



## New Group Materials 2020-2021



# Welcome to Providence Health Plan!



We appreciate your business and look forward to working with you. Here is information to help administer your company's health benefit program and help your employees make the most of their plan benefits and membership.

We are committed to helping you. If you have any questions or need assistance, please let us know

## **Notify us immediately of any eligibility changes (New enrollment, Terminations or Changes)**

- Remit a written request via e-mail/fax or use the Eligibility Adjustments worksheet and send to your billing team with the respective changes
- An enrollment form is required when adding members or dependents to the group policy
- This form can be found on our website:  
<https://healthplans.providence.org/employers/2020-products-services/manage-enrollment/forms/>

- Invoices typically\* generate on the 9<sup>th</sup> and 10<sup>th</sup> for small groups and the 15<sup>th</sup> for large groups
- Please review your statement for accuracy (rates/plan/members)
- You have 60 days to dispute your billing statement
- Included with the monthly premium billing statement will be a pre-addressed payment envelope and an Eligibility Adjustments worksheet
- Any adjustments received 5 business days *prior to* the invoice generation date will appear on the *current* invoice.
  - For example: April's invoice generated on March 9<sup>th</sup>. Providence was notified on March 2<sup>nd</sup> of a member to be terminated (effective March 31). April's invoice will reflect this change accordingly.
- Any adjustments received *after* the invoice generation date will appear on the *next month* invoice
  - For example: April's invoice generated on March 9<sup>th</sup>. Providence was notified on March 16<sup>th</sup> of a member to be terminated (effective March 31). May's invoice will reflect this change accordingly.

\*Note: Invoice generation dates may vary for large groups. If generation dates occur on a weekend, invoices are produced following business day.


## Premium Billing Statement


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Invoice Date: 03/01/2018

GROUP NAME  
ATTN: BILLING CONTACT  
MAILING ADDRESS  
CITY, STATE, ZIP CODE

### Payment Options

 **Pay Online** - Go to  
<https://phpcws.providence.org/Employers>

 **Pay by Mail**  
Please include the coupon below with your check  
and return in the enclosed envelope.



Bill Period From: 02/01/2018  
Bill Period To: 02/28/2018

**Payment Due Date: 02/01/2018**

### Important Message

The amount listed by the "Total Amount Due" is due on the first of the month.

### Account Summary

<b>Group Number:</b>	<b>123456</b>
<b>Subgroup Number:</b>	<b>S001</b>
Previous Balance from 12/11/2017	\$1,781.55
Amount Paid	(\$3,563.10) CR
Retroactive Member Adjustments	\$0.00
Other Billing Adjustments	\$0.00
Current Premiums	\$1,781.55

**Total Amount Due \$0.00**

Payments and enrollment changes made after this date will be reflected on the next invoice

Billed amount since previous invoice

Payments received since previous invoice

Retroactive adjustments made since previous invoice

### Payment Amount Due

Consist of previous payments, adjustments, and current premiums

For billing or enrollment questions, please contact:

Please detach and keep this portion with your records.

Return this coupon with your payment.

Invoice Date: 03/01/2018  
Payment Due Date: 02/01/2018

TOTAL AMOUNT DUE	AMOUNT ENCLOSED
\$0.00	

Providence Health Plan  
PO Box 4167  
Portland, OR 97208-4167



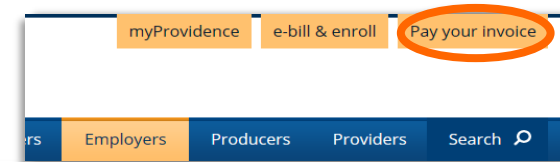
Detach this coupon to remit with mailed payment

- Contact your billing team for discrepancies

## Premium payments are due on the 1<sup>st</sup> of each month

How to pay:

- Online via checking account:
  - <https://healthplans.providence.org/employers/>
    - One Time or Recurring payment options available
  - Click on “Pay your Invoice”
  - To log in you will need the group # and subgroup # listed on your [premium billing statement](#)
  - The amount due will reflect the most current billing statement
  - To set up auto-pay:
    - Click on “Frequency” for a drop down menu
    - Recurring payment will deduct the amount due on the 1st of each month. This date cannot be adjusted
    - Recurring payment may be canceled at any time



### Make a Payment

#### My Payment

##### Commercial Groups

**Amount Due** \$3,161.20  
**Due Date** 09/01/2017  
**Group ID** 123456  
**Subgroup ID** S001

#### Payment Information

**Frequency** One Time  
Recurring Payment  
**Payment Amount** \$3,161.20  
**Payment Date** Pay Now

# Payment (cont.)

Mail your payment to:  
Providence Health Plan  
Box 4167  
Portland, OR 97208

Important: Detach the payment coupon from the billing statement and include with the payment to ensure timely and accurate processing.

**Not accepted:** Credit card, walk-in payments or over-the-phone.

# Eligibility Adjustment Worksheet



- Employee Name is required
- Check the corresponding box of the change.
- Add – An [Enrollment/Change of Status form](#) required when a member is to be enrolled or reinstated.
- Term – Provide the last day the member worked. Terminations are effective on the last day of the month the member was benefit eligible.
- Other – Change of status such as the family size, plans, etc.
- State the Event Date/Reason of this change and be specific.

Reminder – If this is received no later than 5 business days prior to your billing cycle, then expect for changes to be reflected on the subsequent billing cycle.

## Eligibility Adjustments

Submit completed form(s) to \_\_\_\_\_ . We must receive your changes no later than 5 business days prior to your billing cycle; all changes received after will reflect on the subsequent billing cycle.

Group Name  Group #  Month:  Year:

ID/SSN:	Employee Name:	Add	Term	Other	Event Date/Reason
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*Add:* Enrollment Form required for all additions and can be found on the website below.  
*Term:* Provide the last day worked  
*Other:* Change of status such as family size, plans, etc.

Completed By  Date

For more details: <https://healthplans.providence.org/employers/2018-products-services/manage-enrollment/>