801) 908-9888.

Please include your 5 digit payroll location number (listed below in the billing details) as a reference on all payment information.

NOTE: Your Payroll Location is part of Group Number 49110, 49130, or 49160 - Boards of Education Certificated (including BOE Librarians), BOE Non-Certificated Personnel, and Libraries.

Billing Details provided by ADP

Payroll Location: 61234
Payroll Location Description: SAMPLE BOE
Due Date: 07/08/2020
Employee Deduction Billed Amount: \$ 79,638.22
Employer Contribution Billed Amount: \$229,745.00
Total Billed Amount/Amount Due: \$309,383.22

Payment Details provided by Payroll Location

Employee Deduction Paid Amount: <small>Employee Premium deductions paid to Employer (exclude Leave Without Pay premiums).</small>	\$
Employees on LWOP Deduction Paid Amount: <small>Employee Premium deductions for Employees on Leave Without Pay paid to Employer.</small>	\$
Employer Contribution Paid Amount: <small>Employer Contribution for Employees (exclude Leave Without Pay).</small>	\$
Employer LWOP Contribution Paid Amount: <small>Employer Contribution for Employees on Leave Without Pay.</small>	\$
Total Paid Amount:	\$
Payment Method: <small>(ADP Debit (ACH), EFT, OST or CHK) See next page for detailed description of available payment methods.</small>	EFT
Check Number(s):	
Check Amount(s):	

If you currently mail your voucher with a check you also need to email a copy of the voucher to SHBP.PremiumBilling@adp.com.

If you have any discrepancies/adjustments for your monthly bill, please refer to the SHRT Job Aid for the complete discrepancy process and template for submitting these. All discrepancies must be sent to SHBP.PremiumBilling@adp.com in a Microsoft Excel format attached to the email in order to be researched and responded to by ADP. Please only submit one discrepancy form per month. If more than one is submitted, only the first one will be reviewed and all additional discrepancies must be submitted with the next months ones.

Billing Period: 07/2020
Date Prepared/Run Date: 06/29/2020

SAMPLE PAYMENT VOUCHER: STATE AGENCIES

Georgia Department of Community Health State Health Benefit Plan (SHBP) Premium Billing – Payment Voucher

All funds must be received by ADP no later than the Due Date listed below each month in order to complete the monthly premium billing process. If not paying by Check please complete this Voucher (1st page only) and return it to SHBP.PremiumBilling@adp.com or via fax at (801) 908-9888.

Please include your 5 digit payroll location number (listed below in the billing details) as a reference on all payment information.

NOTE: Your payroll location is part of Group Number 49100 - State Agencies, DFACS, and Community Service Boards (and other entities treated as state agencies for billing purposes), which means you have a manual 29.454% of payroll calculation that you perform each month for your Employer Contribution payment.

Billing Details provided by ADP

Payroll Location: 12222
Payroll Location Description: ADMIN PROCESSORS
Due Date: 07/08/2020
Employee Deduction Billed Amount: \$52,039.48
Employer Contribution Billed Amount: \$0.00
Total Billed Amount/Amount Due: \$52,039.48

Payment Details provided by Payroll Location

Employee Deduction Paid Amount: <small>Employee Premium deductions paid to Employer (exclude Leave Without Pay premiums).</small>	\$ <input type="text"/>
Employees on LWOP Deduction Paid Amount: <small>Employee Premium deductions for Employees on Leave Without Pay paid to Employer.</small>	\$ <input type="text"/>
Employer Contribution Paid Amount: <small>Employer Contribution for Employees (exclude Leave Without Pay and Hourly).</small>	\$ <input type="text"/>
Employer LWOP Contribution Paid Amount: <small>Employer Contribution for Employees on Leave Without Pay.</small>	\$ <input type="text"/>
Employer Hourly Contribution Paid Amount: <small>Employer Contribution for Hourly Employees.</small>	\$ <input type="text"/>
Total Paid Amount:	\$ <input type="text"/>
Payment Method: <small>(ADP Debit (ACH), EFT, OST or CHK) See next page for detailed description of available payment methods.</small>	EFT <input type="text"/>
Check Number(s):	<input type="text"/>
Check Amount(s):	<input type="text"/>

If you currently mail your voucher with a check you also need to email a copy of the voucher to SHBP.PremiumBilling@adp.com.

If you have any discrepancies/adjustments for your monthly bill, please refer to the SHRT Job Aid for the complete discrepancy process and template for submitting these. All discrepancies must be sent to SHBP.PremiumBilling@adp.com in a Microsoft Excel format attached to the email in order to be researched and responded to by ADP. Please only submit one discrepancy form per month. If more than one is submitted, only the first one will be reviewed and all additional discrepancies must be submitted with the next months ones.

Billing Period: 07/2020
Date Prepared/Run Date: 06/29/2020

SAMPLE PAYMENT VOUCHER: CONTRACT EMPLOYERS

Georgia Department of Community Health State Health Benefit Plan (SHBP) Premium Billing – Payment Voucher

All funds must be received by ADP no later than the Due Date listed below each month in order to complete the monthly premium billing process. If not paying by Check please complete this Voucher (1st page only) and return it to SHBP.PremiumBilling@adp.com or via fax at (801) 908-9888.

Please include your 5 digit payroll location number (listed below in the billing details) as a reference on all payment information.

NOTE: Your Payroll Location is part of Group Number 49140 or 49150 - Employees of Contract Employers and Boards of Education School Board Members.

Billing Details provided by ADP

Payroll Location: 41234
Payroll Location Description: Care Associates
Due Date: 07/08/2020
Employee Deduction Billed Amount: \$69,939.20
Employer Contribution Billed Amount: \$0.00
Total Billed Amount/Amount Due: \$69,939.20

Payment Details provided by Payroll Location

Employee or Board Member Deduction Paid Amount:	\$
Employer Contribution Paid Amount (if applicable): <small>If you include full costs ("Employee and Employer" or "Board Member and Employer") in "Employee or Board Member Deduction Paid Amount" above, do not enter anything here.</small>	\$
Total Paid Amount:	\$
Payment Method: <small>(ADP Debit (ACH), EFT, OST or CHK) See next page for detailed description of available payment methods.</small>	CHK
Check Number(s):	
Check Amount(s):	

If you currently mail your voucher with a check you also need to email a copy of the voucher to SHBP.PremiumBilling@adp.com.

If you have any discrepancies/adjustments for your monthly bill, please refer to the SHRT Job Aid for the complete discrepancy process and template for submitting these. All discrepancies must be sent to SHBP.PremiumBilling@adp.com in a Microsoft Excel format attached to the email in order to be researched and responded to by ADP. Please only submit one discrepancy form per month. If more than one is submitted, only the first one will be reviewed and all additional discrepancies must be submitted with the next months ones.

Billing Period: 07/2020
Date Prepared/Run Date: 06/29/2020

2. PREMIUM BILLING DETAIL REPORT (BRP)

- Produced for all Members who are or were recently enrolled in health benefits within the Employer group;
- Includes retroactive charges and/or credits for Member coverage updates; and
- Used by Employers to reconcile membership, Employer Contributions, and Member Premiums.

SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): BOARDS OF EDUCATION (AND SIMILAR SITUATED EMPLOYING ENTITIES)

	CLIENT#	RUNYE	RUNI	COVYE	COVM	CHAINCO	EMPNAME	EMPSSN	PLANCODE	ADPPLAN	PLANNAM	BIRTHDATE	GENI	PAYROLL#	PAYROLLD	GROUP	BENST	EFFDATE	ENDDA	COVGL	COVGLVL	EMPLOYEE	ERCONT	ERCON	EMPLOYEE	EEDEDUCT	EEDEDAD	TOTPREMI	COMMENT
2	2709	2020	7	2020	7 A	GARNER, JAMES	997-82-486 H016	279024	BCBS HMO	19860116	M	61234	SAMPLE BC	49110 A	1/1/2016	1	You	466050	945	0	466051	135.65	0	1080.65					
3	2709	2020	7	2020	7 A	JOHNSON, CHAF	999-82-897 H002T	279050	BCBS Silve	19870817	F	61234	SAMPLE BC	49110 A	1/1/2020	4	You and Fa	466050	945	0	466051	474.54	0	1419.54					
4	2709	2020	7	2020	7 A	HAYS, ABBY	997-69-886 H003	279003	BCBS Bron	19710607	M	61234	SAMPLE BC	49110 A	1/1/2015	4	You and Fa	466050	945	0	466051	286.92	0	1231.92					
5	2709	2020	7	2020	7 A	GRIFFITH, JACK	980-86-996 H016	279024	BCBS HMO	19890808	F	61234	SAMPLE BC	49110 A	9/1/2016	3	You and Ch	466050	945	0	466051	250.9	0	1195.9					
6	2709	2020	7	2020	7 A	STRONG, BARB	290-80-986 H001	279001	BCBS Gold	19691028	F	61234	SAMPLE BC	49110 A	9/1/2019	1	You	466050	945	0	466051	168.73	0	1113.73					
7	2709	2020	7	2020	7 A	BRANNON, PETE	297-99-926 H003	279003	BCBS Bron	19680181	F	61234	SAMPLE BC	49110 A	1/1/2020	2	You and Sp	466050	945	0	466051	215.91	0	1160.91					
8	2709	2020	7	2020	7 A	YOUNGSTON, JE	282-99-686 H002	279002	BCBS Silve	19621227	F	61234	SAMPLE BC	49110 A	1/1/2016	1	You	466050	945	0	466051	110.89	0	1055.89					
9	2709	2020	7	2020	7 A	COPE, CARL	282-27-776 H001	279001	BCBS Gold	19680929	F	61234	SAMPLE BC	49110 A	1/1/2015	4	You and Fa	466050	945	0	466051	556.5	0	1501.5					
10	2709	2020	7	2020	7 A	THOM, PAMELA	282-29-976 H002	279002	BCBS Silve	19670806	F	61234	SAMPLE BC	49110 A	1/1/2017	2	You and Sp	466050	945	0	466051	296.62	0	1241.62					
11	2709	2020	7	2020	7 A	EASTON, REGIN	282-99-896 H016	279024	BCBS HMO	19670128	F	61234	SAMPLE BC	49110 A	1/1/2016	1	You	466050	945	0	466051	135.65	0	1080.65					
12	2709	2020	7	2020	7 A	JOHNSTON, MYF	282-97-776 H002	279002	BCBS Silve	19680801	F	61234	SAMPLE BC	49110 A	1/1/2019	3	You and Ch	466050	945	0	466051	208.8	0	1153.8					
13	2709	2020	7	2020	7 A	ALFONZO, SARA	282-99-826 H002	279002	BCBS Silve	19700218	F	61234	SAMPLE BC	49110 A	10/1/2019	1	You	466050	945	0	466051	110.89	0	1055.89					
14	2709	2020	7	2020	7 A	LASTER, KATARI	282-97-296 H003T	279051	BCBS Bron	19690808	F	61234	SAMPLE BC	49110 A	1/1/2015	4	You and Fa	466050	945	0	466051	366.92	0	1311.92					
15	2709	2020	7	2020	7 A	CART, CHERYL	282-99-896 H016	279024	BCBS HMO	19781121	F	61234	SAMPLE BC	49110 A	1/1/2016	3	You and Ch	466050	945	0	466051	250.9	0	1195.9					
16	2709	2020	7	2020	7 A	NALS, JANCY	282-89-976 H016	279024	BCBS HMO	19710828	M	61234	SAMPLE BC	49110 A	1/1/2017	4	You and Fa	466050	945	0	466051	463.89	0	1408.89					
17	2709	2020	7	2020	7 A	MCBRIDE, BRENI	282-87-276 H016T	279052	BCBS HMO	19880819	M	61234	SAMPLE BC	49110 A	1/1/2017	3	You and Ch	466050	945	0	466051	330.9	0	1275.9					
18	2709	2020	7	2020	7 A	TSETOS, KAY	282-87-796 H002	279002	BCBS Silve	19820211	F	61234	SAMPLE BC	49110 A	1/1/2018	2	You and Sp	466050	945	0	466051	296.62	0	1241.62					
19	2709	2020	7	2020	7 A	SHUMAN, MONI	282-89-886 H002	279002	BCBS Silve	19711117	F	61234	SAMPLE BC	49110 A	1/1/2019	4	You and Fa	466050	945	0	466051	394.54	0	1339.54					
20	2709	2020	7	2020	7 A	FLOWTON, STELI	282-69-996 H001	279001	BCBS Gold	19720221	F	61234	SAMPLE BC	49110 A	1/1/2019	4	You and Fa	466050	945	0	466051	556.5	0	1501.5					

SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): STATE AGENCIES

1	CLIE	RUNYE	RUNN	COVYE	COVM	CHAINCO	EMPNAME	EMPSSN	PLANCODE	ADPPLAN	PLANNAM	BIRTHDATE	GENDER	PAYROLL#	PAYROLLD	GROUP	BENST	EFFDATE	ENDDATE	COVGLVL	COVGLVL	EMPLOYEE	ERCONT	ERCON	EMPLOYEE	EEDEDUCT	EEDEDAD	TOTPREMI	COMMENT
2	2709	2020	7	2020	7 C	HINDSON, 090-76-766 H015	279027	Kaiser HMI	19690601	M	12222	ADMIN PR	49100	A	1/1/2016		4	You and Fa	466061	0	0	466062	482.37	0	482.37				
3	2709	2020	7	2020	7 C	JORDAN, 1030-69-356 H017	36043	Kaiser HMI	19671011	F	12222	ADMIN PR	49100	A	1/1/2020		1	You	466061	0	0	466062	142.71	0	142.71				
4	2709	2020	7	2020	7 C	SULLI, ANS 039-58-967 H015	279027	Kaiser HMI	19890807	M	12222	ADMIN PR	49100	A	2/1/2019		1	You	466061	0	0	466062	142.71	0	142.71				
5	2709	2020	7	2020	7 A	BORDER JE 044-69-436 H001	279001	BCBS Gold	19600999	M	12222	ADMIN PR	49100	A	1/1/2018		1	You	466061	0	0	466062	168.73	0	168.73				
6	2709	2020	7	2020	7 C	RENNIKER, 044-98-633 H017	36043	Kaiser HMI	19800106	M	12222	ADMIN PR	49100	A	1/1/2017		1	You	466061	0	0	466062	142.71	0	142.71				
7	2709	2020	7	2020	7 A	NOUSE, JA 054-80-963 H002	279002	BCBS Silve	19850919	M	12222	ADMIN PR	49100	A	4/1/2020		2	You and Sp	466061	0	0	466062	296.62	0	296.62				
8	2709	2020	7	2020	7 C	SIMMS, CA 058-58-905 H015	279027	Kaiser HMI	19640611	F	12222	ADMIN PR	49100	A	5/1/2019		1	You	466061	0	0	466062	142.71	0	142.71				
9	2709	2020	7	2020	7 A	MORALEZ, 069-46-883 H016	279024	BCBS HMO	19540194	M	12222	ADMIN PR	49100	A	1/1/2019		1	You	466061	0	0	466062	135.65	0	135.65				
10	2709	2020	7	2020	7 A	BURGESS, 1067-70-963 H001	279001	BCBS Gold	19691194	F	12222	ADMIN PR	49100	A	9/1/2017		4	You and Fa	466061	0	0	466062	556.5	0	556.5				
11	2709	2020	7	2020	7 A	INGRAHAN 068-56-905 H016	279024	BCBS HMO	19660805	M	12222	ADMIN PR	49100	A	1/1/2016		4	You and Fa	466061	0	0	466062	463.89	0	463.89				
12	2709	2020	7	2020	7 A	SINGH, HA 079-78-453 H001	279001	BCBS Gold	19751006	F	12222	ADMIN PR	49100	A	10/1/2019		3	You and Ch	466061	0	0	466062	307.13	0	307.13				
13	2709	2020	7	2020	7 C	SANDERS C 193-79-933 H015	279027	Kaiser HMI	19810109	M	12222	ADMIN PR	49100	A	2/1/2016		2	You and Sp	466061	0	0	466062	362.49	0	362.49				
14	2709	2020	7	2020	7 A	TEMPLE, T 193-79-666 H003	279003	BCBS Bron	19810498	F	12222	ADMIN PR	49100	A	5/28/2016		2	You and Sp	466061	0	0	466062	215.91	0	215.91				
15	2709	2020	7	2020	7 A	JENKINS O 194-80-033 H016	279024	BCBS HMO	19911111	F	12222	ADMIN PR	49100	A	2/1/2020		1	You	466061	0	0	466062	135.65	0	135.65				
16	2709	2020	7	2020	7 A	REED, NAN 300-58-633 H016	279024	BCBS HMO	19711117	F	12222	ADMIN PR	49100	A	9/1/2019		1	You	466061	0	0	466062	135.65	0	135.65				
17	2709	2020	7	2020	7 A	MCKEON, 1303-79-333 H003	279003	BCBS Bron	19891195	M	12222	ADMIN PR	49100	A	1/1/2015		1	You	466061	0	0	466062	72.45	0	72.45				
18	2709	2020	7	2020	7 A	JONES, MA 305-48-936 H002	279002	BCBS Silve	19570816	M	12222	ADMIN PR	49100	A	10/1/2016		2	You and Sp	466061	0	0	466062	296.62	0	296.62				
19	2709	2020	7	2020	7 A	VEENER, D 330-66-443 H003	279003	BCBS Bron	19890699	F	12222	ADMIN PR	49100	A	11/16/2019		1	You	466061	0	0	466062	72.45	0	72.45				
20	2709	2020	7	2020	7 A	FRESHWA 1339-78-566 H003	279003	BCBS Bron	19910519	F	12222	ADMIN PR	49100	A	1/1/2020		2	You and Sp	466061	0	0	466062	215.91	0	215.91				

SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): CONTRACT EMPLOYER

	CLIENT	RUNYE	RUNM	COVY	COVN	CHAIN	EMPNAME	EMPSSN	PLANCODE	ADPLAN	PLANNAM	BIRTHDATI	GENDER	PAYROLL	PAYROLLD	GROUP	BENSTATU	EFFDATE	ENDDATE	COVGLVL	COVGLVL	EMPLOYEE	ERCONT	ERCONTAL	EMPLOYEE	EEDEDUCT	EEDEDADJ	TOTPREMI	COMMENT	
2	2709	2020	7	2020	7	A	WALTER, K 002-82-392	H016	279024	BCBS HMO	19901861	F		41234	Care Assoc	49140	A	1/1/2020			2	You and Sp	466065	0	0	466066	1530.46	0	1530.46	
3	2709	2020	7	2020	7	A	FELICITY, F 103-98-815	H001	279001	BCBS Gold	19270687	M		41234	Care Assoc	49140	A	1/1/2018			2	You and Sp	466065	0	0	466066	1605.58	0	1605.58	
4	2709	2020	7	2020	7	A	PURI, MUR 128-13-377	H001	279001	BCBS Gold	19690909	M		41234	Care Assoc	49140	A	1/1/2015			4	You and Fa	466065	0	0	466066	2140.78	0	2140.78	
5	2709	2020	7	2020	7	A	STEWART, 888-73-105	H001	279001	BCBS Gold	19280989	M		41234	Care Assoc	49140	A	9/1/2019			4	You and Fa	466065	0	0	466066	2140.78	0	2140.78	
6	2709	2020	7	2020	7	A	SCHMIDT-821-72-885	H016	279024	BCBS HMO	19690607	M		41234	Care Assoc	49140	A	9/1/2016			4	You and Fa	466065	0	0	466066	2040.61	0	2040.61	
7	2709	2020	7	2020	7	A	BROWNLY, 828-17-391	H016	279024	BCBS HMO	19260160	M		41234	Care Assoc	49140	A	7/1/2018			4	You and Fa	466065	0	0	466066	2040.61	0	2040.61	
8	2709	2020	7	2020	7	A	WYNDAM, 828-39-270	H003	279003	BCBS Bron	19281806	F		41234	Care Assoc	49140	A	1/1/2019			1	You	466065	0	0	466066	659.1	0	659.1	
9	2709	2020	7	2020	7	A	ROLAND, 828-91-785	H003	279003	BCBS Bron	19220819	F		41234	Care Assoc	49140	A	9/1/2017			1	You	466065	0	0	466066	659.1	0	659.1	
10	2709	2020	7	2020	7	A	BRACKETT, 828-79-271	H003	279003	BCBS Bron	19890806	F		41234	Care Assoc	49140	A	7/1/2017			1	You	466065	0	0	466066	659.1	0	659.1	
11	2709	2020	7	2020	7	A	MORTON, 823-13-791	H003	279003	BCBS Bron	19981116	F		41234	Care Assoc	49140	A	1/1/2015			1	You	466065	0	0	466066	659.1	0	659.1	
12	2709	2020	7	2020	7	A	EPPSON, C 823-29-077	H003	279003	BCBS Bron	19820802	F		41234	Care Assoc	49140	A	1/1/2020			1	You	466065	0	0	466066	659.1	0	659.1	
13	2709	2020	7	2020	5	A	HAINE, CA 823-92-881	H016	279024	BCBS HMO	19280808	F		41234	Care Assoc	49140	A	1/1/2018			3	You and Ch	466065	0	0	466066	0	-1238.94	-1238.94	
14	2709	2020	7	2020	5	A	HAINE, CA 823-92-881	H016	279024	BCBS HMO	19280808	F		41234	Care Assoc	49140	A	5/1/2020			4	You and Fa	466065	0	0	466066	0	2040.61	2040.61	Changed
15	2709	2020	7	2020	6	A	HAINE, CA 823-92-881	H016	279024	BCBS HMO	19280808	F		41234	Care Assoc	49140	A	1/1/2018			3	You and Ch	466065	0	0	466066	0	-1238.94	-1238.94	
16	2709	2020	7	2020	6	A	HAINE, CA 823-92-881	H016	279024	BCBS HMO	19280808	F		41234	Care Assoc	49140	A	5/1/2020			4	You and Fa	466065	0	0	466066	0	2040.61	2040.61	
17	2709	2020	7	2020	7	A	HAINE, CA 823-92-881	H016	279024	BCBS HMO	19280808	F		41234	Care Assoc	49140	A	5/1/2020			4	You and Fa	466065	0	0	466066	2040.61	0	2040.61	
18	2709	2020	7	2020	7	A	SHELTING, 823-97-895	H001	279001	BCBS Gold	19880882	F		41234	Care Assoc	49140	A	1/1/2019			3	You and Ch	466065	0	0	466066	1299.76	0	1299.76	
19	2709	2020	7	2020	7	A	SHORTS, L 827-81-727	H001	279001	BCBS Gold	19601112	F		41234	Care Assoc	49140	A	1/1/2020			3	You and Ch	466065	0	0	466066	1299.76	0	1299.76	
20	2709	2020	7	2020	7	A	KELLY, SUS 827-37-998	H002	279002	BCBS Silve	19261112	F		41234	Care Assoc	49140	A	1/1/2020			1	You	466065	0	0	466066	700.34	0	700.34	

3. PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV)

- Produced in conjunction with the Premium Billing Detail Report (BRP);
- Summarizes aggregate costs based on the Plan Options for Employer's membership in their Payroll Location(s);
- Total costs of Plan Options equate to the total amounts billed on the Premium Billing Detail Report (BRP); and
- Can be used by Employers to understand their membership's cost breakdowns per various Plan Options.

SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): BOARDS OF EDUCATION (AND SIMILAR SITUATED EMPLOYING ENTITIES)

BRP6983												
GRAFFSCO												
Client Values												
State of Georgia (SHBP)												
Custom Payment Summary by Payroll Location PDF												
7/2020 Division = 61234, *All Plans, *All Plan Grps Only												
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division - 61234 SAMPLE BOE												
H001	279001	BCBS-GOLD	1	You	49110	5	466050	4,725.00	.00	466051	843.65	.00
H001	279001	BCBS-GOLD	2	You and Spouse	49110	2	466050	1,890.00	.00	466051	836.18	.00
H001	279001	BCBS-GOLD	3	You and Child(ren)	49110	7	466050	6,615.00	.00	466051	2,149.91	.00
H001	279001	BCBS-GOLD	4	You and Family	49110	7	466050	6,615.00	.00	466051	3,895.50	.00
Subtot Plan - H001						21		19,845.00	.00		7,725.24	.00
H001T	279049	GOLD-TOB	4	You and Family	49110	1	466050	945.00	.00	466051	636.50	.00
Subtot Plan - H001T						1		945.00	.00		636.50	.00
H002	279002	BCBS-SILVR	1	You	49110	16	466050	15,120.00	.00	466051	1,774.24	.00
H002	279002	BCBS-SILVR	2	You and Spouse	49110	10	466050	9,450.00	.00	466051	2,966.20	.00
H002	279002	BCBS-SILVR	3	You and Child(ren)	49110	13	466050	12,285.00	.00	466051	2,714.40	.00
H002	279002	BCBS-SILVR	4	You and Family	49110	27	466050	25,515.00	.00	466051	10,652.58	.00
Subtot Plan - H002						66		62,370.00	.00		18,107.42	.00
H002T	279050	SILVER-TOB	2	You and Spouse	49110	3	466050	2,835.00	.00	466051	1,129.86	.00
H002T	279050	SILVER-TOB	4	You and Family	49110	5	466050	4,725.00	.00	466051	2,372.70	.00
Subtot Plan - H002T						8		7,560.00	.00		3,502.56	.00

SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): STATE AGENCIES

BRP6983												
GRAFFSCO												
Client Values												
State of Georgia (SHBP)												
Custom Payment Summary by Payroll Location PDF												
7/2020 Division = 12222, *All Plans, *All Plan Grps Only												
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division - 12222 ADMIN PROCESSORS												
H001	279001	BCBS-GOLD	1	You	49100	13	466061	.00	.00	466062	2,193.49	.00
H001	279001	BCBS-GOLD	2	You and Spouse	49100	3	466061	.00	.00	466062	1,254.27	.00
H001	279001	BCBS-GOLD	3	You and Child(ren)	49100	6	466061	.00	.00	466062	1,842.78	.00
H001	279001	BCBS-GOLD	4	You and Family	49100	4	466061	.00	.00	466062	2,226.00	.00
Subtot Plan - H001						26		.00	.00		7,516.54	.00
H002	279002	BCBS-SILVR	1	You	49100	9	466061	.00	.00	466062	998.01	.00
H002	279002	BCBS-SILVR	2	You and Spouse	49100	4	466061	.00	.00	466062	1,186.48	.00
H002	279002	BCBS-SILVR	3	You and Child(ren)	49100	3	466061	.00	.00	466062	626.40	.00
H002	279002	BCBS-SILVR	4	You and Family	49100	8	466061	.00	.00	466062	3,156.32	.00
Subtot Plan - H002						24		.00	.00		5,967.21	.00
H003	279003	BCBS-BRONZ	1	You	49100	21	466061	.00	.00	466062	1,521.45	.00
H003	279003	BCBS-BRONZ	2	You and Spouse	49100	5	466061	.00	.00	466062	1,079.55	.00
H003	279003	BCBS-BRONZ	3	You and Child(ren)	49100	6	466061	.00	.00	466062	860.76	.00
H003	279003	BCBS-BRONZ	4	You and Family	49100	4	466061	.00	.00	466062	1,147.68	.00
Subtot Plan - H003						36		.00	.00		4,609.44	.00

SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): CONTRACT EMPLOYER

BRP6983		State of Georgia (SHBP)										
GRAFFSCO		Custom Payment Summary by Payroll Location PDF										
Client Values		7/2020 Division = 41234, *All Plans, *All Plan Grps Only										
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division - 41234 CARE ASSOCIATES												
H001	279001	BCBS-GOLD	1	You	49140	10	466065	.00	.00	466066	7,645.60	.00
H001	279001	BCBS-GOLD	2	You and Spouse	49140	2	466065	.00	.00	466066	3,211.16	.00
H001	279001	BCBS-GOLD	3	You and Child(ren)	49140	6	466065	.00	.00	466066	7,798.56	.00
H001	279001	BCBS-GOLD	4	You and Family	49140	4	466065	.00	.00	466066	8,563.12	.00
Subtot Plan - H001						22		.00	.00		27,218.44	.00
H001T	279049	GOLD-TOB	1	You	49140	1	466065	.00	.00	466066	844.56	.00
Subtot Plan - H001T						1		.00	.00		844.56	.00
H002	279002	BCBS-SILVR	1	You	49140	1	466065	.00	.00	466066	700.34	.00
H002	279002	BCBS-SILVR	2	You and Spouse	49140	1	466065	.00	.00	466066	1,470.72	.00
Subtot Plan - H002						2		.00	.00		2,171.06	.00
H003	279003	BCBS-BRONZ	1	You	49140	16	466065	.00	.00	466066	10,545.60	.00
H003	279003	BCBS-BRONZ	3	You and Child(ren)	49140	1	466065	.00	.00	466066	1,120.48	.00
Subtot Plan - H003						17		.00	.00		11,666.08	.00
H003T	279051	BRONZE-TOB	4	You and Family	49140	1	466065	.00	.00	466066	1,925.50	.00

FUNDING

From the 29th Calendar Day through the 4th Business Day, Employers should also make funds available for payment to SHBP via their Funding Method on file with SHBP Premium Billing.

Approved Funding Methods currently include:

- ACH Funds Pull (Debit)
- Office of State Treasury (OST)
- Electronic Funds Transfer (EFT)

IMPORTANT: If Employers would like to change their Funding Method, they must contact SHBP Premium Billing first: SHBP.PremiumBilling@adp.com. Changing your funding method prior to notifying SHBP Premium Billing may delay receipt of your funds.

5TH BUSINESS DAY

Employer payments, including their Employer Contribution and member premium for their employees enrolled in SHBP coverage are due on the 5th Business Day of the Month. Employers should refer to their Premium Billing Payment Voucher(s) for more information on submitting their payment to SHBP.

For reconciliation purposes, Employers should pay as billed. A partial payment of the amount billed is the same as non-payment. For those employers who do not pay as billed, if a credit is deducted in advance by the Employer prior to the Employer receiving a credit reflected on their Premium Billing Detail Report (BRP), the Employer should make sure the credit is not deducted again when it is reflected on the Premium Billing Detail Report (BRP). Any credits owed to an Employer due to subsequent employee eligibility record changes will appear in 1 to 2 billing cycles on the next Premium Billing (see Part II. Introduction to SHBP Premium Billing Discrepancies).

6TH BUSINESS DAY through 27th Calendar Day

On the 6th Business Day, SHBP Premium Billing transfers all funds collected to the DCH Financial Management Division's SHBP Accounting Team.

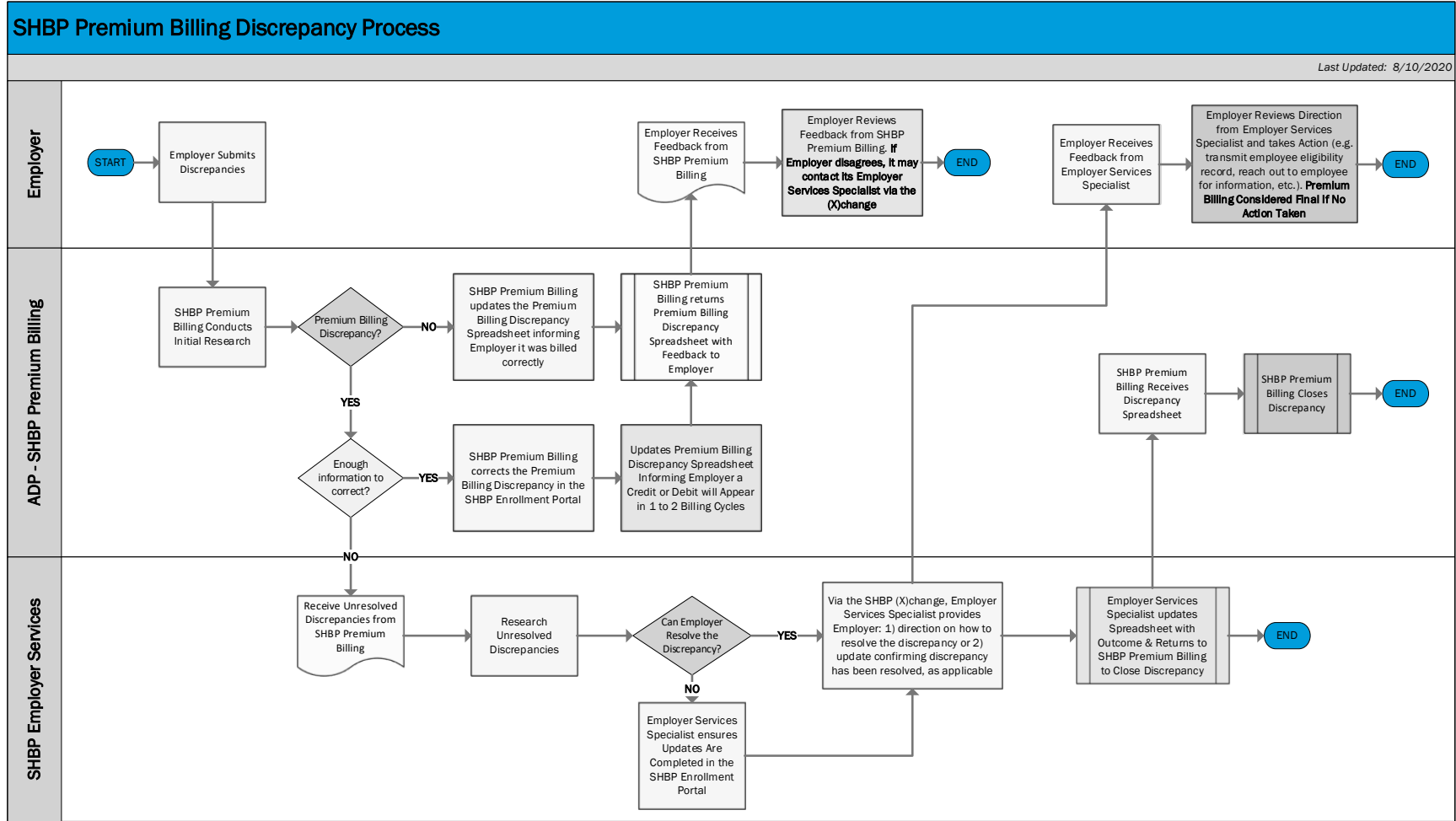
SHBP Premium Billing continues to accept payment(s) from Employers between the 6th to the 27th Calendar Day of the month for the current premium billing cycle. At the end of each week thereafter, SHBP Premium Billing continues to transfer funds and provide updated accounts receivable report(s) to DCH Financial Management Division's SHBP Accounting Team.

The DCH Financial Management Division, SHBP Audits Team will follow up with delinquent Employers who fail to submit payment by the 27th Calendar Day of the month for the current billing cycle. For example, the August Premium Billing payment is due by August 7th (i.e., the 5th business day of the month). Employers who have not submitted payment by August 27th will be contacted by the DCH Financial Management Division, SHBP Audits Team.

PART II. INTRODUCTION TO SHBP PREMIUM BILLING DISCREPANCY PROCESS

Overview of SHBP Premium Billing Discrepancy Process

The SHBP Premium Billing Discrepancy Process begins immediately after the Premium Billing is posted to SHRT to each Employer Payroll Location(s) and ends on the 27th Calendar Day of each month.



What is a Premium Billing Discrepancy?

A Premium Billing Discrepancy is a billing error that the Employer has identified from the Premium Billing Detail Report (BRP). As discussed further below, billing errors due to timing or due to Employers not updating or submitting inaccurate employee eligibility records are not Premium Billing Discrepancies.

PREMIUM BILLING DISCREPANCY TEMPLATE

The *current, approved* Discrepancy spreadsheet template is located in SHRT in the "Additional_SHRT_Instructions" folder as well as in your "From_ADP" Folder, in the "Premium_Billing" subfolder. Employers should log into SHRT each month to ensure they are completing the correct template. If the incorrect version of the Discrepancy spreadsheet template is submitted, it will be returned to the Employer and not processed, therefore delaying any eligibility updates needed for your employees.

Employers with multiple Payroll Locations may combine Discrepancies on a single Discrepancy spreadsheet template.

BRP6981 Monthly Premium Billing Discrepancy Process Instructions

Please use this spreadsheet to report any billing discrepancies found on your BRP6981 CSV file.

Please ensure that the excel file name and subject line of the email contain your 5 digit payroll location number and reads as follows:

SHBP 12345 - Discrepancies for Month Year

*12345 should be replaced with 5 digit payroll location number

Discrepancies identified during this review process will need to be attached to SHBP.PremiumBilling@adp.com

NOTE: All discrepancies will be researched and resolved on the **following month's premium billing**, as long as they are reported to ADP by the 20th of the current month so that we have enough time to research the issues. Any email received after this date will not be reviewed and will need to be resubmitted if not corrected on the billing sent on the 27th. ADP will provide a response in the ADP response back (column K)

COMMON DISCREPANCIES	
Discrepancy Description	DISCREPANCY DETAILS NEEDED
Employee Terminated but is still active on BRP6981	Term Date MM/DD/YYYY (coverage end date must be put in column I)
Employee Missing from BRP6981 Report	Elected medical coverage on MM/DD/YYYY (coverage begin date must be put in column I)
Employee Transferred to new location	Transferred MM/DD/YYYY New Location Number:
Coverage level is different than BRP6981	Correct Coverage Level: Eff date of Coverage Level
Employee changed from active to retiree	Retired MM/DD/YYYY
Incorrect SSN	Correct SSN is
Employee is on LWOP (These situations should only be reported if they are on the BRP6981 and coverage should end.)	Employee is on LWOP and should term.
Other	Provide details pertaining to the discrepancy

Sample: **SHBP 12345 - Discrepancies for March**

Payroll Location Name: Sample Premium Billing Discrepancy

Column N 5 DIGIT PAYROLL LOCATION	Column G NAME (Last, First)	Column H LAST 4 SSN	Column I PLAN CODE	Column E COVERAGE MONTH/YE AR NEEDING	Column V EMPLOYEE R ADJUSTM ENT	Column Z EMPLOYEE E ADJUSTM ENT	Column AB TOTAL ADJUSTM ENT AMOUNT	COVERAGE EFFECTIVE OR END DATE	COMMON DISCREPANCIES DISCREPANCY DETAILS (Refer to instructions tab for common discrepancies and information ADP needs)	ADP RESPONSE TO LOCATION
12345	JONES, JOHN	1234	H002	2/15 - 3/15	\$0.00	\$108.64	(\$217.28)	1/31/2015	Term Date 01/31/2015	
12345	SMITH, SALLY	7773	H003	03/2015	\$945.00	\$195.96	\$1,140.96	2/28/2015	Elected medical coverage 02/28/2015	
12345	BROWN, KEITH	1201	H016T	03/2015	(\$945.00)	(\$523.18)	(\$1,468.18)	3/1/2015	Transferred 2/20/2015 New Location Number 56789	
12345	WILLIAMS, KIRA	0407	H002	03/2015	\$0.00	\$539.84	\$539.84	3/1/2015	Employee added baby 3/10/2015. Family coverage eff 3/1/2015	
12345	GODFREY, ANNA	2605	H001	03/2015	\$0.00	(\$539.84)	(\$539.84)	3/1/2015	Retired 02/01/2015	
12345	ROACH, DAVID	0717	H003	03/2015	(\$843.00)	(\$166.08)	(\$1,009.08)		Correct SSN is 123XX7717 Incorrect SSN 123XX7718	

*If you have already made adjustments to the amount paid please make sure you do not pay or credit again the following month when it is reflected on the bill.

Please keep in mind that there will always be slight timing differences between the monthly premium billing and the actual payroll deductions for the month depending on when the data was updated in the ADP system. Whenever possible please pay as billed and document any differences as a discrepancy for ADP to research BUT do not adjust your bill or you will have to keep doing this until the discrepancies balance out. It is understood by ADP that the locations cannot pay for records that have transferred or terminated and it would be okay for you to adjust your bill to deduct those amounts from your payment; however ADP will still need you to report them as discrepancies so that ADP can ensure our system(S) are reflecting the termination.

It is also recommended that you check the ADP enrollment portal for any changes to ensure that they are reflected correctly within that system. If the change you are expecting is not showing in the portal please reach out to your SHBP Administrative Solutions Team for assistance in getting this corrected. If the record was updated within a week of the premium billing reports being posted to the SHRT site, this is most likely a timing issue and will be reflected correctly on the following premium billing cycle. Again, it is the recommendation of ADP that you pay as billed to prevent any unnecessary extra work and identify and monitor discrepancies so that we can ensure that they are corrected before the next premium billing cycle.

PREMIUM BILLING CUTOFF DATE

The cutoff date for Premium Billing changes is seven (7) business days prior to the 28th Calendar Day* of each month when Premium Billing is posted to SHRT. The cutoff date is the date that all employee eligibility data present as of that date in the SHBP Enrollment Portal is used to prepare the upcoming Premium Billing for each Employer.

For example, the August Premium Billing Vouchers and Reports will be posted to SHRT Tuesday, July 28, 2020. The cutoff date for Premium Billing changes is July 17, 2020.

*Note:

- If the 28th Calendar Day falls on a Saturday, Premium Billing is posted by the prior business day. *This means the Premium Billing cutoff date would be 7 Business Days prior to the 27th Calendar Day when Premium Billing is posted to SHRT.*
- If the 28th Calendar Day falls on a Sunday, Premium Billing is posted on the following business day. *This means the Premium Billing cutoff date would be 7 Business Days prior to the 29th Calendar Day when Premium Billing is posted to SHRT.*

BILLING ERRORS DUE TO TIMING

Billing errors on the Premium Billing Detail Report Due to Timing are not Premium Billing Discrepancies. The below scenarios describe common billing errors due to timing.

Scenario I: an employee is hired August 5, 2020 and the Employer transmits a successful New Hire Record to SHBP on August 24, 2020. The New Hire does not appear on the September Premium Billing Detail Report. *This is not a Premium Billing Discrepancy because the date the New Hire Record was submitted was after the cutoff date for September Premium Billing, as detailed below:*

- The September Premium Billing Detail Report (BRP) is posted to SHRT Friday, August 28, 2020.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were not charged for the new hire's coverage because it is not showing on their September BRP.
- Since the September Premium Billing Vouchers and Reports were posted to SHRT Friday, August 28, 2020. The cutoff date for Premium Billing changes was August 19, 2020. Therefore, the employee's New Hire Record submitted on August 24th missed the cutoff date.
- SHBP Premium Billing's response to the Employer on the Premium Billing Discrepancy Template states "This is not a Discrepancy. Employee will appear on the October Premium Billing Detail Report (BRP) produced on September 28th."

Scenario II: an employee is terminated August 14, 2020 and the Employer transmits a successful Termination Record to SHBP on September 18, 2020. The terminated employee appears on the October Premium Billing Detail Report. *This is not a Premium Billing Discrepancy because the date the Termination Record was submitted was after the cutoff date for October Premium Billing, as detailed below:*

- The October Premium Billing Detail Report (BRP) is posted to SHRT Monday, September 28, 2020.

- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were incorrectly charged October coverage for the former employee and the coverage should have terminated as of September 30, 2020.
- Since the October Premium Billing Vouchers and Reports were posted to SHRT Monday, September 28, 2020. The cutoff date for Premium Billing changes was September 17, 2020. Therefore, the former employee's Termination Record submitted on September 18th missed the cutoff date.
- SHBP Premium Billing's response to the Employer states "This is not a Discrepancy. Employer will receive a credit in 1 to 2 billing cycles."

BILLING ERRORS DUE TO UNSUCCESSFUL OR NO EMPLOYEE ELIGIBILITY RECORD SUBMITTED

Billing errors on the Premium Billing Detail Report due to an Employer transmitting an unsuccessful employee eligibility record or failing to transmit an employee eligibility record, are not Premium Billing Discrepancies. The below scenarios describe common billing errors due to employers transmitting an employee eligibility record that errors out or is rejected or failing to transmit an employee eligibility record.

Scenario I: an employee is hired August 5, 2020 and the Employer transmits a New Hire Record to SHBP on August 10, 2020 that errors out due to an inaccurate hire date of August 21, 1821 transmitted to SHBP. The Employer did not retransmit the New Hire Record. *This is not a Premium Billing Discrepancy because the Employer has failed to transmit a successful, error-free, New Hire Record, as detailed below:*

- The September Premium Billing Detail Report (BRP) is posted to SHRT Friday, August 28, 2020.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were not charged for the new hire's coverage because it is not showing on their September BRP.
- Since the September Premium Billing Vouchers and Reports were posted to SHRT Friday, August 28, 2020. The cutoff date for Premium Billing changes was August 19, 2020 and the employer never resubmitted the New Hire Record to correct the hire date error. Therefore, no New Hire Record for the employee was submitted on for inclusion on the September Premium Billing.
- SHBP Premium Billing's response to the Employer states, "Sent to EST for research" and it is transferred to Employer Services for follow-up.
- The Employer Services Specialists conducts research and determines a New Hire Record was transmitted but it errored out and the Employer took no further action to correct the New Hire Record and retransmit it to SHBP. Employer Services Specialist will reach out to Employer and advise them to transmit an accurate New Hire Record for the employee.

Scenario II: an employee is terminated August 14, 2020 but the Employer never transmits a Termination Record to SHBP. *This is not a Premium Billing Discrepancy because the Employer has failed to transmit a Termination Record, as detailed below:*



- The October Premium Billing Detail Report (BRP) is posted to SHRT Monday, September 28, 2020.

- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were incorrectly charged October coverage for the former employee and the coverage should have terminated as of September 30, 2020.
- SHBP Premium Billing's response to the Employer states, "Sent to EST for research" and it is transferred to Employer Services for follow-up.
- The Employer Services Specialists conducts research and determines the Employer never transmitted a Termination Record for the former employee. Employer Services Specialist will reach out to Employer and advise them to send a Termination Record for the former employee.

7 Monthly Premium Billing Discrepancy Steps for Employers

During the 6th Business Day through the 27th Calendar Day of each month, Employers should take the following steps:

STEP 1 - DOWNLOAD AND REVIEW THE PREMIUM BILLING DETAIL REPORT (BRP) MONTHLY

  SHBP 13630 BRP6981 072018 2018-06-27 16.27.39.CSV

Employers should review their Premium Billing Detail Report(s) as soon as possible and submit any premium Billing Discrepancies to SHBP Premium Billing before the Premium Billing Cutoff Date. For Employers with multiple Payroll Locations, you will need to download and review the applicable Premium Billing Detail Report for each Payroll Location. BRPs are available in SHRT for 90 days and then purged. If you require historical BRPs, please email your request to SHBP.PremiumBilling@adp.com.

- *Premium Billing Discrepancies submitted and/or resolved after the Premium Billing Cutoff Date:* will be updated on the next Premium Billing Detail Report.
- *Premium Billing Discrepancies submitted and/or resolved after the Premium Billing Cutoff Date:* will not be updated by the next Premium Billing Detail Report but will be updated on the subsequent Premium Billing Detail Report.

STEP 2 - DOWNLOAD THE APPROVED DISCREPANCY SPREADSHEET TEMPLATE MONTHLY

	A	B	C	D	E	F	G	H	I	J	K
1	Payroll Location Name:										
2											
3	5 DIGIT PAYROLL LOCATION #	NAME (Last, First)	LAST 4 SSN	PLAN CODE	BILL MONTH/YEAR NEEDING ADJUSTMENT	EMPLOYER ADJUSTMENT AMOUNT REQUESTED	EMPLOYEE ADJUSTMENT AMOUNT REQUESTED	TOTAL ADJUSTMENT AMOUNT REQUESTED	COVERAGE EFFECTIVE OR END DATE (MM/DD/YYYY)	DISCREPANCY DETAILS (Refer to instructions tab for common discrepancies and information ADP needs)	ADP RESPONSE TO LOCATION
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Employers should log into SHRT each month to download the most *current, approved* Premium Billing Discrepancy Spreadsheet Template in the "Additional_SHRT_Instructions" folder and in your From_ADP/Premium Billing folder to ensure they are using the correct template. Incorrect templates will not be processed.

STEP 3 - COMPLETE THE DISCREPANCY SPREADSHEET TEMPLATE

Employers should complete the Premium Billing Discrepancy Spreadsheet Template, by including the following:

- New Premium Billing Discrepancies identified on the current Premium Billing Detail Report (BRP); and
- Omitted Premium Billing Discrepancies identified on the prior month's Premium Billing Detail Report (BRP), that were not previously submitted;

STEP 4 - SUBMIT THE DISCREPANCY SPREADSHEET TEMPLATE

Employers should email the completed Premium Billing Discrepancy Spreadsheet Template to: SHBP.PremiumBilling@adp.com.

- The subject line of the email should include the 5-digit payroll location number and the discrepancy spreadsheet name, and month and year submitted:
SHBP 55412– Discrepancies for August 2020
- Premium Billing Discrepancy Spreadsheet Templates that are completed correctly and submitted by 5pm EST Monday – Friday, will be resolved by the next business day.

STEP 5 - CHECK YOUR EMAIL THE NEXT BUSINESS DAY FOR SHBP PREMIUM BILLING'S RESPONSE

Check Your Email the Next Business Day for SHBP Premium Billing's Response to Your Discrepancy Spreadsheet Template.

- *Resolved Premium Billing Discrepancies* will be notated by SHBP Premium Billing on the Template returned to the Employer via email and are closed. Any adjustments appear in 1 to 2 billing cycles on the Premium Billing Detail Report (BRP).
- *Unresolved Premium Billing Discrepancies* will be notated by SHBP Premium Billing on the Template returned to the Employer via email indicating referred to SHBP Employer Services for additional research and review.

STEP 6 - PATIENTLY WAIT 1 TO 2 BILLING CYCLES FOR A FINAL DETERMINATION ON UNRESOLVED PREMIUM BILLING DISCREPANCIES

Unresolved Premium Billing Discrepancies that are referred to SHBP Employer Services are researched by the Employer's dedicated Employer Services Specialist. Two important tips Employers should consider are:

- All Premium Billing Discrepancies will not be resolved per the Employer's desired outcome if the outcome does not align with SHBP eligibility and enrollment requirements; and
- Your Employer Services Specialists may need your help. So be prepared to take any steps, provide any additional information, and/or conduct any needed research to assist your dedicated Employer Services Specialists.

STEP 7 - REVIEW THE FINAL OUTCOME OF PREVIOUSLY UNRESOLVED PREMIUM BILLING DISCREPANCIES

Lastly, Employers should review the final outcome of previously unresolved Premium Billing Discrepancies resolved by SHBP Employer Services. When your dedicated Employer Services Specialist makes a final determination regarding a previously unresolved Premium Billing Discrepancy, the Specialist takes the following steps:

- Notifies SHBP Premium Billing of the final determination and SHBP Premium Billing closes the previously unresolved Premium Billing Discrepancy; and

- Notifies the Employer of the final determination and provides any additional instruction to Employer (e.g., submit Termination Record, confirm Social Security Number for the employee, etc.).

Any adjustments appear in 1 to 2 billing cycles on the Premium Billing Detail Report (BRP).

GENERAL TIPS FOR EMPLOYERS

1. **Review Your Input Error & Reject Reports and Proof Bills Daily**

Employers who review their Input Error and Reject Reports in SHRT and make the necessary corrections to employee eligibility records, as well as review Proof Bill Reports and resubmit any changes/updates needed to employee eligibility records, prior to the Premium Billing Cutoff Date, will have more accurate billing. Accurate billing will result in:

- Less Premium Billing Discrepancies;
- Less noise from employees
- Less work for Employers; and
- Most Importantly, less stress for Employers.

2. **Request Further Review of Premium Billing Discrepancies**

SHBP understands that Employers may not always agree with the determination made on a Premium Billing Discrepancy, so here's the next step(s) the Employer should take:

- *If you're dissatisfied with SHBP Premium Billing's determination on a Premium Billing Discrepancy*, contact your Employer Services Specialist via the [SHBP \(X\)change System](#) to explain your concerns and request he/she review the discrepancy further.
- *If you're dissatisfied with your Employer Services Specialists' determination on a Premium Billing Discrepancy*, contact your Employer Services Specialist to explain your concerns and request he/she escalate the discrepancy to a supervisor for review via the [SHBP \(X\)change System](#).

PREMIUM BILLING CONTACTS

SHBP Premium Billing:

All questions or concerns regarding monthly Premium Billing, the distribution process, discrepancy reporting or request for historical Premium Billing no longer posted to SHRT should be directed to SHBP.PremiumBilling@adp.com.

SHBP Employer Services Specialist(s):

All other Premium Billing questions or concerns regarding Proof Bills, Payroll Deduction Files, Payroll Comparison Reports, and AUF and PUF files, as well as inquiries regarding the SHBP Enrollment Portal and SHRT should be directed to your designated SHBP Employer Services Specialist(s) via the SHBP (X)change System: <https://shbp.georgia.gov/employers/xchange>.