



## 2023-24 Administrative Process Questions & Answers

The Local Choice Program

Updated: December 27, 2022

### 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 2021-22 TLC Group Data Change Form to request group contact changes. 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.

### Cardinal Access

Use the **Security Locality Access Form** to request individual access to the Cardinal Human Capital Management (HCM) System. Locality Access is designated for human resource and benefits professionals who are responsible for administration of business processes for their locality, and Employee Self-Service (ESS) users. Cardinal Locality Access must be requested on the **Cardinal Security Locality Access Form (Cardinal SE-LOCALITY-001)** and submitted by the Virginia Department of Human Resource Management's (DHRM) Cardinal Security Officer (CSO).

- Forms must be submitted to [tlc@dhrm.virginia.gov](mailto:tlc@dhrm.virginia.gov) before the CSO submits form to Cardinal Security.
- Forms will be returned to the CSO if information required is not complete or correct.
- Email notifications regarding the creation of new Cardinal Locality user accounts, and/or updates to those accounts, will be sent directly to the user and the CSO.

### 3. Where do I get TLC help?

**Information and Forms:** [www.TheLocalChoice.virginia.gov](http://www.TheLocalChoice.virginia.gov)

#### **Eligibility and Enrollment questions:**

Email: [tlc@dhrm.virginia.gov](mailto: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)  
Kaiser HMO: 800-777-7902 (only Kaiser HMO)  
Optima: 866-846-2682 (only Optima HMO)

#### **Claims or Covered Services questions:**

Anthem: 800-552-2682 (all plans except Kaiser HMO)  
Delta Dental: 888-335-8296 (all plans except Kaiser HMO)  
Optima: 866-846-2682 (only Optima 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 are 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 Cardinal HCM and the transfer of data to plan administrators (Anthem, Delta, Kaiser and Optima).

### **5. What is Cardinal HCM?**

Cardinal HCM is the Benefits Eligibility System managed by DHRM. Cardinal 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.

Cardinal stores records for thousands of participants (subscribers) and their covered family members. Participants (subscribers) are full-time and part-time employees, extended coverage/COBRA qualified beneficiaries, early retirees (not eligible for Medicare), 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 Cardinal for TLC groups based on information provided on enrollment forms, group adjustment forms, and personal data change forms. Direct access to Cardinal at the group level is planned for the future. Progress will be reported in the TLC E-News.

### **6. How do I terminate/cancel a participant's (subscriber's) coverage?**

**Be sure to process terminations timely.**

Use the **2021-22 TLC Group Adjustment Form** found on the TLC Website under the Forms link to terminate coverage for a participant (subscriber). Remember, participants (subscribers) are employees, retirees, survivors, and extended coverage/COBRA qualified beneficiaries. When you terminate coverage for a participant (subscriber), all covered family members are automatically terminated.

Use the last day eligible for coverage as the Event Date and the end of that month as the Term Date. For example, if the last day worked is 3/25/XX, use 3/25/XX as the Event Date and 3/31/XX as the Term Date. Coverage always ends the last day of a month. TLC at DHRM needs only the TLC Group Adjustment Form, keep all other supporting documentation in your files in the event of an audit.

**7. What form is used to change a participant’s (subscriber’s) name, address, phone, email, etc?**

Use the **2021-22 TLC Personal Data Change Form** found on the TLC Website under the Forms link to make corrections to current information. Keep supporting documentation in your files.

**8. How do I request enrollment/waiver changes?**

Use the **2021-22 TLC Enrollment Form** 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 enroll 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 1: 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.
- Note 2: 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) and Part 4C includes a plan for the Medicare-eligible person(s). If both persons are eligible for Medicare, both are listed in Part 4C. 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.

**9. What is the DHRM Group Number used on forms and reports?**

The DHRM group number used on forms and reports is a three-part number. The first 3 digits are the agency code, 047 (government) or 048 (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 “000”.

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).

## 10. How do I know my forms have been processed?

Most changes are entered into Cardinal 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 and posted in Cardinal. These reports are the official record of enrollment changes.

## 11. How do I request ID cards?

ID cards are created and issued by the plan administrators. Contact the Anthem ID Card line at 1-866-587-6713, Anthem Member Services at 1-800-552-2682, or [www.anthem.com](http://www.anthem.com) to request replacement ID cards. Actual cards are mailed and may take 7 – 10 business days to arrive. However, members registered on the Anthem website may print a card at any time after the coverage effective date.

Those enrolled in the Kaiser HMO and Optima HMO may contact customer service to request replacement cards.

## Group Reports

### 12. What group reports are available?

A variety of group reports are created by Cardinal and available in the [HCM Reports Catalog](#).

- Cardinal Enrollment Report (RBN350): lists all employees and COBRA members enrolled in Healthcare on a specific date. Terminated employees remain on the report for 90 days from date of termination.
- Benefit Enrollment Changes Report (RBN287): lists benefit changes that were made between two date parameters.
- Benefit Event Status Report (RBN300): lists all participants in a particular process status or set of status levels.
- ACA Reconciliation Report (RBN218): lists individual health benefit information for agencies to validate prior to Affordable Care Act (ACA) reporting, containing a line for each participant and dependent with coverage in the calendar year.
- Base Benefit Audit Consistency Report (RBN304): lists data that has been entered into the benefit plan, employee data, dependent data, or enrollment data pages which does not appear to follow policy or regulations. For example, records with missing or invalid social security numbers (SSNs) that require follow-up are on this report.

## Invoice - Billing

### 13. Who handles invoicing/billing?

DHRM transfers enrollment data from Cardinal to the billing administrators. Anthem handles both directbilling and group billing for all TLC plans except Kaiser and Optima.

**The Anthem invoice is created on the 10<sup>th</sup> of the month for the 1<sup>st</sup> 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.**

### 14. How do I reconcile invoice (billing) discrepancies?

Discrepancies should first be checked in Cardinal. Until you have direct access, you can check the enrollment reports to see if and when your change was entered in Cardinal. Enrollment discrepancies should be reported to TLC at DHRM. Changes in Cardinal but not on the invoice should be reported to the applicable carrier. The timing of your change request will affect the invoice; see the invoicing schedule in Q14. 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 Cardinal 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.

### 15. 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.**

