



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

State Health Benefit Plan Tobacco Surcharge



Presentation to: State Health Benefit Plan Administrative (SHBP) Payroll Locations

Presented by: SHBP Administrative Solutions Training and Development

Date: July 13-14, 2016



Mission

The mission of the Department of Community Health is to provide access to affordable, quality health care to Georgians through effective planning, purchasing, and oversight.

We are dedicated to A Healthy Georgia.



Agenda

- Tobacco Surcharge
- Tobacco Surcharge Removal
- Member Refund
 - Tobacco Surcharge Removal Notification
 - Proof Bill Report
 - Proof Bill Cumulative Report
- Tobacco Surcharge Credit for Payroll Locations
- Questions

Tobacco Surcharge



Tobacco Surcharge

- Enrolled members may be charged a Tobacco Surcharge if either the enrolled member, the spouse or if any of his or her covered dependents have used tobacco products in the previous twelve (12) months.
- The Tobacco Surcharge amount will be added to the enrolled member's base monthly premium. Any enrolled member who fails to answer any designated question(s) relating to the Tobacco Surcharge during SHBP's Open Enrollment for the upcoming Plan Year, will automatically be charged a Tobacco Surcharge for the remainder of the Plan Year.
- The Tobacco Surcharge amount for the current Plan Year is an additional **\$80** per month added to the health premium.

Tobacco Surcharge Removal



Tobacco Surcharge Removal

- Members and their covered dependents may complete the Tobacco Surcharge Removal Requirements provided through each Health Plan Option. Members enrolled in Blue Cross Blue Shield of Georgia and the United HealthCare Plans may access the online Tobacco Cessation Program at www.BeWellSHBP.com. Members enrolled in Kaiser Permanente may access the online Tobacco Cessation Program at www.kp.org/healthylifestyles.
- Members and their covered dependents must complete the Tobacco Surcharge Removal Requirements in order to have the Tobacco Surcharge removed and receive a refund of the Tobacco Surcharge paid during the current Plan Year prior to completion of the Tobacco Surcharge Removal Requirements.



Member Refund

Tobacco Surcharge Removal Notification

- When a member and or covered dependent has completed the Tobacco Surcharge Removal Requirements, notification of the Tobacco Surcharge removal is forwarded to SHBP. SHBP removes/terminates the Tobacco Surcharge with the effective date of when the Tobacco Surcharges began during the current Plan Year.
- The member completing the Tobacco Surcharge Removal Requirements will receive a letter of congratulations from SHBP and the possible eligibility of a refund for the Tobacco Surcharge. A copy of this letter is also provided to the Payroll Location from SHBP. All refunds are to be processed through the Payroll Location's Payroll.
- Upon receiving the notification, Payroll Locations should check the daily "**Proof Bill Report**" on the State Health Repository Tool (SHRT) immediately for the refund amount. The Proof Bill Report identifies any changes that have been processed in the SHBP Enrollment Portal.



Proof Bill Report

On the Proof Bill Report, the amount in the “Total Net Adjustment” column is the refund amount due to the member. All refunds are to be processed through the Payroll Location’s Payroll. This is the amount of Tobacco Surcharge paid during the current Plan Year prior to the completion of the Tobacco Cessation Program.

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
	Primary Participant ID	Last Name	First Name	Payroll Location	Change Type	Change Date	Prior Option	Prior Coverage Level	Prior Deduction Code	Prior Monthly Deduction Amount	Prior Months Missed	Prior Total Adjustment	New Option	New Coverage Level	New Deduction Code	New Monthly Deduction Amount	New Months Missed	New Total Adjustment	Total Net Adjustment	
1	xxxxxxx	Employe	State	xxxxx	Active	20160101	MEDICAL-B	you	B240	185.33	4	741.32	MEDICAL-B	you	B210	105.33	4	421.32	-320	
2																				
3																				

Proof Bill Cumulative Report

The “**Proof Bill Cumulative Report**” is another report on SHRT reflecting the enrollment of newly hired members, including adjustments or changes for existing members occurring during the month. The “**Total Net Adjustment**” column reflects the refund amount due to the member. All refunds should be processed through the Payroll Location’s Payroll

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
	Primary Participant	Last Name	First Name	Payroll Location	Change Type	Change Date	Prior Option	Prior Coverage Level	Prior Deduction Code	Prior Monthly Deduction Amount	Prior Months Missed	Prior Total Adjustment	New Option	New Coverage Level	New Deduction Code	New Monthly Deduction Amount	New Months Missed	New Total Adjustment	Total Net Adjustment		
1	ID	xxxxxxx	Employee State	xxxxx	Active	20160101	MEDICAL-B	you	B240	185.33	4	741.32	MEDICAL-B	you	B210	105.33	4	421.32	-320		
2																					
3																					
4																					

Tobacco Surcharge Credit for Payroll Locations



Tobacco Surcharge Credit for Payroll Locations

- Based on when the Tobacco Surcharge removal was entered into the SHBP Enrollment Portal, the credit amount to the Payroll Location's billing statement will be posted to either the current month or the following month on the **SHBP "BRP" Billing Report**. This billing statement is also found on State Health Repository Tool (SHRT).

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CLIENT#	YEAR	MONTH	COV	COV	CHAIN	EMPHAM	EMPSSN	PLAN	ADP	PLAN	BIRTHDAT	GENDE	PAYROLL	PAYROLL	BEN	EFFDATE	ENDDATE	COVG	COVG	EMPLOYE	ER	ER	EEDEDADJ	TOTPREMI	COMMENT		
2709	2016	6	2016	1	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	105.33	105.33	Added
2709	2016	6	2016	2	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	105.33	105.33	
2709	2016	6	2016	3	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	105.33	105.33	
2709	2016	6	2016	4	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	105.33	105.33	
2709	2016	6	2016	5	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	105.33	105.33	
2709	2016	6	2016	6	A	Employee, xxxxxxxxxxx	H016	279024	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	105.33	0	105.33	
2709	2016	6	2016	1	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	-185.33	-185.33	
2709	2016	6	2016	1	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016	1/1/2016	2	You	466061	0	0	466062	0	0	0	Dropped
2709	2016	6	2016	2	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	-185.33	-185.33	
2709	2016	6	2016	3	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	-185.33	-185.33	
2709	2016	6	2016	4	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	-185.33	-185.33	
2709	2016	6	2016	5	A	Employee, xxxxxxxxxxx	H016T	279052	BCBS HMO	19530817	F	xxxxxx	xxxxxx	49100	A	1/1/2016		2	You	466061	0	0	466062	0	-185.33	-185.33	

- Multiple rows will appear for the member in which the Tobacco Surcharge is being removed. The Employee Deduction Adjustment column (**EEDEDADJ**) reflects the premium amounts without the Tobacco Surcharge. The negative amounts in this column are the premium amounts with the Tobacco Surcharge.

Questions



Questions

- Contact:

Administrative Solutions - Employer Support Team

Phone: (800) 610 -1863

Hours: Monday - Friday 8:30 AM - 5:00 PM (ET)

- Presentation:

Posted to the SHBP website, www.dch.georgia.gov/benefit-coordinators,
on July 18, 2016 under the Training Series.

Thank You

