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Introduction

The purpose of this guide is to provide step-by-step instruction, guidance and information regarding accessing, reconciling and paying health insurance, life insurance, and flexible spending bills generated by the Kentucky Human Resource Information System (KHRIS). This guide is designed to serve as a reference for all billing liaisons.

Questions and/or suggestions for improvements to this guide should be directed to the Premium Billing Branch (PBB) Manager at the addresses below:

Department of Employee Insurance
Attn: Hannah Stanfield, PBB Manager
501 High Street, 2nd Floor
Frankfort, KY 40601
Accessing KHRIS Broker Bills

Logging on to KHRIS


- Enter your user ID and password and click Log on.
- Your KHRIS User ID is your 3-letter, 4-digit employee ID (Ex: ABC1234).

*If this is your first time using the KHRIS, select the New User/Reset Password link. The New User/Reset Password wizard will allow you to create a new password or reset a forgotten password.

Enter your Employee ID and click Validate.
Enter your Last Name, Zip Code, Date of Birth and SSN. Click Authenticate.

KHRIS will assign you a temporary password. Write down the temporary password exactly as it appears, or highlight the temporary password to copy and paste it.
• Go back to KHRIS initial entry screen and enter your KHRIS User ID.

• Enter your temporary password.

• Click Log In.

KHRIS will now prompt you to create a new password.

The New password must:
• Be at least 8 alphanumeric characters in length, A – Z and 0 – 9.
• Contain at least one number, one uppercase letter, one lowercase and one special character, !, @, #, $, %, ^, &, *, (, ), __, +, <, >, ?, ., /
**Biller Direct and Web Broker Bill**

Once logged into KHRIS, you can access Biller Direct.

To access broker reports, click **Biller Direct**.

This action will reveal the Biller Direct portion of the Detailed Navigation menu on the left side of the screen.

The **Biller Direct** link will take you to the payment module of KHRIS. You must work and release your broker bill before you can go to Biller Direct to pay it.

The **Broker Report Overview** link will display the broker reports, or bills, for your agency.
Broker Bill Introduction

Broker Report Overview:

Agencies that participate in KEHP’s FSA program have 2 broker bills each month. This includes school boards and some QUASI agencies.

Agencies that do not participate in FSA will have only one broker bill per month. This includes health departments and the remaining QUASI agencies.

- The bill for invoice period 1\textsuperscript{st} to 15\textsuperscript{th} is for half month of FSA.
- The bill for invoice period 16\textsuperscript{th} to 30\textsuperscript{th} is for a full month of health and life insurance and half month of FSA.

Note: *If the 15\textsuperscript{th} or 30\textsuperscript{th} falls on a holiday or weekend, KHRIS will use the next business day for bill dates.*

Arrears or credits may appear on either bill.

There are 2 tabs on the Broker Report Overview:

The Open Broker Reports tab displays only open bills.

The All Broker Reports displays all your agency’s bills.
The **Process Broker Report** button is used to open your bill. The **Refresh List** button is used to update the list of bills after a bill has been released.

![Broker Report Overview](image)

The **Broker Report** column contains the identifying number for the bill.

The **Search Term** column shows the job that created the bill; this column is NOT USED by agencies.

The **Broker Report Status** column shows the status for each bill, Open, Posted, or In Clarification.

- **Open** - Open bills have not been worked or have been partially processed. Changes can be made to open bills.

- **Posted** - Posted bills have been worked and released. Released bills have been completely processed and are ready for payment in Biller Direct. Premium amounts listed on the bill for each individual have been applied to the employee. No further changes can be made to broker bills after they have been released.

- **In Clarification** - Bills that are In Clarification have entries that KHRIS did not know how to post. Those amounts will not show up in Biller Direct until the clarification cases have been resolved by PBB. After resolution, those amounts will roll into Biller Direct and there will only be one line per Product, as long as you wait until ALL clarifications items have been resolved then process payment in Biller Direct.

The **Invoicing Period from** column shows the first day of the bill period.

The **Invoicing Period to** column shows the last day of the bill period.

The **Broker Contract** column is the agency’s broker contract number. This number is a constant for each agency.

**Created on** is the date the bill was generated.

**Changed on** is the date the bill was last changed.

Overview

The bill Overview screen displays basic information about the broker bill.

The upper left corner of the screen shows the Broker Report number.

The Save and Release buttons are beneath the Broker Report number and Broker Name.

Directly under the Save and Release Buttons are links to the Overview, Proposed Items, Worklist Items and Processed items.

SAVE YOUR WORK OFTEN. You may time-out of KHRIS without warning. If you time-out, you will lose all work since your last save.

Proposed Items - the list of employees for whom payment is expected and the premium amounts your agency is expected to pay.

Worklist Items - Proposed Items that can’t be worked immediately can be placed on the Worklist to prevent accidental confirmation.

Processed Items - Confirming, changing, creating or rejecting items places them in Processed Items.
In the center portion of the screen, you will find the **Amount** (or payment amount) and **Proposed Amount**.

**NOTE:** Before bill has been worked or processed the amount will always be $0.

After processing or working the bill, the Amount should match the amount to be paid by your agency. The Proposed Amount **will not** match the Amount after changes, corrections and rejections are made.

The number of **Items** on the broker bill is located under Amount/Proposed Amount near the middle of the screen.

**Before the bill has been worked or processed the percentage of completion will always be 0%.

After processing or working the bill, the percentage will be 100%.
- **Items** are the total number of items on the bill.

- **Processed Items** is the number of items that have been changed, rejected, added or confirmed.

- **Percentage of completion** is the percentage of the items that have been worked.

As you work the bill and save changes to individual items, the items will be moved from Proposed Items to Processed Items, and the completion rate will change. Working the bill is described in detail in Working/Processing Broker Bills.

**Broker bills can be released for payment only after all Proposed Items have been processed.**

**Proposed Items**

Clicking the **Proposed Items** button displays the list of employees for whom payment is expected and the premium amounts your agency is expected to pay.

**Proposed Items** are what KHRIS thinks is owed, which is not necessarily the amount that will be paid. Employment terminations, new hires, or QEs may cause the actual payment to be different than the Proposed Amount.

The **Details** button displays system information related to the selected employee.

**Confirm** is used to process items when the employee is paying their Proposed Amount.

**Change** is used to make corrections to Proposed Amounts that do not match the employee’s payment amount. (Note: Proposed Amount does not change when the item goes to Processed Items.)

**Reject** is used to remove employees who are not paying from the bill.
Confirming, changing, or rejecting an item moves the item from Proposed Items to Processed Items.

**Create Item** is used to add employees who are not listed on the broker bill. Creating an item saves the entry directly to Processed Items. The entry will not appear in Proposed Items.

**Add to Worklist** moves the selected employee to the Worklist screen.

**Update Proposed Amount** may be used to change the Proposed Amount for employees whose payment history has changed since the bill was generated.

- New employees will not be added to the bill.
- Arrears or credits for QE processed after the bill was generated will not be added.

**Export to Notepad** exports the selected bill view to a notepad as a text file. There is no formatting applied to this type of export and it may be more helpful to export to Excel using the Export button, which is demonstrated later.

**View** allows user to select the customized list they wish to display. Drop down the View list and click the desired view to access customized lists. See Customizing Your Bill View for instructions on setting up customized views.

The **Display As** feature allows the bill to be displayed in different ways, as a table, as a graphic, or as both.

**Table** displays items on the bill in a list.
Graphic display isn’t very useful for reconciling the bill, but it can be interesting to see different versions.

Table and Graphic displays both versions simultaneously.

Export is used to export the broker bill to Microsoft Excel to facilitate reconciling.

To the far right of the Export button, you will find the Settings link.
The **Settings** link is used to set up customized views.
The **Table Selection Menu** can be used to Select or Deselect All items.

The **Item ID** column is an auto-assigned number assigned to each bill entry.

**Social Security Number** is the employee’s SS#.

**Description** is the employee’s name.

**Product** is the code for health insurance, life insurance or Flexible Spending Account (FSA).

- 10 - Employee portion of health insurance
- 11 - Health insurance, both employee and employer portion
- 20 - Optional or Dependent life insurance
- 33 - Healthcare Flexible Spending Account (FSH)
- 34 - Dependent Care Flexible Spending Account (FSD)
- 70 - Admin Fee

**Note:** Not all Product codes will appear on all bills. If your agency is not responsible for paying employer portion of health insurance or admin fees, these will not be listed on your bill.

**Text** is the name of the employee’s health insurance, life insurance or FSA plan.

The **Proposed Amount** is the amount KHRIS expects will be paid, not necessarily the amount that will be paid.

**Cost Center** is a constant for each agency.

The **Reporting Broker** is the employee’s Business Partner number in Benefits Accounting module, equivalent to Personnel Number in Benefits module.

**Note** is where a note can be added for the broker report item.
**Worklist Items**

Proposed Items that can’t be worked immediately can be placed on the Worklist to prevent accidental confirmation. Items can be confirmed, changed, created or rejected from the Worklist.

The buttons and columns on this area of the broker report are the same as those described in the Proposed Items section.

**Processed Items**

Confirming, changing, rejecting or creating items places them in Processed Items.

The **Confirmed** tab shows all items that were confirmed without changes.

The **With Changes** tab shows all items that were changed.

The **Rejected** tab shows all items that were rejected.

The **New** tab shows all items that were added. These items will not have a Product code.

The **All** tab shows all entries on the bill. It will be helpful to set up customized views on the All tab.
Item ID, SSN and Description are the same as in Proposed Items.

The Amount is the total the employee is paying for health, life or FSA. In Processed Items, the amount is the important column. This column is located on the far right side of standard view and can be moved to the left for easier viewing when customized views are set up.

Product, Text and Bill Period are the same as in Proposed Items.

The Reporting Broker is the employee’s Business Partner (BP) # in Benefits Accounting module of KHRIS.

The Cost Center is the level at which the bill is paid. For Non-Commonwealth-paid agencies, the last 5 digits of the cost center is the legacy system 5 digit agency #.

Note displays explanation for change, rejections or added items. If note was entered, you must click to view note.

Change Reason displays the reason that was selected when the item was changed.

Confirmation Status shows whether the entry was confirmed, confirmed with changes, rejected, or added.

Currency should say USD for U.S dollars.

The Insurance Object is the identifying number for an employee’s health insurance, life insurance or FSA. Each one has a unique identifier that links to each individual.

Item category should say Premium.
Customizing Your Bill View

Customizing views allow the user to see health insurance, life insurance and FSAs separately.

Standard View is the default view for KHRIS and can be seen by all users. Customized views are user specific and can only be viewed by the user who sets them up.

In Proposed Items, click Settings on the far right of the screen.

Views do not automatically transfer from Proposed to Processed Items. If you want customized views in Processed Items as well as Proposed Items, you’ll have to set them up on each tab in Processed Items.

There are 5 tabs in Settings which are used to set up custom views. The tabs are **Column Selection**, **Sort**, **Calculation**, **Filter**, and **Display**.
The **Column Selection** tab allows you to select which columns to view. Working with your broker bill for a couple of months will help you decide which columns you prefer to view and in what order you wish to see them.

To move a column from *Hidden Columns* to *Displayed Columns*, highlight the desired column and click the **Add** button.

To remove a column from *Displayed Columns*, highlight it and click **Remove**. This places the selected items on the *Hidden Columns* list.

**Note:** *Ensure that Insurance Object is moved to Displayed Items so it can be used to help identify which Products have credits.*

To change the column order, highlight the column name in the *Displayed Columns* list and click the Change Sequence arrows at the bottom of list to move selected items up or down.

- ⬇️ moves column all the way to the left of list
- ⬇️ moves column one place to the left
- ⬆️ moves column one place to the right
- ⬆️ moves column all the way to the right

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To highlight a column name, click on the grey square to the left of the name.
Click Apply when columns are in the order you wish them to be.
In this example, we wish to move the Proposed Amount farther to the left so that it appears in a more convenient location.

Proposed Amount was highlighted and the change sequence button was used to move this item 2 rows up on the table, which will in turn move Proposed Amount, 2 columns to the left.

The Proposed Amount column has been moved next to employee’s name.
**Note:** When setting up views in Processed Items, you will want to move the Amount column to the left so it can be easily viewed.

The **Sort** tab allows you to select how your view is sorted. For instance, sorting by Description will put the list in alphabetical order by employee name.

Find the column you wish to sort by in the *Unsorted Columns* list.

Highlight the column and click **Add** to move the column to the *Sorted Columns* list.

Click **Apply**.
The **Calculation** tab allows you to total the Proposed Amount column and display the total at the top or bottom of the list.

Click in the drop down box and choose **Total**.

To see the total at the top of your list, click on *Display Calculations at Start of Table*. Remove the checks from all other selections.

If you wish to display the total at the end of your list, remove the checks from all boxes.

Click **Apply**.

When entries are sorted and calculated, intermediate results may be displayed.

The Exception button allows you to choose the column for which you wish to see intermediate results when the list is sorted by more than one column.
In this example, the entries are sorted by Description (employee name) and Product. Intermediate results for both are displayed.
The **Filter** tab allows you to display selected insurance types.

Scroll down in the Filter Column box, and click on **Product**.

Click Add. Product will disappear from the Filter Column box, 2 boxes will open.
In the first box to the right of , type the number 10 to show only health insurance.

**Product Codes**

10 Health Insurance – Employee Portion*
11 Health Insurance – Employer Portion*
20 Life Insurance
33 Healthcare FSA
34 Dependent Care FSA
70 Admin Fee

*For QUASI agencies, health insurance is not divided into employee and employer portion. Use Product Code 11.

Click **Apply**.

Click **Save As** to save the view. Enter a name into the Description box. In this case, we named the view “Health,” and click OK.

Clicking the **Initial View** checkbox will set this as user’s initial view. Whenever you open Proposed Items, this view will be the first view you see.
To show only life insurance, change the 10 to 20. Click **Apply** and **Save As** and enter an appropriate name in the Description Box, which will pop up after clicking Save As.

To show only FSA, change the 20 to 30. In the “To” box, type 34. Click **Apply** and **Save As** and enter an appropriate name in the Description Box, which will pop up after clicking Save As.
Next, set up a view that shows a summary of Proposed Amounts.

Click the **Sort** tab. If there are entries in the **Sorted Columns** field on the right side of the screen (as below), highlight the entry by clicking the gray box to the left and clicking on the **Remove** button.

![Sort Tab Example](image)

Scroll down in the Unsorted Columns on the left side and highlight **Product**. Click **Add**.

![Add Column Example](image)
Entries will be sorted by Product code.

Click the **Calculation** tab. Check the *Display Intermediate Results for Sorted Columns* and the *Collapse to Intermediate Results* check boxes. Uncheck all other check boxes.
Click the **Filter** tab. Click *Reset All* to remove any filters.

Click **Apply**.

Click **Save As** and enter an appropriate name in the Description field of the box that pops up. This view shows totals for each Product.

In Proposed Items this view can be used to get a quick idea of where the bill is off after you have finished working it.

In Processed items, if new items have been added to the broker bill, KHRIS will not know which Product they belong to. These items will be in a separate line in the Totals view and you’ll have

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**Reminder:**

Credits are not associated with a Product code. They are on a separate line from Health, Life or FSA.

*Insurance Object can be used to identify which Products have credits.*
to determine which category they belong with and add them to that total. These items will appear in the processed view on the New Tab.

In Processed Items on the All tab, customized views can be used to ensure that payment amounts for each Product, health insurance, life insurance and FSA match the amounts of the individual checks. Remember that each customized view must be created in each area (Proposed, Worklist, and Processed) that you wish to have customized views. The steps remain the same for each area.

To switch between customized views, drop down the View box and click desired view.

![View box with options](image)

Finding Credits on Broker Bills – Payment from Agency or Payment on Account

It may be useful to set up a view that will show only Payments from Agency or Payments on Account in your Proposed Items.

Payments from Agency and Payments On Account entries are either credits or arrears.

<table>
<thead>
<tr>
<th>1217</th>
<th>Payment from Agency</th>
<th>255.92</th>
<th>10000000000000000087107</th>
<th>10/18/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>1218</td>
<td>Payment from Agency</td>
<td>345.48</td>
<td>10000000000000000087107</td>
<td>11/16/2011</td>
</tr>
</tbody>
</table>

To set up this view, pull up **Standard View** in Proposed Items and click on **Settings**.

![Broker Report](image)

On **Column Selection** tab, make sure **Insurance Object** is listed in the *Displayed Columns*.

To add **Insurance Object** to Displayed Items:
- Click on **Insurance Object** in Hidden Columns list
- Click **Add**
- Click **Apply**
Since credits are not associated with a Product code, including **Insurance Object** on your view will help determine which Product the credit is for, health insurance, life insurance or FSA.

- Click on **Filter** tab
- Drop down **Filter Column** box
- Scroll down to **Text** and click on it
- Click **Add**
- In the **Text** field, type “p*”
- Click **Apply**
- Click **Save As** and enter a new name to save this view
Payments from Agency credits or arrears on broker bills are **NOT** tied to a specific Product: health insurance, life insurance or FSA. Adding Insurance Object to your view can help determine which Product has a credit.

Credits are tied to *individual employees*. Employee Names, SSN and Business Partner Numbers are not shown in the screen shot for purposes of HIPAA compliance.

It may also be helpful to set up this “credit only” view in **Processed Items** on the **Confirmed** or **All** tab.
Reconciling Bills and Payments

Working/Processing Broker Bills

The NCP KHRIS Operations Calendar lists all important events related to KHRIS, down times, payroll runs, bill generation dates, etc. The calendar can be accessed through the following link: https://personnel.ky.gov/DHRA/OpsCalendar.pdf

Working or processing the broker bill involves adding new entries or changing, rejecting, adding and confirming Proposed Items to move them to Processed Items. You must compare the bill entries to your payroll deduction file and make all changes, additions, or rejections so that the bill amount and the payment for health insurance, life insurance, and FSA are the same.

Work your broker bills in date order. Working bills out of date order may cause payments to be posted incorrectly.

The recommended method of working your bills is an employee-by-employee comparison of the broker bill and remittance/deduction amounts. This is the best method for finding differences. Compare each employee on the broker bill directly to the remittance/payroll deduction list to determine what changes will be needed to balance the broker bill and payment amount. Simply comparing the bill totals for health insurance, life insurance and FSA to the payment amounts for each does not guarantee that each employee’s premium will be paid correctly when the payment is posted.

As you work the bill and save changes to individual items, they will be moved from Proposed Items to Processed Items, and the completion rate will change.

After all changes have been made and all other items confirmed, the Overview screen will also show the total payment Amount. The payment amount may not match the Proposed Amount.

All items on the broker report must be processed before the bill can be released.

It is imperative that payment amounts listed on the broker bill for each employee match the amount deducted from payroll for that employee or the amount that employee is paying by personal check.
To choose the bill that you wish to process, click in the gray square to the left of the report number, then click Process Broker Report to open bill.

*If you prefer one-step opening, click on the Broker Report Number.

The broker bill will open in a new window on the Overview screen.

To begin working the bill, click on **Proposed Items** on left side of screen.
The broker bill can be worked in any order you wish. You may work FSA first, then life insurance and leave health insurance for last. You may want to make all the necessary changes first, and then reject employees who are not paying and add new entries. Confirming all unchanged entries can be saved for last. Or you can confirm all unchanged entries line by line first, and then make changes. Rejections and additions can be done last. The order in which you work your bill is up to you.

Bills can be viewed in the Standard View which shows all entries or customized so that only health, life or FSA is displayed. It may be beneficial to set up customized views of your bill if you have more than one type of billing. The views you set up will only apply to you. Each user must set up their customized views. No other user can see your views.

SAVE YOUR WORK OFTEN

Click the Save button at the top left of the screen often. It doesn’t hurt to Save after each change, addition or rejection. The KHRIS portal may time out after periods of inactivity (or during periods of activity). Unsaved changes will be lost. Always save before you close the broker report.

School board employees and board members who do not pay an employee contribution for health insurance or who waive coverage will not be listed on the board’s broker bills. KDE pays the state contribution and admin fees for school board employees. Please do not add these employees.

For Health Departments and QUASI agencies, all eligible employees, including those who do not pay an employee contribution and those who waive coverage should appear on the broker bill. For employees who waive coverage with no HRA, only an administrative fee will be listed on the broker bill. If these employees do not appear on the bill, please add them. Any employee who pays ahead in full will not appear on the bill for the month that was paid in advance.

Employees who make a partial payment for a future month will only show the balance on the bill. KHRIS applies those credits automatically.
Payments from Agency or Payments on Account on your broker bills are one of two things:

1. **Credits** for overpayments KHRIS thinks an employee has made.
   - Credits will be shown as negative amounts, such as -30.76, -192.40

2. **Arrears** that are caused by credits taken in error or that are not due back to employee.
   - Arrears of this type will be positive amounts, such as 36.54, 96.20, not negative amounts.

KHRIS automatically applies any credit amount to the next month’s premium. In KHRIS, this is known as “clearing” the credit.

When KHRIS uses an employee’s overpayment to clear their next bill, if there is a balance left and that balance is not enough to cover a full month’s premium, that amount will be listed on the broker bill as a Payment from Agency or Payment on Account (credit).

**Payments from Agency and Payments on Account are NOT assigned a Product code.**

Payments from Agency and Payments on Account are not identified as health insurance, life insurance or FSA. The entries are tied to individual employees, but not to a specific Product. The Insurance Object can be used to identify which Products have credits.

If you export your customized views for health insurance, life insurance, or FSA to Excel, the credits will not be exported because they have no Product code.

Credits can easily be confirmed in error if you work all your changes, additions and rejections then confirm all remaining entries in the Standard View.

**Be sure to check Proposed Items to see if there are credits on your broker bill before you work it. Before you release your bill, check the Confirmed tab in Processed Items to ensure that no credits have been confirmed by mistake.**

There is an easy way to check for credits on broker bills if you do not wish to have a separate credit only view:
- In Proposed Items, pull up Standard View
- Click on the column heading for Text
- Click (User Defined Filter)
• Type “p**” and hit enter or click Filter.
The screenshot below shows Payments from Agency in Proposed Items on the bill.

“Payment from Agency” entries are credits. Notice that there is no Product code.

Research credits to confirm that the employee did in fact overpay before refunding the employee and taking credits on your broker bill. PBB will not be able to issue refunds for any credits that are taken on broker bills.

Taking a credit for employees who KHRIS thinks did not overpay will cause arrears to show on broker bills. This can happen for different reasons, but may be caused by QEs.

Example:
An employee has LivingWell CDHP-Family coverage. His spouse gains employment and becomes eligible for KEHP. They begin the cross-reference payment option on 5/1/16.

- There is a problem which delays processing of the cross-reference application and the change is not entered in KHRIS until 7/14/16, even though cross-reference became effective 5/1/16.
- For May, the employee pays the full Family rate, $337.98.
- For June the employee pays the cross-reference rate, $79.98, and the agency refunds him $258 for the difference between full Family and cross-reference for May.
- At the time the June bill is released and payment is made, KHRIS does not know the employee has changed from full Family to cross-reference payment option so the system expects a payment of $337.98 for both May and June.
- KHRIS thinks the employee was not due a refund. Arrears will show on the July broker bill as a Payment from Agency in the amount of $258.
- IC/BL should reject those arrears Payment from Agency entries until enrollment is corrected and billing catches up with enrollment.
Remember that billing is driven by enrollment and past broker bill entries.

- When changes such as QEs, terminations, reinstatements, or corrections are made in Benefits Administration, i.e. enrollment information, changes may occur on broker bills.
- Errors in enrollment will cause errors on broker bills.
  - Incorrect dates in enrollment will cause employees to be listed incorrectly on broker bills.
  - Processing plans “out of sequence” will cause employees to be listed incorrectly on broker bills.
- Incorrect entries on prior broker bills will cause inaccurate credits or arrears.

*It is very important for each agency to closely check their broker bill each month to determine that individual employees are billed the correct premium amount.*

Reconciling your broker bill to the remittance file or payroll deduction list involves comparing the amounts deducted from employee’s pay to the Proposed Amounts listed on the broker bill to determine changes that need to be made to the bill.

- School boards will need to reconcile broker bills to their MUNIS remittance file.
- Health departments or QUASI agencies will need to reconcile their payroll deduction list to their payroll broker bill.

After you have compared the remittance or payroll deduction list to the broker bill export, it’s time to work the broker bill.
Adding Employees to the Broker Bill

Open the Broker Report for your agency.

Select Proposed Items.

Click the Create Item button. A small tag will appear that says “Premium.” Click Premium.

The screen shown below will open. Click in Name 1/last name and type the last name of the employee you wish to add to the bill. Tab and type employee’s first name in Name 2/first name.

- Do not enter Ins Object. Leave field blank.
- Do not click the “Business partner/contract not available” radio button.

Click Search and follow the wizard through the process.

Note: Employee’s names may be spelled differently in your payroll system than in KHRIS. Names may be hyphenated or contain apostrophes or spaces between syllables. Some employees may use maiden name in one system and married name in the other. Searches that are too restricted may not produce the desired result.
- You may search last name by entering at least the first 3 letters of the name followed by an asterisk (*), i.e. for Madison Jones, search Mad* Jon*. Searches that contain only the first three characters of a first or last name and an asterisk may time out. If at all possible, use both a first and last name.

- If searching for employee’s first and last name doesn’t find the correct employee, search only the employee’s last name. If you have several employees with the same last name, you’ll have to scroll through the list to find the correct one.

Verify that the correct employee and insurance object (IO) are selected. If you need to pick a different employee or IO, click the grey square to the left of name to highlight correct employee and insurance object.

Click Next.

It is very important to select the correct insurance object for the product you wish to add. DO NOT select an incorrect insurance object just to get the employee’s money on the bill.
Click **Enter Amount**. You can leave all fields blanks on this screen.

Click in **Amount** and enter payment amount. Do not enter any amount in Proposed Items (box should be grayed out). Click **Enter Change Reason**.

Drop down **Change Reason** and select the reason that best fits the situation. If none of the options fit the situation, click Other Permitted. You may enter a brief note.

Click **Review and Save**.
Review entry for accuracy, Check Employee’s name (next to Business Partner) and Payment amount (next to Reported Amount).

If entry is correct, click Save.

Do not Close or exit out of screen until you see message verifying that an entry has been added.

An item has been created and will appear on the new item tab page.

At this point, you may click to add further entries. Or you may close Create New Broker Report item by clicking the in top right corner.
New (added) items can be found on the **New** tab in Processed Items.

<table>
<thead>
<tr>
<th>Item ID</th>
<th>Description</th>
<th>Amount</th>
<th>Product</th>
<th>Text</th>
</tr>
</thead>
<tbody>
<tr>
<td>109</td>
<td>John Doe</td>
<td>61.52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Changing the Broker Bill

When an employee’s payment amount is different from the Proposed Amount on the broker bill, their bill entry should be changed.

Changing an item removes the Proposed Item and places the item in Processed Items on the With Change tab.

- Proposed amounts may be increased due to QEs or if an employee wishes to pay ahead.
  - If an employee pays one month in advance, they will not be listed on the next broker bill. KHRIS will automatically credit the payment to the next month.
- Proposed amounts may be decreased due to QEs or partial payroll deductions.

**Note:** No change to the broker bill is necessary for an employee who wishes to make a partial payment by payroll deduction and pay the balance of their premium by personal check. Ensure that the total of the deduction and personal check add up to the full premium due and confirm their entry.

If the employee is only making a partial payment, their broker bill entry should be changed to reflect the actual amount you will be sending for them.

To change a **Proposed Amount:**

- Click on **Description**

  ![User-Defined Filter](User-Defined Filter.png)
• Type employee’s last name and an (*), for example, Doe* and hit Filter.

Make sure the line is highlighted by clicking on the grey square to the left of their line.

• Click Change

Follow the wizard through change process.
• Click in the Amount box to change Amount. Enter the new amount that will be paid and click “Enter Change Reason” button.

![Change Broker Report Item](image)

**Note:** *The amount in the Proposed Amount column does not change.*

• Select the appropriate Change Reason from the dropdown box. You may also enter a short Note if you wish.

• Click Review and Confirm.
• **Review** for accuracy, if entry is correct, click **Confirm**.

Changed entries can be found on the **With Change** tab in **Processed Items**.
Rejecting Items from Broker Bill

The **Reject** is used to remove employees who are not paying from the bill.

Rejecting an item removes it from Proposed Items and places it in Processed Items on the Rejected tab.

**Employees who do not pay should be rejected from the bill. Use the REJECT button. DO NOT change the amount to $0.**

Go to Proposed Items in your web broker bill (Broker Report)

Highlight the employee’s line item by clicking on the grey square to the left of their line. Click Reject and follow the wizard

Select appropriate Change Reason for rejection and **Confirm**.

Rejected Items can be viewed in Processed Items on Rejected tab.

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**Important:** When rejecting terminated employees from your broker bill, please enter a note and include date of employment termination and date of health insurance, life insurance or FSA termination.
Items that are rejected in error may be returned to Proposed Items in the same way changed items are reset.

In Processed Items on Rejected tab
- Highlight Item
- Click Reset Item button
- Return to Proposed Items and change or confirm item
Confirming Unchanged Proposed Items

All Proposed Items and Worklist Items must be processed before the broker bill can be released.

Items may be confirmed one at a time or multiple lines may be selected. To select multiple lines, click one line to highlight it, hold down control key and click each additional line to be confirmed. If you wish to select a number of lines that are contiguous to each other, select the first record to be selected, then hold down the Shift key and select the last record to be selected. All records in between will also be selected.

After all necessary changes to Proposed Items/Worklist Items have been made; use the Table Selection Menu to select all remaining line items. Then confirm the entries.

Click Table Selection Menu button .

Click Select All.

All entries have been selected.

Click Confirm.
All items in Proposed Items have now been moved to the Confirmed tab in Processed Items, this view is now empty.

![Proposed Broker Report Items Table]

The “Confirmed” items selected in the previous step can be found in Processed Items on the Confirmed tab.

![Confirmed Items Table]

Remember to save your work often by clicking the Save button in upper left corner. If the portal times out, unsaved changes will be lost.

![Broker Report Image]
**Resetting Processed Items**

Processed Items may have been changed incorrectly or confirmed in error. These items can be reset for correction.

Resetting a Processed Item sends it back to Proposed Items.

Items must be reset from the **Confirmed, With Changes, Rejected** or **New tab**. Even though all Items are included on the All tab, items cannot be reset from the All tab.

Go to correct tab in Processed Items.

Highlight the “incorrect”.

Click **Reset Item**.

Go back to Proposed Items and make the necessary correction.

**Corrected:**
Placing Items on the Worklist

Proposed Items that can’t be worked immediately can be placed on the Worklist to prevent accidental confirmation.

If an employee wishes to pay all or a portion of their premium by personal check, that employee can be placed on the worklist until their personal check has been received.

To place an item on the Worklist:

- Go to Proposed Items. Highlight the item.
- Click the Add to Worklist button.

Worklist items must be processed before the broker bill can be released.

Worklist items can be changed or rejected the same way Proposed Items are changed or rejected.

Worklist Items can be accessed by clicking on Worklist Items.
To remove an item from the Worklist, click **Remove from Worklist** button.

The item will be returned to Proposed Items.
Releasing the Broker Bill

Releasing the broker bill posts the amounts listed for each employee to their payment history and moves the totals to Biller Direct.

When the broker bill is released, the amount listed for each employee is applied, or posted, directly to the employee’s account balance. The totals for health insurance, life insurance and FSA are then rolled into Biller Direct and become the agency’s responsibility to pay.

Releasing the broker bill does not “pay” the bill. Processing the payment through Biller Direct notifies KHRIS that the agency is remitting the balance due. As with terming insurance coverage, paying the bill is a two-part process. Releasing the broker bill posts the payment to the individual employee’s account balance; processing payment in Biller Direct pays the agency responsibility.

*It is imperative that the broker bill entries be as accurate as possible when the bill is released.*

After all the changes have been made and all Proposed Items have been processed, verify the broker bill amount matches your payment **before the bill is released.**

**Recommended methods:**

Check total payment amount for EACH Product in your Totals view on the All tab in Processed Items to verify that health payment amount matches health check, life payment matches life check and FSA payment matches FSA check.

**OR**

If your agency pays with a single check, verify that payroll deduction amounts for each Product match the broker bill amounts as well as matching the total on the All tab.

**DO NOT CHECK ONLY YOUR TOTAL AMOUNT ON THE BROKER BILL OVERVIEW.**

This may cause you to miss differences in payment amounts for a specific Product. After the bill is released, it is too late to make changes. Check your bill thoroughly to verify that payment amounts match **before** you release the bill.

The broker bill can be released at any time after

- Verification that all Proposed Items have been worked
- Bill and payment amounts match

**Remember to check the Broker Report Status in Broker Report Overview to determine if any items from the broker bill went into clarification before proceeding to Biller Direct to process your payment.**
Reminder:

School board employees who do not pay an employee contribution for health insurance or who waive coverage will not be listed on the board’s broker bills. KDE pays the state contribution and admin fees for school board employees. Please do not add these employees.

All eligible Health Department employees should appear on broker bills.

All eligible employees of QUASI agencies, including those who do not pay an employee contribution and those who waive coverage should appear on the broker bill. Employees who waive coverage will only show an admin fee on the broker bill. If these employees are not on your bill, please add them.

Any employee who pays ahead in full will not appear on the bill for the month that was paid in advance.

Employees who make a partial payment for a future month will only show the balance on the bill. KHRIS applies those credits automatically.
Clarifications

To determine if entries went into clarification when you released your bill, click the All Broker Reports tab and the Refresh List button.

- New items must have an accounting template so that the system knows which Product to assign the amount to in Biller Direct.
- Items that have been changed – due to account maintenance, automatic clearing, terms/transfers and payments posted – may also need additional processing.

These items may not post automatically and will go into broker bill clarifications, also known as the clarification list.

The clarification items, or clarification cases, do not have all the information KHRIS needs to automatically apply the payment correctly.

PBB staff will have to resolve, or clarify, these items. Email your agency’s PBB contact or call PBB at (502)-564-9097 to request the clarifications for your agency be worked.

**Important:** After the broker bill is released, it may take a few minutes for all entries to be processed or posted to the individual employee’s payment history.

If PBB begins working clarification cases while the broker bill entries are still being posted to individual employees can cause the bills to lock up. The bill status remains “in clarification” after all the clarification cases have been resolved and the bill will have to be “pushed” out of clarification by PBB.

If items have gone into clarification, you must wait until all the cases have been resolved before you go to Biller Direct to pay the bill. The payment amounts for the clarification cases will not roll to Biller Direct and the total will not be correct until all clarification cases are resolved.
In the example below, notice that the amount is $62,236.66.

When the bill is “in Clarification” the payment must NOT be processed in Biller Direct. As you can see in the example below the Total Net Payment is $62,336.66, (A $100.00 difference from the Total on the example above). Contact DEI and wait until the bill shows posted before processing the bill in Biller Direct.
Once DEI works the clarification issue, Go to the All Broker Reports tab and Refresh List. The bill now shows “posted”.

For help Reconciling your broker bill, watch this video: https://www.youtube.com/watch?v=2F2FikAbDZo
Paying Reconciled Bills Using Biller Direct

Biller Direct Explanation

After the broker bill has been released, payment notification must be made through Biller Direct.

Before proceeding to Biller Direct, check the Broker Report Status of the bill you released on the All Broker Reports tab.

- Click Refresh List button to display current bill status.

“Posted” bills have been worked and released. Payment amounts included on Posted bills have been applied to each individual listed on the bill and payment can be made immediately in Biller Direct.

Bills “In Clarification” have items that have been added or changed. KHRIS is unable to apply the money appropriately and has placed the items in the clarification queue. PBB must work the clarification items.

The payment amounts for clarification cases will not be listed in Biller Direct until the clarifications have been worked, or resolved.

When the clarification is resolved the amount goes into biller direct as part of the line item for that Product. When all clarifications are resolved the bill status will change to Posted.

Once the bill status shows Posted you may proceed to Biller Direct.
To access **Biller Direct** from Broker Report Overview, click on the Biller Direct link above Broker Report overview.

**Open Bills** lists all bills that have been fully processed and released for payment. This is the initial view for Biller Direct.

**Credits** lists of credits for your agency. Be aware that these are not necessarily credits you can take on your bill. The credits could be caused by prior bills and payments not matching or by your PBB contact performing account maintenance.

**Paid Bills** is a list of bills that have been paid or payment that has been arranged.

**Payments** lists all payments made by your agency.

**General Contacts** is a list of inquiries the agency has made through Biller Direct.

**Address Data** lists address and contact data for your agency.

**Bank Data** lists bank data for your agency. Primarily used by agencies that pays by ACH.

**Switch Account** allows users who are responsible for more than one agency to switch from one to another.

**FAQ** is a list of Frequently Asked Questions.
The **List of Open Bills** displays all bills that have been released and are ready to be paid.

Items that have been processed through bill clarification will show as part of the lump sum line for that particular Product in Biller Direct.
This is what the Download Selected Entries button does:

If you click Open, this is what opens:
Credits page shows a list of agency credits.

This page shows an overview of your credits.
- On the Open Bills screen you can see the total of all credits that can be deducted from the payment amount for the bills selected in the Credits field.

Paid Bills contains a list of bills that have been processed through biller direct.

This page will show bills that are **In Process** and those that have been **Processed**.
- Processed bills are bill which have been paid through Biller Direct and for which PBB has received payments.
- In process could mean several different things.
  - Payment has been arranged in Biller Direct but PBB has not yet received payment.
  - Payment has been arranged, but PBB has not yet debited the amount from your bank account.
  - Your check has not yet been entered in PBB incoming payments.
Payments page contains a list of payments that have been made.

This page will show a list of payments that have been received and are In Process or have been Processed. Clicking on the Status drop down allows you to choose from In Process and Processed bills. The Period drop down allows you to choose the tie period.

Invoices can be printed from this page, if the invoice icon appears in the invoice column by clicking on the icon.

General Contacts is a list of inquiries the agency has made through Biller Direct.

This page displays inquiries that agency has made. PBB will answer these inquiries through customer diary.
**Address Data** shows the agency’s address and email addresses for contacts.
  - The agency’s address will be listed under Address.
  - IC/BL information should be listed under Contact Data.

This page shows your agencies address, phone number, fax number and email address. Agencies should be sure to inform PBB any time this contact information changes.

**Bank Data** contains the banking information for agencies that pay by ACH (Automated Clearing House).

This tab shows the available accounts that you are using to pay your monthly bill.

In order to pay your bill by electronic payment, or TPE (payment engine for processing ACH payments), banking details for the account(s) which you will use must first be stored in Biller Direct on the Bank Data screen.

Each agency is responsible for entering and updating their banking information.
To enter **Bank Details** on **Bank Data** screen, click edit to begin.

Complete required fields. * Denotes required field.

Name entered as Account Holder should match the name on the agencies checking account.

Click **Save**

Some agencies pay health insurance, life insurance and FSA from separate accounts. Your agency can enter as many separate accounts as necessary.

![Bank Details Screen](image)

KHRIS will confirm that the routing number is valid. Routing numbers are updated monthly.

If it is ever necessary to change Bank Data, delete Bank Data or add another account,
- On **Bank Data screen**
- Click **Edit**
  - Enter change account information, click in the box and type over the wrong info.
  - Click **Save**

![Bank Details Screen](image)

To delete Bank Data:
- Click in the delete box
- Click **Save**
Changed information, all bank info is now deleted:

To add additional Bank Data:
- Enter additional Bank account information on the second line.
- Click **Save**.
FAQ is a list of Frequently Asked Questions

Clicking on the FAQ link does not highlight it. The FAQ list pops up in a new window.

This page shows commonly asked questions and answers to help you understand and pay your monthly bills. Click on a question to see the response.
Log Off closes Biller Direct.

After you pay your bill through Biller Direct, you may log off Biller Direct by clicking Log Off.
Paying Bills in Biller Direct

DEI encourages all agencies to pay by ACH (Automated Clearing House). It’s fast and free, so you save money and time.

Select the bills to be paid by clicking Select All or putting a check mark in the appropriate box.  
- You may pay multiple Products by a single check or each Product may be paid by a separate check. This is your agency’s decision.  
- You may pay multiple line items on a single invoice or each item may be paid on a separate invoice. The choice is yours.

To Pay by Check or Wire:

Choose Check/Wire.

Click Continue to check and confirm your payment.

Note: It is not possible to select the Credit box in order to take credits on the bill. If you wish to take a credit that is listed on the Credits tab, contact your PBB contact to make sure they know you do want to take the credit.
Click **Pay by Check**.

The screen below shows your transaction number. It may be a good idea to keep a copy of this screen for your records. Click **Print Screen** to do so. Or you may wish to keep a copy of the invoice which is mailed with payment.

Click **Print Invoice** to print a payment coupon to be mailed with payment.
• Click printer icon to print invoice/payment coupon.
• Click red X to close.

When printing is complete, close invoice by clicking X in top right corner.

PBB requests that a copy of the invoice accompany each payment. You may print a copy of the invoice for your records.

Note: When paying by ACH, there is no invoice. There will be a confirmation number to print out for your records.

You may pay multiple line items on a single invoice. Health, Life and FSA premiums do not have to be paid on separate invoices unless your agency desires to pay them separately.
After all open bills have been paid; Bill Description will show that there are no open bills. You may log off at this point.
If you wish to go back to Biller Direct, click Log On Again.
To Pay by ACH (TPE):

Agencies are encouraged to pay by ACH. Kentucky Interactive (KI) is KEHP’s third party vendor for ACH payments. ACH payments are made through TPE, KI’s payment engine. ACH payment is fast and free, so you save money and time.

- Select the bills to be paid by clicking **Select All** or putting a check mark in the appropriate box.
- Verify the total is correct.
- Click **ACH Payment** radio button to select ACH.
- If your agency has multiple accounts, verify that the correct account is selected.
  - You may pay multiple Products by a single ACH or each Product may be paid by a separate ACH. This is your agency’s decision.
  - You may pay multiple line items on a single invoice or each item may be paid on a separate invoice. The choice is yours.
- If bill is not late, the date can be changed. After the bill due date, the date cannot be changed.
- Click **Continue**
Check **Account** and **Payment Amount**
Click **Pay by ACH**

**Note:** When paying by ACH, there is no invoice. There will be a confirmation number to print out for your records.

**Confirmation of payment**
Print a copy of this page and keep it in your records. DEI will need the ACH confirmation number if you have any problems with the ACH transaction.

At this point you may **Log Off** or go back to bill list.
**IMPORTANT**: If you attempt to pay your bill by ACH and receive this error, CALL YOUR PBB CONTACT IMMEDIATELY or call PBB main line at 502-564-9097.

This error message means that ACH is down and your payment has not been processed correctly.
To pay by Personal Check and ACH:

Pay the personal check(s) or money order(s) FIRST.

To make a partial payment by personal check:

1. Determine the total amount to be paid by personal check or money order.
2. Change the amount of the correct Product to reflect the amount of the personal check(s).
3. Process as you would when paying by check.
4. Remember to print invoice and mail with your personal checks.
5. Return to Biller Direct and pay the remainder by ACH.
**General Information**

All questions or concerns regarding Health Insurance, Life Insurance or Flexible Spending Account billing should be directed to the Premium Billing Branch 502-564-9097, fax 502-564-0715.

Enrollment issues should be directed to EIB (Enrollment Information Branch) at 502-564-1205, fax 502-564-1085.

Member Benefit issues should be directed to MSB (Member Services Branch) at 888-581-8834 or 502-564-6534, fax 502-564-1085.

You may also find helpful information for IC’s/HRG’s and Billing Liaisons at our website listed below.

[https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx](https://personnel.ky.gov/Pages/ICs-and-HRGs.aspx)
Kentucky Group Life Insurance

Team Kentucky provides comprehensive protection for you and your family. State employees, elected officials, and employees of health departments, school boards and quasi-governmental agencies are automatically eligible for basic life insurance and accidental death and dismemberment insurance of $20,000 free of charge. Contact your human resources office to make sure you are enrolled.

Additional life insurance coverage for you and family members is voluntary. View the options below for members and dependents, and the services and resources available.