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Direct Bill

STATE HEALTH BENEFIT PLAN

**WEB PORTAL USER GUIDE
SHBP STAFF AND SHBP ACCOUNTING**

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**TECHNICAL CONSIDERATIONS
ACCESS AGREEMENT / USERNAME AND PASSWORD**

Technical Considerations:

Technical considerations for locations that are setting up common points for multiple users to participate in the SHBP Open Enrollment through the internet based system:

1. This is a secure system due to the sensitive nature of the data utilized by the application. As such this means that an SSL (Secure Socket Layer) connection will be required for the application to work.
2. Due to the secure nature of the application, a session time out of 20 minutes has been established, this means that if any user exceeds 1200 seconds of time without interacting with the application server, the server will terminate the session and the user will get an error and will be required to log on again and start the selection process over again. Registration would not be required again. When users are reading the Terms and Conditions page, they sometimes get delayed and this results in the session timing out. It is also very possible for users to get into the selections and then decide to go and review a provider website or the decision guides and while doing that, timeout from the application servers.
3. Caching needs to be turned off, at every level. For this system to work correctly and to be secure. This means that caching at the browser level needs to be turned off as well as any proxy server that is utilized and at the firewall. Some locations use a caching server and some have firewalls that reduce the connections to a single stream, in both cases this will result in spurious timeouts for the users and these configurations should be avoided.
4. Auto complete, a function of most modern browsers that allows the browser to remember the username and password of the user, should be turned off for any browser that is being used in a community environment to connect to the SHBP Open Enrollment system. The use of auto complete features of the browsers presents a serious security issue as well as providing for spurious timeouts, as some browsers will attempt to connect with previously used session data if it reconnects with saved login data.
5. The URL for this application is <https://www.myshbp.ga.gov/admin>. Some locations have internal portals and configure their own links to the web site, it has been noted that these internal links have numerous issues with the connections and should be avoided if at all possible.

SHBP Web Portal and ViewDirect Access Agreements:

The SHBP Premium Remittance Form may be accessed for electronic submittal through the SHBP Web Portal System and various reports electronically for viewing, downloading, and/or printing from ViewDirect (e-Bill). Authorized employing entities may access the SHBP Web Portal System and ViewDirect (e-Bill) by completing Access Agreements. Both agreements gives access to secure sites where member health insurance coverage, health information and reports are housed; and grants access to only that specific employing entity as stated in the SHBP Web Portal Access Agreement and ViewDirect Access Agreement.

SHBP Web Portal Access Agreement(s) and ViewDirect (e-Bill) Access Agreement(s) are available for printing at the DCH website, www.dch.georgia.gov/shbp or by calling the SHBP Payroll Location/Employer Services Unit at 1-800-776-9045. Complete SHBP Web Portal Access Agreement(s) and ViewDirect Access Agreement(s) and should be faxed to the attention of Deborah Sheppard at 1-866-545-3161.

SHBP Web Portal and ViewDirect Usernames and Passwords:

Once the SHBP Web Portal Access Agreement(s) and ViewDirect (e-Bill) Access Agreement(s) have been received and verified by SHBP, Web Portal and ViewDirect Usernames and Passwords are assigned according to the agreement. The SHBP Web Portal System Administrator and ViewDirect Administrator are responsible for the following:

- the assignment of SHBP Web Portal and ViewDirect Usernames
- the assignment of SHBP Web Portal and ViewDirect Passwords
- the resetting of SHBP Web Portal and ViewDirect Passwords

All SHBP Web Portal System Administrator and ViewDirect Administrator requests should be made via e-mail to Deborah Sheppard at dsheppard@dch.ga.gov.

Each employing entity may be assigned SHBP Web Portal and ViewDirect Usernames and Passwords; and are assigned to specific individuals within the employing entity's location. Each individual must sign agreements that they will not allow anyone access to their SHBP Web Portal and ViewDirect Usernames and Passwords. The employing entity's location manager will also sign an agreement to immediately advise Deborah Sheppard via email at dsheppard@dch.ga.gov to terminate SHBP Web Portal and ViewDirect Usernames and Passwords when assigned users are no longer eligible for access to the secure sites.

SHBP Web Portal and ViewDirect User Guides:

To access electronic versions of the SHBP Direct Bill Web Portal User Guide for Payroll Locations and ViewDirect Quick Reference Guide, please visit the DCH website at www.dch.georgia.gov/shbp.

OVERVIEW

Effective **July 1, 2012**, SHBP moved away from the percentage of state-based salary (percentage of payroll) billing model to a billing method known as Direct Bill.

Direct Bill is a per member per month (PMPM) billing method which includes **all retroactive adjustments and Leave Without Pay (LWOP)**. **Payroll locations will 'pay as billed' a direct PMPM (flat rate) for each employee enrolled in the SHBP.**

Direct Bill **applies** to employees enrolled in the SHBP for the following payroll locations:

- **Boards of Education (Certificated Employees, Service Employees and Board Members)**
- **Charter Schools**
- **Regional Educational Service Agencies (RESA)**
- **Libraries**
- **Georgia Military College**

Currently, **State Agencies, Contract Groups**, and all **Retiree Groups** **will not** be affected by the change to Direct Bill.

The following payroll location changes were made for Direct Bill implementation:

- **End dates will be placed on Old Payroll Locations once all transactions are complete**
- **New Direct Bill Payroll Location Numbers assigned effective July 1, 2012**
- **Transfer all employees to New Direct Bill Payroll Locations once all transactions are complete in the Old Payroll Locations**
- **Corrections of Line 6 balances prior to closing Old Payroll Location Numbers**
- **Billing schedule modifications:**
 The following Revised Billing Schedule has been established for the balance of the 2012 plan year, paying for coverage in 'advance' for both employee and employer contributions (PMPM):
 - **July 27, 2012**
 - **August Revised Billing Schedule 27, 2012**
 - **September 25, 2012**
 - **October 26, 2012**
 - **November 26, 2012**
 - **December 26, 2012**

Typically, the bill runs overnight and will be available on ViewDirect the following business day under the New Direct Bill Payroll Location Number.

The first 'Direct Bill' became available June 29, 2012. Employers remitted payment for employee premium contributions and Public School Employee Plan employer contributions. These payments were for July 2012 coverage. As was communicated during the recent conference calls employers were advised to delay paying the Teachers Plan employer contribution until any applicable state allotments were received.

In order to implement paying in advance for coverage the Teachers Plan employer contributions on the June 29, 2012 bill will be disregarded and replaced by a new bill on July 27, 2012. That bill includes Teachers Plan employer contributions and employee contributions for August 2012 coverage. The July 27, 2012 bill will also include Public School Employee Plan employer contributions and employee premium contributions for August 2012 coverage. Payment in full will be due on the 5th business day of August 2012.

Direct Bill Payroll Location Proof Bills and Billing Statements for the months **before and after July 1, 2012** are accessed through ViewDirect (view only). **ViewDirect Proof Bills should never be used to determine Total Premium Due; ViewDirect Monthly Billing Statements should be used for this purpose.**

The following **ViewDirect Proof Bills** for **Direct Bill** (*Figure 1*) are available **daily** to verify correct employee coverage and premium deductions (view only):

REPORT NAME
SHPRFDBL SHBP Proof Direct Bills
SHPRFDBO SHBP Proof Bill Outstanding Accounts Receivable (A/R) Report
SHPRFDBR SHBP Proof Direct Bill Payroll Location (PL) Billing Register

Figure 1 - ViewDirect Direct Bill Proof Bills

The following **ViewDirect Billing Statements** for **Direct Bill** (*Figure 2*) are available **monthly** and should be used to determine the Total Premium Amount Due (view only):

REPORT NAME
SHPDBILL SHBP Direct Bills
SHPDBOAR SHBP Direct bill Outstanding A/R Report
SHPDBREG SHBP Direct Bill PL Billing

Figure 2 - ViewDirect Direct Billing Statements

The revised billing statements include individual account receivables (A/R) for both employee deductions and employer contributions. The Billing Statement Adjustment Worksheets (360-H144 and 360-H144L) have been eliminated from Direct Bill. **All retroactive adjustments and LWOP are included on the payroll location's monthly billing statement for Direct Bill.**

An additional column for **Employer Contributions** has been added to the Payroll Location Reported Membership Totals (360-H142) (Figure 3) as follows:

TYPES OF COVERAGE		PREVIOUS	RETROACTIVE ACTIONS		ADJUSTED	CURRENT ACTIONS		REPORTED	DEDUCTIONS	EMPLOYER
OPTION COVERAGE		REPORTED	INCREASES	DECREASES	PREVIOUS	INCREASES	DECREASES	CURRENT	DUE FOR	CONTRIBUTIONS
		(A)	(B)	(C)	(D)	(E)	(F)	(G)	THIS MONTH	(I)
UHC W HRA	EESPCH	16	0	0	16	0	0	16	4081.78	\$\$\$.\$\$
UHC W HRA	EESPCH/T	6	0	0	6	0	0	6	2003.16	\$\$\$.\$\$
UHC W HRA	EESPCH/SP	4	0	0	4	0	0	4	1215.44	\$\$\$.\$\$
UHC W HRA	EESPCH/TSP	1	0	0	1	0	0	1	383.86	\$\$\$.\$\$
UHC S HDHP	SINGLE	1	0	0	1	0	0	1	70.14	\$\$\$.\$\$
UHC S HDHP	EESPCH	2	0	0	2	0	0	2	494.28	\$\$\$.\$\$
UHC S HDHP	EESPCH/T	1	0	0	1	0	0	1	327.14	\$\$\$.\$\$
UHC W HDHP	SINGLE	2	0	0	2	0	0	2	133.08	\$\$\$.\$\$
UHC W HDHP	S/TOB SC	1	0	0	1	0	0	1	146.54	\$\$\$.\$\$
UHC W HDHP	EESP	2	0	0	2	0	0	2	431.80	\$\$\$.\$\$
UHC W HDHP	EESP	1	0	0	1	0	0	1	265.90	\$\$\$.\$\$
UHC_W_HDHP_EESPCH		1	0	0	1	0	0	1	234.48	\$\$\$.\$\$
TOTAL		180	0	0	180	1	1	180	45054.52	\$\$\$\$\$.\$\$
TOTAL DUE FOR 01-01-12 COVERAGE									\$\$\$\$\$.\$\$	

Figure 3 - Payroll Location Reported Membership Totals (360-H142)

LOGIN

Follow the below directions to Login the SHBP Administrator Web Portal:

- **Double click the Internet Explorer Icon** (*Figure 4*)



Figure 4 - Internet Explorer Icon

The **Internet Browser Home screen** will display.

- Enter <https://www.myshbp.ga.gov/admin> in the **address field** of the Internet Browser screen (*Figure 5*)
- Press the **Enter** key

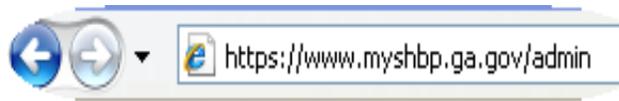
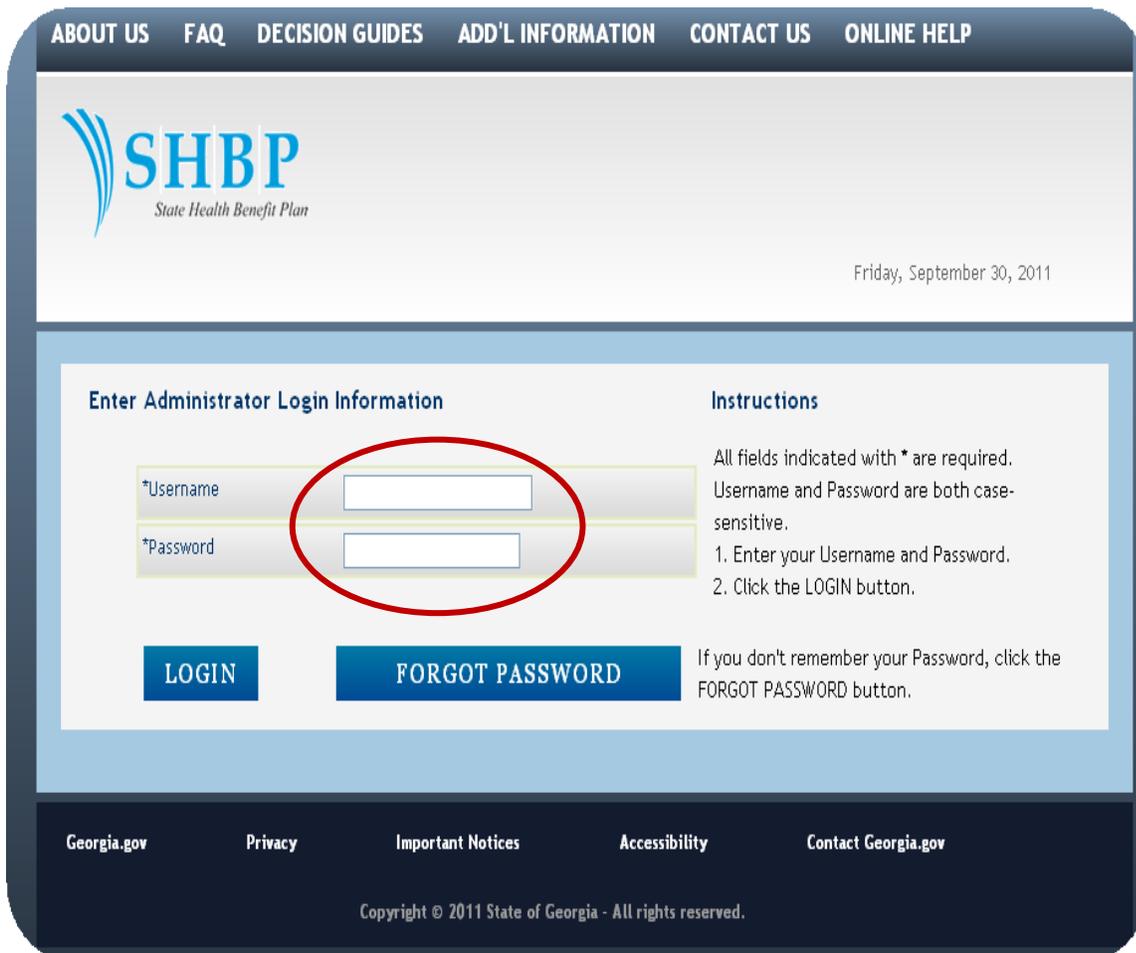


Figure 5 - Internet Browser Address Field

The **Enter Administrator Login Information** screen will display (*Figure 6*).



ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Friday, September 30, 2011

Enter Administrator Login Information

*Username

*Password

LOGIN **FORGOT PASSWORD**

Instructions

All fields indicated with * are required. Username and Password are both case-sensitive.

1. Enter your Username and Password.
2. Click the LOGIN button.

If you don't remember your Password, click the FORGOT PASSWORD button.

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Figure 6 - Enter Administrator Login Information Screen

- **Enter your Username**
- **Enter your Password**
- **Click the LOGIN button** (*Figure 6*)

Note:

All fields indicated with * are required.

The **SHBP Administration Home** screen will display (*Figure 7*).

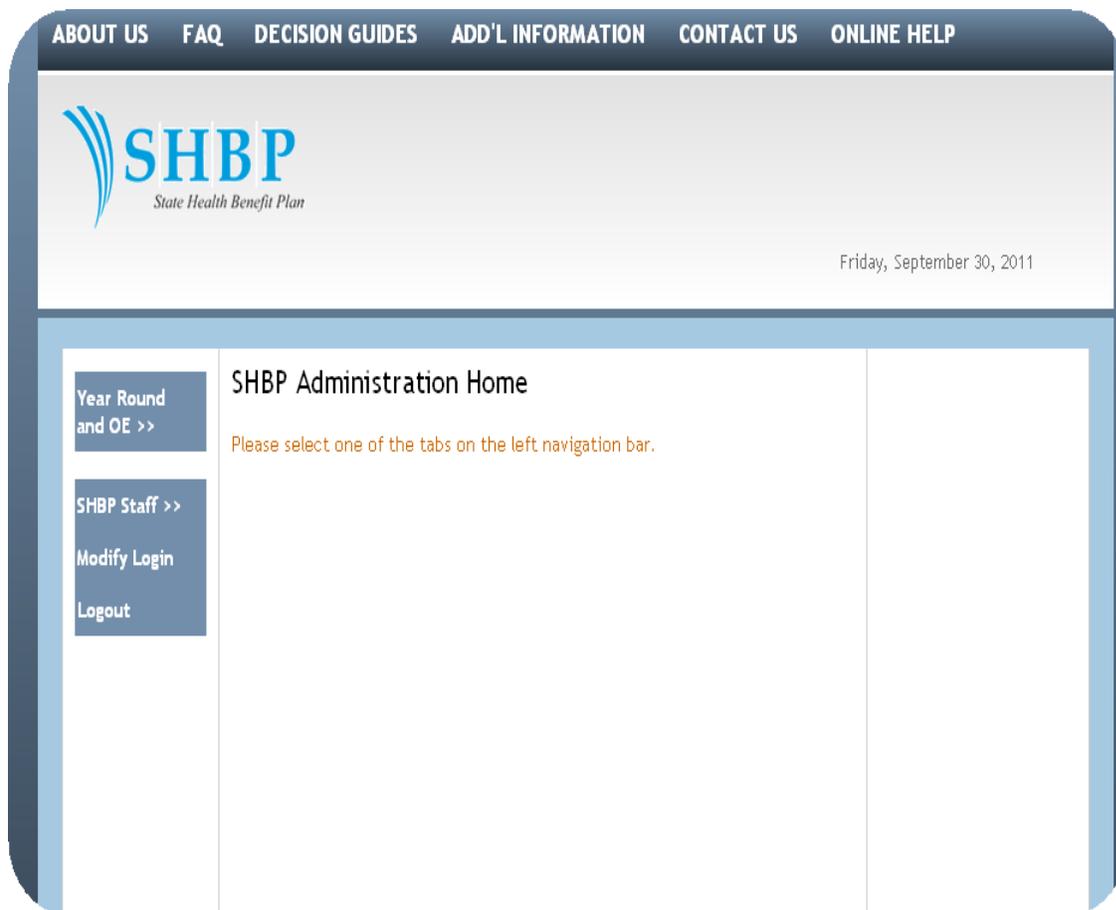


Figure 7 - SHBP Administration Home Page

Your Login is now complete and you may now select one of the tabs on the left navigation bar (*Figure 7*) to navigate through the Web Portal.

Note:

The Logout tab is located on the left navigation bar and may be used to logout of the Web Portal when it is displayed on various Web Portal screens.

FORGOT PASSWORD

After accessing the **Enter Administrator Login Information screen** and you **don't remember your Password**, follow the below directions to change your Password:

- Click the **FORGOT PASSWORD** button (*Figure 8*)

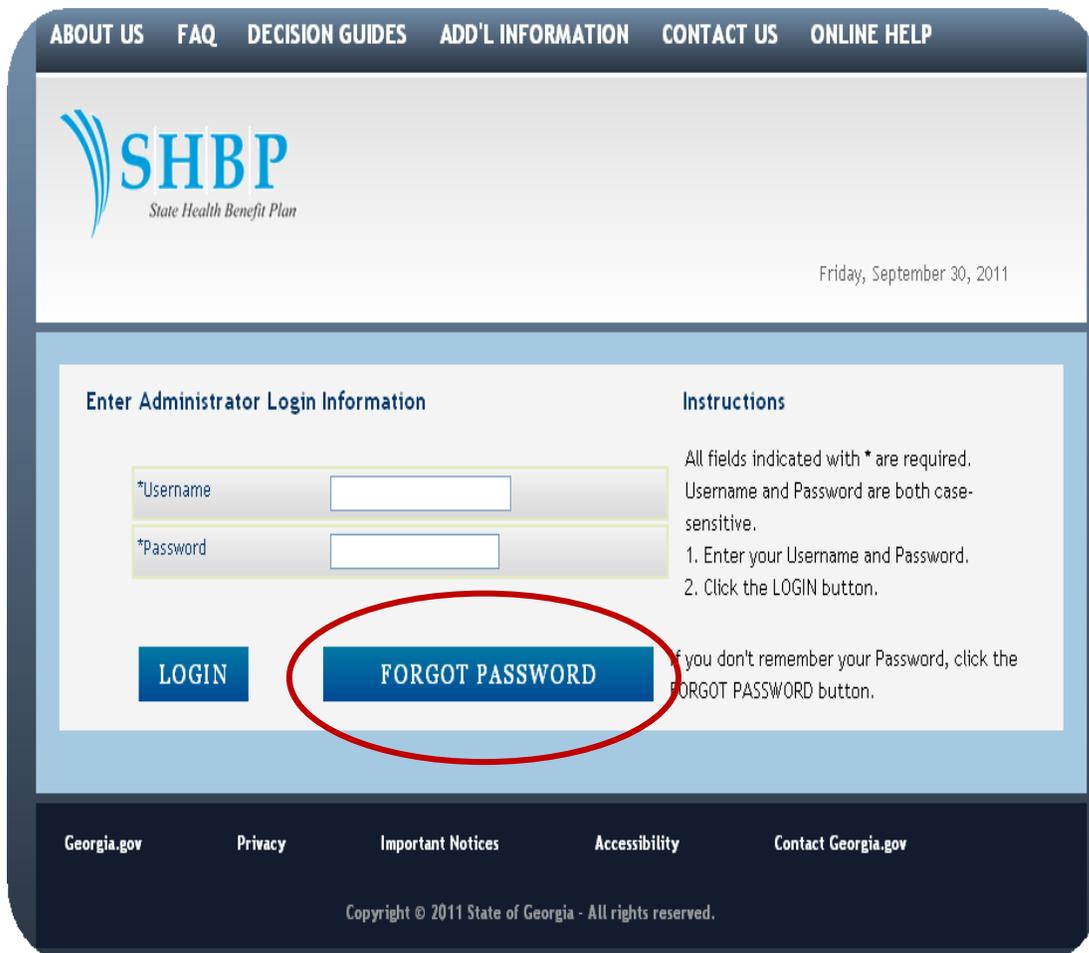


Figure 8 - Enter Administrator Login Information Screen

Note:
All fields indicated with * are required.

The **Forgot Password** screen will display (*Figure 9*).

- **Enter your Username**
- **Click the CONTINUE** button (*Figure 9*)



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SHBP
State Health Benefit Plan

Friday, September 30, 2011

Forgot Password

Forgot Password

*Username

CONTINUE **CANCEL**

Instructions

All fields indicated with * are required. Username is case-sensitive.

1. Enter your Username.
2. Click the CONTINUE button to go to the next page; or click the CANCEL button to return to the Enter Administrator Login Information page with no change in password.

Figure 9 - Forgot Password Screen

Note:

All fields indicated with * are required. Click the CANCEL button to redisplay the Enter Administrator Login Information screen with no change in Password.

The **Enter Password Recovery Information** screen will display. Your previously entered Username and associated Security Question will pre-populate (*Figure 10*).

- Enter your **Security Answer** (not case sensitive)
- Click the **SUBMIT** button (*Figure 10*)

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SHBP
State Health Benefit Plan

Thursday, September 15, 2011

Forgot Password

Enter Password Recovery Information

*Username *****

Security Question What is your pet's name?

*Security answer

SUBMIT **CANCEL**

[LINKS](#)

Instructions:

All fields indicated with * are required. Security Question answer is not case-sensitive.

1. Review your pre-populated information to assure it is accurate.
2. Enter your answer to the Security Question (not case-sensitive).
3. Click the **SUBMIT** button to go to the next page; or click the **CANCEL** button to return to the Enter Administrator Login Information page with no recovery/change in password.

Figure 10 - Enter Password Recovery Information Screen

Note:

All fields indicated with * are required. Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Administrator Login Information screen with no change in Password.

The **Enter New Password** screen will display (Figure 11).

Figure 11 - Enter New Password Screen

- **Create and enter your New Password. New Password should be between 8 and 20 characters (case-sensitive) and have at least 3 of the following types of characters:**
 - **Uppercase Letter**
 - **Lowercase Letter**
 - **Number**
 - **Special Character (!, @, #, etc.)**
- **Re-enter your newly created Password for confirmation**
- **Click the CHANGE PASSWORD button (Figure 11)**

Notes:

All fields indicated with * are required. Clicking the CANCEL button will stop the Password Recovery Process and redisplay the Enter Administrator Login Information screen with no change in Password.

The Enter New Password screen will display when your Password has expired, indicated by a message in the message field (Figure 11).

The **Enter Administrator Login Information screen** will redisplay (Figure 12). A message will display in the message field stating, 'Password and security question successfully saved. Please login.'

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SHBP
State Health Benefit Plan

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- Password successfully changed. Please login.

Enter Administrator Login Information

*Username

*Password

LOGIN **FORGOT PASSWORD**

Instructions

All fields indicated with * are required. Username and Password are both case-sensitive.

1. Enter your Username and Password.
2. Click the LOGIN button.

If you don't remember your Password, click the FORGOT PASSWORD button.

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Figure 12 - Enter Administrator Login Information Screen (Password Changed)

Your Password Change is now complete. You may now use your newly created Password to Login through the Enter Administrator Login Screen.

SITE NAVIGATION

The **header bar** is located at the very top of the screen (*Figure 13*) and provides active links and information regarding SHBP (i.e. Decision Guides, User Guides, Contact Information, FAQ's, etc.).

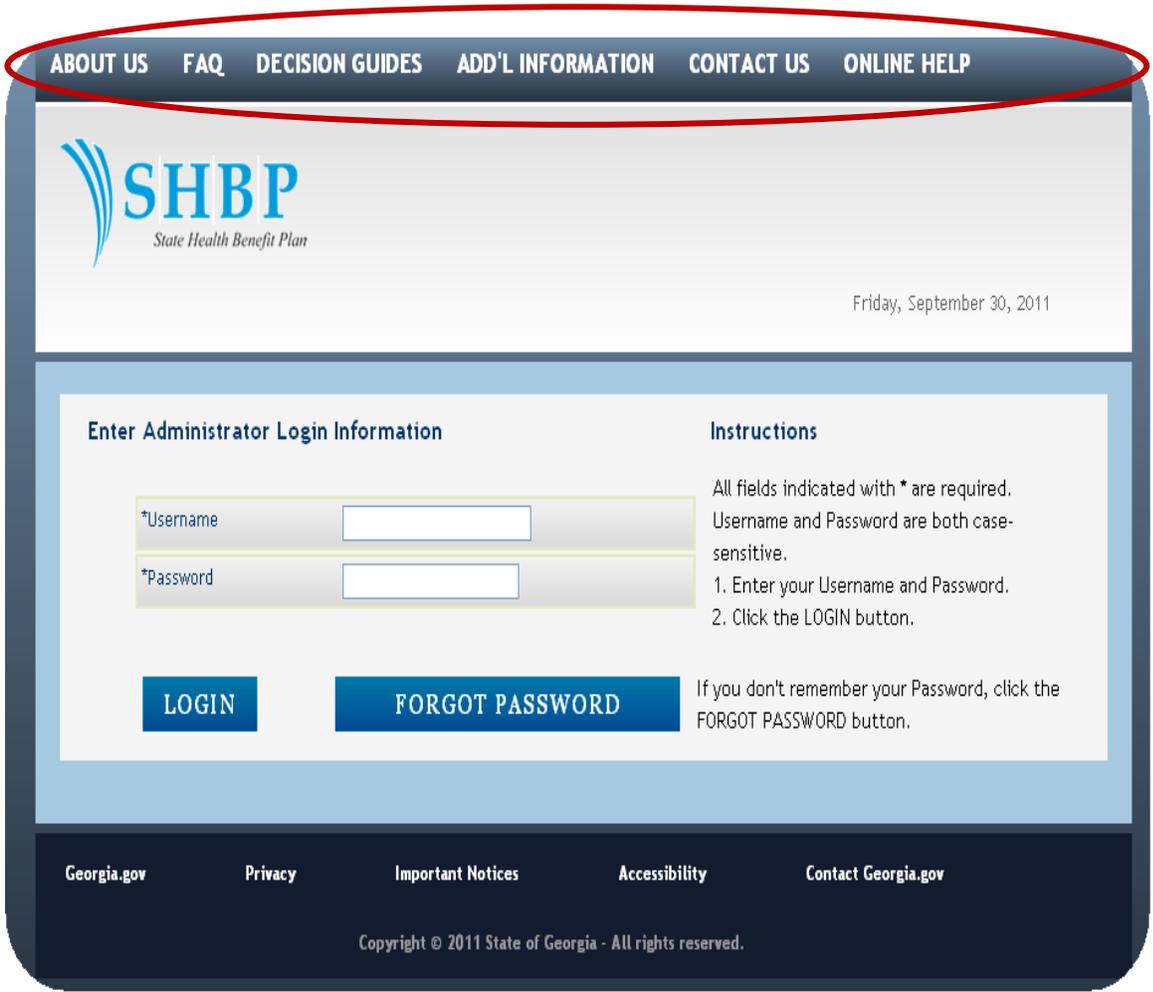


Figure 13 - Header Bar

The **left navigation bar** will display on each screen beginning with the SHBP Administration Home Page (*Figure 14*). The web site functions are selected from the left navigation bar (never use your browser's "BACK" button). The four tabs on the left navigation bar may be selected to:

- Complete administrative functions for **Year Round, Open Enrollment** and Retiree Option Change Period Elections
- Complete **SHBP Staff** administrative functions
- **Modify Login** (change employee/retiree Password and Security Question/Answer)
- **Logout** of web site(*Figure 14*)

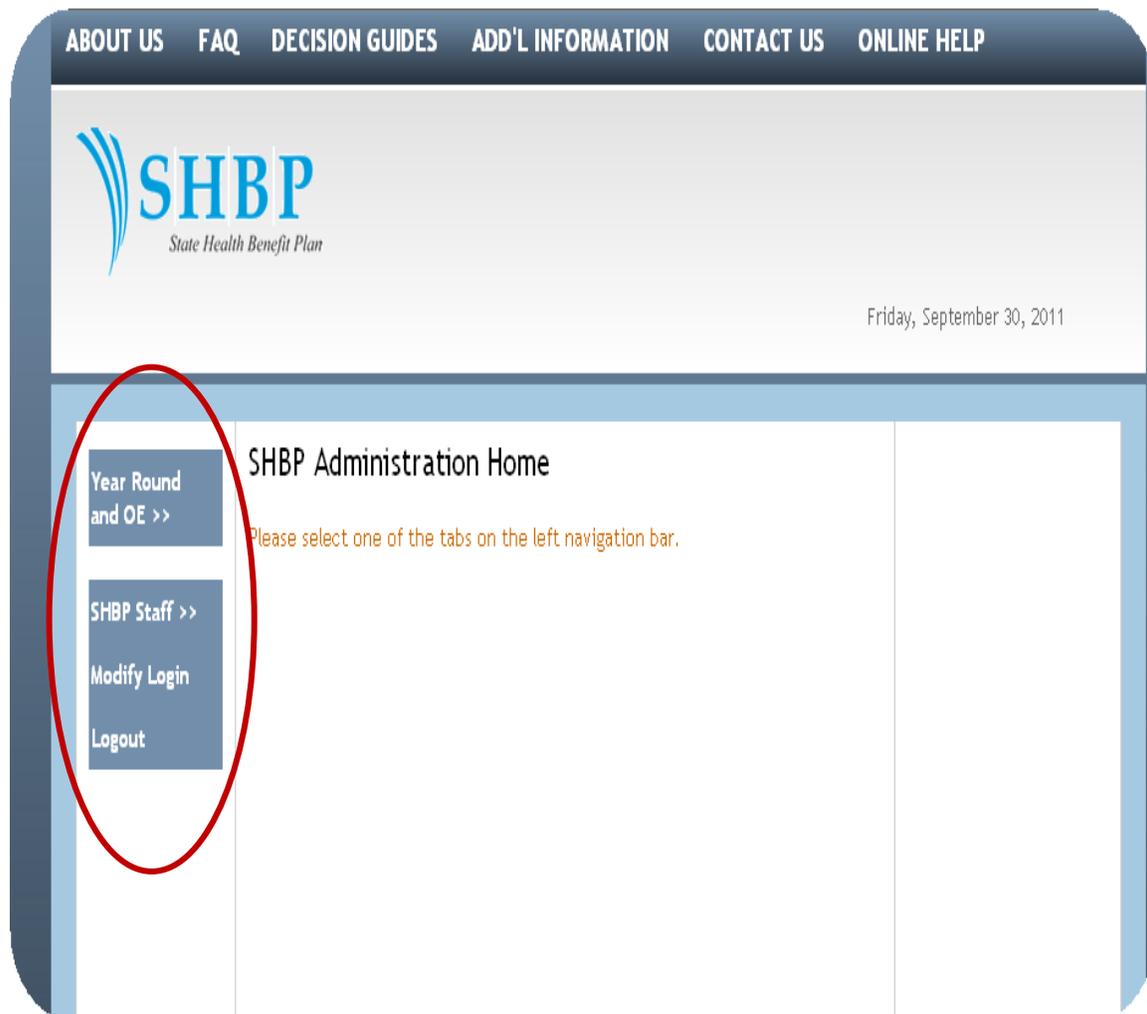


Figure 14 - Left Navigation Bar

The 'Year Round and OE' and 'SHBP Staff' tabs include **sub-tabs** (sub-tabs indicated by arrows) on the left navigation bar (Figure 15). You may navigate between site functions by selecting the left navigation tabs and/or sub-tabs (never use your browser's "BACK" button).

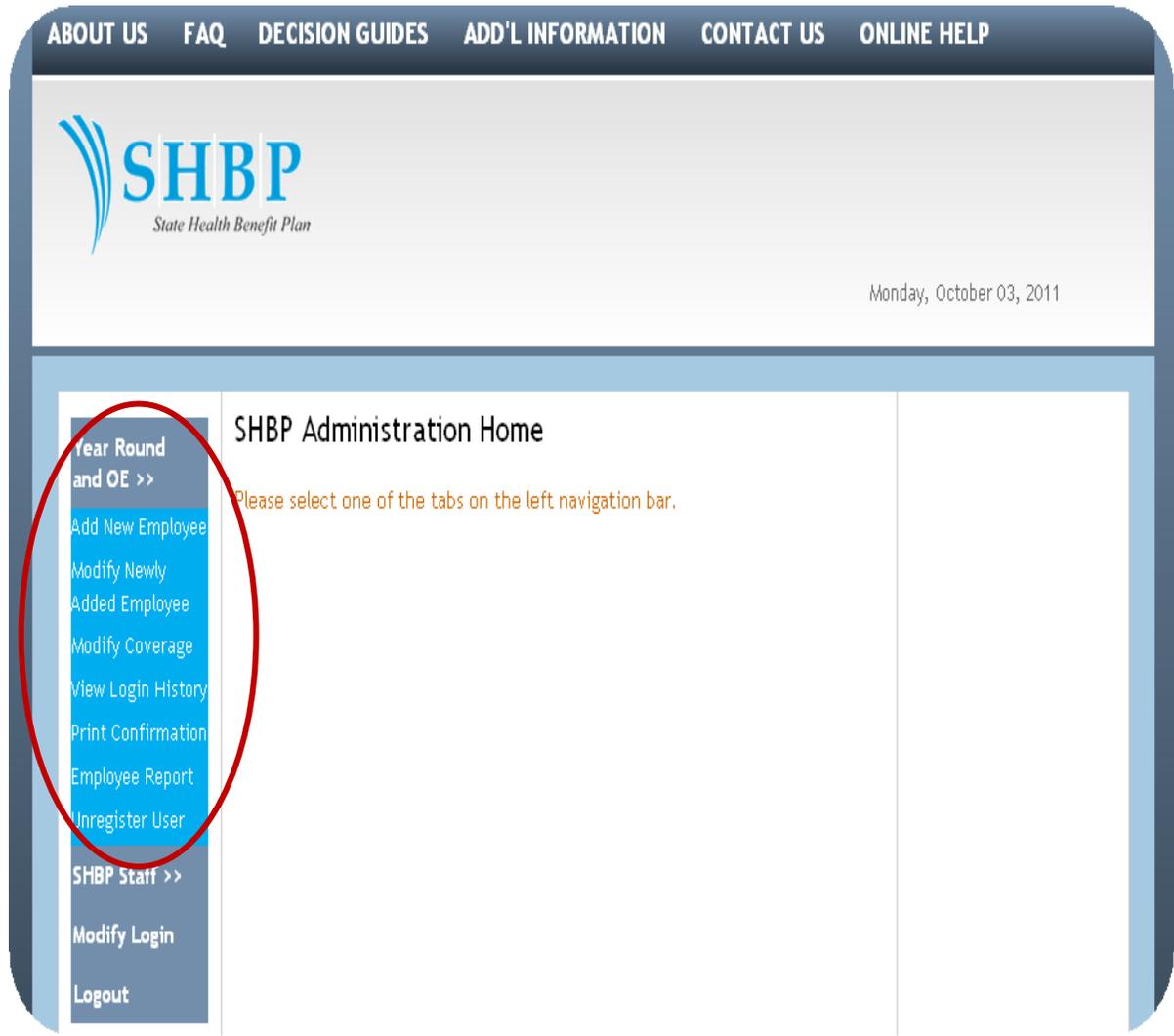


Figure 15 - Left Navigation Bar

DIRECT BILL

After completing the Administrator Login function, the **SHBP Administrative Home** screen will display (*Figure 16*). The following directions review the entry of Premium Remittance Forms into the Web Portal:

- **Click the Year Round and OE tab** on the left navigation bar (*Figure 16*)

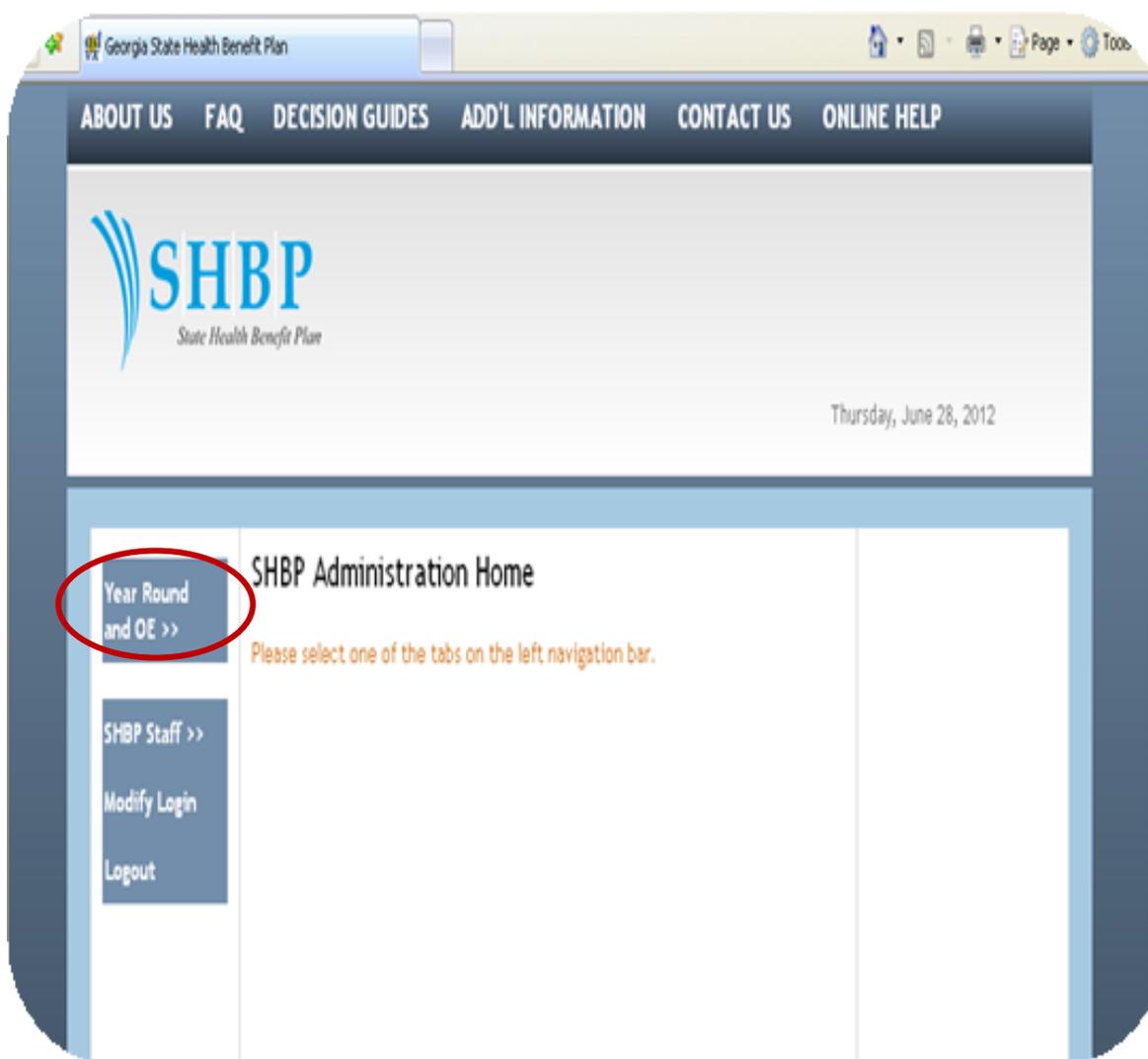


Figure 16 - SHBP Administration Home Screen

The **Year Round and OE sub-tabs** will display on the SHBP Administration Home screen (*Figure 17*).

- **Click the Direct Bill sub-tab** on the left navigation bar (*Figure 17*)

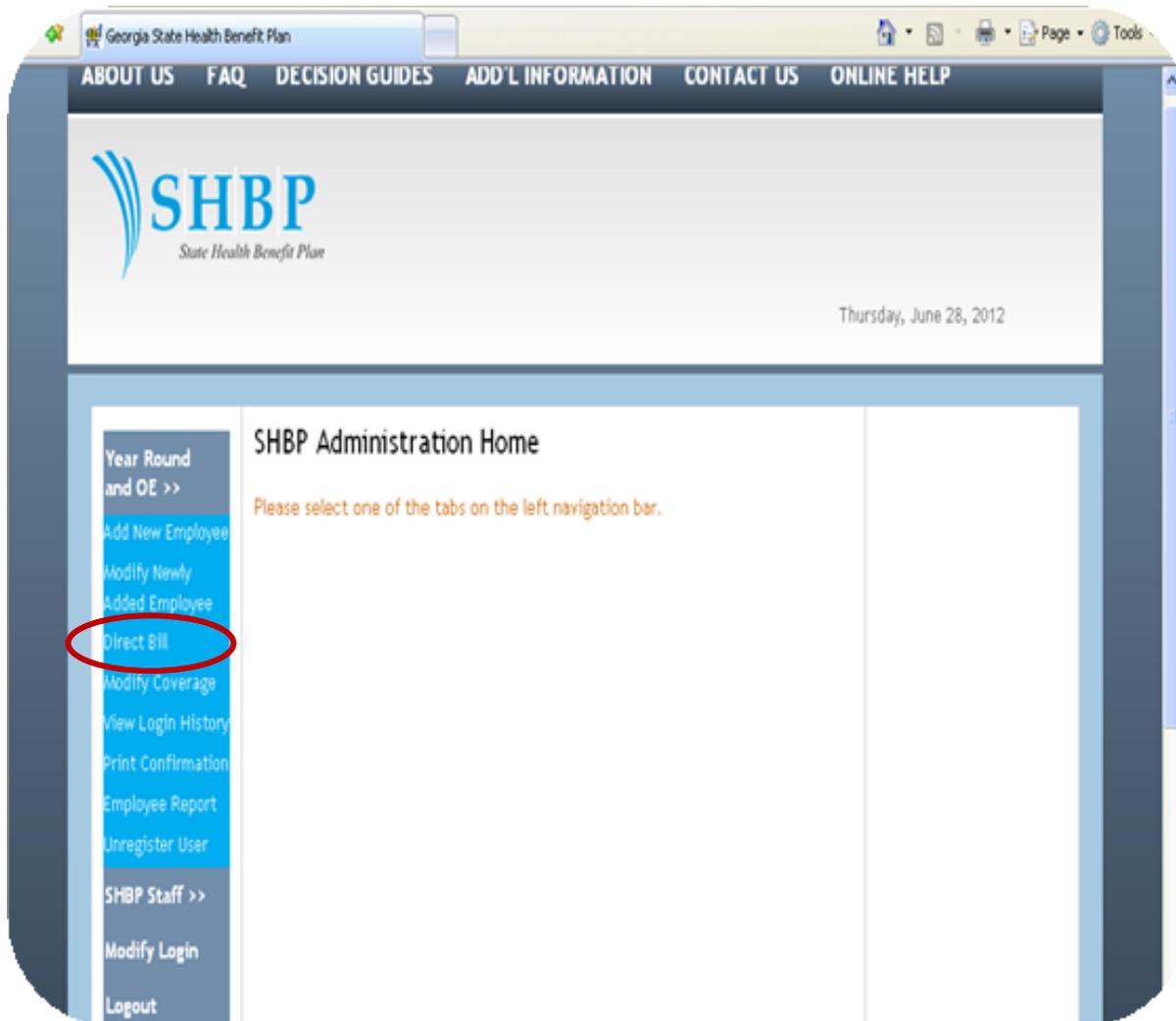


Figure 17 - SHBP Administration Home Screen

The **Search Direct Bill Location** screen will display (Figure 18).

- Select the Payroll Location from the **Select Payroll Location** dropdown list (Figure 18)

Georgia State Health Benefit Plan

ABOUT US FAQ DECISION GUIDES ADD'L INFORMATION CONTACT US ONLINE HELP

SHBP
State Health Benefit Plan

Thursday, June 28, 2012

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Search Direct Bill Location

Search Direct Bill by Payroll Location

Select Payroll Location

SEARCH

Instructions

1. Select the Payroll Location from the dropdown list.
2. Click the SEARCH button.

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Figure 18 - Search Direct Bill Location Screen

You may enter the payroll location number you wish to select into the Select Payroll Location dropdown list to quickly display a specific range of payroll location numbers for selection (Figure 19).

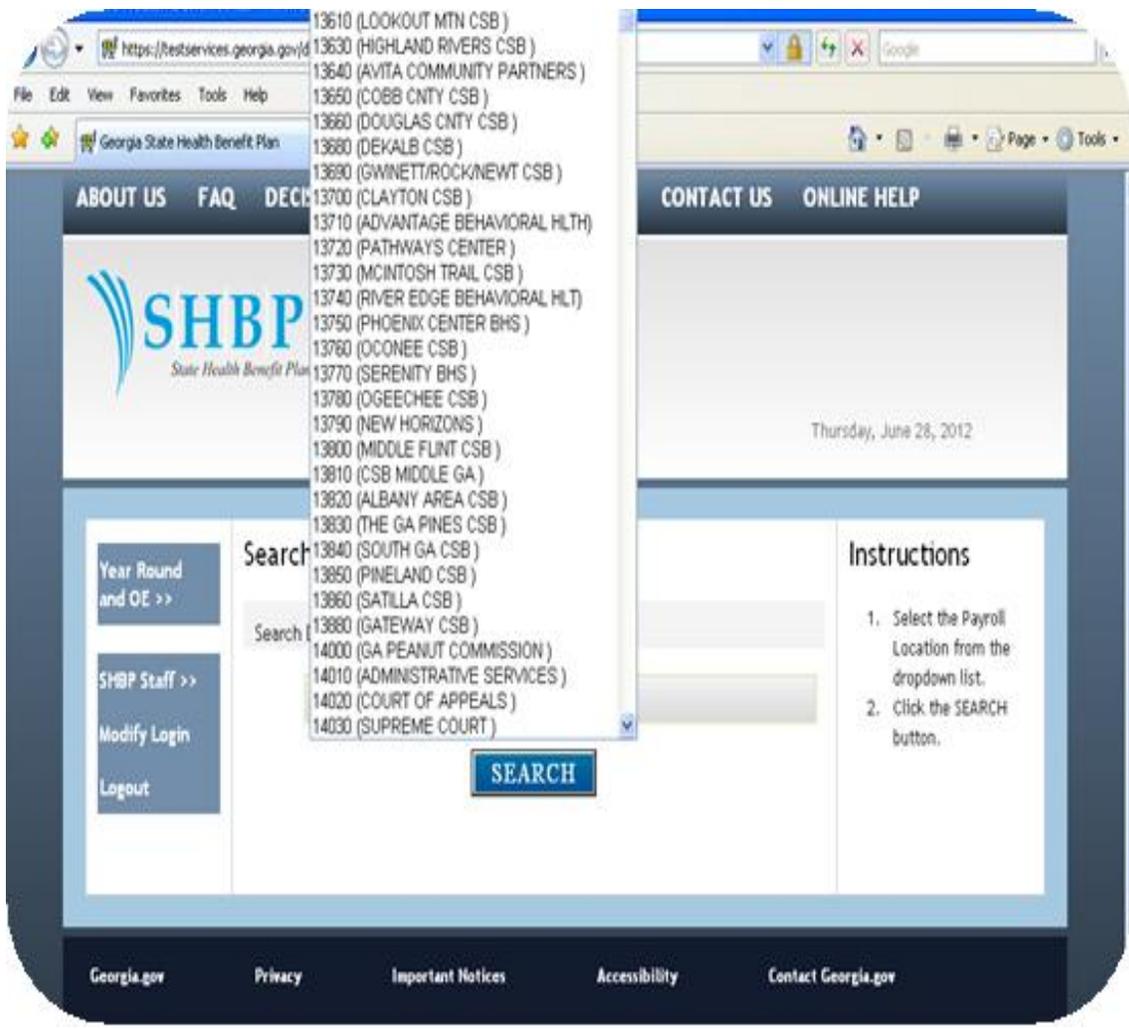


Figure 19 - Search Direct Bill Location Screen

The selected payroll location will display in the **Select Payroll Location field** (Figure 20).

- Click the **Search** button (Figure 20)

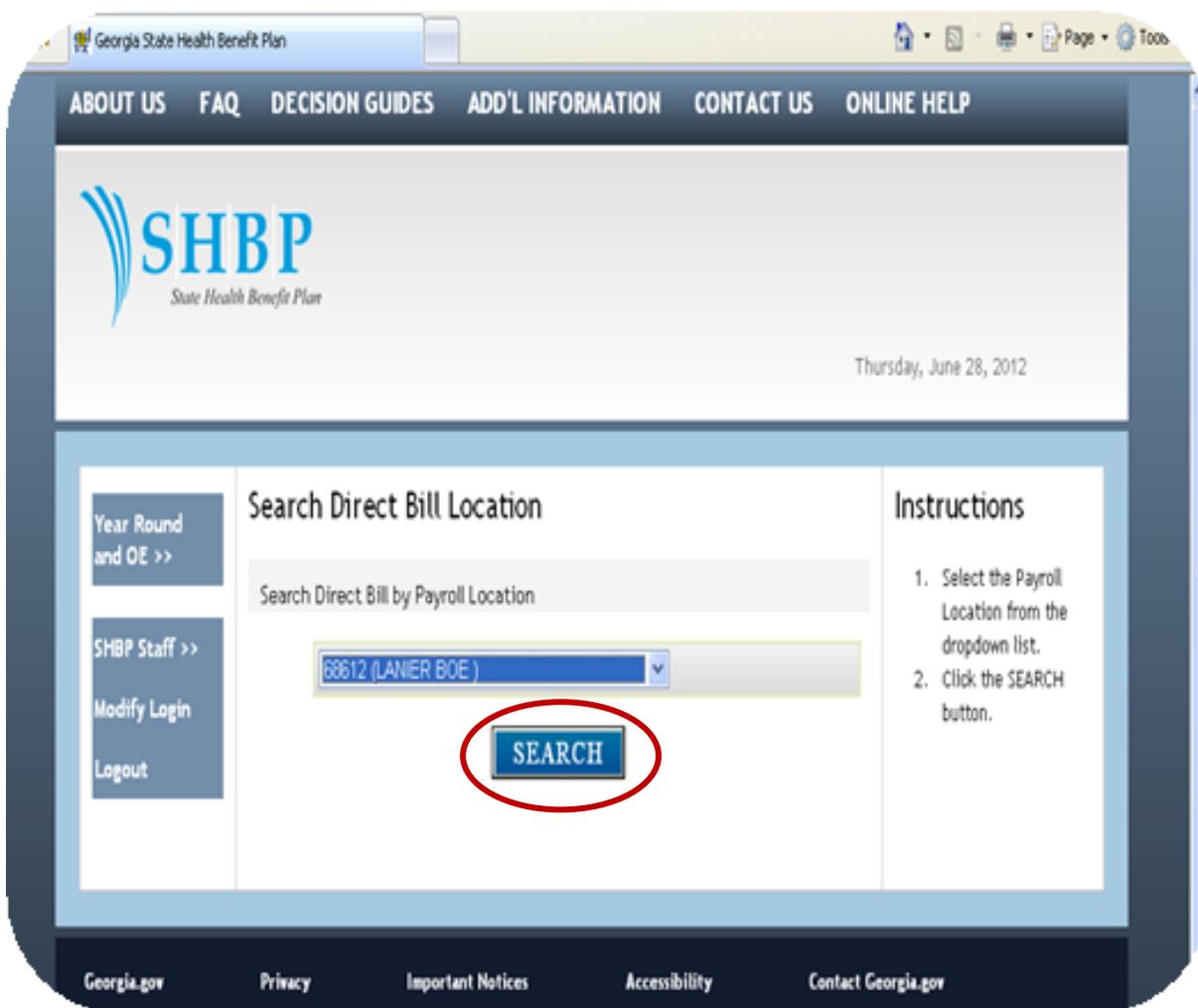


Figure 20 - Search Direct Bill Location Screen

When all premium remittance forms for a selected Payroll Location have been submitted or a Payroll Location has been selected that is not Direct Bill, the following message will display in the message field of the Search Direct Bill Location screen (Figure 21):

There are no outstanding premium remittance forms for the selected Direct Bill Payroll Location. Please contact the Direct Bill Team at directbill@dch.ga.gov for additional questions.

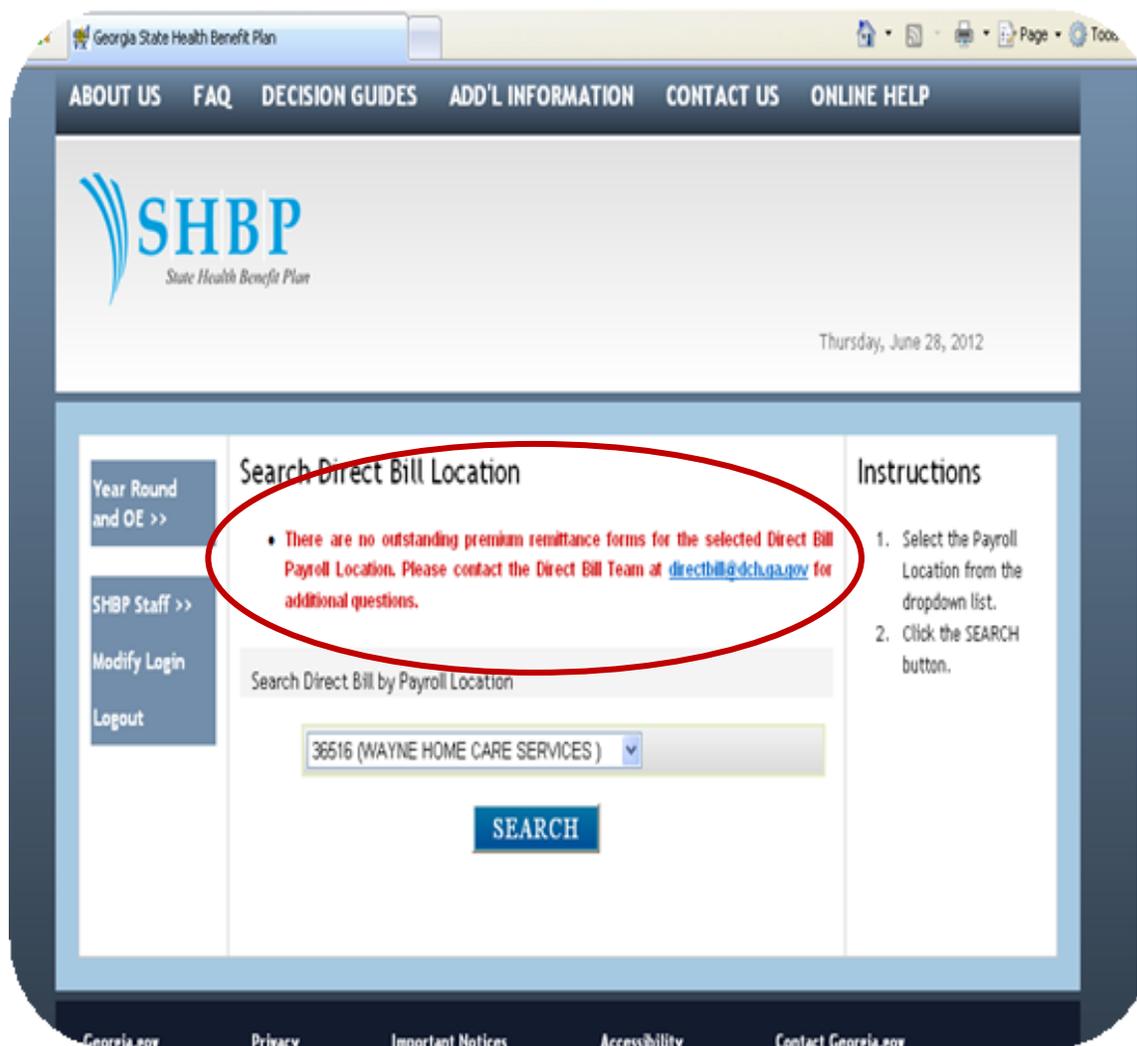


Figure 21 - Search Direct Bill Location Screen

When there are **unsubmitted premium remittance forms** for a selected Payroll Location, the **Search Direct Bill Location** results will display below the Search button (Figure 23).

The results will display the location records for the selected payroll location with unsubmitted direct bills, including the Location (payroll location number and name), Effective Date (direct bill date), Premium Amount (total premium amount due), and Statement (statement number). **If a payroll location has more than one unsubmitted premium remittance form, multiple location records will display with different effective dates** (Figure 23).

- Click the **Remit Form** button on the row displaying the desired **Effective Date (direct bill date)** for the location record (Figure 23)

Georgia State Health Benefit Plan

SHBP
State Health Benefit Plan

Thursday, June 28, 2012

Year Round and OE >>

SHBP Staff >>

Modify Login

Logout

Search Direct Bill Location

Search Direct Bill by Payroll Location

60212 (ATKINSON BOE)

SEARCH

Location	Effective Date	Premium Amt	Stmnt Number	
60212 - ATKINSON BOE	07/01/2012	127027.90	10003	Remit Form
60212 - ATKINSON BOE	08/01/2012	9786.54	67894	Remit Form

Instructions

1. Select the Payroll Location from the dropdown list.
2. Click the SEARCH button.
3. Choose the Location record and Click the Remit Form button to go to the next page. You may also repeat steps 1 and 2, to select and display a different Location record to Remit Form.

Figure 23 - Search Direct Bill Location Results Screen

The **Premium Remittance Form** for your selected Location Record will display with pre-populated fields (*Figure 24*).

The **Total Premium Amount Due** and **Balance** fields are pre-populated protected fields with duplicate amounts. The **Balance** field will decrease with each payment entry into the Payment Section and **must reflect a zero balance before submission will be accepted** (*Figure 24*).

Premium Remittance Form

State Health Benefit Plan

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
Statement Number: 10003 Printed On: 05/03/2012
Phone Number: 9124072723

Total Premium Amount Due: \$127027.90

Payment Section

Payment Type	Check/Trans.#	Amount of Payment
Check		

Subtotal: 0.00 **Balance: 127027.90**

Remittance Address: State Health Benefit Plan

Instructions

- Please enter each payment individually in the Payment Section. The amount(s) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance Address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 24 - Premium Remittance Form Screen

The **Subtotal** field is a protected field and **will increase with each payment entry** into the Payment Section. The Subtotal field must equal the amount displayed as the Total Premium Amount Due before submission will be accepted (*Figure 24*).

From the **Payment Section** of the Premium Remittance Form:

- **Select the Payment Type** from the drop down box; Check or Electronic Fund Transfer (EFT) / Automated Clearing House (ACH) (*Figure 25*)
- **Enter the Check number or Transaction (Trans) number** in the Check/Trans# field (alpha and numeric characters are accepted in this field)
- **Enter the amount of the check or transaction** in the Amount of Payment field

All Department of Education (DOE) Contributions (Prefund) made to the Payroll Location for the selected location record must be entered on the Premium Remittance Form as follows:

- Select **EFT/ACH** as the **Payment Type**
- Enter **DOE Prefund** in the **Check/Trans# field**
- Enter the **DOE Contribution (Prefund) amount** in the **Amount of Payment field**
- Click the **Submit** button (*Figure 25*)

State Health Benefit Plan

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
Statement Number: 10003 Printed On: 05/03/2012
Phone Number: 9124227373

Total Premium Amount Due: \$40248.06

Payment Type	Check/Trans.#	Amount of Payment
Check	88066	20100.00
EFT/ACH	67445688811	18964.00
Check	55955	11800.00
Check		

Subtotal: 40244.00 Balance: 4.06

Remittance Address: State Health Benefit Plan
P.O. BOX 931550
ATLANTA, GA 31193-1550

Notices: THIS IS YOUR FIRST DIRECT PAY BILL XXXXXXXXXXXXXXXXXXXX

Preparer's Name: Rhonda Manning

RESET **SUBMIT**

1. Please enter each payment individually in the Payment Section. The amount (\$) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance Address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 25 - Premium Remittance Form Screen

Note:

When one Check or EFT/ACH is being submitted for two or more Payroll Locations, the same Check/Trans # should be entered for the desired Amount of Payment for each individual Payroll Location.

When the **total entries submitted are less than the displayed Total Premium Amount Due**, the **submittal will not be accepted** and the following message will display in the message field (Figure 26):

Please review your entries in the Payment Section. At least one complete line (payment type, check/trans # and amount of payment) and the Balance should equal to zero before submission will be accepted. If the issue persist after review, please contact the Direct Bill Team at directbill@dch.ga.gov.

Georgia State Health Benefit Plan

Year Round and OE >>

SHBP Staff

Modify Login

Logout

Premium Remittance Form

Instructions

- Please review your entries in the Payment Section. At least one complete line for (payment type, check/trans # and amount of payment) and the Balance should equal to zero before submission will be accepted. If the issue persist after review, please contact the Direct Bill Team at directbill@dch.ga.gov.

State Health Benefit Plan

Location: 60212 - ATKINSON BDE Effective: 07/01/2012

Statement Number: 10003 Printed On: 06/25/2012

Phone Number: 9124227373

Total Premium Amount Due: \$12702.90

Payment Section

Payment Type	Check/Trans.#	Amount of Payment
CHECK	8766A1	2000.00
EFT/ACH	DOE PREFUND	50500.90
EFT/ACH	78GK98888CFF	5627.00
CHECK		

subtotal: 76127.90 balance: 50900.00

Please enter each payment individually in the Payment Section. The amount (s) entered in the "Amount of Payment" field(s) should equal the "Total Premium Amount Due" before the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the Remittance Address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Figure 26 - Premium Remittance Form Screen

When the **total entries submitted are more than the displayed Total Premium Amount Due**, the **submittal will not be accepted** and the following message will display in a pop up box (Figure 28):

Please review your entries in the Payment Section. Submitted payment is more than the Total Premium Amount Due. The Balance should equal zero before submission will be accepted.

Georgia State Health Benefit Plan

Year Round
and DE 11

Premium Remittance Form

Instructions

Windows Internet Explorer

! Please review your entries in the Payment Section. Submitted payment is more than the Total Premium Amount Due. The Balance should equal zero before submission will be accepted.

OK

Statement Number: 10003 Printed On: 06/25/2012
Phone Number: 9124227373

Total Premium Amount Due: \$12702.90

the submission will be accepted by clicking the "SUBMIT" button. Use the "RESET" button to clear all entries in the payment section. All check payments should be mailed to the remittance address displayed on the Premium Remittance Form. All EFT/ACH payments should be submitted on the same day as the Premium Remittance Form.

Payment Section

Payment Type	Check/trans.#	Amount of Payment
CHECK	8766A1	20000.00
EFT/ACH	DOE PREFUND	50500.90
EFT/ACH	76GK99865CFF	66527.00
CHECK		

Subtotal: 70500.90 Balance: 56527.00

Figure 28 - Premium Remittance Form Screen

Once all entries have been made in the Payment Section, the **Subtotal** should equal the **Total Premium Amount Due** and the **Balance** should equal zero (*Figure 29*).

- Click the **Submit** button (*Figure 29*)

Location: 60212 - ATKINSON BOE Effective: 07/01/2012
Statement Number: 10003 Printed On: 06/25/2012
Phone Number: 9124227373

Total Premium Amount Due: \$127027.90

Payment Type	Check/trans.#	Amount of Payment
CHECK	8766A1	20000.00
EFT/ACH	DOE PREFUND	50500.90
EFT/ACH	76GI99885CF	56527.00
CHECK		

Subtotal: 127027.90 **Balance:** 0.00

Remittance Address: State Health Benefit Plan
P.O. BOX 935452
ATLANTA, GA 31193-5452

Notices: PAYMENT SCHEDULES ARE PROVIDED ON EBILL STATEMENT

Preparer's Name: Rhonda Manning

RESET **SUBMIT**

Figure 29 - Premium Remittance Form Screen

The Direct Bill Location Success screen will display. **“Submission Successful”** will appear in the message field (Figure 30).

- **EFT/ACH** payments should be submitted on the same day as the Premium Remittance Form
- Mail payment by **Check** to:

State Health Benefit Plan
P.O. Box 935452
Atlanta, GA 31193-5452

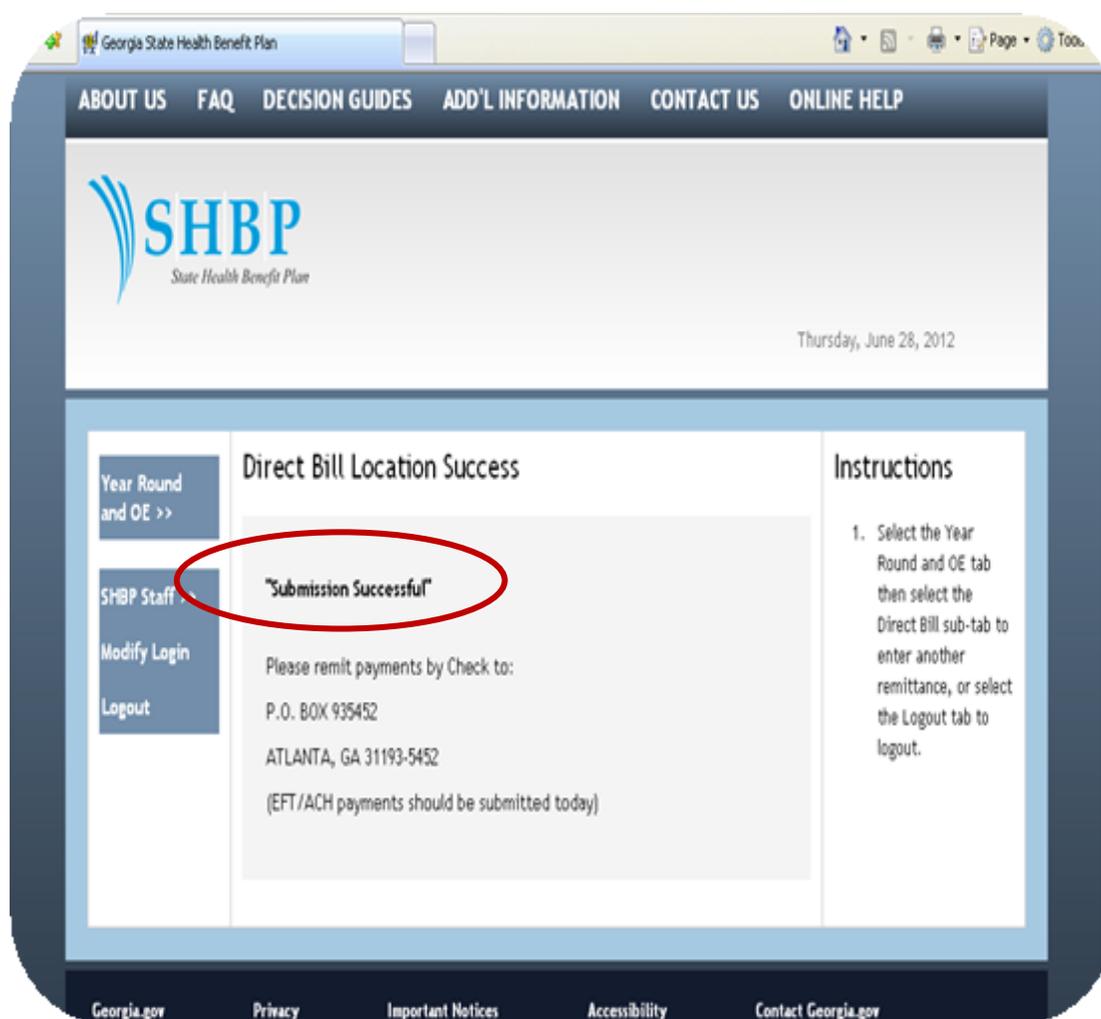


Figure 29 - Direct Bill Location Success Screen

To enter another Premium Remittance Form:

- **Click the Year Round and OE tab** on the Left Navigation Bar (*Figure 30*)

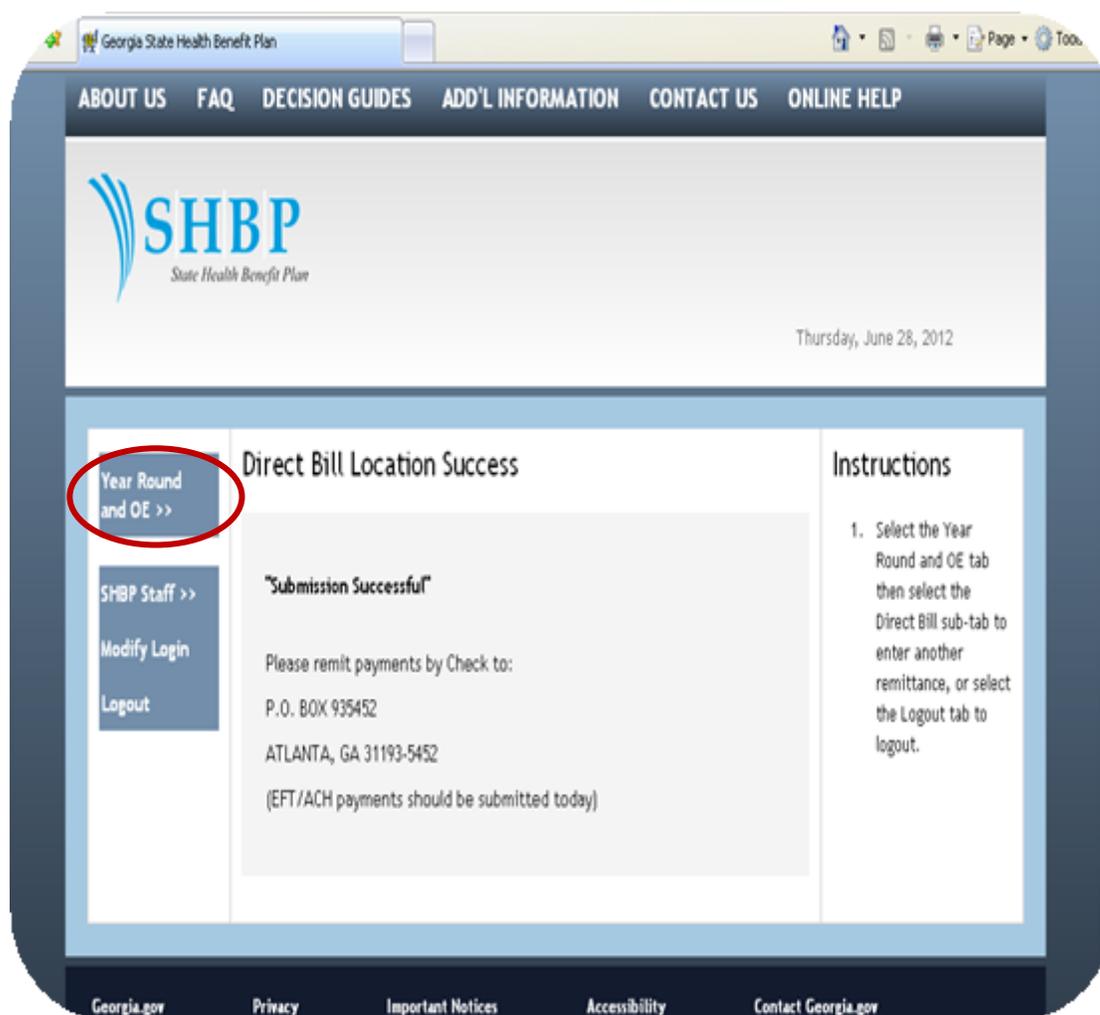


Figure 30 - Direct Bill Location Success Screen

The **Year Round and OE sub-tabs** will display (*Figure 31*).

- **Click the Direct Bill sub-tab** on the left navigation bar (*Figure 31*)

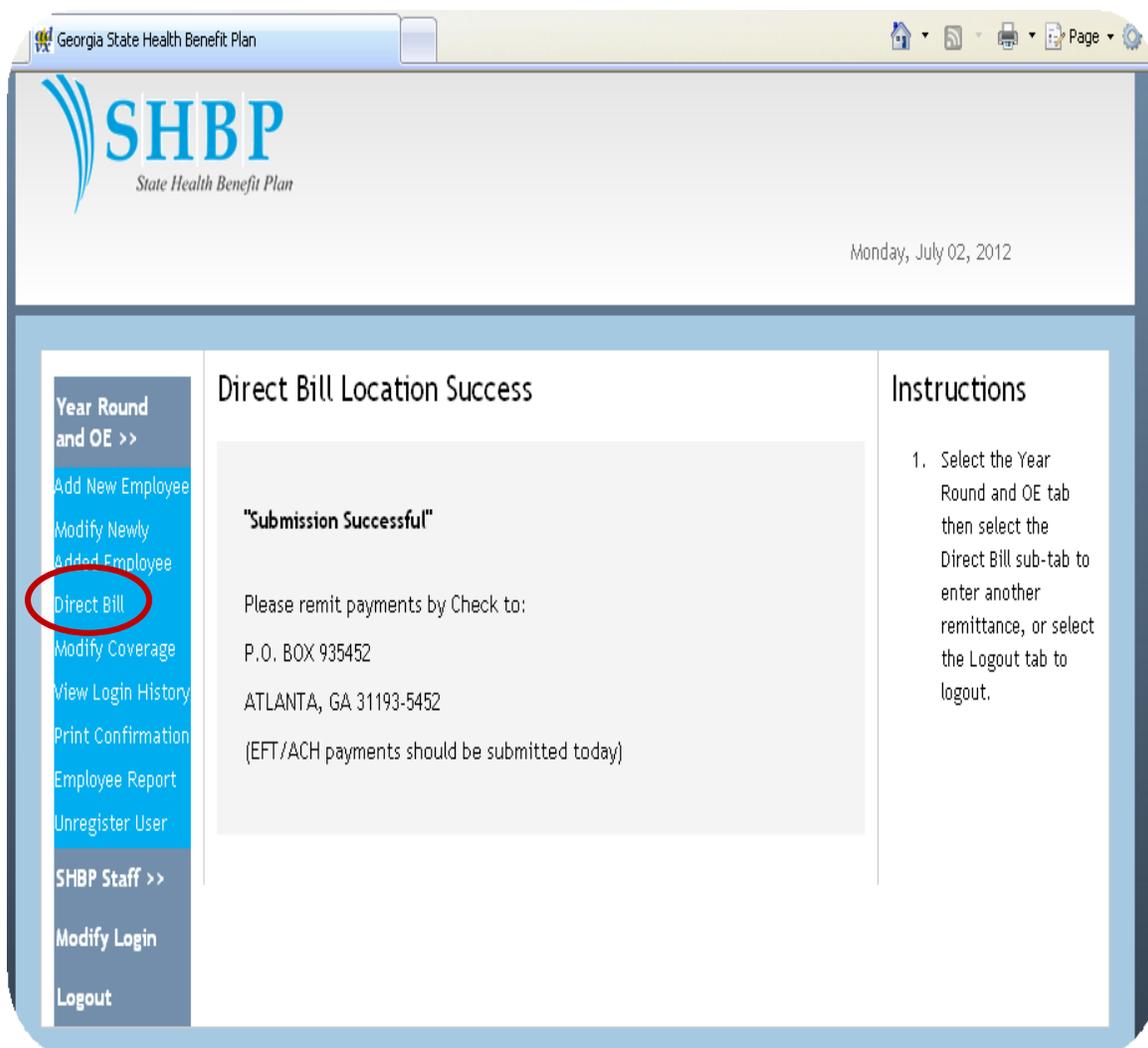


Figure 31 - Direct Bill Location Success Screen

The Search Direct Bill Location screen will redisplay for selection of a Direct Bill Payroll Location from the dropdown list for entry of another Premium Remittance Form (Figure 32).

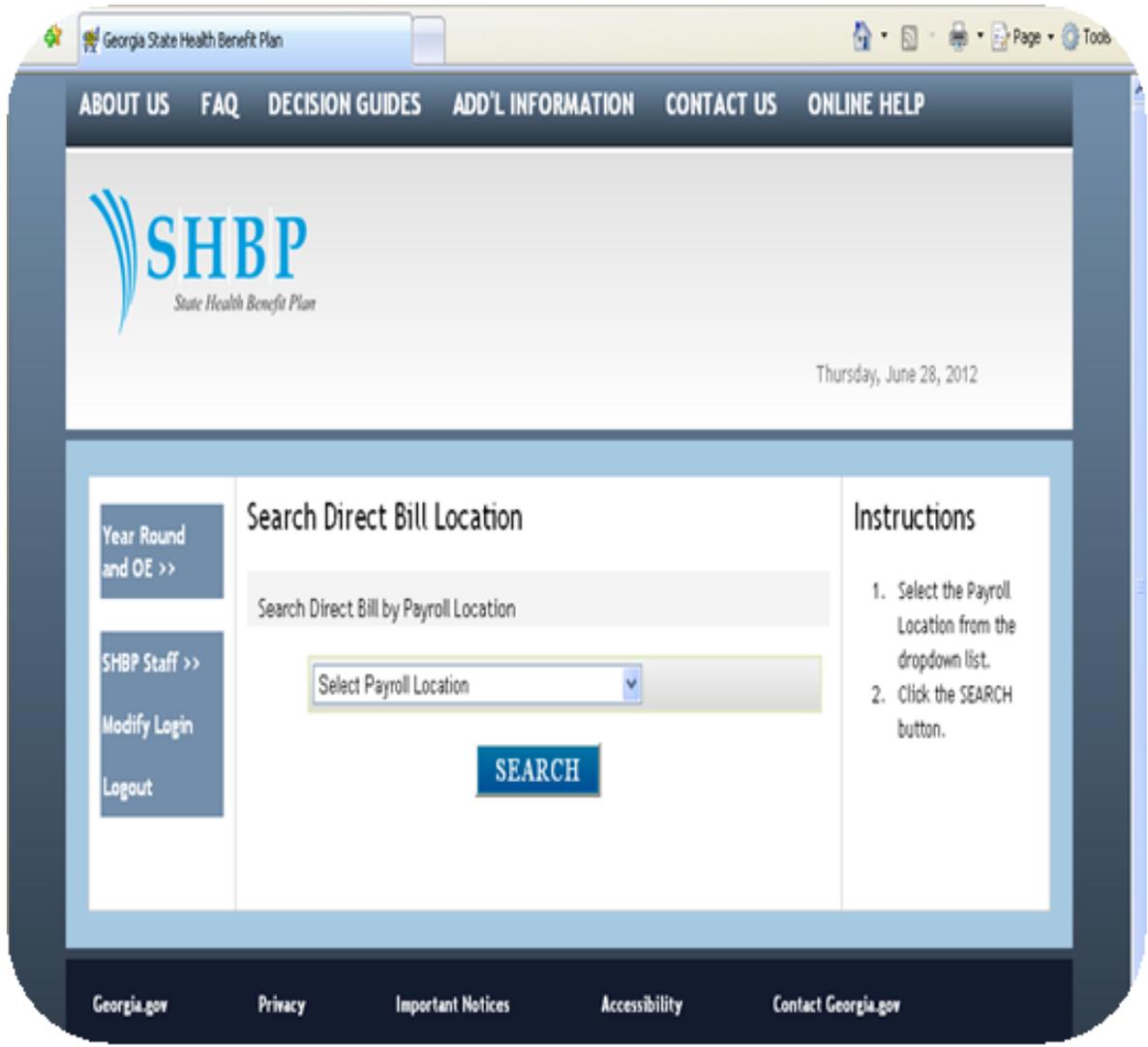


Figure 32 - Search Direct Bill Location Screen

LOGOUT

- Click the Logout tab on the left navigation bar (Figure 33)



Figure 33 - Direct Bill Location Success Screen

The **Enter Administration Login Information** screen will redisplay (Figure 34). You may now close your browser.

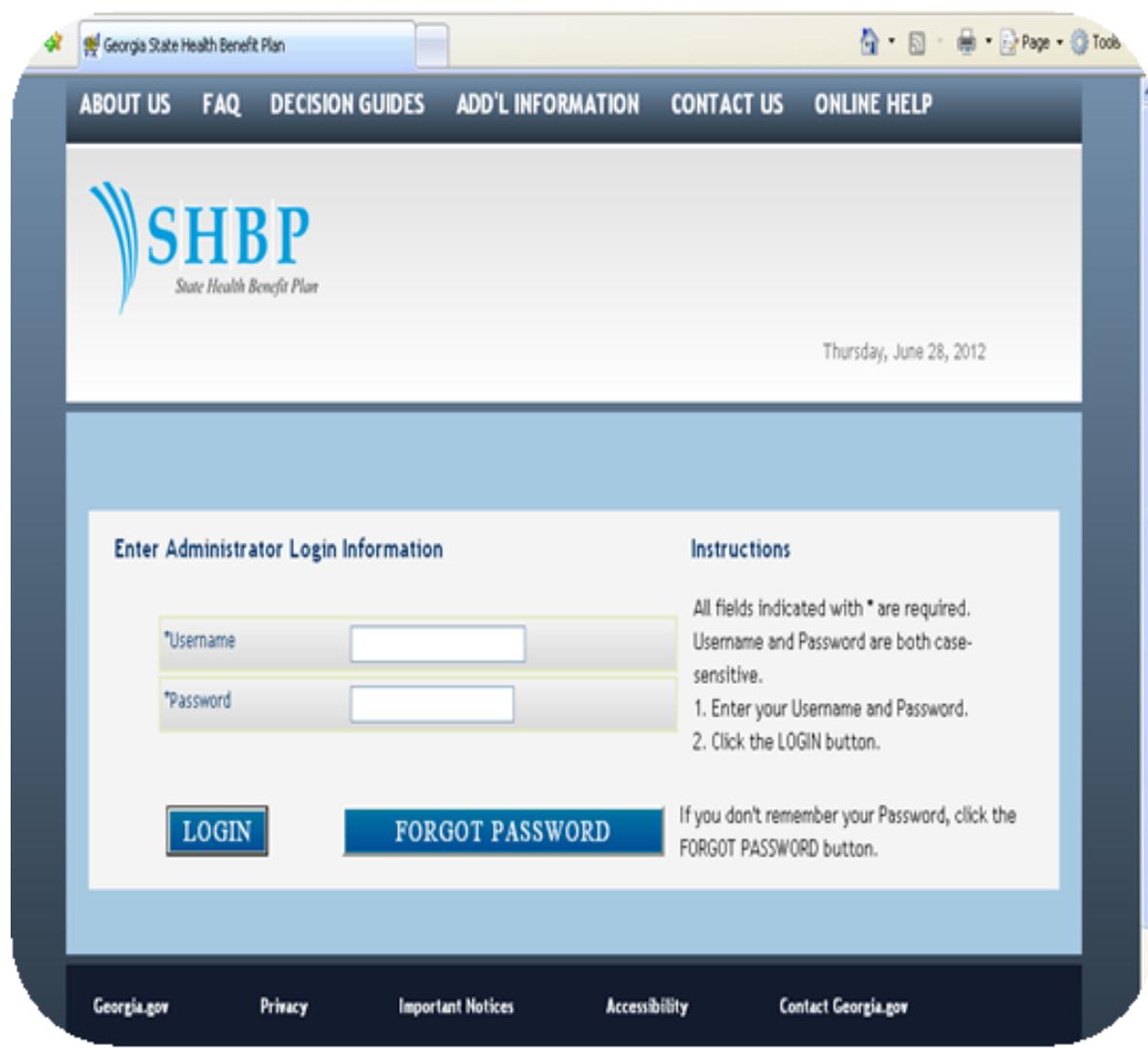


Figure 34 - Enter Administrator Login Information Screen

RECONCILIATION PROCESS

Direct Bill Payroll Locations are **required to pay in full the 'Total Premium Amount Due'** for each monthly billing statement within the specified time frame of the billing schedule using the SHBP Web Based Remittance Form.

Direct Bill Payroll Locations who are **not following Direct Bill procedures** (i.e. no payment, payment past billing schedule, payment received without Remittance Form, EFT/ACH deposits do not match Remittance Form, payment by check does not match Remittance Form, etc.) will be identified by the SHBP Direct Bill Team. Once identified, **SHBP Employer Services Unit will contact the payroll location to determine the cause of the unequal payment and corrective action will be taken with reinforcement to pay as billed.**

NOTES