

Department of Employee Trust Funds
STATE AGENCY HEALTH INSURANCE ADMINISTRATION MANUAL

CHAPTER 5 — MONTHLY REPORTING

Users of the automated system for monthly reporting should also refer to Chapter 12 – “Automated Monthly Reporting” instructions.

- 501 Overview of Monthly Reports**
- 502 Completing the *Monthly Additions Report* (ET-2610)**
- 503 Completing the *Monthly Deletions Report* (ET-2612)**
- 504 Completing the *Monthly Changes Report* (ET-2614)**
- 505 Completing the *Monthly Coverage Report* (ET-1607)**
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- 507 Assembly of Health Insurance Reports**
- 508 Premium Remittance**
- 509 Credits**

501 Overview of Monthly Reports

Each month, employers must report the total number of contracts (by health plan) for their employees and remit the corresponding premium payments to ETF. It is extremely important that the monthly reporting forms are completed accurately to ensure the premium remittance is correct.

To minimize errors, all data on the monthly reports must be either typewritten or legibly printed.

NOTE: Health plans and the Pharmacy Benefit Manager update eligibility records based on monthly additions, deletions, and change reports. Consequently, these reports must be accurate and complete. For example, an incorrect effective date can lead to difficulties in filling prescriptions.

Monthly reports for active employees consist of the following, listed in the order they would generally be completed:

- A. *Monthly Additions Report* (ET-2610) - Used to report new contracts for each health plan. (Refer to Subchapter 502.)
- B. *Monthly Deletions Report* (ET-2612) - Used to report contracts terminating from each health plan. (Refer to Subchapter 503.)
- C. *Monthly Changes Report* (ET-2614) - Used to report changes in coverage—single to family and family to single—within each health plan. (Refer to Subchapter 504.)
- D. *Monthly Coverage Report* (ET-1607) - Used to summarize the net change in coverage for each reporting month based on the monthly additions, monthly deletions, and monthly changes reports for each health plan in which employees are enrolled. The contract numbers from line 6 (Contracts in Effect This Month) on the

previous *Monthly Coverage Report* must be used on line 1 (Contracts in Effect Last Month) on the current *Monthly Coverage Report*.

- E. *Health Insurance Summary* (ET-1608) - Used to summarize the results of the *Monthly Coverage Reports* for that coverage month. (This summary is the employer and employee share of the premiums for each health plan in terms of dollars; contract numbers (quantities) do not appear on this report.)

Each report is discussed in detail within the remaining sections of this chapter.

502 **Completing the *Monthly Additions Report* (ET-2610)**

The *Monthly Additions Report* is used to report any new contracts that have been added during the month. A separate report must be filed for each health plan, every coverage month for which there are contracts added. A completed application must also be attached to the report for each added contract.

To complete the *Monthly Additions Report*, enter the following information:

- A. Employer Name.
- B. Employer Number - The employer identification number (EIN) is the number assigned to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**0001-114**).
- C. Five-digit Group # - The five digit number assigned to State agencies (e.g., **84535**).
- D. Carrier Suffix - Two-digit code identifying the carrier (health plan). It is sometimes referred to as the carrier code or plan suffix code. (Refer to the *Monthly Coverage Report* (ET-1607) for the plan suffix codes.)
- E. Deduction Month - Optional - Employer may use for internal purposes.
- F. Coverage Month - The month and year for which coverage is being reported.
- G. List employee last names—in alphabetical or social security number order—for each contract being added. Enter the following information as it appears on the completed and attached *Group Health Insurance Application* (ET-2301):
- Enrollment Type/Code - This code identifies the reason for submitting an application. (“Enrollment Type Code” field on the application.)
 - Employee Type/Code - Enter the appropriate code. (Refer to Subchapter 1103.)
 - Name Last, First, Middle I. - Employee name in alphabetical order by last name or in numeric order by social security number.
 - Social Security No - List the employee’s social security number.

- Date of Hire or Re-hire - The month, day and year the employee began employment with the employer. For rehired employees, enter the rehire date. (From the “Date Employment Began field on the application.)
 - Previous (From) Carrier Suffix, if applicable. The carrier suffix code indicating the health plan in which the employee was previously enrolled. If this is the employee’s initial enrollment in the program, leave this field blank. (Refer to the *Monthly Coverage Report* for the carrier (plan) suffix codes.)
 - Effective Date - The month, day and year the coverage should be effective. (“Prospective Date of Coverage” field on the application.)
 - Contract Type - Coverage code identifying single or family coverage (and Medicare if applicable). Where single coverage is selected, enter the coverage code in the “Single” column; where family coverage is selected, enter the coverage code in the “Family” column. (“Coverage Type Code” field on the application.)
 - Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank.
 - a. Month - The month and year for any previous month(s) of coverage. For more than one previous month being reported, enter one month per line. For example, if the coverage month is May 2006, and the effective date for the addition was March 1, 2006, enter March 2006 on one line, and April 2006 on the next line.
 - b. Amount - Enter the premium amount for the previous month (one month per line) listed. (This will be a positive amount.)
- H. At the bottom of the report, total the Single and Family contract type columns and the Amount column. Post the totals to the *Monthly Coverage Report* as described in Subchapter 505.
- I. Attach “ETF Coverage Report Copy” of enrollment application for each contract listed on the additions report.

Below are examples of common situations recorded on the sample *Monthly Additions Report* that follows:

Monthly Additions Report Examples

| Enrollment Type | Description of Situation |
|-----------------|--|
| 02 | Terrance Anderson is a newly hired employee. <i>(Premium adjustments must be made to make premiums current.)</i> |
| 03 | Jane Doe returned from a leave of absence during which coverage lapsed. <i>(Multiple premium deductions must be made to make premiums current.)</i> |
| 08 | Kelly Johnson did not apply for coverage during initial enrollment period. She is limited to the Standard Plan option with a 180-day waiting period for all pre-existing conditions. |
| 12 | Sondra Williams was deleted in error on a previous month's report; coverage is continuous. <i>(Multiple premium deductions must be made to make premiums current.)</i> |
| 31 | Andrea Rodgers transferred coverage from her spouse, Kenneth Rodgers. <i>(No adjustment for previous month is necessary if the effective date is coordinated so there is no duplication or lapse in coverage.)</i> |
| 40 | Maria Rodriguez switched health plans during Dual Choice. <i>(No adjustment for previous month is necessary as long as the assignment of effective date is coordinated so that no lapse in coverage occurs. Indicate the health plan from which the employee is transferring.)</i> |
| 41 | Katie Swanson transferred plans due to a residential move. <i>(Addition must be coordinated with the deletion of the other plan. Indicate the plan from which the employee transferred.)</i> |

Monthly Additions Report Sample

Department of Employee Trust Funds
801 W. Badger Road
P.O. Box 7931
Madison, Wisconsin 53707-7931

GROUP HEALTH INSURANCE
MONTHLY ADDITIONS REPORT
Wis. Stat. § 40.06

| Employer Name | | Employer Number | Group # | Carrier Suffix | Deduction Month | | Coverage Month | | | | |
|-----------------------------|-----------------------|-----------------------------|---------------------|----------------------------|--|-------------------|------------------|--------|---|---------|----------|
| State Agency ABC | | 69-036-0001-199 | 84999 | 01 | | | Feb 2006 | | | | |
| Enrollment Type/Code | Employee Type/Code | Name Last, First, Middle I. | Social Security No. | Date of Hire or Re-hire | If changing carrier, provide previous carrier suffix | Effective Date | Contract Type | | PREMIUM ADJUSTMENT PREVIOUS MONTH(S) (List individual months) Month Amount | | |
| | | | | | | | Single | Family | | | |
| 02 | 02 | Anderson, Terrance | 111-11-1111 | 11-8-05 | | 12-01-05 | | 02 | Dec 05 | 1862.40 | |
| | | " | | | | | | | Jan 06 | 2017.70 | |
| 03 | 02 | Doe, Jane E. | 232-23-2323 | 11-29-05 | | 12-01-05 | 01 | | Dec 05 | 762.60 | |
| | | " | | | | | | | Jan 06 | 808.50 | |
| 08 | 02 | Johnson, Kelly A. | 343-34-3434 | 03-15-05 | | 02-01-06 | 01 | | | | |
| 31 | 02 | Rodgers, Andrea M. | 454-45-4545 | 08-12-02 | | 02-01-06 | | 02 | | | |
| 40 | 02 | Rodriguez, Maria A. | 565-56-5656 | 02-11-02 | 39 | 01-01-06 | | 02 | Jan 06 | 2017.70 | |
| 41 | 02 | Swanson, Katie L. | 678-67-6786 | 04-26-99 | 30 | 02-01-05 | | 02 | | | |
| 12 | 02 | Williams, Sondra J. | 787-78-7878 | 07-15-02 | | 11-01-05 | 01 | | Nov 05 | 762.60 | |
| | | " | | | | | | | Dec 05 | 762.60 | |
| | | " | | | | | | | Jan 06 | 808.50 | |
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| TOTAL ADDITION IN CONTRACTS | | | | | | | 3 | 4 | | | 9,802.60 |

Post to Line 2 of the Monthly Coverage Report:

ET-2610 (REV 11/2005) See your Health Insurance Administration Manual for detailed instructions.

503 Completing the *Monthly Deletions Report* (ET-2612)

The *Monthly Deletions Report* is used to report any contracts that have been deleted from each health plan. A separate report must be prepared for each health plan, every coverage month for which there are deletions, and may have supporting documents attached to it.

The following is a list of common deletion situations, the date coverage ends for each activity/transaction, the form(s) required in addition to the deletion report, and applicable comments or instructions:

DELETION SITUATIONS

| Activity/ Transaction | Effective Date | Form(s) Required | Adjustments/Refunds/Comments |
|---|---|--|---|
| Leave of Absence - Military | The last day of the month for which premiums are paid. | | Employee may request refund of any premiums paid in advance by writing to the employer. The employer must receive the request on or before the last day of coverage to be eligible for a refund of the future month's premiums. |
| Employee Termination (See Chapter 6) | Covered as far as premiums have been paid. | <i>Continuation - Conversion Notice</i> (ET-2311) | Terminated employee is eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or within 60 days after coverage ends, whichever is later. |
| Death of Employee - Single Coverage | Date death occurred. | | Refund any premiums paid in advance for coverage beyond the end of the month in which death occurred. |
| Death of Employee - Family Coverage | Coverage continues through the last day of the month for which premiums have been paid. | <i>Continuation - Conversion Notice</i> | Do not refund any premiums unless authorized by ETF. |
| Cancellation of Coverage | Coverage continues through the last day of the month for which premiums have been paid. | <i>Group Health Insurance Application</i> (ET-2301; Graduate Assistants, ET- 2302) | Employee must request a refund of premium in writing. The employer must receive the request on or before the last day of the coverage, in order for the employee to receive a refund for the following month. The request must be received on or before the last workday of the month. |
| Leave of Absence - Not Prepaid | Coverage continues through the last day of the month for which premiums have been paid. | | Shown as deletion on following month's report. |

| Activity/ Transaction | Effective Date | Form(s) Required | Adjustments/Refunds/Comments |
|--|--|--|---|
| Appeal of Dismissal – Deletion for employee choosing not to continue coverage during appeal. | Coverage continues through the last day of the month for which premiums have been paid. | | Employees appealing dismissals may prepay premiums to the employer (without employer share) prior to a decision and are not deleted from coverage. If appeal is decided in employee's favor, the employer share for those months prepaid is to be refunded. (Refer to Subchapter 311.) Premium payments must be received at least 30 days prior to the coverage month. |
| Retirement – | Coverage is continued without lapse upon retirement if an employee retires with an immediate annuity.* | <i>Accumulated Leave Certification</i> (ET-4306) | ETF will coordinate coverage between active employment and annuitant status so that no lapse or duplication of coverage occurs. |
| Transfer Between Spouses, or Health Plans | Coordinate transfer date so no duplication or lapse in coverage occurs. | <i>Group Health Insurance Application</i> | Coordinate effective dates on the monthly reports with other spouse or health plan. |
| Divorced Spouse | End of the month that employer provides <i>Continuation - Conversion Notice</i> (Refer to Subchapter 703). | <i>Continuation - Conversion Notice and Group Health Insurance Application</i> | Coverage for stepchildren also ends. Divorced spouse and stepchildren are eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or with 60 days after coverage ends, whichever is later. |
| Grandchild | End of the month in which parent turns age 18 | <i>Continuation - Conversion Notice and Group Health Insurance Application</i> | Grandchild is eligible for continuation or conversion if application is made to ETF within 60 days of the date of notice or with 60 days after coverage ends, whichever is later. |

*This requirement is waived for employees who terminate after age 55 (age 50 if in a protective occupation) with at least 20 years of WRS creditable service and who do not begin an immediate annuity. An immediate annuity begins within 30 days of termination of employment.

To complete the *Monthly Deletions Report*, enter the following information:

- A. Employer Name.
- B. Employer Number - The employer identification number (EIN) is the number assigned to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**0001-114**)
- C. Group # - The five digit number assigned to State agencies (e.g., **84535**).

- D. Carrier Suffix # - Two-digit code identifying the carrier (health plan). It is sometimes referred to as the carrier code or plan suffix code. (Refer to *Monthly Coverage Report*.)
- E. Deduction Month - Optional – Employer may use for internal purposes.
- F. Coverage Month - The month and year for which coverage is being reported.
- G. List employee last names--in alphabetical or social security number order--for each contract being deleted. Complete the following information:
- Enrollment Type/Code - The code identifies the reason for the deletion. (Refer to Subchapter 1104.)
 - Employee Type/Code.- Enter the appropriate code. (Refer to Subchapter 1103.)
 - Name (Last, First, Middle I) - Employee name in alphabetical order by last name or in numeric order by social security number.
 - Social Security No - List the employee's social security number.
 - Birthdate - The month, day and year of the employee's date of birth.
 - (To) Carrier Suffix, if applicable. The Carrier Suffix code (located on *Monthly Coverage Report*) indicating the health plan to which the employee is switching. If the employee is not switching health plans, leave this field blank.
 - Event Date - The month, day and year of the event resulting in the termination of coverage (e.g., the last day of employment, date of divorce, date of death, etc.).
 - Effective Date - The month, day and year following the last day of coverage. It is generally the first of the month.
 - Contract Type - The coverage code identifying the type of coverage. If the contract was for single coverage, enter the coverage code in the "Single" column; if the contract was for family coverage, enter the coverage code in the "Family" column. (Refer to Subchapter 1102.)
 - Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank. **Retroactive premium adjustments for months prior to January of the previous calendar year are prohibited.**

Example: Employee terminates employment in October 2005 with a coverage end date of October 31, 2005. However, premiums are remitted in error until March 2007. A premium adjustment retroactive to January 2006 is allowed although adjustments for November and December 2005 are not.

- a. Month(s). Enter the month and year for the previous month(s) of coverage. If there is more than one previous month being reported for

retroactive adjustment, enter one month per line. For example, if the coverage month is May 2006, and the effective date for the deletion is March 1, 2006, enter March 2006 on a line, and April 2006 on the next line.

- b. Amount. Enter the premium amount for the previous month(s) listed. (This will be a negative amount.)

H. At the bottom of the report, total the Single and Family contract type columns and the Amount column. Post the totals to the *Monthly Coverage Report* as described in Subchapter 505.

Below are examples of situations that are recorded on the sample *Monthly Deletions Report* that follows:

Monthly Deletions Report Examples

| Enrollment Type | Description of Situation |
|-----------------|--|
| 03 | Jeanne Moore is on leave of absence and allows coverage to lapse. |
| 09 | Valerie Hughes voluntarily cancels coverage. (<i>Premiums paid in advance can be refunded if employer receives the written request by the end of the preceding month.</i>) Attach application indicating cancellation. |
| 10 | Jeffrey Andrews terminated employment and did not apply for WRS benefit. |
| 11 | Alan Goodman died; he had single coverage. (<i>Adjustment is made for refund of premiums paid beyond the month of death.</i>) |
| 31 | Kenneth Rodgers transferred to the contract of his spouse, Andrea Rodgers, a fellow employee. (<i>Transfer/deletion must be coordinated with transfer/addition (change) on spouse's contract.</i>) |
| 40 | Robin Michaels switched to another health plan during Dual-Choice. (<i>Indicate health plan to which employee is transferring and list the employee on the Monthly Additions Report for that health plan.</i>) |
| 50 | Thomas Smith retired. (<i>If retired employee is coded "10" rather than "50" conversion material will be incorrectly sent by the health plan. This could result in annuitant not having correct insurance coverage.</i>) |

Monthly Deletions Report Sample

| Department of Employee Trust Funds 801 W. Badger Road P.O. Box 7931 Madison, Wisconsin 53707-7931 | | | | | | | | | | GROUP HEALTH INSURANCE MONTHLY DELETIONS REPORT <small>Wis. Stats. § 40.06, 40.51 (7)</small> | | Enrollment Indicator 4 | |
|--|-------------------------------|---------------------|---|---|-------------------------|----------------|-----------------------------|--------|---|---|------------|----------------------------------|--|
| Employer Name State Agency ABC | | | Employer Number 69-036-0001-199 | | Group # 84999 | | Carrier Suffix 01 | | Deduction Month Feb 2006 | | | | |
| Enrollment Type Code | Name (Last, First, Middle I.) | Social Security No. | Birthdate | If changing carrier, provide new carrier suffix | Event Date | Effective Date | Contract Type | | PREMIUM ADJUSTMENT PREVIOUS MONTH(S) (List individual months) | | | | |
| | | | | | | | Single | Family | Month(s) | Amount | | | |
| 10 02 | Andrews, Jeffrey W. | 012-34-5678 | 07-10-64 | | 12-31-05 | 01-01-06 | 01 | | Jan 06 | (762.60) | | | |
| 11 02 | Goodman, Alan L. | 123-45-6789 | 09-15-52 | | 11-12-05 | 12-01-05 | | 02 | Dec 05 | (1862.40) | | | |
| | " | | | | | | | | Jan 06 | (2017.70) | | | |
| 09 02 | Hughes, Valerie K. | 234-56-7890 | 02-15-72 | | 01-31-06 | 02-01-06 | | 02 | | | | | |
| 40 02 | Michaels, Robin E. | 456-78-9012 | 06-30-61 | 22 | | 01-01-06 | | 02 | Jan 06 | (2017.70) | | | |
| 03 02 | Moore, Jeanne A. | 567-89-2013 | 04-21-68 | | 01-10-06 | 02-01-06 | | 02 | | | | | |
| 31 02 | Rodgers, Kenneth T. | 678-90-1234 | 01-27-63 | | | 02-01-06 | | 02 | | | | | |
| 50 02 | Smith, Thomas M. | 789-01-2345 | 02-02-50 | | 01-21-06 | 02-01-06 | | 02 | | | | | |
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| TOTAL DECREASE IN CONTRACTS | | | | | | | | | 1 | 6 | (6,660.40) | | |

(Post to Line 3 of the Monthly Coverage Report)

504 Completing the *Monthly Changes Report* (ET-2614)

The *Monthly Changes Report* is used to report coverage changes (family to single/single to family) **within each health plan**. A separate report must be prepared for each health plan, every coverage month for which there are changes, and should have applications or other supporting documents attached to it. Changes affecting the level of coverage must be reported on the *Group Health Insurance Application* (ET-2301; Graduate Assistants, ET-2302).

NOTE: A change in coverage does not create an opportunity to switch health plans. (The Dual-Choice Enrollment period is one exception to this. For Dual-Choice elections resulting in a change in coverage and a switch in health plans, do not utilize the *Monthly Changes Report*. Instead, you must report the deletion on the *Monthly Deletions Report* (ET-2612) for the health plan for which coverage is being deleted, and report the addition on the *Monthly Additions Report* (ET-2610) for the health plan for which coverage is being added.)

The following is information on common change situations, which must be reported using the *Group Health Insurance Application* and included on the *Monthly Changes Report*:

COVERAGE CHANGE SITUATIONS

| Activity/ Transaction | Effective Date | Adjustments/Refunds/Comments |
|--------------------------|---|---|
| Death of Sole Dependent | Single coverage takes effect first day of month following death. | Refund difference between family premium and single premium retroactive to effective date. Retroactive refunds are not allowed for coverage months prior to the beginning of the previous calendar year. |
| Marriage (Employee) | When first becoming eligible for family coverage, effective the date of marriage if application received within 30 days of marriage. OR First day of month following receipt of application.* | If marriage took place on or before the 15th of the month, a family premium is due for that month. If marriage took place on or after the 16th of the month, a family premium is not due until the following month. Collect difference between single premium and family premium retroactive to effective date. |

| Activity/ Transaction | Effective Date | Adjustments/Refunds/Comments |
|---|--|--|
| Divorce | <p>For divorced spouse, first day of month following date divorced spouse is provided <i>Continuation - Conversion Notice</i> (ET-2311)</p> <p>For other dependents, first day of month following date divorce is entered or notification is received, whichever is later.</p> | <p>If divorced spouse was the sole dependent and any children are step-children, employee's single coverage is effective on the first of the month following divorced spouse being provided <i>Continuation - Conversion Notice</i>. Refund difference in premium retroactive to effective date. An employee's divorced spouse and stepchildren are eligible for continuation-conversion of coverage if an application is received by ETF within 60 days of the date of notice or within 60 days after coverage ends, whichever is later (see Chapter 7). If the divorced spouse is also a state employee, he or she may assume coverage.</p> <p>Dependent children (not step-children) of a divorced employee are eligible for coverage under the employee's family contract even if the children reside elsewhere or are supported by the divorced spouse.</p> |
| Adding newborn dependent when single coverage is in force | <p>Date of birth if application is received within 60 days of the birth.</p> <p style="text-align: center;">OR</p> <p>First day of month following receipt of application.*</p> | <p>If the date of birth falls on or before the 15th of the month, a full family premium is due for that month. If the date of birth falls on or after the 16th of the month, a full family premium is not due until the next month.</p> |
| <p>*An application to change from Single to Family coverage, filed within 30 days (60 days for birth or adoption) after first becoming eligible for family coverage, is effective retroactive to the date the event (e.g., marriage, etc.) occurred. If filed later, coverage is effective the first of the month following receipt of the application and is limited to the Standard Plan, with a 180-day waiting period for pre-existing conditions for newly added dependents.</p> | | |

Enter the following information to complete the *Monthly Changes Report*:

- A. Employer Name.
- B. Employer Number - The employer identification number (EIN) is the number assigned to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**0001-114**)
- C. Group # - The five digit number assigned to State agencies (e.g., **84999**).
- D. Carrier Suffix - Two-digit code identifying the carrier (health plan). It is sometimes referred to as the carrier code or plan suffix code. (Refer to the *Monthly Coverage Report* for plan suffix codes.)

- E. Deduction Month - Optional – Employer may use for internal purposes.
- F. Coverage Month - The month and year for which coverage is being reported.
- G. List employee last names—in alphabetical or social security number order—for which coverage is changing and complete the following information:
- Enrollment Type - This code identifies the reason for the deletion. (“Enrollment Type Code” field on the application.)
 - Employee Type - Enter the appropriate code. (Refer to Subchapter 1103.)
 - Name Last, First, Middle I - Employee name in alphabetical order by last name or in numeric order by social security number.
 - Social Security No - List the employee’s social security number.
 - Effective Date of Change - The month, day and year the change in coverage is effective.
 - Type of Contract.
 - a. From - Enter the coverage code under the column indicating the type of coverage from which the employee is switching.
 - b. To - Enter the coverage code under the column indicating the type of coverage to which the employee is switching. (“Coverage Type Code” field on the application.)
 - Premium Adjustment Previous Month(s), if applicable. Complete if the effective date is retroactive (i.e., prior to the coverage month being reported); otherwise leave blank.

Note: Retroactive premium adjustments for months prior to January of the previous calendar year are prohibited for contracts changing from family to single coverage. Retroactive premium adjustments for changes of single to family coverage are allowed back to the effective date of family coverage.

- a. Month - Enter the month and year for the previous month(s) of coverage. If there is more than one previous month being reported for retroactive adjustment, enter one month per line. For example, if the coverage month is May 2006, and the effective date for the coverage change is March 1, 2006, enter March 2006 on one line, and April 2006 on the next line.
- b. Amount - Enter the premium amount for the previous month(s) listed. In computing adjustment amounts when changing from single to family or family to single, calculate the difference between the total single premium and the total family premium, and either add or subtract that difference for each month that requires an adjustment. If the premium adjustment amount is to

be decreased, post it in parentheses.

For example, using 2006 rates for Standard Plan:

\$2,017.70 Family
 - 808.50 Single
 \$1,209.20 Adjustment

- H. At the bottom of the report, total the From and To contract type columns and the Amount column. As described in Subchapter 505, post the totals to the *Monthly Coverage Report*. If the total premium adjustment amount is negative, post the total in parentheses.

Below are examples of situations that are recorded on the *sample Monthly Changes Report* that follows:

Monthly Changes Report Examples

| Enrollment Type | Description of Situation |
|-----------------|--|
| 43 | Tyler Knot changed from single to family coverage due to marriage on the 16 th of the previous month. <i>(Date of marriage was after the 15th of the month; therefore, premium for January remains the single coverage rate.)</i> |
| 43 | Rochelle Thompson changed from single to family coverage due to marriage on the 14 th of the previous month. <i>(Date of marriage was on or before the 15th of the month; therefore, premium for January is the family coverage rate.)</i> |
| 44 | George Miller changed from family to single coverage due to death of his spouse on the 18 th of the previous month. |
| 44 | On November 14 th , Sarah Taylor reported that her divorce was final on October 28 th ; there are no other eligible dependents. <i>(Provide the Continuation-Conversion Notice (ET-2311) to the ex-spouse.)</i> |
| 45 | Edward Daniels voluntary changed from family to single coverage as the dependent(s) remains eligible. |
| 66 | Error made on December coverage report. Rosalie Hernandez reported for incorrect type of contract. Adjustment is made for the difference in the two months' premium. <i>(Attach memo from ETF authorizing correction.)</i> |

505 Completing the *Monthly Coverage Report* (ET-1607)

The *Monthly Coverage Report* is used to summarize the net change in coverage for each reporting month based on the monthly additions, monthly deletions, and monthly changes reports for each health plan in which employees are enrolled.

When completing the *Monthly Coverage Report*, employers should first verify that they are utilizing the correct form (provided by ETF) for the program option in which they are enrolled. Enter the following information to complete the *Monthly Coverage Report*.

- A. Employer No. (EIN) - The employer identification number (EIN) is the number given to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**0001-114**).
- B. Deduction Month - Optional - Employers may use for internal purposes.
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Suffix - Two-digit code that identifies the health plan (carrier), being reported. It is sometimes referred to as the carrier code or plan suffix code.
- E. Employer Name.
- F. Group No - The five digit number assigned to State agencies (e.g., **84999**).
- G. **Line 1, Contracts in Effect Last Month** - Number brought forward from Line 6 of the previous month's *Monthly Coverage Report*. (The contract numbers from line 6 (Contracts in Effect This Month) on the previous *Monthly Coverage Report* **must be used** on line 1 (Contracts in Effect Last Month) on the current *Monthly Coverage Report*).
- H. **Line 2, Additions Report: (+)** - Post the total counts from *the Monthly Additions Report* (ET-2610) in the appropriate contract type column. Put a dash (-) in the field if there are no additions to report.
- I. **Line 3, Deletions Report: (-)** - Post in parentheses the total counts from the *Monthly Deletions Report* (ET-2612) in the appropriate contract type column. Put a dash (-) in the field if there are no deletions to report.
- J. **Line 4, Changes Report: "To" (+)** - Post the total counts from the To column of the *Monthly Changes Report* (ET-2614) in the appropriate contract type column. Put a dash (-) in the field if there are no "To" changes to report.
- K. **Line 5, Changes Report: "From" (-)** - Post in parentheses the total counts from the From column of the *Monthly Changes Report* in the appropriate contract type column. Put a dash (-) in the field if there are no "From" changes to report.
- L. **Line 6, Contracts in Effect This Month** - Add the numbers in Lines 1 through 5 of the column, except for those numbers in parentheses. Then subtract the numbers in

parentheses (deletions). Post the total in the appropriate contract type column.

- M. **Line 8, Subtotals (No. of Contracts x Premiums)** - Multiply the number of contracts on Line 6 by the premium rate shown for the health plan in Line 7.
- N. **Line 9, Subtotal** - The sum of the amounts in Line 8.
- O. **Line 10, Adjustments** - Calculate the total net adjustments from the monthly additions, deletions and changes reports by adding the amount from the total line of the additions report, subtracting the amount from the total line of the deletions report and adding/subtracting the amount from the total line on the changes report. The result can be a positive or negative amount. If it is a negative amount, post it in parentheses.

NOTE: ETF will notify the employer via telephone call, e-mail or memo when an adjustment is needed because of a reporting error. These corrections should be included on the next monthly report, using a copy of the e-mail or memo as a supporting document. No retroactive adjustments will be made for coverage prior to the beginning of the previous calendar year.

- P. **Line 11, Grand Total** - The sum of Lines 9 and 10. (Remember to subtract Line 10 from Line 9 if Line 10 is a negative amount shown in parentheses.)
- Q. **Line A, Total employee share of the premiums. This amount must include the employee share of any adjustment appearing on line 10.**
- R. **Line B, Total employer share of the premiums. This amount must include the employer share of any adjustment appearing on line 10.**
- S. **Line C, Sum of Lines A and B. The amount in Line C must equal the Grand Total on Line 11.** Post the amounts from Lines A, B and C on the *Health Insurance Summary* as described in Subchapter 506.

NOTE: For reporting purposes, adjustments must be broken down between the employee and employer share.

EXAMPLE: An employee changes from single to family contract under the Standard Plan. An adjustment for the difference in premiums is required, which would be shown in the Premium Adjustment column of the *Monthly Changes Reports*.

1. Using the 2006 rates for Standard Plan, the premium adjustment would be calculated by taking the difference between the single premium and the family premium.

| |
|------------------------------------|
| \$2,017.70 Family |
| - <u>808.50</u> Single |
| \$1,209.20 Total Adjustment |

2. The *Monthly Coverage Report* requires a breakdown of the employer and employee share of any premium adjustment. Using 2006 employees share amounts (Standard Plan single rate - \$100.00; family rate - \$250.00) for a contract going from single to family coverage and requiring an adjustment:

| | |
|---|-----------------|
| Employee share of the new family coverage | \$250.00 |
| Less employee share of the former single coverage | <u>\$100.00</u> |
| The amount of employee share that must be included In line A for this one month adjustment | \$150.00 |

3. Double-check your adjustment figures for accuracy by adding the employee share adjustment and the employer share adjustment; the sum should match the adjustment on the *Monthly Changes Report*.
 4. Make the necessary adjustment to the employee and employer share amounts for the appropriate health plan on the *Monthly Coverage Report*.
- T. Date (MM/DD/CCYY) - The date the report was completed.
- U. Prepared By - The signature of the person who prepared the report.
- V. Telephone - The telephone number of the person who prepared the report.
- W. Attach the monthly additions, deletions and changes reports for the health plan along with any supporting documentation. (Refer to Subchapter 507 for more information about assembling the reports upon completion.)

NOTE: The coverage types of Single Medicare, Family Medicare–2 and Family Medicare-1 are not listed on the *Monthly Coverage Report* for active employees because active employees are not eligible for the Medicare reduced rates.

Following is a completed sample *Monthly Coverage Report* based on the information from the sample additions, deletions and changes reports in this chapter. For quick reference, the parts of the sample form shown that would vary, depending on the form number used, are shaded.

Monthly Coverage Report Sample

Employee Trust Funds
 Group Health Insurance

**STATE EMPLOYEES
 PGM OPT P01 & SRCHG S01
 2006 MONTHLY COVERAGE REPORT**

| | | Employer No. (EIN) 69-036-0001-199 | Deduction Month | Coverage Month Feb 2006 | Suffix 01 |
|-----------|--|---------------------------------------|-----------------------------------|---------------------------------|---------------------------------|
| | | Employer Name State Agency ABC | | | Group No. 84999 |
| | | Single Contracts | Family Contracts | Grad. Asst. Single Contracts | Grad. Asst. Family Contracts |
| 1 | Contracts in Effect Last Month: | 5 | 10 | | |
| 2 | Additions Report: (+) | 3 | 4 | | |
| 3 | Deletions Report: (-) | (1) | (6) | | |
| 4 | Changes Report "To": (+) | 3 | 3 | | |
| 5 | Changes Report "From": (-) | (3) | (3) | | |
| 6 | Contracts in Effect This Month: | 7 | 8 | | |
| 7 | Plan | Suffix | | | |
| | Standard Plan | .01 | 808.50 | 2017.70 | 609.10 1519.40 |
| | State Maintenance Plan (SMP) | .05 | 511.30 | 1275.00 | 387.10 964.50 |
| | CompcareBlue Southeast | .11 | 586.40 | 1462.60 | 387.40 965.10 |
| | CompcareBlue Northwest | .13 | 561.10 | 1399.40 | 369.70 920.90 |
| | Dean Health Plan | .15 | 437.60 | 1090.80 | 283.30 704.90 |
| | CompcareBlue – Aurora/Family | .16 | 495.60 | 1235.80 | 323.80 806.10 |
| | Humana – Eastern | .21 | 571.60 | 1425.60 | 401.80 1001.10 |
| | Humana – Western | .22 | 571.50 | 1425.40 | 401.70 1000.90 |
| | GHC - Eau Claire | .30 | 525.00 | 1309.10 | 366.80 913.60 |
| | GHC - South Central | .35 | 430.20 | 1072.10 | 283.00 704.10 |
| | Gundersen Lutheran | .37 | 532.40 | 1327.80 | 327.50 815.40 |
| | Unity – Community | .40 | 546.40 | 1362.60 | 350.00 871.60 |
| | WPS Prevea Health Plan | .47 | 512.60 | 1278.10 | 335.70 835.90 |
| | Health Tradition | .55 | 535.20 | 1334.60 | 352.30 877.40 |
| | Medical Associates HMO | .63 | 443.40 | 1105.10 | 287.30 714.90 |
| | MercyCare Health Plan | .64 | 402.80 | 1003.80 | 242.60 603.10 |
| | Network Health Plan | .70 | 465.40 | 1160.10 | 283.40 705.10 |
| | Physicians Plus – Meriter & UW | .74 | 439.30 | 1094.90 | 302.60 753.10 |
| | WPS Patient Choice Plan 1 | .81 | 555.00 | 1384.10 | 375.00 934.10 |
| | WPS Patient Choice Plan 2 | .82 | 601.50 | 1500.40 | 408.50 1017.90 |
| | United Healthcare – Southeast | .83 | 531.20 | 1324.60 | 370.80 923.60 |
| | Unity - UW Health | .92 | 435.30 | 1084.90 | 274.50 682.90 |
| | UnitedHealthcare –Northeast | .94 | 448.60 | 1118.10 | 309.20 769.60 |
| 8 | Subtotals (No. of Contracts x Premiums) | 8a 5,659.50 | 8b 16,141.60 | 8c | 8d |
| A. | Employee Share = | 3,250.00 | (8a + 8b + 8c + 8d) | | |
| B. | Employer Share = | 22,902.50 | 9. Subtotal 21,801.10 | | |
| C. | Total * (Lines A + B) = | 26,152.50 | 10. Adjustments 4,351.40 | | |
| | | | (Line 9 + Line 10) | | |
| | | | 11. GRAND TOTAL* 26,152.50 | | |

* NOTE: Figure entered on line C must equal figure entered on line 11.
 ** NOTE: Figure entered must correspond to this plan's entry on the summary.

| | | |
|--------------------------------------|---|----------------------------------|
| Date (MM/DD/CCYY) 01/18/06 | Prepared By Betty Lou Payroll | Telephone 608-123-1444 |
|--------------------------------------|---|----------------------------------|

506 Completing the *Health Insurance Summary* (ET-1608)

The *Health Insurance Summary* is used to report total premiums by employee share and employer share, for each health plan summarizing the results of the *Monthly Coverage Reports* for each coverage month.

To complete the *Health Insurance Summary*, enter the following information:

- A. Employer Name.
- B. Employer No. (EIN) - The employer identification number (EIN) is the number assigned to employers beginning with 69-036. Enter the last seven digits of the number (e.g., 69-036-**0001-114**).
- C. Coverage Month - The month and year for which coverage is being reported.
- D. Plan - For each health plan in which employees are enrolled, enter the amount of employee share and employer share of the premium and total premium for the contracts for the health plan, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- E. Subtotal Alt. Health - The sum of the amounts entered in each column for the health plans.
- F. Enter the amount of employee and employer share of the premium and total premium for the contracts for the Standard Plans and SMP, as computed on Lines A, B, and C or 11 respectively of the corresponding *Monthly Coverage Report*.
- G. Subtotal Std. Health - The sum of the amounts entered in each column for the Standard Plans and SMP.
- H. Enter the monthly Employee Reimbursement Account program administration fee. To arrive at this number, multiply the number of health insurance contracts—the total number of contracts from Line 6 of *Monthly Coverage Reports* less the number of contracts of employees not eligible for state share of health insurance premium—by the monthly ERA administration fee. The current (2006) fee is \$.60/contract/month and may be adjusted annually. (You must report and pay your agency's share of the program's administrative costs even if none of your employees are enrolled in the ERA program.)
- I. Grand Totals (Health & ERA) - The sum of the amounts calculated in the Subtotal Alt. Health and Subtotal Std. Health rows.
- J. Date (MM/DD/CCYY) - The date the report was completed.
- K. Prepared By - The signature of the person who prepared the report.
- L. Telephone - The telephone number of the person who prepared the report.
- M. Submit this form along with the other monthly reports as described in Subchapter

507.

Following is a sample *Health Insurance Summary* completed based on the information from the sample *Monthly Coverage Report* in this chapter. For quick reference, the parts of the sample form shown that would vary depending on the form number used, are shaded.

Health Insurance Summary Sample

Department of Employee Trust Funds
 801 W. Badger Road, Madison, WI 53702-0011
 State of Wisconsin Group Health Insurance

**STATE HEALTH INSURANCE SUMMARY – 2006
 PGM OPT P01 & SRCHG S01**

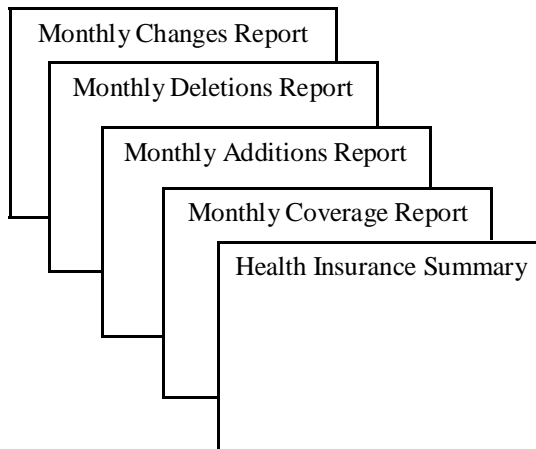
| EMPLOYER NAME State Agency ABC | | EMPLOYER NO. (EIN) 69-036-0001-199 | COVERAGE MONTH FEB 2006 | |
|---------------------------------------|------------|---------------------------------------|----------------------------|------------------|
| PLAN | SUFFIX NO. | EMPLOYEE SHARE | EMPLOYER SHARE | TOTAL |
| CompcareBlue Southeast | .11 | | | |
| CompcareBlue Northwest | .13 | | | |
| CompcareBlue Northeast | .14 | | | |
| Dean Health Plan | .15 | 770.00 | 14,512.00 | 15,282.00 |
| CompcareBlue – Aurora/Family | .16 | | | |
| Humana-Eastern | .21 | | | |
| Humana-Western | .22 | | | |
| GHC - Eau Claire | .30 | | | |
| GHC - South Central | .35 | | | |
| Gundersen Lutheran | .37 | | | |
| Atrium Health Plan | .39 | | | |
| Unity-Community | .40 | | | |
| WPS Prevea Health Plan | .47 | | | |
| Health Tradition | .55 | | | |
| Medical Associates HMO | .63 | | | |
| MercyCare Health Plan | .64 | | | |
| Network Health Plan | .70 | | | |
| Physicians Plus – Meriter & UW | .74 | 1,155.00 | 21,858.00 | 23,013.00 |
| WPS Patient Choice Plan 1 | .81 | | | |
| WPS Patient Choice Plan 2 | .82 | | | |
| UnitedHealthcare – Southeast | .83 | | | |
| Unity - UW Health | .92 | | | |
| UnitedHealthcare – Northeast | .94 | | | |
| SUBTOTAL ALT. HEALTH | | 1,925.00 | 36,370.00 | 38,295.00 |
| Standard Plan | .01 | 3,250.00 | 22,902.50 | 26,152.50 |
| State Maintenance Plan (SMP) | .05 | | | |
| SUBTOTAL STD. HEALTH | | 3,250.00 | 22,902.50 | 26,152.50 |
| Total Health (Alt. & Std.) | | 5,175.00 | 59,272.50 | 64,447.50 |
| ERA Administration Fee | | | | 39.00 |
| GRAND TOTAL (Health & ERA) | | | | 64,486.50 |

| | | |
|-------------------------------|----------------------------------|---------------------------|
| Date (MM/DD/CCYY) 01/18/06 | Prepared By Betty Lou Payroll | Telephone 608-123-1444 |
|-------------------------------|----------------------------------|---------------------------|

State Agencies: Write or type PV Numbers. Send no paper PV's to ETF. (Use back of form if needed.)

507 Assembly of Health Insurance Reports

To ensure prompt and efficient processing of reports by ETF and health plans, it is important to assemble your reports into the following two distinct sets:



A. ETF set (in the following order):

1. The *Health Insurance Summary* with either a list of the WISMART PVs created for payment or an actual check (for those agencies that pay by check).
2. *Monthly Coverage Reports* for each health plan indicated on the *Health Insurance Summary* in the order that health plans appear on the *Health Insurance Summary*. Any corresponding monthly reports should be attached (stapled in the upper left corner) to the *Monthly Coverage Report* in the following order:
 - a. *Monthly Additions Report* (ET-2610) and *Group Health Insurance Application* (ET-2301 or ET-2302 for Graduate Assistants) for each addition in the order they appear on the additions report.
 - b. *Monthly Deletions Report* (ET-2612) and supporting documents.
 - c. *Monthly Changes Report* (ET-2614) and applications and/or supporting documents.

B. Health Plan set (in the following order):

1. A photocopy of the *Health Insurance Summary* (with check stub or a photocopy of the check stapled behind it for those agencies paying by check). Note: Agencies remitting premiums payments through WISMART should not attach a list of PVs to the Health Plan set, but must attach a list to the ETF set.
2. Photocopies of the *Monthly Coverage Reports* for each health plan indicated on the *Health Insurance Summary* in the order that health plans appear on the *Health Insurance Summary*. Any corresponding reports with supporting documentation should be attached (stapled in the upper left corner) to the *Monthly Coverage Report* in the following order:

- *Monthly Additions Report*
- *Monthly Deletions Report*
- *Monthly Changes Report.*

Send both sets of reports to ETF. ETF will send the health plan to the plans.

508 Premium Remittance

A. State Agencies remit premiums using one of the following methods:

1. WISMART: Write/key the PV numbers on the *Health Insurance Summary* report or attach a list of the PV numbers. **Do not send a screen print of the WISMART page for each PV unless you only use one PV to remit payment.**
2. Check: Make your remittance check payable to “Employee Trust Funds” and clearly indicate the amount of the check along with the coverage month and year.

NOTE: The check amount should include premiums collected from employees in a prepayment situation, such as on layoff, leave of absence or appealing a discharge. (Refer to Chapter 3 for more information.)

In these situations, agencies will:

- Collect premiums from employees. These premium payments must be received by the employer at least 30 days prior to the end of the period for which premiums had previously been paid.
- Monitor internally employees who are prepaying premiums; collect the entire premium due from the employees.
- In the case of a leave of absence (LOA), discontinue prepayments after 36 months. If LOA is a union service leave, the eligibility period may differ; check union contract. Provide the employee with a *Continuation - Conversion Notice* (ET-2311) and include the employee on the *Monthly Deletions Report*.
- In the case of a layoff, discontinue prepayments after 60 months; provide the employee with a *Continuation - Conversion Notice* and include the employee on the *Monthly Deletions Report*.
- Allow employees appealing a discharge to continue prepayment until a final decision regarding the appeal is rendered.

If an employee on LOA maintains continuous coverage, ETF does not

need to know that the employee is making a prepayment; however, if the employee ceases prepaying premiums to you, he or she must be reported as a deletion (Enrollment Indicator 4, Enrollment Type 03). When the employee returns to work an application must be submitted to restore coverage. (See Chapter 3.)

B. Due Date

All group health insurance monthly **reports** and **remittances** are due in the ETF office on or before 4:30 p.m. on the **20th** day of the month preceding the month of coverage. When the 20th day falls on a Saturday, Sunday or holiday on which state offices are closed, the report is due by 4:30 p.m. on the next working day.

Note: For agencies remitting by WISMART, all PVs must be “approved” and all reports must be received by the dates noted above to avoid late filing interest charges. For agencies paying by check, both the check(s) and the reports must be received by the dates indicated above to avoid late filing interest charges.

EXAMPLE: The March 2006 (coverage month) report is due in ETF on Monday, February 20, 2006.

C. Interest Charge for Late Filing

Interest shall be charged on all **reports** and **remittances** received at ETF after the due date, at a rate of 0.04% (.0004 X the total remittance amount X the number of days beyond the due date that the report and remittance was actually received by ETF. There are no exceptions. The minimum charge is \$3.00. Wis. Stat. § 40.06(3) sets forth this requirement. ETF staff members do not have the authority to waive late interest charges.

D. Submitting Remittances and Reports

To ensure that your reports and remittances are **received** timely, you are encouraged to mail them at least five working days prior to the designated due date to reduce the likelihood of assessment of late filing charges. If remittances and reports are mailed through U.S. Mail or express mail carriers, address the envelope as follows:

Department of Employee Trust Funds
Financial Operations
PO Box 7931
Madison WI 53707-7931

Reports and remittances which are delivered directly to ETF must be received prior to 4:30 p.m. on or before the designated due date. Dated receipts will be issued upon request for hand-delivered reports. If reports and remittance are being hand-delivered, please address the envelope as follows:

Financial Operations
Division of Trust Finance & Employer Services
801 W Badger Road
Madison WI 53702

and deliver it to:

Department of Employee Trust Funds
Supply & Mail Services
801 W Badger Road
Madison WI 53702

509 Credits

Retroactive credits are not allowed for coverage months prior to the beginning of the previous calendar year. An exception is when the employee terminates employment and the employer continues to make premium payments, in which case, retroactive credits are limited to a maximum of the entire previous calendar year plus two months. Other exceptions may include cases of fraud, misrepresentation or unreported death. Please contact ETF for specific instructions in these instances.