The Local Choice (TLC)
2016-17 Administrative Process Questions and Answers
Updated: January 2016

Communications

1. Where do I find communications about TLC?

TLC communications such as TLC E-News and Sequential Memos are distributed by e-mail to persons listed as Group Contacts and are posted on the TLC Website under the Communications link. Group contacts should check their e-mail rules to be sure messages from TLC are permitted. Sometimes the e-mails are found in Junk or Spam folders. Your e-mail administrator should be notified if you are listed as a group contact and are not receiving TLC communications.

Policies, plan information, communications, forms, and more are found on the TLC website. Visit http://www.thelocalchoice.virginia.gov/ and save as one of your favorite websites. Be sure to visit often for the latest TLC communications, including the TLC E-News and the latest version of forms.

2. How do I change our group contacts?

Use the TLC Group Data Change Form dated 01-2016 to request group contact changes. Updates are generally made the first week of the month following receipt of the form. Up to 4 contacts may be listed per group. If you need to share with more persons in your group, check with your e-mail administrator to see if an e-mail rule can be set-up to share the messages from TLC with others.

3. Where do I get TLC help?

Information and Forms: Website: www.TheLocalChoice.virginia.gov
Eligibility and Enrollment questions:
Email: tlc@dhrm.virginia.gov
Fax: 804-786-1708
Phone: 888-642-4414 or 804-225-3642 in Richmond
Group and Direct Billing questions:
Anthem: 800-552-2682 x 43380 (all plans except Kaiser HMO)
Address: P O Box 27401, Richmond, VA 23279
Kaiser HMO: 800-777-7902 (only Kaiser HMO)
ID Cards and Claims or Covered Services questions:
Anthem: 800-552-2682 (all plans except Kaiser HMO – also issues ID Cards)
Delta Dental: 888-335-8296 (all plans except Kaiser HMO)
Kaiser HMO: 800-777-7902 (only Kaiser HMO)

Eligibility & Enrollment (Adds, Terms, Changes, and requests for ID Cards)

4. Who handles eligibility questions and enrollment?

TLC eligibility and enrollment is handled by the Office of Health Benefits within the Department of Human Resource Management. Eligibility and enrollment questions are generally those about who may be covered, when does coverage begin and end, and how do I submit TLC forms.

As owner of the TLC Program, DHRM manages the enrollment database (BES), the group reports repository (HuRMan), and the transfer of data to plan administrators (Anthem, Delta, Kaiser).

5. What is BES?

BES is the Benefits Eligibility System managed by DHRM. BES collects, validates, and distributes eligibility and enrollment data for both TLC and State Health Benefits Programs. It transfers data to plan administrators permitting access to benefits and payment of claims. It produces mailing lists and reports to help groups reconcile data discrepancies and issue mandatory notices.

BES stores records for thousands of participants and their covered family members. Participants are full-time and part-time employees, extended coverage/COBRA qualified beneficiaries, early retirees, Medicare retirees and survivors of retirees. Covered family members are husbands, wives, daughters, sons, step-daughters, step-sons, and other Program-approved children.

Currently, TLC at DHRM enters data into BES for TLC groups based on information provided on enrollment forms, group adjustment forms, and personal data change forms.

6. When will I have direct access to BES?

Direct access to BES at the group level is planned for early 2016. Progress will be reported in the TLC E-News. Benefits Administrators already have access to group reports posted to HuRMan.

7. How do I terminate/cancel a participant's coverage?

Use the TLC Group Adjustment Form dated 01-2016 found on the TLC Website under the Forms link to terminate coverage for a participant. Remember, participants are employees, retirees, survivors, and extended coverage/COBRA qualified beneficiaries. When you terminate coverage for a participant, all covered family members are automatically terminated. Be sure to process terminations timely.

Use the last day of coverage (always the end of a month) as the Event Date and the following day as the Effective Date. For example, if the Event Date is 06/30/XX, the Effective Date is 07/01/XX. TLC at DHRM needs only the TLC Group Adjustment Form, keep all other supporting documentation in your files in the event of an audit.

Note: If the participant is moving to COBRA or Retiree coverage, use the TLC Enrollment Form dated 01-2015, not the TLC Group Adjustment Form. By checking "Initial Enrollment" on the enrollment form, the prior coverage is terminated/cancelled. You need not submit both forms.

8. What form is used to change a participant's name, address, phone, email, etc?

Use the TLC Personal Data Change Form dated 01-2016 found on the TLC Website under the Forms link to make corrections to current information. Keep supporting documentation in your files.

9. How do I request enrollment/waiver changes?

Use the TLC Enrollment Form dated 01-2016 found on the TLC Website under the Forms link for initial enrollments, to waive coverage or to make enrollment changes such as adding or removing family members. Deadlines and effective dates are explained on Page 1. Follow these steps:

Step 1: **Be sure each part is complete and that all information is legible.**

Step 2: **Parts 1 - 4:** Must be completed and signed by the employee, retiree, survivor or Extended Coverage/COBRA Qualified Beneficiary. The form should never be signed by a dependent.

- In Part 2, mark the reason for submitting the form and include any required information next to the selection.
- In Part 4, complete 4A to waive coverage or Part 4B to be enrolled in TLC coverage. When completing Part 4B, be sure to check the plan of choice and list ALL persons to be covered with a relationship code for each person. Do not list a person if they are to be removed from coverage.
  Note: For groups that offer retiree coverage to both Medicare and Non-Medicare persons, make sure Part 4B includes a plan for the non-Medicare person(s) at the top of Part 4B and a plan for the Medicare-eligible person(s) at the bottom of Part 4B. If both persons are eligible for Medicare, both are listed at the bottom of Part 4B. Do not have the retiree's dependent complete a separate enrollment form.

Part 5: Must be completed by the benefits administrator and submitted to TLC at DHRM.

Step 3: **Submit only pages 3 and 4.** Do not submit supporting documentation or a TLC Group Adjustment Form. Keep the supporting documentation in your files in the event of an audit. Use the TLC fax number or regular mail as the most secure way of submitting forms to TLC. Forms received by email are also accepted.

Note: When both spouses are employed by the same group and one of them is covered as the spouse of the other, both employees must complete an enrollment form. The person listed as the spouse must complete an enrollment form waiving coverage.

10. What is the Group Number used on forms and reports?

The group number used on forms and reports is a three-part number. The first 3 digits are the group code, 047 or 048. It identifies whether the group is a government or a school. The second 3 digits are the employer code. Each employer is assigned an employer code when they join TLC. The last 3 digits are the sub-division code. If a group does not use sub-divisions, the default sub-division code is "00".

Do not confuse sub-division codes with sub-group codes that are used for billing. Groups must have a subdivision for each Federal Employer Identification Number (FEIN).

11. How do I know my forms have been processed?

Most changes are entered into BES and transfer to the plan administrators within 1 – 3 business days of receipt. Sometimes it takes the plan administrator an additional day or so to update their systems.

All changes entered in BES are reported and posted to your group's folder on the HuRMan file repository. These reports are the official record of enrollment changes.

12. How do I request ID cards?

Anthem automatically issues ID cards for a new enrollment, when a plan is changed, or when a participant's name is changed. Contact Anthem Member Services at 1-800-552-2682 or www.anthem.com to request replacement ID cards. A PDF card can be issued on the same day requested. Delivery of the actual ID card takes 7 – 10 business days. When an address needs to be changed, submit the TLC Personal Data Change Form and wait 2 – 3 business days to request a replacement ID card with the updated address from Anthem.

Contact Kaiser at 800-777-7902 to request replacement cards for those enrolled in the Kaiser HMO.

Group Reports

13. What is HuRMan and how do I get access?

HuRMan (pronounced "Herman") is the secure Web Portal provided to groups by DHRM. BES reports are posted to the group's HuRMan folder. Access to a group's folder is limited and must be authorized by DHRM. The group's designated Benefits Administrator is automatically granted access and will receive notification by email when access is granted. Additional group contacts may be granted access on request.

14. What group reports are available?

A variety of group reports are created by BES and posted to your agency's folder on HuRMan. A description of the most frequently-used reports follows:

- BES Enrollment Rpt: Weekly report of total membership in BES for your group – one report shows participants and the other shows corresponding covered dependents. It is available on the 3rd, 10th, 17th and 24th of each month. The reports posted on the 3rd, 10th, and 17th list the membership in BES in effect the first of that month. The report posted on the 24th lists the membership in BES in effect the first of the next month. (For example, the reports posted on April 3rd, 10th, and 17th show membership in effect April 1 and the report posted on April 24th shows membership in effect May 1.)

- BES Exception Rpt: Monthly report listing discrepancies found in BES that need attention. Note that missing SSNs or TINs are on this report.

- BES Termination Rpt: Monthly report of participants and family members recently terminated.

- BES Turnaround: Daily report of each successful action made in BES before 5:30 PM.

- BES Turnaround Summary: Daily report listing all actions that created a BES Turnaround.

- BES ACA Reconciliation Rpt: Monthly report of calendar year records in BES for your group.

- BES Dependent Age 26 Approaching Termination Rpt: Created in August and October of each year identifying participants who have a covered child reaching Age 26 sometime during the current year. (Note: This report does not include children added to BES after the report's run date.)

- BES Dependent Age 26 Termination Rpt: Created in January of each year showing adult children automatically removed from BES because they reached the age that makes them ineligible.

- BES Persons Eligible for Medicare: Monthly report of participants and spouses approaching Age 65. (Note: This report looks 3 months ahead of the individual's DOB. For example, a person turning Age 65 in April will appear on the January report. The person will not appear on a report after January.)

Invoice - Billing

15. Who handles invoicing/billing?

DHRM transfers enrollment data from BES to the billing administrators. Anthem handles both direct billing and group billing for all TLC plans except Kaiser. Kaiser handles the Kaiser HMO billing.

The Anthem invoice is created on the 10th of the month for the 1st of the following month. For example, the April 1 invoice is created on March 10. Changes effective April 1 and received at DHRM by March 6 will be keyed in BES and reflected on the April 1 invoice created on March 10. April 1 changes received after March 6 will be reflected on the May 1 invoice as a retro-action.

16. How do I reconcile invoice (billing) discrepancies?

Discrepancies should first be checked in BES. Until you have direct access, you can check the BES Turnaround or BES Enrollment Rpt to see if and when your change was entered in BES. Changes not in BES should be reported to TLC at DHRM. Changes in BES but not on the invoice should be reported to Anthem or Kaiser. The timing of your change request will affect the invoice; see the invoicing schedule in Q15. If the change was entered correctly and met the deadline, contact the billing agent to resolve the discrepancy. Otherwise, contact TLC at DHRM to correct the data and BES will update the billing agent.

NOTE: A member's access to coverage is determined by their effective date not by the invoice date. For example, claims paid after coverage is retroactively terminated will be retracted; and denied claims because of a retroactive effective date will have to be reprocessed.

17. Do I still submit the Group Transmittal that comes with my invoice?

Use this form to report individual overages and arrears amounts only and send it to the billing agent. Do not send your invoice or group transmittal to TLC at DHRM.

18. How do I identify participants who are direct billed?

These members are included in the BES Enrollment Rpt posted to your group's folder on HuRMan. Anthem will notify TLC at DHRM when a direct bill participant fails to pay and the coverage will be terminated in BES. The BES action will create a BES Turnaround showing the termination and the person will be removed from the BES Enrollment Rpt based on the termination date.

Direct billing is nothing more than a billing and collection method. Group Benefits Administrators must still handle changes and notifications.