



# COBRA & Billing Administration Administration Services Guide



**Welcome!**

# **COBRA & Billing Administration Administration Services Guide**

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# COBRA & Billing Administration

## Administration Services Guide

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### Welcome Message

Subject Line: COBRA Administration

Dear Group Contact:

We would like to take this opportunity to provide a copy of our Welcome Packet to you as a new Blue Cross Blue Shield GA (BCBSGA) COBRA & Billing client. We pride ourselves in providing quality service and in treating all customers as business partners.

Enclosed please find your COBRA administration materials. For your review, are enclosed samples of the monthly and weekly reports, administrative procedures, as well as other informative documents.

We would like to extend an invitation for you to attend a COBRA training web cast. These will be held every Wednesday at 1:00 pm CT / 2:00 pm ET

Select this link to join the web training session:

<https://conexis.webex.com/mw0305l/mywebex/default.do?siteurl=conexis&service=0>

- 1) Type in the Meeting Number (825491169)
- 2) Click Join Meeting
- 3) Enter your name and email address
- 4) Enter the meeting password: COBRA2008
- 5) Click "Join Now"
- 6) Follow the instructions that appear on your screen.
- 7) Dial into the audio conferencing: Toll free: 866-469-3239

Please feel free to contact us with any questions or concerns that you may have once you have reviewed the enclosed materials. We can be reached at 1-866-800-2272.

Respectfully,  
*Your BCBSGA COBRA Implementation Team*

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## **NEW! COBRA & Billing Administrator Contact Information**

### **COBRA CUSTOMER SERVICE:**

Toll-free Customer Service Number: **1-866-800-2272**

General Fax Number: 1-800-482-4164

E-Mail: [cobraservices@benefitadminsolutions.com](mailto:cobraservices@benefitadminsolutions.com)

### **MEMBER PREMIUM PAYMENTS SHOULD BE SUBMITTED TO:**

BCBSGA COBRA

P.O. Box 14258

Orange, CA 92863-1258

### **ALL OTHER MEMBER CORRESPONDENCE** (including Participant Election Notices) **MUST BE SUBMITTED TO:**

BCBSGA COBRA

P.O. Box 226777

Dallas, TX 75222-6777

E-Mail: [cobraservices@benefitadminsolutions.com](mailto:cobraservices@benefitadminsolutions.com)

**HOURS OF OPERATION:** Monday through Friday, 8 am – 5 pm ET / 7 am – 4 pm CT

### **PARTICIPANT ONLINE ACCESS WEBSITE:**

[www.benefitadminsolutions.com/BCBSGA](http://www.benefitadminsolutions.com/BCBSGA)

### **FOR QUESTIONS ON HOW TO READ STANDARD REPORTS CALL:**

1-877-529-2646 or send email to

E-mail address: [eligibility@benefitadminsolutions.com](mailto:eligibility@benefitadminsolutions.com)

**ELIGIBILITY & CLAIMS QUESTIONS:** Participants must contact the customer service phone # provided on back of their ID card.

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## COBRA & Billing Administration Overview

**QUALIFYING EVENTS** – Certain events that would cause an individual to lose Coverage. Following are types of qualifying events that are eligible for COBRA Continuation. The eligible coverage period is also provided for each event.

Qualifying Event Type	Eligible Coverage Period
Employee's Retirement	18 months
Employee's Resignation	18 months
Employee's involuntary termination	18 months
Reduction of Hours	18 months
Layoff	18 months
Employee begins leave of absence	18 months
Leave of Absence	18 months
Disability Extension	11 months after initial 18 months
Civil Court Award	18 months
Spouse or child to receive separate COBRA election form and to be billed separate from primary participant	36 months
Divorce / Legal Separation	36 months
Ineligibility of Dependent Child	36 months
Employee Retiree Medicare Eligibility	36 months
Death of Covered Employee Retiree	36 months
Retiree, Spouse or Child of Retiree loses coverage within one year of commencement of Title 11 Bankruptcy proceedings	36 months

**Note: A member's voluntary withdrawal from the plan is NOT a Qualifying event (i.e. open enrollment, voluntary termination, etc.)**

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### **5 WAYS MAXIMUM COVERAGE CAN BE EXPANDED:**

- The extended notice rule or delayed commencement of coverage period coupled with extension of employee's notice period rule (permitting the maximum coverage period from the date of loss of coverage, rather than the triggering event)
- Disability extension rule (extending the 18 month period to 29 months)
- The multiple Qualifying Event rule (extending the 18 month period for spouses and children, applicable when a second qualifying event occurs during the 18 month period)
- The pre-termination Medicare in Entitlement rule (extending 18 month period for spouse's and children, applicable when the covered employee becomes entitled to Medicare in the 18 months before the triggering event)
- Bankruptcy of sponsoring plan (restricted to retiree plans)

### **6 WAYS COBRA MAY BE TERMINATED BEFORE EXPIRATION**

- Failure to make timely payments (payments are due on the first of each month and are permitted a 30 grace period)
- The employer's ceasing to provide any group health plan to any employee
- The Qualified Beneficiary becomes covered under another group health plan (Subject to a pre-existing condition run) after electing COBRA
- The Qualified Beneficiary becomes covered under Medicare after electing COBRA
- The Qualified Beneficiaries COBRA coverage is terminated for cause (i.e. for submitting fraudulent claims) on the same basis as would apply to a similarly situated non-COBRA beneficiary under the plan.
- A disabled Qualified Beneficiary, whose disability extends the maximum coverage period to 29 months, is determined not to be disabled before the end of the maximum period

### **NOTICE & ELECTION PROCEDURES**

- A Qualified Beneficiary must notify the employer within 60 days after divorce, legal separation, or a child's ceasing to be covered as a dependent under the plan's rules.
- Employers must notify the COBRA Administrator of a Qualifying Event within 30 days after the employee's death, termination, reduction in hours, or entitlement to Medicare.
- COBRA Administrator, upon receiving notice of a Qualified Event from the employer, the administrator must provide a COBRA election notice to the Qualifying Beneficiary within fourteen (14) days.
- Qualified Beneficiaries must be given at least 60 days to make an election.
- Each qualified Beneficiary may independently elect COBRA coverage.
- The Qualified Beneficiary must make the premium payment within 45 days after the date of the COBRA election.

### **COVERED BENEFITS**

- According to COBRA law, a group health plan must offer each qualified beneficiary the opportunity to make an independent election to receive COBRA continuation.
- A change in the benefits under the plan for active employees would also apply to Qualified Beneficiaries.
- Qualified Beneficiaries must be allowed to make the same choices given to non-COBRA beneficiaries under the plan (i.e. Open Enrollment, adding dependents, etc.)

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### COBRA Administration Functions

- Provide to Qualified Beneficiary Notification of right to continue under COBRA (COBRA Unit to retain proof of mailing)
- Monitor 60 day election period
- Answer all participant questions regarding completion of the election form and the election period
- Process participant election upon receipt
- Upon election send participant monthly invoices
- Collect premiums each month from the participants
- Monitor 45 day grace period for initial payment and subsequent 30 day grace period for premium payments
- Disburse collected premiums to appropriate parties, along with month end reporting package (detail of monies collected for participants)
- Provide on-going customer service to participants and employers including explanation of COBRA regulations
- Generate and mail correspondence as appropriate:
  - Request other insurance information from participants every 90 days
  - Notify participant of premium shortages/overages
  - Notify participant of conversion rights 60 days prior to their end of eligibility under COBRA
  - Notify participant of termination of COBRA due to non-payment of premium, voluntary withdrawal, end of eligibility, etc.
  - Monitor Medicare Entitlement and terminate coverage, if applicable
  - Provide requested printouts to participants
  - Provide rate change notice and new invoices to participants
- Ensure that COBRA members and employers are in compliance at all times
- Process change in status requests (family to single coverage, plan changes, address changes, etc.)
- Reports available via web site
- Provide employer periodic releases regarding new COBRA compliance information
- Employer web access to account information
  - Other services provided (additional charges may apply):
  - Carrier reporting
  - COBRA administration for non-BCBSGA carriers
  - Mail and process Open Enrollment materials
  - Initial New Hire Notice (General Notice), service must be selected at the time of Implementation

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### Procedures for Full COBRA Administration

#### EMPLOYER'S RESPONSIBILITY FOR REPORTING QUALIFYING EVENTS

BCBSGA COBRA customers have multiple options for reporting COBRA qualifying events to BCBSGA. The intention of this section is to make employers aware of these options and the process required for reporting COBRA qualifying events to BCBSGA.

**IMPORTANT NOTICE: Regardless of which process is selected to submit the COBRA qualifying event information, submission of COBRA qualifying events is in addition to and does not replace the requirement for the employer to report eligibility for active employees to BCBSGA.**

##### **Option 1: BCBSGA's Web-Based COBRA Qualifying Event Process:**

BCBSGA COBRA Administration offers a web-based self-reporting service for employers and participants. This service provides real-time qualifying event processing, and provides instant access to all COBRA eligibility information, including payment status, images of mailed notices, call documentation, and an activity record for every participant. Web-based COBRA qualifying event reporting significantly reduces the time required for processing COBRA participant notifications from approximately 8-10 business days, to real-time entry with notifications being mailed within 24 hours of entering the event online.

Utilization of the web-based reporting eliminates the manual submission requirements of Option 2. When submitting the qualifying event, the employer would process the transaction with all products, BCBSGA and non-BCBSGA (non-carrier). This would eliminate duplicate COBRA notifications from being sent to COBRA members, one for BCBSGA products and another for other non-BCBSGA carrier products.

**Important Note: If web-based reporting process is chosen, the employer will be required to load members via [www.benefitadminsolutions.com/BCBSGA](http://www.benefitadminsolutions.com/BCBSGA). BCBSGA will then generate the election notice and will be mailed to the participant. BCBSGA will retain proof of mailing. Be sure to attend one of the employer web training sessions to learn more about how to enter COBRA Qualifying Events on the web.**

Again, it is important to note that this web-based service is not a single sign-on entry of BCBSGA membership reporting. Employers who choose to utilize this web-based entry will be required to separately submit the group's active employee membership to the BCBSGA enrollment area **in addition to** reporting the COBRA qualifying event via this web-based system.

##### **Option 2: Maintain Current Reporting Process**

This option is intended for Employers who **do not** wish to utilize the web-based COBRA qualifying event reporting service, and who prefer to continue reporting their COBRA Qualifying Events in the same manner that they report today. By selecting this reporting option, the group may not report COBRA Qualifying Events via the web and are required to submit their COBRA Qualifying Events directly to the BCBSGA COBRA department either by electronic file or by paper notification.

Employers who select this method of reporting will be required to report qualifying events for BCBSGA and non-BCBSGA (non-carrier) products directly to the COBRA unit. Also, employers will be required to continue reporting their active eligibility for new and terminated employees to the BCBSGA enrollment

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area **in addition to** reporting the terminated members who have a qualifying event directly to the COBRA unit.

- **Compliance and Submission Requirements for Employers**

1. The COBRA Unit will process all qualifying events exactly as received.
2. The highest level of consideration must be made by the Employer in determining the appropriate termination reasons to use. The termination reasons will determine a) if a termination is a qualified event, and (b) what the COBRA coverage period the participant is eligible to receive. The Employer will be contacted if any clarification is needed on their submission. To ensure compliance, it is important to review these terminations and respond to the COBRA Specialist within three (3) calendar days. Please contact the BCBSGA COBRA Unit if you need information regarding the appropriate qualifying event reason codes.
3. Employers must report all COBRA Qualifying Events within thirty (30) days of the qualifying event.

- **Important Information regarding the COBRA Qualifying Event Reporting Process**

1. Employers are required to submit COBRA qualifying events/terminations directly to the BCBSGA COBRA Unit **in addition to** reporting eligibility for these and active members to the BCBSGA enrollment area. The BCBSGA COBRA unit will not be responsible for reporting active members and/or termination of active members to the BCBSGA enrollment area on behalf of the employer.
2. Non-BCBSGA Products – Employers do not submit membership for non-BCBSGA products (i.e., non-carrier dental or vision products) to the BCBSGA enrollment area. Therefore, COBRA qualifying events for non-BCBSGA products must also be reported directly to the BCBSGA COBRA Unit.

Employers who have both BCBSGA and non-BCBSGA products are encouraged to utilize the web-based reporting option rather than this option to minimize duplicative notifications to the participants, and to improve processing efficiency and accuracy. It is important to note that employers are permitted to use either the web-based reporting or the direct reporting method, but not both. Please contact the BCBSGA COBRA Unit if you have any questions about your requirements for reporting non-BCBSGA COBRA eligibility.

### WEB-BASED FEATURES FOR EMPLOYERS & PARTICIPANTS

BCBSGA's web-based option offers some additional features for both employers and participants. Please note, that unless otherwise indicated, these features will also be available for view and print access only to employers who select Option 2. The BCBSGA COBRA web-based features include:

- Online employer self-services for web-based eligibility updating and reporting for both BCBSGA and non-BCBSGA products (note - this feature is only available if this web-based qualifying event reporting option is selected)

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- Real Time Processing of Qualifying Events with a 24-hour turnaround (note - this feature is only available if this web-based qualifying event reporting option is selected)
- Online participant election and payment options
- Online access to a variety of reporting options available 24/7, including eligibility reports, returned mail, and financial and management reports with automatic delivery
- Reports will be e-mailed and available online, eliminating unnecessary mailed paper
- Online Case Management tracking system for all participant and client inquiries
- Automated Participant Document Processing
  - Error-free processing
  - Real-time data on operations
- Automated Check Processing
  - Most payments posted same business day
  - Automatic document images of all checks that eliminates manual key punching errors and includes a multi-level validation process

### PROCESSING ELECTIONS FROM COBRA PARTICIPANTS

- Participant returns election to BCBSGA, or may complete their election online
- BCBSGA associates enter elected coverage into the COBRA system
- Premium billing invoice is mailed to the participant
- Employers are sent weekly change activity reports and monthly full eligibility reports that reflect participant changes
- Employer is notified of participant premiums that have been collected in a month-end financial report

### RECEIPT OF PREMIUM PAYMENTS

- Participant premium payments that are mailed are posted to the COBRA administration system within 72 hours; online payments update on the system immediately upon confirming the payment.
- Payment reports are sent to the Accounts Receivable department on a daily basis to update the claims administration system. Please note that it may take up to 10 business days for the payments to update to the claims administration system.
- Information for participants who have overpayments will be reported on the next monthly invoice.

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- Participants that do not pay the amount billed within the grace period will be sent a cancellation notice and their coverage will be terminated back to the first of the month. If appropriate, a refund check will be issued to the participant.
- By the 10<sup>th</sup> of each month, a check is remitted to the appropriate parties covering all premiums received, less the 2% administrative fee, or 48% administrative fee for disability coverage if applicable. The month-end reports will include the information needed to validate the remittance checks.
- Premiums will be submitted and the reporting package will include:
  - *Account Statement* - Overall Summary of premiums collected for that month.
  - *Carrier Remittance* - Detailed listing of premium payments collected for each participant.
  - *Standard Activity* - List of all members currently on COBRA.

### NON-PAYMENT OF PREMIUM

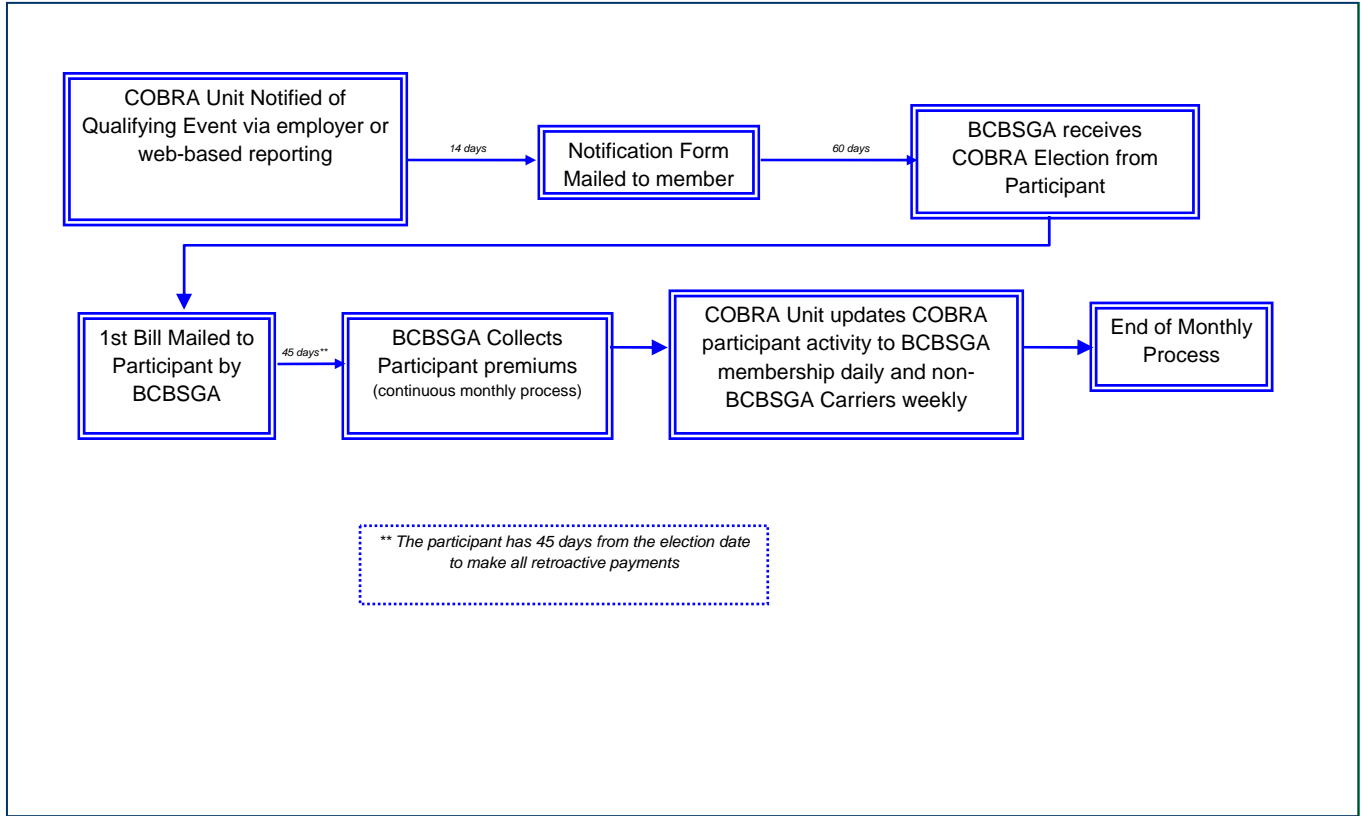
- Participants are permitted a 30 day grace period for each monthly premium payment. Payments not made within the 30 days will result in the termination of their coverage. The COBRA system automatically terminates the participant's coverage and generates a termination letter. The letter notifies the participant that their coverage has terminated for non-payment of premiums.
- The employer is notified of all terminations in the standard daily/monthly eligibility reports.
- BCBSGA will mail the participant a refund check, if applicable, within forty-five (45) days of the termination of coverage.

### END OF ELIGIBILITY

- The COBRA participant will receive notification 60 days prior to the end of their COBRA eligibility period.
- For conversion policies, participants are directed to contact their carrier(s) to check for availability and further information.

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## COBRA FULL ADMINISTRATION PROCESS WORKFLOW



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### Procedures for Partial COBRA Administration

At the request of some employers, BCBSGA provides partial COBRA administration as a cost effective alternative to our full administration services. When an employer chooses partial administration services, they are agreeing to be responsible for the mailing and tracking of qualifying event notifications to the participants. BCBSGA COBRA then provides the billing and collection of premiums and maintains the eligibility reporting to the claims administrators. The following information provides a list of responsibilities of each party when partial administration services are selected.

#### Employer Responsibilities:

- Employers retain all final authority and responsibility for compliance with COBRA regulations.
- Employers are responsible for preparing, mailing and tracking the COBRA notifications and elections.
- Employers are responsible for reporting the billing start date to BCBSGA (particularly if member remitted first payment back to the employer)
- Employers are responsible for providing to covered employees, and if applicable, covered spouses, the general notices that provides the initial rights for COBRA administration. BCBSGA is able to provide this service on behalf of the plan sponsor should this service be selected at implementation.
- Employers must provide BCBSGA with all information reasonably requested regarding Covered persons including, but not limited to, applicable premium amounts and changes for the Plan, material modifications to the Plan, and opportunities for coverage changes that must be communicated to Qualified Beneficiaries.
- Employers must notify BCBSGA of all qualifying events within thirty (30) days of the qualifying event. Including: divorce or legal separation of the covered employee and the employee's spouse, or the cessation of eligibility for coverage under the Plan of a covered dependent child, and/or the occurrence of any other qualifying event.
- Employers must provide BCBSGA with the date of the Qualified Beneficiary's loss of coverage under the plan, when appropriate/required.
- Employers are required to provide BCBSGA and participants written notice of any changes in applicable premium rates at least fifteen (150 calendar days prior to any proposed effective date of such change.
- Employers must provide immediate notice to all Qualified Beneficiaries of the termination of the plan.
- Employers must provide BCBSGA with a customer service telephone number to provide to covered persons who make inquiries to BCBSGA concerning Plan operations or services that are not the responsibility of BCBSGA under the enforce agreement.
- If web-based qualifying event reporting is selected, employer must still enter the elections into the web with the appropriate data (i.e., qualifying event date and type, billing start date, etc.). In addition to reporting qualified beneficiaries to BCBSGA's COBRA department, employers are also still required to report all eligibility changes to BCBSGA's active eligibility area.

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### **BCBSGA's COBRA Responsibilities for Partial Administration services:**

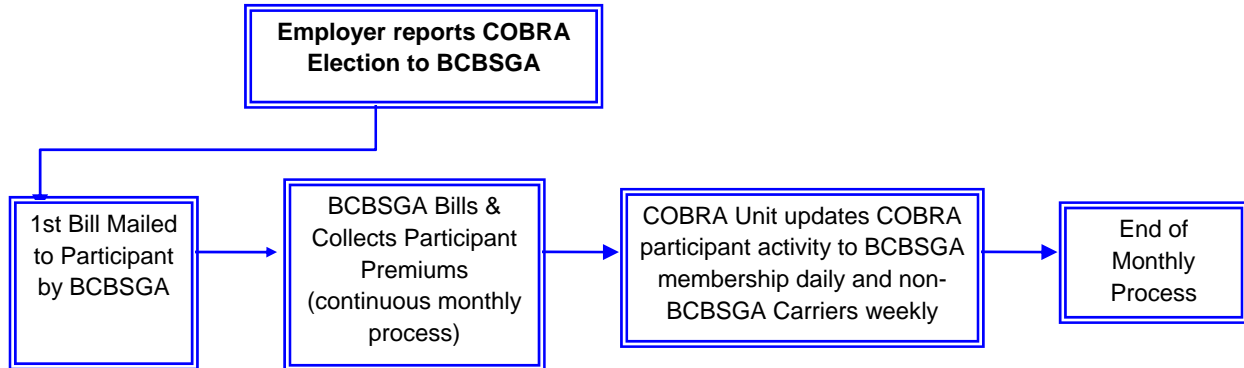
- Verify, upon receipt of a COBRA Qualified Beneficiary's completed election form, that the coverage selected is appropriate based on information received from the Plan Sponsor and that premium paid is appropriate for coverage selected.
- Notify the employer of all COBRA benefit elections, rejections, cancellations and terminations via standard management reports.
- Send to the Qualified Beneficiaries electing continuation of coverage all of the following:
  - Monthly statement for use in remitting premium payments
  - Instructions on when, where and how to remit premiums
  - A review of events that would result in termination of COBRA continuation
- Collect premiums on a monthly basis from all Qualified Beneficiaries who elect coverage.
- In the event of the failure of the Qualified Beneficiary to timely respond or pay the appropriate premium, provide the Qualified Beneficiary with a notice of cancellation of continuation coverage.
- Provide Qualified Beneficiaries who have elected continuation coverage with a notice of impending termination (and eligibility for conversion, if any) at least one hundred eighty (180) calendar days prior to the end of the period of continuation coverage.
- Notify Qualified Beneficiaries of premium changes, provided such changes are timely submitted to BCBSGA by the Plan Sponsor.
- BCBSGA will provide an eligibility report containing information about Qualified Beneficiaries' COBRA premium disbursements and COBRA coverage status to the Plan Sponsor or its representative on a weekly or monthly basis.

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### COBRA PARTIAL ADMINISTRATION PROCESS WORKFLOW



#### Important Partial Admin Requirements:

- The employer is responsible for tracking the initial 60 day election period for the qualifying event.
- The participant has 45 days from the election date to make all retroactive Payments.
- The employer is responsible for tracking this and for reporting the billing start date to BCBSGA.
- If web-based qualifying event reporting is selected, employer must still enter elections into the web with all of the appropriate data noted above.
- Additional requirements are detailed in the Partial COBRA Administration Administrative Service Agreement.

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## Procedures for COBRA & Billing Administration General Notice Service

If your company has selected the General Notice as an Optional Service, you will need to complete the General Notice listing for your newly hired employees and forward it to BCBSGA in order for your new hires to receive a general notification regarding COBRA. An Excel file is preferred and must include the following information, at minimum. Please request the BCBSGA General Rights File Specification file from your BCBSGA Representative if one has not already been provided.

### Initial Hire / General Hire Data Requirements

GROUP	FIRST	LAST	ADDRESS	CITY	STATE	ZIP	DATE OF HIRE
ABC Company	Doe	John	123 Anywhere Lane	Anywhere	OH	45555	01/25/08
ABC Company	Blue	Bill	123 Anywhere Court	Columbus	OH	45555	09/03/07

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## COBRA & Billing Administration Standard Reporting

### STANDARD MONTH-END REPORTS

The month-end reporting package will include the following reports:

- Account Statement
- Carrier Remittance

Your company will receive these reports monthly, even if you have not had recent activity on your account.

### ADDITIONAL WEB REPORTING

These reports will also be available on the web site at  
[www.benefitadminsolutions.com/BCBSGA](http://www.benefitadminsolutions.com/BCBSGA)

- Eligibility Reports
- Return Mail Reports
- Status of COBRA Participants

Your company will receive standard Eligibility and Return Mail reports weekly, or as scheduled.

# COBRA & Billing Administration Administration Services Guide

## Monthly Account Statement Report Detail

### How to read a Monthly Account Statement Report

Account Statement Sample Client Company, Inc. Statement Period 10/01/08 to 10/31/08

#### Account Statement

1 Sample Client Company, Inc.  
Statement Period 10/01/08 to 10/31/08 2

Sample Client Company, Inc.  
Client Contact Name

(Previous Month) Ending Balance: <span style="border: 1px solid black; padding: 2px;">3</span>	(2,222.17)
Payments to Client: <span style="border: 1px solid black; padding: 2px;">4</span>	2,222.17
COBRA Premiums Collected: <span style="border: 1px solid black; padding: 2px;">5</span>	(1,136.47)
Net Amount Payable to Sample Client Company, Inc. <span style="border: 1px solid black; padding: 2px;">6</span>	(1136.47)

#### (Previous Month) Ending Balance

<u>Event Description</u>	<u>Date</u>	<u>Description</u>	<u>Amount</u>
Statement Balance Forward	9/30/2008		(2,222.17)
<b>Total (Previous Month) Ending Balance:</b>			<b>(2,222.17)</b>

#### Payments to Client

<u>Event Description</u>	<u>Date</u>	<u>Description</u>	<u>Amount</u>
A10738-Payment to Employer	10/9/2008	Sample Client Company	2,222.17
<b>Total Payments to Client:</b>			<b>2,222.17</b>

#### COBRA Premiums Collected

<u>Event Description</u>	<u>Date</u>	<u>Description</u>	<u>Account Number</u>	<u>Amount</u>	<u>Paid Thru</u>
<span style="border: 1px solid black; padding: 2px;">7</span>	10/31/2008	Smith, John <span style="border: 1px solid black; padding: 2px;">8</span>	<span style="border: 1px solid black; padding: 2px;">9</span> 1111111	<span style="border: 1px solid black; padding: 2px;">10</span> 450.35	9/12/2008 <span style="border: 1px solid black; padding: 2px;">11</span>
<b>Total COBRA Premiums Collected:</b>					<b>(22,136.47)</b>

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## **Monthly Account Statement Report Detail**

How to read a Monthly Account Statement Report

### **KEY**

1. Employer group name
2. Reporting period in which the premium were received
3. Previous month's ending balance
4. Previous month's payment to client
5. Total premiums collected for the statement period
6. Total amount payable to the client during the statement period
7. Date payment received
8. COBRA participant's name
9. COBRA participant's BCBSGA specific ID number
10. Premium amount paid by the participant
11. Participant's Paid Thru Date



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## COBRA Billing Administration Standard Eligibility Reports

Standard Monthly Reports (non-financial) will include

- Standard Eligibility Report
- Returned Mail Report

Your company will receive these reports monthly via email from <mailto:reports@benefitsadminsolutions.com>, even if you have had no recent activity on your account. You will have an individual password assigned to you and will also come from the email address <mailto:reports@benefitsadminsolutions.com>.

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## Standard Eligibility Report

How to read a Standard Eligibility Report

1	Standard Eligibility Communication for Sample National Client - BCBS												R009 - EN
2	Full Report as of Sep 15 2008 11:54AM												Document # 2145090
			5	6	7		8		9	10			Page 1 of 2
3	Active Direct Bill Participants for Anthem, Group Number 1234												
	4												
Plan	Division	SSN	Birth Date	Coverage	Name / Address	Relationship	Eligibility Information	Eligibility Start Date	Eligibility End Date	Paid Thru Date	Notes		
Vision Care		123-96-8574	1/2/1970	Employee + Spouse	Jane Doe 123 Main Street Irving, TX 75038	Employee		10/1/2006		9/30/2007			
Vision Care			1/9/1965	Employee + Spouse	Adam Doe 123 Main Street Irving, TX 75038	Spouse		10/1/2006		9/30/2007			

## Standard Eligibility Report

How to read a Standard Eligibility Report

### KEY

1. Type of report and Employer group name
2. Date Changes made
3. Plan type participant is covered
4. Social Security Number for participant
5. Date of Birth for participant
6. Coverage tier level
7. Name and full address of participant
8. Relationship to participant
9. Eligibility Start date of COBRA coverage
10. Eligibility End date of COBRA coverage

# COBRA & Billing Administration Administration Services Guide

## Return Mail Report

How to read a Returned Mail Report

1	Returned Mail Report for						<small>EP905 - EN 475627 Page 2</small>
2	Full Report As Of 10/15/2008 1:05:00 am				7	8	9
Participant ID	SSN	Name	Current Address	Document	Date Mailed	Date Returned	
3	4	5	6	FSA Claim Check	03/18/2008	03/31/2008	
				FSA Rejection Letter	03/14/2008	04/04/2008	
				COBRA Rights Notice	03/12/2008	04/04/2008	
				COBRA Rights Notice	03/21/2008	04/07/2008	
				Election Notice and Plan Alternatives	03/31/2008	04/11/2008	
				FSA Claim Check	04/01/2008	04/14/2008	
				FSA Claim Check	04/01/2008	04/16/2008	
				Election Notice and Plan Alternatives	03/21/2008	04/16/2008	

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In order to remove items from this report, please visit our website at [www.benefitsadministration.com](http://www.benefitsadministration.com) in order to mark the notice as acceptable or re-queue the notice from the Returned Mail Report. This report can found in the Reports section: Exception tab.

## Return Mail Report Detail

How to read a Returned Mail Report

### KEY

1. Name of report and employer group name
2. Date report effective
3. COBRA participant's BCBSGA specific ID number
4. Social Security Number of participant
5. COBRA participant's full name
6. Current address on file for BCBSGA participant where mail was sent and returned
7. Document sent and returned
8. Date document originally mailed to participant
9. Date document returned because of incorrect address
10. Where to go and how to correct the address for the participant to receive the necessary documents

# COBRA & Billing Administration

## Administration Services Guide

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### Administration Monthly Status Changed Reporting

#### Termination Reasons

- Final termination COBRA - end of extension period
- Final termination from past due premium - on payment of premium
- Received written request from participant - on receipt of request
- Termination from election period – election period expired
- Final termination from enrolled not paying – member enrolled but did not make initial premium payment
- Final termination waiver of continuation - member returned waiver of continuation
- Free form – other coverage, voluntary, death, non-payment, etc

# COBRA & Billing Administration

## Administration Services Guide

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### Administration Non-BCBSGA Rate Renewal Information

#### Non-BCBSGA Carrier Renewal Rate Notice

The following letter explains our renewal process for Non-BCBSGA Carriers:

Dear COBRA Employer:

We wanted to take this time to explain to you our policies and procedures concerning your Non-BCBSGA rates and carrier information at renewal time.

- Your renewed COBRA Premium rates, excluding the 2% administration fees, must be submitted to BCBSGA COBRA at least 2 weeks prior to your renewal date. If Non-BCBSGA carrier information should change at this time, it is also necessary that these changes are communicated to BCBSGA COBRA as well. Please be reminded that it is your responsibility to provide the rates to BCBSGA COBRA, not your Non-BCBSGA Insurance carrier or administrator.
- Upon receipt of the renewed COBRA Premiums, a new set of invoices containing the new rates, plus the 2% administrative fees, will be mailed to your COBRA participants.
- If the renewal rates are not received at least 2 weeks prior to our renewal date, BCBSGA COBRA will continue to bill your participant the existing COBRA premiums. These current premiums will be disbursed to you, and may differ from the premiums you are billed by your Non- BCBSGA carrier.
- Pursuant to section 54-4980B-8 of the COBRA regulations, the applicable premium for each determination period must be computed and fixed by the Plan *before* the determination period begins.

\*\*\*To support your compliance with the COBRA regulations, if the renewal premium rates are received after the renewal date, please note there will not be a retroactive billing adjustments made to participants' COBRA premiums.

**Please contact our office with any questions at 1-866-800-2272**