2019 EHA BOOKKEEPER MEETING

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Sr. Account Manager

April 2019

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AGENDA

- Summary of Services
- New Hire Administration Overview
- COBRA Event Administration Overview
- PayFlex Website

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Summary of PayFlex Services

COBRA ADMINISTRATION OVERVIEW

GROUP RESPONSIBILITIES

- COBRA New Hire (Initial Notice)/General Rights Reporting
  - (www.payflex.com, Initial Notices)
- COBRA Qualifying Event Reporting
  - (www.payflex.com, Qualifying Events)

PayFlex RESPONSIBILITIES

- COBRA New Hire/General Rights Processing/Mailing
- COBRA Qualifying Event Processing/Mailing
- COBRA Elections, Changes and Terminations Processing
- Eligibility Reporting to Carriers
  - Notifies of new COBRA enrollments, terminations or status changes.
- Premium Collection and Monthly Remittance to BCBS of NE

COBRA LETTERS & NOTICES

- General Rights**
- Qualifying Event Notice**
- Enrollment and/or EFT Confirmations
- Premium Coupons
- COBRA Termination
- Medicare Entitlement
- Social Security Disability
- Appeal Determinations
- Late Payment Letters

** NOTICES ARE SENT PROOF OF MAIL

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New Hire/Initial Notice Administration Overview

INITIAL NOTICE (GENERAL RIGHTS)
NEW HIRES

A group health plan is required to offer the General Rights/Initial Notice within 90 days after an **employee/spouse** is covered under the plan.

Initial Notice (IN) Covers:

- Right to COBRA if benefit coverage is lost due to a qualifying event

- Explains what a qualifying event for COBRA is

- Maximum length of COBRA coverage

- Notification of IN is submitted via the PayFlex Employer portal. The Notice will print/mail the following business day.

Initial Notice Letters are addressed to:

'Employee Name, and family, if applicable'

If employee enrolls in family coverage, only one initial notice should be entered in the employee's name. This will cover the entire family.

Types of IN's

- New Hires*
- Open Enrollment*
- Life Event*

*when newly enrolled in benefits

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COBRA Qualifying Event Administration Overview

COBRA QUALIFYING EVENTS

A group health plan is required to offer COBRA continuation to qualified beneficiaries when a qualifying event causes an individual to lose group health coverage.

- Employers have 30 days to notify PayFlex of a qualifying event (QE)
- PayFlex has 14 days to mail the COBRA packet to participant
- Notification of the QE should be submitted via the PayFlex Employer portal.
- The Notice will print/mail the following business day.

Types of QE's

- Termination of Employment*
- Reduction of hours*
- Retirement*
- Divorce/Separation**
- Ineligible Dependent**
- Death**

Max COBRA Coverage
*   18 months
** 36 months

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COBRA NOTICES INCLUDE

PARTICIPANT RIGHTS TO COBRA & THEIR RESPONSIBILITIES

PRIMARY & DEPENDENT ELECTION FORMS WITH BENEFIT & COST OPTIONS

ELECTRONIC FUND TRANSFER (EFT) AUTHORIZATION FORM

ONLINE ENROLLMENT INSTRUCTIONS & WEBSITE PAYMENT OPTIONS

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COBRA QUALIFYING EVENT NOTICE – MEMBER RESPONSIBILITY

1
NEEDS TO ELECT WITHIN 60 DAYS

2
NEEDS TO REMIT 1ST PREMIUM PAYMENT WITHIN 45 DAYS OF ENROLLMENT

3
ONCE ENROLLED, NEEDS TO PAY MONTHLY PREMIUMS WITHIN 30-DAY GRACE PERIOD

PayFlex Website

GETTING STARTED

www.payflex.com

Step 1: Click 'Sign In'

Step 2: Click ' Employer'

Step 3: Enter username and password.

(Reach out the your Account Manager if you need a password reset or unlocked)
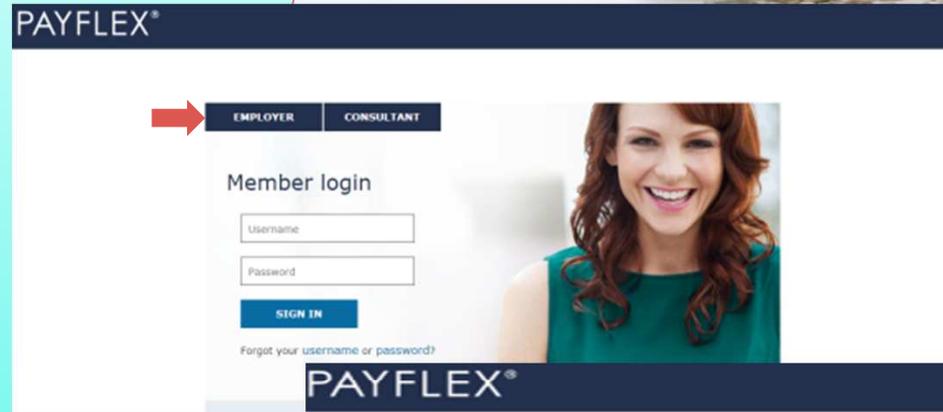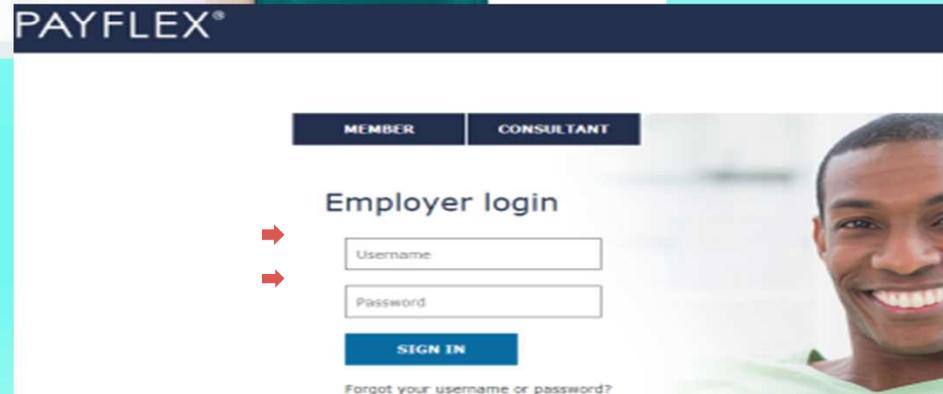
PORTAL ADMINISTRATION

You can edit **Your Profile** at any time to customize your demographic information. If changes are made to **Your Profile**, make sure to click **Submit** to process the changes. A summary of your access rights will also appear at the bottom of the page.

Your Messages allows you to retrieve copies of emails sent by PayFlex. The number of unread messages will display next to the link on the left navigation bar.

payflex.com	products & services	communications center	market watch

Portal Administration

Your Profile

Your Messages **(9793 new)**

COBRA

Resource Center

FAQ Quick Links

Request a Proposal

Your Profile

First Name	LAURIE
Last Name	WICKLUND
Email	lwicklund@payflex.com
Old Password	
New Password	
Confirm Password	
Address 1	
Address 2	
City	
Country	UNITED STATES ▼
State	▼
Zip	
Phone	
Fax	

Submit

Client Roles	Client
Communication	Educators Health Alliance

COBRA HOME

COBRA Home provides a summary of the number of COBRA participants and the contact information for the dedicated COBRA Account Manager and customer service.
From here, you can take a shortcut to the Participant screen by clicking on the participant count.

Note: If the count is over 400, you will have to refine your search.

LOGOUT

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- Portal Administration
- COBRA
- COBRA Home
- Participants
- Initial Notices
- Qualifying Events
- Real-Time Transaction Register
- Plan Reporting Archive
- On-Demand Reports

Resource Center

FAQ Quick Links

Request a Proposal

COBRA Home

Employer   Educators Health Alliance (COBRA) - 119642   ▼

Participants

Count   0

Call Center Information:

- Hours of Operation: Monday–Friday, 8:00 a.m. – 7:00 p.m. Central Time
- Customer Service (Toll Free) 800-284-4885

Your Client Service Manager is:

Name   **LAURIE WICKLUND**
Email   lwicklund@payflex.com
Phone   (402) 758-7893

PARTICIPANTS

The **Participant** link includes a search function for you to locate a specific participant record. You may enter any part of a participant's first or last name; the member ID (which could be the Social Security number); or the last four digits of their member number. You may refine your search by selecting the Employer which the participant is assigned to, if applicable.

PARTICIPANTS

On the **Participant Info** page, you will see the hyper links, in red box. They will give you access to participant demographic information, COBRA enrollment status, benefits and payment history.
This information is accessible in a 'read-only' mode, with the exception if updates to participant and dependent addresses are permitted.
To search for a participant, you can enter the participant's first or last name, full member number or the last four digits of his or her member number. Click **Submit**.

To view and/or download communications or notices sent to participants by PayFlex, click on the **Documents** link.

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Portal Administration

Your Profile

Your Messages **(9793 new)**

COBRA

COBRA Home

Participants

Initial Notices

Qualifying Events

Real-Time Transaction Register

Plan Reporting Archive

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Resource Center

FAQ Quick Links

Request a Proposal

Participant Info

Qualifying Event Info   Participant Info   Benefits   Portal Info   Payments   Account Status   Documents   Dependents

The "Residential" address displayed is where the participant lives. If the "Mailing" address is also displayed, that is where mail is sent. The "Residential" and "Mailing" addresses should never be the same.

Unmask Member Number

Last Name
First Name
Middle Init
Member Number   :
Employer
Category
Recurring EFT
Residential Address
Residential Address 2
Residential City
Residential State
Residential Country
Residential Zip Code
Mailing Address
Mailing Address 2
Mailing City
Mailing State
Mailing Country
Mailing Zip Code
Birthday
Phone
Current Status   NON_COMMENCED
Edit

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INITIAL NOTICES

Initial Notices are sent to the employer's active employees upon benefit election. A separate window will open when clicking on Initial Notices and a list of employees will display in alphabetical order, with a status of 'sent' or 'pending'. To narrow your search, enter a start and end date and click **Apply Filter**.

To enter a new Initial Notice, follow these steps:

Click on 'Enter a New Initial Notice'

Step 1: Enter participant information as shown on the right.

Step 2: Review participant information. If any information is incorrect, click the back button to make any edits

Step 3: Confirmation and Submit

Initial Notices

Enter A New Initial Notice

Employer [All ▾]

Start Date [02/11/2019] 📅 End Date [02/26/2019] 📅

[Apply Filter]

Unmask SSN ☐

SSN	Last Name	First Name	Entered	Status	Action

Add Participant

Step 1: Enter participant information	Step 2: Review participant information	Step 3: Confirmation

Employer	**Omaha Public Schools**
Member Number	[ ]
SSN	[ ]
First Name	[ ]
Middle Initial	[ ]
Last Name	[ ]
Employee Member Number	[ ]
Employee First Name	[ ]
Employee Middle Initial	[ ]
Employee Last Name	[ ]
Address 1	[ ]
Address 2	[ ]
City	[ ]
Country	[UNITED STATES ▾]
State	[▾]
Zip	[ ]
Gender	[▾]
Birthday	[ ]
Hire Date	[ ]
Division	[▾]
Category	[COBRA ▾]

Member Number is also SSN

These fields are required only if sending the Initial Notice to a Spouse.

[Cancel] [Next]

QUALIFYING EVENTS

To access the **Qualifying Event** screen, click on **COBRA** on the left hand navigation and select **Qualifying Events**. A list of participants will display in alphabetical order.
Their status will indicate who has received or will receive a Qualifying Event notice within the date range you entered. Similar to the Initial Notices, you can view all pending and delivered documents in PDF format.

Click on the **Enter a New Qualifying Event** link. The first step requires you to enter participant information.
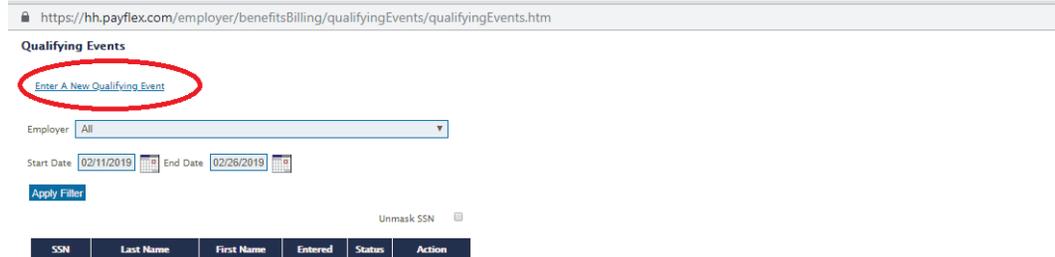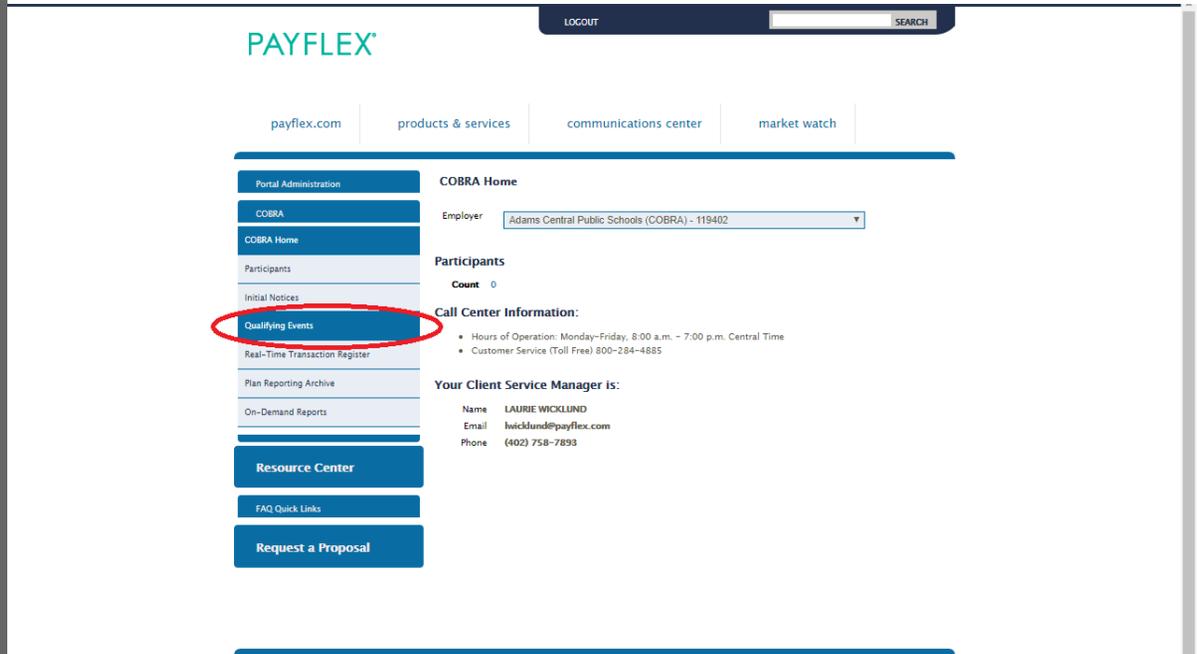
Enter the information for the Qualifying Beneficiary. This is the person to whom you are offering COBRA. The Member Number, in most cases, is the Social Security number (SSN). If it is, you can auto-populate the Member Number field by tabbing through the SSN field.

Note: Employee Member Number and Employee Name fields are only needed if the person being offered COBRA is NOT the employee (i.e. dependent-centered events).

Enter the date of the **Qualifying Event** and the Event Type, using the selections in the drop down menu. At this time, you don't need to enter a value in the ARRA Eligible field.
Enter the address information.
Select the Gender.
Enter the Birthday.
Hire Date. If the person being offered COBRA is NOT the employee, you can leave this field blank.

If you miss a required field, the system will prompt you to go back and fill in the necessary information.

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Note: Step 2 should be repeated for each benefit you are offering.

In the **Employer Benefit Template** drop down list, select the COBRA-eligible benefit that you must offer.

Select the **Coverage Level**. The coverage level correlates to those being offered COBRA. In the case of a dependent event of ineligible dependent (child turning age 26), only the ineligible dependent is being offered COBRA so you would choose Single Only.

Click on the **Add Eligible Benefit** box.

A message will appear at the top of the screen telling you that the benefit has been successfully added.

Note: As you add each benefit, a summary of the benefits will display at the bottom of the screen.

The **Rate** column will show the full rate with the 2% administration fee.

If you enter something in error, click on **Delete** to re-enter the benefit.

QUALIFYING EVENTS
STEP 3: ENTER DEPENDENT INFORMATION

Add each eligible dependent.
You would repeat the steps for each dependent.

If there are no eligible dependents, you will move right to Step 5.

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QUALIFYING EVENTS
STEP 4: ENTER DEPENDENT PLAN INFORMATION

For each dependent entered, enter their eligible benefits by selecting 'Add Benefits'.

If there is no dependent coverage, you will move right to Step 5.

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Review the Qualifying Event Summary information. If you need to make a correction, you can go back to the necessary step. Otherwise, click the **Finish** button to complete the entry.

PAYFLEX CONTACT INFORMATION

LAURIE WICKLUND

Senior Account Manager & primary point person for EHA HR

Lwicklund@PayFlex.com

(O) 402.758.7893

(F) 402.978.3721

MEMBER CALL CENTER

(800)-359-3921

Hours of Operation: 7:00am-7:00pm CT, Monday - Friday

ENROLLMENT & PAYMENTS

Enrollment Forms & Premium Payments should be sent to:
PayFlex Systems USA, Inc.
BENEFITS BILLING DEPARTMENT
PO Box 953374
St. Louis, MO 63195-3374

They may also Fax or Email us at (402) 231-4302 cobramail@payflex.com

Enrollments & Payments can be made online at payflex.com

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THANK YOU!
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