

*Office of Personnel Management*  
*Retirement and Insurance Service*



1920



1954



1959



1986

**Benefits Administration Letter**

*Number: 97-202*

*Date: March 5, 1997*

**SUBJECT: Federal Employees Health Benefits Enrollment Reconciliation**

**Purpose**

We would like to remind you of Payroll Office Letter 92-06, dated March 24, 1992, which requires you to report enrollment to prepaid health plans. A copy is attached. We also want to notify you, that beginning the first quarter in 1997, each payroll office must send the quarterly Health Benefits Reconciliation report described in Payroll Office Letter 92-06 to **all health plans** (not just prepaid plans).

**Background**

While some of you have done a good job of reconciling with the participating FEHB carriers, unfortunately, many others have not. As a result, the Government now faces a number of claims and law suits alleging we have not paid the full premium. The size and volume of claims necessitate the additional requirements set out in this letter.

**Quarterly Health Benefits Reconciliation Reporting Media**

We encourage payroll offices and participating Federal Employees Health Benefits (FEHB) health plans to mutually determine appropriate media for transmission of the enrollment data. Paper reports are not mandatory if you can find a mutually acceptable alternative. Please be aware that all FEHB health plans have the capability to receive data electronically via modem and Norton-Lamber Close-Up

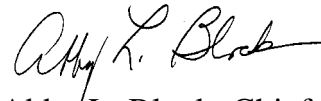
communication software. We encourage you to discuss transmission alternatives with the current health plan contact persons listed in the attachment.

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**Forthcoming  
Regulations to  
Allow  
Disenrollment**

Under regulations that OPM will propose shortly, failure to verify enrollments may lead to disenrollment of those affected.

We have encouraged participating FEHB health plans to contact us if they encounter unresponsive payroll offices. We likewise encourage you to notify us if you encounter problems with health plan administration of the reconciliation process. We also encourage you to give us any suggestions that would improve the reconciliation process.



Abby L. Block, Chief  
Insurance Policy and  
Information Division

**Attachments**

(Attachments are available on OPM's electronic bulletin board at (202) 606-4800)

# PAYROLL OFFICE LETTER

U.S. Office of Personnel Management

Number: 92-06

Date: March 24, 1992

Subject: **QUARTERLY REPORTING OF ENROLLMENT IN PREPAID HEALTH  
BENEFIT PLANS**

The purpose of this letter is to transmit requirements for reporting FEHB enrollment data for "prepaid" plans. Thus, payroll offices will transmit a quarterly report which lists enrollee names and total money (withholdings and contributions) submitted to OPM for each enrollee. The target date for implementing this requirement is June 30, 1992, at which time it will replace the semi-annual listing to prepaid plans required by Payroll Office Letters 91-5 and 91-11.

The quarterly report will include enrollment data for prepaid plans for the payroll paid during the 1st through the 15th of the last month in each quarter. If there are two payrolls paid during that period, the payroll office will only report enrollment data for the last payroll paid. For the quarter ending June 30, 1992, the report will include the names of individuals enrolled in each "prepaid" plan for the last pay period paid during the 1st through the 15th of June. The data in this report will first be sorted by FEHB Enrollment Code and then social security number. The report will provide a subtotal for each enrollment code and a grand total for each plan.

It should be noted that this will necessitate changing the reporting period for the semi-annual Headcount to coincide with the quarterly report of enrollment for prepaid plans. Thus, enrollment data for the purpose of the Headcount will be provided for the payroll paid during the 1st through the 15th of March and September. Again, if two payrolls are paid, the payroll office will report enrollment data for the last payroll paid for the Headcount. This topic will be addressed further in a future payroll office letter.

The quarterly report of enrollment for prepaid plans will include the data elements listed in Enclosure A. An example of the required report format is provided as Enclosure B. A brief description of each element is provided in Enclosure C for planning purposes only. Agencies should not produce automated output at this time.

For the June report, agencies should provide the prepaid plans with a hard copy report. In future runs, agencies should be able to provide both a hard copy and an automated report. It has not yet been determined whether the automated version will be a magnetic tape or a floppy disk. In fact, we are currently surveying the plans concerning their automation capabilities. We are also asking agencies at this time to complete the enclosed questionnaire (Enclosure D) and return it by April 27, 1992. Once the information has been gathered from both the plans and agencies, it will be communicated to each.

once again, agency cooperation is vital to the success of our initiatives and we welcome your input. If you feel your organization cannot conform with the time frames required herein, include your reason in a letter to me at the following address:

U.S. Office of Personnel Management Office of Financial Control and Management  
1900 E Street N.W. Room 4312 Washington, D.C. 20415

For your convenience, we have enclosed a current list of prepaid plans (Enclosure E). Direct any questions regarding the instructions contained in this letter to our Fiscal Management Division on FTS 266-0666 or (202) 606-0666.

//s//

William E. Flynn, III  
Assistant Director  
for Financial Control and Management

Enclosures

ENCLOSURE A

**REQUIRED DATA ELEMENTS FOR THE PREPAID PLANS  
HEALTH BENEFITS RECONCILIATION REPORT**

**REPORT DATE  
PAY PERIOD ENDING DATE  
PAYROLL PAID DATE  
PAYROLL OFFICE NUMBER  
PAYROLL OFFICE NAME AND ADDRESS  
PAYROLL OFFICE CONTACT PERSON  
PERSONAL IDENTIFICATION NUMBER (PIN)  
EMPLOYEE NAME  
FEHB ENROLLMENT CODE  
LWOP INDICATOR  
WITHHOLDINGS & CONTRIBUTIONS (EMP. SHARE + GOV'T. SHARE)  
HEADCOUNT  
SUBTOTAL  
GRAND TOTAL (HEADCOUNT AND WITH. & CONTR.)**

ENCLOSURE B

PREPAID PLANS HEALTH BENEFITS ENROLLMENT RECONCILIATION REPORT

REPORT DATE: 92/06/25  
PAY PERIOD ENDING DATE: 92105/30

PAYROLL OFFICE NUMBER: 00-000000

PAYROLL PAID DATE: 92/06/09

PAYROLL OFFICE NAME AND ADDRESS: Uncle Sam Agency  
1000 Main Street  
Big City, USA 20215

CONTACT PERSON: Mary Jones  
TELEPHONE NUMBER: (202) 555-9999

PERSONAL IDENTIFICATION NUMBER (PIN)	EMPLOYEE NAME (LAST) (FIRST) (MI)	FEHB ENROLLMENT CODE	LWOP	WITHHOLDING & CONTRIBUTIONS	HC
123-45-6789	Doe, Jane X.	001		\$ 141.95	
456-78-9123	Jones, John R.	001		141.95	
SUBTOTAL				\$283.90	
2					
999-99-9999	Smith, John C.	002	Y	\$ 130.58	
888-88-8888	Tubb, Mary T.	002		299.67	
SUBTOTAL				\$430.25	
2					
GRAND TOTAL				\$ 714.15	
4					

**ENCLOSURE C**

**RECORD LAYOUT FOR HB RECONCILIATION REPORT FILE**

<b>RECORD TYPE I (HEADER)</b>				
<b>FIELD</b>	<b>FIELD POSITION</b>	<b>LENGTH AND FORMAT</b>	<b>FIELD NAME</b>	<b>DESCRIPTION</b>
1	1-6	6 N (YYMMDD)	REPORT DATE	THE DATE ON WHICH THE REPORT WAS PREPARED.
2	7-12	6 N (YYMMDD)	PAY PERIOD ENDING DATE	THE LAST DAY OF THE PAY PERIOD INCLUDED IN THE REPORT.
3	13-18	6 N (YYMMDD)	PAYROLL PAID DATE	THIS DATE CANNOT EXCEED THE 15TH OF THE LAST MONTH IN EACH QUARTER.
4	19-26	8 N	PAYROLL OFFICE NUMBER	A NUMBER ASSIGNED TO ALL PAYROLL OFFICES WHICH REPORT TO OPM.
5	27-51	25 AN	PAYROLL OFFICE NAME	THE NAME OF THE PAYROLL OFFICE SUBMITTING THE REPORT.
6	52-73	22 AN	PAYROLL OFFICE ADDRESS	FIRST LINE OF THE PAYROLL OFFICE ADDRESS.
7	74-95	22 AN	PAYROLL OFFICE ADDRESS	SECOND LINE OF THE PAYROLL OFFICE ADDRESS
8	96-125	30 AN	CONTACT PERSON	THE NAME OF A PERSON AT THE PAYROLL OFFICE WHO PLANS MAY CONTACT.
9	126-135	10 N	TELEPHONE NUMBER	THE TELEPHONE NUMBER OF THE PAYROLL OFFICE CONTACT PERSON.

1.  
A  
N

\* FIELD TYPE CODES  
= ALPHA  
= NUMERIC  
AN = ALPHA-NUMERIC

ENCLOSURE C

PAGE 2

**RECORD LAYOUT FOR HB RECONCILIATION REPORT FILE  
RECORD TYPE 2 (DETAILED DATA)**

FIELD	FIELD POSITION	LENGTH AND FORMAT	FIELD NAME	DESCRIPTION/COMMENTS
1	1-9	9 N	PERSONAL IDENTIFICATION NUMBER (PIN)	THE SOCIAL SECURITY NUMBER PREFERRED. IF NOT AVAILABLE, USE DATE OF BIRTH FOR EMPLOYEES OR CLAIM NUMBER FOR ANNUITANTS.
2	10-26	17 A	EMPLOYEE NAME (LAST)	THE FIRST 17 LETTERS OF THE EMPLOYEE'S LAST NAME.
3	27-38	12 A	EMPLOYEE NAME (FIRST)	THE FIRST 12 LETTERS OF THE EMPLOYEE'S FIRST NAME.
4	39	1 A	EMPLOYEE NAME (MI)	THE FIRST INITIAL OF THE EMPLOYEE'S MIDDLE NAME, IF APPLICABLE.
5	40-42	3 AN	FEHB ENROLLMENT CODE	THE THREE DIGIT CODE WHICH IDENTIFIES THE PLAN AND OPTION.
6	43	1 A	LWOP INDICATOR	A "Y" INDICATES THE EMPLOYEE WAS IN LWOP STATUS DURING THE REPORT PERIOD. LEAVE BLANK IF NOT APPLICABLE.
7	44-51	6.2 N	WITHHOLDINGS /CONTRIBUTIONS	THE AMOUNT OF MONEY WITHHELD PLUS THE AGENCY CONTRIBUTION. ANY ADJUSTMENTS WILL BE INCLUDED IN THIS TOTAL.
8	52-61	8.2 N	SUBTOTAL \$	THIS FIELD PROVIDES A SUBTOTAL OF WITHHOLDINGS/ CONTRIBUTIONS FOR EACH ENROLLMENT CODE.
9	62-68	7 N	HEADCOUNT	THIS FIELD PROVIDES TOTALS FOR THE NUMBER ENROLLED IN EACH OPTION.

1. FIELD TYPE CODES  
 A = ALPHA  
 N = NUMERIC  
 AN = ALPHA-NUMERIC



ENCLOSURE C

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RECORD LAYOUT FOR HB RECONCILIATION REPORT FILE  
RECORD TYPE 3 (TRAILER)

FIELD	FIELD POSITION	LENGTH AND FORMAT	FIELD NAME	DESCRIPTION/COMMENTS
1	1-10	8.2 N	GRAND TOTAL	THE TOTAL MONEY (WITHHOLDINGS PLUS CONTRIBUTIONS AND ADJUSTMENTS) SUBMITTED TO OPM FOR EACH PLAN. THIS SHOULD EQUAL THE SUM OF ALL DETAIL RECORDS FOR FIELD 7 RECORD TYPE 2.
2	11-17 THE TOTAL NUMBER	7 N	HEADCOUNT	ENROLLED IN EACH PLAN. THIS FIELD SHOULD EQUAL THE SUM OF ALL SUBTOTALS (FIELD 8 RECORD TYPE 2).

1. FIELD TYPE CODES  
A = ALPHA  
N = NUMERIC  
AN = ALPHA-NUMERIC

Benefits Administration Letter 97-202

NOTE: There is no Enclosure D

ENCLOSURE E

EMPLOYEE HEALTH INSURANCE CARRIER CONTACT LIST 2/24/97

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31  
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GEHA  
PO BOX 10304  
KANSAS CITY MO 64171-0304  
Phone: 816/257-5500 6302

32  
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NALC HEALTH BENEFIT PLAN  
20547 WAVERLY COURT  
ASHBURN VA 22093-0001  
Phone: 703/729-4677 8619  
Fax: 703/729-8109

36  
FRANK AUGUSTOSKY  
POSTMASTERS BENEFIT PLAN  
1019 N ROYAL ST  
ALEXANDRIA VA 22314-1596  
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Fax: 703/683-4829

40  
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WASHINGTON DC 20036-2902  
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Fax: 202/833-4918

42  
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Fax: 703/734-7013

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88  
GAIL GIANDONATO  
ROCKY MOUNTAIN HMO  
2775 CROSSROADS BLVD  
PO BOX 10600  
GRAND JUNCTION CO 81502-5500  
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FHP OF COLORADO  
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ENGLEWOOD CO 80111-5109  
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Fax: 303/714-3994

L2  
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HMO COLORADO  
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DENVER CO 80273-0002  
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MT  
RHYS W JONES  
QUALMED PLANS FOR HEALTH OF COLORADO  
225 N MAIN ST  
PUEBLO CO 81003-3234  
Phone: 719/585-8014

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