Washington State Office of the Insurance Commissioner

Office of the Insurance Commissioner

ESSB 5940

K-12 School District Employee Health Benefit Data Collection Project

Year 4 Data Call Instructions - School Districts

Contract:	PS 2013.18
Description:	Instructions for Year 4 – ESSB 5940 Data Call – School Districts
Version:	4.1

Table of Contents

Overview **5**
Quick Start Instructions 5
Terms of Reference 5
Due Date 5
How Long Will this Take? 5
Scope – Vision and Dental Totals Are Included 6
Data Collection Spreadsheet 6
Data Transport Mechanism - ShareFile 6
New Project Team E-Mail 7
Excluded From Scope **8**
Funding is Excluded from Scope 8
No Payments to COBRA, Trusts, VEBA Trusts or HSAs Should Be Reported 8
Trusts 8
Data Submission is By Spreadsheet **10**
Submission in the Form of .CSV Files is Discouraged 10
However If All Else Fails 10
Windows VS Macintosh **10**
Sections of the Data Collection Spreadsheet **11**
Spreadsheet Macros **12**
Enable Macros 12
Check My Spreadsheet **13**
Data Collection Spreadsheet - Naming Convention **14**
Users of School District Management Software Other Than WESPaC **15**
Data Flow Diagram 15
Users of WESPaC **16**
Year 2 Enhancements 16
Year 3 Enhancements 16
Year 4 Enhancements 16
WSIPC Instructions 16
WSIPC Extract is Integrated into WESPaC 16
Districts Can Configure Their Extract 16
Output is .CSV Files 16
Process overview 17
Data flow diagram 17
Using ShareFile **18**
General 18
Security 18
Set-Up - Preliminaries 18
Set-Up – Registration and Password Change 18
Existing Users 18
New Users 18
Data Movement Between Project Team and Districts is Via ShareFile 19

Notifications....19
Errors and Warnings....19
ShareFile Account Configuration....19
Uploading and Downloading Data Using ShareFile....20
What Happens to the Data?....25
Errors and corrections after data submission....25
Date Ranges....26
PEBB 'Base Rate' for Employees who Waive PEBB Coverage....27
Further Information - Links....28
ESSB 5940....28
Treinen Associates Inc.....28
OIC....28
Office of the Superintendent of Public Instruction....28
Questions? Comments?....28
Section 1 - District Information, Narratives, and Summary Financials....29
Summary Financial Data....29
Row-Specific Instructions....30
Section 1 – Check My Spreadsheet Validations....33
Section 2 - Innovative Features of Health Plans....34
Row-Specific Instructions....34
Section 2 – Check My Spreadsheet Validations....36
Section 3 - Entities: Insurance Carriers, Brokers, etc.....37
If You Don't Pay Them, Don't Report Them....37
Approved Carrier Names (Medical Only)....37
Payments to HCA....38
Payments to WEA....38
Entity_Type_Role....40
Premiums VS Fees....41
Row-Specific Instructions....42
Section 3 – Check My Spreadsheet Validations....44
Section 4 - Medical Plans....46
Row-Specific Instructions....46
Section 4 – Check My Spreadsheet Validations....47
Section 5 - List Employee Groups (and Medical Plans)....48
What is an "Employee Group?"....48
Employees That Are Not Offered Medical Benefits....48
Employees That Are Offered Medical Benefits....48
Further Guidance – Group Codes....48
Guidance – Plan Codes....49
Time Span....49
Associate Plans to Groups....49
Employees who Waive PEBB Coverage....49
Row-Specific Instructions....50
Section 5 – Check My Spreadsheet Validations....50
Section 6 - Medical Plans Offered to Employee Groups....51

Do I Need To Fill Out This Section? 51
Time Span 51
Required / Optional Fields 51
Plan_Codes Used Here Must Already Have Been Defined 51
Group_Codes Used Here Must Already Have Been Defined 51
Employees who Waive PEBB Coverage 51
Row-Specific Instructions 51
Section 6 – Check My Spreadsheet Validations 52
Section 7 - District Employees 53
Snapshot Date, Snapshot Month 53
Which Employees Should Be Reported? 53
Which Columns Should Be Filled? 53
No Negative Contributions 53
Married Couples Who Are School District Employees 54
Employees who Waive PEBB Coverage 54
Row-Specific Instructions 55
Section 7 – Check My Spreadsheet Validations 58
Section 8 – Dependents 60
Use This Section or Columns P - S in Section 7 60
Dependent Data 60
Configuration of WSIPC Extract 60
Additional Guidance 60
Meaning of 'Eligible' and 'Uncovered' 60
Row-Specific Instructions 61
Section 8 – Check My Spreadsheet Validations 61
Appendix 1 - Quick Start Instructions 62
Preliminaries 62
WSIPC Districts 63
Non-WSIPC Districts 64

Overview

This document provides detailed instructions for school districts in the State of Washington concerning the request for data ("Data Call") that is required under ESSB 5940 ("the legislation"). Under the legislation, detailed information about school district health benefits, including demographic and financial data, must be reported to the Washington State Legislature.

Some of the required information will be collected from school districts, and some of it will be collected from medical carriers by means of a separate, parallel Data Call.

Quick Start Instructions

Please note that Appendix 1 of this document contains a set of Quick Start Instructions. This provides a useful summary of the end-to-end process.

Terms of Reference

The Office of the Insurance Commissioner of the State of Washington may be abbreviated to "OIC" within this document.

Year 4 of the OIC K-12 Health Benefit Data Collection Project is referred to throughout this document as "the project".

The team carrying out the project consists of employees and subcontractors of Treinen Associates Inc., a consulting company based in Olympia, WA. This team is referred to throughout this document as "the project team". Any references to "we" (as in the 1st person plural) really mean "we, the project team".

Any references to "you" really mean "you, a school district employee".

The "Data Call" is the act of broadcasting, to school districts and to carriers, a request for data relating to health benefits for K-12 employees. The Data Call consists of a Data Collection Spreadsheet, a set of Instructions, and a cover letter.

"School district" may be abbreviated within this document to "SD".

Due Date

Please complete the data collection spreadsheet and submit before May 31, 2016.

How Long Will this Take?

Given the enormous variation in the size of school districts throughout the State of Washington, it is impossible to say how long it will take to complete this Data Call. Some districts have just a handful of employees, others have thousands of employees. There is undoubtedly a correlation between the size of a district, and the amount of time it will take to respond to the data call. However, there is no algorithm available to compute this.

Our best guess, based on reported district experience in prior years , is that the Data Call is likely to require somewhere between several hours and several days to complete.

Keep in mind that you may need to resubmit your data if it is not accepted on the first submission. It would be a good idea to leave ample time to complete the task before the deadline.

Scope – Vision and Dental Totals Are Included

For school districts, the project will again collect summary data (i.e. yearly expenditures) on the total premium cost of dental insurance, and the total premium cost of vision insurance, where these are purchased as stand-alone insurance products. The project will not collect (and please do not submit) any detailed information (on plans, or plan selections, or employee monthly contributions, or district monthly contributions, or total monthly premiums) with respect to dental or vision insurance.

The only exception is where medical insurance is bundled with vision, or dental, or vision and dental. In this circumstance, please report detailed information on medical insurance (plans, plan selections, employee contributions, district contributions, total premiums) and indicate, using the drop-down in column F of Section 3, the bundled premium type, i.e. "medical + vision", "medical + dental", "medical + vision + dental".

See the section below entitled "Section 3—List Insurance Carriers, Brokers and Other Entities" for further details.

Data Collection Spreadsheet

Various enhancements have been built into the Year 4 Data Collection Spreadsheet, particularly within the "Check My Spreadsheet" utility.

Data Transport Mechanism - ShareFile

In Year 4 we are again using ShareFile.com to move data back and forth between districts and the project team. Information on this service may be found at www.ShareFile.com. A secure ShareFile.com account has been set up for the exclusive use of each district.

Please see the section below entitled "ShareFile" for further details.

Permitted Uses of OIC ShareFile Account

The ShareFile account that has been set up for your district is to be used only for data that is related to the OIC K-12 Health Benefit Data Collection Project. You may not use this ShareFile account for any other purpose. It is not to be used for the storage or sharing of documents that are unrelated to the OIC K-12 Health Benefit Data Collection Project.

If you have a separate ShareFile license you may use your other ShareFile account for other purposes. However you may only use the ShareFile account that we have set up for you for purposes related to the OIC K-12 Health Benefits Data Collection Project.

No Downloads are Needed to Use OIC ShareFile Account

ShareFile is entirely web-based. Districts do not have to download anything in order to be able to use it for the purposes of this project.

Costs Associated with OIC ShareFile Account

The Project Team has a ShareFile license, paid for out of project funds, which allows all school districts in the State of Washington to submit their data and receive return files without having to buy individual licenses.

New Project Team E-Mail

For Year 4 of the project, the project team's e-mail address is OICDataCallTeam@Treinen.com. This should be used for all correspondence with the project team.

If you need assistance via telephone, please include your telephone number in an e-mail to us indicating the best time to call and we will call you.

Excluded From Scope

This project will not collect data about any form of insurance that is not related to medical, vision, or dental coverage. The following forms of insurance are specifically excluded:

- Life
- Accidental Death and Dismemberment
- Long Term Disability
- Short Term Disability
- Salary Replacement.

Funding is Excluded from Scope

This project will collect data only on school district health benefit expenditures, regardless of funding sources. We will not collect any data about the sources of funding for school district health benefits, funding pools or trusts.

No Payments to COBRA, Trusts, VEBA Trusts or HSAs Should Be Reported

This project is designed to capture data on school district payments to:

- Medical carriers (including Public Employees Benefits Board (PEBB), which for the purposes of this project is deemed a carrier)
- Dental carriers
- Vision carriers
- Brokers and advisors
- Third party administrators
- HCA (for the "retiree carveout").

So, please do **not** submit any information about any of the following:

- COBRA payments
- Payments to trusts
- Payments to Voluntary Employees' Beneficiary Association (VEBA) trusts
- Payments to HSAs (Health Savings Accounts); please do not report employee or employer contributions to HSAs.

Trusts

If your district pays money into a trust which then purchases medical benefits on behalf of your district employees, you should obtain from the trust administrators the information that is required under this Data Call. You may wish to collaborate closely with the trust administrators for this purpose, or even ask for their assistance in complying with the Data Call.

We will not accept a trust being reported as a carrier. If you pay a trust, and the trust buys health benefits for your district, you need to find out from the trust:

- Which carriers they purchased health plans from
- How much was paid to each carrier
- What plans each carrier offered within your district

- What groups of employees were offered which plans
- Which employees subscribed to which plans
- The tier of coverage each employee selected (if they are benefits-eligible and chose to buy coverage through the district)
- The monthly amounts of the district and employee contributions
- The total monthly premium for each employee.

Again, we will not accept any trust as a carrier - to do so would be to circumvent the intent of the Legislature, and would cause a mismatch between the totals reported by districts and those reported by medical carriers. Please see the list of approved (medical) carrier names in the Section 3 instructions, below.

Data Submission is By Spreadsheet

As in prior years of the project, school district data should be submitted to the project team by means of an Excel spreadsheet (the Data Collection Spreadsheet) containing multiple tabs. Each tab contains a different type of data and is referred to as a "Section". As previously mentioned, the Data Collection Spreadsheet will be submitted via ShareFile (please see the step-by-step instructions within the section entitled "ShareFile" below).

The Data Collection Spreadsheet has been distributed to districts along with this instructions document. Both of these documents may also be downloaded at any time from the OIC's web site. For a link to the OIC's web site please see the section below entitled "Further Information – Links". It may be useful to download a fresh copy if you feel that your Data Collection Spreadsheet has become corrupted, or you wish to start again.

Submission in the Form of .CSV Files is Discouraged

If at all possible, data submission using the Data Collection Spreadsheet is strongly preferred, because the alternative approach, which is submission in the form of .CSV files, has serious disadvantages:

(i) .CSV files do not have a Check My Spreadsheet utility , which allows users to validate their data before submitting it

(ii) It is less convenient to view and edit data in seven or eight separate .CSV files than to do so using one integrated document (the Data Collection Spreadsheet).

For these reasons districts are strongly discouraged from submitting their data in the form of .CSV files.

However If All Else Fails…

Given the many possible combinations of hardware / operating system / versions of Excel, there is a small possibility that you might experience technical difficulties with the Data Collection Spreadsheet. If these difficulties are persistent, and you really are unable to use the spreadsheet, you may as a last resort submit your data in the form of separate .CSV files. The empty .CSV templates are also available on the OIC's web site. For a link to the OIC's web site please see the section below entitled "Further Information – Links".

Note that .CSV files can easily be opened and manipulated using Excel. However, any formatting is lost when you save and close such files. Only the actual content is retained.

Windows VS Macintosh

The Data Collection Spreadsheet, and the edits and macros it comprises, were developed and tested on a MS Windows platform. While theoretically, according to Microsoft, all spreadsheets are "portable" from one platform to the other, the project team strongly recommends that you use:

- A Windows machine (running Windows 7 or later)
- Excel 2007 or later.

Sections of the Data Collection Spreadsheet

In some cases the Sections (which contain different types of data) overlap, and the same information may be submitted in two different ways. In such cases you are free to choose the submission method to use. For example, the information in Section 6 may alternatively be provided in column E within Section 5, and the information in Section 8 may alternatively be provided in columns P through S within Section 7.

The project team has built this flexibility into the Data Call in order to accommodate the needs of school districts. If your district prefers to extract data directly into .CSV files, then you should use Sections 6 and 8. If your district finds it easier and more convenient to use the appropriate rows within Sections 5 and 7 for the same data, then feel free to do that instead. Please see the instructions pertaining to Sections 5, 6, 7 and 8 for further information.

The Sections are summarized below. They are described in detail later in this document.

Section 1	District information, narratives, total healthcare-related expenditures by expenditure category, submitter information, date submitted, date checked by Check My Spreadsheet.
Section 2	Innovative health plan features.
Section 3	Carriers, brokers & other entities your district does business with in terms of health benefits, total healthcare-related expenditures by payee.

From this point on, the project requires data about medical coverage only. Please do not, in later Sections, submit data about dental, supplemental, stand-alone vision, life, or disability insurance.

Section 4	Medical plans.
Section 5	Employee Groups, medical plans offered to Employee Groups.
Section 6	Medical plans offered to Employee Groups.
Section 7	Employee listing, medical plan selections, contributions, dependents.
Section 8	Dependents.

Spreadsheet Macros

The Data Collection Spreadsheet has a file extension of .xlsm indicating that it contains macros. There are two macros in this spreadsheet. One of them imports .CSV (Comma Separated Value) data files (the button to execute this is "Load CSV Files Into this Workbook"). The other is the "Check My Spreadsheet" function, which is discussed later in this document.

The .CSV files that you import into the Data Collection Spreadsheet have either been extracted…

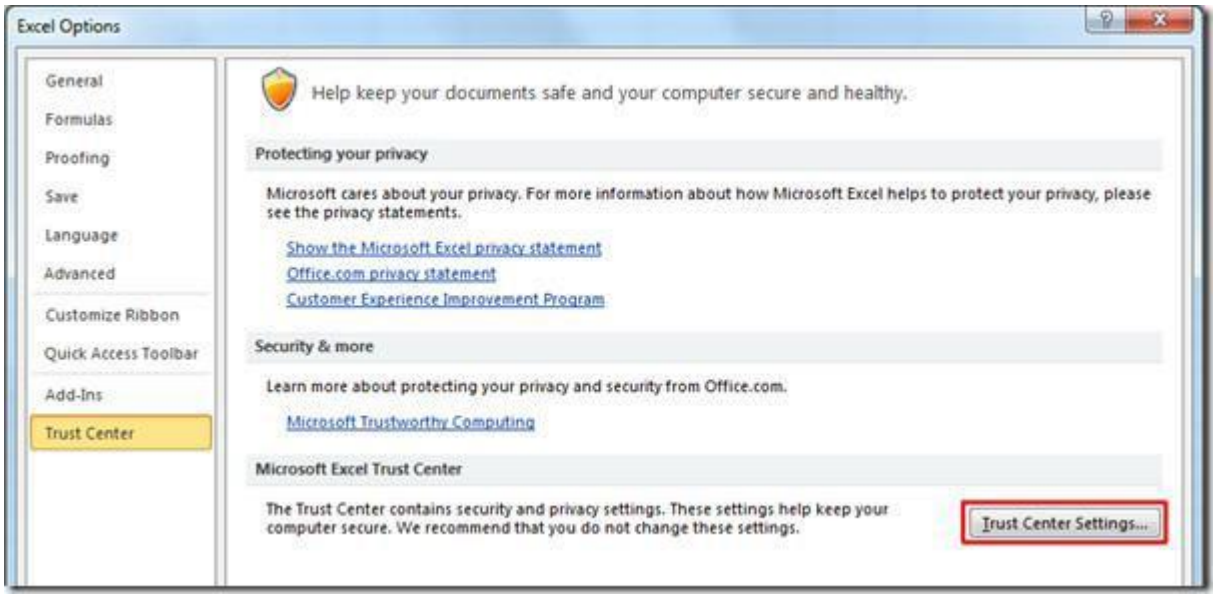
- by your school district's technical staff from whatever computer system your district uses for functions such as Payroll, Finance and Employee Benefit Management, or
- using features built for this purpose into the WESPaC software (more information on this may be found below under the heading "Users of WESPaC / WSIPC").

However, you do not have to use .CSV files or the .CSV import function. If you want, you can edit the Data Collection Spreadsheet manually, or use cut and paste.

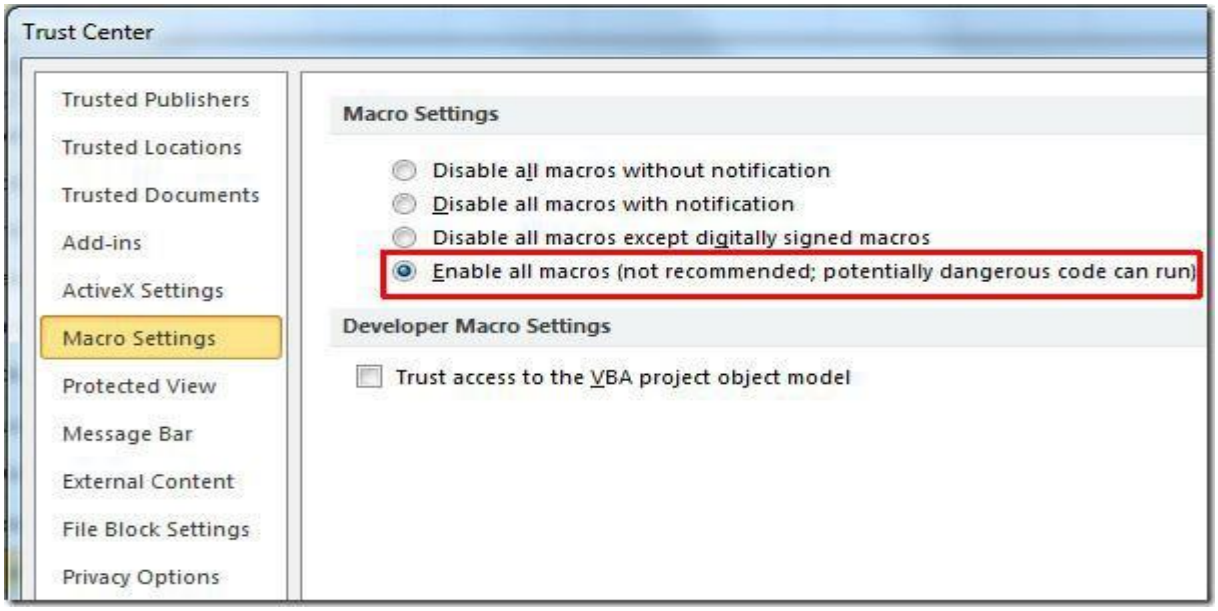
Enable Macros

To use either the CSV import function or the Check My Spreadsheet function, you may need to enable macros for the Data Collection Spreadsheet. To do this:

1. In Excel 2007 click the **Microsoft Office Button** and then click **Excel Options**.
2. In Excel 2010 or 2013 click the **File Menu** and select **Options** from the left sidebar.
3. In **Options**, select **Trust Center** from the left sidebar and click the **Trust Center Settings** button on the main window.



1. From the **Trust Center Settings** dialog window, select **Macro Settings** from the left sidebar.
2. Choose the **Enable All Macros** option and click **OK**.



If you experience difficulties enabling macros on the Data Collection Spreadsheet, or if macro settings for your school district are set by local network administrative policy, then please contact your local IT support.

Check My Spreadsheet

This is an Excel program (a "macro") which:

- Calculates annual totals by expenditure category (lines 13-20 within Section 1), based on your input within Section 3
- Inserts the date of the last time the Check my Spreadsheet function was run into row 26 of Section 1
- Performs a large number of data validations on the Data Collection Spreadsheet
- Reports errors and warnings to users, so that they may be corrected before the data is submitted.

After you have filled out all the required data, run the Check My Spreadsheet macro by clicking on the button labelled "Check My Spreadsheet" within the Functions tab.

The macro goes through your spreadsheet performing numerous checks and data validations. It highlights any imperfections it finds, and writes error messages in the Status column of each Section.

Before submitting your spreadsheet, you must fix any errors that Check My Spreadsheet discovers. If the Check My Spreadsheet function issues no errors, you may submit the data.

It is possible for a data collection spreadsheet to contain no CMS errors. However, errors may later be discovered when the data is loaded into the project's database. If at that time there are errors and/or warnings, the school district is notified.

The OIC's data processing application automatically sends back the same spreadsheet that your district submitted, but with an indication (in the Status column) of exactly what was in error or caused a warning to be issued.

Data Collection Spreadsheet - Naming Convention

When saving the Data Collection Spreadsheet that contains your district's data, please use the following naming convention: **SD*nnnnn*-V*nn*.xlsm** where…

nnnnn is your county-district code

nn is the version (reflecting the number of times you have previously submitted data); the first time you submit data, please use V01 and then increment the version number with each subsequent resubmit.

For example, the first time your district submits data, the Data Collection Spreadsheet is named like this: SD12345-V01.xlsm.

The fourth time your district submits data (we hope this will not be necessary!) the Data Collection Spreadsheet you submit would be named like this: SD12345-V04.xlsm.

Users of School District Management Software Other Than WESPaC

If your school district uses software other than WESPaC (available through WSIPC) for functions such as Payroll, Finance and Employee Benefit Management then you have two choices:

Either…

1. Build a utility or extract program that extracts the required data from your computer system. You may need to request assistance from your IT department for this process. The output should be a series of .CSV files that:

   (i) correspond exactly with the layout of the Sections as described below, and

   (ii) are named according to this naming convention: **SDnnnn.Sectionx.CSV**, where **nnnnn** is your county-district code and **x** is the Section number.

   Note that template .CSV files, complete with correct column headers, may easily be extracted from the Data Collection Spreadsheet using the Save As function within Excel. Template .CSV files are also available from the OIC's web site. For a link to the OIC's site please see the section below entitled "Further Information – Links".

   Once you have the extracted .CSV files, import the data within them into the Data Collection Spreadsheet using the import macro ("Load CSV Files Into this Workbook") within the Functions tab.

   Note that in order for the import macro to work, the .CSV files have to be in the same folder as the Data Collection Spreadsheet, and be named according to the convention described under point ii above.

   After the .CSV files have been imported into the Data Collection Spreadsheet, you can perform further edits on the data from within Excel. You need to perform further edits in order to provide required data that is not by definition extractable, such as narrative data.

Or…

2. Manually edit the Excel template that is part of this Data Call.

   When your data is ready to be submitted follow the steps outlined in the Section below entitled "Submission Process"

Data Flow Diagram

This diagram illustrates the flow of data between School Districts (that do not use WESPaC) and the project team. If the document embedded here does not open, you can access it on the OIC's web site. See the section above entitled "Further information – links".

Y4 Data Call Overview SDs (non-W

Users of WESPaC

In Year 1 of the project, on behalf of its school district membership throughout the State of Washington, WSIPC developed a program that extracted a large portion of the required data from the database associated with the WESPaC school district management software. In Year 1 this was run centrally, by WSIPC, on behalf of all districts.

Year 2 Enhancements

For Year 2 of the project, WSIPC integrated the OIC K-12 extract process into the user interface of the WESPaC software, enabling it to be run by individual districts on demand.

Year 3 Enhancements

In Year 3 of the project, WSIPC further enhanced the accuracy of their extract.

Year 4 Enhancements

Minor enhancements have been implemented in Year 4. For details on these, WSIPC districts may refer to the WSIPC Guide to Human Resources Washington State Reporting. Contact your Support Center if additional assistance is required.

WSIPC Instructions

WSIPC will in due course send out a separate communication to all member districts with detailed instructions about the process that districts should follow to use the features of WESPaC in order to extract their district's data.

WSIPC Extract is Integrated into WESPaC

The OIC K-12 extract is now integrated into the WESPaC software, thus allowing districts to configure what will be extracted and what the output will look like, and to run the extract program on demand.

The OIC K-12 extract will be of particular benefit to districts that have chosen to use the Insurance Tracker module of the WESPaC software.

Districts Can Configure Their Extract

WSIPC will provide detailed instructions on this, but essentially… districts can determine what entities are included in the extract, and how they are identified in the output of the extract.

Output is .CSV Files

The extracted data is, once again, in the form of .CSV files. These are written out to a folder on the same machine that the WESPaC software is run on (or accessed from, if you're using the web-based version).

Validate, Modify, Plug the Gaps

Again, the extract provides most (but not all) of the data that each school district is required to report. Districts again need to:

1. Carefully inspect and verify the extracted data
2. Correct it as necessary
3. Add to it, particularly with respect to required fields that are not included in the WSIPC extract
4. Supply the various narratives that are required

It's best to do these tasks after the CSV data has been imported into the Data Collection Spreadsheet.

Districts Have Control

Districts should configure their WESPaC software appropriately, and run the extract. Then, depending on the data quality of the output, they may wish to make adjustments to the configuration and rerun the extract.

Process overview

Users of WESPaC should:

1. Configure their OIC data extract within the WESPaC school district management software (see specific instructions from WSIPC)
2. Run the OIC extract, placing the downloaded .CSV files into the same directory (i.e. folder) as the Data Collection Spreadsheet which has been distributed by the project team as part of the Year 4 Data Call
3. Back up the created .CSV files
4. Import the .CSV files into the Data Collection Spreadsheet using the macro within the Functions tab
5. Inspect and verify, and if necessary correct, the extracted data
6. Fill the gaps (particularly fields not populated by the OIC extract, and also narrative data)
7. Run the Check My Spreadsheet macro (from within the Functions tab)
8. Fix any errors that Check My Spreadsheet discovers
9. Upload the completed Data Collection Spreadsheet to the ShareFile.com web site (there is more information on ShareFile later in this document).

Data flow diagram

This diagram illustrates the flow of data between WSIPC, school districts (that use WESPaC) and the project team. If the document embedded here does not open, you can access it on the OIC's web site. See the section above entitled "Further information – links".

Y4 Data Call
Overview SDs _WESPa

Using ShareFile

General

ShareFile is a cloud-based file sharing and storage service built for business. In Year 4 of the project ShareFile is being used as the data transport mechanism.

Security

The use of ShareFile means that there is no need for users to encrypt or password-protect their data before submission*. This is because all data that moves into or out of ShareFile, or that is stored by ShareFile, is always encrypted (by ShareFile itself). If you have concerns about the data security arrangements of ShareFile.com, please see www.sharefile.com/industries/business/security.aspx. A brief quotation from this page:

> *"All communications between Citrix ShareFile and the user are encrypted using either Secure Socket Layer (SSL) or Transport Layer Security (TLS) encryption protocols and up to AES 256-bit encryption. This is the same functionality used by banks and popular e-commerce services for secure communication. ShareFile also encrypts stored files when they are at rest on our servers for an additional layer of security".*

*In fact, users should absolutely not encrypt or password-protect their data before submission because this causes the OIC's computer application that gathers and processes submitted data to malfunction.

Set-Up - Preliminaries

The project team has a Contacts Database that was built and maintained during prior years of the project, and this has been further refined during the early stages of Year 4.

Please note that a user may be associated to multiple districts. This enables users such as ESD personnel to perform ShareFile operations on behalf of all the districts that they support.

Set-Up – Registration and Password Change

On January 19, 2016, the project team sent an e-mail message to every individual contact that we have on file within all districts regarding new and existing ShareFile users.

Existing Users

If you are an existing user of ShareFile (if you used ShareFile to submit data in Year 3 of the project) you can sign-in to ShareFile at: www.sharefile.com using the credentials that were set up previously. For security reasons you may want to consider changing your password. If you have forgotten your password, go to the sign-in page, enter your e-mail address, and click on "Forgot Password?" You will be taken to a screen where you can reset your password. If the contacts within your district have not yet logged onto ShareFile and changed their password, please have them do so as soon as possible.

New Users

If you are a new ShareFile user, please either contact the project team at: OICDataCallTeam@Treinen.com to be set up with access your district's ShareFile account, or have someone from your district (who already has access) do so. Note that all users have authority within their own school district's account to add or delete other district

users, to upload or download files, and to configure the e-mail notifications that are automatically generated whenever files are uploaded or downloaded.

All correspondence from ShareFile is sent from noreply@sf-notifications.com.

Data Movement Between Project Team and Districts is Via ShareFile

When setup and registration is complete, users can:

1. Upload files (i.e. successive versions of the completed Data Collection Spreadsheet) on behalf of the district that their e-mail address is associated with.
2. Download return files (Data Collection Spreadsheets that have errors and/or warnings identified) that were previously submitted by their district.

Notifications

Each time data is submitted to or downloaded from a district's ShareFile folder, ShareFile automatically sends a confirmation e-mail to that district's ShareFile contacts. The project team receives a similar notification.

When a district's submitted data is accepted or rejected by the OIC's computer application that processes submitted data, the application generates an e-mail stating this and sends it to the submitter. When the project team uploads a return file (containing errors and/or warnings) all ShareFile users within the district are notified.

Note that each individual ShareFile user may configure his or her notification settings. By default, all ShareFile users within a district are set up to be notified each time any activity occurs with respect to their district's ShareFile folder, but individual users may easily reconfigure their own preferences to receive the level of notifications that they want.

Errors and Warnings

If a district's data contains errors or warnings, users within the district receive an e-mail stating that a "return file" (i.e. a Data Collection Spreadsheet that identifies errors and/or warnings) has been posted to their ShareFile account. The district is requested to log into ShareFile, retrieve their return file, and give it further attention.

When a return file is retrieved (i.e. downloaded by someone in the district), ShareFile automatically sends an e-mail to the project team.

When corrections have been made to the Data Collection Spreadsheet (properly renamed according to the versioning convention described above), the district uploads it to ShareFile.

The cycle continues until the data within the Data Collection Spreadsheet is accepted and an e-mail is sent to the district stating this.

ShareFile Account Configuration

Users may add, change or delete ShareFile contacts within their district. Contacts may also be added, changed and deleted by the project team.

For support in reference to ShareFile account configuration please send an e-mail to the project team at OICDataCallTeam@Treinen.com with details of the support request.

Uploading and Downloading Data Using ShareFile

To submit (or resubmit) data, school districts should upload their completed Data Collection Spreadsheet to their district's ShareFile account. The spreadsheet should be named (or renamed) per the naming convention described above within the section entitled "Data Collection Spreadsheet - Naming Convention".

Districts can upload completed spreadsheets as often as necessary, for example each time new corrections or additions have been made. Follow the step-by-step instructions provided below to upload files to ShareFile.

Note that ShareFile uniquely identifies, date-stamps and archives each individual submission, regardless of how it is named. These archived files are placed into the Downloaded folder located in your district's ShareFile location. The data collection application stores the archived files here automatically when it processes them.

If the project team posts a return spreadsheet (containing error or warning notifications) to a district's ShareFile folder, users within the district may download the return spreadsheet using the step-by-step instructions provided below.

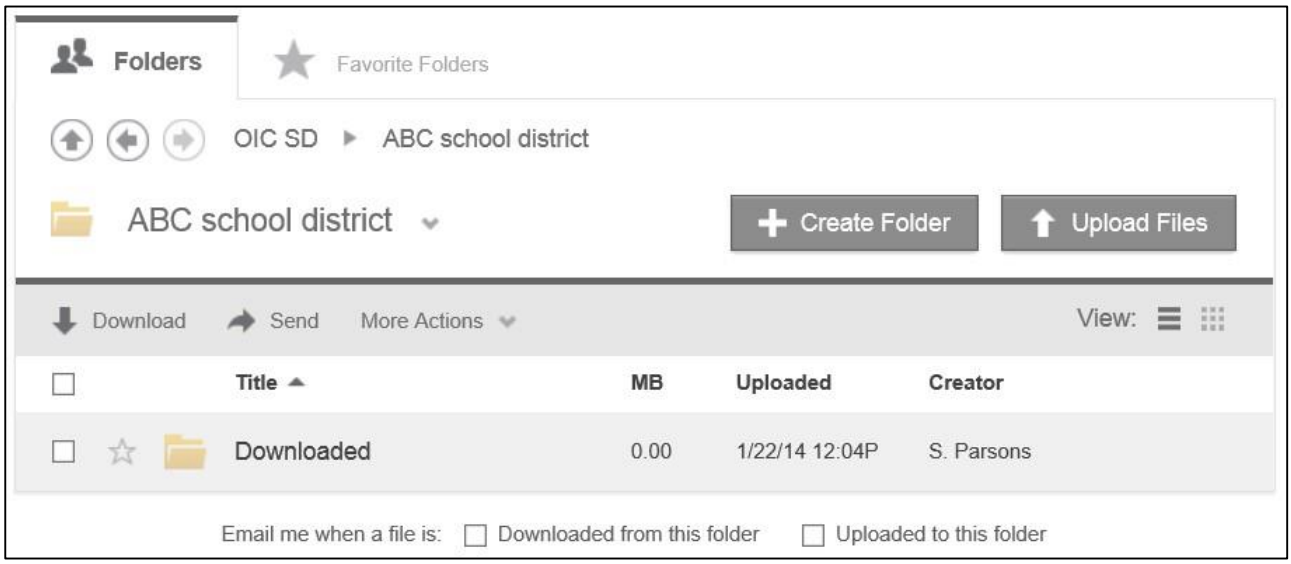
Step-by-Step Instructions for Uploading Files

To upload the completed Data Collection Spreadsheet from your computer to ShareFile, follow the steps below.

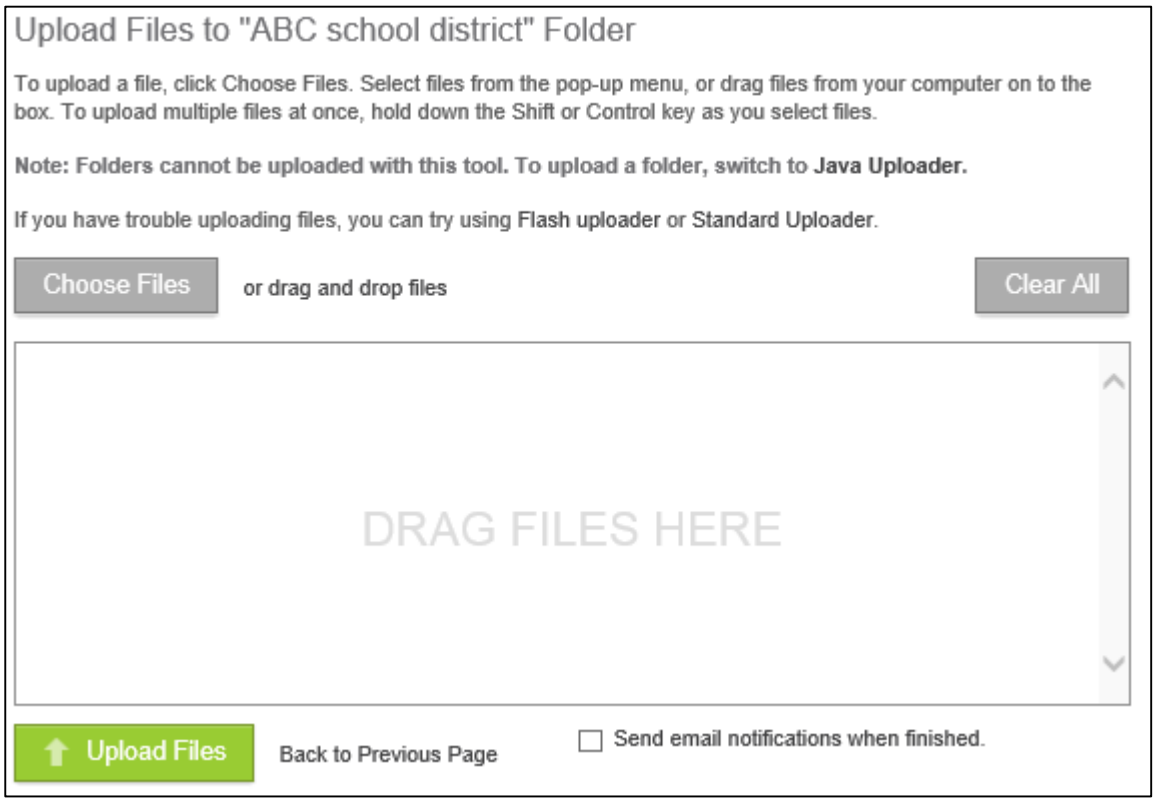
1. Using your internet browser, go to the ShareFile login screen at https://treinen.sharefile.com.

2. Log in to your account with your e-mail address and password.

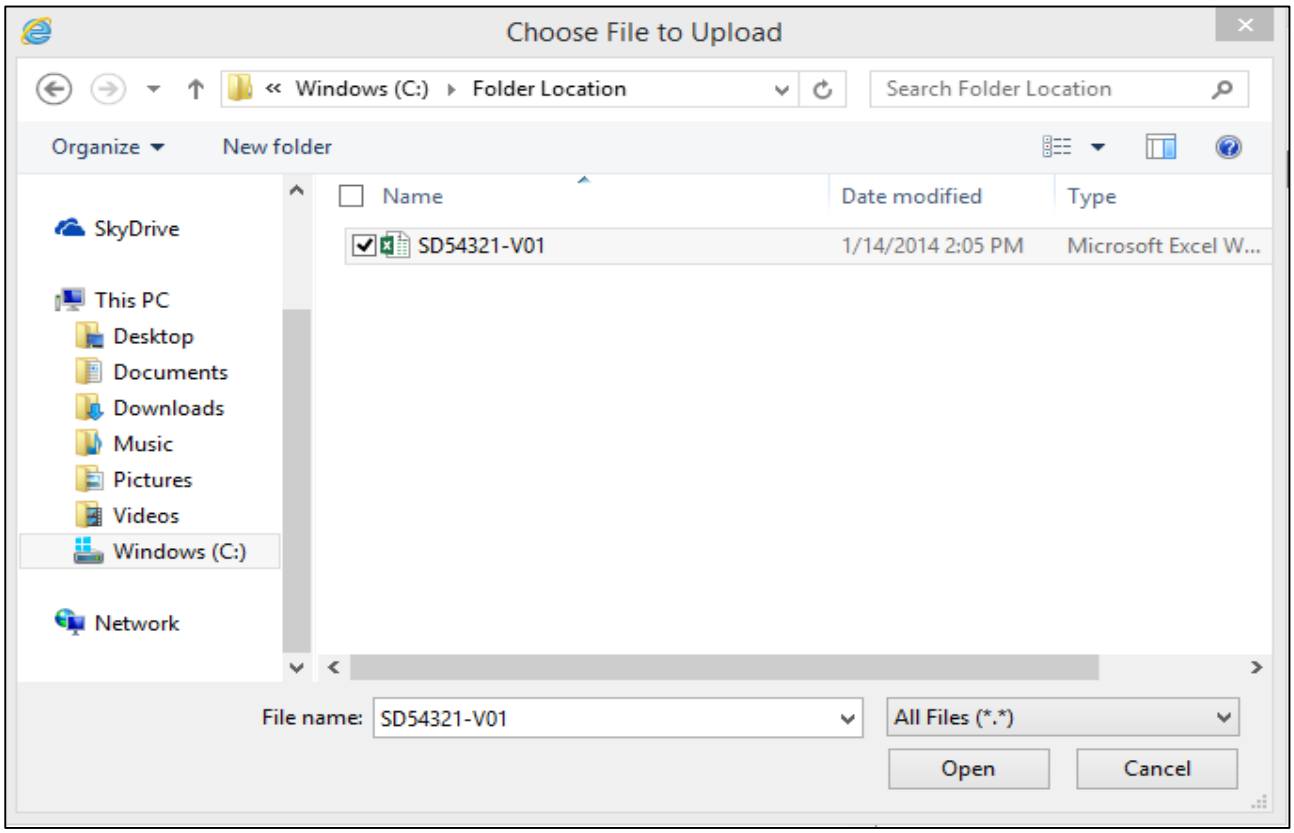
3. Once logged in, you are taken directly to your school district's ShareFile folder.



4. Click the **Upload Files** button to the right of your school district folder name.

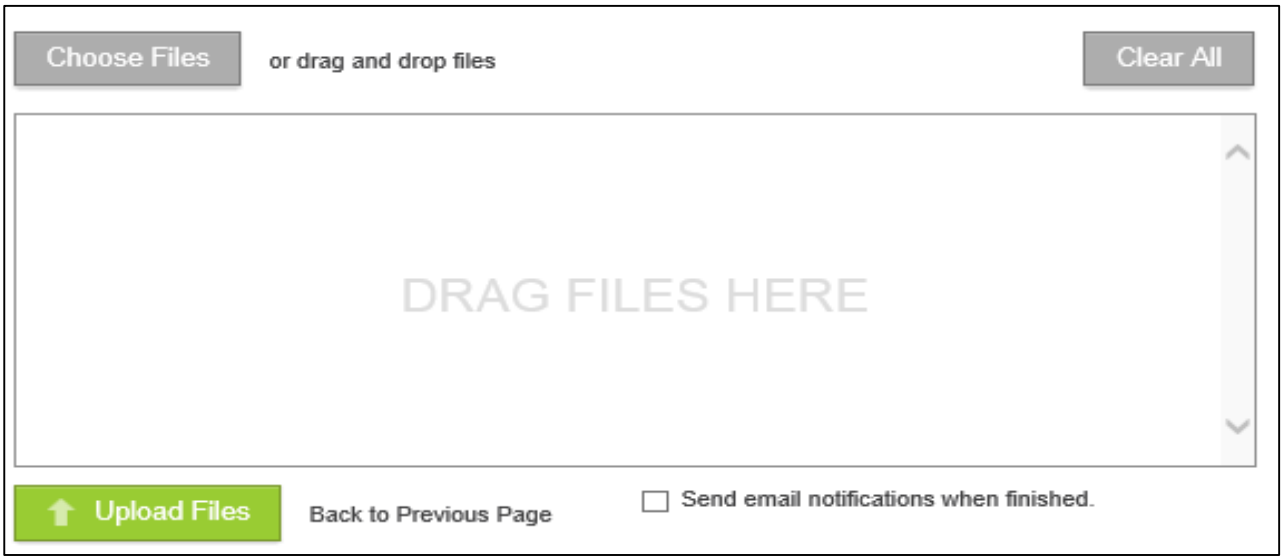


5. Click **Chose Files** to upload your completed Data Collection Spreadsheet from your computer.

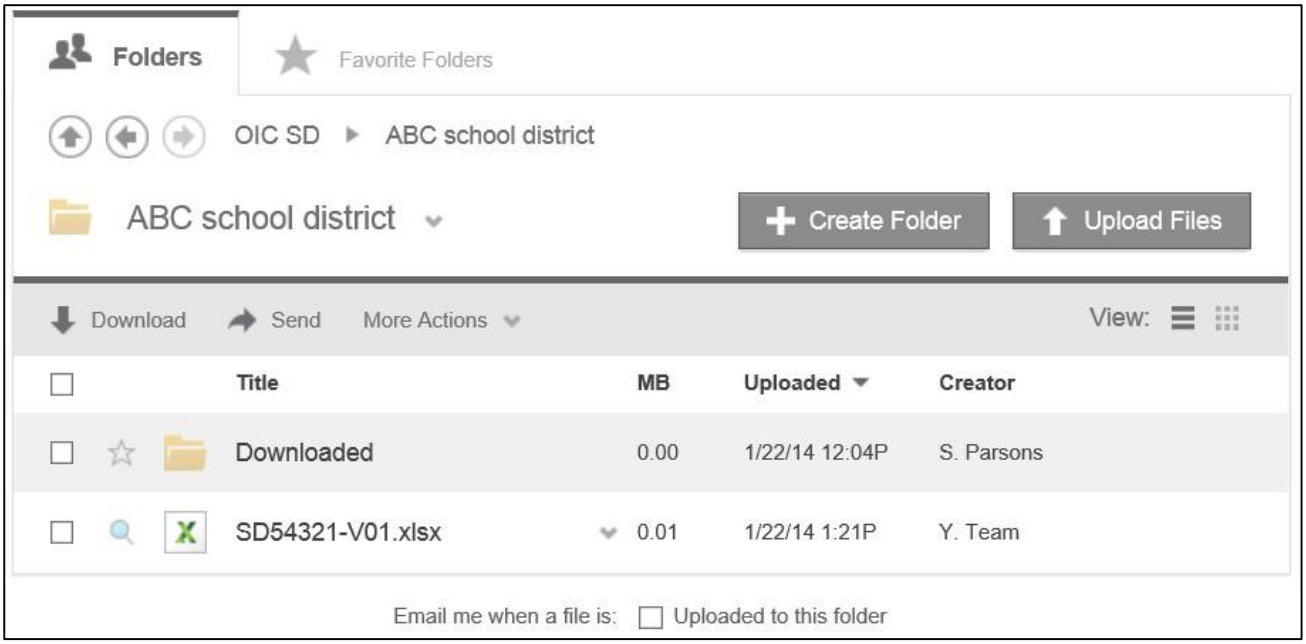


6. Navigate to the location of the completed Data Collection Spreadsheet and click on the file.

   Once you have selected the completed Data Collection Spreadsheet from your documents, click **Open**. Now that the completed Data Collection Spreadsheet is ready to be uploaded to ShareFile, click **Upload Files**.



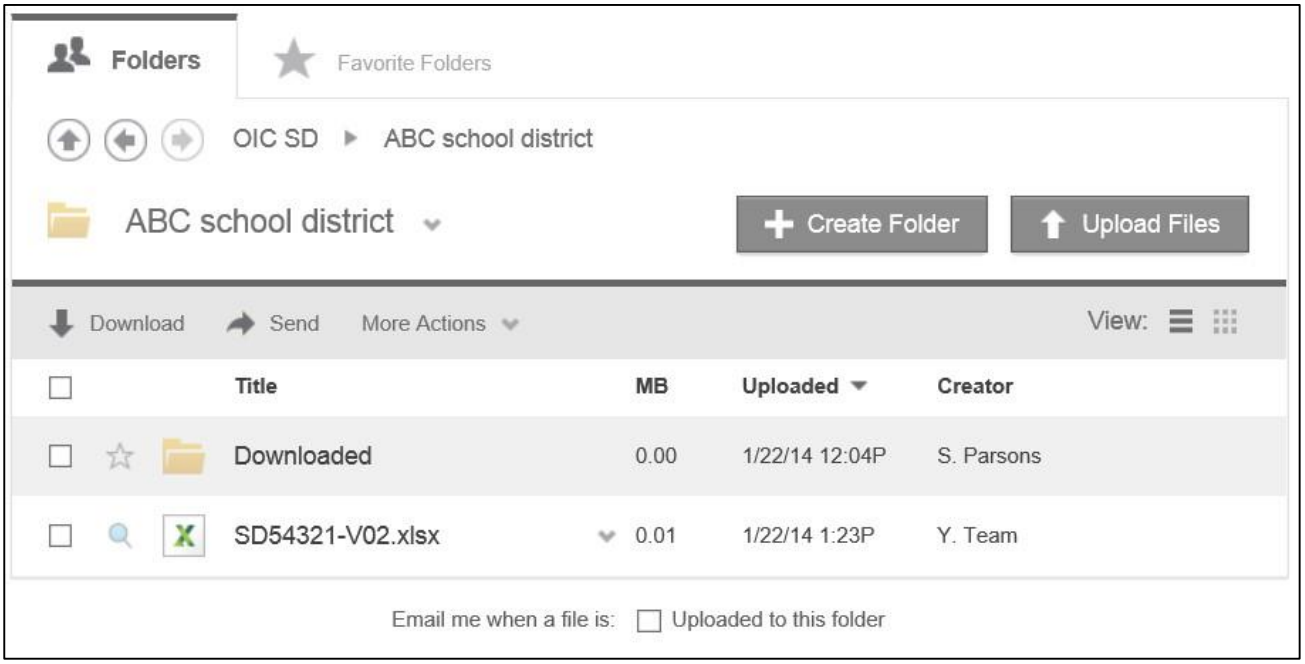
The completed Data Collection Spreadsheet has now been uploaded to your ShareFile folder.



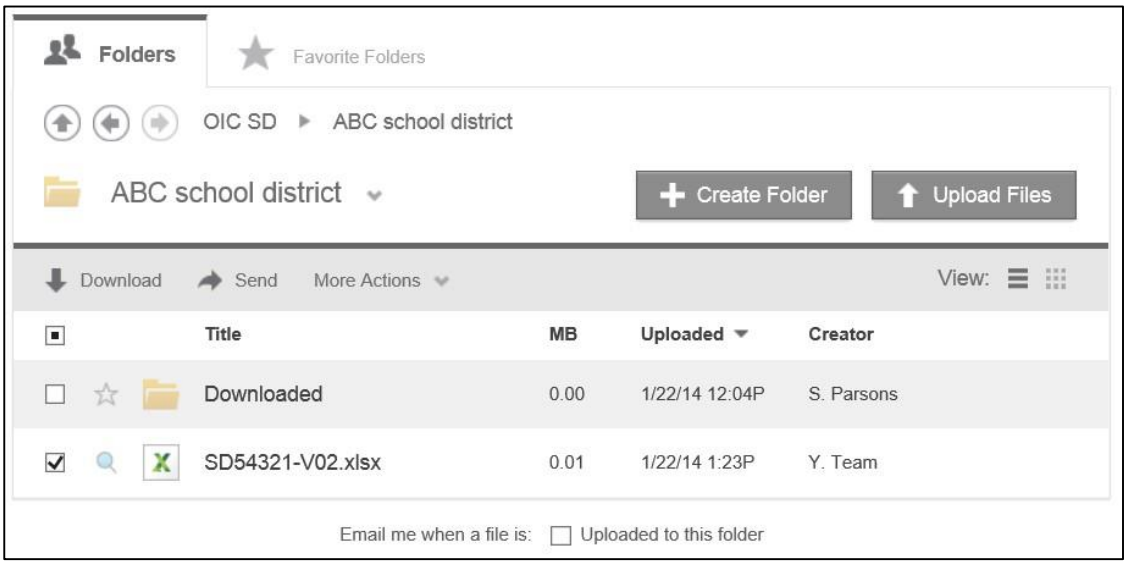
Step-by-Step Instructions for Downloading Files

To download a "return file" (a Data Collection Spreadsheet that has errors and / or warnings flagged) from ShareFile, follow the steps below.

1. Complete steps 1, 2, 3 as above.

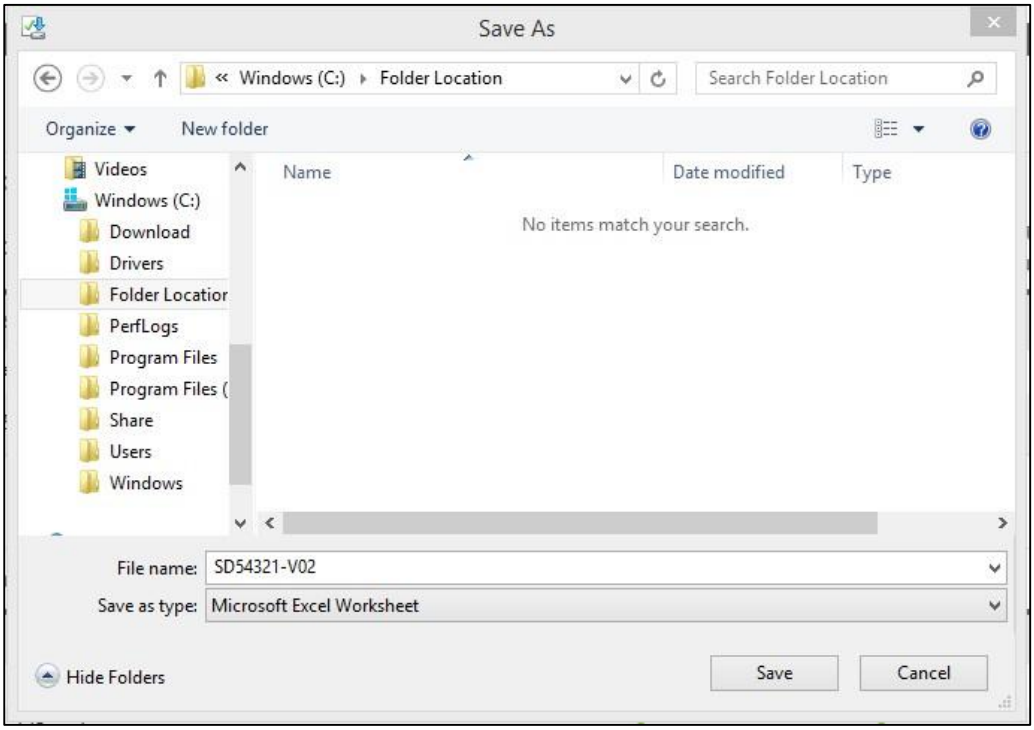


2. Select the file that you want to download by clicking in the box next to the file.



3. Click the word **Download** above the file list.

4. Click the **Down Arrow** next to the **Save** button and chose **Save As**.



5. Navigate to where you would like to save the file on your computer and click **Save**.

What Happens to the Data?

After a given school district submits a spreadsheet containing their district's data, a computer application, which has been custom-built for the Office of the Insurance Commissioner, automatically processes it. If the submitted data is accepted (if it does not contain any errors) the data is then:

- loaded into a secure database that will be the basis for the December 2016 Report to the Legislature
- validated against data received from carriers - carrier data is being gathered in a separate Data Call.

Errors and corrections after data submission

As noted above, if imperfections are detected in the data submitted by a district, the issues are identified in the Data Collection Spreadsheet which is then returned to the district via ShareFile. An e-mail is sent to the submitter indicating that the return spreadsheet needs to be retrieved from ShareFile, corrected and resubmitted.

Additionally, all ShareFile users associated with the submitting district are notified by ShareFile that a return file has been posted to their ShareFile folder.

If these imperfections are so serious as to constitute errors, the submitted data is rejected in its entirety, and this is indicated in the return e-mail. The district needs to address any errors and resubmit the data via ShareFile.

However, if the imperfections are not so severe as to stop the data from being loaded to the project's database, (in other words if there are warnings but no errors) then the data is loaded to the database. Districts have the opportunity to make corrections and changes to their data submission by resubmitting as often as they like up to the final due date, which is May 31, 2016.

If there are errors and/or warnings, the school district is notified. The OIC's data processing application automatically sends back the same spreadsheet that your district submitted, but with an indication (in the Status column) of exactly what was in error or caused a warning to be issued.

If your district's data is rejected due to errors, please correct the errors, re-run the Check My Spreadsheet macro, and then re-submit the spreadsheet <u>with the version number incremented as described above</u> within the section called "Data Collection Spreadsheet - naming convention".

Date Ranges

The legislation specifies that the data should be collected for calendar year 2015. Unfortunately, for most school districts, this aligns neither with the School Year, nor the School Fiscal Year, nor the Plan Year. So, after considerable discussion with the OIC, the following approach has been agreed:

1. For employee census data (Section 7) a "snapshot date" of October 1, 2015 is used. Any person who was a school district employee (as defined by the OSPI Employee Handbook) on that date should be reported. Any person who was not a school district employee on that date should not be reported.
2. For yearly totals by expenditure category (Section 1) the School Fiscal Year 2014-2015 is used. The project team then uses this information to estimate calendar year totals.
3. For yearly totals by payee / entity (Section 3) the School Fiscal Year 2014-2015 is used. The project team will then estimate calendar year totals.
4. Medical plan reporting in Section 4 is based on calendar year. If plans are added or dropped during the calendar year (because, for example, the prior plan year ended and the new plan year began) then report all of the plans.
5. The calendar year 2015 is used for:

- Narratives describing various efforts, achievements & progress (Section 1, rows 5 – 12)
- Innovative Features of Health Plans (Section 2).

The approach to date ranges explained here may at first glance appear complicated, but it is intended to make things as simple as possible for school districts. One of the top priorities, in designing the timespan aspects of this Data Call, has been to minimize the burden on school districts.

PEBB 'Base Rate' for Employees who Waive PEBB Coverage

Districts have to pay the 'base rate' of $840 to HCA for PEBB-eligible employees who waive PEBB coverage. This would apply, for example, where both spouses work in a school district and both are eligible, but of them is covered under the other's insurance.

The $840 is sometimes referred to as a 'remittance' by HCA – note that it is not actually a premium as such.

Guidance – Plan Codes for Employees who Waive PEBB Coverage

For PEBB-eligible employees who waive coverage, please…

- In Section 3 – define 'PEBB' as a Medical Insurance carrier, and report the total amount you paid to PEBB (in terms of premiums for covered employees plus remittances for employees who waived coverage). The premium type is 'Medical and Dental', since dental coverage under PEBB is mandatory, and is included in the $840 paid for employees that waive coverage.
- In Section 4 - define a plan code named 'Waiver', and associate it with the carrier named PEBB (which of course has to be defined in Section 3 in order to be used in Section 4). This plan will be assigned (in Section 7) to PEBB-eligible employees that waived coverage.
- In Section 5 (or 6) - offer the plan named 'Waiver' to PEBB-eligible employees
- In Section 7:
  - Assign the plan code of 'Waiver' to employees that decline coverage
  - Report a district contribution and a total premium of exactly $840*****
  - Report an employee contribution of $0.

***** As referenced in section 7 of the district instructions, the employee census information should reflect your district's employee population as of the snapshot date of Oct 1, 2015. Dollar figures for monthly premiums and contributions should be those that applied during October, 2015.

Changes to Check My Spreadsheet (CMS) Related to PEBB Base Rate

CMS no longer requires a plan code or tier of coverage if the premium amount is exactly $840. The programming that loads district data to the project database has also been changed to handle district contributions of exactly $840 (together with no plan code or tier of coverage and a $0 employee contribution) differently from how it handles actual premiums.

Further Information - Links

ESSB 5940

The original legislation may be found here: apps.leg.wa.gov/documents/billdocs/2011-12/Pdf/Bills/Senate%20Bills/5940-S.E.pdf

Treinen Associates Inc.

Treinen Associates Inc. is a consulting company that has been commissioned by the OIC to carry out the OIC K-12 Health Benefit Data Collection Project. Treinen Associates' web site: www.treinenassociates.com

OIC

The OIC's web site hosts various documents related to the OIC K-12 Health Benefit Data Collection Project: www.insurance.wa.gov/for-insurers/data-calls-reporting/special-data-calls/k-12-health-benefits-data-collection/

Here you can find:

- The school district Data Collection Spreadsheet
- The school district Data Call Instructions
- **FAQs** related to the school district Data Call
- **Data Flow** - WSIPC districts that use WESPaC
- **Data Flow** - Districts that do not use WESPaC
- **CSV templates** for the school district Data Call. Each .CSV template corresponds to one of the Sections in the Data Collection Spreadsheet, and is entirely empty apart from the column headings. The .CSV templates may be of useful (as output file layouts) to districts that extract their data from computer systems other than WESPaC. Districts that use WESPaC do not need the .CSV templates, as much of their data is extracted for them by using the OIC extract functionality provided by WSIPC.

The OIC's rules associated with ESSB 5940 are available on the OIC's web site: www.insurance.wa.gov/laws-rules/legislation-rules/recently-adopted-rules/documents/2012- 21103P.pdf

Office of the Superintendent of Public Instruction

The OSPI also has information on ESSB 5940. This site contains FAQs regarding OSPI's view of the legislation and its implications. Please see: www.k12.wa.us/Finance/InsuranceBenefits5940.aspx

Questions? Comments?

Please feel free to send us an e-mail at: OCDataCallTeam@Treinen.com.

Section 1 - District Information, Narratives, and Summary Financials

This Section contains:

- The district name and number
- The calendar year to which the data collection pertains
- Summary financial data - annual totals by expenditure category; these are automatically calculated by the Check My Spreadsheet utility (based on your input within Section 3)
- Narratives about your district's employee health benefits
- The name and e-mail address of the person who is submitting the district's data
- Dates - the date of the data submission and the date the last time Check My Spreadsheet was run.

Summary Financial Data

Lines 13-22 capture the annual total amounts your district paid, by expenditure category, for services related to the provision, delivery, management or administration of health benefit plans during the prior School Fiscal Year (September 1, 2014 to August 31, 2015). You should not provide financial data for the current School Fiscal Year.

Lines 20 and 21 (total spent on Internal Administration and description of such expenditures) are populated by **you** – they are not populated automatically. Please see the line-specific instructions below.

Later, in Section 3, you will indicate the total amounts your district paid to individual entities. (As previously mentioned, when you then run the Check My Spreadsheet macro these amounts are totaled and rows 13 – 19 here in Section 1 are automatically populated.)

Row 1 - Column Headings:

Column A	**Column B**	**Column C**	**Column D**
Field_Name	Status	District_Response	Field_Desc
Identifies the type of information required in this row Please do not use this column.	Processing Status—this field is automatically populated by processes belonging to the project team. Please do not use this column.	District responses should be entered in this column	Explanations, if provided, appear in Column D Please do not use this column.

The data you should report starts on Row 2 (since Row 1 contains the column headings).

Do not enter data in rows which are shaded in pale blue within this Instructions document.

Row-Specific Instructions

Row	Row Name	Explanation	Comments
2	SD_Code	County-district Code - should match the county-district code in the file name (e.g. 34111).	Filled automatically based on the district name selected (from the dropdown) in row 3.
3	District_Name	School district name. A drop-down in this cell allows you to select a district name from a complete list of all district names. This causes the school district code to automatically be filled in row 2.	Select from dropdown.
4	Report_Year_Ending	Reporting year.	Preset to 2015. Please do not change.

Rows 5 – 12 contain narratives describing various kinds of efforts, achievements and progress. All of these should be in reference to calendar year 2015. For further discussion of date ranges please see the material heading "Date Ranges" within the Introduction (above).			
5	Desc_Affordability	Narrative describing progress on affordability for full family coverage in line with the target 3:1 ratio as specified in ESSB 5940.	Required
6	Desc_CostSavings	Narrative describing progress by your district towards health care cost savings.	Required
7	Desc_ReducedAdmin	Narrative describing progress by your district towards significantly reduced administrative costs.	Required
8	Desc_CustService	Narrative describing your district's efforts and achievements to improve the management, delivery and administration of employee health benefits.	Required

9	Desc_ReduceDiff	Narrative describing your district's efforts and achievements to reduce the differential between employee only and full family coverage. We are aware that this is almost the same question as in row 5. Feel free to use the same answer in row 5 and row 9.	Required
10	Desc_PTCoverage	Narrative describing your district's efforts and achievements to protect access to coverage for **part-time** employees.	Required
11	Desc_Innovations	Narrative describing your district's innovations which are intended to reduce health benefit premium growth and the use of unnecessary health services. A separate check-off list of specific innovations is provided in Section 2. This field, here in Section 1, is designed to capture any innovations not listed in Section 2, or any comments you wish to make about your district's innovations with respect to health benefits.	Required
12	HDHP_Offered	Indicate whether your district offers a High-Deductible Health Plan (HDHP) to employees. Y or N	Required
13	Total_Premiums_Med	Total amount of premiums paid to carriers for employee Medical benefits during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
14	Total_Premiums_Dental	Total amount of premiums paid to carriers for employee Dental benefits during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
15	Total_Premiums_Vision	Total amount of premiums paid to carriers for employee Vision benefits during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
16	Total_Broker	Total amount of annual fees paid to brokers during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
17	Total_ExternalAdmin	Total amount of external administrative expenses during Fiscal Year 2014 - 2015	Calculated by Check My Spreadsheet

18	Total_Supplemental	Total amount of annual fees for supplemental health services during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
19	Total_Retire_Carveout	Total amount of 'retiree carve-out' paid to HCA during School Fiscal Year 2014 - 2015.	Calculated by Check My Spreadsheet
20	Total_InternalAdmin	Total amount of avoidable, internal costs associated with administering health benefits during School Fiscal Year 2014 – 2015. Include **only** costs that… (i) your district incurs internally in administering employee health benefits AND (ii) would not otherwise be incurred if your district did not perform any such employee health benefit administration. This field is intended to capture the cost of employees that spend all of their time, or a substantial portion of it, on health benefit administration. If an employee does health benefit administration as well as a host of other things, and it would be very difficult to isolate the human resource costs associated with health benefit administration, then report 0. Enter 0 if none.	Required
21	Desc_InternalAdmin	Brief narrative describing the administration costs reported in Total_Internal_Admin (above). In other words, briefly explain the basis for your district's calculation of this number.	Required if Total_Internal_ Admin (above) is not 0
22	Total_Other	Dollar amount of other costs during School Fiscal Year 2014-2015	Calculated by Check My Spreadsheet
The person named below attests that the data for the submitting school district is correct to the best of their knowledge.			
23	Submitted_By	The name of the person who submitted the report.	Required
24	Submitter_E-mail	The e-mail address of the person who submitted the report.	Required

25	Submission_Date	Date your district's data is being submitted. Format is mm/dd/yyyy	System generated
26	Spreadsheet_Check _Date	Date & time of the last time the Check My Spreadsheet function was run.	System generated

Section 1 – Check My Spreadsheet Validations

1. Column C (District_Response) Rows 2 through 20, 22, 23 and 24 are required.
2. Column C (District_Response) Rows 13 through 20 must be numeric values.
3. Column C (District_Response) Row 21 (Desc_InternalAdmin) is required when Column C Row 20 (Total_InternalAdmin) is greater than 0.
4. Column C (District_Response) Row 12 (HDHP_Offered) must be a value of "Y" or "N".
5. Column C (SD_Code) must match an entry in the Reference section.
6. Column C (District_Name) must exactly match an entry in the Reference section.
7. Column C (SD_Code)/(District_Name) combination must match an entry in the Reference section.

Section 2 - Innovative Features of Health Plans

All of the responses below should be in reference to health plan innovations available to your district from any carrier at any time during calendar year 2015.

For further discussion of date ranges please see the material under the sub-heading "Date Ranges" within the Introduction (above).

Row-Specific Instructions

Column A	**Column B**	**Column C**	**Column D**
Status Used by the project team to report errors and warnings to submitting districts Please do not use this column	Use_YND **Required - Enter Y or N or D** Enter "Y" if this innovation applies to your district. Enter "N" if this innovation does not apply to your district. Enter "D" if you do not know if this innovation applies to your district.	Innov_No Number assigned by the project team to particular innovations. Please do not use this column	Innov_Desc Description of the innovation that is being asked about. Please do not use this column

Data begins on Row 2. Enter "Y" in column B of each row where the innovative feature applies to your school district. Enter "N" in column B of each row where the innovative feature does not apply to your school district. Enter "D" in column B of each row if you do not know if this innovation applies to your district.

1. Our district has a benefits strategy that includes improving the health of our employees.
2. Our district has specific health plan goals for our employees.
3. We participate in a health plan coalition.
4. We offer a plan design with a network of providers (hospitals and professionals) and higher benefits for use of in-network providers.
5. We receive health plan performance data from our health plan administrator/insurer.
6. We provide incentives for employees to use our wellness programs.
7. We contract with our health plan to provide wellness services to our employees.
8. We contract with an independent third party to provide wellness services to our employees.
9. We offer a *consumer driven* health plan with a Health Savings Account (I).

10. We have a benefits budget that includes a wellness promotion component.
11. To reduce unnecessary health services at least one of our health plans includes a copay for emergency room services.
12. To reduce unnecessary health services at least one of our health plans includes a copay for inpatient hospital admissions.
13. To reduce unnecessary health services our pharmacy program requires higher copays for brand-name drugs where a generic drug is available.
14. Our health plan administrator/insurer or other third party works with us to find ways to reduce our health plan costs.
15. Our health plan administrator/insurer provides us information on health care cost and trends.

    Enter "Y" in column B of each row where the innovative feature is true of at least one health benefit plan offered to employees through your school district. Otherwise enter "N" if the innovation feature is not true for any health benefit plan offered to employees through your school district. If you do not know if the innovative feature is offered by any plan offered to employees through your school district enter "D".

At least one of the health benefit plans offered to our employees:

16. …Offers a wellness program.
17. …Provides wellness coaching to our employees.
18. …Sends out wellness newsletters and/or post wellness messages on site.
19. …Includes case management and utilization management programs.
20. …Offers a focused disease management program.
21. …Offers a high-risk maternity program or maternity education program.
22. …Offers our employees an opportunity to complete health risk assessments.
23. …Offers our employees an opportunity to complete biometric screenings.
24. …Offers financial incentives for employees to lose weight.
25. …Offers financial incentives for employees to stop smoking.
26. …Knows the health risks of our population of employees.
27. …Communicates to employees that healthy behaviors can reduce health benefit costs.
28. …Offers incentives to encourage our population to improve their health.
29. …Encourages our employees to know their *numbers* (cholesterol, body mass index, blood pressure, blood glucose levels).
30. …Offers centers of excellence for high-cost services such as transplants.
31. …Offers a Nurse Line service.
32. …Offers a website to employees which includes health tools and resources.
33. …Offers a communication plan to target chronic conditions (e.g. diabetes and depression).

Section 2 – Check My Spreadsheet Validations

1. Column B (Used_YND) Rows 2 through 34 are required and must be a value of “Y”, “N” or “D”.

Section 3 - Entities: Insurance Carriers, Brokers, etc.

In this Section you should list all entities - insurance carriers, brokers, administrators, and all other third parties - from which your district obtained services related to the provision, delivery, management or administration of health benefit plans offered through your district to your district's employees during prior School Fiscal Year (Sep 1, 2014 – Aug 31, 2015). Additionally you should identify what kind of service each entity provided, and how much you paid to each.

Provide the dollar amount, if any, that your district paid to each listed entity during the whole of the prior School Fiscal Year (Sep 1, 2014 – Aug 31, 2015). Please do not provide financial information (yearly totals or YTD totals or monthly totals) for the current calendar year.

Please note that various annual total fields within Section 1 are automatically calculated (by the Check My Spreadsheet macro) based upon the input you provide here in Section 3.

If an entity provides more than one service then list the entity once for each separate service the entity provides.

Please make every effort to report dental and vision premiums separately from medical premiums. However, if vision or dental premiums are bundled with medical premiums, and you are unable to report the cost of your medical premiums separately from the cost of your vision and/or dental premiums, then report the bundled total in "Premiums_Paid" (column E).

If You Don't Pay Them, Don't Report Them

In Year 4 of the project it is not necessary for you to report on brokers or third party administrators if your district does not pay them directly.

(We do collect information on such entities, including how much the carriers pay them, from the carriers.)

Approved Carrier Names (Medical Only)

The project is very carefully tracking detailed data about medical carriers*. So if for a given entity the Entity_Type_Role is "Medical Ins. Carrier" then for Entity_Name you need to use one of the "Approved Carrier Names" shown below and found in the Reference tab of the spreadsheet.

(* For Dental and Vision carriers we are tracking summary data only – how much districts pay them in total.)

If you are a WSIPC district that uses the Insurance Tracking module of the WESPaC software, you can configure the OIC extract to write only approved carrier names to the output .CSV files for medical carriers.

Otherwise, please use the carrier names listed below in the Entity_Name column.

Approved Carrier Name	**Carrier**
Aetna	Aetna Inc.
Group Health	Group Health Cooperative
Kaiser	Kaiser Foundation Health Plan of the Northwest
KPS	KPS Health Plans
Moda Health	Moda Health
PEBB	Public Employees Benefit Board* (a carrier for the purposes of this project)
Premera	Premera Blue Cross
Providence	Providence Health Plans
Regence	Regence Blue Cross Blue Shield
UHC	United Healthcare
Other	This is in case there is a medical carrier we don't already know about. In this case, please report the name of the medical carrier in the Entity_Code field.

Payments to HCA

Please make sure that you distinguish carefully between the various payments you may make to the HCA (the Health Care Authority) - please see the discussions of PEBB and the "employee carveout" immediately below.

PEBB

Note that the HCA offers medical coverage through PEBB (the Public Employees Benefit Board). So the expression "HCA" may well be part of the relevant deduction code in your payroll system, or the account payable code in your accounting system. If you are reporting payments made to HCA for medical coverage through PEBB, then The Entity_Code can be whatever you like, but the Entity_Name should be PEBB. The payments you make for coverage under PEBB should be combined with the amount you pay for PEBB eligible employees who waive coverage and reported under Premiums_Paid.

Please see the section above entitled "PEBB 'Base Rate' for Employees who Waive PEBB Coverage" for further guidance concerning PEBB waivers.

"Carveout"

However, note also that the deduction codes and account payable codes associated with payments made to HCA for the "retiree carveout" may also contain the expression "HCA". If you are reporting payments made to HCA for the "retiree carveout" then the Entity_Code and Entity_Name can be whatever you like (though it would be nice if you put "carveout" somewhere in the code or the name). Such payments should be reported under Non_Premium_Fees_Paid.

Payments to WEA

WEA (Washington Education Association) is not a carrier, they are a plan sponsor. If you make payments for medical coverage to WEA, then:

- Feel free to use an expression that includes "WEA" (or indeed whatever you like) as the Entity_Code.

- Please make sure that you correctly identify the actual carrier in the Entity_Name field. The carrier for plans currently offered through WEA is Premera.
- Report the amount paid for medical coverage in the Premiums_Paid column.

AON Hewitt

AON Hewitt is the Third Party Administrator for plans sponsored by WEA. They handle such things as enrollment and claims administration. The data from prior years shows that in some cases, districts pay AON for medical coverage sponsored by WEA.

However, AON is not a carrier. If you make payments for medical coverage to AON, then:

- Feel free to use an expression that includes "AON" (or indeed whatever you like) as the Entity_Code
- Please make sure that you correctly identify the actual carrier in the Entity_Name field. The carrier for plans currently offered through WEA (for which some plan administration is done by AON Hewitt) is Premera.
- Report the amount paid for medical coverage in the Premiums_Paid column.

Entity_Type_Role

Every entity you list must be associated with a role. In Section 3, column D provides a drop down list of roles that you can chose from. Listed below are definitions of the roles you may select for a given entity.

Medical Ins. Carrier

A company that offers medical insurance plans. Please note that if you select this role for a given entity, then in the Entity_Name field you must choose an approved carrier name. Be sure to spell the carrier name exactly as it is listed in the Reference tab or an error will occur.

Dental Ins. Carrier

A company that offers insurance plans related to dental health.

Vision Ins. Carrier

A company that offers insurance plans related to vision health.

Supplemental

A company that provides supplemental health insurance such as insurance against accidents, hospital stays, and certain specific conditions such as cancer. Supplemental health insurance is quite distinct from medical insurance – it is purchased and billed separately.

Broker

A company that assists your district in the process of purchasing health benefits for your employees.

Insurance brokers or advisors that your district used should **not** be listed if their fees are included in benefit plan premiums. List only brokers and advisors that your district pays directly.

Third Party Administrator

A company that provides services related to the administration of health benefits or claims. If a TPA provides such services to your district but is paid by a carrier, do not include that company in your reporting. Report only TPAs that are paid directly by your district.

This role also includes external companies that provide data processing services in support of health benefit administration within your district. (Hint - only a few of the very largest districts use such services.)

Broker + Administrator

A company that provides services related to the administration of health benefits or claims for your district. Report companies that perform these services only if they are paid directly by your district.

HCA (Carveout)

Health Care Authority - the organization to which you pay the “retiree carveout” for your employees.

Other

Please use this for any entity which does not fit into the categories described above, or for a carrier that is not included in the drop-down of approved carrier names.

Premiums VS Fees

For the purpose of this project, any payments you make to a carrier are by definition **premiums**. Conversely, any payments you make to an entity that is NOT a carrier are by definition **fees**.

If a particular entity fulfills any of these roles:

- Medical Ins. Carrier
- Dental Ins. Carrier
- Vision Ins. Carrier

…then the payments you made to these entities should be entered under Premiums_Paid, and the exact type of premiums should be identified in the Premium_Type column.

If a particular entity fulfills any of these roles:

- Supplemental
- Broker
- Third Party Administrator
- Broker + Administrator
- HCA (Carveout)
- Other

…then the payments you made to these entities should be entered under Non_Premium_Fees_Paid.

Row-Specific Instructions

Column	Column Name	Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Entity_Code	Provide a unique identifier that your district uses for this entity. This identifier may be a vendor code from your district's Payroll, HR or other computer system. You can use any code you like as long as it is unique. For medical carriers, this code is later referenced in Section 4, where you list the plans offered within your district by each medical carrier. You cannot use any Carrier_Code in Section 4 that is not defined here.	Required
C	Entity_Name	Provide the name of this entity. For medical carriers you must use an approved carrier name. Please see the section above entitled "Approved carrier names (medical only)". Be sure to spell the carrier name EXACTLY as it is listed in the Reference tab or an error will occur. For other types of entity you can use any name you like.	Required

D	Entity_Type_Role	Identify the role of this entity. A drop down list is available for these names. Valid choices are: - Medical Ins. Carrier - Dental Ins. Carrier - Vision Ins. Carrier - Supplemental - Broker - Third Party Administrator - Broker + Administrator - HCA (Carveout) - Other If the entity identified in this row provides medical insurance bundled with another form of insurance (such as vision) then report the entity type as Medical Ins. Carrier. If Entity_Type_Role (column D) is set to "Medical Ins. Carrier" then column C must include a valid carrier name from the reference tab.	Required
E	Premiums_Paid	If Entity_Type_Role (column D) is set to: - 'Medical Ins. Carrier' or - 'Dental Ins. Carrier' or - 'Vision Ins. Carrier' then this field must be populated. If Entity_Type_Role is not one of these then leave this field blank, and report payments made to this entity in Non_Premium_Fees_Paid (column G). Report the dollar amount of all **medical or dental or vision** insurance premiums paid to this entity during School Fiscal Year 2014 - 2015. Do not include premiums that are not for medical, dental or vision coverage. In other words, do not include life, long term disability, short term disability or supplemental insurance. Do not include COBRA. Do not include payments to trusts or VEBA trusts.	Required if Entity_Type_Role is any of the following: - Medical Ins. Carrier - Dental Ins. Carrier - Vision Ins. Carrier

F	Premium_Type	Identify the exact type of premium you reported in Column E from the drop down list. Valid choices are: - Medical - Dental - Vision - Medical & Dental - Medical & Vision - Dental & Vision - Medical & Vision & Dental	Required if Entity_Type_Role is any of the following: - Medical Ins. Carrier - Dental Ins. Carrier - Vision Ins. Carrier and Premiums_Paid is not zero.
G	Non_Premium_ Fees_Paid	For the purposes of this Data Call, any payment that is not a medical or dental or vision premium is considered to be a "fee". So, if Entity_Type_Role is anything other than… - "Medical Ins. Carrier" or - "Dental Ins. Carrier" or - "Vision Ins. Carrier" …then use this field to report payments made to this entity. Report the dollar amount of fees (as distinct from premiums) paid to this entity during School Fiscal Year 2014 - 2015.	Required if Entity_Type_Role is any of the following: - Supplemental - Broker - Third Party - Administrator - Broker + Administrator - HCA (Carveout) - Other
H	C_Name	A contact name for this entity.	Optional
I	C_Phone	A contact telephone number for this entity.	Optional
J	C_E-mail	A contact e-mail for this entity.	Optional

Section 3 – Check My Spreadsheet Validations

1. Column B (Entity_Code) is required, must be unique within spreadsheet.
2. Column C (Entity_Name) is required, must be a valid carrier name if Column D (Entity_Type_Role) is "Medical Ins. Carrier".
3. Column D (Entity_Type_Role) is required, must be value from dropdown list.
4. Column E (Premiums_Paid) is required if Column D (Entity_Type_Role) contains "Carrier", numeric, must be greater than 0.
5. Column F (Premium_Type) is required, must be value from dropdown list, default "N/A" when Column E (Premiums_Paid) column is 0.
6. Column G (Non_Premium_Fees_Paid) is required if Column D (Entity_Type_Role) does not contain "Carrier", numeric, must be greater than 0.

7. When Column D (Entity_Role_Type) has a value of "Medical Ins. Carrier" then Column F (Premium_Type) must contain "Medical".
8. When Column D (Entity_Role_Type) has a value of "Dental Ins. Carrier" then Column F (Premium_Type) must contain "Dental" or "Vision" and must not contain "Medical".
9. When Column D (Entity_Role_Type) has a value of "Vision Ins. Carrier" then Column F (Premium_Type) must contain "Vision" and must not contain "Medical" or "Dental".
10. When Column D (Entity_Role_Type) does not contain "Carrier" then Column F (Premium_Type) must be "N/A".
11. If Column D (Entity_Role_Type) contains "Carrier", amount is reported in Column E (Premiums_Paid) and column G (Non_Premium_Fees_Paid) must be 0.
12. If Column D (Entity_Role_Type) does not contain "Carrier", amount is reported in Column G (Non_Premium_Fees_Paid) and Column E (Premiums_Paid) must be 0.

Section 4 - Medical Plans

For each medical carrier, list all medical plans offered to any of your district's employees during 2015, which includes part of the 2014 - 2015 School Year AND part of the 2015 - 2016 School Year.

If, from the 2014 - 2015 (prior) School Year to the 2015 - 2016 (current) School Year, plans have been added or dropped, then list all of them.

Each plan that was offered during 2015 within your district should be listed once on its own line.

Note: **From this point forward, PLEASE SUPPLY INFORMATION ON MEDICAL PLANS ONLY!!!**

Please **do not** supply information about any of the following in this Section or subsequent Sections:

- Dental insurance plans No!
- Vision insurance plans No!
- Supplemental insurance plans No!
- Life insurance plans No!
- Short term disability insurance plans No!
- Long term disability insurance plans No!
- Salary replacement plans No!
- Payments to HCA for the Retiree Carveout No!
- Trust funds No!
- Veba Trusts No!
- Payments to HSAs (Health Savings Accounts) No!

Please see the section above entitled "PEBB 'Base Rate' for Employees who Waive PEBB Coverage" for guidance concerning PEBB waivers.

Row-Specific Instructions

Column	Column Name	Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Carrier_Code	Unique identifier for a medical carrier that was identified in Section 3 under column B (Entity_Code).	Required
C	Carrier_Name	Name of a medical carrier that was identified in Section 3 under column C (Entity_Name). Valid carrier names are available from the drop down in this field.	Required

Column	Column Name	Definition	Comments
D	Plan_Code	A unique identifier for this medical plan. This code may be from your HR system. Medical Plan_Codes listed here will be referenced in later Sections (5, 6 and 7). You cannot use a Plan_Code in later Sections that is not defined here in Section 4.	Required
E	Plan_Name	Medical plan name. Please use a descriptive name. Please do not repeat the Plan_Code. You could supply, for example, the name under which the plan is marketed within your district.	Required

Section 4 – Check My Spreadsheet Validations

1. Column B (Carrier_Code) is required, must match an Entity Code defined in Section 3 Column B when Column C (Carrier_Name) is not "Other".
2. Column B (Carrier_Code) is required, must not match an Entity Code defined in Section 3 Column B when Column C (Carrier_Name) is "Other".
3. Column C (Carrier_Name) required, must be value from dropdown list.
4. Column D (Plan_Code) required, must be unique within worksheet.
5. Column E (Plan_Name) required.
6. All plans listed in Section 4 Column D (Plan_Code) must be accounted for in either Section 5 or Section 6.

Section 5 - List Employee Groups (and Medical Plans)

What is an "Employee Group?"

An "employee group", for the purposes of this project, is a group of employees that is offered a unique array of medical benefit plans.

For example, in some districts, bus drivers, teachers, janitors and administrators are offered different arrays of medical plans. In other districts, every employee is offered the same array of plans.

Employees That Are Not Offered Medical Benefits

In Section 7, where we collect census data, every individual employee has to belong to an employee group. So, if some employees are not offered any benefits, then a group (with no benefits) needs to exist for them to belong to. We provide two default groups for this purpose:

NBO-Class No Benefits Offered – Classified
This group of classified employees is not offered any medical benefit plans.

NBO-Cert No Benefits Offered – Certificated
This group of certificated employees is not offered any medical benefit plans.

In each case, do not list any plans as being associated with this employee group.

Employees That Are Offered Medical Benefits

For both classified and certificated employees, a separate entry should be made for each group of employees that is offered a unique array of medical benefit plans. **A minimum of two groups must be listed: one group for classified employees and one group for certificated employees**.

Each employee group should be listed once on its own line.

The only distinction that you absolutely must make is between certificated and classified employees. So if, in your particular district, everyone gets offered the same medical plans, then you have 2 groups.

Further Guidance – Group Codes

The definition of an 'employee group', for our purposes, is a group of employees that is offered the same array of plans. So…

- If separate groups of employees are offered exactly the same array of plans, then for our purposes they are all in the same employee group.
- If all of your employees are offered exactly the same array of plans, then really you have 2 employee groups: Classified and Certificated. (ESSB 5940) requires that they be reported separately. You also have, by default, 2 groups of employees to whom no benefits are offered: NBO-Cert and NBO-Class.
- If you report more employee groups than you really have, because it is convenient for you to do so (depending on the way your data is structured), we can still accept your data. The danger is that if you also report a large number of plans, and plans multiplied by groups is greater than 200, then Check My Spreadsheet will give you an error.

Guidance – Plan Codes

The maximum number of combinations of group codes and plans is 200. This limit was put in place based on the assumption that even the largest districts would only have a few dozen unique combinations of Group Codes and Plan Codes. So, please…

- Do not report plans that apply only to a single tier of coverage (EE, ES EC and EF) – please see the example below of this (wrong) approach.
- Do not report separate plans depending on pre and post-tax premiums. There may be different deduction codes in your district's payroll system for pre- and post-tax premiums, but pre- and post-tax premiums do not constitute separate plans.

Correct

BC1 is legitimately reported as a plan.

Incorrect

BC1 is (incorrectly) subdivided by tier of coverage, and by pre-tax and post-tax. One plan magically becomes eight plans, which is not good, because the total number of plans is incorrectly multiplied by eight:

BC1ATEC	BLUE CROSS PLAN 1 – EMP + CHLDREN – AFTER TAX
BC1ATEF	BLUE CROSS PLAN 1 – EMP + FAMILY – AFTER TAX
BC1ATEO	BLUE CROSS PLAN 1 – EMPLOYEE ONLY – AFTER TAX
BC1ATES	BLUE CROSS PLAN 1 – EMPLOYEE + SPOUSE – AFTER TAX
BC1PTEC	BLUE CROSS PLAN 1 – EMPLOYEE + CHLDREN – PRE TAX
BC1PTEF	BLUE CROSS PLAN 1 – FULL FAMILY – PRE TAX
BC1PTEO	BLUE CROSS PLAN 1 – EMPLOYEE ONLY – PRE TAX
BC1PTES	BLUE CROSS PLAN 1 – EMPLOYEE + SPOUSE – PRE TAX

Time Span

The relevant time span is 2015, which of course includes part of the 2014 - 2015 School Year AND part of the 2015 - 2016 (current) School Year. If a particular employee group is unchanged (has not been added or deleted or renamed and has the same array of plans) from the prior School Year to the current School Year, then list that group only once.

Associate Plans to Groups

You may list the plans offered to each group in column E of this Section, or you may use Section 6 for this purpose.

Employees who Waive PEBB Coverage

Please see the section above entitled "PEBB 'Base Rate' for Employees who Waive PEBB Coverage" for guidance concerning PEBB waivers.

Row-Specific Instructions

Column	Column Name	Field Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Group_Code	A unique identifier for this employee group. This may be from your district's HR system. Group_Codes are referenced in later Sections; you cannot use a Group_Code in a later Section that has not been defined here.	Required
C	Group_Name	A name for this employee group.	Required
D	Group_CT	Classification of this employee group C = Classified or T = Certificated	Required
E	Plan_Codes_ Offered	List of Plan_Codes offered to this employee group, separated by commas. Districts can use this column instead of Section 6. Just like Section 6, this column identifies what medical plans are offered to what employee groups. Plan codes used here must be listed in Section 4 column D. If a plan code is used here but is not listed in Section 4 column D, this will be flagged as an error by Check My Spreadsheet.	Optional

Section 5 – Check My Spreadsheet Validations

1. Column B (Group_Code) is required, must be unique within worksheet.
2. Column C (Group_Name) is required.
3. Column D (Group_CT) is required, must be a value of "C" or "T".
4. Column E (Plan_Codes_Offered) optional when Section 6 Column D (Plan_Code) is used to define plans. Must be blank when Column B (Group_Code) is "NBO-Cert" or "NBO-Class" otherwise the plan codes must match those defined in Section 4 Column D.

Section 6 - Medical Plans Offered to Employee Groups

Do I Need To Fill Out This Section?

Just like column E of Section 5, this Section associates medical plans to employee groups. In other words, it identifies what plans are offered to what groups. It is NOT NECESSARY to fill out this Section if you made this association using column E of Section 5.

Do not include dental, vision or any plans other than medical plans here.

Time Span

The relevant time span is 2015, which includes part of the 2014 - 2015 School Year AND part of the 2015 - 2016 (current) School Year.

Required / Optional Fields

Group_Name and Plan_Name are not actually required - they are there only to help school districts to fill out and verify the information in the form. For any row that contains data, Group_Code and Plan_Code are required.

Plan_Codes Used Here Must Already Have Been Defined

Plan codes used here must be listed in Section 4 column D. If a plan code is used here but is not listed in Section 4, then this will be flagged as an error by Check My Spreadsheet.

Group_Codes Used Here Must Already Have Been Defined

Group_Codes used here must have been listed in Section 5, column B. If a Group_Code is used here but is not listed in Section 5, this will be flagged as an error by Check My Spreadsheet.

Employees who Waive PEBB Coverage

Please see the section above entitled "PEBB 'Base Rate' for Employees who Waive PEBB Coverage" for guidance concerning PEBB waivers.

Row-Specific Instructions

Column	Column Name	Field Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Group_Code	Identifier for the employee group that this health benefit plan is offered to. (From Section 5 column B)	Required

C	Group_Name	Name of the employee group that this health benefit plan is offered to. (From Section 5 column C)	Optional
D	Plan_Code	Identifier for each health benefit plan that is offered to this employee group. A value in this field must also be present in Section 4 column D.	Required
E	Plan_Name	Name of each health benefit plan that is offered to this employee group.	Optional

Section 6 – Check My Spreadsheet Validations

1. Column B (Group_Code) is required, must match those defined in Section 5 Column (B).
2. Column C (Group_Name) optional.
3. Column D (Plan_Code) must be blank when Column B (Group_Code) is “NBO-Cert” or “NBO-Class” otherwise the plan codes must match those defined in Section 4 Column D.
4. Column E (Plan_Name) must be blank when Column B (Group_Code) is “NBO-Cert” or “NBO-Class” otherwise it is optional.
5. Column B (Group_Code)/Column D (Plan_Code) combination must be unique within the worksheet.

Section 7 - District Employees

Snapshot Date, Snapshot Month

Employee census information in this Section should reflect your district's employee population as of the snapshot date of Oct 1, 2015.

Dollar figures for monthly premiums and contributions should be those that applied during October, 2015.

Which Employees Should Be Reported?

For each, provide the employee group, plan selected (if any), gender, age, FTE status, and monthly health insurance premium information:

- Monthly contribution paid by your district
- Monthly contribution paid by the employee
- Total monthly premium (district contribution + employee premium).

Exclude all persons who are not employees for S-275 reporting purposes, as defined in OSPI's personnel reporting handbook. Please see www.k12.wa.us/safs/ins/per/0102/S275.pdf. Note that the S-275 definition excludes substitute teachers.

Which Columns Should Be Filled?

If a given employee is not eligible for health insurance benefits through your district, or chooses not to purchase them, then leave the following fields blank for the employee: Plan_Code, Plan_Tier, SD_Contrib, Emp_Contrib, Total_Premium, Dep_YN, Cov_MaleDep_Ages, Cov_FemaleDep_Ages, Elig_MaleDep_Ages, Elig_FemaleDep_Ages.

No Negative Contributions

In prior years of the project, some districts, for a variety of perfectly plausible reasons, reported negative numbers in the district contribution (SD_Contrib) and employee contribution (Emp_Contrib) fields, and in a few cases even in the total premium field. We found that this caused errors in processing submitted data, and made it difficult to reconcile the data reported by districts with the data reported by carriers.

In Year 4 of the project we cannot allow negative contributions or premium amounts. Even though we are aware that some very complex "funding gymnastics" are performed internally by some districts, we really just need a simple statement of how much money was, in the end, handed over to a carrier for each covered employee. Additionally we need to know how much of the premium was actually deducted from the employee (or from the employee and his or her spouse) and how much the district contributed.

Therefore, for each employee, please report the actual amounts for October 2015 of the district contribution, the employee contribution, and the total premium that was paid to the carrier.

If district and employee contributions do not add up to the total premium, this will be flagged as an error by the Check My Spreadsheet function.

Married Couples Who Are School District Employees

Same District

If a married couple works for the same district, and one spouse purchases a medical plan that covers both spouses, then:

- The spouse that purchases the medical plan (the main policy holder) is reported as a covered employee with dependent(s)
- The full amount of the employee contribution and the full amount of the district contribution are reported against the main policy holder
- The other spouse is reported as an employee that does not buy benefits through the district, and in addition is listed as a dependent of the other spouse.

Some districts allow payroll deductions from both spouses to be applied to a medical plan that covers both. In this case, the reporting is exactly the same as described above:

- The spouse that purchases the medical plan (the main policy holder) is reported as a covered employee with dependent(s)
- The other spouse is reported as an employee that does not buy benefits through the district, and in addition is listed as a dependent of the other spouse.

Different Districts

One spouse (Spouse A) works for District A and the other (Spouse B) works for District B. If Spouse A purchases, through District A, a medical plan that covers both spouses then the reporting is as follows:

- District A reports Spouse A (the main policy holder) as a covered employee with dependent(s)
- District B reports Spouse B as an employee that does not buy benefits through the district.

Taking the above scenario one step further, District B may make payments to District A in order to contribute to the cost of the premium paid by District A for both spouses. It may seem logical for District A to report the incoming funds from District B as a negative amount, and for District B to report the funds paid to District A, but in fact this is not what we want you to do. Instead, do this:

- Do not report payments to other districts
  When reporting total premiums for a given employee report only the actual amounts paid to a carrier for coverage of that employee (and dependents).

- District A reports Spouse A (the policy holder) as a covered employee with dependent(s)
  For the employee contribution, report the combined amount (Spouse A + Spouse B). For the district contribution, report the combined amount (District A + District B).

Since the funds that are paid by District A to District B are not being paid to a carrier, do not report those payments at all.

Employees who Waive PEBB Coverage

Please see the section above entitled "PEBB 'Base Rate' for Employees who Waive PEBB Coverage" for guidance concerning PEBB waivers.

Row-Specific Instructions

Columns A thru I are required for all S-275 employees.

Column	Column Name	Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Emp_Code	A unique identifier for this Employee (e.g. employee ID or Name Code).	Required
C	Group_Code	The employee group to which this employee belongs. Group codes used here must be listed in Section 5 Column B. If a group code is used here but is not listed in Section 5, then this will be flagged as an error by Check My Spreadsheet.	Required
D	Emp_CT	C = Classified or T = Certificated	Required
E	Gender	M = Male or F = Female	Required
F	DOB	Date of Birth mm/dd/yyyy, cannot be a date in the future	Required
G	Calculated_FTE	Provide a numeric greater than 0.00 and less than or equal to 1.00. FTE proportion for this employee based on the employee's contracted work hours.	Required
H	Benefit_FTE	Provide a numeric greater than 0.00 and less than or equal to 1.00 Proportion of benefit allocation* based on this employee's contracted work hours. (*proportion of benefit package available to employees based on their position, bargaining unit etc.)	Required
I	Benefits_Elig_YN	Indicate whether this employee is eligible for medical insurance benefits through your district. Valid entries are Y or N. Must be "N" when the Benefit_FTE value is 0 Must be "Y" when a Plan_Code is provided	Required

Columns J thru O are required for benefit-eligible employees who purchase medical benefits through your school district. Leave these columns blank for employees that do not purchase medical benefits through your district.

J	Plan_Code	Identify the health benefits plan which this employee selected. Plan codes used here must be listed in Section 4 column D. If a plan code is used here but is not listed in Section 4 column D, then this will be flagged as an error by Check My Spreadsheet.	Required if employee purchases a medical plan through your district. Must be blank if employee does not purchase a medical plan through your district.
K	Plan_Tier	Health Benefits Tier. Indicate the tier of coverage that this employee selected. Use only the values shown below: - EE = Employee Only - ES = Employee + Spouse - EC = Employee + Child - EF = Employee + Family - E2 = Employee + 2 or more children - F2 = Employee + Family with 2 or more children Required if employee purchases a medical plan through your district.	Required if employee purchases a medical plan through your district. Must be blank if employee does not purchase a medical plan through your district.
L	SD_Contrib	District monthly contribution to the medical insurance premium for this employee. Enter 0 if none.	Required if employee purchases a medical plan through your district. Must be blank if employee does not purchase a medical plan through your district.

M	Emp_Contrib	Employee monthly contribution to the medical insurance premium. Enter 0 if none.	Required if employee purchases a medical plan through your district. Must be blank if employee does not purchase a medical plan through your district.
N	Total_Premium	Total monthly premium paid to a medical insurance carrier. Should be district contribution plus employee contribution. Enter 0 if none.	Required if employee purchases a medical plan through your district. Must be blank if employee does not purchase a medical plan through your district.

Information about Covered and Uncovered Eligible Dependents

O	Dep_YN	Y or N Use this field to indicate whether this employee has dependents. If an employee is benefit-eligible (if column I is 'Y") this cannot be left blank; it should be set to 'Y' or 'N'. If an employee is NOT benefit-eligible (if column I is 'N") this cannot be 'Y'.	Required

If you indicate in column O that an employee does have dependents, then use columns P – S to submit the required information about dependents. Alternatively, use Section 8 for this purpose if your district is able to extract the required information from a computer system.

If you indicate in column O that an employee does not have dependents, then any information about that employee's dependents that you provide in Section 7 or Section 8 will be ignored.

P	Cov_MaleDep_Ages	List covered male dependent ages separated by commas.	Optional
Q	Cov_FemaleDep_Ages	List covered female dependent ages separated by commas.	Optional
R	Elig_MaleDep_Ages	List eligible but uncovered male dependent(s) ages separated by commas.	Optional
S	Elig_FemaleDep_Ages	List eligible but uncovered female dependent(s) ages separated by commas.	Optional

Section 7 – Check My Spreadsheet Validations

1. Column B (Emp_Code) is required, must be unique within worksheet.
2. Column C (Group_Code) is required, must match those defined in Section 5 Column B.
3. Column D (Emp_CT) is required, value must be "C" or "T".
4. Column E (Gender) is required, value must be "M" or "F".
5. Column F (DOB) is required, must be a valid date, and cannot be a date a future date.
6. Column G (Calculated_FTE) is required, numeric, greater than or equal to 0 and less than or equal to 1.
7. Column H (Benefit_FTE) is required, numeric, greater than or equal to 0 and less than or equal to 1.
8. Column I (Benefit_Elig_YN) is required, value must be "Y" or "N", must be "N" when Column H (Benefit_FTE) is 0, must be "Y" when Column J (Plan_Code) is populated.

9. Column J (Plan_Code) must be blank when Column C (Group_Code) is “NBO-Cert” or “NBO-Class” or Column I (Benefit_Elig_YN) is “N”, plan codes must match those defined in Section 4 Column D.
10. Column K (Plan_Tier) is required when Column J (Plan_Code) is populated, must be a value of “EE”, “ES”, “EF”, “EC”, “E2” or “F2”, must be blank when Column I (Benefit_Elig_YN) is “N”, must be blank when Column J (Plan_Code) is blank.
11. Column L (SD_Contrib) is required when Column J (Plan_Code) is populated, numeric, must be greater than or equal to 0, blank when Column I (Benefit_Elig_YN) is “N”, must be blank when Column J (Plan_Code) is blank.
12. Column M (Emp_Contrib) is required when Column J (Plan_Code) is populated, numeric, must be greater than or equal to 0, blank when Column I (Benefit_Elig_YN) is “N”, must be blank when Column J (Plan_Code) is blank.
13. Column N (Total_Premium) is required when Column J (Plan_Code) is populated, numeric, must be greater than 0, blank when Column I (Benefit_Elig_YN) is “N”, must be blank when Column J (Plan_Code) is blank.
14. Column O (Dep_YN) is required, must be "Y" or "N", must be “N” when Column I (Benefit_Elig_YN) is “N”.
15. Column P (Cov_MaleDep_Ages) optional, must be numeric, ages must be between 1 and 100 inclusive.
16. Column Q (Cov_FemaleDep_Ages) optional, must be numeric, ages must be between 1 and 100 inclusive.
17. Column R (Elig_MaleDep_Ages) optional, must be numeric, ages must be between 1 and 100 inclusive.
18. Column S (Elig_FemaleDep_Ages) optional, must be numeric, ages must be between 1 and 100 inclusive.
19. If Section 7 Column O (Dep_YN) is “Y” then Section 7 Column P (Cov_MaleDep_Ages) or Column Q (Cov_FemaleDep_Ages) or Column R (Elig_MaleDep_Ages) or Column S (Elig_FemaleDep_Ages) is required or a row with a matching Emp_Code must exist in Section 8.

Section 8 – Dependents

Use This Section or Columns P - S in Section 7

The layout of this Section lends itself to being used as an output file definition if your district uses an automated process to extract the required dependent information from a computer system.

Alternatively, use columns P - S in Section 7 to submit the required information on dependents, and ignore this Section.

Dependent Data

The legislation indicates that eligible dependent data is required. However, some school districts have difficulty collecting such data. If this is the case in your district, submit the rest of the data anyway. Lack of dependent data will not prevent the project team from accepting and processing the rest of the submitted data. If no dependent data whatsoever is submitted, an alert is issued.

Configuration of WSIPC Extract

Depending on how you configure your WESPaC software and the OIC K-12 extract, Section 8 data may be included in the WSIPC extract. Please refer any questions on this to your Regional Data Center or to WSIPC.

Additional Guidance

Some districts report dependent data, some do not.

Given the challenges districts have encountered in gathering this type of data there are no penalties associated with not reporting it, or submitting partial dependent data. 'Partial' in this context means complete dependent data is provided for some covered employees but not for all covered employees.

If an employee is not benefit-eligible, or if he or she chooses not to purchase insurance through the district, then do not supply information about that employee's dependents - they are not eligible because the employee in question either is not eligible, or chooses not to purchase benefits through the district.

The project team will accept your data submission without any dependent data, though a warning will be automatically issued when the submitted data is processed and loaded by the project team to our database. It is for the district to decide whether or not to take any action on warning messages.

Both Age and Gender are Required

Unless you have complete information on the dependents of a particular, please set the dependent flag (Section 7, column O) for that employee to N. 'Complete information' in this context means you have the age / DOB and also the gender of the dependents. If, for a particular employee, you report incomplete dependent data in Section 7 or Section 8, then CMS will issue an error. Setting the dependent flag to N and removing the partial dependent data will eliminate this error.

Meaning of 'Eligible' and 'Uncovered'

Our intent is to gather data on eligible but uncovered dependents. We have had questions from districts about the meaning of these terms, so please find below working definitions.

Eligible

An 'eligible dependent' means… someone who could be covered (by insurance obtained through the district), whether or not that person is in fact covered. If a family member falls entirely outside the eligibility rules, that person should not be listed as a dependent. Normally, eligible dependents include a spouse or registered domestic partner, and children who are under the age of 26.

Uncovered

If a spouse or other family member is eligible but is not covered (by insurance obtained through the district), that person should be listed as uncovered. In other words, 'uncovered' in this context does not mean 'not covered at all' it means 'not covered through the district'. The dependent in question may have coverage that is not obtained through the district. However for the purposes of this data collection project, that person is uncovered.

Row-Specific Instructions

Column	Column Name	Field Definition	Comments
A	Status	Used by the project team to report errors and warnings to submitting districts.	Please do not use
B	Emp_Code	The unique employee identifier from Section 7. Employee codes used here must be listed in Section 7. If an Employee code is used here but is not listed in Section 7, this will be flagged as an error by Check My Spreadsheet.	Required
C	Gender	M = Male or F = Female.	Required
D	DOB	Date of Birth. Format is mm/dd/yyyy, cannot be a future date	Required
E	Benefits_YN	Valid entries are Y or N. Is the dependent covered by a health benefit plan offered through the district?	Required

Section 8 – Check My Spreadsheet Validations

1. Column B (Emp_Code) is required, must match a value from Section 7 Column B (Emp_Code).
2. Column C (Gender) is required, value must be "M" or "F".
3. Column D (DOB) is required, must be a valid date, not in the future.
4. Column E (Benefits_YN) is required, value must be "Y" or "N".

Appendix 1 - Quick Start Instructions

Preliminaries

1. Using the link (www.sharefile.com) embedded in the e-mail message that was sent by the project team to your district on January 19, 2016, log onto your district's ShareFile account.
2. Change your ShareFile password.
3. Configure your notification settings (default is to be notified about everything that happens with your district's ShareFile folder).
4. Add or delete users in your district.
5. Open the Data Call e-mail that was sent on January 28th, 2016, or go to the OIC's web site (see "Further Information – Links" above):
   - Download and save the various Data Call attachments, particularly…
     - The Data Collection Spreadsheet (make a backup in case you need to start again)
     - The District Instructions (you may wish to print this)
     - The Process Overview diagram (this prints on 11" x 17" paper)
   - Read and understand these documents, and try to bear in mind that the Data Call is in reality far less difficult and onerous than it may at first appear.
6. Check out the OIC's K-12 project pages.
   - Any of the project documents such as the Data Collection Spreadsheet or the District Instructions may be downloaded from the OIC's site - see "Further Information – Links" above.
   - Read the FAQs for Year 4.

WSIPC Districts

1. Log into WESPaC and navigate to the functions that allow users to configure and run the OIC health benefit data extract on demand.
2. Configure the OIC extract. Detailed instructions on how to do this are provided by WSIPC.
3. Run the WSIPC extract, placing the output .CSV files into the same folder as the Data Collection Spreadsheet that was distributed as part of the Data Call on Jan 28, 2016.
4. Open the Data Collection Spreadsheet, select the Functions tab, and run the macro to import CSV files into your spreadsheet. The button that executes this macro is labelled "Load CSV Files Into this Workbook".
5. Validate the data in the spreadsheet and make any needed corrections. Supply any missing information such as the narratives and internal administration information in Section 1.
6. Run Check My Spreadsheet.
7. Mandatory: Fix any errors flagged by Check My Spreadsheet.
8. When there are no further errors, submit the Data Collection Spreadsheet via ShareFile.
9. Monitor your mailbox for a response from the project team.
    a. If your data is accepted with no errors or warnings then you are done for this year (unless you hear otherwise from us).
    b. If your data is accepted with warnings:
        (i) Retrieve your "return file" (this is posted to your ShareFile account by the project team and identifies the imperfections that have caused warning messages to be issued).
        (ii) Examine the warning messages. It is up to you whether you make corrections and resubmit.
    c. If your data is rejected due to errors:
        (i) Retrieve your "return file."
        (ii) Correct the fields that are causing the error(s), rename the file appropriately, and resubmit via ShareFile.
10. Repeat steps 5 – 8 as needed.

Non-WSIPC Districts

Note – Steps 1 – 4 can be replaced by manually editing the Data Collection spreadsheet.

1. Build a utility or extract program to extract the required data from your computer system.
2. Run your extract, placing the output .CSV files into the same folder as the Data Collection Spreadsheet that was distributed as part of the Data Call on Jan 28th, 2016.
3. Open the Data Collection Spreadsheet, select the Functions tab, and run the macro to import CSV files into your spreadsheet. The button that executes this macro is labelled "Load CSV Files Into this Workbook".
4. Validate the data in the spreadsheet and make any needed corrections. Supply any missing information such as the narratives and internal administration information in Section 1.
5. Run Check My Spreadsheet.
6. Mandatory: Fix any errors flagged by Check My Spreadsheet.
7. When there are no further errors, submit the Data Collection Spreadsheet via ShareFile.
8. Monitor your mailbox for a response from the project team.
    a. If your data is accepted with no errors or warnings then you are done for this year (unless you hear otherwise from us).
    b. If your data is accepted with warnings:
        (i) Retrieve your "return file" (this is posted to your ShareFile account by the project team and identifies the imperfections that have caused warning messages to be issued).
        (ii) Examine the warning messages. It is up to you whether you make corrections and resubmit.
    c. If your data is rejected due to errors:
        (i) Retrieve your "return file".
        (ii) Correct the fields that are causing the error(s) and resubmit via ShareFile.
9. Repeat steps 4 – 8 as needed.

< E N D >