



**Tribal Insurance
Processing System
(TIPS) 101**

Participant Guide

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Course Objectives

By the end of this course, you should be able to:

- Describe the FEHB key stakeholders relative to TIPS
- Identify how TIPS supports Tribal Employers
- Explain the employee enrollment process
- Explain the billing and payment processes
- Enroll employees in TIPS using individual forms and Electronic Uploads
- Run and review TIPS Reports and Billing Reports in TIPS
- Describe special transactions including: Billing Unit/POI Transfers, Retroactive Adjustments, and Court Orders
- Demonstrate how to navigate the TIPS website
- Submit an inquiry using the Remedy Requester Console



Lesson 1 Objectives: FEHB Overview

By the end of this lesson, you should be able to:

- Describe the FEHB program
- Identify the legislation that extends FEHB to Indian Tribes, Tribal Organizations, and Urban Indian Organizations
- Identify who is eligible for FEHB
- List the key stakeholders in FEHB relative to TIPS
- Explain how FEHB key stakeholders interact with each other
- Describe how Tribal Employers join FEHB and the FEHB Tribal Agreement Package

About NFC: Background

The U.S. Department of Agriculture's (USDA) NFC is located in New Orleans, Louisiana

NFC's mission is to provide reliable, cost-effective, employee-centric systems and services to Federal organizations, thus allowing its customers to focus on serving the Nation

NFC provides administrative payments, payroll/personnel processing, and accounting services to over 170 Federal organizations



FEHB Overview: FEHB and Tribal Employer Participation

What is
FEHB?

Provides employer-sponsored health insurance to Federal employees.

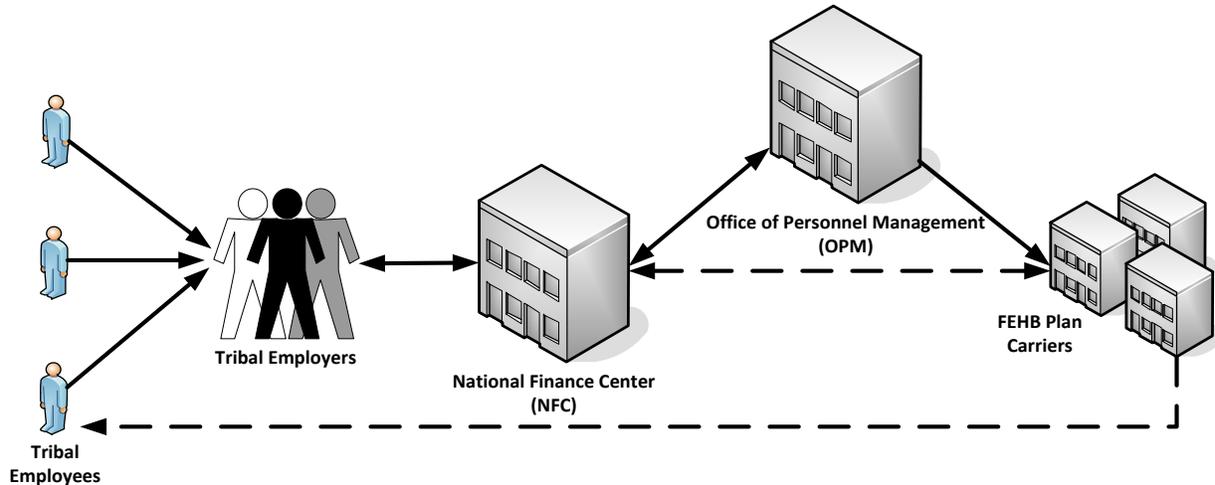
How did
Tribal
Employers
become
eligible for
FEHB?

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (PPACA).

PPACA extends FEHB to eligible Tribes, Tribal Organizations, and Urban Indian Organizations.

FEHB Key Stakeholders: Overview

The diagram below displays the FEHB key stakeholders and how they interact with each other:



Key Stakeholders

There are five Key Stakeholders for FEHB:

1. Tribal employees
2. Tribal Employers
3. National Finance Center (NFC)
4. Office of Personnel Management (OPM)
5. FEHB Plan Carriers

Tribal employees should work with their Tribal Employers to:

- Select plans and submit enrollment requests
- Submit plan change requests
- Submit change of personal data requests
- Cancel enrollment
- Contact Tribal Employer or FEHB Plan Carriers with specific inquiries

Tribal Employers responsibilities include:

- Elect to participate and complete initial enrollment forms
- Identify eligible Tribal employees

- Validate Tribal employee enrollment and plan change requests
- Enter enrollments and plan changes into TIPS
- Address Tribal employee inquiries
- Establish payment account for pre-authorized debits and fund account monthly
- Submit billing, standard form processing, technical, or system related inquiries to NFC
- Work with NFC to facilitate enrollment reconciliations

NFC responsibilities include:

- Maintain TIPS and provides TIPS training
- Collect preauthorized debit payments from Tribal Employers
- Reconcile administrative and financial adjustments with Tribal Employers
- House enrollment data
- Reconcile enrollments with FEHB Plan Carriers
- Provide TIPS inquiry support to Tribal Employers
- Provide security training

OPM responsibilities include:

- Administer FEHB
- Negotiate FEHB benefits and rates with FEHB Plan Carriers
- Develop FEHB policy
- Provide FEHB training
- Address FEHB policy questions
- Terminate Tribal Employer Billing Units/POIs

FEHB Plan Carriers responsibilities include:

- Provide plan information and documentation, including health insurance card
- Address Tribal Employee inquiries about coverage and claims
- Provide health insurance coverage to Tribal Employees
- Process claims
- Work with NFC to reconcile enrollments using the Centralized Enrollment Clearinghouse System (CLER)

Joining FEHB

Outlined below are the 5 Steps Tribal Employers will need to complete in order to access TIPS and be successfully implemented into FEHB.

OPM Agreement Package Completion

Tribal Employer must complete and return the initial documents OPM sent, including:

- a. Agreement to Purchase FEHB
- b. Tribal Employer Profile
- c. DPRS Memorandum of Understanding (MOU)
- d. Bank Account Information Form
- e. Authorized Contact Designation Forms (description of each listed below)

<i>Authorized Contact</i>	<i>Function</i>	<i>Number of Contacts Required</i>
Tribal Executive	<ul style="list-style-type: none"> • Signs the Agreement to purchase FEHB sent by OPM • Approves Tribal Benefits Officer and TIPS Security Officer roles 	<ul style="list-style-type: none"> • 1 per Tribal Employer
Chief Financial Officer	<ul style="list-style-type: none"> • Manages Tribal Employer's financial transactions 	<ul style="list-style-type: none"> • 1 per Tribal Employer
Tribal Benefits Officer (TBO)	<ul style="list-style-type: none"> • Serves as the primary contact for Tribal Employees, OPM, NFC, and FEHB Plan Carriers • Functions as the primary contact in case of non-payment of premiums 	<ul style="list-style-type: none"> • 1 per Tribal Employer
TIPS Security Officer (TSO)	<ul style="list-style-type: none"> • Submits requests for and manages User IDs for Tribal Employer members accessing TIPS in SecureAll • Resets passwords for Users locked out of TIPS 	<ul style="list-style-type: none"> • 1 primary and a minimum of 1 secondary per Tribal Employer
Authorized Maintenance Contact	<ul style="list-style-type: none"> • Adds and updates contact information in TIPS for a Tribal Employer's Authorized Contacts 	<ul style="list-style-type: none"> • 2 per Tribal Employer

*Note: One individual can fill multiple roles

1. OPM Agreement Package Verification

NFC and OPM will work together to verify the completion of a Tribal Employer's agreement package from OPM. A NFC Customer Management Branch (CMB)

representative (Tips@nfc.usda.gov) will contact the Tribal Benefits Officer with the required steps to establish the Tribal Employer's authorized maintenance contacts, as well as let him/her know if the Tribal Employer's agreement package is missing any required information

2. TIPS Security Officer Training

A NFC Access Management Branch (NFC Security) representative (NFC.SecurityOFC@nfc.usda.gov) will contact TSOs to arrange security training. Security training is required for all TSOs and typically will be delivered via a periodic online webinar

3. TIPS User ID Establishment

Once a Tribal Employer's TSO has received security training from NFC, they must submit User ID requests to NFC for individuals who will access TIPS. NFC Security will create User IDs based on these requests. TIPS Security Officers may assign one of the following roles to each TIPS User:

<i>Role</i>	<i>Description</i>	<i>TIPS Access</i>
Update/Tribe (e.g. Human Resources Staff)	Standard Tribal Employer user	<ul style="list-style-type: none"> • Can create/update enrollee SF 2809s and SF 2810s • Can view/download TIPS Reports including TIPS Billing Reports • Can submit Electronic Upload files
Update/Tribe/C (e.g. Authorized Maintenance Contact)	Same as Update/Tribe role with addition of Authorized Contact record update access	<ul style="list-style-type: none"> • Can create/update enrollee SF 2809s, SF 2810s, and contact records (except TSO) • Can view/download TIPS Reports including TIPS Billing Reports • Can submit Electronic Upload files
Audit/Tribe (e.g. Finance Staff)	Same as Update/Tribe role but with read-only access to records	<ul style="list-style-type: none"> • Can view enrollee, SF 2809s and SF 2810s • Can view/download TIPS Reports

**For inquiries regarding this process, contact NFC Security,
NFC.SecurityOFC@nfc.usda.gov

4. Online Inquiry Submission Website (Requester Console) Setup

A TIPS Contact Center representative will contact the TBO with the steps required to establish a Tribal Employer's account for Requester Console use. Requester Console is an online inquiry submission website that lets TBOs submit inquiries or help desk requests to the TIPS Contact Center via the internet

***Please note that Requester Console User IDs differ from TIPS User IDs.*

5. TIPS Training (optional)

A NFC Training and Communications Branch (TCB) representative will contact Tribal Employers regarding regional TIPS training. It is strongly recommended that TIPS users attend TIPS training before accessing the system

Lesson 1 Summary: FEHB Overview

Now that you have completed this lesson, you should be able to:

- Describe the FEHB program
- Identify the legislation that extends FEHB to Indian Tribes, Tribal Organizations, and Urban Indian Organizations
- Identify who is eligible for FEHB
- List the key stakeholders in FEHB relative to TIPS
- Explain how FEHB key stakeholders interact with each other
- Describe how Tribal Employers join FEHB and the FEHB Tribal Agreement Package

Lesson 2 Objectives: TIPS and Enrollments

By the end of this lesson, you should be able to:

- Define TIPS
- Identify how TIPS supports Tribal Employers
- Identify the components of a SF 2809 and SF 2810 in TIPS
- Explain the process for performing employee enrollment transactions in TIPS
- Explain the enrollment reconciliation process

What is the Tribal Insurance Processing System (TIPS)?

TIPS is:

- A web-based system of record for FEHB enrollment information
- Administered by NFC
- Used by Tribal Employers to perform FEHB enrollments

The following section will provide an overview of the system and TIPS processes



TIPS Main Page

Functions of TIPS

There are four primary functions in TIPS:

- Submitting new Enrollments and Enrollment Changes
- Viewing Billing Reports
- Generating and downloading TIPS Reports
- Completing Special Transactions



What information do I need to submit enrollments in TIPS?
 Enrollments are based on the SF 2809 and SF 2810:

SF 2809 Overview

The SF 2809 has nine parts. Only seven are included on the SF 2809 in TIPS.

- SF 2809 Paper Copy**
- A. Enrollee and Family Member Information
 - B. FEHB Plan You Are Currently Enrolled In
 - C. FEHB Plan You Are Enrolling In or Changing To
 - D. Event That Permits You To Enroll, Change, or Cancel
 - E. Election NOT to Enroll
 - F. Cancellation of FEHB
 - G. Suspension of FEHB
 - H. Remarks
 - I. To be completed by agency or retirement system

- SF 2809 in TIPS**
- A. Enrollee Information
 - Enrollee Information *Continued*;
 - Family Members*
 - B. FEHB Plan You Are Currently Enrolled In (If Applicable)
 - C. FEHB Plan You Are Enrolling In or Changing To
 - D. Event That Permits You To Enroll, Change, or Cancel
 - F. Cancellation
 - I. Remarks
 - I. To be completed by Tribal Employer

SF 2809 in TIPS

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Update For Updates
 ROLE: Update/NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal HR SF2809 Information
 Tribe: Sample Tribe POI: Test POI SF2809 Status: New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

Enrollee First Name: Middle Name: Last Name: Date of birth (MM/DD/YYYY):
 Preferred Telephone Number (xxx)xxx-xxxx Social Security Number: Sex: Male Female Yes No
 Home mailing address: Address Line 2: City: State: Zip: Medicare (if you are covered by Medicare, check all that apply): A B D
 Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tncare FEHB Other Name of insurance: Policy no.:

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable) **Part C - FEHB Plan You Are Enrolling In or Changing To**

1. Plan name 2. Enrollment code 1. Plan name 2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel **Part E - Cancellation**

1. Event code 2. Date of event (MM/DD/YYYY) Premium Conversion I CANCEL my enrollment.

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY) 2. Effective date of action (MM/DD/YYYY) 3. Personnel telephone number 4. Name and address of the Tribal Employer
 5. Authorizing official 6. Payroll office number 7. Service Provider Contact 8. Service Provider Telephone
 14050000 National Finance Center 855-632-4468

Part A - Enrollee Information Continued: Family Members

Add/Edit Family Member Information

First Name: Middle Name: Last Name: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Home mailing address: Address Line 2: City: State: Zip: Medicare (if you are covered by Medicare, check all that apply): A B D
 Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tncare FEHB Other Name of insurance: Policy no.:

Relationship Type: Add Member

Family Members Entered: No Family Members Currently Entered.

Cancel Clear Save Submit

Home OPM

Tribal HR SF 2809 Information

When completing a SF 2809 in TIPS begin by selecting a:

- Tribal Employer
- Billing Unit / POI

Tribal HR SF2809 Information

Tribal HR SF2809 Information
 Tribe: Sample Tribe POI: Test POI SF2809 Status: New

Part A – Enrollee Information

Enter Tribal Employee's:

- Full Name
- Telephone Number
- Social Security Number
- Date of Birth

- Sex
- Martial Status
- Mailing Address
- Medicare Information
- Other Insurance Information
- Email Address (Optional)

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below)

Enrollee First Name	Middle Name	Last Name
Preferred Telephone Number (xxx)xxx-xxxx	Social Security Number	Date of birth (MM/DD/YYYY)
Sex <input type="radio"/> Male <input type="radio"/> Female	Are you married? <input type="radio"/> Yes <input checked="" type="radio"/> No	Home mailing address
		Address Line 2
		City
		State
		Zip
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No
		Indicate other types of insurance <input type="checkbox"/> Medicare <input type="checkbox"/> FEHB <input type="checkbox"/> Other
		Name of insurance
		Policy no.
Email Address		

Part B and C – FEHB Plan You Are: Currently Enrolled In / Enrolling in or Changing To

Enter Tribal Employee’s:

- New enrollment code if the Tribal Employee is enrolling in FEHB or selecting a new FEHB plan

Current enrollment code prepopulates with information from previous SF 2809

The FEHB Plan you are currently enrolled in is never editable

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name	2. Enrollment code

What Are Enrollment Codes?

Enrollment codes are specific to:

- *Self Only Plans*
- *Self & Family Plans*
- *Self Plus One*

Enrollment code is a three digit alphanumeric code:

- Codes ending in 1 and 4 refer to *Self Only Plans*
- Codes ending in 2 and 5 refer to *Self & Family Plans*
- Codes ending in 3 and 6 refer to *Self Plus One Plans*

Sample Enrollment Codes		
Self	Self& Family	Self Plus One
224	225	226
JN1	JN2	JN3
JN4	JN5	JN6
471	472	473
474	475	476
111	112	113
104	105	106
2G1	2G2	2G3
2G4	2G5	2G6
421	422	423

A list of enrollment codes is available in the paper SF 2809 on OPM's website.

Part D – Event That Permits You to Enroll, Change, or Cancel

Enter Tribal Employee's:

- Event Code
 - Refers to a specific Qualifying Life Event (QLE)
 - A valid event code is required on all SF 2809s
- Select a Date of Event:
 - The date an employee becomes eligible for enrollment, change of coverage, or cancellation as defined by the event code
- The event code chart (found on following page) governs date windows in which changes of coverage are allowed with corresponding QLEs. The TIPS system validates date of event, date received and effective date of action fields based upon OPM's guidelines

- Check Premium Conversion if Tribal Employee participates
 - The Premium Conversion box must be checked for Series 1 event codes
 - If an employee’s Billing Unit/ POI does not participate in premium conversion, the employee will be unable to check the Premium Conversion box

Part D - Event That Permits You To Enroll, Change, or Cancel		Part F - Cancellation
1. Event code	2. Date of event (MM/DD/YYYY)	<input type="checkbox"/> Premium Conversion
		<input type="checkbox"/> I CANCEL my enrollment.

Sample Event Codes

Event Code		Description
Premium Conversion	Non-Premium Conversion	
1A	5A	Initial Opportunity to Enroll
1B	5B	Open Season
1C	5C	Change in family status that increases or decreases number of eligible family members
1D	5D	Reemployment after a break in service of more than three days

A list of event codes can be found on OPM’s website.

Part F – Cancellation

In order to submit a SF 2809 for cancellation check the box in part F

- Enrollees in premium conversion may only cancel following a valid event
- Cancellations can only be effective retroactively or in the current month. The only exception is Open Season Cancellations with QLEs 1B and 5B. Open Season Cancellations must be effective 1/1 of the following year.
- Employees NOT participating in premium conversion may cancel at any time
 - Event Code and Date of Event are NOT required for a cancellation if the employee is not participating in premium conversion

Part D - Event That Permits You To Enroll, Change, or Cancel			Part F - Cancellation
1. Event code	2. Date of event (MM/DD/YYYY)	<input type="checkbox"/> Premium Conversion	<input type="checkbox"/> I CANCEL my enrollment.

Part I – To be completed by Tribal Employer

Enter:

- Date employee’s SF 2809 was received by Tribal Employer
 - Date received is the date the HR office receives the form requesting the change or enrollment in coverage
- The date that any enrollment, change in coverage, or cancellation takes effect
 - Effective date of action is the date that the change of coverage or enrollment becomes active
- The telephone number for the HR contact responsible for the employee or Tribal Employer benefits
- Name and Address of Tribal Employer
- The name of the Tribal Employer official authorizing this form

Part I - To be completed by Tribal Employer			
REMARKS			
1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 14050000	7. Service Provider Contact National Finance Center	8. Service Provider Telephone 855-632-4468

TIPS pre populates:

- Payroll Office Number (PON)
- Service Provider Contact
- Service Provider Telephone

Part I - To be completed by Tribal Employer			
REMARKS			
1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 14050000	7. Service Provider Contact National Finance Center	8. Service Provider Telephone 855-632-4468

Part A – Enrollee Information Continued; Family Members

To add family members:

- First check Add/Edit Family Member Information

- Complete the enrollee information fields
- Specify the relationship type of the family member
- Click Add Member
 - All required fields must be completed to add a family member
 - Family members' information will not be saved if it has not been attached via the "Add Member" button

Sample Relationship Codes

To enter a paper SF 2809 in TIPS, one must be familiar with the following relationship codes:

Relationship Status Code	TIPS Relationship Status
01	Spouse
09	Adopted Child
10	Foster Child
17	Stepchild
19	Child under age 26
99	Disabled Child age 26 or older who is incapable of self-support because of a physical or mental disability that began before his/her 26th birthday

Exercise 2.1: Paper SF 2809 vs. SF 2809 in TIPS

You should have received a handout containing a:

- Completed paper SF 2809
- Blank printout of the SF 2809 in TIPS

Use the completed paper SF 2809 to fill out the blank printout of a SF 2809 in TIPS

The image displays two side-by-side forms. The left form is titled "Paper SF 2809" and is a standard paper form with multiple sections and fields. The right form is titled "SF 2809 in TIPS" and is a digital printout of the same form, showing a different layout and color scheme. Both forms appear to be related to the Tribal Insurance Processing System (TIPS).

Exercise 2.2: Identifying the Appropriate QLE Code

You should have received a:

- List of QLE codes
- QLE Handout

Use the list of QLE codes to complete the QLE handout

QLE FOR TRIBAL EMPLOYERS

In order to review SF 2809s Tribal Employers must be familiar with the Qualifying Life Event (QLE) Codes and under what circumstances each is applicable.

Exercise 2.2 will cover a series of three scenarios. Use the QLE table below to determine which code is applicable for which scenario. In the space provided, identify for each scenario:

- Event Code
- Event Date

Event Code		Description
Premium Conversion	Non-Premium Conversion	
SA	SA	Initial Opportunity to Enroll
SB	SB	Open Season
SC	SC	Change in family status that increases or decreases number of eligible family members
SD	SD	Reemployment after a break in service of more than three days

A list of event codes is available in the paper SF 2809 at www.usda.gov/nfc/tribal/SF_2809.pdf

Scenario 1:

Sally, a Tribal Employee enrolled in FEHB, takes a three month leave of absence beginning May 5, 2012 during which she shifts from pay status to non pay status and her FEHB coverage is terminated. Sally resumes working for the Tribal Employer on August 8, 2012 and submits a SF 2809 to receive coverage with an effective date of September 3, 2012. Sally participates in premium conversion.

Fill in the appropriate Event Code and Date of Event for Sally's SF 2809:

QLE SF 2809 Tribal Employers Use To Identify Changes in Coverage

Event Code: _____ Date of Event (MM/DD/YYYY): _____ Premium Conversion:

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QLE FOR TRIBAL EMPLOYERS

Scenario 2:

Mark, a new Tribal Employee hired on April 5, 2012, opts to enroll in the FEHB program. Mark completes a new SF 2809 on April 10, 2012 and submits it to his Tribal Employer requesting an effective coverage date of May 1, 2012. Mark is enrolled in premium conversion.

Fill in the appropriate Event Code and Date of Event for Mark's SF 2809.

QLE SF 2809 Tribal Employers Use To Identify Changes in Coverage

Event Code: _____ Date of Event (MM/DD/YYYY): _____ Premium Conversion:

Scenario 3:

Zachary, a new Tribal Employee, is enrolled in FEHB and has a Self Only plan from his Tribal Employer. Zachary marries a non-Tribal Employee, Danielle, on July 12, 2012. Zachary wishes to change to a Self & Family plan so he can add Danielle to his FEHB coverage. Zachary submits a SF 2809 on July 15, 2012 to his Tribal Employer with this change with an effective date of August 1, 2012. Zachary participates in premium conversion.

Fill in the appropriate Event Code and Date of Event for Zachary's SF 2809:

QLE SF 2809 Tribal Employers Use To Identify Changes in Coverage

Event Code: _____ Date of Event (MM/DD/YYYY): _____ Premium Conversion:

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In order to review SF 2809s Tribal Employers must be familiar with the Qualifying Life Event (QLE) Codes and under what circumstances each is applicable.

Exercise 2.2 will cover a series of three scenarios. Use the QLE table below to determine, which code is applicable for each scenario. In the space provided, identify for each scenario:

- Event Code
- Event Date

Event Code		Description
Premium Conversion	Non-Premium Conversion	
1A	5A	Initial opportunity to enroll
1B	5B	Open season
1C	5C	Change in family status that increases or decreases number of eligible family members
1D	5D	Reemployment after a break in service of more than three days
1E	5E	Change from temporary appointment with eligibility for coverage under 5 USC 8906a to appointment that permits receipt of Government contribution. Change from full time to part-time career or the reverse.

Scenario 1:

Sally, a Tribal Employee enrolled in FEHB, takes a three month leave of absence beginning May 5, 2012 during which she shifts from pay status to non pay status and her FEHB coverage is terminated. Sally resumes working for the Tribal Employer on August 8, 2012 and submits a SF 2809 to receive coverage with an effective date of September 1, 2012. Sally participates in premium conversion.

Fill in the appropriate Event Code and Date of Event for Sally’s SF 2809:

Part D - Event That Permits You To Enroll, Change, or Cancel	
1. Event code	2. Date of event (MM/DD/YYYY)
<input type="text"/>	<input type="text"/>

Scenario 2:

Mark, a new Tribal Employee hired on April 3, 2012, opts to enroll in the FEHB program. Mark completes a SF 2809 on April 10, 2012 and submits it to his Tribal Employer requesting an effective coverage date of May 1, 2012. Mark is enrolled in premium conversion.

Fill in the appropriate Event Code and Date of Event for Mark's SF 2809:

Part D - Event That Permits You To Enroll, Change, or Cancel	
1. Event code	2. Date of event (MM/DD/YYYY)

Scenario 3:

Zachary, a Tribal Employee, is enrolled in FEHB and has a *Self Only* plan from his Tribal Employer. Zachary marries a non-Tribal Employee, Danielle, on July 12, 2012. Zachary wishes to change to a *Self & Family* plan so he can add Danielle to his FEHB coverage. Zachary submits a SF 2809 on July 19, 2012 to his Tribal Employer with this change with an effective date of August 1, 2012. Zachary participates in premium conversion.

Fill in the appropriate Event Code and Date of Event for Zachary's SF 2809:

Part D - Event That Permits You To Enroll, Change, or Cancel	
1. Event code	2. Date of event (MM/DD/YYYY)

SF 2810 Overview

The SF 2810 has eight parts. Six of these parts are included on the SF 2810 in TIPS

SF 2810 Paper Copy	SF 2810 in TIPS
<ul style="list-style-type: none">A. Identifying InformationB. TerminationC. Transfer InD. ReinstatementE. Change In Name of EnrolleeF. Change In Enrollment-Survivor AnnuitantG. RemarksH. Date of Notice	<ul style="list-style-type: none">A. Identifying InformationB. TerminationD. ReinstatementE. Change In Name of EnrolleeG. RemarksH. Date of Notice

SF 2810 in TIPS

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, cindy UAT_Tribal ROLE: Update/NFC fl.ccs01

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR SF2810 Information

Tribe	POI	SF2810 Status
A Tribe	TEST POI	New

Part A - Identifying Information

Last Name: Trainer, First name: Robert, Middle Initial: , Date of birth: 1/2/1967, Social security number: 123456789

Home Address: 123 Training Road, Payroll office number: 12400096, Enrollment code number: 591

Address Line 2: , Date this action becomes effective:

City: Anytown, State: LA, Zip: 12345

Part B - Termination

Your enrollment terminates on the date in Part A, item E, above. However, your coverage is extended for 31 days after that date.

Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.

If termination is due to death of enrollee enter date of death: (mo, dy, yr)

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item E, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name: , Changed First name: , Changed Middle Name:

Changed Address: , Changed Address Line 2:

Changed City: , Changed State: , Changed Zip:

Part G - Remarks

Part H - Date of Notice

Name of Tribal Employer	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial	Personnel Phone Number
Agency Address	Agency Address Line 2	Service Provider Contact	National Finance Center	Service Provider Telephone
City	State	Zip		855-632-4468
Authorizing Official Last Name	Authorizing Official First name	Authorizing Official Middle Initial	Date	

Buttons: Cancel, Clear, Save, Submit

Home OPM

Tribal HR SF 2810 Information

When completing a SF 2810, TIPS will auto populate the employee's:

- Tribal Employer
- Billing Unit / POI

Tribal HR SF2810 Information		
Tribe	POI	SF2810 Status:
Tribal Employer 1	TEST POI2A-1	New

Part A – Identifying Information

TIPS will auto populate:

- Full Name
- Mailing Address
- Date of Birth
- Payroll Office Number (PON)
- Social Security Number
- Enrollment Code Number

Enter the Tribal employee's:

- Date this action becomes effective

Part A - Identifying Information				
Last Name	First name	Middle Initial	Date of birth	Social security number
Trainer	Robert		5/1/1980	123456789
Home Address	123 Training Rd.		Payroll office number:	Enrollment code number
Address Line 2			12400096	222
City	State	Zip	Date this action becomes effective	
Anytown	LA	12345		

Part B – Termination

In order to submit a SF 2810 for termination check the box in part B

- Only enter date of death if termination was due to the death of the employee

Tribal Employees who separate from Tribal employment are eligible for:

- 31-day extension of coverage
- Temporary Continuation of Coverage (TCC)

Terminations can only be effective retroactively or in the current month.

Part B - Termination	
<input checked="" type="checkbox"/>	Your enrollment terminates on the date in Part A, item 8, above. However, your coverage is extended for 31 days after that date. <i>Important Notice:</i> You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage. If termination is due to death of enrollee enter date of death
	Date of death (mo, dy, yr)

Part D – Reinstatement

In order to reinstate a Tribal employee, check the box in part D

- The effective date that is entered in Part A should be the day after the termination/cancellation date. The only exception is if the effective date is the same as the original effective date. Ex. John Smith enrolled in TIPS effective 1/1/15, then terminated effective 1/1/15, then he can be reinstated effective 1/1/15.
- Possible reasons for reinstatement include:
 - Employee returns from military service
 - Erroneous error

Part D - Reinstatement	
<input checked="" type="checkbox"/>	Your enrollment has been reinstated effective on the date in Part A, item 8, above.

Part E – Change in Name of Enrollee

In order to change the name and/or address of the enrollee check the Box in Part E

- Enter the Tribal employee’s full new name and address

Part E - Change in Name of Enrollee		
<input type="checkbox"/> The name under which this enrollment is carried has been changed to:		
Changed Last Name	Changed First name	Changed Middle Name
Date of birth		
Changed Address		
Changed Address Line 2		
Changed City	Changed State	Changed Zip

Part G – Remarks

Add any relevant remarks here

- Remarks may be used by the Tribal Employer to include notes
- These notes are stored in TIPS, but will not be seen by anyone outside of the Tribal Employer

Part G - Remarks

Part H – Date of Notice

Enter Tribal Employer’s information:

- Name of Tribal Employer
- Tribal Employer Address
- Personnel Contact Name
- Payroll Contact Name
- Payroll Contact Telephone Number
- Authorizing Official Name
- Today’s Date

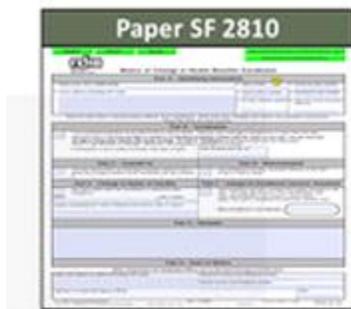
Part H - Date of Notice				
Name of Tribal Employer	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial	Personnel Phone Number
Agency Address		Agency Address Line 2	Service Provider Contact National Finance Center	Service Provider Telephone 855-632-4468
City	State	Zip		
Authorizing Official Last Name	Authorizing Official First name	Authorizing Official Middle Initial	Date	

Exercise 2.3: Paper SF 2810 vs. SF 2810 in TIPS

You should have received a handout containing a:

- Completed paper SF 2810
- Blank printout of the SF 2810 in TIPS

Use the completed paper SF 2810 to fill out the blank printout of the SF 2810 in TIPS



The image shows a paper form titled "Paper SF 2810". It is a multi-sectioned form with various fields for data entry, including sections for personal information, employment details, and insurance coverage. The form is filled out with handwritten and printed text.



The image shows a digital form titled "SF 2810 in TIPS". It is a multi-sectioned form with various fields for data entry, including sections for personal information, employment details, and insurance coverage. The form is currently blank, showing only the structure and labels of the fields.

Transaction Glossary

Initial Enrollment	A Tribal Employee enrolls in FEHB for the first time	Enrollment Termination	A Tribal Employer Billing Unit / POI involuntarily ends the FEHB enrollment of a Tribal Employee
Enrollment Change	A Tribal Employee enrolled in FEHB changes his or her health plan enrollment	Billing Unit / POI Cancellation	A Tribal Employer Billing Unit / POI opts to dis-enroll from FEHB and ends coverage for its employees
Change of Name	A Tribal Employee enrolled in FEHB changes his or her legal name	Billing Unit / POI Termination	A Tribal Employer Billing Unit / POI has the FEHB enrollment involuntarily ended for its employees
Enrollment Cancellation	A Tribal Employee enrolled in FEHB opts to dis-enroll and ends his or her coverage	Change of Address	A Tribal Employee enrolled in FEHB changes his or her primary address

The Role of TIPS in FEHB Transactions

SF 2809	SF 2810	OPM
 <ul style="list-style-type: none"> Tribal Employer completes a SF 2809 in TIPS TIPS Processes SF 2809s and sends to FEHB Plan Carriers Transactions: <ul style="list-style-type: none"> Initial Enrollment Enrollment Change Cancellation Corrective Actions 	 <ul style="list-style-type: none"> Tribal Employer completes a SF 2810 in TIPS TIPS Processes SF 2810s and sends to FEHB Plan Carriers Transactions: <ul style="list-style-type: none"> Change of Name Change of Address Termination Reinstatement 	 <ul style="list-style-type: none"> OPM cancels / terminates coverage for a Tribal Employer Billing Unit/POI TIPS prepares SF 2809s for and sends to FEHB Plan Carriers TIPS stores SF 2810s Transactions: <ul style="list-style-type: none"> Tribal Employer Billing Unit/POI <ul style="list-style-type: none"> Cancellation Termination

Enrollment Reconciliation Process

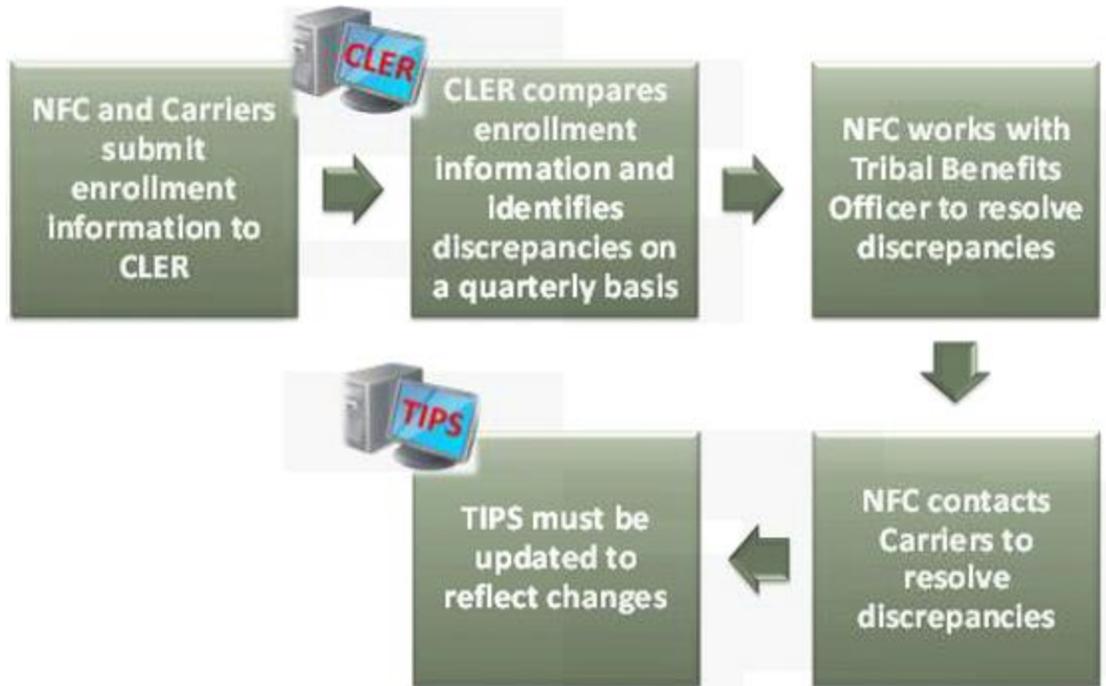
NFC and Carriers reconcile enrollment records quaterling using CLER.

CLER is a NFC web-based system that receives and processes enrollment data from government agencies and FEHB carriers.

Carriers and NFC submit their enrollments to CLER

After CLER processing, NFC communicates with Tribal Employers and Carriers to resolve discrepancies, as needed (it's possible Tribal Employers may never receive any communication from the NFC CLER team).



Enrollment Reconciliation Process Continued

Lesson 2 Summary: TIPS and Enrollments

Now that you have completed this lesson, you should be able to:

- Define TIPS
- Identify how TIPS supports Tribal Employers
- Identify the components of a SF 2809 and SF 2810 in TIPS
- Explain the process for performing employee enrollment transactions in TIPS
- Explain the enrollment reconciliation process

Lesson 3 Objectives: Billing and TIPS Reports

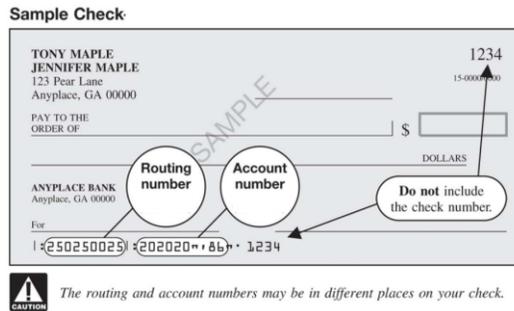
By the end of this lesson, you should be able to:

- Explain the billing and payment processes
- Identify the fields on a Billing Report
- Calculate a Billing Report
- List available TIPS Reports
- Identify the fields on a TIPS Report

Billing Overview

Each Tribal Employer must establish one or more Billing Units / POIs to divide up Tribal Employee enrollments for different Tribal entities or businesses

Tribal Employers must provide a bank account and routing number for each Billing Unit / POI



A **Preview Billing Report** can be generated in TIPS at any point during the month. This is a snapshot of the Final Billing Report

- Please note that the Preview Billing Report is updated with enrollee actions twice a day at 12pm CST and 3am CST. Any actions on an enrollee's account that occur before those times will be reflected once the Preview Billing Report is updated.

A **Final Billing Report** can be generated in TIPS on the last calendar day of the month. This amount reflects the amount that will be deducted from the Billing Unit/POI's account

Electronic Billing Reports are prepared and linked to accounts at the Billing Unit/POI-level, not the Tribal Employer-level

Billing Report

TIPS users can view their Billing Report at any time

Each Billing Report contains:

- Tribal Employer Number
- Billing Unit/POI
- Enrollee Name
- Enrollee SSN
- Enrollment Code
- Premium Amount
- Administrative Fee
- Adjustments

- Enrollee Bill Amount
- Total Premium Amount
- Total Administrative Fee
- Total Adjustments
- Total Bill Amount

The screenshot below is a sample Billing Report in TIPS:

Tribal Employer Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	6XXX	Jane Trainer	111223333	105	1328.7	15.15	0	1343.
3A	5XXX	John Trainer	222334444	JK1	587.88	15.15	0	603.03
3A	4XXX	Sara Trainer	333445555	104	322.39	15.15	0	337.54
3A	3XXX	Frank Trainer	444556666	JK2	1338.36	15.15	0	1353.51
Export to Excel					Total: \$3577.33	Total: \$60.60	Total: \$0.00	Total: \$3637.93

Calculating a Billing Report

Billing Reports are composed of two components:

- Plan premium
 - Refers to the monthly cost of the plan including both the Tribal Employer and Tribal Employee share
- Administrative fee
 - Refers to the fee covering NFC's costs to administer TIPS

The formula to calculate each Billing Report is:

$$(\text{Plan premium}) + (\text{Administrative fee}) = \text{Amount Due}$$

TIPS adds up the premiums and administrative fees for Tribal employees in a Tribal Employer Billing Unit / POI to calculate a Billing Report

For example, the cost for self-only Puerto Rico Triple-S Salud, Inc. FEHB Plan would be:

$$(\$335.57) + (\$12.00) = \$347.57$$

Prorated Billing

Premiums are prorated when coverage does not start on the first of the month

The administrative fee is never prorated

The formula to calculate a prorated bill is:

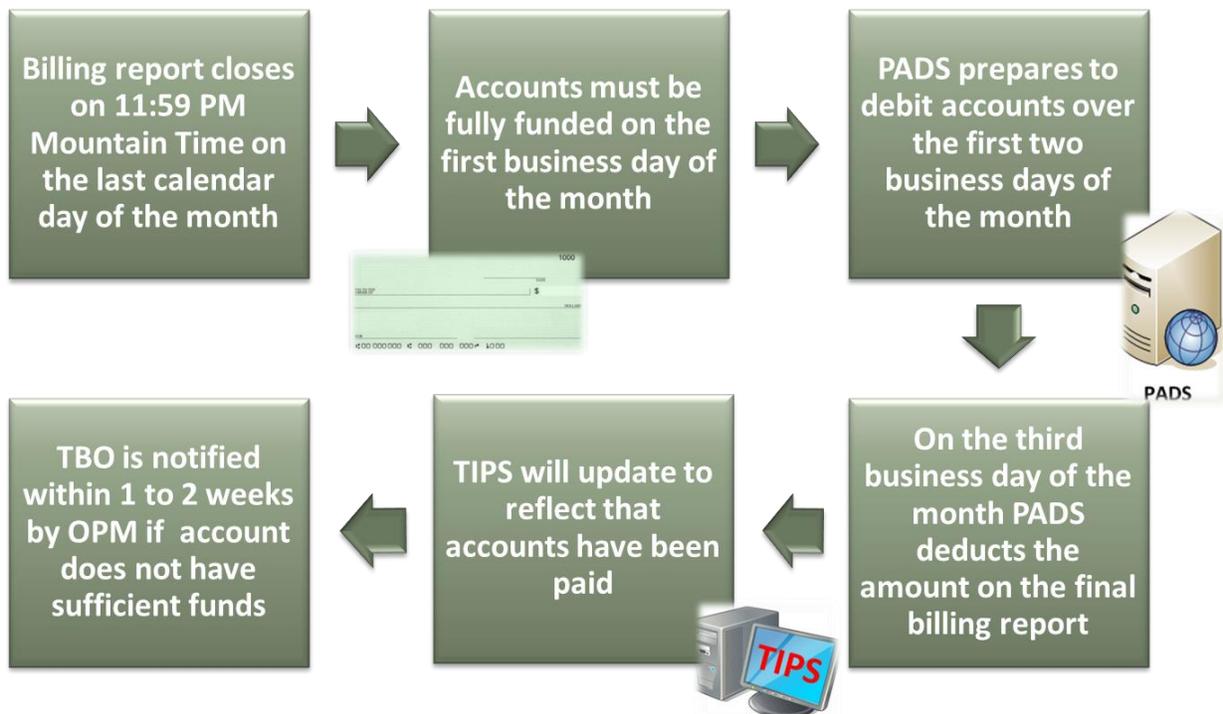
$$(\text{Plan premium}) \times (\text{Days covered} / \text{Days in month}) + (\text{Administrative fee}) = \text{Amount Due}$$

The prorated cost for self-only Puerto Rico Triple-S Salud, Inc. from May 7th until the end of the month would be:

$$(\$335.57) \times (25/31) + (\$12.00) = \$282.62$$

Billing Process

The diagram below describes the process for preparing and paying TIPS Billing Reports:



Billing Calendar

MAY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
20	21	22	23	24	25 PADS account information/ changes due	26
27	28 Memorial Day	29	30	31 Cutoff at 11:59pm MT for TIPS entries to be reflected on current bill and June 1 effective date	1 PADS Processing Period	2

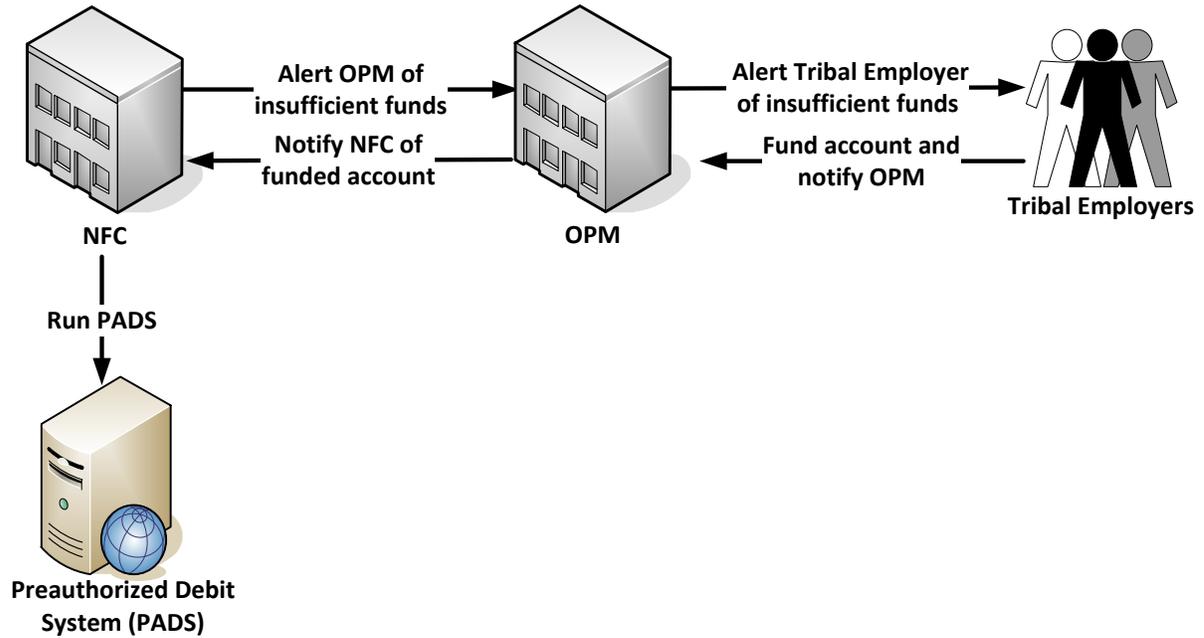
JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31 Cutoff at 11:59pm MT for TIPS entries to be reflected on current bill and June 1 effective date	1 PADS Processing Period	2
3 PADS Processing Period	4	5 PADS debits bank account for bill amount	6	7	8	9

View Billing Calendar

- The Billing Report closes for the month on the last calendar day of the month at 11:59 PM Mountain Time
- Changes to a Tribal Employer Billing Unit / POI's TIPS bank account information must be submitted at least three business days before a Tribal Employer Billing Unit / POI's Billing Report closes
- PADS prepares to debit the Tribal Employer Billing Unit / POI's bank account provided in TIPS over the first two business days of the month
- PADS debits the Tribal Employer Billing Unit / POI's bank account on the third business day of the month

FEHB Insufficient Funds Resolution Process

The diagram below describes the FEHB Insufficient Funds Resolution Process:



Insufficient Funds Resolution Process

- If your account is billed and not enough funds are available, NFC will alert OPM
- OPM will contact the Tribal Benefits Officer and alert them that their account contains insufficient funds
- Tribal Benefits Officer must acknowledge that their account contains insufficient funds
- Tribal Benefits Officer then deposits sufficient funds in the account and notifies OPM
- OPM notifies NFC that the account has been funded
- NFC runs PADS on the Tribal Employer Billing Unit / POI account to collect deposited funds

Reports
Enrollees by Tribe, State, Age Bands, and Plan Report Contact Information Report New Enrollees by Tribe Report Disenrollments by Tribe Report Total Enrollees Each Period By Tribe Report Open Season Changes By Tribe Report Reason for Plan Switch by Tribe Report Effective Date of Coverage Report Family Relationships by Tribe Report Overall 2809/2810 Report 2809/2810 Status Report Billing Report

Available Reports

- There are 12 principle TIPS Reports
- All are available from the left-hand side of the TIPS main page
- TIPS Reports can be viewed in:
 - The TIPS Web Site (online)
 - Microsoft Excel
- All Tribal Employees' SF 2809 and SF 2810 data is available
- TIPS Reports will be available on-demand

Report Name	Level of Detail	
	Billing Unit/POI	Tribe
Enrollees by state, age, and plan		✓
New enrollees	✓	✓
Dis-enrollments	✓	✓
Total number of enrollees	✓	✓
Contact information	✓	✓
Open Season changes	✓	✓
Reason for plan switch	✓	✓
Effective coverage date	✓	✓
Family Relationship		✓
Overall 2809/2810	✓	✓

Excel Format

TIPS Reports exported to Excel allow for easy customization by Tribal Employers

The screenshot below is a sample TIPS Report:

	A	B	C	D	E
1	Tribal Organization	POI	Effective Date of	Total Actions	
2	2A	1001	4/3/2012 0:00	1	
3					
4					

Preparing an Overall SF 2809/SF 2810 Report

- The Overall SF 2809/SF 2810 Report contains source data for all Tribal Employees in your Tribal Employer Billing Unit / POI or Tribal Employer

TIPS_SF2809_SEQ	ENROLLEE_LAST_NM	ENROLLEE_FIRST_NM	ENROLLEE_MIDDLE_NM	FEHS_TRANSACTION_CD	ELECTION_EFFECTIVE_DT	FORM_EVENT_CD	EVENT_CHANGE_RND	EVENT_CHANGE_DT	PRESENT_ENROLLMENT_CD
57	Training	chris	s	N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
46	Training	kimberly	jonah	N	1/1/0001 12:00:00 AM	1A		1/1/0001 12:00:00 AM	AB5
47	Training	john	Michael	N	12/6/2011 0:00	1		2/6/2012 0:00	AB4
48	Training	Doe	Michael	N	12/6/2011 0:00	1		2/6/2012 0:00	AB4
55	Training	Neman T1		N	3/1/2012 0:00			1/1/0001 12:00:00 AM	AB4
59	Training	Joe	bob	N	2/28/2012 0:00	1		2/28/2012 0:00	ab4
60	Training	FNAME113		N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
61	Training	Joe	bob	N	2/28/2012 0:00	1A		2/28/2012 0:00	ab4
62	Training	test	son	N	2/28/2012 0:00	1a		2/28/2012 0:00	ab4
64	Training	john		N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
67	Training	testing	testers	N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
68	Training	asdf		N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	

TIPS_SF2810_SEQ	SSNO	ENROLLEE_LAST_NM	ENROLLEE_FIRST_NM	ENROLLEE_MIDDLE_NM	CHANGE_EFFECTIVE_DT	ENROLLMENT_CD	TERMINATION_RND	REINSTATEMENT_RND	TRANSFER_RI_RND
2	11111111	Training	FirstNm	MiddleNm	2/4/2012 0:00	125 Y			
31	11111111	Training	FirstNm2	MiddleNm	2/4/2012 0:00	123 T			
6	11111111	Training	FirstNm	MiddleNm	2/4/2012 0:00	123 T			
7	123456789	Training	John	Michael	2/9/2012 0:00				
9	11111111	Training	FirstNm	MiddleNm	2/4/2012 0:00	123 T			
32	99955522	Training	John	Michael	2/27/2012 0:00				
33	99955522	Training	John	Michael	1/6/2012 0:00				
34	99955522	Training	John	Michael	3/6/2012 0:00				
15	123456780	Training	John	Michael	2/27/2012 0:00				
16	104897852	Training	Jakia	The	2/28/2012 0:00		T		
17	104897852	Training	Jakia	The	2/28/2012 0:00			T	
18	123128183	Training	asdf		2/28/2012 0:00				
19	99808977	Training	testing	testers	2/26/2012 0:00				
20	99808976	Training	testing	testers	2/26/2012 0:00				
21	99808979	Training	testing	testers	2/26/2012 0:00				
22	99808979	Training	testing	testers	2/26/2012 0:00				
23	99808980	Training	testing	testers	2/26/2012 0:00				
24	99808976	Training	testin	testers	2/26/2012 0:00				
25	99808976	Training	testin	testers	2/26/2012 0:00	ab4			
26	99808976	Training	testin	testers	2/26/2012 0:00	ab4			

Exercise 3.1: Review a TIPS Report

Read the report entitled Enrollees by Tribe, State, Age Bands, and Plan Report

Please identify:

- Tribal Organization code
- The state of residence of the enrollees
- The age band for the enrollees

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS INFORMATION Welcome, ttipstrin3 training
ROLE: Update/Tribe [Logout]

Enrollees by Tribe, State, Age Bands, and Plan

Tribal Organization:

Start Date: End Date:

Tribal Organization	State		Total		
2B	LA		5		
State		LA	Total		
			5		
Tribal Organization	0-18	19-35	36-50	51-65	66-75
2B	0	5	0	0	0
Total: 0		Total: 5	Total: 0	Total: 0	Total: 0
Grand Total					
5					

All Pages
 Current Page
 Include Grid Lines
 [Home OPM](#)

Lesson 3 Summary: Billing and TIPS Reports

Now that you have completed this lesson, you should be able to:

- Explain the billing and payment processes
- Identify the fields on a Billing Report
- Calculate a Billing Report
- List available TIPS Reports
- Identify the fields on a TIPS Report

Lesson 4 Objectives: Special Transactions

By the end of this lesson, you should be able to:

- Add/remove a court ordered indicator to an employee's enrollment records
- Process an information only 2809
- Explain the Enrollee Billing Unit/POI Transfer process
- List the TIPS transactions that may be processed retroactively
- Understand the Delete Function
- Describe History/Archive

Manage Court Orders

The Manage Court Orders function is used by Tribal Employers to:

- Add a court ordered indicator to an active enrollee record
- View all active enrollee records that contain court ordered indicators
- Remove a court ordered indicator from an active enrollee record

Following the addition of a court ordered indicator, TIPS will prevent the active enrollee's records from:

- Voluntarily being cancelled via a new SF 2809
- Being switched from a "family" FEHB plan to a "self-only" FEHB plan
- Being switched from a 'self plus one' FEHB plan to a 'self-only' FEHB plan

Following the removal of a court ordered indicator, TIPS will allow the enrollee's records to:

- Voluntarily be cancelled via a new SF 2809
- Be switched from a "family" FEHB plan to a "self-only" FEHB plan
- Be switched from a 'self plus one' FEHB plan to a 'self-only' FEHB plan

Information Only 2809

The Information Only 2809 function will be used by Tribal Employers to:

- Edit enrollee information including name, social security number, address, date of birth, POI*, phone number and email address for corrective actions
- Edit Other Insurance information
- Add, edit, or remove a dependent †

By selecting the Information Only option of the 2809, the corrections will be made but the status of the enrollment will not change.

** POI can only be corrected if the enrollment has never been billed. If billed, the POI field will be grayed out.*

† When enrolling a dependent of an active enrollee, the user will receive an error message stating that the Social Security Number of the enrollee has been found on the dependent record of an active enrollee. To continue the enrollment, an Information Only 2809 must be processed on the active enrollee to remove the dependent, prior to the completion of the 2809 enrollment of the dependent.

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, Cindy UAT_TRIBAL
ROLE: Update/TribalC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Information Only Tribe: Training Tribe POI: 6999 - Training POI

Submit ID: TT003 SF2809 Status: New
Submit Date: 9/26/2012

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

Enrollee First Name JOHN	Middle Name FRED	Last Name DOE
Preferred Telephone Number (xxx)xxx-xxxx 9071112222	Social Security Number 111111111	Date of Birth (MM/DD/YYYY) 01/24/1951
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Are you married? <input checked="" type="radio"/> Yes <input type="radio"/> No	Home mailing address 111 TRAINING AVE
Address Line 2		City WASILLA
		State AK
		Zip 99623
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input checked="" type="radio"/> Yes <input type="radio"/> No
Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other		Name of insurance
		Policy no.
Email Address		

Part A - Enrollee Information Continued, Family Members

Add/Edit Family Member Information

First Name	Middle Name	Last Name	Social Security Number	Date of Birth (MM/DD/YYYY)
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Home mailing address	Address Line 2	City	State
Email Address		Preferred Telephone Number (xxx)xxx-xxxx	Zip	
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input checked="" type="radio"/> Yes <input type="radio"/> No	Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other	Name of insurance
				Policy no.
Relationship Type:				Add Member

Family Members Entered

JANE E DOE	111 TRAINING AVE	Medicare A: N Medicare B: N Medicare D: N Medicare Claim Number:	Cover by insurance other than Medicare?: N Tricare: N FEHB: N Other: N	Other Insurance Name: Other Insurance Policy No.:	Edit Delete
EMILY DOE	111 TRAINING AVE	Medicare A: N Medicare B: N Medicare D: N Medicare Claim Number:	Cover by insurance other than Medicare?: N Tricare: N FEHB: N Other: N	Other Insurance Name: Other Insurance Policy No.:	Edit Delete

Mark for Deletion Cancel Save Submit

Both the enrollee information and family information fields will open for editing. Make any necessary edits, save, and submit.

Enrollee Billing Unit/POI Transfer

The Enrollee Billing Unit / POI Transfer process will be used by Tribal Employers to transfer an employee enrolled in FEHB to a new Billing Unit / POI

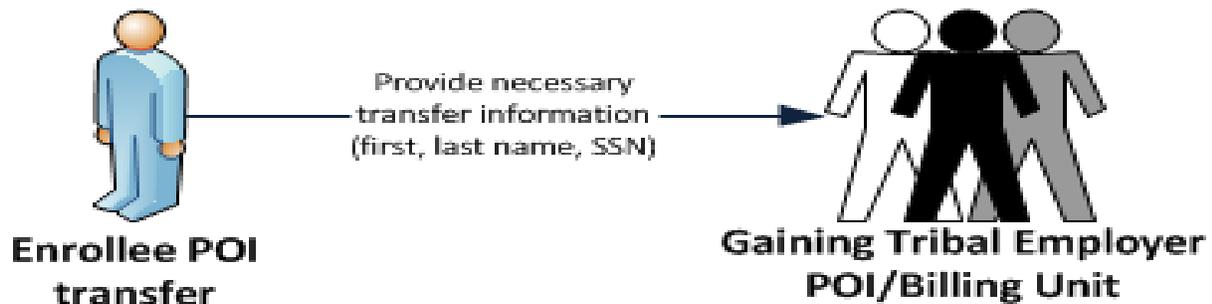
Enrollees in FEHB will be able to transfer to a new Billing Unit / POI from:

- A Billing Unit / POI Unit managed by your Tribal Employer
- A Billing Unit / POI Unit managed by another Tribal Employer participating in FEHB

The gaining Tribal Employer will need to obtain the following information for each enrollee in order to transfer him/her to its Billing Unit / POI:

- First Name
- Last Name
- Social Security Number

The gaining Tribal Employer will need to determine the Effective Date of Coverage for each transferred enrollee



As conceptualized, the following considerations will need to be acknowledged by the gaining Tribal Employer before transferring an enrollee to its Billing Unit / POI:

- If the Effective Date of Transfer does not fall on the first of the month, the gaining Tribal Employer will be responsible for paying a prorated premium
- Tribal Employers in the current POI must use the CREATE SF 2809 for the enrollee on the INQUIRY screen under the current POI to begin transfer. On the SF 2809 they must enter a Cancel date effective the last day of the pay period that the employee is in that POI
- The gaining Tribal Employer will enter a new SF 2809 for enrollment into the new POI with an effective date one day greater than the cancellation effective date in the former POI
- The enrollee can only be entered in a new POI once the cancel/termination for former POI has been billed

Retroactive Adjustments

TIPS will allow Tribal Employers to create SF 2809s/SF 2810s with effective dates in the past

Retroactive adjustments will be allowed for the following transactions:

- Initial enrollments (SF 2809)
- Enrollment code changes (SF 2809)
- Cancellations (SF 2809)
- Reinstatements (SF 2810)
- Terminations (SF 2810)

The following considerations will need to be acknowledged by a Tribal Employer before completing a retroactive adjustment:

- Retroactive adjustments resulting in either net credits or net debits will be displayed in the monthly Billing Report under the “Adjustments” column
- Net credits will be applied to future bills until the adjustment’s balance is reduced to \$0

Net debits will be applied in total to monthly bill in which the retroactive adjustment is entered into TIPS.

Delete Function

TIPS will allow Tribal Employers to use to Delete Function for non-processed and non-billed records.

Forms eligible for deletion:

- Health Benefits Election Form (SF 2809)
- Notice of Change in Health Benefits Enrollment (SF 2810)

The Delete button is located at the bottom of any form eligible for deletion.

Part A - Enrollee Information Continued: Family Members

Add/Edit Family Member Information

First Name Middle Name Last Name Social Security Number Date of Birth (MM/DD/YYYY)

Sex Home mailing address Address Line 2 City State Zip

Male Female

Email Address Preferred Telephone Number (xxx)xxx-xxxx

Medicare (if you are covered by Medicare, check all that apply) Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance Name of insurance Policy no.

A B D

Relationship Type:

Family Members Entered: No Family Members Currently Entered.

Home OPM

Once deleted, it CANNOT be restored; it can be viewed under the “Deleted 2809/2810” option.

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, [username] [role] Update Tribe C [logout]

Reports Enrollee

Enrollees by Tribe, State, Age [link]

Contact Information

New Enrollees by Tribe [link]

Disenrollments by Tribe Report

Total Enrollees Each Period By Tribe Report

Open Season Changes By Tribe Report

Reason for Plan Switch by Tribe Report

Effective Date of Coverage Report

Family Relationships by Tribe Report

Overall 2809/2810 Report

2809/2810 Status Report

Billing Report

Deleted 2809s/2810s

Manage Court Orders

Home OPM

Once the form is deleted, the SSN will be released and a new form can be created under that SSN.

History/Archive

TIPS will allow you to “move to History” for enrollee’s prior forms to an archived status.

Enrollee can be moved to History if previously cancelled/terminated and there is a lapse in coverage with new enrollment in the same POI.

When the Create New Enrollment button is selected, the user will be prompted to indicate if the enrollee’s prior data should be moved to history. If selected, the data will no longer display under the Terminated Inquiry screen but will be viewed through the History Inquiry screen.

The New Enrollment form displayed from the Create New Enrollment will pre-populate with the enrollee’s data.

Notes:

- The Create New Enrollment button can only be used after the enrollee has been billed for the cancellation/termination action.
- You cannot use the Create New Enrollment button to move from POI to POI or tribe to tribe. This must be done by selecting Forms then Create 2809 from the Homepage.

Lesson 5 Objectives: Performing Transactions in TIPS

By the end of this lesson, you should be able to:

- Access TIPS
- Navigate TIPS
- Perform enrollment transactions using individual forms and the electronic upload process
- Prepare TIPS Reports
- Review your billing report in TIPS

How to Access TIPS

- Internet access is required to access TIPS
- Only authorized users can access TIPS
- Your TSO is responsible for initiating and managing the creation of TIPS user accounts
- After your TSO sets up your account, NFC will email you your username and your TSO will provide you your temporary password

For the purposes of this training you will have access to a training account. This training account will expire after today's session

Government Disclaimer

Every time you log in to TIPS, you must accept the standard USDA system disclaimer

WARNING!

- You are accessing a U.S. Government information system, which includes (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
 - You have no reasonable expectation of privacy regarding any communications or data transiting or stored on this information system. At any time, the government may for any lawful government purpose monitor, intercept, search and seize any communication or data transiting or stored on this information system.
 - Any communications or data transiting or stored on this information system may be disclosed or used for any lawful government purpose.
 - Your consent is final and irrevocable. You may not rely on any statements or informal policies purporting to provide you with any expectation of privacy regarding communications on this system, whether oral or written, by your supervisor or any other official, except USDA's Chief Information Officer.

AcceptDecline

How to Log in to TIPS

Follow these steps to log in to TIPS:

- Enter your username provided to you via email
- Enter your password
 - If you are logging in for the first time, your password will have been provided to you by your TSO



The screenshot shows the TIPS (Tribal Insurance Processing System) login interface. At the top center is the TIPS logo, which includes the text 'TIPS' and 'TRIBAL INSURANCE PROCESSING SYSTEM' around a central graphic of stylized figures. Below the logo is a dark red horizontal bar. At the bottom of the page, there are two main sections: 'Log In' and 'Getting Started'. The 'Log In' section contains a 'Username:' field, a 'Password:' field, a 'Submit' button, and a 'Forgot Password' link. The 'Getting Started' section contains a link for 'Healthcare and Insurance for Tribes'.

Navigating TIPS: Main Page

TIPS is broken up into six main areas:

- Home
- Inquiry
- Forms
- Admin
- Information
- Reports

Navigating TIPS: Inquiry

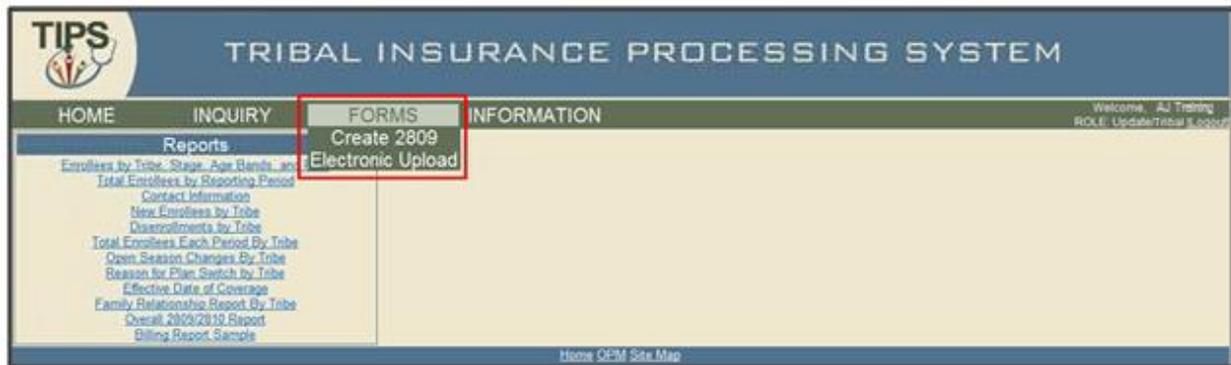
The inquiry screen:

- Allows you to search for an employee enrolled in TIPS by name and/or Social Security Number / Unique Identifier
- Allows you to see submitted SF 2809s and SF 2810s
- Allows you to edit SF 2809s and SF 2810s that have been saved but not submitted
- Allows you to create new SF2809s
- Allows you to create SF 2810s
- Allows you to Manage Court Orders

Navigating TIPS: Forms

The Forms menu allows users to:

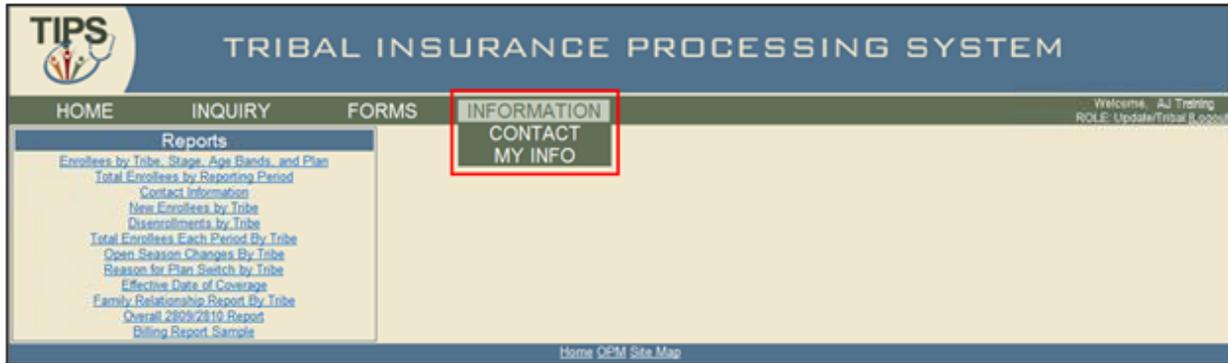
- Create a SF 2809
- Perform an Electronic Upload
 - Includes upload of SF 2809s and SF 2810s



Navigating TIPS: Information

Using the information menu users can view:

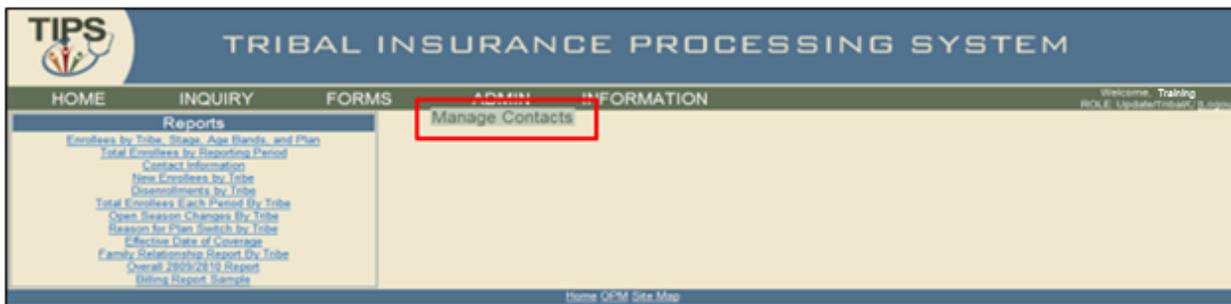
- Contact info
 - OPM Helpdesk
 - NFC Helpdesk
- My info
 - Name
 - Role
 - Tribal Employer
 - Billing Units / POI



Navigating TIPS: Admin

Using the admin menu users to:

- Manage Contacts



Navigating TIPS: Reports

Using the Reports menu located on the left-side of the main page, users can run a TIPS Report of their choice for a selected Tribal Employer Billing Unit / POI and time period

Navigating TIPS: User Information

User account name and your level of system access are displayed in the upper right hand corner of all TIPS pages



Remember to always logout after you have finished using TIPS!

Types of Transactions in TIPS

Transactions may be initiated using the SF 2809, SF 2810, or an Electronic Upload

Available Transactions Include:

- Initial enrollment
- Enrollment change
- Change of name
- Change of address
- Enrollment cancellation
- Enrollment termination
- Enrollment reinstatement
- Billing Unit/POI Transfer process
- Court ordered indicator
- Retroactive adjustments

Future system updates will allow for changing a Tribal Employee's Billing Unit / POI

- This transaction will not require a SF 2809 or SF 2810, unless specifically prompted

Individual Forms vs. Electronic Upload

	Individual Forms	Electronic Upload
Definition	<ul style="list-style-type: none"> Enter all enrollee information into TIPS, one record at a time 	<ul style="list-style-type: none"> Upload multiple records at the same time
Pros	<ul style="list-style-type: none"> Simpler when performing a few transactions Easier to identify and correct errors 	<ul style="list-style-type: none"> Saves time when performing multiple transactions Decreases the risk of manual error in TIPS
Cons	<ul style="list-style-type: none"> Time consuming when performing more than a few transactions Increases risk of manual error in TIPS 	<ul style="list-style-type: none"> Errors in Electronic Upload files must be resolved individually Must adhere to a strict Electronic Upload format

Selecting a Billing Unit/POI

Before you enter data in a SF 2809 or SF 2810 remember to:

- Confirm that the correct Tribal Organization is selected
- Select the appropriate Tribal Organization Billing Unit / POI for the Tribal Employee

Entering Enrollment Data via Individual Forms When entering data in SF 2809s and SF 2810s users:

- Can tab from field to field to quickly enter data
- Must complete free response fields, select radio buttons, and mark check boxes

- Must use the box for enrollee information located at the bottom of SF 2809s in order to add family members
- Must have contact information for Tribal Employers representatives in order to complete these forms

Finalizing a SF 2809 or SF 2810

For any new SF 2809 or SF 2810 you may select one of four options:

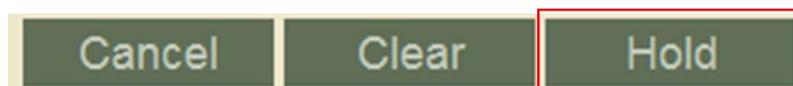
- Cancel – Deletes the draft form and returns you to the main page
- Clear – Deletes all data in the draft form without leaving the form
- Submit – Finalizes the form and send it to the appropriate FEHB Plan Carrier
- Save – Saves the draft form and allows for additional edits at a later date before submission to a FEHB Plan Carrier

Holding a SF 2809 or SF 2810

After you select Submit, your form will be submitted to the appropriate FEHB Plan Carrier

If you notice an error or need to stop a form after you have submitted, you may hold the form, if it has not been processed on the Billing Report

- By holding a form, the enrollment/enrollment changes on the held form will not be reflected on the Billing Report
- You will be able to make changes to a held form
- Once you have finished revising your held form, select Submit again so that it can be processed and reflected on the Billing Report



Form Status

The status of SF 2809s and SF 2810s is located in the top right corner of the form

Health Benefits Election Form (2809)		
Tribal HR SF2809 Information		
Tribe TEST TRIBE	POI	SF2809 Status: New

SF 2809s and SF 2810s can have the following statuses:

- New – New form, not saved or submitted
- Saved – Partially filled out form, not yet submitted
- Submitted and Released – Form has been completed and sent to FEHB Plan Carriers
- Held for Edits – Form has been taken out of the queue for Billing Report processing
- Processed – Form has been sent to FEHB Plan Carriers and processed for billing and cannot be held

Resolving Errors

If you attempt to submit individual SF 2809 or SF 2810s with errors, TIPS will not accept the form:

- TIPS will list errors in red text underneath each field
- Please correct any errors before submitting again

The screenshot below is a SF 2809 in TIPS with errors:

The screenshot shows the TIPS interface with the following elements:

- Header:** TIPS logo and "TRIBAL INSURANCE PROCESSING SYSTEM".
- Navigation:** HOME, INQUIRY, FORMS, INFORMATION.
- User Info:** Welcome, Jana Training, ROLE: UpdateTribal, Logout.
- Form Title:** Health Benefits Election Form (2809).
- Form Fields:**
 - Tribe: A Test Tribe
 - POI: (Empty) - Error: "A POI is required." and "Value must not be blank."
 - SF2809 Status: New
 - Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below)
 - Enrollee First Name: (Empty) - Error: "Value must not be blank."
 - Middle Name: (Empty) - Error: "Value must not be blank."
 - Last Name: (Empty) - Error: "Value must not be blank."
 - Home/Work Phone Number: (Empty) - Error: "Phone number is not valid."
 - Social Security Number: (Empty) - Error: "Value must not be blank."
 - Date of birth: (Empty) - Error: "Value must not be blank."

Resolving Electronic Upload Errors

If TIPS identifies an error(s) after submission of an Electronic Upload, you will receive an email notifying you to log in to TIPS to retrieve and resolve any errors

All pending errors must be resolved individually in TIPS even if they were originally submitted as part of an Electronic Upload

Double-check your forms! Resolving an error before submission is always easier than afterwards!

Generating a TIPS Report

When preparing a TIPS Report remember to select:

- Billing Unit/POI
- Start Date
- End Date

The Tribal Organization should be prepopulated when generating a TIPS Report



The screenshot shows the TIPS (Tribal Insurance Processing System) interface. The header includes the TIPS logo and the text 'TRIBAL INSURANCE PROCESSING SYSTEM'. Below the header are navigation tabs: HOME, INQUIRY, FORMS, and INFORMATION. The main content area is titled 'Disenrollment Report'. It contains a form with the following fields: 'Tribal Organization' (dropdown menu set to 'All Available'), 'POI' (dropdown menu set to 'All Available'), 'Start Date' (text input field with '3/25/2012'), and 'End Date' (text input field with '3/25/2012'). A 'Generate Report' button is located to the right of the form. In the top right corner, there is a user login area with the text 'Welcome, Jane Training' and links for 'POLE', 'Update Tribe', and 'Logout'. A 'Home CMS' link is located at the bottom center of the form area.

Walkthroughs and Exercises

We will now walkthrough and practice performing the following transactions in TIPS:

- Individual Enrollment
- Updating a Saved Enrollment
- Holding, Updating, and Submitting an Enrollment
- Updating a SF 2809 for Open Season
- Enrollment Termination
- Preparing a Billing Report
- Overall SF 2809/SF 2810 Report

How to Access TIPS Training Environment

Follow these steps to access the TIPS Training Environment:

- Open a web browser on your computer
- Enter the URL provided to you on your user information handout
- Refer to your user information handout for:
 - Temporary user ID
 - Temporary Password

You will receive a permanent TIPS username from NFC and a temporary password from your TSO at a later date

Exercise 5.1: Individual Enrollment

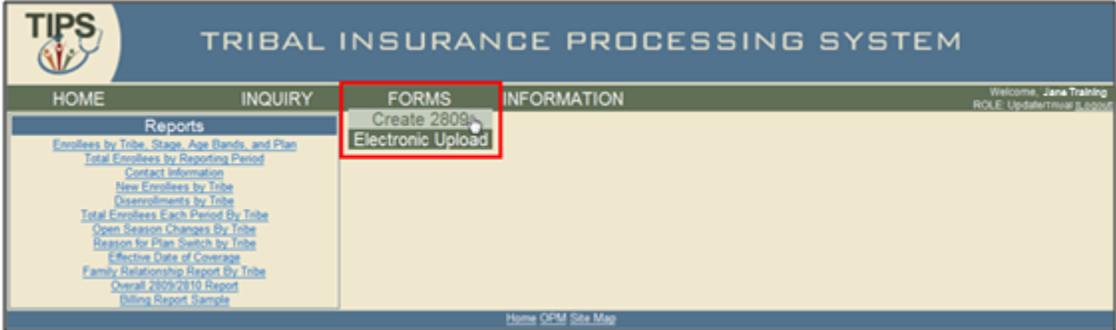
Create a new enrollment in TIPS using the information found in the Exercise 5.1 materials.

Instead of submitting the enrollment form when finished, select **Save –NOT- Submit**.

Refer to the handout with your login information for your Social Security Number.

Individual Enrollment

In order to perform an individual enrollment, follow these steps:

<p>1</p>	<p>Open the TIPS web portal and log in with username</p> 
<p>2</p>	<p>Select Create 2809 under the Forms tab</p> 

Confirm Tribal Organization and select **Billing Unit/POI**

3



TRIBAL INSURANCE PROCESSING SYSTEM

Welcome, Update For Updates
 ROLE: UpdateNFC (Logout)

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal POI SF2809 Status:

Sample Tribe Test POI New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

Enrollee First Name	Middle Name	Last Name
Preferred Telephone Number (xxx)xxx-xxxx	Social Security Number	Date of birth (MM/DD/YYYY)
Sex <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Yes <input checked="" type="radio"/> No	Are you married? <input type="radio"/> Yes <input checked="" type="radio"/> No	Home mailing address
Address Line 2		City State Zip
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D	Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No
Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other		Name of insurance Policy no.

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable)
 1. Plan name 2. Enrollment code

Part C - FEHB Plan You Are Enrolling In or Changing To
 1. Plan name 2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel

1. Event code	2. Date of event (MM/DD/YYYY)	Premium Conversion <input type="checkbox"/>		Part F - Cancellation
				I CANCEL my enrollment. <input type="checkbox"/>

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number 1405000	7. Service Provider Contact National Finance Center	8. Service Provider Telephone 855-632-4468

Part A - Enrollee Information Continued: Family Members

Add/Edit Family Member Information

First Name	Middle Name	Last Name	Social Security Number	Date of birth (MM/DD/YYYY)	
Sex <input type="radio"/> Male <input type="radio"/> Female		Home mailing address	Address Line 2 City State Zip		
Medicare (if you are covered by Medicare, check all that apply) <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		Medicare Claim Number	Are you covered by insurance other than Medicare? <input type="radio"/> Yes <input checked="" type="radio"/> No		
Relationship Type:		Indicate other types of insurance <input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other			
		Name of insurance Policy no.			

Add Member

Family Members Entered

No Family Members Currently Entered.

Cancel
Clear
Save
Submit

Home OPM

Complete:

- Part A: Enrollee Information (*For additional family members, use the Part A (Continued) section below*)
- Part C: FEHB Plan You Are Enrolling In or Changing To
- Part D: Event That Permits You To Enroll, Change, or Cancel
- Part I: To be completed by Tribal Employer

4

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Update For Updates
ROLE: Update NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal: Sample Tribe | POI: Test POI | SF2809 Status: New

Part A - Enrollee Information (*For additional family members, use the Part A (Continued) section below*)

Enrollee First Name: | Middle Name: | Last Name: |
 Preferred Telephone Number (xxx)xxx-xxxx: | Social Security Number: | Date of birth (MM/DD/YYYY): |
 Sex: Male Female | Are you married? Yes No | Home mailing address: | Address Line 2: | City: | State: | Zip: |
 Medicare (if you are covered by Medicare, check all that apply): A B D | Medicare Claim Number: | Are you covered by insurance other than Medicare? Yes No | Indicate other types of insurance: Tricare FEHB Other | Name of insurance: | Policy no.: |

Part B - FEHB Plan You Are Currently Enrolled In (if Applicable) | **Part C - FEHB Plan You Are Enrolling In or Changing To**

1. Plan name: | 2. Enrollment code: | 1. Plan name: | 2. Enrollment code: |

Part D - Event That Permits You To Enroll, Change, or Cancel | **Part F - Cancellation**

1. Event code: | 2. Date of event (MM/DD/YYYY): | Premium Conversion | I CANCEL my enrollment.

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY): | 2. Effective date of action (MM/DD/YYYY): | 3. Personnel telephone number: | 4. Name and address of the Tribal Employer: |
 5. Authorizing official: | 6. Payroll office number: 14050000 | 7. Service Provider Contact: National Finance Center | 8. Service Provider Telephone: 855-632-4468

Part A - Enrollee Information Continued: Family Members

Add/Edit Family Member Information

First Name: | Middle Name: | Last Name: | Social Security Number: | Date of birth (MM/DD/YYYY): |
 Sex: Male Female | Home mailing address: | Address Line 2: | City: | State: | Zip: |
 Medicare (if you are covered by Medicare, check all that apply): A B D | Medicare Claim Number: | Are you covered by insurance other than Medicare? Yes No | Indicate other types of insurance: Tricare FEHB Other | Name of insurance: | Policy no.: |
 Relationship Type: |

Family Members Entered: | No Family Members Currently Entered.

Home OPM

Once you have completed the form click **Submit** in order to finalize the form and submit it for processing

5

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Update For Updates
 ROLE: Update:NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information
 Tribe: Sample Tribe POI: Test POI SF2809 Status: New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)
 Enrollee First Name: Middle Name: Last Name:
 Preferred Telephone Number (xxx)xxx-xxxx: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Yes No
 Are you married? Home mailing address: Address Line 2: City: State: Zip:
 Medicare (if you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tricare FEHB Other Name of insurance: Policy no.:

Part B - FEHB Plan You Are Currently Enrolled In (if Applicable) | **Part C - FEHB Plan You Are Enrolling In or Changing To**
 1. Plan name: 2. Enrollment code: 1. Plan name: 2. Enrollment code:

Part D - Event That Permits You To Enroll, Change, or Cancel | **Part F - Cancellation**
 1. Event code: 2. Date of event (MM/DD/YYYY): Premium Conversion I CANCEL my enrollment.

Part E - To be completed by Tribal Employer
REMARKS
 1. Date received (MM/DD/YYYY): 2. Effective date of action (MM/DD/YYYY): 3. Personnel telephone number: 4. Name and address of the Tribal Employer:
 5. Authorizing official: 6. Payroll office number: 7. Service Provider Contact: 8. Service Provider Telephone:
 14050000 National Finance Center \$55-632-4468

Part A - Enrollee Information Continued: Family Members
 Add/Edit Family Member Information
 First Name: Middle Name: Last Name: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Home mailing address: Address Line 2: City: State: Zip:
 Medicare (if you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tricare FEHB Other Name of insurance: Policy no.:

Relationship Type: Add Member

Family Members Entered: No Family Members Currently Entered.

Cancel Clear Save **Submit**

Home OPM

Exercise 5.2: Updating a Saved Enrollment

Perform an inquiry for the SF 2809 you created in Exercise 5.1.

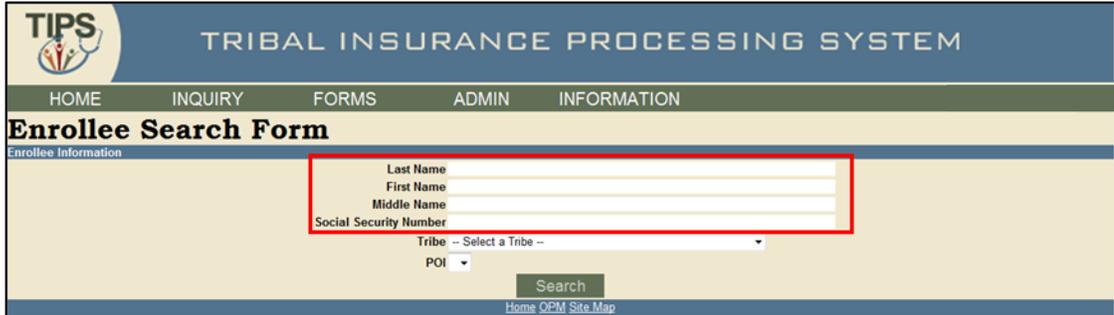
Update the SF 2809 in TIPS using the information found in your Exercise 5.2 materials.

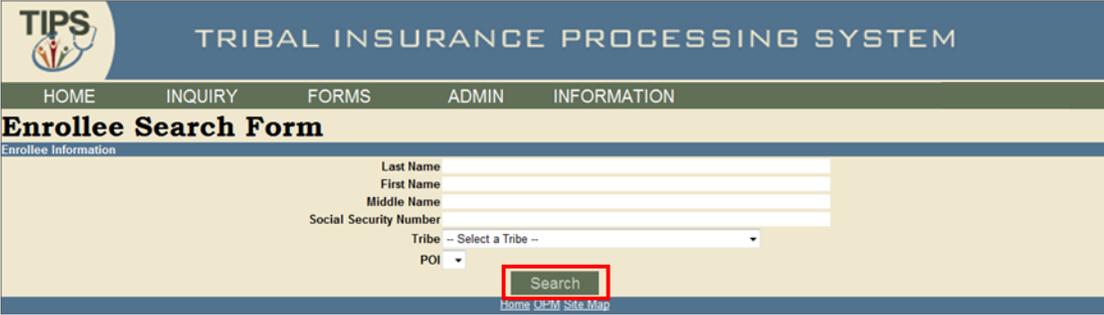
Submit the SF 2809.

Refer to the handout with your login information for you and your spouse's Social Security Number.

Accessing Saved Forms

In order to access saved forms, follow these steps:

<p>1</p>	<p>Open the TIPS web portal and log in with username</p>
<p>2</p>	<p>Select Enrollee under the Inquiry tab</p> 
<p>3</p>	<p>Enter one or more of the following:</p> <ul style="list-style-type: none"> • Social Security Number • First, middle, and last name 

<p>4</p>	<p>Click Search</p>  <p>The screenshot shows the 'Enrollee Search Form' in the TIPS system. The search criteria are: Last Name, First Name, Middle Name, Social Security Number, Tribe (dropdown menu), and POI (dropdown menu). A red rectangular box highlights the 'Search' button at the bottom center of the form.</p>															
<p>5</p>	<p>Select View 2809 or View 2810</p>  <p>The screenshot shows the search results for 'Training John'. The results table is as follows:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Create 2809</th> <th>Create 2810</th> <th>Effective Coverage Date</th> <th>View 2809/2810</th> </tr> </thead> <tbody> <tr> <td>Training John</td> <td>[Create 2809]</td> <td>[Create 2810]</td> <td>5/1/2012</td> <td>[View 2809] [View 2810]</td> </tr> <tr> <td>Training Kim</td> <td>[Create 2809]</td> <td>[Create 2810]</td> <td>5/1/2012</td> <td>[View 2809] [View 2810]</td> </tr> </tbody> </table> <p>A red rectangular box highlights the 'View 2809' link in the first row of the results table.</p>	Name	Create 2809	Create 2810	Effective Coverage Date	View 2809/2810	Training John	[Create 2809]	[Create 2810]	5/1/2012	[View 2809] [View 2810]	Training Kim	[Create 2809]	[Create 2810]	5/1/2012	[View 2809] [View 2810]
Name	Create 2809	Create 2810	Effective Coverage Date	View 2809/2810												
Training John	[Create 2809]	[Create 2810]	5/1/2012	[View 2809] [View 2810]												
Training Kim	[Create 2809]	[Create 2810]	5/1/2012	[View 2809] [View 2810]												
<p>6</p>	<p>Perform any necessary changes to the SF 2809 or SF 2810</p>															

Select **Save** to save changes to the form for submission later or select **Submit** to send the form to a FEHB Plan Carrier

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TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribe	POI	SF2809 Status:
Test Tribal Employer	Test POI	New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

Enrollee First Name	Middle Name	Last Name
Preferred Telephone Number (xxx)xxx-xxxx	Social Security Number	Date of birth (MM/DD/YYYY)
Sex	Are you married?	Home mailing address
<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Yes <input checked="" type="radio"/> No	Address Line 2
		City State Zip
Medicare (if you are covered by Medicare, check all that apply)	Medicare Claim Number	Are you covered by insurance other than Medicare?
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		<input type="radio"/> Yes <input checked="" type="radio"/> No
		Indicate other types of insurance
		<input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other
		Name of insurance Policy no.

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable) Part C - FEHB Plan You Are Enrolling In or Changing To

1. Plan name	2. Enrollment code
1. Plan name	2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel Part F - Cancellation

1. Event code	2. Date of event (MM/DD/YYYY)
	<input type="checkbox"/> Premium Conversion <input type="checkbox"/> I CANCEL my enrollment.

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY)	2. Effective date of action (MM/DD/YYYY)	3. Personnel telephone number	4. Name and address of the Tribal Employer
5. Authorizing official	6. Payroll office number	7. Service Provider Contact	8. Service Provider Telephone
	14050000	National Finance Center	\$55-632-4468

Part A - Enrollee Information Continued, Family Members

Add/Edit Family Member Information

First Name	Middle Name	Last Name
		Social Security Number
		Date of birth (MM/DD/YYYY)
Sex	Home mailing address	Address Line 2
<input type="radio"/> Male <input type="radio"/> Female		City State Zip
Medicare (if you are covered by Medicare, check all that apply)	Medicare Claim Number	Are you covered by insurance other than Medicare?
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> D		<input type="radio"/> Yes <input checked="" type="radio"/> No
		Indicate other types of insurance
		<input type="checkbox"/> Tricare <input type="checkbox"/> FEHB <input type="checkbox"/> Other
		Name of insurance Policy no.

Relationship Type: Add Member

Family Members Entered

No Family Members Currently Entered.

Cancel Clear Save Submit

Home QPM

Exercise 5.3: Holding, Updating, and Submitting an Enrollment

Perform an inquiry for the SF 2809 you updated in Exercise 5.2.

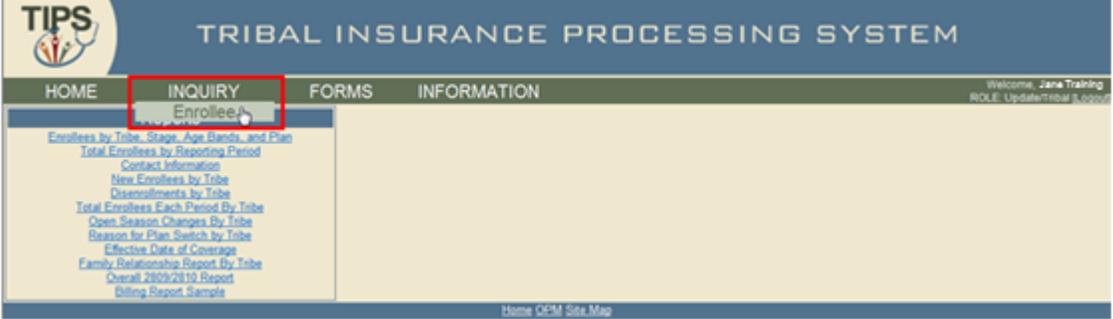
Hold the SF 2809 you updated in Exercise 5.2.

The Enrollee's date of birth was entered incorrectly. Update the birthday to read 03/01/1970.

Submit the updated SF 2809.

Holding an Enrollment

In order to hold an enrollment, follow these steps:

1	Open the TIPS web portal and log in with username
2	<p>Select Enrollee under the Inquiry tab</p> 
3	<p>Enter one or more of the following:</p> <ul style="list-style-type: none"> • Social Security Number • First, middle, and last name 

Click **Search**

4

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Enrollee Search Form

Enrollee Information

Last Name: Training
 First Name: Robert
 Middle Name:
 Social Security Number:
 Tribe: -- Select a Tribe --
 POI:

Select **View 2809** or **View 2810**

5

HOME INQUIRY FORMS ADMIN INFORMATION

Enrollee Search Form

Enrollee Information

Last Name: Training
 First Name: JOHN
 Middle Name:
 Social Security Number: 555555555
 Date of Birth: 08/17/1988
 Tribe: Training Tribe
 POI: 9999

Supply Results

Training John	<input type="button" value="Create 2810"/>	<input type="button" value="Create 2809"/>	Edit Coverage Date 5/1/2012 <input type="button" value="View 2809"/>
Training Kaa	<input type="button" value="Create 2810"/>	<input type="button" value="Create 2809"/>	Edit Coverage Date 5/1/2012 <input type="button" value="View 2810"/>

[Home GPM](#)

Select the **Hold** button at the bottom of the form

6

7

Perform any necessary changes to the SF 2809 or SF 2810

Select **Save** to save changes to the form for submission later or select **Submit** to send the form to a FEHB Plan Carrier

8

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS INFORMATION

Health Benefits Election Form (2809)

Tribal ID: 822809 Information

Tribal: Training Triba POC: 6000-Training POC **822809 System Hold for Edit**

Part A - Employee Information (For additional family members, see the Part A (Continued) section below)

Employee First Name: John Middle Name: Last Name: Training
 Professional Telephone Number (no/area code): 2027777777 Social Security Number: 202294551 Date of birth (MM/DD/YYYY): 01/01/1970

Sex: Male Female Other Are you married? Yes No Home mailing address: 123 Training Lane Address Line 2: City: Anytown State: LA Zip: 12345

Medicare (If you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Terace FEHB Other Name of insurance: Policy no.:

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable)

1. Plan name: 2. Enrollment code: 3. Enrollment code: 001

Part C - FEHB Plan You Are Enrolling In or Changing To

1. Plan name: TRIPLE S SALUD 2. Enrollment code: 001

Part D - Event That Permits You To Enroll, Change, or Cancel

1. Event code: 2. Date of event (MM/DD/YYYY): 03/22/2012 Prorated Conversion CANCEL my enrollment

Part E - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY): 03/28/2012 2. Effective date of action (MM/DD/YYYY): 06/01/2012 3. Personal telephone number: 2029999999 4. Name and address of the Tribal Employee: Tribal Employer 1 25 Tribal Employe
 5. Authorizing official: Mark Employer 6. Payroll office number: 14070000 7. Service Provider Contact: National Finance 8. Service Provider Telephone: 817-412-4488

Part A - Family Information (Continued) Family Members

ADD A Family Member Information

First Name: Middle Name: Last Name: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Home mailing address: Address Line 2: City: State: Zip:
 Medicare (If you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Terace FEHB Other Name of insurance: Policy no.:
 Relationship Type: **Add Member**

Family Members Entered

No Family Members Currently Entered.

Cancel Clear **Save** Submit

Save UEM

Exercise 5.4: Updating a SF 2809 for Open Season

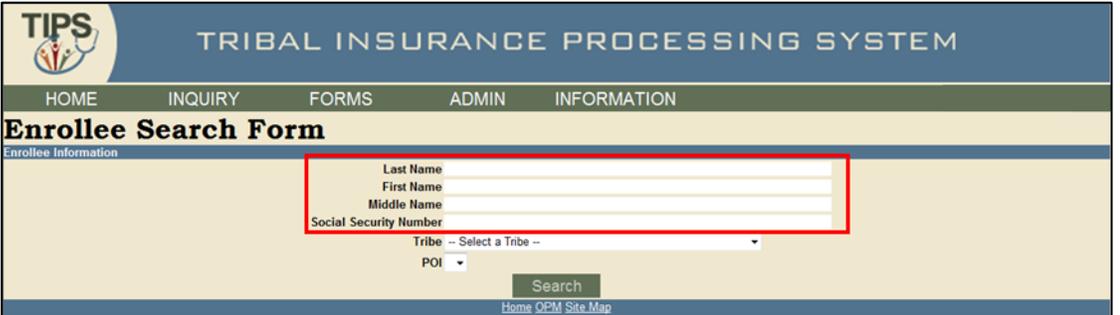
Search for your assigned enrollee in TIPS using the information found in your Exercise 5.4 materials.

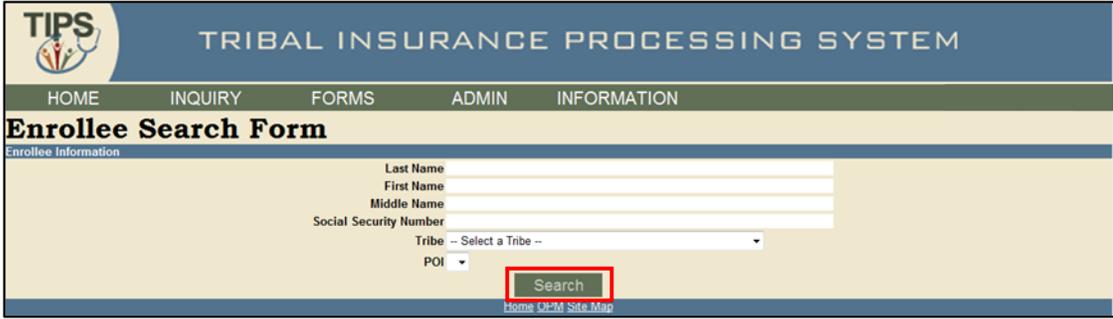
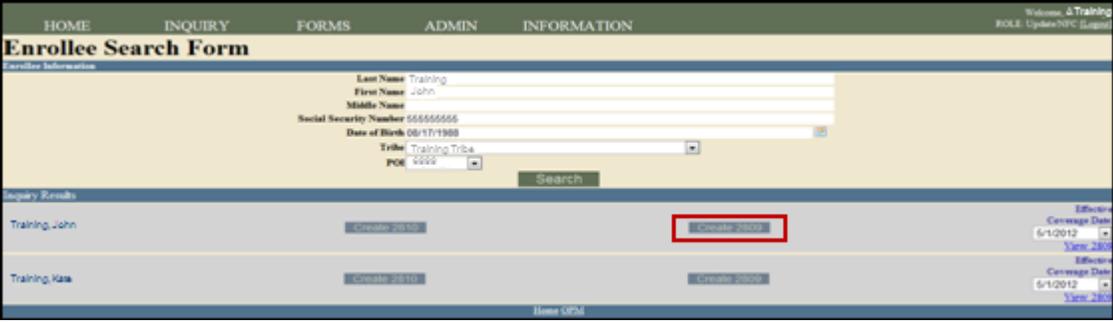
Update the SF 2809 based on the Exercise 5.4 materials.

Then Submit the updated SF 2809.

Update a SF 2809

In order to update a SF 2809, follow these steps:

<p>1</p>	<p>Open the TIPS web portal and log in with username</p>
<p>2</p>	<p>Select Enrollee under the Inquiry tab</p>  <p>The screenshot shows the TIPS (Tribal Insurance Processing System) web portal. The navigation menu includes HOME, INQUIRY, FORMS, and INFORMATION. The 'INQUIRY' tab is selected, and a sub-menu is displayed with 'Enrollee' highlighted in a red box. Other links in the sub-menu include 'Enrollees by Tribe, Stage, Age Bands, and Plan', 'Total Enrollees by Reporting Period', 'Contact Information', 'New Enrollees by Tribe', 'Disenrollments by Tribe', 'Total Enrollees Each Period by Tribe', 'Open Season Changes by Tribe', 'Reason for Plan Switch by Tribe', 'Effective Date of Coverage', 'Family Relationship Report by Tribe', 'Overall 2009/2010 Report', and 'Billing Report Sample'. A 'Home QPM Site Map' link is visible at the bottom right.</p>
<p>3</p>	<p>Enter one or more of the following:</p> <ul style="list-style-type: none"> • Social Security Number • First, middle, and last name • Select the appropriate Tribe and Billing Unit / POI  <p>The screenshot shows the 'Enrollee Search Form' in the TIPS web portal. The navigation menu includes HOME, INQUIRY, FORMS, ADMIN, and INFORMATION. The form has the following fields: Last Name, First Name, Middle Name, and Social Security Number. These four fields are grouped together and highlighted with a red box. Below these fields are dropdown menus for 'Tribe -- Select a Tribe --' and 'POI'. A 'Search' button is located at the bottom right of the form area. A 'Home QPM Site Map' link is visible at the bottom right of the page.</p>

4	<p>Click Search</p> 
5	<p>Locate enrollee and click the Create 2809 button</p> 
6	<p>When filling out a 2809 for a change of coverage or cancellation please take the following into consideration:</p> <p>Enrollee and family member information will be prepopulated into the new 2809, and only the fields highlighted below will be editable</p> <p>Informational changes such as changes in marital status, Medicare status, and other insurance statuses can only be made in conjunction with a change in FEHB coverage via a QLE</p> <p>Please ensure that all information on the 2809 is up to date prior to submitting (Reminder: Name changes must be made using a 2810)</p>

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS INFORMATION Welcome, Jane Training
ROLE: Update Tribal Employee

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal: [A Test Tribe] POE: [] SF2809 Status: New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below)

Enrollee First Name Middle Name Last Name
 Home/Work Phone Number Social Security Number Date of birth
 Sex: Male Female Are you married? Yes No Home mailing address Address Line 2 City State Zip

Medicare (See note - page 2) A B D Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Tricare FEHB Other Name of insurance Policy no.

Part B - Present Plan 1. Plan name 2. Enrollment code **Part C - New Plan** 1. Plan name 2. Enrollment code

Part D - Event Code 1. Event code 2. Date of event Premium Conversion **Part E - Cancellation** I CANCEL my enrollment.

Part F - To be completed by agency or retirement system

REMARKS

1. Date received 2. Effective date of action 3. Personnel telephone number 4. Name and address of the agency or retirement system
 5. Authorizing official 6. Payroll office number 14050000 7. Payroll office contact 8. Payroll telephone number

Part A - Enrollee Information (Continued, Family Members)

Add Family Members

First Name Middle Name Last Name Social Security Number Date of birth
 Sex: Male Female Are you married? Yes No Home mailing address Address Line 2 City State Zip
 Medicare (See note - page 2) A B D Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Tricare FEHB Other Name of insurance Policy no.
 Relationship Type: [] Add Member

Family Members Entered: 0 **No Family Members Currently Entered.**

Cancel Clear Save Submit

Home OPM Site Map

7

Once you have completed the form click **Submit** in order to finalize the form and submit it for processing

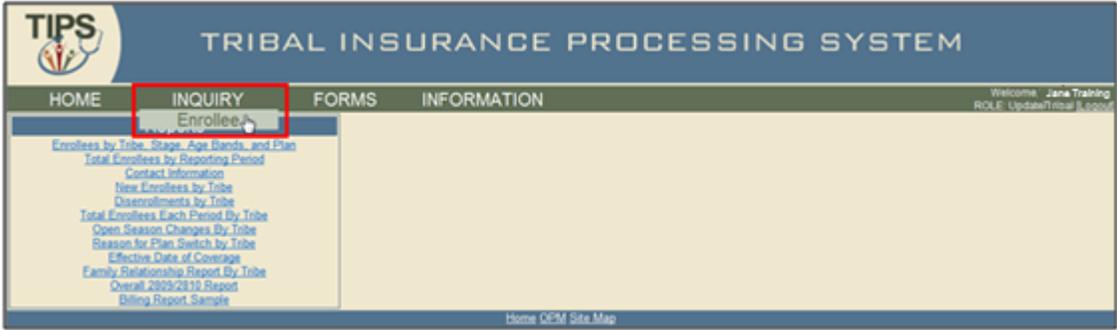
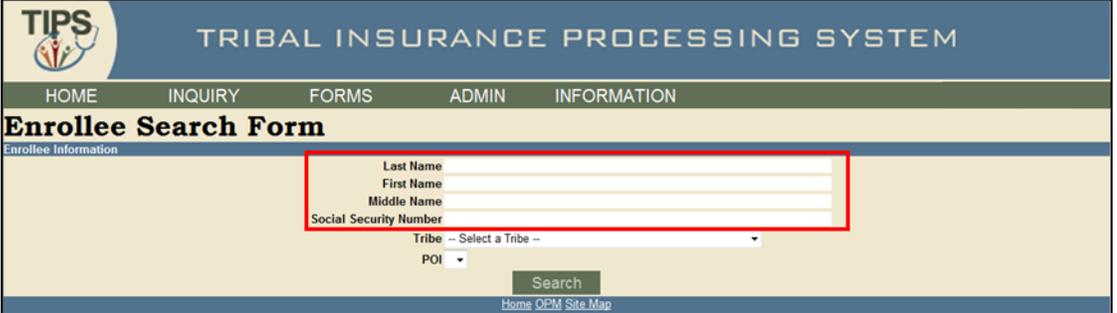
Exercise 5.5: Enrollment Termination

Terminate your assigned enrollee in TIPS using the information found in your Exercise 5.5 materials.

Refer to the handout with your login information for your enrollee's Social Security Number.

Enrollment Termination

In order to terminate an enrollment, follow these steps:

1	Open the TIPS web portal and log in with username
2	<p>Select Enrollee under the Inquiry tab</p>  <p>The screenshot shows the TIPS (Tribal Insurance Processing System) web portal. The top navigation bar includes 'HOME', 'INQUIRY', 'FORMS', and 'INFORMATION'. Under the 'INQUIRY' tab, the 'Enrollee' option is highlighted with a red box. A list of links is visible on the left side of the page, including 'Enrollees by Tribe, Stage, Age Bands, and Plan', 'Total Enrollees by Reporting Period', 'Contact Information', 'New Enrollees by Tribe', 'Disenrollments by Tribe', 'Total Enrollees Each Period by Tribe', 'Open Season Changes by Tribe', 'Reason for Plan Switch by Tribe', 'Effective Date of Coverage', 'Family Relationship Report by Tribe', 'Overall 2009/2010 Report', and 'Billing Report Sample'.</p>
3	<p>Enter one or more of the following:</p> <ul style="list-style-type: none"> • Social Security Number • First, middle, and last name  <p>The screenshot shows the 'Enrollee Search Form' in the TIPS web portal. The form includes input fields for 'Last Name', 'First Name', 'Middle Name', and 'Social Security Number', which are highlighted with a red box. Below these fields are dropdown menus for 'Tribe' (set to '-- Select a Tribe --') and 'POI'. A 'Search' button is located at the bottom of the form.</p>

Click **Search**

4

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Enrollee Search Form

Enrollee Information

Last Name _____
 First Name _____
 Middle Name _____
 Social Security Number _____
 Tribe -- Select a Tribe --
 POI _____

Search

[Home](#) [OPM](#) [Site Map](#)

Select **Create 2810**

5

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, AJ Training
 ROLE: Update:NFC [Logout]

Enrollee Search Form

Enrollee Information

Last Name Training
 First Name John
 Middle Name _____
 Social Security Number 555555555
 Date of Birth 08/17/1988
 Tribe Training Tribe
 POI 6999

Search

Inquiry Results

Training, John	Create 2810	Create 2800	Effective Coverage Date 5/1/2012 View 2805
Training, Kate	Create 2810	Create 2800	Effective Coverage Date 5/1/2012 View 2805

[Home](#) [OPM](#)

Complete:

- Part A: Identifying Information
- Part B: Termination
- Part H: Date of Notice

6

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome AJ Training
ROLE Update NFC 8/2012

Notice of Change in Health Benefits Enrollment (2810)

Enroll 808 10/28/10 Information POB TEST POB 1A.1 SF2810 Screen Save

Title: **Test Third Employer**

Part A - Identifying Information

Last Name Training	First name John	Middle Initial	Date of birth 2/12/1900	Serial security number 231121231
Home Address Home Address	Payroll office number 14070000	Enrollment code number	Date this action becomes effective <input type="checkbox"/>	
Address Line 2	City City	State FL	Zip 21321	

Part B - Termination

Your enrollment terminates on the date in Part A, item 1, above. However, your coverage is extended for 31 days after that date.
 Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.
 If termination is due to death of member enter date of death. Date of death (mm, dd, yy)

Part C - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 1, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name	Changed First name	Changed Middle Name
Date of birth	Changed Address	Changed Address Line 2
Changed City	Changed State	Changed Zip

Part G - Remarks

Part H - Date of Notice

Name of Agency	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial
Agency Address	Payroll Contact Last Name	Payroll Contact First name	Payroll Contact Middle Initial
Agency Address Line 2	Payroll Telephone Number		
City	State	Zip	Authorizing Official Last Name
			Authorizing Official First name
			Authorizing Official Middle Initial
			Date <input type="checkbox"/>

Home | PDF

Once you have completed the form click **Submit** in order to finalize the form and submit it for processing

7

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, JJ Training
ROLE: Update NDC (Admin)

Notice of Change in Health Benefits Enrollment (2810)
Tribal HQ SF2810 Information

Title: **Test Third Employer** POI: TEST POI 2A.1 SF2810 Status: New

Part A - Identifying Information

Last Name: Training First name: John Middle Initial: Date of birth: 2/12/1980 Social security number: 231121231
 Home Address: Home Address: Payroll office number: 1450000 Enrollment code number:
 Address Line 2: Date this action becomes effective:

City: State: FL Zip: 21321

Part B - Termination

Your enrollment terminates on the date in Part A, item 1, above. However, your coverage is extended for 31 days after that date.
Important Notice: You have the right to consent to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination.
 See the back of this form for information about 31-day extension of coverage, continuation, and temporary continuation of coverage.
 If termination is due to death of member enter date of death. Date of death (mm, dy, yr):

Part C - Enrollment

Your enrollment has been reinstated effective on the date in Part A, item 1, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:
 Changed Last Name: Changed First name: Changed Middle Name:
 Date of birth:
 Changed Address:
 Changed Address Line 2:
 Changed City: Changed State: Changed Zip:

Part G - Remarks

Part H - Date of Notice

Name of Agency: Personnel Contact Last Name: Personnel Contact First name: Personnel Contact Middle Initial:
 Agency Address: Payroll Contact Last Name: Payroll Contact First name: Payroll Contact Middle Initial:
 Agency Address Line 2: Payroll Telephone Number:
 City: State: Zip: Authorizing Official Last Name: Authorizing Official First name: Authorizing Official Middle Initial:
 Date:

Cancel Clear Save **Submit**

Items: 0/24

Exercise 5.6: Preparing a Billing Report

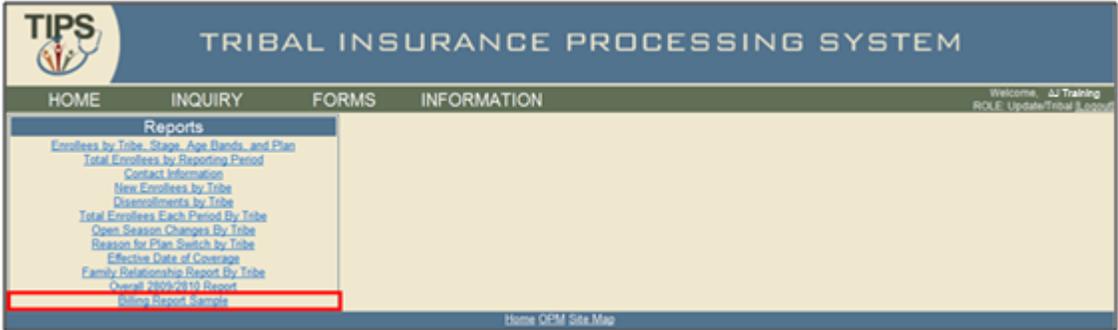
Run a Billing Report in TIPS on your Billing Unit/POI for 06/01/2012.

Export the report to Excel and save it to your desktop.

Open the report and review.

Preparing a Billing Report

In order to prepare a Billing Report in TIPS, follow these steps:

1	Open the TIPS web portal and log in with username
2	<p>Select Billing Report from the menu on the left-hand side of the main page</p> 
3	<p>Select your report criteria:</p> <ul style="list-style-type: none"> • Billing Period • Billing Unit / POI <p>Your Tribal Organization will be prepopulated</p> 

4

Click **Generate Report**



5

Review Sample Billing Report



Downloading a Report

Once you have generated a report, such as the Billing Report, you will have the option of exporting it to Excel

In order to download a report in TIPS, follow these steps:

1

Customize the report with the following options:

- All Pages or Current Page
- Include Grid Lines

Billing Report

Tribal Organization: [Stephanie Delete Test] POI: [0073-Delete] Generate Report

Billing Period: 05/31/2012

Report Type: FINAL

Tribal Employee Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	0000	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	0000	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	4000	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	3000	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51

All Pages
 Current Page

Include Grid Lines
Export to Excel

Total: \$3577.33 Total: \$60.60 Total: \$0.00 Total: \$3637.93

2

Select **Export to Excel**

Billing Report

Tribal Organization: [Stephanie Delete Test] POI: [0073-Delete] Generate Report

Billing Period: 05/31/2012

Report Type: FINAL

Tribal Employee Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	0000	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	0000	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	4000	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	3000	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51

All Pages
 Current Page

Include Grid Lines
Export to Excel

Total: \$3577.33 Total: \$60.60 Total: \$0.00 Total: \$3637.93

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3

Open report or **Save** to your hard drive

The screenshot shows the TIPS Billing Report interface. The page title is 'TRIBAL INSURANCE PROCESSING SYSTEM'. The main content area displays a 'Billing Report' for Tribal Organization 'Stephanie Deleto Test' and Billing Period '05/31/2012'. A 'Generate Report' button is visible. Below the header is a table with columns: Tribal Employer Number, Billing Unit/PO, Employee Name, Administrative Fee, Adjustments, and Bill Amount. The table contains four rows of data. A 'File Download' dialog box is overlaid on the table, showing file details: Name: Report.xls, Type: Microsoft Excel 97-2003 Worksheet, 208 bytes, From: 88.188.8.98. The 'Save' button in the dialog box is highlighted with a red rectangle.

Tribal Employer Number	Billing Unit/PO	Employee Name	Administrative Fee	Adjustments	Bill Amount
3A	5000	Jane D	15.15	0	1343.85
3A	5000	John D	15.15	0	603.03
3A	4000	Sarah D	15.15	0	337.54
3A	3000	Frank D	15.15	0	1353.51
Total: \$60.60			Total: \$0.00	Total: \$3637.93	

Exercise 5.7: Overall SF 2809/SF 2810 Report

Generate an Over SF 2809/ SF 2810 TIPS Report from your Tribal Employer Billing Unit/POI.

Export the report to Excel and save to your desktop.

Open the report to review.

Preparing a Report

In order to prepare a report in TIPS, follow these steps:

1	<p>Open the TIPS web portal and log in with username</p>
2	<p>Click the report you are interested in from the menu on the left-hand side of the main page</p> 
3	<p>Select your report criteria:</p> <ul style="list-style-type: none"> • Tribal Organization • Billing Unit/POI • Reporting Period 

Click **Generate Report**

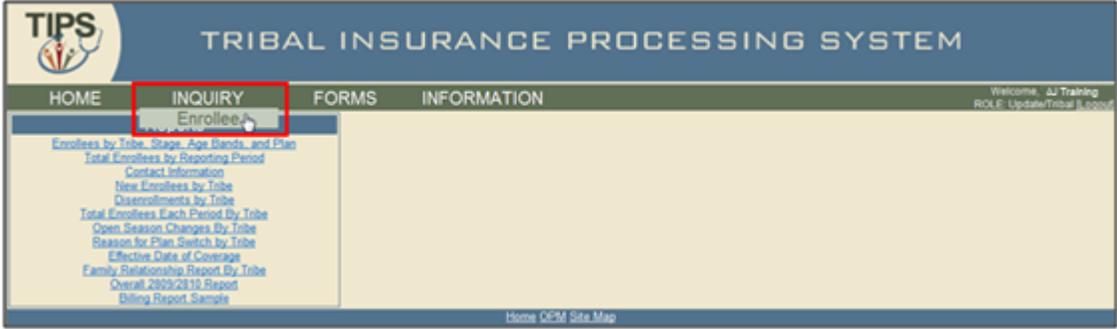
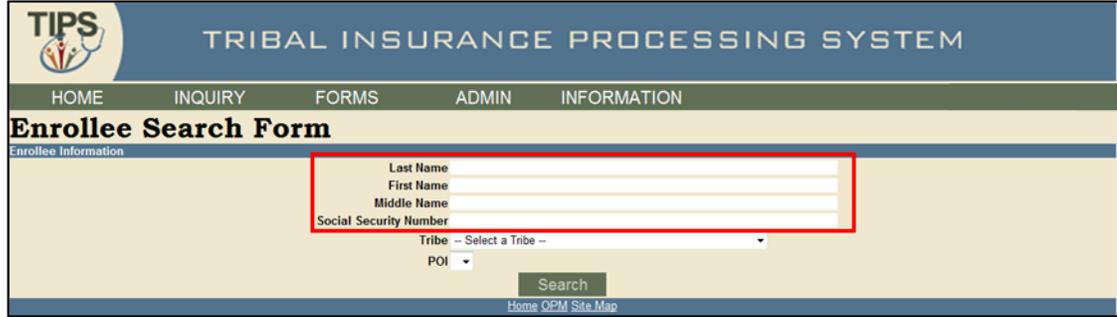
4

The screenshot displays the TIPS (Tribal Insurance Processing System) web interface. At the top left is the TIPS logo, and the title "TRIBAL INSURANCE PROCESSING SYSTEM" is centered in a blue header. Below the header is a navigation menu with links for HOME, INQUIRY, FORMS, ADMIN, and INFORMATION. On the right side of the menu, there is a user greeting: "Welcome, [Name] (Training)" and a "ROLE Update NFC [Logout]" link. The main content area is titled "Billing Report" and contains several input fields: "Tribal Organization:" with a dropdown menu showing "All Available", "POI:" with a dropdown menu showing "Select a POI", "Billing Period:" with a date field set to "06/01/2012" and a calendar icon, and "Report Type:" with a dropdown menu. A "Generate Report" button is highlighted with a red rectangular box. At the bottom of the page, there is a "Home OPM" link.

Step-by-Step Instructions for Other Transactions

Change of Name

In order to perform a change of name, follow these steps:

1	Open the TIPS web portal and log in with username
2	<p>Select Enrollee under the Inquiry tab</p>  <p>The screenshot shows the TIPS (Tribal Insurance Processing System) web portal. The top navigation bar includes 'HOME', 'INQUIRY', 'FORMS', and 'INFORMATION'. The 'INQUIRY' tab is selected, and a sub-menu is open with 'Enrollee' highlighted. Below the navigation bar, there is a list of links for various reports and information, including 'Enrollee by Tribe, Stage, Age Group, and Plan', 'Total Enrollees by Reporting Period', 'Contact Information', 'New Enrollees by Tribe', 'Disenrollments by Tribe', 'Total Enrollees Each Period by Tribe', 'Open Season Changes by Tribe', 'Reason for Plan Switch by Tribe', 'Effective Date of Coverage', 'Family Relationship Report by Tribe', 'Overall 2009/2010 Report', and 'Billing Report Sample'. A 'Home OPM Site Map' link is at the bottom right.</p>
3	<p>Enter one or more of the following:</p> <ul style="list-style-type: none"> • Social Security Number • First, middle, and last name  <p>The screenshot shows the 'Enrollee Search Form' in the TIPS web portal. The top navigation bar includes 'HOME', 'INQUIRY', 'FORMS', 'ADMIN', and 'INFORMATION'. The 'INQUIRY' tab is selected. The form has a title 'Enrollee Search Form' and a sub-section 'Enrollee Information'. It contains four text input fields: 'Last Name', 'First Name', 'Middle Name', and 'Social Security Number'. Below these fields is a dropdown menu for 'Tribe' with the text '-- Select a Tribe --' and a 'POI' dropdown. A 'Search' button is located at the bottom right of the form. A 'Home OPM Site Map' link is at the bottom right of the page.</p>

Click **Search**

4

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Enrollee Search Form

Enrollee Information

Last Name
 First Name
 Middle Name
 Social Security Number

Tribe -- Select a Tribe --
 POI

Search

[Home](#) [OPM](#) [Site Map](#)

Select **Create 2810**

5

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, AJ Training
 ROLE: Update NFC (Logout)

Enrollee Search Form

Enrollee Information

Last Name: Training
 First Name: John
 Middle Name
 Social Security Number: 555555555
 Date of Birth: 08/17/1988
 Tribe: Training Tribe
 POI: 6999

Search

Inquiry Results

Training, John	Create 2810	Create 2809	Effective Coverage Date: 5/1/2012 View 2809
Training, Kate	Create 2810	Create 2809	Effective Coverage Date: 5/1/2012 View 2809

Home OPM

Complete:

- Part A: Identifying Information
- Part E: Change in Name of Enrollee (address information is not required)
- Part H: Date of Notice

6

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Training
ROLE UpdateNPC 2.0.0.0

Notice of Change in Health Benefits Enrollment (2810)

Enroll 808 10/28/10 Information

Title: **Test Third Employer** POB: TEST POB 1A.1 SF2810 Screen: Save

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Serial security number
Training	John		2/12/1900	231121231
Home Address	Payroll office number	Enrollment code number		
Home Address	14070000			
Address Line 2	Date this action becomes effective			
	<input checked="" type="checkbox"/>			
City	State	Zip		
City	IL	21321		

Part B - Termination

Your enrollment terminates on the date in Part A, item 3, above. However, your coverage is extended for 31 days after that date.
Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.
 If termination is due to death of enrollee enter date of death.

Date of death (mm, dd, yy)

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 3, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name	Changed First name	Changed Middle Name
Date of birth		
Changed Address		
Changed Address Line 2		
Changed City	Changed State	Changed Zip

Part G - Remarks

Part H - Date of Notice

Name of Agency	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial
Agency Address	Payroll Contact Last Name	Payroll Contact First name	Payroll Contact Middle Initial
Agency Address Line 2	Payroll Telephone Number		
City	State	Zip	Authorizing Official Last Name
			Authorizing Official First name
			Authorizing Official Middle Initial
			Date
			<input type="text"/>

Cancel Clear Save Submit

Home (0/0)

Once you have completed the form click **Submit** in order to finalize the form and submit it for processing

7

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR ID 2810 Information

Training Tribe: POK TEST POC 2A-1 SF2810 Status: New

Part A - Identifying Information

Last Name: Training First name: John Middle Initial: Date of birth: 2/12/1980 Social security number: 231121231

Home Address: Payroll office number: 14070000 Enrollment code number: Address Line 2: Date this action becomes effective: []

City: FL State: Zip: 21321

Part B - Termination

Your enrollment terminates on the date in Part A, item 1, above. However, your coverage is extended for 31 days after that date. **Important Notice:** You have the right to consent to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage. If termination is due to death of member enter date of death. Date of death (mm, dy, yr): []

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 1, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name: Changed First name: Changed Middle Name: Date of birth: Changed Address: Changed Address Line 2: Changed City: Changed State: Changed Zip:

Part G - Remarks

Part H - Date of Notice

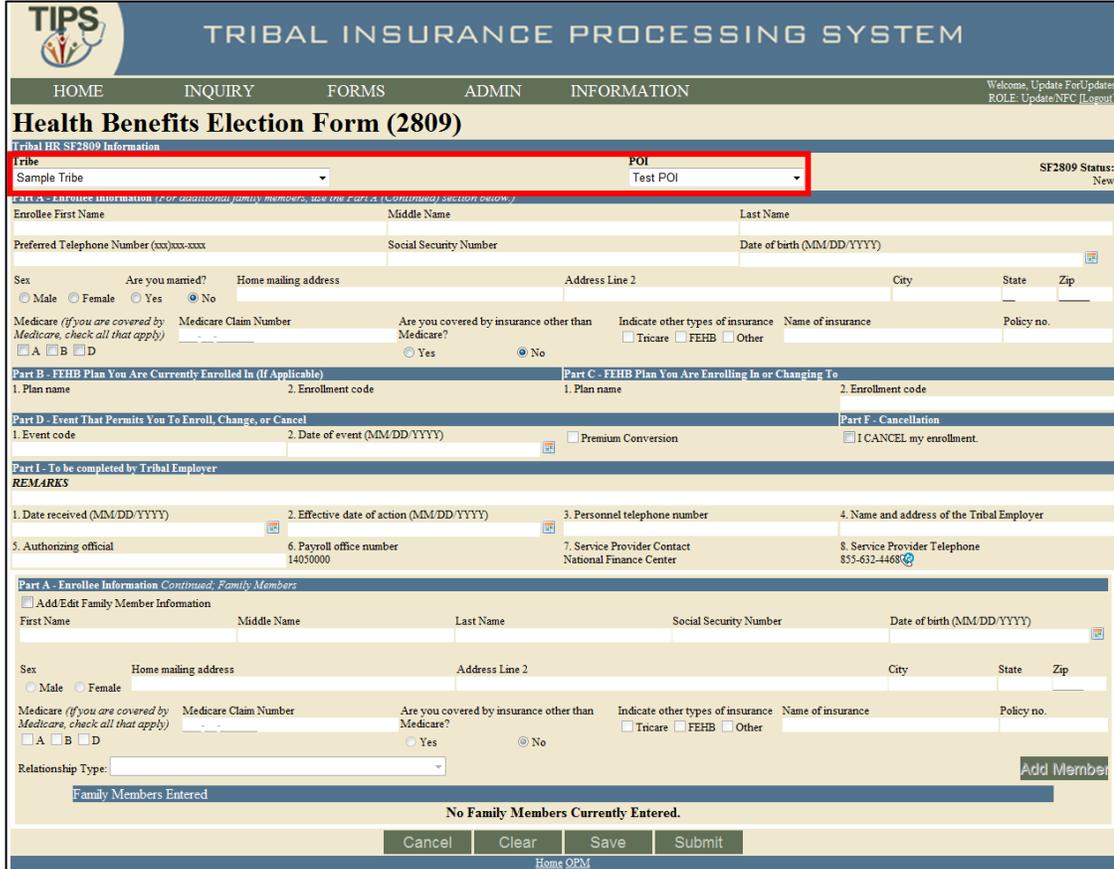
Name of Agency: Personnel Contact Last Name: Personnel Contact First name: Personnel Contact Middle Initial: Agency Address: Payroll Contact Last Name: Payroll Contact First name: Payroll Contact Middle Initial: Agency Address Line 2: Payroll Telephone Number: City: State: Zip: Authorizing Official Last Name: Authorizing Official First name: Authorizing Official Middle Initial: Date: []

Cancel Clear Save **Submit**

Items 0/24

Enrollment Cancellation

In order to cancel an enrollment, follow these steps:

1	Open the TIPS web portal and log in with username
2	<p>Select Create 2809 under the Forms tab</p>  <p>The screenshot shows the TIPS (Tribal Insurance Processing System) homepage. The 'FORMS' tab is highlighted in a red box, and the 'Create 2809' link is also highlighted in a red box. Other tabs include HOME, INQUIRY, and INFORMATION. The 'Reports' section is visible on the left side of the page.</p>
3	<p>Select Tribal Employer and Billing Unit/POI</p>  <p>The screenshot shows the 'Health Benefits Election Form (2809)'. The 'Tribal Employer' dropdown menu is selected, and the 'Test POI' dropdown menu is also selected. The form includes various fields for personal information, insurance details, and family members. The 'Tribal Employer' and 'Test POI' fields are highlighted with a red box.</p>
4	Complete:

- Part A: Enrollee Information (For additional family members, use the Part A (Continued) section below)
- Part B: FEHB Plan You Are Currently Enrolled In (If Applicable)
- Part D: Event That Permits You To Enroll, Change, or Cancel
- Part F: Cancellation
- Part I: To be completed by Tribal Employer

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Update For Updates
ROLE: Update NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribe: Sample Tribe POI: Test POI SF2809 Status: New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)

Enrollee First Name Middle Name Last Name
 Preferred Telephone Number (xxx)xxx-xxxx Social Security Number Date of birth (MM/DD/YYYY)

Sex: Male Female Are you married? Yes No Home mailing address Address Line 2 City State Zip

Medicare (if you are covered by Medicare, check all that apply) Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Tricare FEHB Other Name of insurance Policy no.

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable) **Part C - FEHB Plan You Are Enrolling In or Changing To**

1. Plan name 2. Enrollment code 1. Plan name 2. Enrollment code

Part D - Event That Permits You To Enroll, Change, or Cancel **Part F - Cancellation**

1. Event code 2. Date of event (MM/DD/YYYY) Premium Conversion I CANCEL my enrollment.

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY) 2. Effective date of action (MM/DD/YYYY) 3. Personnel telephone number 4. Name and address of the Tribal Employer
 5. Authorizing official 6. Payroll office number 14050000 7. Service Provider Contact National Finance Center 8. Service Provider Telephone 855-632-4468

Part A - Enrollee Information Continued: Family Members

Add/Edit Family Member Information

First Name Middle Name Last Name Social Security Number Date of birth (MM/DD/YYYY)

Sex: Male Female Home mailing address Address Line 2 City State Zip

Medicare (if you are covered by Medicare, check all that apply) Medicare Claim Number Are you covered by insurance other than Medicare? Yes No Indicate other types of insurance: Tricare FEHB Other Name of insurance Policy no.

Relationship Type:

Family Members Entered: No Family Members Currently Entered.

Home ORM

Once you have completed the form click **Submit** in order to finalize the form and submit it for processing

5

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, Update For Updates
 ROLE: Update/NFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information
 Tribe: Sample Tribe POI: Test POI SF2809 Status: New

Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)
 Enrollee First Name: Middle Name: Last Name:
 Preferred Telephone Number (xxx)xxx-xxxx: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Yes No
 Are you married? Home mailing address: Address Line 2: City: State: Zip:
 Medicare (if you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tricare FEHB Other Name of insurance: Policy no.

Part B - FEHB Plan You Are Currently Enrolled In (If Applicable) **Part C - FEHB Plan You Are Enrolling In or Changing To**
 1. Plan name: 2. Enrollment code: 1. Plan name: 2. Enrollment code:

Part D - Event That Permits You To Enroll, Change, or Cancel **Part F - Cancellation**
 1. Event code: 2. Date of event (MM/DD/YYYY): Premium Conversion I CANCEL my enrollment.

Part E - To be completed by Tribal Employer
REMARKS
 1. Date received (MM/DD/YYYY): 2. Effective date of action (MM/DD/YYYY): 3. Personnel telephone number: 4. Name and address of the Tribal Employer:
 5. Authorizing official: 6. Payroll office number: 7. Service Provider Contact: 8. Service Provider Telephone:
 14050000 National Finance Center \$55-632-4468

Part A - Enrollee Information Continued: Family Members
 Add/Edit Family Member Information
 First Name: Middle Name: Last Name: Social Security Number: Date of birth (MM/DD/YYYY):
 Sex: Male Female Home mailing address: Address Line 2: City: State: Zip:
 Medicare (if you are covered by Medicare, check all that apply): Medicare Claim Number: Are you covered by insurance other than Medicare? Yes No
 Indicate other types of insurance: Tricare FEHB Other Name of insurance: Policy no.
 Relationship Type: **Add Member**

Family Members Entered:
 No Family Members Currently Entered.

Cancel Clear Save **Submit**
 Home OPM

Lesson 5 Summary: Performing Transactions in TIPS

Now that you have completed this lesson, you should be able to:

- Access TIPS
- Navigate TIPS
- Perform enrollment transactions using individual forms and the electronic upload process
- Prepare TIPS Reports
- Review your billing report in TIPS

Lesson 6 Objectives: Obtaining Additional Assistance

By the end of this lesson, you should be able to:

- Describe the standard Tribal Employer inquiries
- Demonstrate an understanding of types of inquiries handled by NFC and other external organizations
- Demonstrate how to navigate the TIPS website
- Submit an inquiry using the Remedy Requestor Console

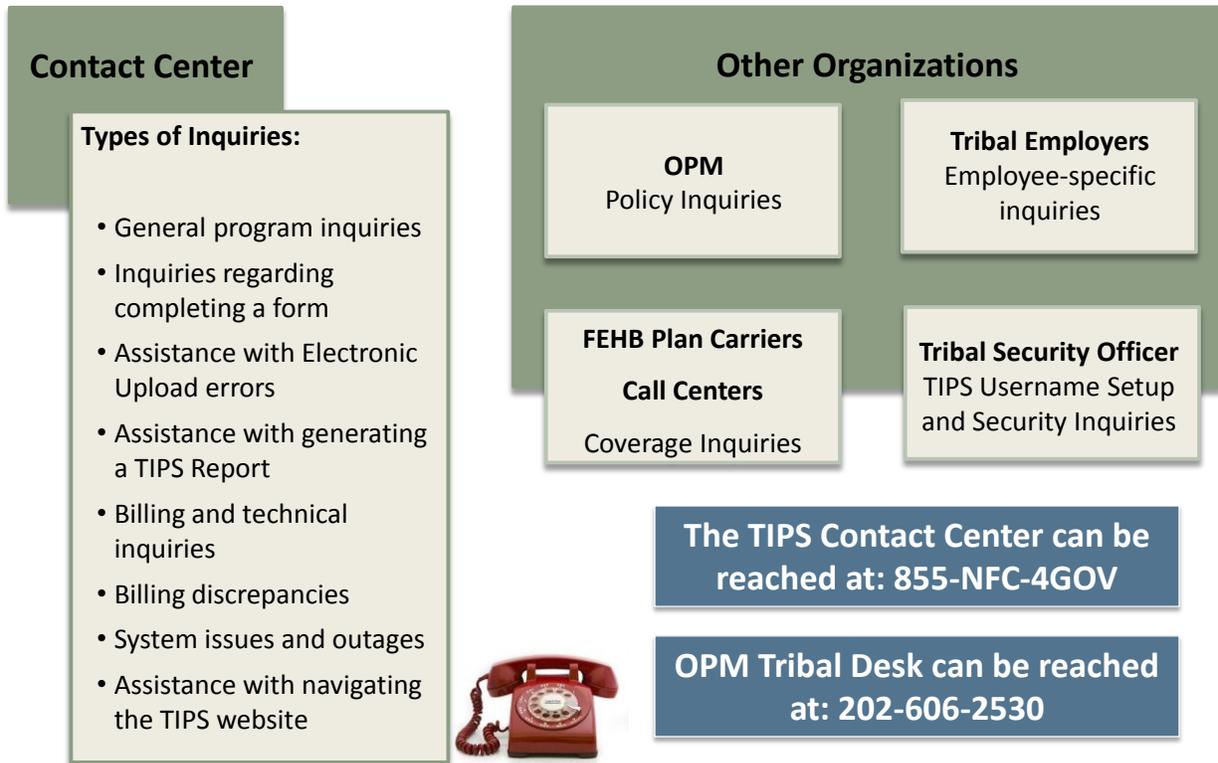
Standard Inquiries

Standard inquiries from Tribal Employers may include:

- How do I complete a SF 2809 or SF 2810?
- How do I generate a TIPS Report or Billing Report?
- I received an error message in TIPS, how do I correct this error?
- What prescriptions are covered under this FEHB plan?

Different stakeholders are involved with resolving these inquiries. We'll explore further in this section how to best resolve different types of inquiries.

Inquiries Handled by NFC Contact Center and Other Organizations



TIPS Inquiry Guide

The guide below outlines the points of contact that will be responsible for resolving the different TIPS inquiries that may arise for Tribal Employers

Inquiry Type	Example Inquiries	Who To Contact
Implementation Inquiries <i>Includes questions related to setting up Tribal Employers in TIPS.</i>	<ul style="list-style-type: none"> Confirming receipt of Authorized Contact Designation Forms or other parts of the OPM Agreement Package 	NFC Client Management Branch tips@nfc.usda.gov
Processing, Technical and Billing Inquiries <i>Includes questions associated with performing core system activities in TIPS.</i>	<ul style="list-style-type: none"> Entering a 2809 or 2810 Generating reports in TIPS Locating a Tribal Employee in TIPS Questions regarding account balance Screen will not load in TIPS 	TIPS Contact Center 1-855-NFC-4GOV (632-4468) http://tips.nfc.usda.gov
TIPS Access Inquiries <i>Includes questions related to the steps necessary for establishing TSOs or modifying User IDs (for TSOs).</i>	<ul style="list-style-type: none"> Establishing or modifying TIPS TSOs and User IDs Assigning User ID roles 	NFC Security Office - To create or delete a User ID, or to add or remove access to/from an existing User ID, submit <i>Security Access Requests</i> to: 1-888-245-4060 (fax) or nfc.securityofc@nfc.usda.gov NFC Operations Security Center - Submit <i>technical</i> access inquiries to: 1-800-767-9641 (phone) or osc.etix@nfc.usda.gov Submit TSO general inquiries and training requests to: nfc.aso@nfc.usda.gov
TIPS Training Inquiries <i>Includes questions related to the coordination and delivery of regional training to Tribal Employers.</i>	<ul style="list-style-type: none"> Confirming that NFC will be able to deliver TIPS system training in a specific location 	NFC Training and Communications Branch nfc.training@usda.gov
Program and Policy Inquiries <i>Includes questions related to eligibility and general program information.</i>	<ul style="list-style-type: none"> Determining if eligible to participate in FEHB Requesting an FEHB Agreement Package or program training 	U.S. Office Personnel Management 1-202-606-2530 or TribalPrograms@opm.gov
Carrier Specific Inquiries <i>Includes questions about the specific plans.</i>	<ul style="list-style-type: none"> To change an enrolled employee's address or add a family member under an already existing family enrollment 	Contact the specific FEHB Plan for information.

Exercise 6.1: Resolving Inquiries

This exercise will test your knowledge of who is the appropriate contact for different types of inquiries. The facilitator will read aloud ten inquiries. Identify who you should call to resolve each inquiry, and write down your answer in your participant guide.

1. I logged into TIPS, but I'm confused on how to navigate the system. Specifically I cannot figure out how to use the electronic upload process.

2. Hi, I am the Tribal Security Officer for my Tribal Employer. The passwords provided are not working. Who can help me reset the passwords?

3. Can I continue providing coverage to one of my employees even after they leave Tribal employment?

4. My employee has not received their insurance card. Do you know when they can expect to receive their card?

5. When will the Final Billing Report post each month?

6. My Tribal employee needs coverage for an upcoming operation. Will their FEHB Plan Carrier cover this procedure?

7. I'm unable to generate and download a TIPS Report; can you help me with this process?

8. I'm not sure if this is the right number or not but I got your number from a friend in another tribe. I'm interested in learning about the program and whether or not we would be eligible to offer Federal health benefits to our employees. Can you tell me more about the program?

9. I've been trying to log into the TIPS system all morning and it's not working. Are you able to log into the system and enter this SF 2809 for me?

10. One of my employees just adopted a child and submitted a QLE request. I'm not sure if they can switch their plan at this time. Who can help verify their eligibility under the FEHB program?

TIPS Website

Additional information can also be found on the TIPS website at <https://tips.nfc.usda.gov>



Submitting Inquiries Online

TBOs and other Authorized Contacts may submit inquiries online using the Remedy Requester Console

- To add Authorized Contacts please call the TIPS Contact Center

Links to the Remedy Requester Console are available:

- On the TIPS website
- Inside TIPS on the **Help** page under the **Information** tab

In order to access the Remedy Requester Console you will receive a username and password from NFC

Your TIPS login is independent from your Remedy Requester Console login

About the Remedy Requester Console

Remedy Requester Console allows Tribal Employers to:

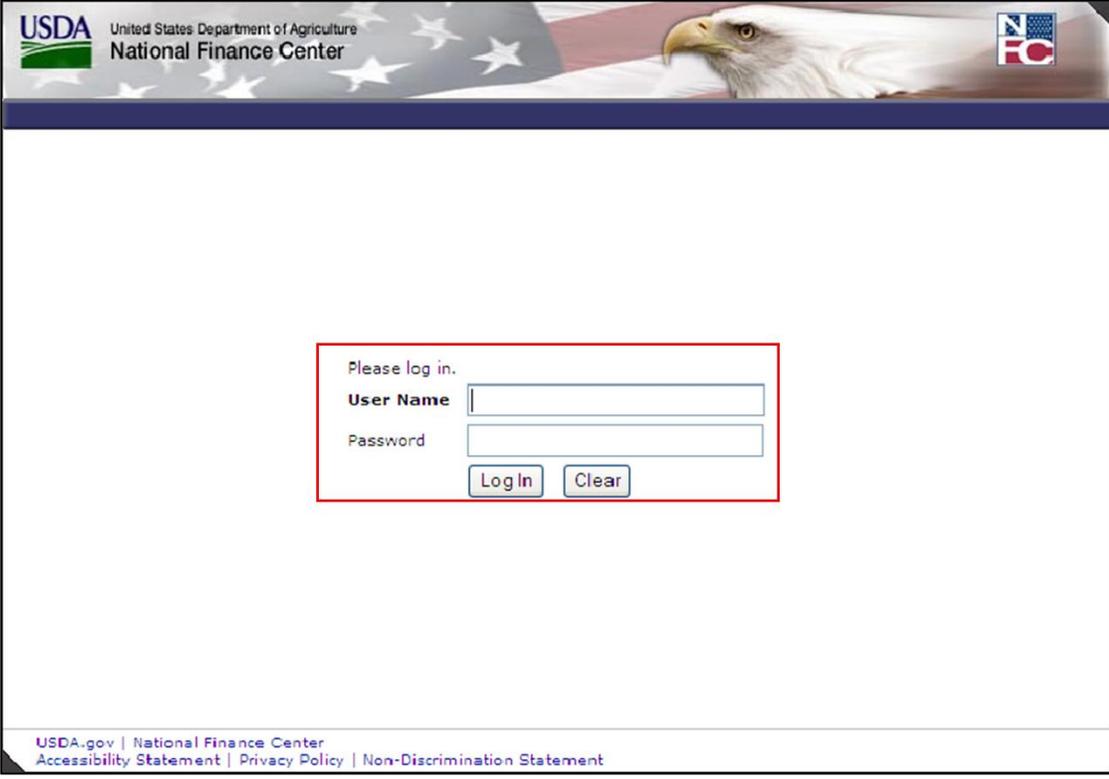
- Submit new requests
- Specify urgency and the date by which a solution is needed
- Specify the nature of their requests for quicker resolution
- Attach files related to their requests
- View the status of their requests

Creating a Request in Remedy

In order to create a Request in Remedy, follow these steps:

1

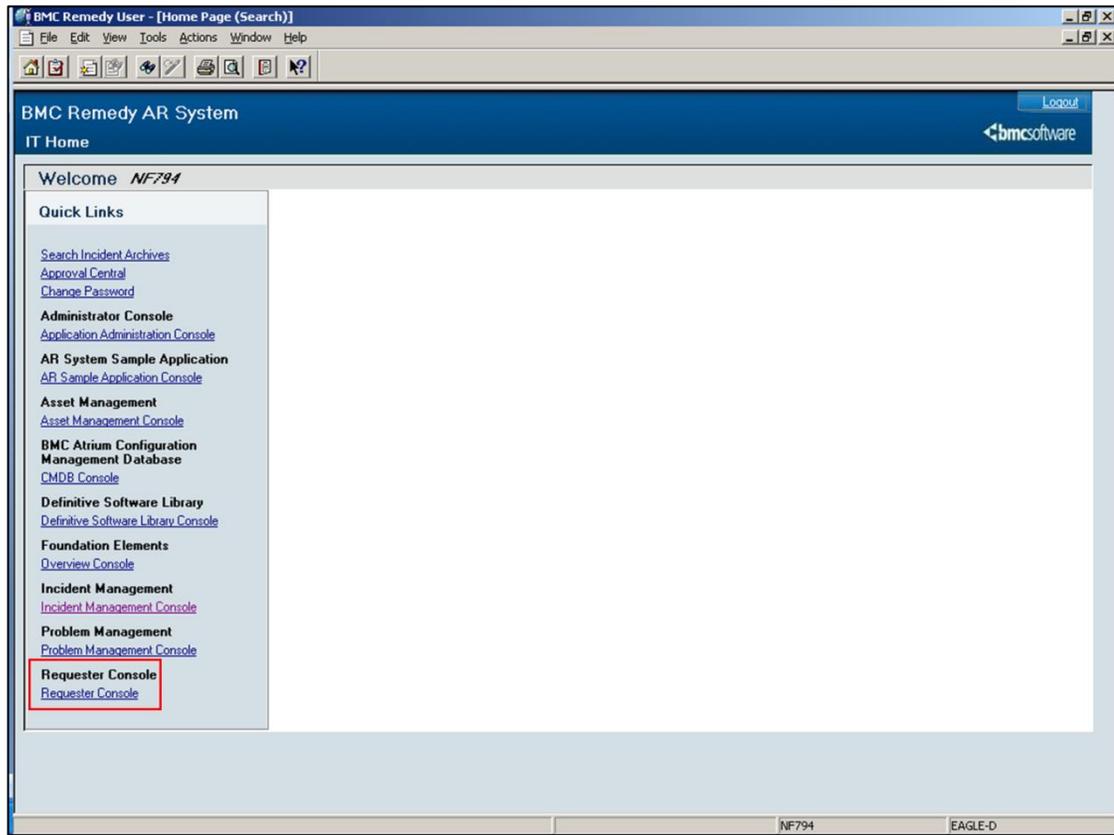
Open the Remedy web portal and log in with username



USDA.gov | National Finance Center
Accessibility Statement | Privacy Policy | Non-Discrimination Statement

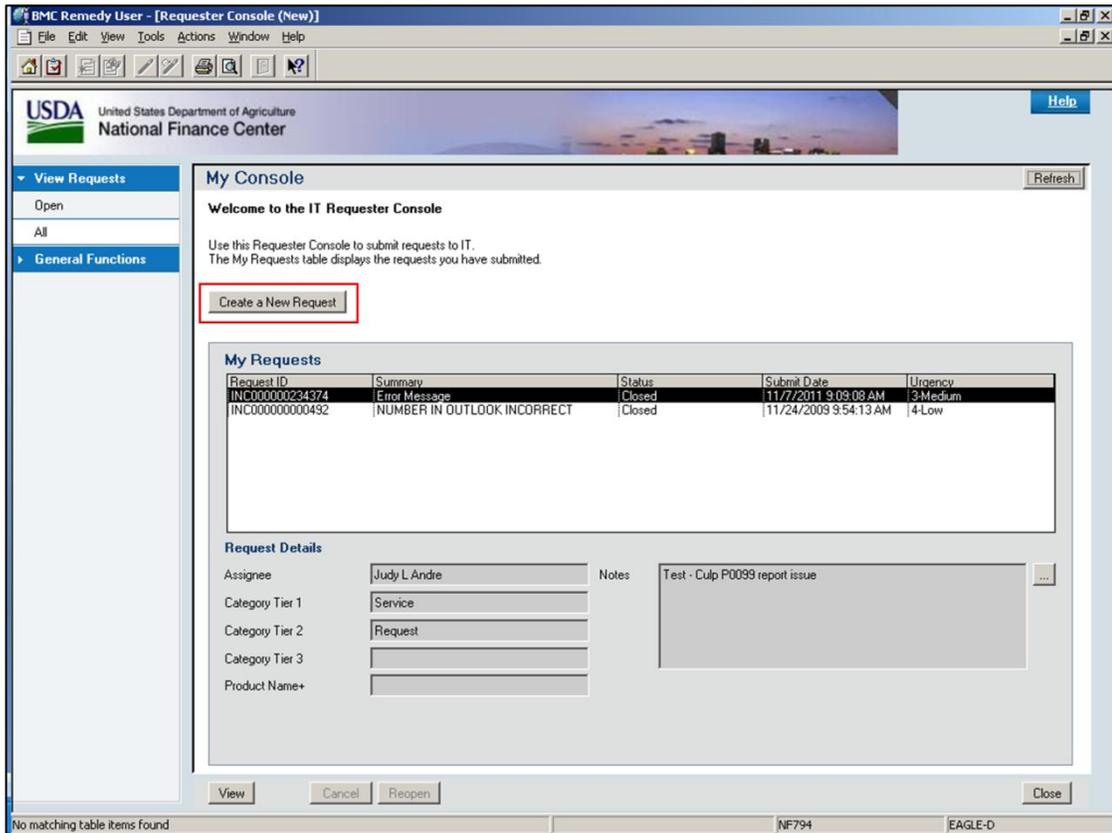
Select **Requester Console** from the bottom of the menu on the left-hand side of the homepage

2



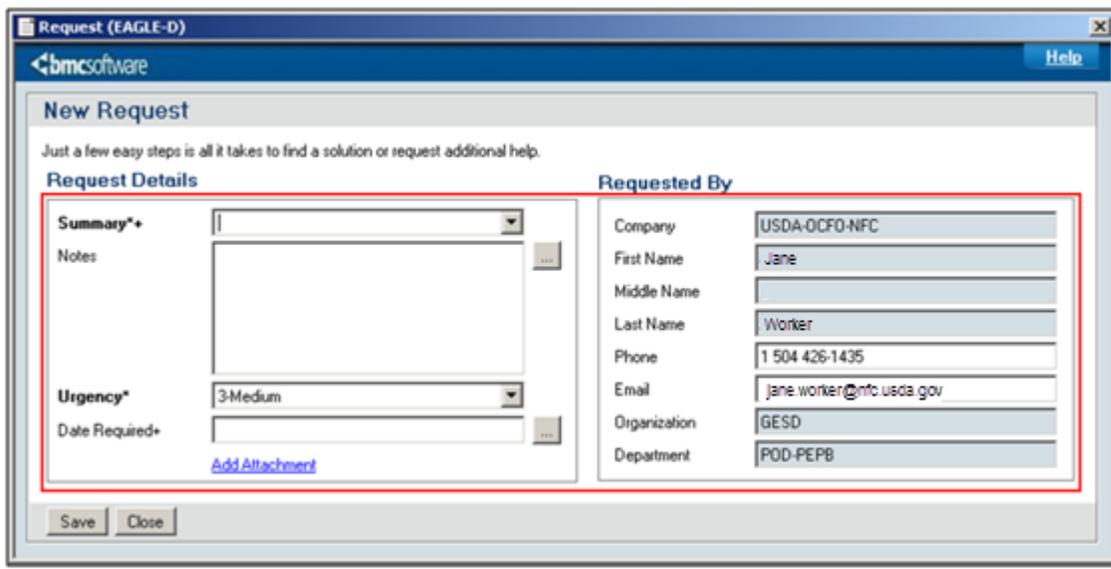
Once in the **Requester Console** select the **Create a New Request** button located at the top of the page

3



Describe the type of inquiry, additional information about the inquiry, its urgency, the required date of resolution, and your contact information

4



Click **Save**

5

Request (EAGLE-D)

New Request

Just a few easy steps is all it takes to find a solution or request additional help.

Request Details

Summary*+ [dropdown]
 Notes [text area]
 Urgency* [3-Medium]
 Date Required+ [calendar icon]

[Add Attachment](#)

Requested By

Company: USDA-OCFO-NFC
 First Name: Jane
 Middle Name: [empty]
 Last Name: Worker
 Phone: 1 504 426-1435
 Email: jane.worker@nfc.usda.gov
 Organization: GESD
 Department: POD-PEPB

Save **Close**

Check to make sure your request is now listed in the Requester Console

6

USDA United States Department of Agriculture
 National Finance Center

My Console [Refresh]

Welcome to the IT Requester Console

Use this Requester Console to submit requests to IT.
 The My Requests table displays the requests you have submitted.

[Create a New Request](#)

My Requests

Request ID	Summary	Status	Submit Date	Urgency
INL00000004324	Emp Message	Closed	11/22/2015 09:08 AM	3-Medium
INL00000000452	NUMBER IN OUTLOOK INCORRECT	Closed	11/24/2015 9:54:13 AM	4-Low

Request Details

Assignee: Jane Worker
 Category Tier 1: Service
 Category Tier 2: Request
 Category Tier 3: [empty]
 Product Name+: [empty]

Notes: Test - Culp P0099 report issue

View **Cancel** **Reopen** **Close**

No matching table items found

Incident Statuses

Once a request is submitted in Remedy, it becomes an Incident and is assigned on these statuses:

- New – Requested but not yet been assigned
- Pending – Required info/hardware/software/documentation is necessary
- Assigned – Assigned to a group for resolution
- In Progress – Assigned to an individual and is being worked on
- Resolved – Completed
- Canceled – Canceled by the Requestor
- Closed – Closed and is no longer active

Lesson 6 Summary: Obtaining Additional Assistance

Now that you have completed this lesson, you should be able to:

- Describe the standard Tribal Employer inquiries
- Demonstrate an understanding of types of inquiries handled by NFC and other external organizations
- Demonstrate how to navigate the TIPS website
- Submit an inquiry using the Remedy Requestor Console

Course Objectives

Now that you have completed this course, you should be able to:

- Describe the FEHB key stakeholders relative to TIPS
- Identify how TIPS supports Tribal Employers
- Explain the employee enrollment process
- Explain the billing and payment processes
- Enroll employees in TIPS using individual forms and Electronic Uploads
- Run and review TIPS Reports and Billing Reports in TIPS
- Describe special transactions including: Billing Unit/POI Transfers, Retroactive Adjustments, and Court Orders
- Demonstrate how to navigate the TIPS website
- Submit an inquiry using the Remedy Requester Console

TIPS Transactions References

The preceding pages provide mini guides for completing a number of core TIPS activities. References can be found for the following activities:

- Creating new SF 2809s in TIPS
- Creating SF 2810s in TIPS
- Managing Contacts in TIPS
- Billing Functionality
- Electronic Upload Process



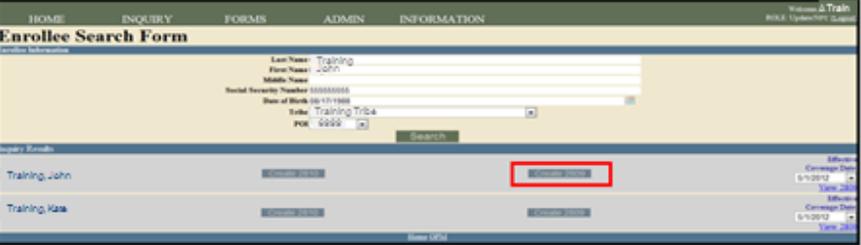
Tribal Employer Reference

Creating New 2809s in TIPS

Reasons for Creating a New 2809

Tribal Employers may create a “New 2809” due to one of the following circumstances:

1. Active FEHB enrollee experiences a Qualifying Life Event (QLE) and wishes to change their coverage
2. Active FEHB enrollee wishes to cancel his/her FEHB enrollment

Step	Action
1	<p>Login to the TIPS web portal with username and password</p> 
2	<p>Select the Enrollee button located under the Inquiry Tab</p> 
3	<p>Enter the enrollee's information in all listed fields and click search</p> 
4	<p>Locate enrollee and click the Create 2809 button</p> 



Tribal Employer Job Aid

Creating New 2809s in TIPS

How to fill out a 2809 for an existing enrollee

When filling out a 2809 for a change of coverage or cancellation please take the following into consideration:

1. Enrollee and family member information will be pre-populated into the new 2809, and only the fields highlighted below will be editable
2. Informational changes such as changes in marital status, Medicare status, and other insurance statuses can only be made in conjunction with a change in FEHB coverage via a QLE (A list of QLE event codes is available in the paper SF 2809 at: http://www.opm.gov/Forms/pdf_fill/SF2809.pdf)
3. Please ensure that all information on the 2809 is up to date prior to submitting (**Reminder: Name changes must be made using a 2810**)



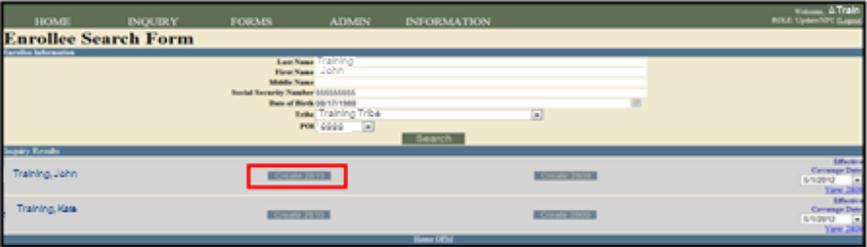
Tribal Employer Reference

Creating 2810s in TIPS

Reasons for Creating a New 2810

Tribal Employers may create create a "2810" to complete one of the following actions:

1. Terminate an employee's enrollment
2. Reinstate an employee's enrollment previously terminated
3. Change the name or address stated on an employee's enrollment

Step	Action
1	<p>Login to the TIPS web portal with username and password</p> 
2	<p>Select the Enrollee button located under the Inquiry Tab</p> 
3	<p>Enter the enrollee's information in all listed fields and click search</p> 
4	<p>Locate enrollee and click the Create 2810 button</p> 



Tribal Employer Reference

Creating 2810s in TIPS

How to fill out a 2810 for an existing enrollee

When filling out a 2810 for a change of coverage or cancellation please take the following into consideration:

1. Enrollee information will be pre-populated into the 2810, and only the fields highlighted below will be editable
2. Only one change can be completed per 2810. (No combinations of Part B, Part D and Part E be completed on the same 2810)
3. Please ensure that all information on the 2810 is up to date prior to submitting

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, cody UAT, TRIBAL
RCLE, UpdateNFC Logout

Notice of Change in Health Benefits Enrollment (2810)

Tribal ID# SF2810 Information

Tribe	POI	SF2810 Status
Training Tribe	6999 Training POI	New

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Social security number
Training	Jane		3/5/1964	054087921
Home Address	Payroll office number	Enrollment code number	Date this action becomes effective	
456 Testing Rd	12400096	091		
Address Line 2				
City	State	Zip		
Anytown	LA	66432		

Part B - Termination

Your enrollment terminates on the date in Part A, item 1, above. However, your coverage is extended for 31 days after that date.
Important Notice: You have the right to convert to an individual (nongroup) contract with the carrier of your plan. You also may have the right to temporarily continue your group coverage. See Part B - Termination on the back of this form for information about 31-day extension of coverage, conversion, and temporary continuation of coverage.
 If termination is due to death of enrollee enter date of death.

Date of death (mm, dy, yy)

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 1, above.

Part E - Change in Name of Enrollee

The name under which this enrollment is carried has been changed to:

Changed Last Name	Changed First name	Changed Middle Name
Changed Address	Changed Address Line 2	Changed City
Changed State	Changed Zip	

Part G - Remarks

Part H - Date of Notice

Name of Tribal Employer	Personal Contact Last Name	Personal Contact First name	Personal Contact Middle Initial	Personal Phone Number
Agency Address	Agency Address Line 2	Service Provider Contact	Service Provider Telephone	
City	State	Zip	National Finance Center	855-632-4468
Authorizing Official Last Name	Authorizing Official First name	Authorizing Official Middle Initial	Date	

Cancel Clear Save Submit

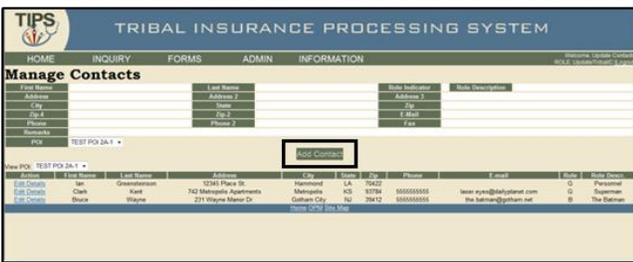
Home CPM



Tribal Employer Reference Managing Contacts in TIPS

Maintenance Contact

The Tribal Employer Maintenance Contact is responsible for updating contact information for all authorized contacts in TIPS. Each Tribal Employer will have two maintenance contacts. The chart below outlines the step-by-step process for adding and editing contact information

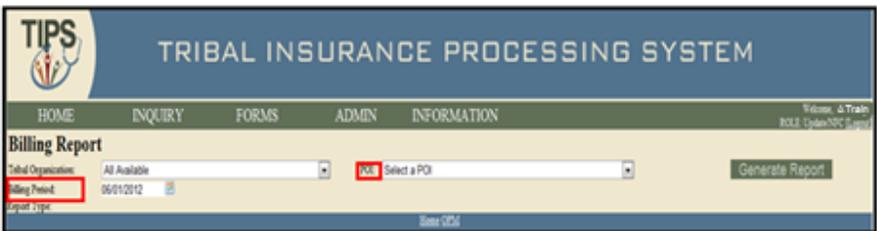
Step	Action
1	<p>Login to the TIPS web portal with username and password</p> 
2	<p>Select the Manage Contacts button</p> 
3	<p>Input contact's information in all listed fields and click add contact</p> 
4	<p>Click edit details in order to edit an existing contact</p> 



Tribal Employer Reference Billing Functionality

Generating a Billing Report

Tribal Employers may create a billing report for an individual Personnel Office Identifier (POI)/Billing Unit. Two billing report types can be generated: "PREVIEW" and "FINAL." The report type can be found in the upper left hand corner of the generated billing report. A preview billing report will reflect the amount due for the specified date. The preview billing report is intended to be a snapshot of transactions up until the date it was generated for. The final billing report can only be generated on the last calendar day of the month and reflects the amount of money that will be debited from a POI bank account. SF 2809s and SF 2810s that are in the *submitted and released* or *processed* state will appear on both preview and final billing reports. The below action steps demonstrate how to access the billing report section in TIPS

Step	Action
1	<p>Login to the TIPS web portal with username and password</p> 
2	<p>Select the Billing Report button located under the Report Section</p> 
3	<p>Select the POI and Billing Period. Click generate to create Billing Report with specified information</p> 

Anatomy of a Billing Report

The different fields on the billing report are defined below:

- **Tribal Organization:** Select Tribal Organization name
- **POI:** Select Tribal Employer's assigned POI/Billing Unit
- **Billing Period:** Specify the billing period for the billing report. Any day other than the final calendar day of the month will generate a preview bill. Select the last calendar day of the month for the final billing report
- **Report Type:** A "PREVIEW" bill indicates that the bill is not final and subject to modification. A "FINAL" bill represents the amount that will be debited from the POI account
- **Tribal Employer Number:** This two character Tribal Employer number will be prepopulated
- **Enrollee Name:** The full name of the individual who is enrolled in either a self-plan or a self and family plan will be listed. Family members names will not be listed
- **Enrollee SSN:** The enrollee's Social Security Number (SSN) or unique identifier
- **Enrollment Code:** This three-digit code identifies the plan, option (high or standard), and the type of enrollment (self only or self and family) the enrollee has chosen
- **Premium Amount:** Amount listed represents the enrollee's current month premium amount. This amount accounts for both Tribal Employer's contribution and the enrollee's contribution (if applicable)
- **Administrative Fee:** This is the monthly Operation & Maintenance (O&M) fee for each enrollee
- **Adjustments:** Net credits/debits for each enrollee processed within the specified billing month will be listed
- **Bill Amount:** The summation of the enrollee's premium amount, administrative fee, and any adjustments
- **Total Premium Amount:** The summation of all Tribal Employer's enrollees' premium amounts
- **Total Administrative Fee:** The summation of all Tribal Employer's enrollees' administrative fees
- **Total Adjustments:** The summation of all Tribal Employer's enrollees' net credits/debits received for the billing month
- **Total Bill Amount:** The summation of the amounts owed for all of the individual Tribal Employer's enrollees listed on the billing report

Tribal Employer Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	500X	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	500X	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	400X	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	300X	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51
Export to Excel					Total: \$3577.33	Total: \$60.60	Total: \$0.00	Total: \$3637.93

The data listed in the above sample billing report is fictitious and for illustrative purposes only

Special Billing Considerations

The following considerations should be noted when reviewing your billing report:

- Premium amount for enrollees transferring to or from your Tribal Employer will be prorated based on the effective date of transfer
- Retroactive adjustments will be reflected in the billing report for the month in which the adjustment is processed
- The monthly administrative fee is a flat rate and not prorated
- Contact the TIPS Contact Center with billing discrepancies at 855-NFC-4GOV (855-832-4468). Billing inquiries can also be submitted to the TIPS Contact Center through the Remedy Requestor Console. Links to the Remedy Requestor Console are available on the TIPS website and inside TIPS on the Help page under the Information tab

Key Billing Information

- Final billing report closes on the last calendar day of the month at 11:59 PM Mountain Standard Time (MST)
- TIPS processes billing information over the first two business days of the proceeding month and debits Tribal Employers' bank accounts on the third business day

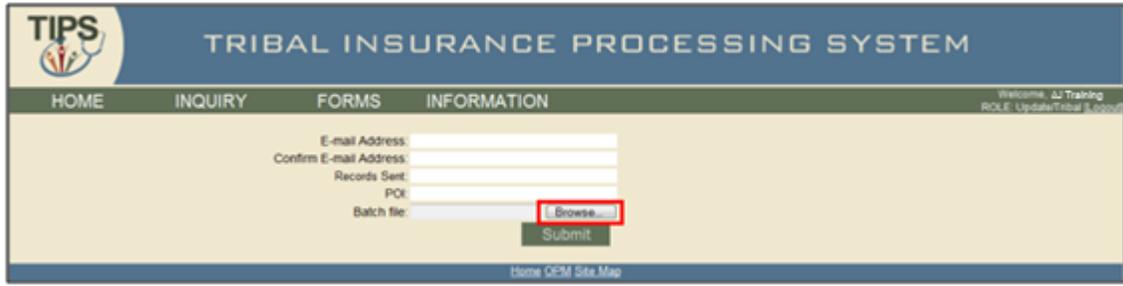
Insufficient Payments

Failure to fund your Tribal Employer's bank account with the total bill amount by the first business day of each month will result in an insufficient payment. Repeated insufficient payments will result in the termination of your Tribal Employer from FEHB. For further information about insufficient payments, contact OPM at 202-606-2530 or tribalprograms@opm.gov



Tribal Employer Reference Electronic Upload Process

<p>1</p>	<p>Open the TIPS web portal and log in with username</p>
<p>2</p>	<p>Select Electronic Upload under the Forms tab</p> 
<p>3</p>	<p>Enter E-mail Address, Records Sent, and Billing Unit / POI</p>  <p>Overview of Fields:</p> <ul style="list-style-type: none"> • E-mail Address: Enter the e-mail address of the individual who is responsible for resolving any errors, which may be found after the .TXT file is submitted • Records Sent: Note the total number of SF2809s that were included in the electronic upload file • Billing Unit / POI: Indicate the Billing Unit/POI associated with the electronic upload file
<p>4</p>	<p>Click Browse to search for your .TXT file containing any SF2809 or SF2810 information you wish to upload</p>



5

When creating the .TXT file, it is important to understand how the template is structured, see below:

BulkUpload.TIPS_SF2809

ENROLLEE_FIRST_NM|AMY
 ENROLLEE_MIDDLE_NM|C
 ENROLLEE_LAST_NM|SMITH
 DAY_PHONE_NBR|8139495612|
 SSNO|991008888
 BIRTH_DT|03/21/1960
 SEX_CD|F
 MARITAL_STATUS|N
 HOME_ADDRESS_LINE1|2222 BLUE RIDGE DRIVE
 HOME_ADDRESS_LINE2|
 HOME_ADDRESS_CITY|ARLINGTON
 HOME_ADDRESS_STATE|VA
 HOME_ADDRESS_ZIP5|22201
 MEDICARE_A_EMPL_IND|N
 MEDICARE_B_EMPL_IND|N
 MEDICARE_D_IND|N
 MEDICARE_NBR|
 OTHER_THAN_MEDICARE_IND|N
 TRICARE_IND|N
 FEHB_TRANSACTION_CD|N
 OTHER_INSURANCE_IND|N
 OTHER_INSURANCE_NM|
 OTHER_INSURANCE_POLICY_NBR|
 PRESENT_ENROLLMENT_CD|
 NEW_ENROLLMENT_CD|105
 EVENT_CHANGE_IND|1A
 EVENT_CHANGE_DT|03/01/2012
 PREMIUM_CONVERSION_IND|Y
 PARTF_CANCEL_IND|N

Key Formatting Notes

Below are formatting tips that are useful to note when completing the .TXT file:

- DAY_PHONE_NBR| can be formatted without dashes: i.e. 555997744
- SSNO|value should be formatted without dashes: i.e. 012345678
- BIRTH_DT|value should be in the format: MM/DD/YYYY
- PRESENT_ENROLLMENT_CD|value should only be used for QLEs that change an Enrollment Code
- EVENT_CHANGE_DT| should be formatted: MM/DD/YYYY
- Family Member's Relationship Codes:
 - o 01 = Spouse
 - o 19 = Child under age of 26
 - o 09 = Adopted Child
 - o 17 = Stepchild
 - o 10 = Foster Child
 - o 99 = Disabled child age 26 or older who is incapable of self support

**Refer to the table on pages 6 – 12 for additional formatting notes*

REMARKS|
 PERSONNEL_RECEIVED_DT|03/30/2012
 ELECTION_EFFECTIVE_DT|05/01/2012
 AGENCY_PHONE_NBR|9072224277
 "HR_OFFICE_ADDRESS1|Tribal Employer One, Inc. 7788 CUMBERLAND DRIVE ARLINGTON,
 VA 22201"
 AUTHORIZING_OFFICIAL_FIRST_NM|JANE DOE

BulkUpload.TIPS_SF2809_FAMILY

MEMBER_FIRST_NM|ANDREW
 MEMBER_MIDDLE_NM|
 MEMBER_LAST_NM|SMITH
 SSNO|574831093
 BIRTH_DT|01/09/1959
 SEX_CD|M
 HOME_ADDRESS_LINE1|2222 BLUE RIDGE DRIVE
 HOME_ADDRESS_LINE2|
 HOME_ADDRESS_CITY|ARLINGTON

HOME_ADDRESS_STATE|VA
 HOME_ADDRESS_ZIP5|22201
 MEDICARE_A_IND|
 MEDICARE_B_IND|
 MEDICARE_D_IND|
 MEDICARE_NBR|
 OTHER_THAN_MEDICARE_IND|
 TRICARE_IND|
 FEHB_TRANSACTION_CD|N
 OTHER_INSURANCE_IND|N
 OTHER_INSURANCE_NM|
 OTHER_INSURANCE_POLICY_NBR|
 RELATIONSHIP_CD|01

In the upload template there are a series of rows that each correspond to a field on the SF2809 enrollment form in TIPS.

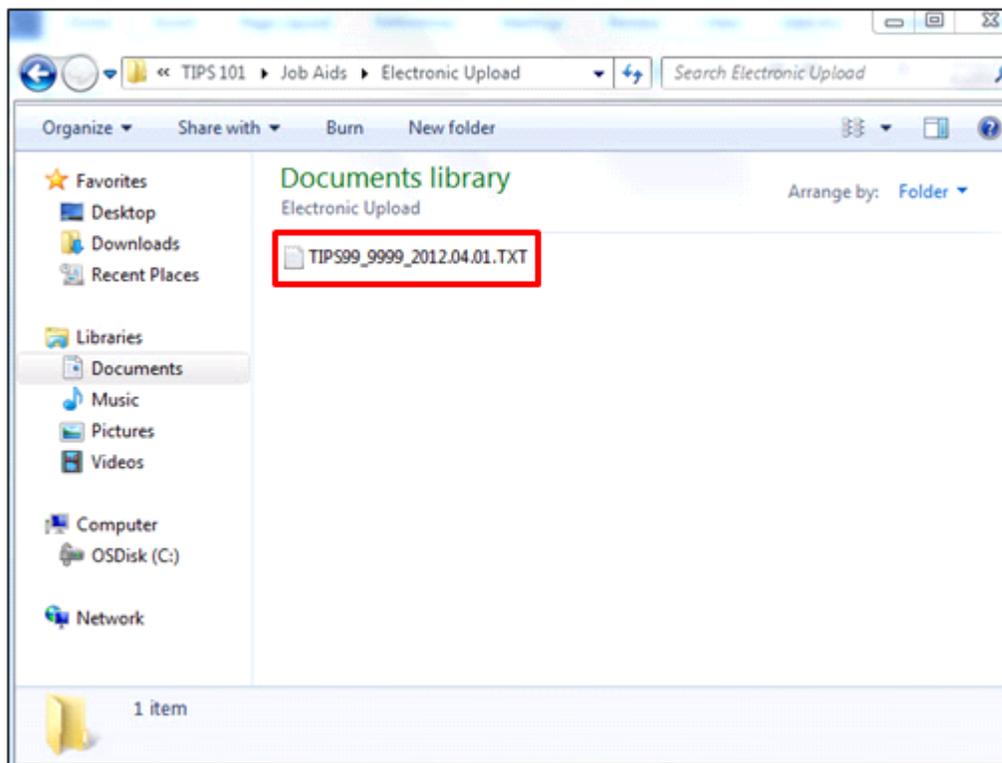
- The first grouping of rows contains the data fields for the enrollee. You will notice a header at the top of this first grouping that reads "BulkUpload.TIPS_SF2809". This header indicates the start of a new 2809. When submitting an upload file with multiple SF2809s, each SF2809 must be separated by this header.
- The second grouping of rows is for any of the enrollee's family members who want to enroll. You will notice a header at the top of this second grouping that reads "BulkUpload.TIPS_SF2809_FAMILY". This header indicates the start of a new family member being added to the enrollee's SF2809. When adding family members to a SF2809, each family member must be separated by this header.

Complete the .TXT file with these guidelines

- The rows in the upload template correspond to the fields in the SF2809 form in TIPS. For example, the row for the enrollee's first name is the following: "ENROLLEE_FIRST_NM|". You will notice a vertical bar at the end of this row. Throughout the upload template the information to the left of this vertical bar is the label of the field that indicates what data should be entered in that row. Do not edit the label to the left of the vertical bar or the vertical bar itself.

- In the upload template the space to the right of the vertical bar is where you enter the relevant data for that row. For the “ENROLLEE_FIRST_NM|” row, an example of a valid entry for an enrollee named Amy would be the following: “ENROLLEE_FIRST_NM|AMY”. If there is a row that is not required and you do not have any data to enter in that field then leave the space to the right of the vertical bar blank. Do not delete any rows in the SF2809. However, when populating the upload template for an enrollee with no family members then you should delete *all* of the rows for a family member (including the family member header). See the example upload file to see how completed rows should be populated.
- The blank upload template contains the rows for one SF2809 and one family member. To enter multiple SF2809s simply copy the group of rows for an enrollee’s SF2809 (including the SF2809 header) and paste it below the first group of SF2809 rows and repeat until you have enough SF2809 row groupings (separated by the SF2809 header) for the number of enrollees you want to enter. Perform the same process for adding multiple family members to a SF2809 (separated by the family member header).

6 Select the .TXT file you wish to upload and click **Open**



When you are ready to submit your file after completing the upload template, you must assign a unique filename to the upload file. The filename convention is provided below:

TIPS99_9999_YYYY.MM.DD.TXT

Naming Convention Explanation:

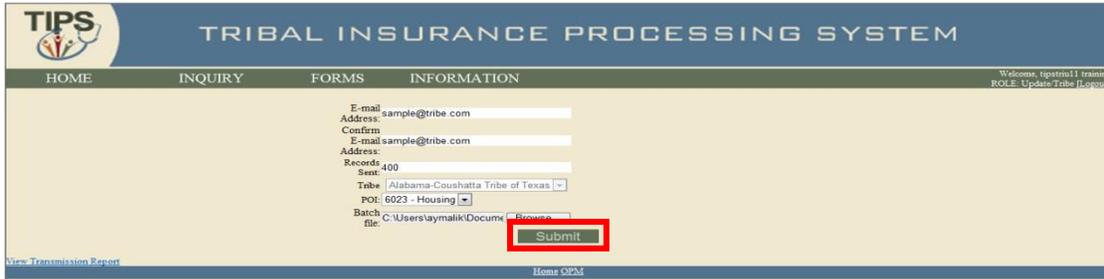
99 = Two-digit number that is user selectable representing the number of uploads for that day

9999 = Four-digit Billing Unit/POI of the enrollees populated in the upload file

YYYY = Year of submission

MM = Month of submission
 DD = Day of submission
Example: A tribal employer submitting their third electronic upload file into TIPS in the same day on July 1, 2012 for enrollees in Billing Unit/POI 6500 would assign that upload file the following filename: TIPS03_6500_2012.07.01.TXT

7 Once you have completed the upload template, assigned the appropriate filename to the upload file, then you can **submit** it through the Electronic Upload screen in TIPS



8 After you have submitted your upload file in TIPS, you will notice an indication that the file was uploaded successfully. The system will then process your file. Once the system completes the processing of the information, you will receive a confirmation email indicating whether your upload file was successfully processed or if there were errors in your upload file that require your attention.



Table 1 – Upload Template Row Descriptions

Table 1 provides detailed information on how to populate each row in the upload template. As you can see, it provides the label of each row in the upload template, whether each row is required to be populated, a description of each row and comments with any special constraints on how to enter data for each row

Each new 2809 record must start with the following header:

BulkUpload.TIPS_SF2809

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
ENROLLEE_FIRST_NM value	Required	Enrollee’s First Name	
ENROLLEE_MIDDLE_NM value	Not Required	Enrollee’s Middle Name	
ENROLLEE_LAST_NM value	Required	Enrollee’s Last Name	
DAY_PHONE_NBR value	Required	Enrollee’s daytime phone number	Example: 555-555-5555 Dashes are optional
SSNO value	Required	Enrollee’s Social Security Number	Example: 012345678 No dashes allowed Include any leading zeros as illustrated in the example above
BIRTH_DT value	Required	Enrollee’s Date of Birth	Must be in format: “MM/DD/YYYY”
SEX_CD value	Required	Enter M or F M=Male F=Female	
MARITAL_STATUS value	Required	Enter Y or N Y=Married N=Single/Divorced/ Widowed	

HOME_ADDRESS_LINE1 value	Required	Enrollee's address street and suite/apartment/etc. number. Standard address abbreviations are acceptable in all address fields in the upload template (e.g., "st" for street, "ave" for avenue, etc)	
Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
HOME_ADDRESS_LINE2 value	Not Required	Further address information	
HOME_ADDRESS_CITY value	Required	Enrollee's home city	
HOME_ADDRESS_STATE value	Required	Enrollee's home state	
HOME_ADDRESS_ZIP5 value	Required	Enrollee's 5-digit zip code	
MEDICARE_A_EMPL_IND value	Required	Enter Y or N Y=Employee currently has Medicare A N=Employee does not currently have Medicare A	This field is required to be "Y" if the field for Medicare B is "Y"
MEDICARE_B_EMPL_IND value	Required	Enter Y or N Y=Employee currently has Medicare B N=Employee does not currently have Medicare B	

MEDICARE_D_IND value	Required	Enter Y or N Y=Employee currently has Medicare D N=Employee does not currently have Medicare D	
Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
MEDICARE_NBR value	Required if any Medicare indicator is “Y”	Alphanumeric field for the enrollee’s Medicare Number	Must be in format: “NNNNNNNNXX” N=Numeric X=Alpha
OTHER_THAN_MEDICARE_IND value	Required	Enter Y or N Y=Enrollee has other insurance besides Medicare N= Enrollee does not have other insurance besides Medicare	For “Y”: TRICARE_IND, Other_INSURANCE_IND, or FEHB_TRANSACTION_CD must be Y For “N”: TRICARE_IND, Other_INSURANCE_IND, and FEHB_TRANSACTION_CD must all be N
TRICARE_IND value	Required	Enter Y or N Y=Employee currently has Tricare N=Employee does not currently have Tricare	

FEHB_TRANSACTION_CD value	Required	Enter Y or N Y= Enrollee currently has FEHB coverage N= Enrollee currently does not have FEHB coverage	If Y, 2809 will be rejected
Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
OTHER_INSURANCE_IND value	Required	Enter Y or N Y=Employee currently has other insurance N=Employee does not currently have other insurance	
OTHER_INSURANCE_NM value	Required if OTHER_INSURANCE_IND is "Y"	The policy name for employee's other insurance	
OTHER_INSURANCE_POLICY_NBR value	Required if OTHER_INSURANCE_IND is "Y"	The policy number for employee's other insurance	
PRESENT_ENROLLMENT_CD value	Not Required	Enrollment Code of the enrollee's current plan	Only used for Qualifying Life Event that changes an Enrollment Code
NEW_ENROLLMENT_CD value	Required for 1A and 5A Qualifying Life Events	Enrollee's new Enrollment Code	Verify the Qualifying Life Event permits change of Enrollment Code

EVENT_CHANGE_IND value	Required	Qualifying Life Event Code for the 2809	
EVENT_CHANGE_DT value	Required	Date the Qualifying Life Event occurred	Must be in format: "MM/DD/YYYY"
Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
PREMIUM_CONVERSION_IND value	Required	Enter Y or N Y=Enrollee wishes to have Premium Conversion N=Enrollee does not wish to have Premium Conversion	If Y, "EVENT_CHANGE_IND" must be a series 1 code (i.e., 1A, 1B, etc.) If N, "EVENT_CHANGE_IND" must be a series 5 code (i.e., 5A, 5B, etc.) Premium Conversion Definition
PARTF_CANCEL_IND value	Not Required	Enter Y or N Y=2809 is for a cancellation N=2809 is not for a cancellation	
REMARKS value	Not Required	Any generic remarks for the 2809	
PERSONNEL_RECEIVED_DT value	Required	The date the document was received by Tribal HR	Must be in format: "MM/DD/YYYY"
ELECTION_EFFECTIVE_DT value	Required	Effective date of Enrollment	Must be in format: "MM/DD/YYYY"

AGENCY_PHONE_NBR value	Required	The phone number of the Tribal Employer's HR Office	
Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
HR_OFFICE_ADDRESS1 value	Required	Name and address of Tribal Employer's HR Office	
AUTHORIZING_OFFICIAL_FIRST_NM value	Required	Full name of Authorizing Official for your Tribal Employer	Example: John Doe

The following section corresponds to a family member.
Each new family member record must start with the following header:
BulkUpload.TIPS_SF2809_FAMILY

Data Field Label	Required/ Not Required	Description	Comments
MEMBER_FIRST_NM value	Required	Family Member's First Name	
MEMBER_MIDDLE_NM value	Required	Family Member's Middle Name	
MEMBER_LAST_NM value	Required	Family Member's Last Name	
SSNO value	Required	Family Member's Social Security Number	Example: 012345678 No dashes allowed Include any leading zeros as illustrated in the example above

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
BIRTH_DT value	Required	Family Member’s Date of Birth	Must be in format: “MM/DD/YYYY”
SEX_CD value	Required	Enter M or F M=Male F=Female	
HOME_ADDRESS_LINE1 value	Required	Family Member’s home address street and suite/apartment /etc. number	
HOME_ADDRESS_LINE2 value	Required	Additional Address Information for Family Member	
HOME_ADDRESS_CITY value	Required	Family Member’s Home City	
HOME_ADDRESS_ST value	Required	Family Member’s Home State	
HOME_ADDRESS_ZIP5 value	Required	Family Member’s 5-digit zip code	
MEDICARE_A_IND value	Required	Enter Y or N Y=Family Member currently has Medicare A N= Member does not currently have Medicare A	This field is required to be “Y” if the field for Medicare B is “Y”

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
MEDICARE_B_IND value	Required	Enter Y or N Y=Family Member currently has Medicare B N=Family Member does not currently have Medicare B	
MEDICARE_D_IND value	Required	Enter Y or N Y=Family Member currently has Medicare D N=Family Member does not currently have Medicare D	
MEDICARE_NBR value	Required if any Medicare indicator is “Y”	Alphanumeric field for the Family Member’s Medicare Number	Must be in format: “NNNNNNNNNXX” N=Numeric X=Alpha

<p>OTHER_THAN_MEDICARE_IND value</p>	<p>Required</p>	<p>Enter Y or N Y=Family Member has insurance other than Medicare N=Family Member does not have insurance other than Medicare</p>	<p>For “Y”: TRICARE_IND, Other_INSURANCE_IND, or FEHB_TRANSACTION_CD should be Y For “N”: so TRICARE_IND, Other_INSURANCE_IND, and FEHB_TRANSACTION_CD should all be N</p>
<p>Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)</p>	<p>Required/ Not Required</p>	<p>Description</p>	<p>Comments</p>
<p>TRICARE_IND value</p>	<p>Required</p>	<p>Enter Y or N Y=Family Member currently has Tricare N=Family Member does not currently have Tricare</p>	
<p>FEHB_TRANSACTION_CD value</p>	<p>Required</p>	<p>Enter Y or N Y=Family Member has FEHB N=Family Member does not have FEHB</p>	

OTHER_INSURANCE_IND value	Required	Enter Y or N Y=Family Member currently has other insurance N=Family Member does not currently have other insurance	
Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments
OTHER_INSURANCE_NM value	Required if OTHER_INSURANCE_IND is "Y"	The policy name for Family Member's other insurance	
OTHER_INSURANCE_POLICY_NUMBER value	Required if OTHER_INSURANCE_IND is "Y"	The policy number for Family Member's other insurance	
RELATIONSHIP_CD value	Required	Family Member's relationship to the Enrollee	01=Spouse 19=Child under age of 26 09=Adopted Child 17=Stepchild 10=Foster Child 99=Disabled child age 26 or older who is incapable of self-support

Appendix A: Glossary

Acronym	Description
CLER	Centralized Enrollment Reconciliation Clearinghouse
CMB	Customer Management Branch
FEHB	Federal Employees Health Benefits
ISDEAA	Indian Self-Determination and Education Assistance Act
NFC	National Finance Center
OPM	Office of Performance Management
PADS	Preauthorized Debt System
POI	Personnel Office Identifier
PPACA	Patient Protection and Affordable Care Act
QLE	Qualifying Life Event
SF 2809	Standard Form 2809
SF 2810	Standard Form 2810
SME	Subject Matter Expert
TBO	Tribal Benefits Officer
TIPS	Tribal Insurance Processing System
TSO	Tribal Security Officer
USDA	U.S. Department of Agriculture

