



**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: 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

Administered by the Office of Personnel Management (OPM)

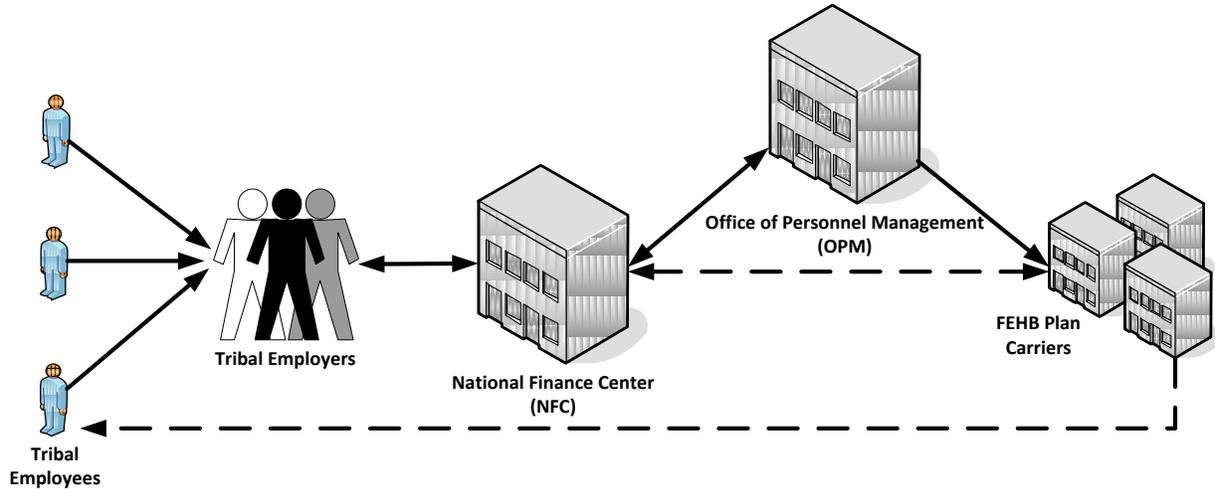
How did Tribal Employers become eligible for FEHB?

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

Key Stakeholder	Responsibilities
Tribal employees	Tribal employees should work with their Tribal Employers to: <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 Carrier(s)	<ul style="list-style-type: none"> • 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)

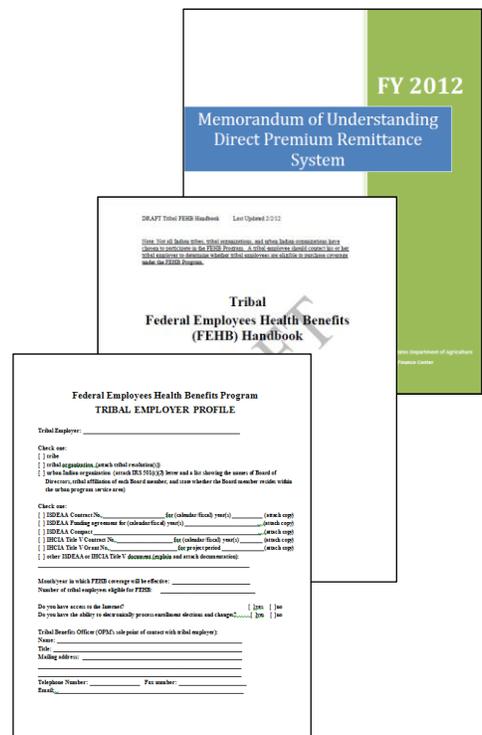
Notes:

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.

1. 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)



Authorized Contact	Function	Number of Contacts Required
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*

2. 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

3. 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

4. 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*

5. 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.*

6. 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 FEHB key stakeholders 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: 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

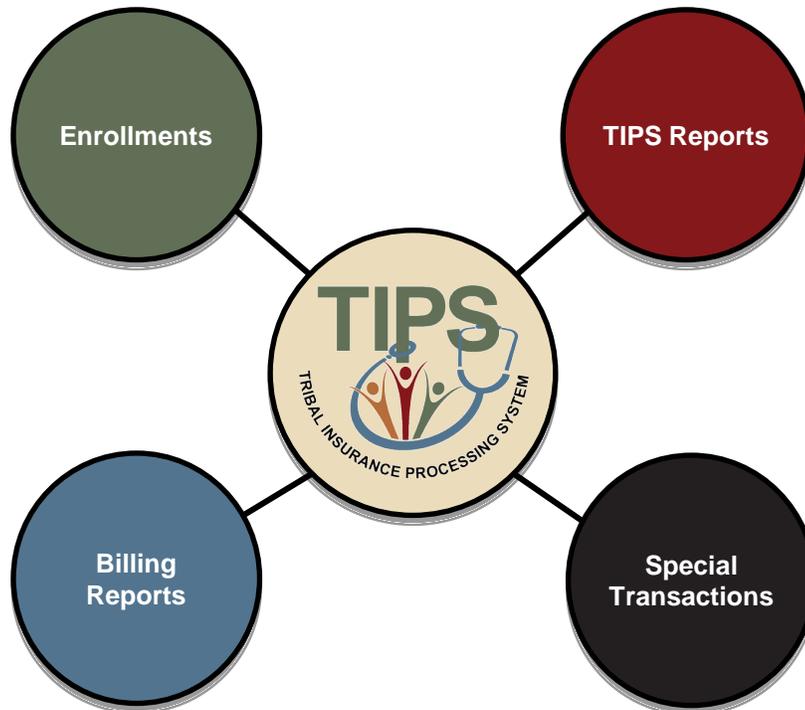


TIPS Main Page

Functions of TIPS

TIPS has four primary functions:

- 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 six 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. 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: UpdateNFC [Logout]

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

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 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): 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 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: Tncare FEHB Other Name of insurance Policy no.

Relationship Type: Add Member

Family Members Entered: No Family Members Currently Entered.

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: 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
- Marital 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"/> Tricare <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*

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*

A list of event codes is available in the paper SF 2809 at:

- http://www.opm.gov/Forms/pdf_fill/SF2809.pdf

Sample Enrollment Codes	
Self	Self & Family
221	222
224	225
JN4	JN5
JN1	JN2
474	475
471	472
111	112
104	105
2G1	2G2
2G4	2G5
421	422

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 is available in the paper SF 2809 at: http://www.opm.gov/Forms/pdf_fill/SF2809.pdf

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
- 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 prepopulates:

- 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

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

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

A B D Yes No Tncare FEHB Other

Relationship Type: [Dropdown] Add Member

Family Members Entered: [Bar] No Family Members Currently Entered.

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 with fields highlighted to fill out the blank printout of a SF 2809 in 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

Exercise 2.2: Identifying the Appropriate Event	
<p>In order to review SF2809s Tribal Employers must be familiar with the Qualifying LIFE Event Codes and under what circumstances each is applicable.</p> <p>Exercise 2.2 will cover a series of eight scenarios. In each scenario, identify:</p> <ul style="list-style-type: none"> Event Code Event Date <p>Scenario 1:</p> <p>Sarah, a Tribal Employee who has been an employee of the Tribal Employer for two years, opts to join FEHB for the first time during open season. Open season lasts from November 12, 2012 to December 10, 2012. Sarah submits a SF2809 to her Tribal Employer on November 25, 2012 with an effective date of January 1, 2013. Sarah does not participate in premium conversion.</p> <p>Part B - Event Code [Event code] [Date of event (MM/DD/YYYY)]</p>	<p>Scenario 2:</p> <p>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 nonpay status and she her FEHB coverage is terminated. Sally resumes working for the Tribal Employer on August 8, 2012 and submits a SF2809 to receive coverage with an effective date of September 1, 2012. Sally participates in premium conversion.</p> <p>Part B - Event Code [Event code] [Date of event (MM/DD/YYYY)]</p> <p>Scenario 3:</p> <p>Mark, a new Tribal Employee hired on April 3, 2012, opts to enroll in the FEHB program. Mark completes a SF2809 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.</p> <p>Part B - Event Code [Event code] [Date of event (MM/DD/YYYY)]</p>

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 four 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 nonpay 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:

Andy, a part-time Tribal Employee not enrolled in FEHB, receives a promotion from the Tribal Employer on August 30, 2012 and becomes a full time employee beginning September 3, 2012. Now Andy decides to enroll in FEHB and participate in premium conversion. Andy submits a SF 2809 to his Tribal Employer on September 4, 2012 with an effective date of September 17, 2012.

Fill in the appropriate Event Code and Date of Event for Andy'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 4:

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

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 POI 2A-1	New

Part A – Identifying Information

TIPS will auto populate:

- Full Name
- Mailing Address
- Date of Birth
- Payroll Office Number
- 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
Manning	Peyton		5/1/1980	123398777
Home Address			Payroll office number:	Enrollment code number
123 test			12400096	222
Address Line 2			Date this action becomes effective	
			<input type="text"/>	
City	State	Zip		
test	CT	35981		

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)

Part B - Termination	Date of death (mo, dy, yr)
<input 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	<input type="text"/>

Part D – Reinstatement

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

- The reinstatement will take effect on the effective date specified in Part A
- Possible reasons for reinstatement include:
 - Employee returns from military service
 - Erroneous error

Part D - Reinstatement
<input 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 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

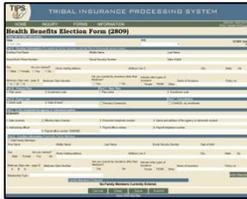
- You should have received a handout containing a:
 - Completed paper SF 2810
 - Blank printout of the SF 2810 in TIPS
- Use the completed Paper SF 2810 with fields highlighted to fill out the blank printout of a SF 2810 in TIPS

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



- Tribal Employer completes a SF 2809 in TIPS
- TIPS Processes SF 2809s and sends to FEHB Plan Carriers
- **Transactions:**
 - Initial Enrollment
 - Enrollment Change
 - Cancellation

SF 2810



- Tribal Employer completes a SF 2810 in TIPS
- TIPS Processes SF 2810s and sends to FEHB Plan Carriers
- **Transactions:**
 - Change of Name
 - Termination
 - Reinstatement

OPM



- 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:**
 - Tribal Employer Billing Unit/POI
 - Cancellation
 - Termination

Enrollment Reconciliation Process

NFC and Carriers reconcile enrollment records quarterly 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)



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

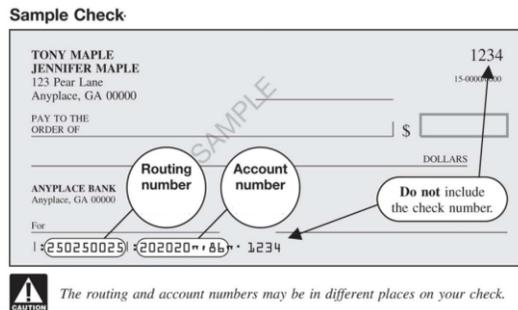
By the end of this lesson, you should be able to:

- Explain the billing and payment processes
- Identify the fields on a Billing Report
- Calculate a Billing Report
- Explain the Insufficient Funds Resolution Process
- List the 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

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	6026	Jane Doe	111223333	105	1328.7	15.15	0	1343.
3A	6026	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	6026	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	6026	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51
					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:

$$(\$335.57) + (\$15.15) = \$350.72$$

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:

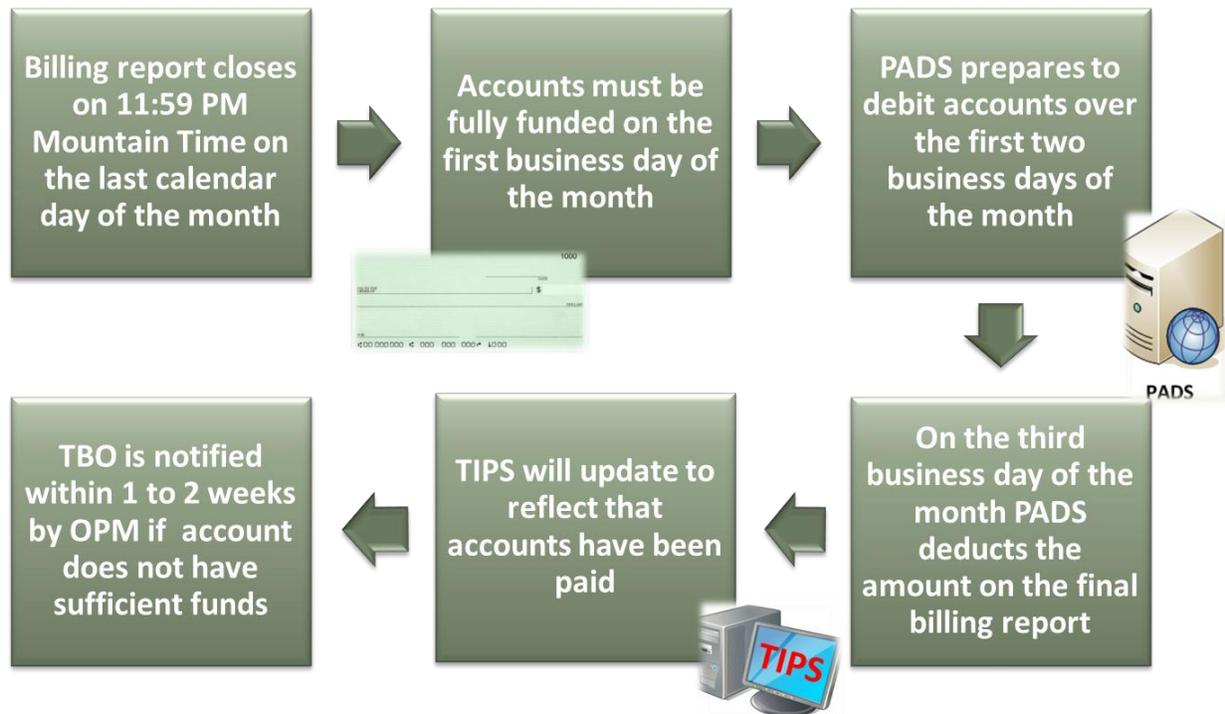
$$(\text{Plan premium}) \times (\text{Days covered} / \text{Days in month}) + (\text{Administrative fee}) = \text{Amount Due}$$

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

$$(\$335.57) \times (25/31) + (\$15.15) = \$285.77$$

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

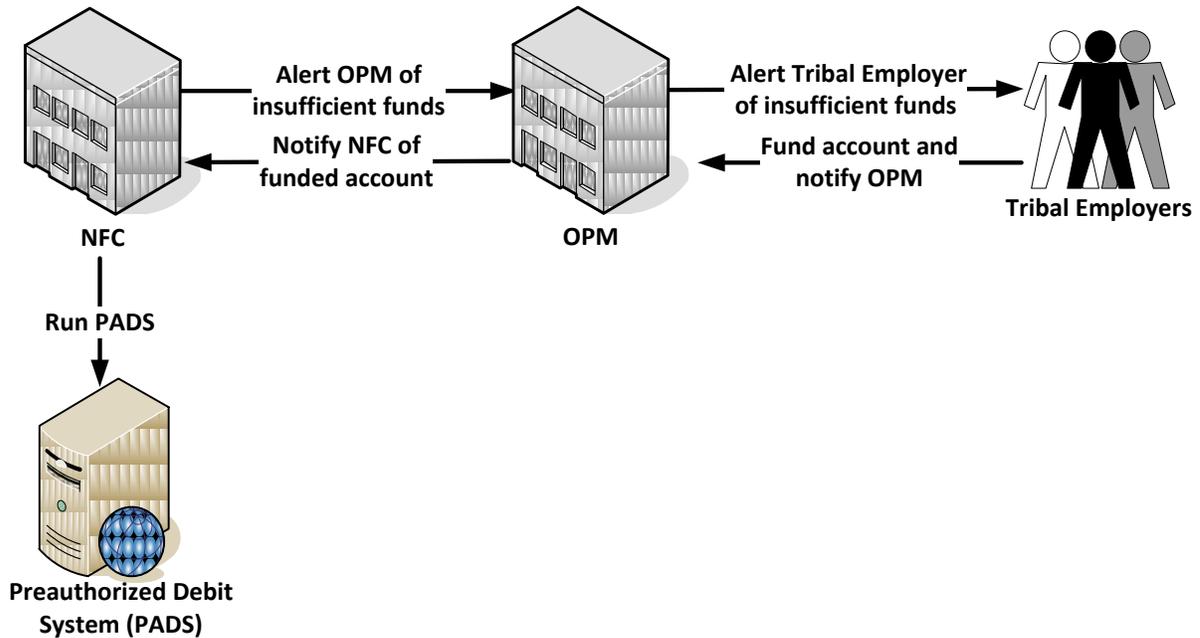
JUNE						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31 Cutoff at 11:59pm MT for TIPS entries to be reflected on current bill and June 1 effective date	1 PADS Processing Period	2
3 PADS Processing Period	4	5 PADS debits bank account for bill amount	6	7	8	9

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:

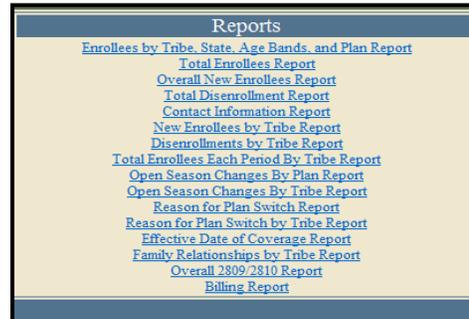


Insufficient Funds Resolution Process

- 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

Available Reports

- There are 11 principal 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
- This TIPS Report must be exported and cannot be viewed in the TIPS web portal

TIPS_SF2809_SEQ	ENROLLEE_LAST_NM	ENROLLEE_FIRST_NM	ENROLLEE_MIDDLE_NM	FEHB_TRANSACTION_CD	ELECTION_EFFECTIVE_DT	FORM_EVENT_CD	EVENT_CHANGE_IND	EVENT_CHANGE_DT	PRESENT_ENROLLMENT_CD
57	knight	chris	b	N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
46	Sugarman	Kimberly	Jonah	N	1/1/0001 12:00:00 AM	1A		1/1/0001 12:00:00 AM	AB5
47	Doe	John	Michael	N	12/6/2012 0:00	1		2/6/2012 0:00	AB4
48	Joe	Doe	Michael	N	12/6/2012 0:00	1		2/6/2012 0:00	AB4
55	Penn T2	Nathan T1		N	3/1/2012 0:00			1/1/0001 12:00:00 AM	AB4
59	smith	joel	bob	N	2/28/2012 0:00	1		2/28/2012 0:00	ab4
60	LNAME115	FNAME115		N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
61	junior	joel	bob	N	2/28/2012 0:00	1A		2/28/2012 0:00	ab4
62	swesomeness	test	ssn	N	2/28/2012 0:00	1a		2/28/2012 0:00	ab4
64	Smith	John		N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
67	test	testing	testers	N	1/1/0001 12:00:00 AM			1/1/0001 12:00:00 AM	
66	asdf	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_IND	REINSTATEMENT_IND	TRANSFER_IN_IND
2	111111111	LastNm	FirstNm	MiddleNm	2/4/2012 0:00	123	Y	N	N
11	111111111	LastNm	FirstNm2	MiddleNm	2/4/2012 0:00	123	T	F	F
6	111111111	LastNm	FirstNm	MiddleNm	2/4/2012 0:00	123	T	F	F
7	123456789	Doe	John	Michael	2/9/2012 0:00		F	F	F
9	111111111	LastNm	FirstNm	MiddleNm	2/4/2012 0:00		F	F	F
12	999555222	Doe	John	Michael	2/27/2012 0:00	123	T	F	F
13	999555222	Doe	John	Michael	2/9/2012 0:00		F	F	F
14	999555222	Doe	John	Michael	2/9/2012 0:00		F	F	F
15	123456780	Doe	John	Michael	2/27/2012 0:00		F	F	F
16	916497852	Hutt	Jaba	The	2/28/2012 0:00		F	T	F
17	916497852	Hutt	Jaba	The	2/28/2012 0:00		F	F	T
18	123128183	asdf	asdf		2/28/2012 0:00		F	F	F
19	998089977	test	testing	testers	2/29/2012 0:00		F	F	F
20	998089976	test	testing	testers	2/29/2012 0:00		F	F	F
21	998089979	test	testing	testers	2/29/2012 0:00		F	F	F
22	998089979	test	testing	testers	2/29/2012 0:00		F	F	F
23	998089980	test	testing	testers	2/29/2012 0:00		F	F	F
24	998089976	test	testin	testers	2/29/2012 0:00		F	F	F
25	998089976	test	testin	testers	2/29/2012 0:00	ab4	F	F	F
26	998089976	test	testin	testers	2/29/2012 0:00	ab4	F	F	F



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

The screenshot shows the TIPS web interface. At the top, there is a navigation bar with 'HOME', 'INQUIRY', 'FORMS', and 'INFORMATION'. A user greeting 'Welcome, tpsstrin3 training' and 'ROLE: Update Tribe [Logout]' is visible on the right. The main heading is 'Enrollees by Tribe, State, Age Bands, and Plan'. Below this, there are input fields for 'Tribal Organization' (set to 'All Available'), 'Start Date' (3/1/2012), and 'End Date' (3/31/2012), along with a 'Generate Report' button. The report data is presented in a table with columns for Tribal Organization, State, and Total. A detailed table below shows age bands (0-18, 19-35, 36-50, 51-65, 66-75) for Tribal Organization 2B, with a 'Total' row for each. At the bottom, there are options for 'All Pages' (selected) and 'Current Page', an 'Export to Excel' button, and a 'Home OPM' link.

Tribal Organization	State	Total			
2B	LA	5			
State		Total			
LA		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					

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
- Explain the Insufficient Funds Resolution Process
- List the available TIPS Reports
- Identify the fields on a TIPS Report

Lesson 4: 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

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

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

Notes:

Information Only 2809

The Information Only 2809 function is used by Tribal Employers to remove a dependent by selecting the Information Only option on the 2809. The status of the enrollment will not change.

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.

The screenshot shows the TIPS Tribal Insurance Processing System interface. At the top, there is a navigation bar with links for HOME, INQUIRY, FORMS, ADMIN, and INFORMATION. Below this is a header for the 'Health Benefits Election Form (2809)'. The form includes fields for 'Tribal HR SF2809 Information', 'Tribe' (Kodiak Native Area Organization), and 'POI' (6017 - Kodiak Area Native Org). A red box highlights the 'Information Only' checkbox, which is checked. Other fields include 'Submit ID: TT003', 'Submit Date: 9/26/2012', and 'SF2809 Status: New'.

This option only allows for dependents to be removed, so that a separate 2809 may be processed to enroll them independently.

The screenshot shows the 'Part A - Enrollee Information' form, specifically the 'Family Members' section. It includes fields for 'First Name', 'Middle Name', 'Last Name', 'Social Security Number', and 'Date of Birth'. Below these are fields for 'Sex', 'Home mailing address', 'Address Line 2', 'City', 'State', and 'Zip'. There are also fields for 'Email Address' and 'Preferred Telephone Number'. The form includes checkboxes for 'Medicare' coverage and radio buttons for 'Are you covered by insurance other than Medicare?'. A dropdown menu for 'Relationship Type' is set to 'Spouse'. At the bottom, there is a table of 'Family Members Entered' with columns for Name, Gender, DOB, SSN, Relationship, Address, Medicare, and Insurance. The entry for 'JANE DOE' is shown. To the right of the table, there are 'Edit' and 'Delete' buttons, both highlighted with red boxes. At the bottom of the form, there are 'Cancel', 'Save', and 'Submit' buttons, and a 'Home OPM' link.

FUTURE FUNCTIONALITY: Enrollee Billing Unit/POI Transfer

In the future, the Enrollee Billing Unit / POI Transfer function will be used by Tribal Employers to transfer an employee enrolled in FEHB to a new Billing Unit / POI

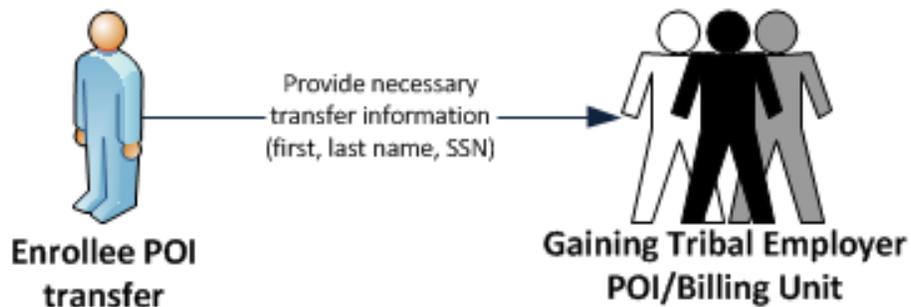
Enrollees in FEHB will be able to transfer to a new Billing Unit / POI from:

- 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
- The gaining Tribal Employer will not be able to change the enrollment code, address, etc. of the active employee enrolled in FEHB when completing a transfer. Such adjustments to FEHB coverage must be made through creating new SF 2809s/SF 2810s following the transfer

PLEASE NOTE: Current Transfer In requests should be submitted to the TIPS Contact Center: 1-855-NFC-4GOV; a customer notification will be released when the functionality is available

FUTURE FUNCTIONALITY: Retroactive Adjustments

In the future, 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)
- Billing Unit/POI Unit transfers

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

How your Tribal Employer’s Billing Report will be affected by Retroactive Adjustments	
Adjustment resulting in net credit (+)	Net credits will be applied to future bills until the adjustment’s balance is reduced to \$0
Adjustment resulting in net debit (-)	Net debits will be applied in total to monthly bill in which the retroactive adjustment is entered into TIPS

PLEASE NOTE: This functionality is not currently available; a customer notification will be released when the functionality is released. Please forward any relevant requests to the TIPS Contact Center: 1-855-NFC-4GOV

Lesson 4: Special Transactions

Now that you have completed this lesson, you are 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

Lesson 5: 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



Navigating TIPS: Main Page

TIPS is broken up into six main areas:

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

Navigating TIPS: Inquiry

The inquiry screen:

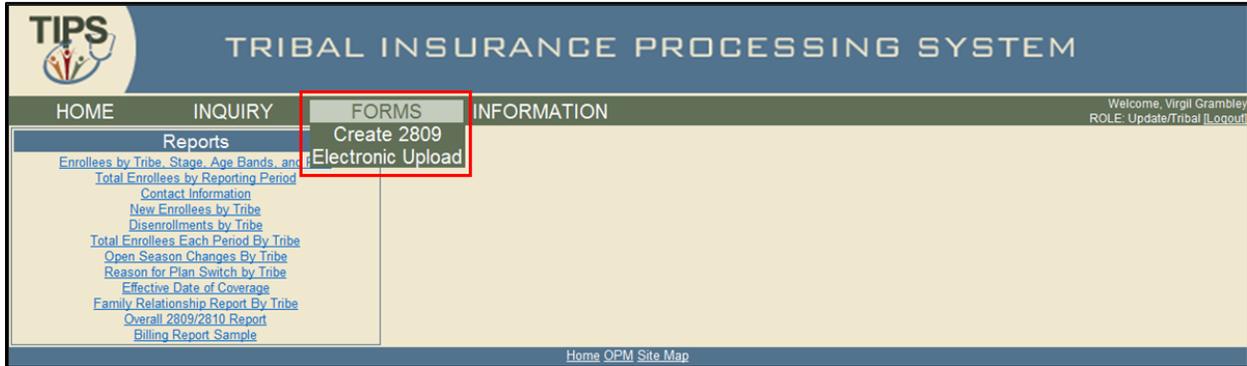
- Allows you to search for an employee enrolled in TIPS by name and/or Social Security Number / Unique Identifier
- Allows you to see submitted SF 2809s and SF 2810s
- Allows you to edit SF 2809s and SF 2810s that have been saved but not submitted
- Allows you to create new SF2809s
- Allows you to create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

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:

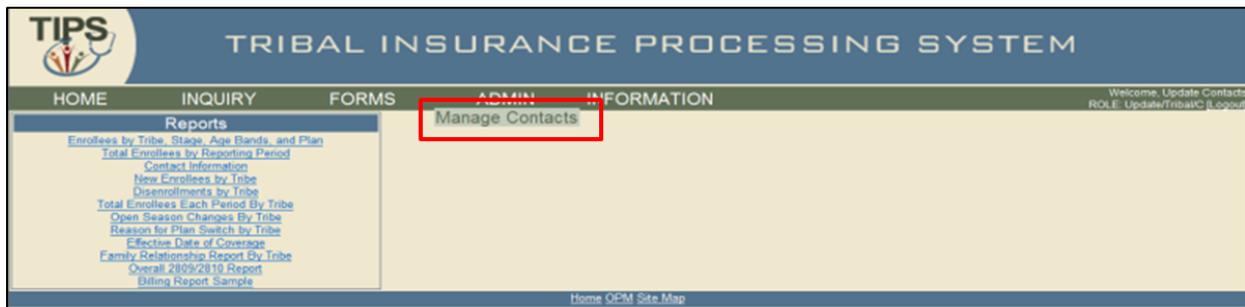
- Contact info
 - OPM Helpdesk
 - NFC Helpdesk
- My info
 - Name
 - Role
 - Tribal Employer
 - Billing Units / POI



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

The screenshot shows the TIPS Tribal Insurance Processing System interface. At the top, there is a navigation bar with links for HOME, INQUIRY, FORMS, and INFORMATION. The user is logged in as Virgil Grambley with the role of Update/Tribal IL Logout. The main heading is "Health Benefits Election Form (2809)". Below this, there is a section for "Tribal HR SF2809 Information" with a "Tribe" dropdown menu (currently set to "A Test Tribe") and a "POI" dropdown menu. To the right, it shows "SF2809 Status: New". Below this is a section for "Part A - Enrollee Information" with fields for "Enrollee First Name", "Middle Name", and "Last Name".

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:

Option	Description
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 sends 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	POI	SF2809 Status:
TEST TRIBE		New

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

Status	Description
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 Tribal Insurance Processing System interface. The main title is "Health Benefits Election Form (2809)". The form is titled "Tribal HR SF2809 Information". It contains several fields with red error messages:

- Tribe:** A Test Tribe (dropdown menu)
- POI:** Value must not be blank. (dropdown menu)
- Enrollee First Name:** Value must not be blank.
- Middle Name:** Value must not be blank.
- Last Name:** Value must not be blank.
- Home/Work Phone Number:** Phone number is not valid.
- Social Security Number:** Value must not be blank.
- Date of birth:** Value must not be blank.

Additional text on the form includes: "Part A - Enrollee Information (For additional family members, use the Part A (Continued) section below.)" and "SF2809 Status: New".

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 for generating a report. The main title is "Disenrollment Report". The form includes the following fields and controls:

- Tribal Organization:** All Available (dropdown menu)
- POI:** All Available (dropdown menu)
- Start Date:** 3/25/2012
- End Date:** 3/25/2012
- Generate Report:** Button

Additional text on the form includes: "HOME INQUIRY FORMS INFORMATION" in the navigation bar and "Welcome, Virgil Grambley ROLE: Update Tribal [Logout]" in the top right corner.

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



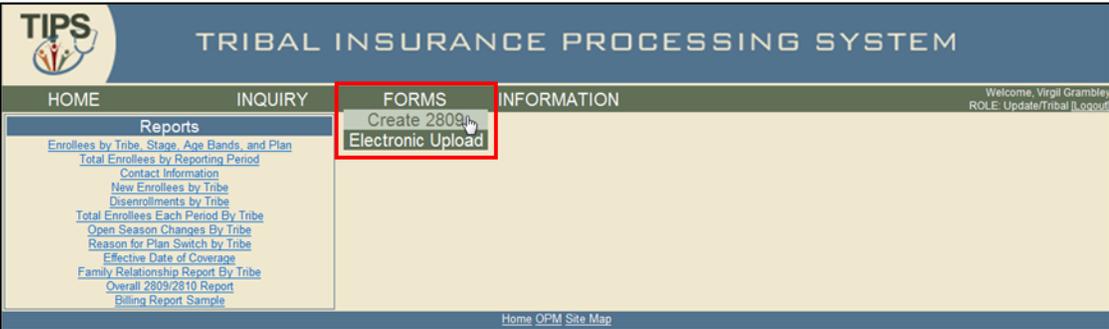
Exercise 5.1: Individual Enrollment

- 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:

Step	Individual Enrollment
1	<p>Open the TIPS web portal and log in with username</p> 
2	<p>Select Create 2809 under the Forms tab</p> 
3	<p>Confirm Tribal Organization and select Billing Unit/POI</p>

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): 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: 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: 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 OPM

5

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



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

Tribal: POI: SF2809 Status:

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 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:

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.:

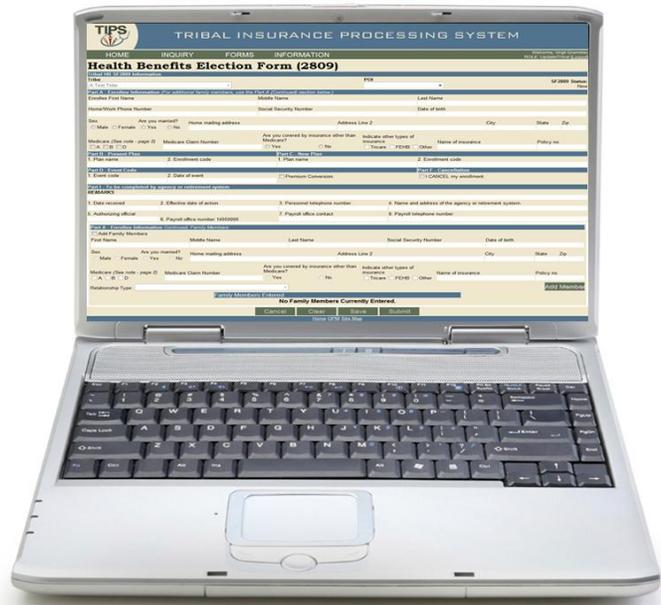
Relationship Type:

Home ORN



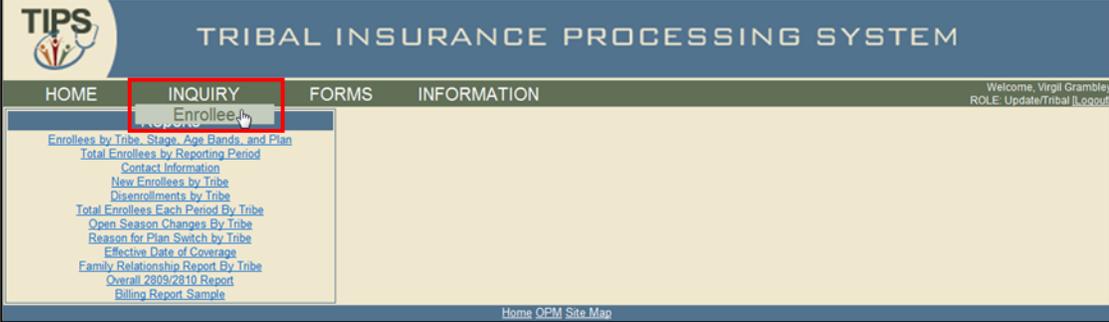
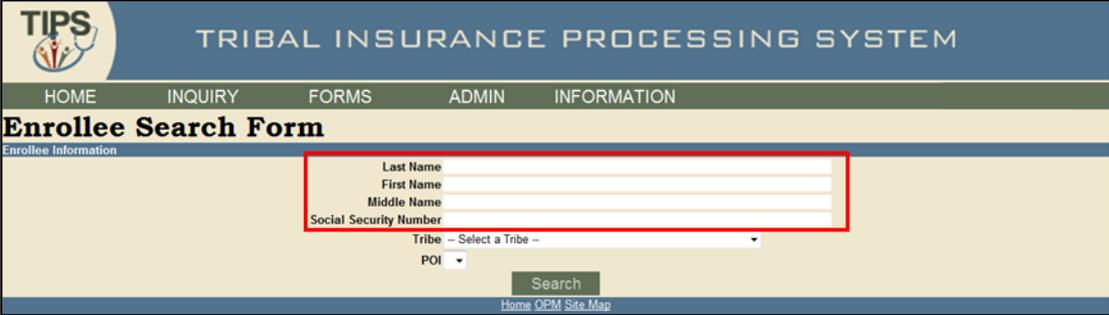
Exercise 5.2: Updating a Saved Enrollment

- 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:

Step	Accessing Saved Forms
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 
4	Click Search

	 <p>TIPS TRIBAL INSURANCE PROCESSING SYSTEM</p> <p>HOME INQUIRY FORMS ADMIN INFORMATION</p> <p>Enrollee Search Form</p> <p>Enrollee Information</p> <p>Last Name First Name Middle Name Social Security Number Tribe -- Select a Tribe -- POI</p> <p>Search</p> <p>Home OPM Site Map</p>								
<p>5</p>	 <p>Select View 2809 or View 2810</p> <p>HOME INQUIRY FORMS ADMIN INFORMATION</p> <p>Welcome, John Knight ROLE: Update-NFC Logout</p> <p>Enrollee Search Form</p> <p>Enrollee Information</p> <p>Last Name Christmas First Name Lloyd Middle Name Social Security Number 555555555 Date of Birth 08/17/1988 Tribe: Dire Wolf Tribe POI: Wolfman</p> <p>Search</p> <p>Inquiry Results</p> <table border="1"> <tr> <td>Christmas, Lloyd</td> <td>Create 2810</td> <td>Create 2809</td> <td>Effective Coverage Date 5/1/2012 View 2809</td> </tr> <tr> <td>Schriver, Kate</td> <td>Create 2810</td> <td>Create 2809</td> <td>Effective Coverage Date 5/1/2012 View 2809</td> </tr> </table> <p>Home OPM</p>	Christmas, Lloyd	Create 2810	Create 2809	Effective Coverage Date 5/1/2012 View 2809	Schriver, Kate	Create 2810	Create 2809	Effective Coverage Date 5/1/2012 View 2809
Christmas, Lloyd	Create 2810	Create 2809	Effective Coverage Date 5/1/2012 View 2809						
Schriver, Kate	Create 2810	Create 2809	Effective Coverage Date 5/1/2012 View 2809						
<p>6</p>	<p>Perform any necessary changes to the SF 2809 or SF 2810</p>								
<p>7</p>	<p>Select Save to save changes to the form for submission later or select Submit to send the form to a FEHB Plan Carrier</p>								


TRIBAL INSURANCE PROCESSING SYSTEM

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal: POI: SF2809 Status:

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 Other

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 E - Cancellation**

1. Event code: 2. Date of event (MM/DD/YYYY): Premium Conversion

I CANCEL my enrollment.

Part F - 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:

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

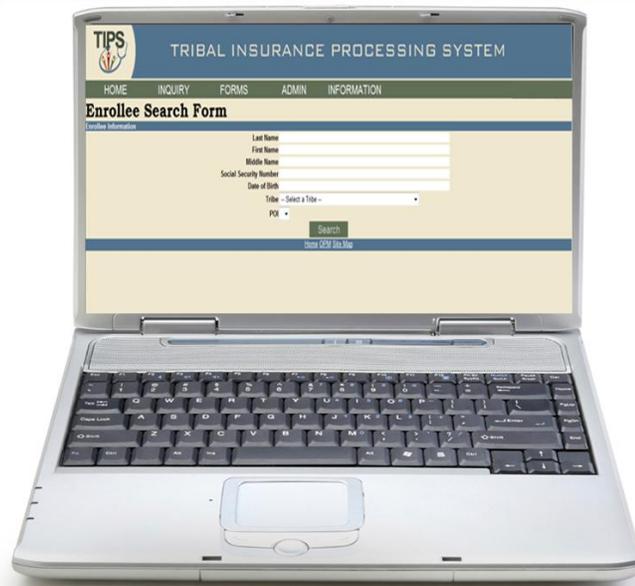
No Family Members Currently Entered.

Home OPM



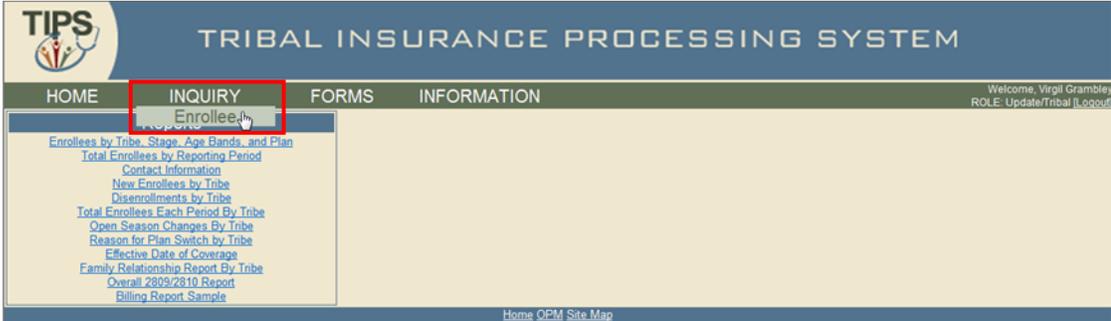
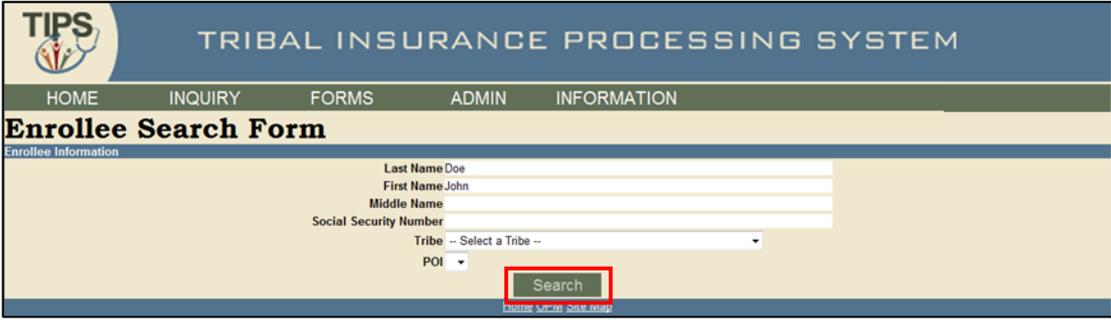
Exercise 5.3: Holding, Updating, and Submitting an Enrollment

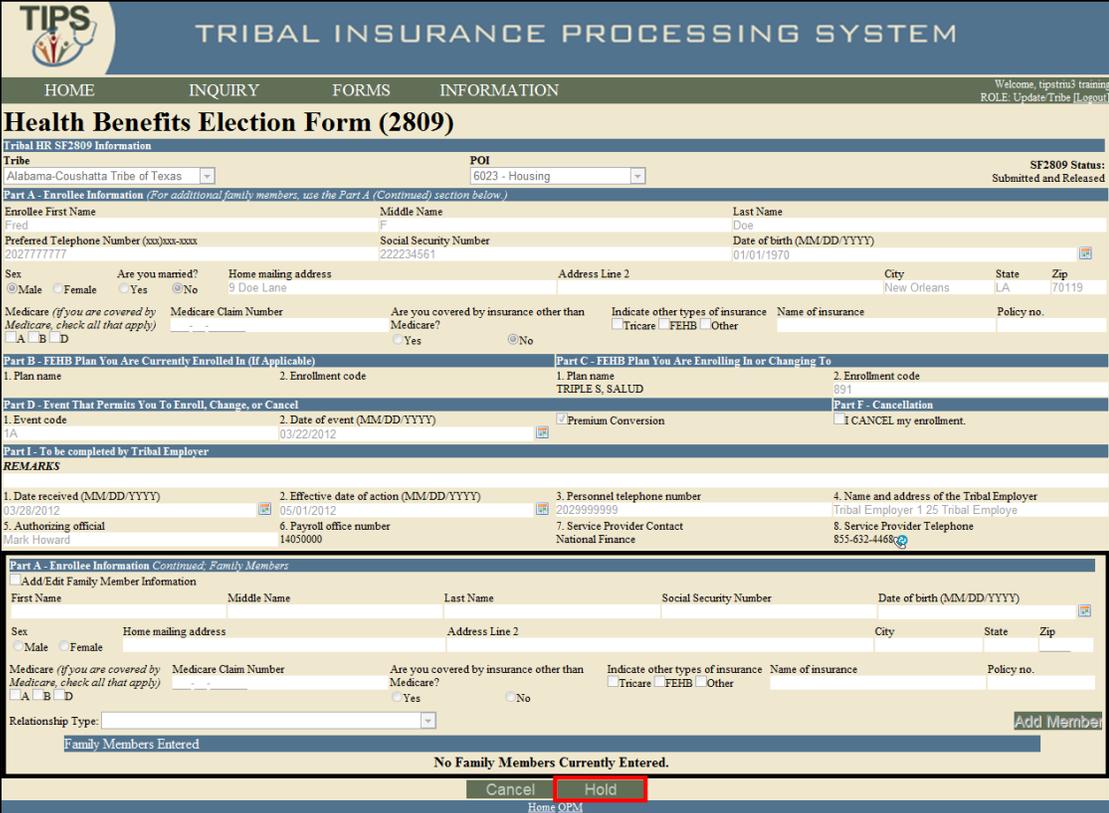
- Perform an inquiry for the SF 2809 you updated in Exercise 5.2
- **Hold** the SF 2809 you updated in Exercise 5.2
- The Enrollee's date of birth was entered incorrectly. Update the birthday to read 03/01/1970
- **Submit** the updated SF 2809



Holding an Enrollment

In order to hold an enrollment, follow these steps:

Step	Holding an Enrollment
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 interface. The 'INQUIRY' tab is highlighted in the top navigation bar. A dropdown menu is open under 'INQUIRY', and the 'Enrollee' link is highlighted with a red box. Other links in the dropdown 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 2899/2310 Report', and 'Billing Report Sample'. The user is logged in as 'Virgil Gramble' with the role 'Update/Tribal Logout'.</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 system. The 'ADMIN' tab is selected in the top navigation bar. The form has several input fields: 'Last Name Doe', 'First Name John', 'Middle Name', 'Social Security Number', 'Tribe -- Select a Tribe --' (a dropdown menu), and 'POI'. A red box highlights these input fields. A 'Search' button is located at the bottom of the form. The user is logged in as 'Virgil Gramble'.</p>
4	<p>Click Search</p>  <p>This screenshot is identical to the previous one, but the 'Search' button at the bottom of the form is highlighted with a red box, indicating the next step in the process.</p>

<p>5</p>	<p>Select View 2809 or View 2810</p> 
<p>6</p>	<p>Select the Hold button at the bottom of the form</p> 
<p>7</p>	<p>Perform any necessary changes to the SF 2809 or SF 2810</p>
<p>8</p>	<p>Select Save to save changes to the form for submission later or select Submit to send the form to a FEHB Plan Carrier</p>



TRIBAL INSURANCE PROCESSING SYSTEM

Welcome, tipstrin3 training
ROLE: Update Tribe (Logout)

HOME
INQUIRY
FORMS
INFORMATION

Health Benefits Election Form (2809)

Tribal HR SF2809 Information

Tribal Alabama-Coushatta Tribe of Texas		POI 6023 - Housing	SF2809 Status: Held for Edits
--	--	-----------------------	----------------------------------

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

Enrollee First Name Fried	Middle Name F	Last Name Doe
Preferred Telephone Number (xxx)xxx-xxxx 2027777777	Social Security Number 222234561	Date of birth (MM/DD/YYYY) 01/01/1970
Sex <input checked="" type="radio"/> Male <input type="radio"/> Female	Are you married? <input type="radio"/> Yes <input checked="" type="radio"/> No	Home mailing address 9 Doe Lane
Address Line 2		City, State, Zip New Orleans, LA, 70119
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)		Part C - FEHB Plan You Are Enrolling In or Changing To	
1. Plan name	2. Enrollment code	1. Plan name TRIPLE S, SALUD	2. Enrollment code 891

Part D - Event That Permits You To Enroll, Change, or Cancel		Part F - Cancellation	
1. Event code 1A	2. Date of event (MM/DD/YYYY) 03/22/2012	<input checked="" type="checkbox"/> Premium Conversion	<input type="checkbox"/> CANCEL my enrollment.

Part I - To be completed by Tribal Employer

REMARKS

1. Date received (MM/DD/YYYY) 03/28/2012	2. Effective date of action (MM/DD/YYYY) 05/01/2012	3. Personnel telephone number 2029999999	4. Name and address of the Tribal Employer Tribal Employer 1 25 Tribal Employe
5. Authorizing official Mark Howard	6. Payroll office number 14050000	7. Service Provider Contact National Finance	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)
Home mailing address		Address Line 2	City	State, Zip
Sex <input type="radio"/> Male <input type="radio"/> Female	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	
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	Name of insurance, Policy no.	
Relationship Type: Add Member				

Family Members Entered

No Family Members Currently Entered.

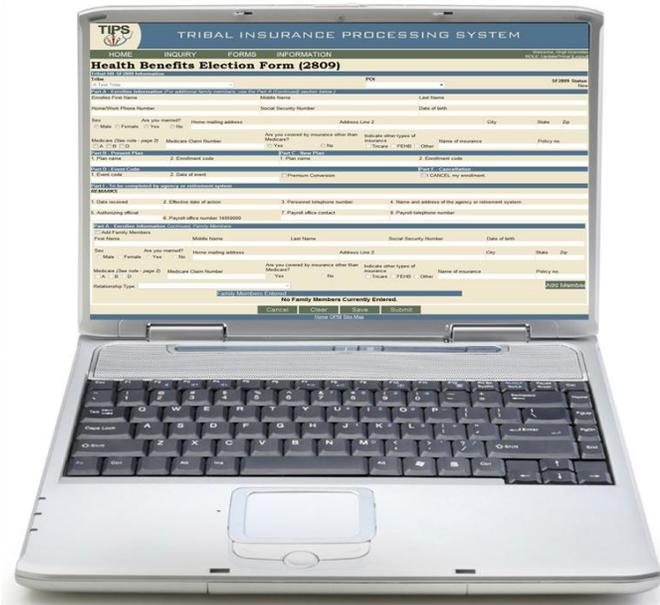
Cancel
Clear
Save
Submit

Home OPM



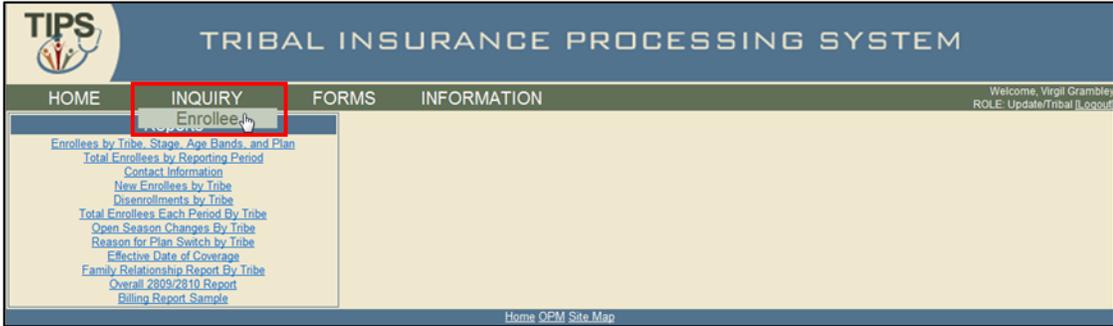
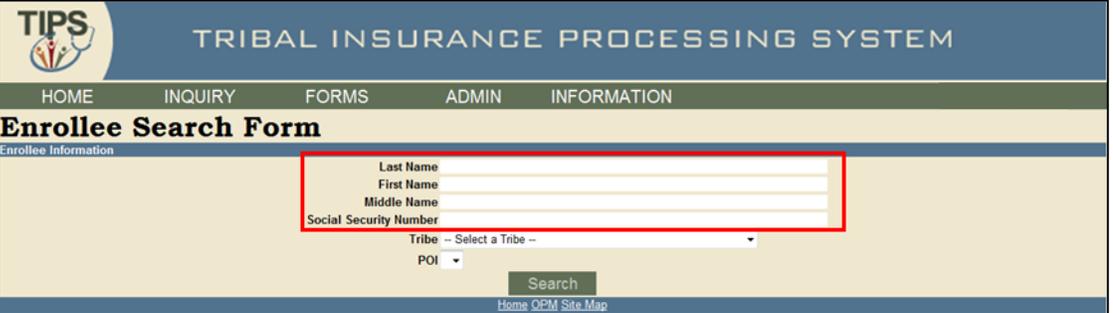
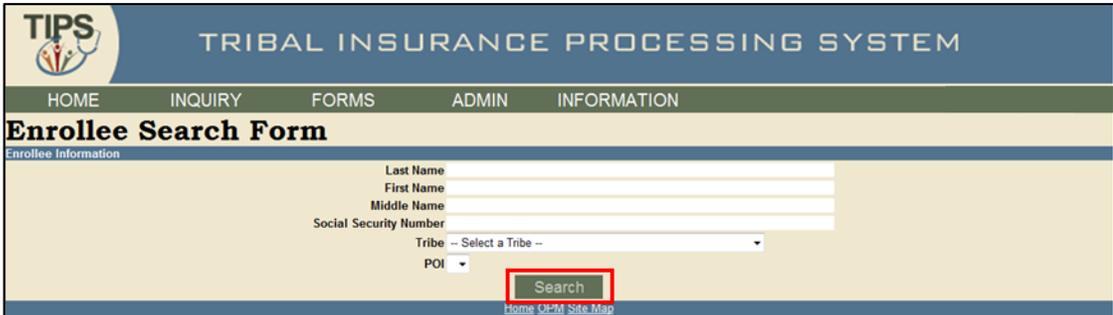
Exercise 5.4: Updating a SF 2809 for Open Season

- Search for your assigned enrollee in TIPS using the information found in your Exercise 5.4 materials
- Update SF 2809 based on Exercise 5.4 materials
- **Submit** the updated SF2809



Update a SF 2809

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

Step	Update a SF 2809
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 • Select the appropriate Tribe and Billing Unit / POI 
4	<p>Click Search</p> 

Locate enrollee and **click** the Create 2809 button

5

HOME INQUIRY FORMS ADMIN INFORMATION

Welcome, John Knight
ROLE: UpdateNFC (Logout)

Enrollee Search Form

Enrollee Information

Last Name: Christman
 First Name: Lloyd
 Middle Name:
 Social Security Number: 555555555
 Date of Birth: 08/17/1988
 Tribe: Dire Wolf Tribe
 POI: Wolfman

Search

Inquiry Results

Christmas, Lloyd	Create 2810	Create 2809	Effective Coverage Date 5/1/2012
Schriver, Kate	Create 2810	Create 2809	Effective Coverage Date 5/1/2012

Home OPM

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

Enrollee and family member information will be prepopulated into the new 2809, and only the fields highlighted below will be editable

6

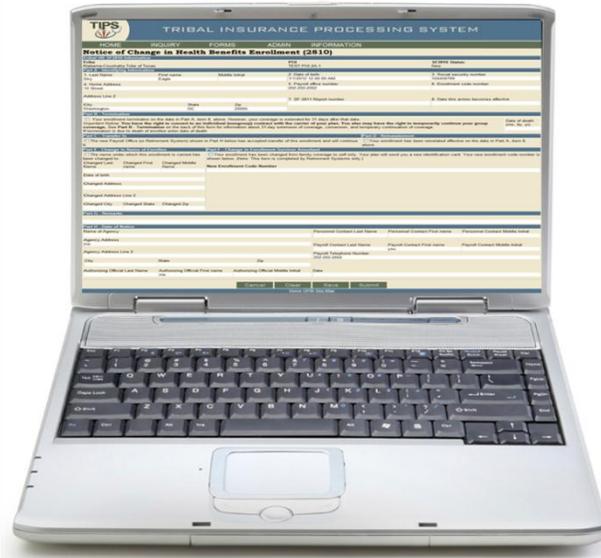
Informational changes such as changes in marital status, Medicare status, and other insurance statuses can only be made in conjunction with a change in FEHB coverage via a QLE

Please ensure that all information on the 2809 is up to date prior to submitting (Reminder: Name changes must be made using a 2810)



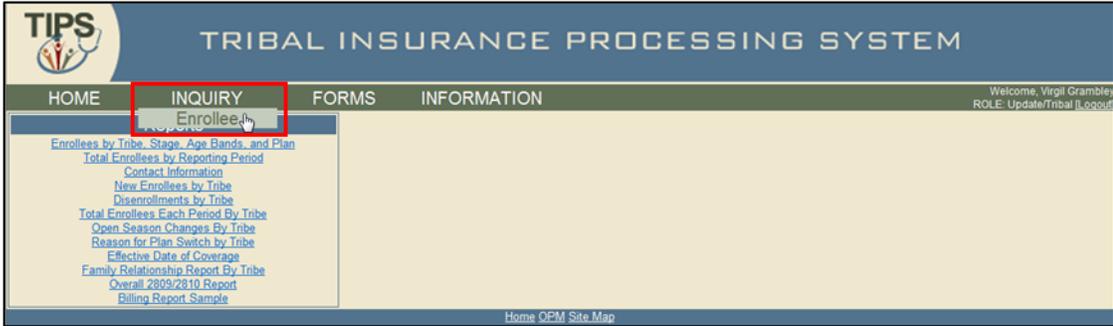
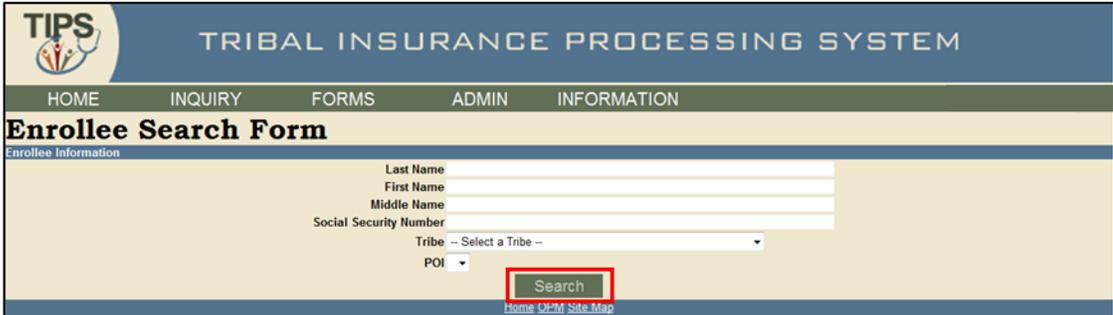
Exercise 5.5: Enrollment Termination

- 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:

Step	Enrollment Termination
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, a dropdown menu is open, and 'Enrollee' is highlighted with a red box. Other menu items 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 2809/2810 Report', and 'Billing Report Sample'. The user is logged in as 'Welcome, Virgil Grambler, ROLE: UpdateTribal IL Logout'.</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 system. The form has a red box around the input fields for 'Last Name', 'First Name', 'Middle Name', and 'Social Security Number'. Below these fields are dropdown menus for 'Tribe -- Select a Tribe --' and 'POI', and a 'Search' button. The user is logged in as 'Welcome, Virgil Grambler, ROLE: UpdateTribal IL Logout'.</p>
4	<p>Click Search</p>  <p>The screenshot shows the 'Enrollee Search Form' in the TIPS system. The 'Search' button is highlighted with a red box. The input fields and dropdown menus are visible but not highlighted. The user is logged in as 'Welcome, Virgil Grambler, ROLE: UpdateTribal IL Logout'.</p>

5

Select Create 2810

The screenshot shows the 'Enrollee Search Form' with the following details:

- Enrollee Information:** Last Name: Christmas, First Name: Lloyd, Middle Name: , Social Security Number: 555555555, Date of Birth: 08/17/1988, Tribe: Dire Wolf Tribe, POI: Wolfman.
- Inquiry Results:**
 - Christmas, Lloyd: **Create 2810** (highlighted), Create 2809, Effective Coverage Date: 5/1/2012, View 2809, View 2810.
 - Schriver, Kate: Create 2810, Create 2809, Effective Coverage Date: 5/1/2012, View 2809.

6

Complete:

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

The screenshot shows the 'Notice of Change in Health Benefits Enrollment (2810)' form with the following sections:

- Part A - Identifying Information:** Last Name: Fletcher, First name: Alex, Middle Initial: , Date of birth: 2/12/1900, Social security number: 231121231, Home Address: , Payroll office number: 14050000, 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 8, 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 (mo, dy, yr): .
- Part D - Reinstatement:** Your enrollment has been reinstated effective on the date in Part A, item 8, 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 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: .

7

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



TRIBAL INSURANCE PROCESSING SYSTEM

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Welcome, John Knight
 ROLE: Update/NFC [Logout]

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR SF2810 Information

Tribes		POI	SF2810 Status:	
Test Tribal Employer		TEST POI 2A-1	New	

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Social security number
Fletcher	Alex		2/12/1900	231121231
Home Address	Payroll office number:	Enrollment code number		
Home Address	14050000			
Address Line 2	Date this action becomes effective			
	[...]			
City	State	Zip		
City	FL	21321		

Part B - Termination

Your enrollment terminates on the date in Part A, item 8, 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 (mo, dy, yy) [...]

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 8, 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
			[...]

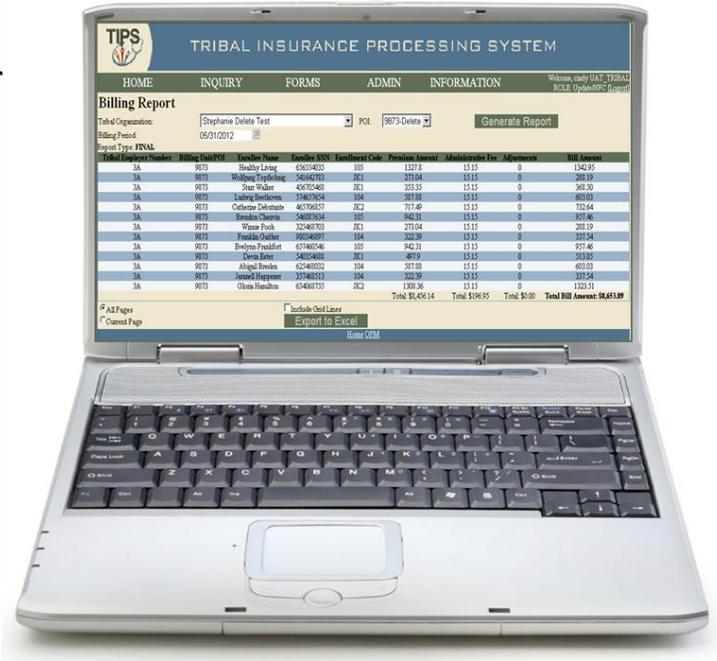
Cancel
Clear
Save
Submit

[Home OPM](#)



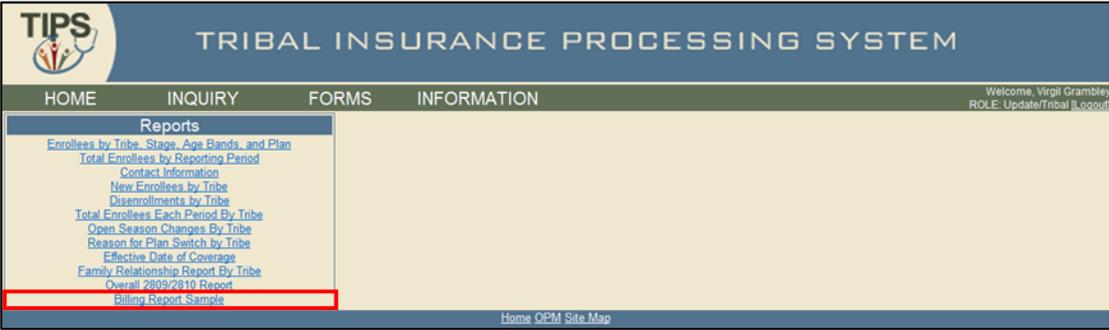
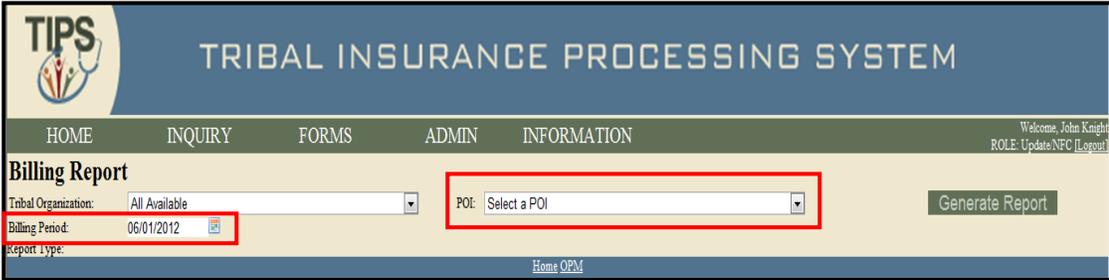
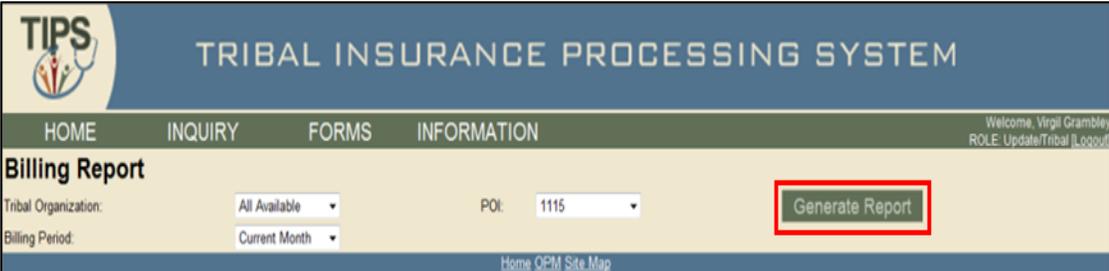
Exercise 5.6: Preparing a Billing Report

- Run a Billing Report in TIPS on your Billing Unit / POI for 6/1/2012
- **Export** the report to Excel and save to your desktop
- Open the report and review



Preparing a Billing Report

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

Step	Preparing a Billing Report
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	<p>Click Generate Report</p> 

5

Review Sample Billing Report

The screenshot shows the TIPS (Tribal Insurance Processing System) interface. At the top, there are navigation tabs: HOME, INQUIRY, FORMS, ADMIN, and INFORMATION. The user is logged in as 'cindy UAT - TRIBAL' with the role 'Update/NFC'. The 'Billing Report' section is active, showing filters for 'Tribal Organization: Stephanie Delete Test', 'Billing Period: 05/31/2012', and 'Report Type: FINAL'. A 'Generate Report' button is visible. Below the filters is a table with the following data:

Tribal Employer Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	6026	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	6026	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	6026	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	6026	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51

At the bottom of the table, there are options to 'All Pages' (selected) or 'Current Page', and a checkbox for 'Include Grid Lines'. An 'Export to Excel' button is also present. Summary totals are shown at the bottom right: Total: \$3577.33, Total: \$60.60, Total: \$0.00, Total: \$3637.93.

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:

Step	Downloading a Billing Report
1	<p>Customize the report with the following options:</p> <ul style="list-style-type: none"> • All Pages or Current Page • Include Grid Lines <p>The screenshot is identical to the one above, but the 'All Pages' radio button is highlighted with a red box to indicate the selection step.</p>
2	Select Export to Excel

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, cindy UAT TRIBAL ROLE: Update/NFC (Logout)

Billing Report

Tribal Organization: [Stephanie Delete Test] POI: [9873-Delete] **Generate Report**

Billing Period: 05/31/2012

Report Type: **FINAL**

Tribal Employer Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	6026	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	6026	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	6026	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	6026	Frank Doe	444556666	JK2	1338.36	15.15	0	1353.51
					Total: \$3577.33	Total: \$60.60	Total: \$0.00	Total: \$3637.93

All Pages
 Current Page

Include Orid Lines
Export to Excel

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

3

TIPS TRIBAL INSURANCE PROCESSING SYSTEM

HOME INQUIRY FORMS ADMIN INFORMATION Welcome, cindy UAT TRIBAL ROLE: Update/NFC (Logout)

Billing Report

Tribal Organization: [Stephanie Delete Test] POI: [9873-Delete] **Generate Report**

Billing Period: 05/31/2012

Report Type: **FINAL**

Tribal Employer Number	Billing Unit/POI	Enrollee	Administrative Fee	Adjustments	Bill Amount
3A	6026	Jane D	15.15	0	1343.85
3A	6026	John D	15.15	0	603.03
3A	6026	Sarah D	15.15	0	337.54
3A	6026	Frank D	15.15	0	1353.51
			Total: \$60.60	Total: \$0.00	Total: \$3637.93

All Pages
 Current Page

File Download

Do you want to open or save this file?

Name: Report.xls
 Type: Microsoft Excel 97-2003 Worksheet, 298 bytes
 From: 10.118.1.99

Open **Save** **Cancel**

While files from the Internet can be useful, some files can potentially harm your computer. If you do not trust the source, do not open or save this file. [What's the risk?](#)



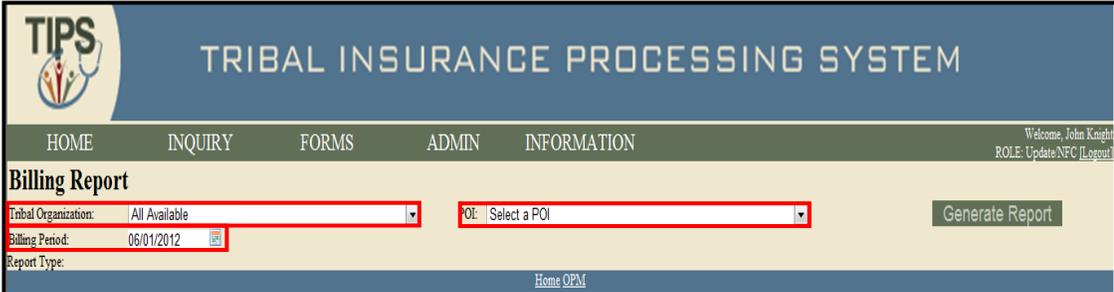
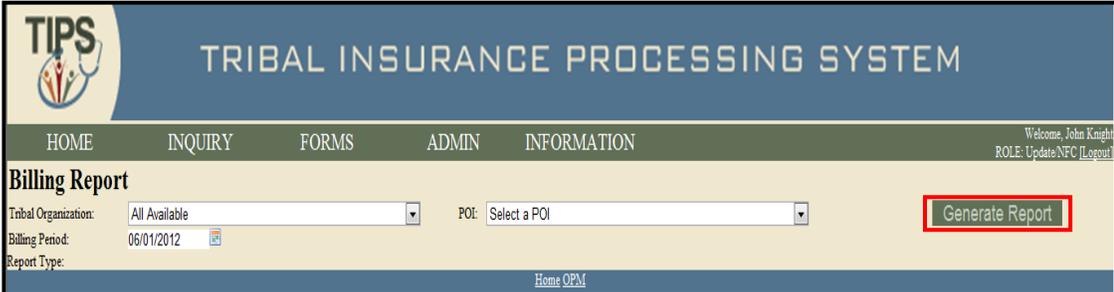
Exercise 5.7: Overall SF2809/SF 2810 Report

- **Generate** an Overall SF 2809/SF 2810 TIPS Report for your Tribal Employer Billing Unit/POI
- **Export** the report to Excel and save to your desktop
- Open the report and review



Preparing a Report

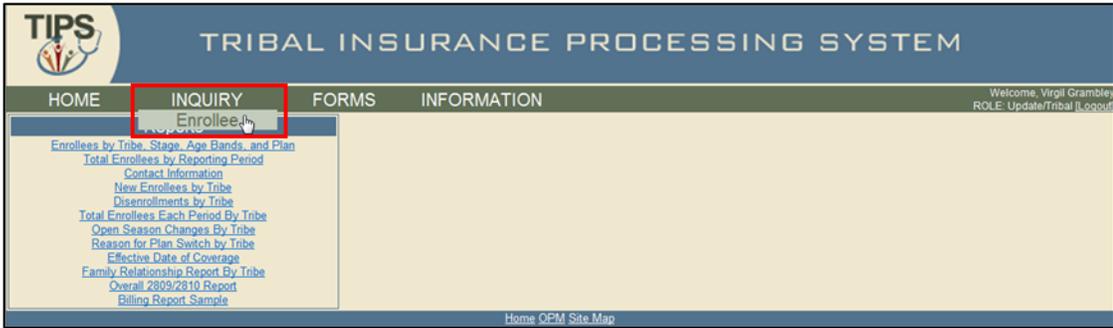
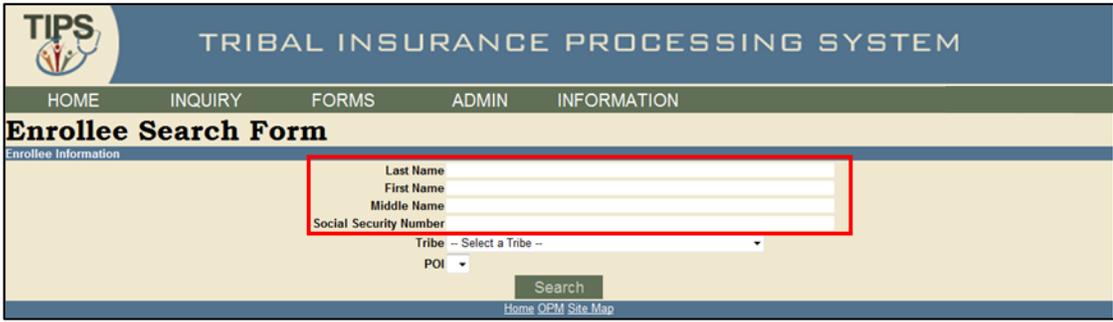
In order to prepare a report in TIPS, follow these steps:

Step	Preparing a Report
1	Open the TIPS web portal and log in with username
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 
4	<p>Click Generate Report</p> 

Step-by-Step Instructions for Other Transactions

Change of Name

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

Step	Change of Name
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 
4	Click Search

	<p>The screenshot shows the 'Enrollee Search Form' in the TIPS system. The form includes fields for Last Name, First Name, Middle Name, and Social Security Number. There are also dropdown menus for Tribe (set to 'Select a Tribe --') and POI. A 'Search' button is highlighted with a red box. At the bottom, there are links for 'Home', 'OPM', 'Site Map', and 'Help'.</p>
<p>5</p>	<p>The screenshot shows the 'Select Create 2810' screen. It displays the search results for 'Christmas, Lloyd'. The 'Create 2810' button for this entry is highlighted with a red box. Other entries include 'Schriver, Kate'. The screen also shows 'Create 2809' buttons and 'View 2809' links for each entry. At the top right, there is a user greeting: 'Welcome, John Knittel' and 'ROLE: UpdateNFC [Logout]'. At the bottom, there is a 'Home OPM' link.</p>
<p>6</p>	<p>Complete:</p> <ul style="list-style-type: none"> • Part A: Identifying Information • Part E: Change in Name of Enrollee (address information is not required) • Part H: Date of Notice



TRIBAL INSURANCE PROCESSING SYSTEM

Welcome, John Knight
 ROLE: Update NEC [Logout]

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR SF2810 Information

Tribe	POI	SF2810 Status:
Test Tribal Employer	TEST POI 2A-1	New

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Social security number
Fletcher	Alex		2/12/1900	231121231
Home Address	Home Address		Payroll office number:	Enrollment code number
Address Line 2			14050000	
			Date this action becomes effective	
City	State	Zip		
City	FL	21321		

Part B - Termination

Your enrollment terminates on the date in Part A, item 8, 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 (mo, dy, yr)

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 8, 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 OPM

7

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



TRIBAL INSURANCE PROCESSING SYSTEM

Welcome, John Knight
 ROLE: Update/NFC [Logout]

HOME
INQUIRY
FORMS
ADMIN
INFORMATION

Notice of Change in Health Benefits Enrollment (2810)

Tribal HR SF2810 Information

Tribe		POI	SF2810 Status:
American Native Tribe		TEST POI 2A-1	New

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Social security number
Fletcher	Alex		2/12/1900	231121231
Home Address		Payroll office number:	Enrollment code number	
Home Address		14050000		
Address Line 2		Date this action becomes effective		
City	State	Zip		
City	FL	21321		

Part B - Termination

Your enrollment terminates on the date in Part A, item 8, 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 (mo, dy, yr)

Part D - Reinstatement

Your enrollment has been reinstated effective on the date in Part A, item 8, 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

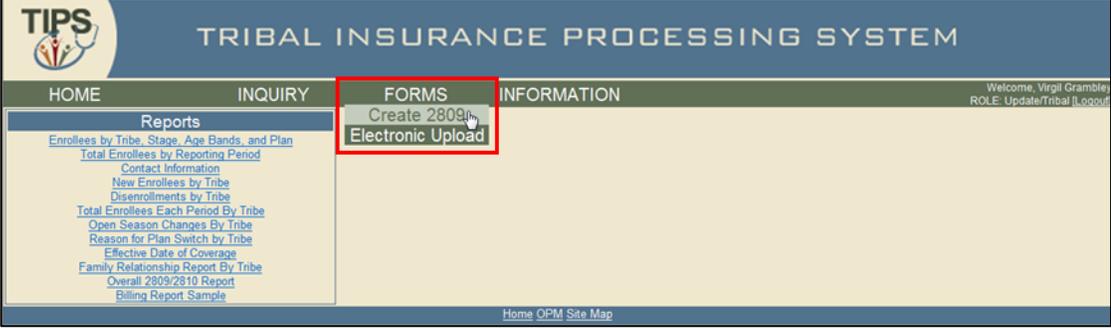
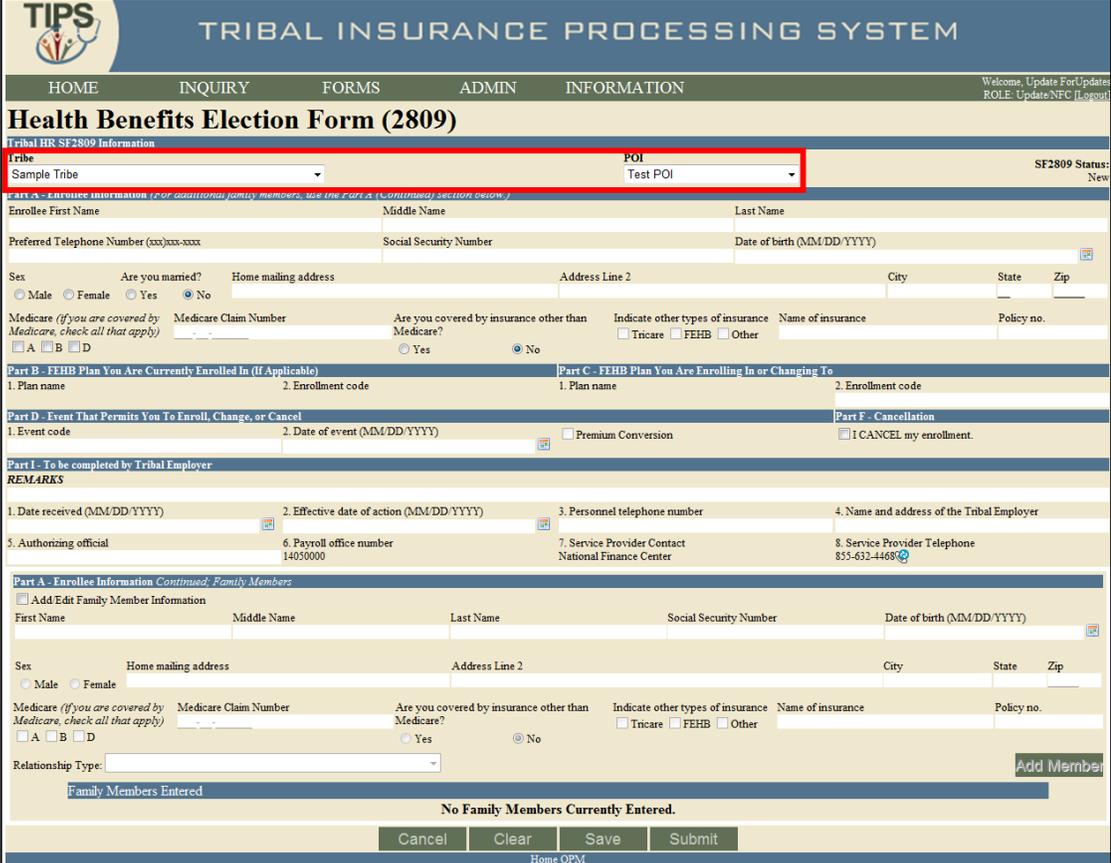
Name of Agency	Personnel Contact Last Name	Personnel Contact First name	Personnel Contact Middle Initial
Agency Address	Payroll Contact Last Name	Payroll Contact First name	Payroll Contact Middle Initial
Agency Address Line 2	Payroll Telephone Number		
City	State	Zip	Authorizing Official Last Name
	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

Cancel Clear Save Submit

Home OPM

Enrollment Cancellation

In order to cancel an enrollment, follow these steps:

Step	Enrollment Cancellation
1	Open the TIPS web portal and log in with username
2	<p>Select Create 2809 under the Forms tab</p> 
3	<p>Select Tribal Employer and Billing Unit/POI</p> 

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

4

The screenshot shows the 'Health Benefits Election Form (2809)' within the 'TRIBAL INSURANCE PROCESSING SYSTEM'. The form is divided into several sections, each outlined in red:

- Part A - Enrollee Information:** Includes fields for Enrollee First Name, Middle Name, Last Name, Preferred Telephone Number, Social Security Number, Date of birth, Sex, Home mailing address, Address Line 2, City, State, Zip, Medicare Claim Number, and insurance coverage options (Yes/No).
- Part B - FEHB Plan You Are Currently Enrolled In (If Applicable):** Includes fields for Plan name and Enrollment code.
- Part C - FEHB Plan You Are Enrolling In or Changing To:** Includes fields for Plan name and Enrollment code.
- Part D - Event That Permits You To Enroll, Change, or Cancel:** Includes fields for Event code, Date of event, and Premium Conversion.
- Part E - Remarks:** Includes fields for Date received, Effective date of action, Personnel telephone number, Name and address of the Tribal Employer, Authorizing official, Payroll office number, Service Provider Contact, and Service Provider Telephone.
- Part A - Enrollee Information Continued: Family Members:** Includes fields for Add/Edit Family Member Information, First Name, Middle Name, Last Name, Social Security Number, Date of birth, Sex, Home mailing address, Address Line 2, City, State, Zip, Medicare Claim Number, insurance coverage options, and Relationship Type.

At the bottom of the form, there are buttons for 'Cancel', 'Clear', 'Save', and 'Submit', along with a 'Home OPM' link.

5

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



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 <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)
 A B D Medicare Claim Number Are you covered by insurance other than Medicare?
 Yes No Indicate other types of insurance Name of insurance Policy no.
 Tricare FEHB Other

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

Part D - Event That Permits You To Enroll, Change, or Cancel	Part F - Cancellation
1. Event code	<input type="checkbox"/> Premium Conversion
2. Date of event (MM/DD/YYYY)	<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 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 <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)
 A B D Medicare Claim Number Are you covered by insurance other than Medicare?
 Yes No Indicate other types of insurance Name of insurance Policy no.
 Tricare FEHB Other

Relationship Type: Add Member

Family Members Entered: _____

No Family Members Currently Entered.

Cancel	Clear	Save	Submit
--------	-------	------	--------

Home OEM

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: 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 Requester 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 in resolving these inquiries. We'll explore further in this section how best to resolve different inquiry types.



Inquiries Handled by NFC Contact Center and Other Organizations

Contact Center

Types of Inquiries:

- General program inquiries
- Inquiries regarding completing a form
- Assistance with Electronic Upload errors
- Assistance with generating a TIPS Report
- Billing and technical inquiries
- Billing discrepancies
- System issues and outages
- Assistance with navigating the TIPS website



Other Organizations

OPM
Policy Inquiries

Tribal Employers
Employee-specific inquiries

FEHB Plan Carriers
Call Centers
Coverage Inquiries

Tribal Security Officer
TIPS Username Setup and Security Inquiries

The TIPS Contact Center can be reached at: 855-NFC-4GOV

OPM Tribal Desk can be reached at: 202-606-2530

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
 - Write 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>

TIPS
TRIBAL INSURANCE PROCESSING SYSTEM

Home About TIPS About NFC

Sign up for email notifications

Process Enrollments
Review Billings
Generate Reports
TIPS Login

System Status
The TIPS application is now live and ready for use. If you have not received your new TIPS User Id, please contact your Tribal Security Officer or your Tribal Benefits Officer for additional information.

TIPS Calendar of Events
Today March 2012 Print

Sun	Mon	Tue	Wed	Thu	Fri	Sat
26	27	28	29	Mar 1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Training **Contact Center** **Security** **Resources**

Curriculum
Materials
eLearning
Schedule

TIPS Contact Center
855-NFC-4GOV (632-4468)
Hours of Operation
8:00 a.m. - 4:00 p.m.
Monday-Friday

Authorized Users Only
To log a trouble ticket or check an existing ticket, log into the Requester Console below.
Requester Console **Login**

Tips Users
TIPS users should contact their Tribal Security Officers for assistance with **Requesting Access and Password Assistance.**

Tribal Security Officers (TSOs) Resources

SF-2809 Employee Health Benefits Election Form
SF-2810 Notice of Change in Health Benefits Enrollment
OPM Program Materials
OPM Training Materials

Home | OPM | Site Map | COOP | Accessibility Statement | Privacy Policy
Non-Discrimination Statement | FOIA | Information Quality

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

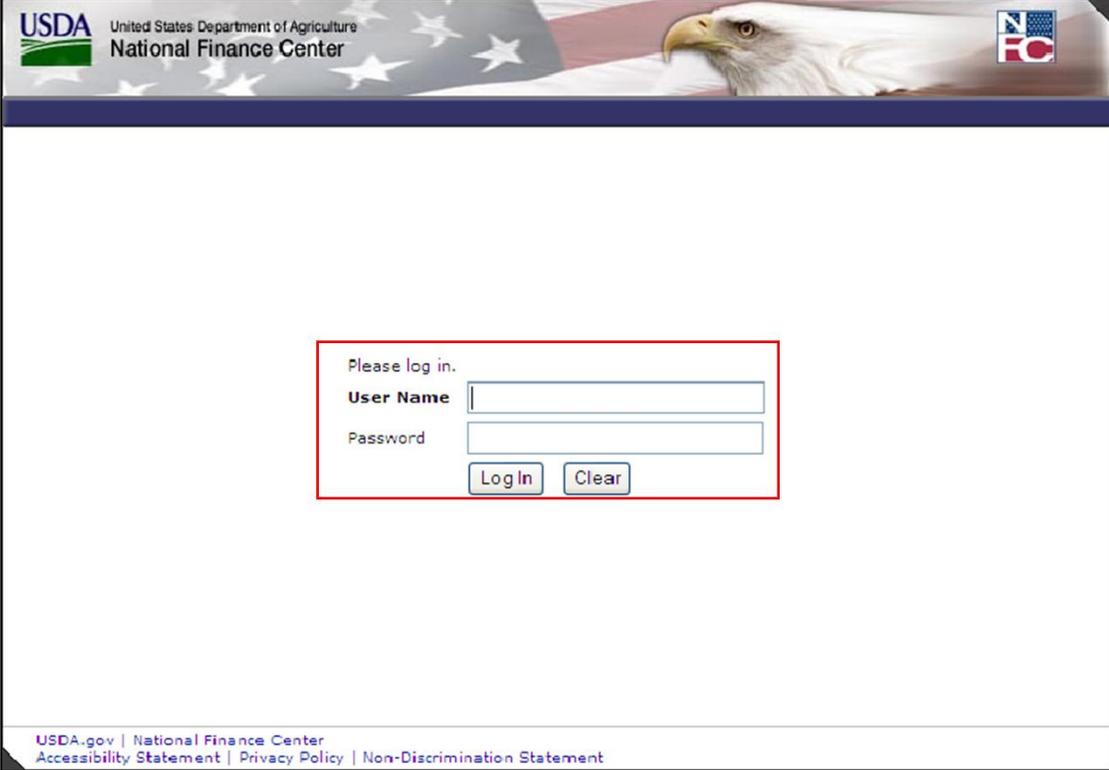
About the Remedy Requester Console

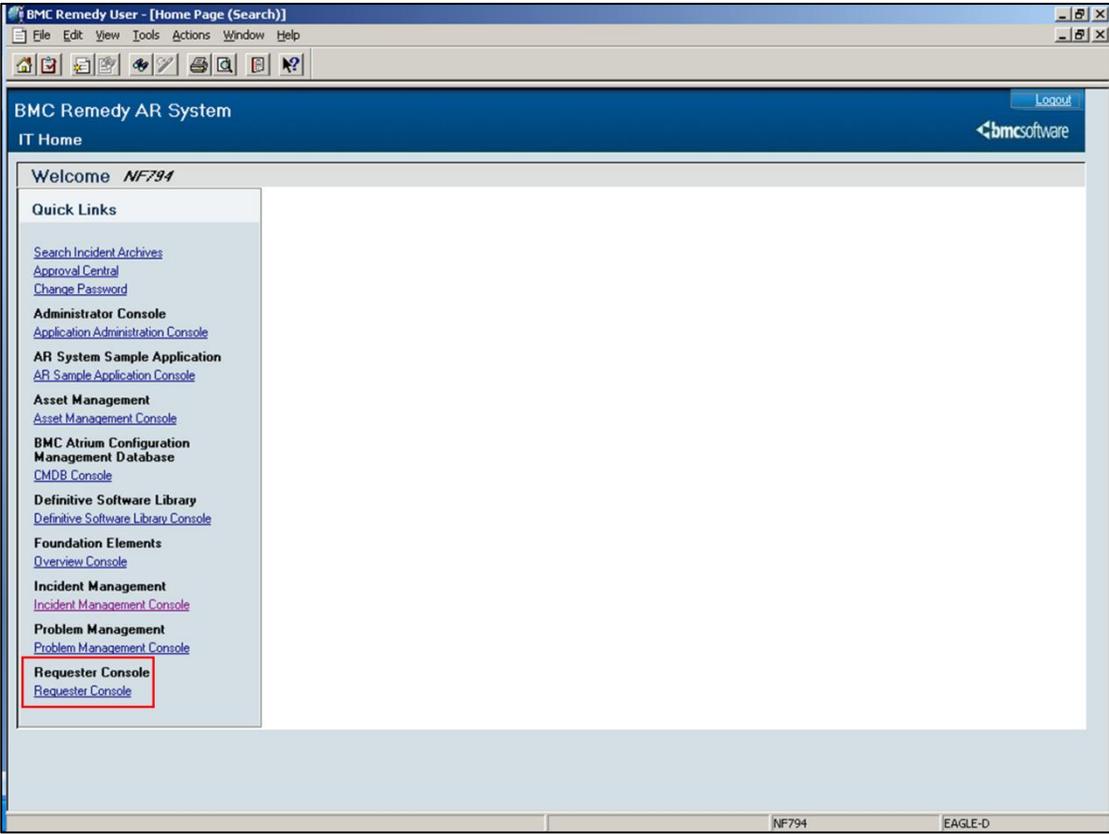
Remedy Requester Console allows Tribal Employers to:

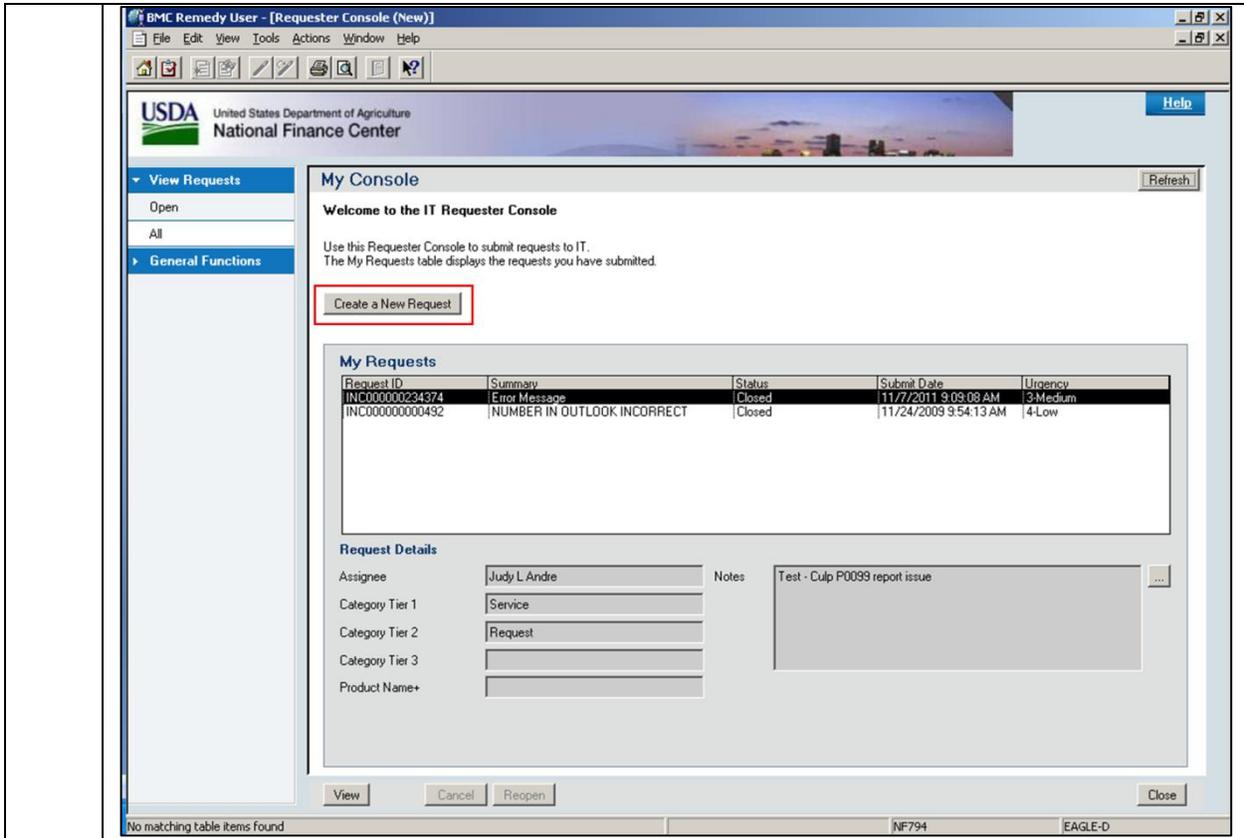
- Submit new requests
- Specify urgency and the date by which a solution is needed
- Specify the nature of their requests for quicker resolution
- Attach files related to their requests
- View the status of their requests

Creating a Request in Remedy

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

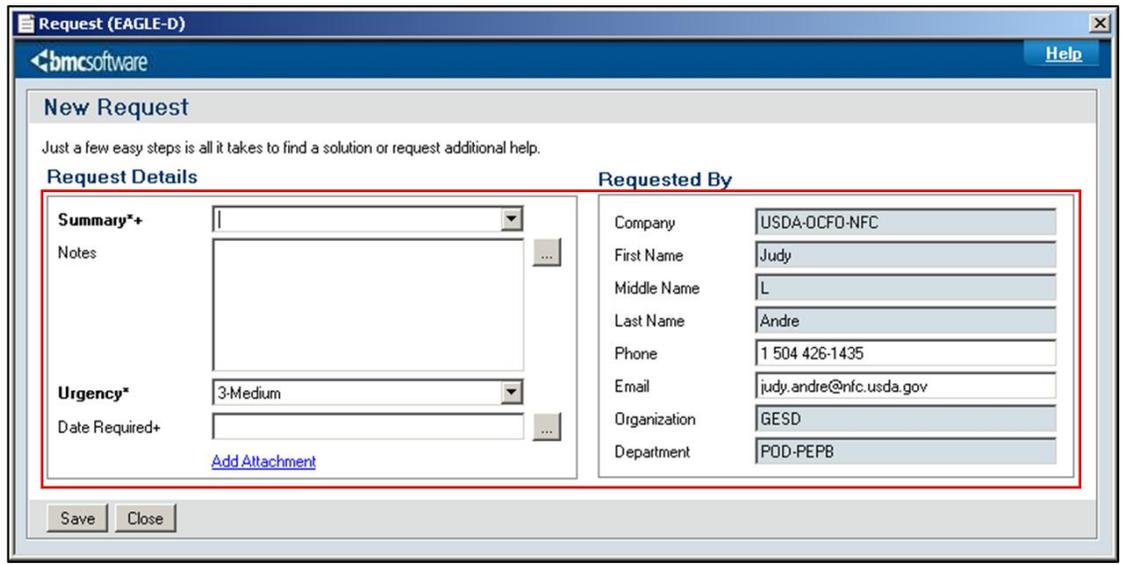
Step	Creating a Request in Remedy
1	<p>Open the Remedy web portal and log in with username</p> 
2	Select Requester Console from the bottom of the menu on the left-hand side of the homepage

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



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+ [Text Field]

[Add Attachment](#)

Requested By

Company: USDA-OCFO-NFC

First Name: Judy

Middle Name: L

Last Name: Andre

Phone: 1 504 426-1435

Email: judy.andre@nfc.usda.gov

Organization: GESD

Department: POD-PEPB

Save **Close**

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

6

BMC Remedy User - [Requester Console (New)]

USDA United States Department of Agriculture National Finance Center

My Console

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
INC000000234374	Error Message	Closed	11/7/2011 9:09:08 AM	3-Medium
INC00000000492	NUMBER IN OUTLOOK INCORRECT	Closed	11/24/2009 9:54:13 AM	4-Low

Request Details

Assignee: Judy L. Andre

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

NF794 EAGLE-D

Incident Statuses

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

Incident Status	Description
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 Requester
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 Requester 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



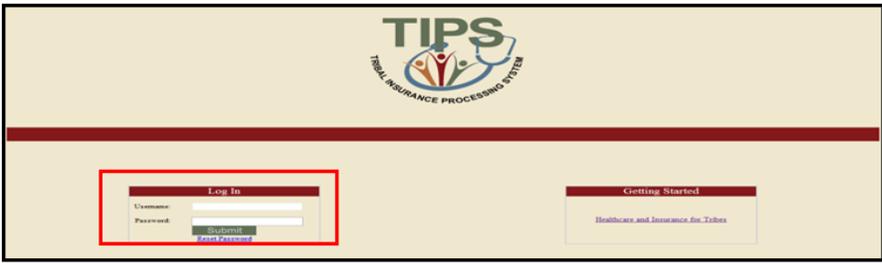
Tribal Employer Reference

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**)



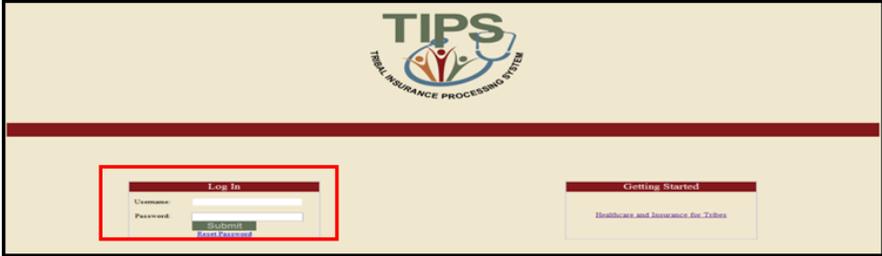
Tribal Employer Reference

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, Cindy UAT, TRIBAL ROLE: UpdateNFC Logout

Notice of Change in Health Benefits Enrollment (2810)

Tribal ID: SF2810 Information

Tribe	POI	SF2810 Status
Alabama-Coushatta Tribe of Texas	6021 - Tribal Fund	New

Part A - Identifying Information

Last Name	First name	Middle Initial	Date of birth	Social security number
Miller	Nancy		3/5/1964	354687921

Home Address: 456 Testing Rd
 Address Line 2:
 City: Anytown State: LA Zip: 65432

Payroll office number: 12400096
 Enrollment code number: 001

Date this action becomes effective:

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 (mo, dy, yr)

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:
 City: State: Zip:
 Service Provider Contact: National Finance Center
 Service Provider Telephone: 855-632-4468

Authorizing Official Last Name	Authorizing Official First name	Authorizing Official Middle Initial	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Buttons: Cancel Clear Save Submit

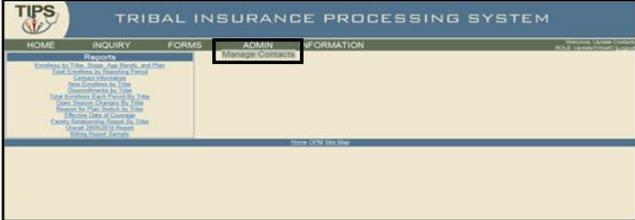
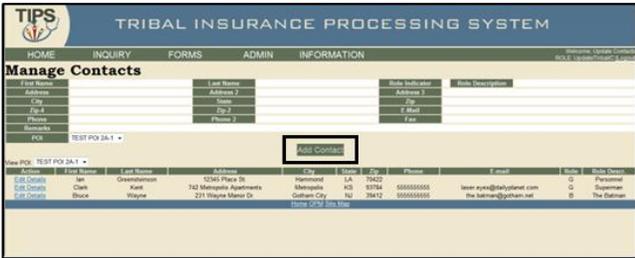
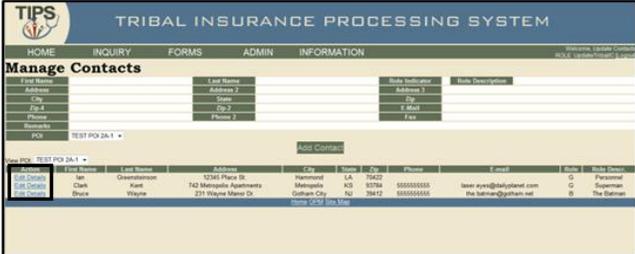
Home OPM



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

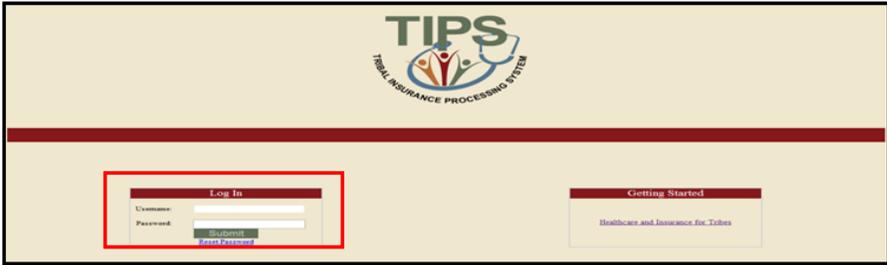
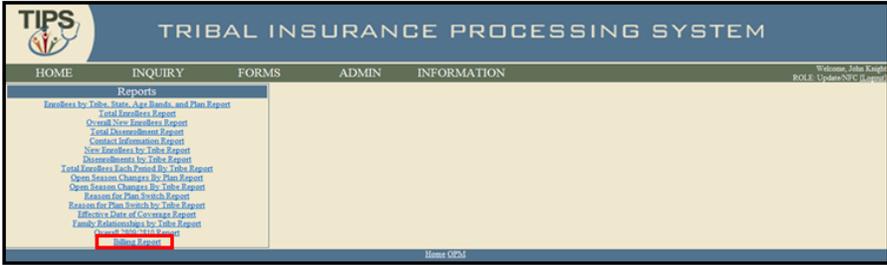
Step	Action
1	<p>Login to the TIPS web portal with username and password</p> 
2	<p>Select the Manage Contacts button</p> 
3	<p>Input contact's information in all listed fields and click add contact</p> 
4	<p>Click edit details in order to edit an existing contact</p> 



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

TIPS		TRIBAL INSURANCE PROCESSING SYSTEM						
HOME	INQUIRY	FORMS	ADMIN	INFORMATION	Welcome, cindy UAT_TTRIBAL ROLE: UpdateNFC [Logout]			
Billing Report								
Tribal Organization:		Stephanie Delete Test		POI:	9673-Delete		Generate Report	
Billing Period:		05/31/2012						
Report Type:		FINAL						
Tribal Employer Number	Billing Unit/POI	Enrollee Name	Enrollee SSN	Enrollment Code	Premium Amount	Administrative Fee	Adjustments	Bill Amount
3A	6026	Jane Doe	111223333	105	1328.7	15.15	0	1343.85
3A	6026	John Doe	222334444	JK1	587.88	15.15	0	603.03
3A	6026	Sarah Doe	333445555	104	322.39	15.15	0	337.54
3A	6026	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
Home OPM								

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 (855-632-4468). 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

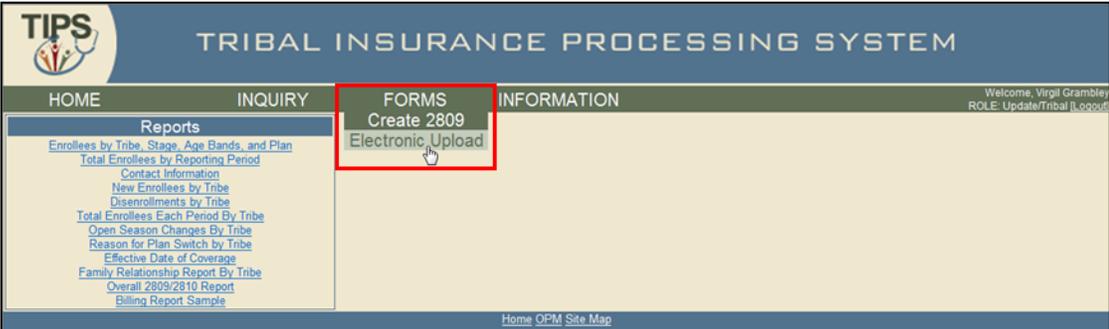
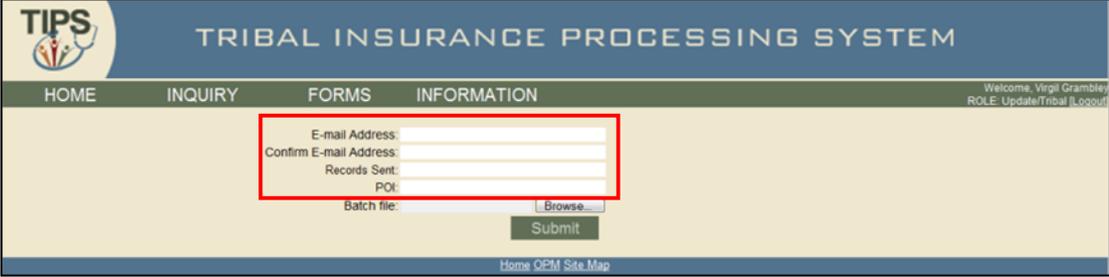
Failure to fund your Tribal Employer's bank account with the total bill amount by the first business day of each month will result in an insufficient payment. Repeated insufficient payments will result in the termination of your Tribal Employer from FEHB. For further information about insufficient payments,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



Tribal Employer Reference Electronic Upload Process

Overview of Electronic Upload Process

This document describes how to access the electronic upload screen in TIPS and also explains how to complete the TIPS electronic upload template for submitting multiple 2809 enrollment forms into TIPS for processing. The first section of these instructions provides an overview of how to upload the .TXT file to TIPS and also provides general rules for populating the upload template. Specifically, you will find that Table 1 on page 6 provides detailed information on how to populate each row of the upload template. In order to submit an electronic upload file to TIPS, you must have user access to TIPS and the electronic upload template document, which is only available in .TXT format

Step	Electronic Upload Step-by-Step Instructions
1	Open the TIPS web portal and log in with username
2	<p>Select Electronic Upload under the Forms tab</p>  <p>The screenshot shows the TIPS Tribal Insurance Processing System interface. The 'FORMS' tab is highlighted in a red box, and the 'Electronic Upload' link is also highlighted in a red box. Other visible links include 'Create 2809' and a list of reports under the 'Reports' section.</p>
3	<p>Enter E-mail Address, Records Sent, and Billing Unit / POI</p>  <p>The screenshot shows the electronic upload form in the TIPS system. A red box highlights the input fields for 'E-mail Address', 'Confirm E-mail Address', 'Records Sent', and 'POI'. Below these fields are a 'Batch file' field with a 'Browse...' button and a 'Submit' button.</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

Click **Browse** to search for your .TXT file containing any SF2809 or SF2810 information you wish to upload

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
 REMARKS|

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:
 - 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

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

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.

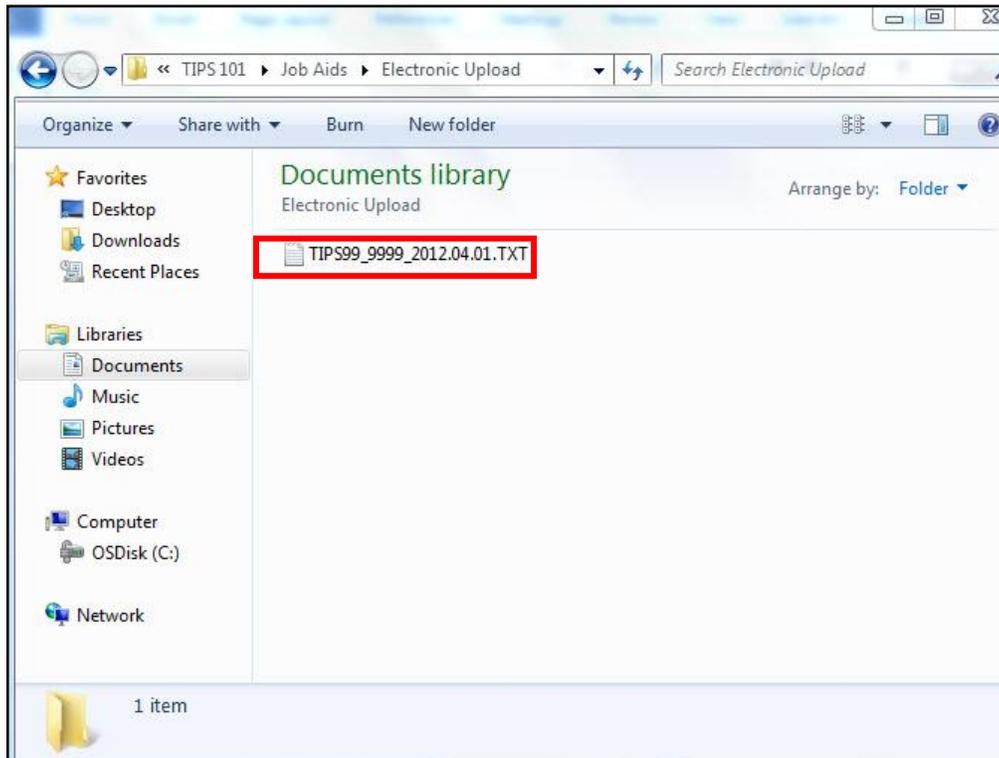
- The first grouping of rows contains the data fields for the enrollee. You will notice a header at the top of this first grouping that reads "BulkUpload.TIPS_SF2809". This header indicates the start of a new 2809. When submitting an upload file with multiple SF2809s, each SF2809 must be separated by 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_NMI” row, an example of a valid entry for an enrollee named Amy would be the following: “ENROLLEE_FIRST_NMI|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).

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



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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

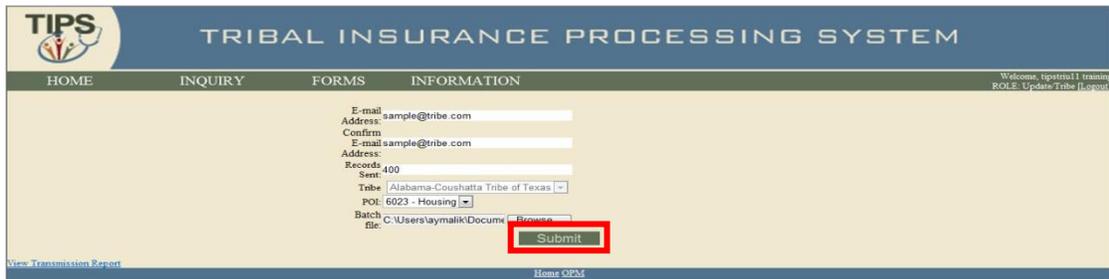
MM = Month of submission

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

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

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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.

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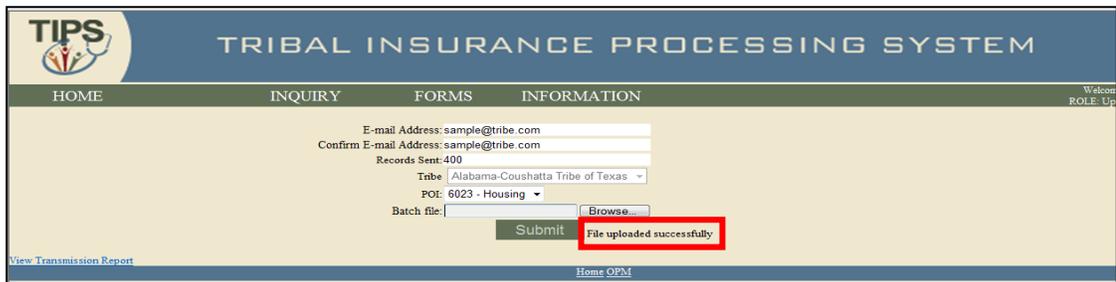


Table 1 – Upload Template Row Descriptions

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: “NNNNNNNNNXX” 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
OTHER_THAN_MEDICARE_IND value	Required	Enter Y or N Y=Family Member has insurance other than Medicare N=Family Member does not have insurance other than Medicare	For “Y”: TRICARE_IND, Other_INSURANCE_IND, or FEHB_TRANSACTION_CD should be Y For “N”: so TRICARE_IND, Other_INSURANCE_I

			ND, and FEHB_TRANSACTION_CD should all be N
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
TRICARE_IND value	Required	Enter Y or N Y=Family Member currently has Tricare N=Family Member does not currently have Tricare	
FEHB_TRANSACTION_CD value	Required	Enter Y or N Y=Family Member has FEHB N=Family Member does not have FEHB	
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