



Employer *Bulletin*

Employer Communication Center (608) 264-7900 Toll free: 1-888-681-3952 <http://etf.wi.gov>

Health Report/Payment Mailing Instructions

Please send your health insurance payment and reports to ETF's lockbox in Milwaukee. Labels with the address are enclosed for your convenience. Make checks payable to "Employee Trust Funds". If you do not use the mailing labels, be sure your checks have the address below printed on them to avoid mailing problems. The mailing address is:

Employee Trust Funds-Insurance Payments
PO Box 78761
Milwaukee WI 53278-0761

Note: Only insurance premium payments (both Health and Income Continuation Insurance) should be sent to the address above. WRS contribution payments accompanying your *WRS Monthly Retirement Remittance Reports (ET-1515)* must be sent to Drawer 901, if you pay by check.

2009 Dual-Choice Due Dates and Reporting Instructions

The January 2009 health insurance reports are due Monday, December 22, 2008. We encourage you to submit the January 2009 reports as early as possible, given the volume of changes resulting from Dual-Choice.

Note: Do not divide the January transactions between Dual-Choice and "regular transactions." Both Dual-Choice and regular (non Dual-Choice) transactions must be combined on the *WPE Health Insurance Summary - 2009* form, *WPE 2009 Monthly Coverage Report*, *Monthly Additions Report (ET-2610)*, *Monthly Deletions Report (ET-2612)*, and the *Monthly Changes Report (ET-2614)*.

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Late Dual-Choice Applications

Follow the instructions in subchapter 404 of the *Local Health Insurance Administration Manual* (ET-1144, Rev. 07/2005) for any late 2009 Dual-Choice Applications. Please forward a **photocopy** of the *Group Health Insurance Application/Change Form* (ET-2301), the letter from the employee, and your memo to:

Wendy Pink
Division of Trust Finance & Employer Services
Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

You may also fax late applications, along with the letter from the employee and your memo, to (608) 266-5801. ETF will review the material and issue a written approval or denial of the request, along with reporting instructions (if approved).

Procedures for Rescinding Dual-Choice Elections

Employees may rescind 2009 Dual-Choice elections by notifying their employers in writing prior to December 31, 2008. **When you receive a request to rescind, do not send the employee's written request to ETF or the health plan.** Please follow these procedures as soon as possible to ensure all parties are aware of the request to rescind. Your timely action helps prevent confusion and incorrect enrollments.

1. Make five copies of the Dual-Choice application initially submitted by the employee selecting a change.
2. Write "Rescind" across each copy.
3. Forward one copy to ETF.
4. Forward one copy to the current health plan.
5. Forward one copy to the health plan indicated as "Plan Selected."
6. Retain one copy for your records.
7. Retain one copy for the employee's records, along with their original written request.

Subchapter 402 of the *Local Health Insurance Administration Manual* (ET-1144, Rev. 07/2005) also provides information on rescinding Dual-Choice elections.

2009 Group Health Insurance Reporting Forms

Enclosed with this *Bulletin*:

- One copy of each of the 2009 WPE Group Health Insurance Program reporting forms and documents (listed below).
- Mailing labels for sending reports to ETF.

For 2009 monthly reporting, please:

1. Photocopy the forms, OR
2. Print the following forms from ETF's Internet site, <http://etf.wi.gov>. Be sure to print the forms for the option in which you are enrolled:
 - *WPE Health Insurance Summary – 2009 and WPE 2009 Monthly Coverage Report* (See below for form numbers and descriptions)
 - *Monthly Additions Report* (ET-2610)
 - *Monthly Deletions Report* (ET-2612)
 - *Monthly Changes Report* (ET-2614)

The attached 2009 forms display the 'Program Option Code' and 'Surcharge Code' in the title of the reporting forms and include the 2009 premiums. Premiums for each health plan differ, depending on the program option. You must use the reporting forms corresponding to the program option in which you are enrolled. Due to the complexity of the changes in reporting, please compare the forms provided to the list of forms below to verify that the correct forms have been included in this mailing.

Note: You remain in the same program option as last year until you submit a resolution electing an alternative program option and that resolution is approved by ETF.

The list below identifies the 2009 reporting forms based on all of the program options available in 2009. Please use only the forms for the option in which you are enrolled:

Traditional HMO paired with the Classic Standard Plan (Current Program Option for most employers)

1. *WPE Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 Health Insurance Summary – 2009* (ET-1631)
2. *WPE Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 2009 Monthly Coverage Report* (ET-1630)
3. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT 02 & SRCHG S01 Health Insurance Summary – 2009* (ET-1655)
4. *WPE Annuitants Traditional HMO/Classic Standard Plan PGM OPT P02 & SRCHG S01 2009 Monthly Coverage Report* (ET-1657)

Traditional HMO paired with Standard Preferred Provider Plan (PPP)

1. *WPE Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 Health Insurance Summary – 2009* (ET-1652)
2. *WPE Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2009 Monthly Coverage Report* (ET-1643)
3. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 Health Insurance Summary – 2009* (ET-1644)
4. *WPE Annuitants Traditional HMO/Standard PPP PGM OPT P03 & SRCHG S01 2009 Monthly Coverage Report* (ET-1658)

Deductible HMO paired with Deductible Standard Plan

1. *WPE Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 Health Insurance Summary – 2009* (ET-1649)
2. *WPE Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2009 Monthly Coverage Report* (ET-1647)
3. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 Health Insurance Summary – 2009* (ET-1653)
4. *WPE Annuitants Deductible HMO/Deductible Standard Plan PGM OPT P04 & SRCHG S01 2009 Monthly Coverage Report* (ET-1645)

Deductible HMO paired with Deductible Standard PPP

1. *WPE Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 Health Insurance Summary – 2009* (ET-1650)
2. *WPE Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2009 Monthly Coverage Report* (ET-1648)
3. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 Health Insurance Summary – 2009* (ET-1654)
4. *WPE Annuitants Deductible HMO/Deductible Standard PPP PGM OPT P05 & SRCHG S01 2009 Monthly Coverage Report* (ET-1646)

It is critical that you use only the 2009 Summary and Monthly coverage reports when reporting for 2009.

In addition to the 2009 monthly reports, please use the most recently revised enrollment forms for Plan Year 2009:

- *Group Health Insurance Application/Change Form* (ET-2301) Rev. 4/2008

“Tiering” on Monthly Coverage Reports

The *WPE 2009 Monthly Coverage Report* for each program option includes a check box related to employer/employee premium share allocation. This box is located in the lower right corner of the form. Each month, check the box corresponding to the method you use to determine employer/employee contributions — either the traditional 105% or tiering. (Refer to subchapter 302, *Health Insurance Employer Administration Manual* (ET-1144) for information on tiering.)

Tips for Completing Health Insurance Applications and Corresponding Reports Throughout 2009

- Enrollment applications, monthly reporting forms, and premium remittances must be complete and accurate to ensure proper and prompt health insurance coverage for your employees. In addition, statistics generated from the monthly data submitted by employers are used to track the movement of individuals between participating health plans and counties. This information is used in the rate setting process for the Group Health Insurance program.
- Subchapter 303 of the *Health Insurance Employer Administration Manual* (ET-1144) provides information concerning the “Prospective Date of Coverage” entered on the *Group Health Insurance Application/Change Form* (ET-2301) and “Effective Date” entered on the *Monthly Additions Report* (ET-2610).

- Subchapter 503 provides information concerning effective dates of termination of coverage.
- **Reports are due on the 20th of each month.** Late fees are assessed for reports and payments not filed timely.

2009 Summary Report: Over/Under Line. Please use this line only if directed by ETF regarding a variance in amount due to amount paid.

January 2009 health insurance reports will include:

1. Two copies of the completed *WPE Health Insurance Summary*
 - A 2009 form for your appropriate program option and the corresponding WPE 2009; and
 - Monthly Coverage Reports for each health plan, indicating all of the contracts (Dual-Choice and non-dual-Choice) added and deleted for the coverage month of January 2009.
2. Two copies of the *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and *Monthly Changes Report* (ET-2614) on which regular monthly transactions and Dual-Choice transactions (enrollment Type Codes 40 and 43 titled "Dual-Choice") are combined.
 - ETF Coverage Report plies of the Dual-Choice and the regular (non-Dual-Choice) applications must be attached to the corresponding *Monthly Additions Report* (ET-2610).

Note: Each entry on the *Monthly Additions Report* (ET-2610) must indicate the carrier suffix of the previous health plan (the employee's current health plan). Do not substitute the name of the health plan for the carrier suffix.

- *Monthly Deletions Report* (ET-2612) for each health plan, listing each employee leaving that health plan at year-end, must be submitted.

Note: Each entry on the *Monthly Deletions Report* (ET-2612) must indicate the suffix number of the newly elected health plan. Do not substitute the name of the health plan for the health plan suffix number.

Assembly of all 2009 Health Insurance Reports (Including January Dual-Choice Reporting)

Assemble your reports in the following order (resulting in two sets of reports in descending order; one set for ETF and one set for the carrier):

I. ETF Report Packet

WPE Health Insurance Summary – 2009. Attach the premium remittance check to the front of the *Summary*. (Please see instructions above for additional requirements for the Dual-Choice reports.)

WPE 2009 Monthly Coverage Report. Attach one *Monthly Coverage Report* per health plan with contracts to report. Assemble in the order in which the health plans are listed on the *Monthly Coverage Report*. (Please see instructions above for additional requirements for the Dual Choice reports.)

Attach corresponding *Monthly Additions Report* (ET-2610), *Monthly Deletions Report* (ET-2612), and the *Monthly Changes Report* (ET-2614) with applications and other supporting

documentation (stapled in the upper left corner) to the respective *Monthly Coverage Report* in the order listed below.

Monthly Additions Report (ET-2610) – Assemble ETF Coverage Report plies of *Group Health Insurance Application/Change Form (ET-2301)* in the order in which the specific subscriber information is listed on the *Monthly Additions Report*.

Monthly Deletions Report (ET-2612) – Assemble any necessary supporting documents in the order in which the specific subscriber information is listed on the *Monthly Deletions Report*.

Monthly Changes Report (ET-2614) – Assemble ETF Coverage Report plies of *Group Health Insurance Application/Change Form (ET-2301)* and/or *Medicare Eligibility Statement (ET-4307)* in the order in which the specific subscriber information is listed on the *Monthly Changes Report*.

II. Health Plan Report Packet (Carrier Copies)

After assembling the ETF Report Packet, photocopy the assembled reports to create the Health Plan Report Packet. However, do not include the supporting documentation in the Health Plan Report Packet.

For questions on the proper way to assemble your monthly health insurance reports, call Ron Diehl at (608) 266-2737 or e-mail ron.diehl@etf.state.wi.us.

Alternate Reporting Requests

Written requests to use an alternate form of reporting or to deviate from completing/assembling the reports in the manner described herein, must be submitted to ETF and approved in advance. Requests must include the alternate form(s) and/or alternate assembly method. Mail or e-mail your request to:

Ron Diehl
Division of Trust Finance & Employer Services
Department of Employee Trust Funds
PO Box 7931
Madison WI 53707-7931

Health Reporting Codes

Attached for your convenience is a listing of Coverage Codes, Employee Type Codes, and Enrollment Type Codes used to complete the *Group Health Insurance Application/Change Form (ET-2301)*. The codes can also be found in Chapter 11 of the *Health Insurance Employer Administration Manual*.

Coverage Codes:

Code	Type of Coverage	Description
01	Single	Coverage is for the subscriber (employee) only.
02	Family	Coverage is for the subscriber (employee) and eligible dependent(s).
05	Medicare – Single	Employer-paid annuitant or Annuitant; Single coverage with Medicare.
06	Medicare – Family 1	Employer-paid annuitant or Annuitant; Single coverage with Medicare.
07	Medicare – Family 2	Family coverage; subscriber and dependent both with Medicare.

Employee Type Codes:

Code	Employee Type	Description
06	Local	Eligible local government employee.
07	Annuitant	Retired employee who is eligible for health insurance.
08	Surviving Spouse/ Dependent	Currently insured subscriber dies while carrying family health insurance coverage.
09	Local Paid Annuitant	WRS annuitant whose health insurance premiums are paid by their former employer from an accumulated sick leave account stipulating that the employer would continue to pay a percentage of the health insurance premium.
10	Continuant	Self-explanatory (USED BY ETF ONLY).

Enrollment Type Codes:

Code	Used For:	Enrollment Type	Description	Used On:
01	Additions	Initial Offering	Employee whose employer is initially enrolling in the WPE Group Health Insurance Program.	New Employer Application (ET-2343) & Coverage Report
02	Additions	Initial Enrollment	Employee is applying for health insurance for the first time since becoming an eligible employee.	Application (ET-2301) & Coverage Report
03	Additions	Absent Without Earnings – LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA or layoff during which time coverage lapsed or during an appeal of discharge.	Application & Coverage Report
05	Additions	Terminated and Rehired Within 30 Days	Employee was terminated and rehired within 30 days.	Application & Coverage Report

Code	Used For:	Enrollment Type	Description	Used On:
08	Additions	Missed Initial Enrollment Period	Employee did not apply for coverage during initial enrollment period. 180-day waiting period must be served for all pre-existing conditions for applicant and all listed dependents (including spouse). Can select Standard Plan option only.	Application & Coverage Report
12	Additions	Deleted in Error	Listed to reinstate employee's coverage (with no lapse in coverage) which was previously deleted in error by the employer.	Coverage Report
31	Additions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Application & Coverage Report
32	Additions	Returned From LOA or Layoff and Missed Dual-Choice	Employee let coverage lapse while on LOA or layoff, and was not on payroll during the entire Dual-Choice Enrollment period.	Application & Coverage Report
40	Additions	Dual-Choice	Employee changing plan only or plan and coverage during the annual Dual-Choice Enrollment period.	Application & Coverage Report
41	Additions	Moved From Service Area	Employee relocates to a different county and is enrolling in a different plan.	Application & Coverage Report
48	Additions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA	Application & Coverage Report
49	Additions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a Family Leave of Absence.	Application & Coverage Report
51	Additions	Transfer to Standard Plan		Application & Coverage Report
53	Additions	Annuitant	Transfer from active employer group to annuitant group.	Application & Coverage Report
55	Additions	Continuation to Spouse/Dependent as a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber.	Application & Coverage Report

Code	Used For:	Enrollment Type	Description	Used On:
62	Additions	Continuation to Spouse/ Dependent As a Result of Death	Continuation as survivors to insured spouse/dependent because of death of the subscriber who was on a Disability Benefit.	Application & Coverage Report
67	Additions	Loss of Coverage	An employee's initial application for coverage within the Group Health Insurance program which is being submitted beyond the employee's initial enrollment periods.	Application & Coverage Report
03	Deletions	Absent Without Earnings - LOA, Layoff, Appeal of Discharge	Eligible employee is/was on LOA, layoff or an appeal of discharge during which time coverage lapsed.	Coverage Report
09	Deletions	Cancellation	Currently insured subscriber voluntarily cancels coverage, but is not terminating employment.	Application & Coverage Report
10	Deletions	Termination	Currently insured subscriber who terminates employment with the current employer group.	Coverage Report
11	Deletions	Death	Currently insured employee, annuitant or continuant dies.	Coverage Report
31	Deletions	Spouse-to-Spouse Transfer	Insurance contract is being switched from one spouse to the other (both spouses being employed by the same employer).	Coverage Report
40	Deletions	Dual-Choice	Employee changing plan and coverage or plan only during the annual Dual-Choice Enrollment period.	Coverage Report
41	Deletions	Moved From Service Area	Employee relocates out of their current health plan's service area and is enrolling in a different plan.	Coverage Report
48	Deletions	Entered/Returned From Military LOA	Employee entered or returned from Military LOA	Coverage Report
49	Deletions	Entered/Returned From Family Medical Leave of Absence (FMLA)	Employee entered or returned from a Family Leave of Absence.	Coverage Report
50	Deletions	Retires	Employee retires.	Coverage Report

Code	Used For:	Enrollment Type	Description	Used On:
51	Deletions	Transfer to Standard Plan		Application & Coverage Report
53	Deletions	Employer Paid Annuitant	Transfer from active employer group to local paid annuitant group.	Coverage Report
43	Changes	Changes From Single to Family Coverage	Employee changes from single coverage to family coverage.	Application & Coverage Report
44	Changes	Changes From Family Coverage to Single Coverage (only dependent no longer eligible)	Employee changes to single coverage because there are no longer any eligible dependents.	Application & Coverage Report
45	Changes	Change From Family Coverage to Single Coverage (at least one dependent still eligible)	Employee has eligible dependents, but voluntarily elects to change to single coverage.	Application & Coverage Report
46	Changes	Coverage Type Change - Medicare	Insured participant enrolled in Medicare.	Coverage Report
68	Changes	Change in Level of Coverage	Change in the level of coverage (single coverage to family) due to any dependent losing coverage under a separate plan.	Application & Coverage Report
07	Other	Declined	Employee declines to enroll for health insurance when first eligible for coverage. Employee must submit a signed application indicating that they are declining coverage.	Application
65	Other	Information Change Only	The employee's level of coverage remains the same as well as the Plan; however, an indicative data change has occurred (i.e., change of address, dependent is being adding).	Change Form (ET-2329)
66	Other	Premium Adjustment Only	To indicate a premium adjustment only.	Coverage Report

The Department of Employee Trust Funds does not discriminate on the basis of disability in the provision of programs, services, or employment. If you are speech, hearing or visually impaired and need assistance, call the Wisconsin Relay Service at 7-1-1 or 1-800-947-3529 (English) 1-800-833-7813 (Español). We will try to find another way to get the information to you in a usable form.

This *Employer Bulletin* is published by the Wisconsin Department of Employee Trust Funds. Questions should be directed to contact persons listed in the Bulletin, or to the Division of Trust Finance and Employer Services (DTFES). Call John Vincent, DTFES administrator, at (608) 261-7942. Employer agents may copy this Bulletin for further distribution to other payroll offices, subunits or individuals who may need the information. Copies of the most recent Employer Bulletins are available on our Internet site at the following URL: <http://etf.wi.gov/employers.htm>

Wisconsin Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931; <http://etf.wi.gov>.