



# SHBP Premium Billing & Discrepancy Process Job Aid

For SHBP Employing Entities

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## OVERVIEW

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This SHBP Premium Billing & Discrepancy Process Job Aid is separated into two parts:

1. The Premium Billing Process, and
2. The Premium Billing Discrepancy Process.

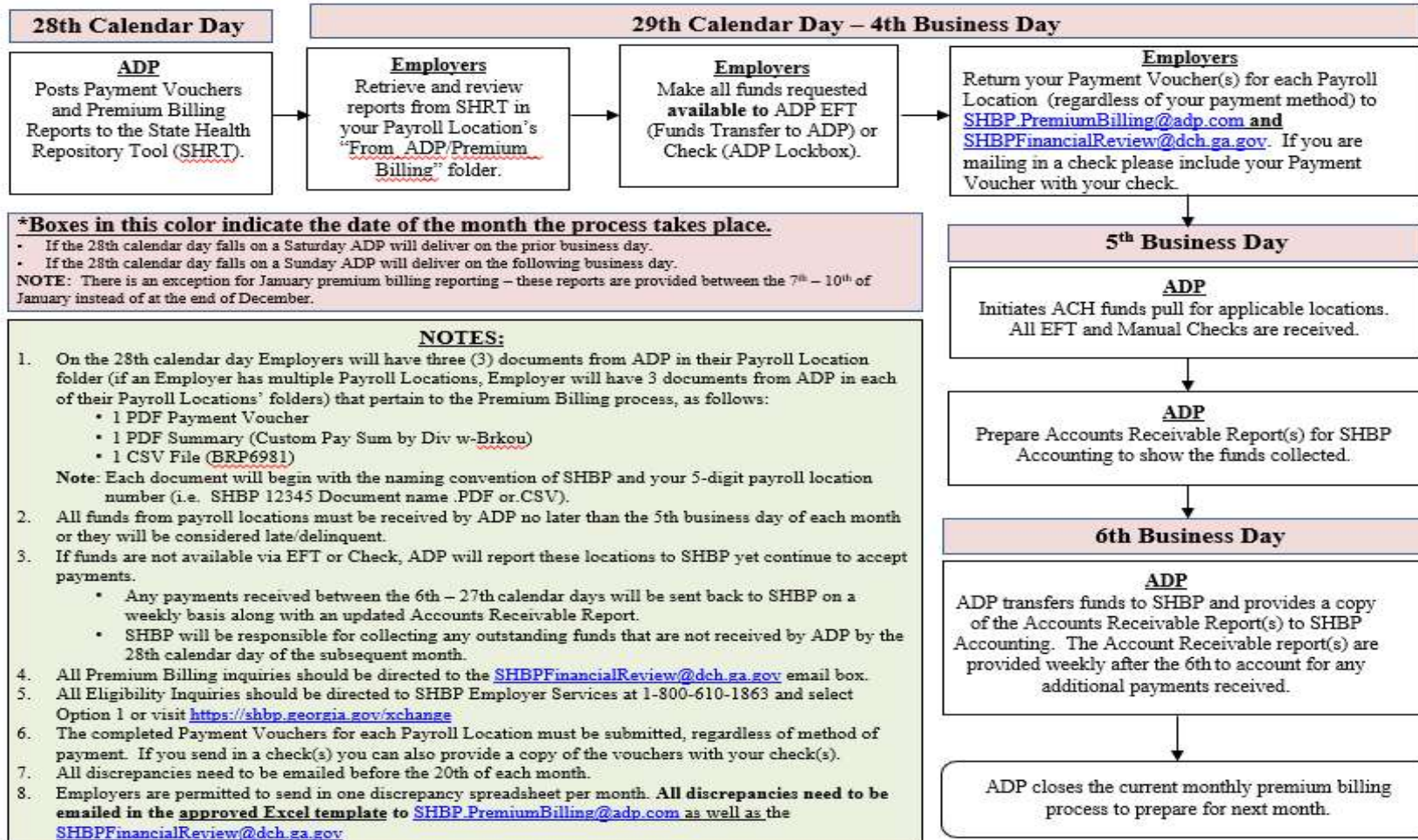
It is a step-by-step guide to help SHBP Employing Entities (Employers) navigate the monthly Premium Billing Process from start to finish and identify and resolve Premium Billing Discrepancies.

# PART I. INTRODUCTION TO SHBP PREMIUM BILLING

## SHBP Premium Billing Process Flow



### SHBP Premium Billing Process Flow



Updated: March 2025

## Monthly Premium Billing Cycle

The State Health Benefit Plan (SHBP) Premium Billing Process begins on the 28th Calendar Day of each month and ends on the 5th Business Day of the following month. Important Dates for Employers include:

*28th Calendar Day\** – Premium Billing posted in State Health Repository Tool (SHRT), to each Employer Payroll Location(s). For more information about SHRT and to request access, please visit the SHBP website: <https://shbp.georgia.gov/shrt>.

*29th Calendar Day through 4th Business Day* – Premium Billing review period for Employers.

*5th Business Day* – Employers Premium Billing payments due.

### Example Premium Billing Process Dates: August 2025

August 2025						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
24	25	26	27	28 Premium Billing Reports Available	29 Employers Review Premium Billing → → →	30
31 → → →	1	2	3	4	5 August Payment Due	6

#### \*Note:

- If the 28th Calendar Day falls on a Saturday, Premium Billing is posted by the prior business day.
- If the 28th Calendar Day falls on a Sunday, Premium Billing is posted on the following business day.

#### 28TH CALENDAR DAY

By the 28th Calendar Day, Employers have already submitted their Premium Billing Discrepancies to ADP's SHBP Premium Billing Team no later than the 20th day of the month and they have researched those discrepancies and responded to each Employer (*see Part II. Introduction to SHBP Premium Billing Discrepancy Process*).

On the 28th Calendar Day, Employers will have the following Premium Billing items posted to the State Health Repository Tool (SHRT), to their Payroll Location's "From\_ADP" Folder, in the Premium\_Billing subfolder:

1. Payment Voucher
2. Premium Billing Detail Report (BRP)
3. Premium Billing Summary Report (Custom Pay Sum by Div)

#### 4 - SHBP Premium Billing Job Aid

Employers with multiple Payroll Locations will have Premium Billing posted to each Payroll Location Folder. For example, since Boards of Education can have up to 3 Payroll Locations: 1) certificated employees, 2) non-certificated employees, and 3) Board Members, Premium Billing will be posted for each of their Payroll Locations.

### 29TH CALENDAR DAY through 4th Business Day

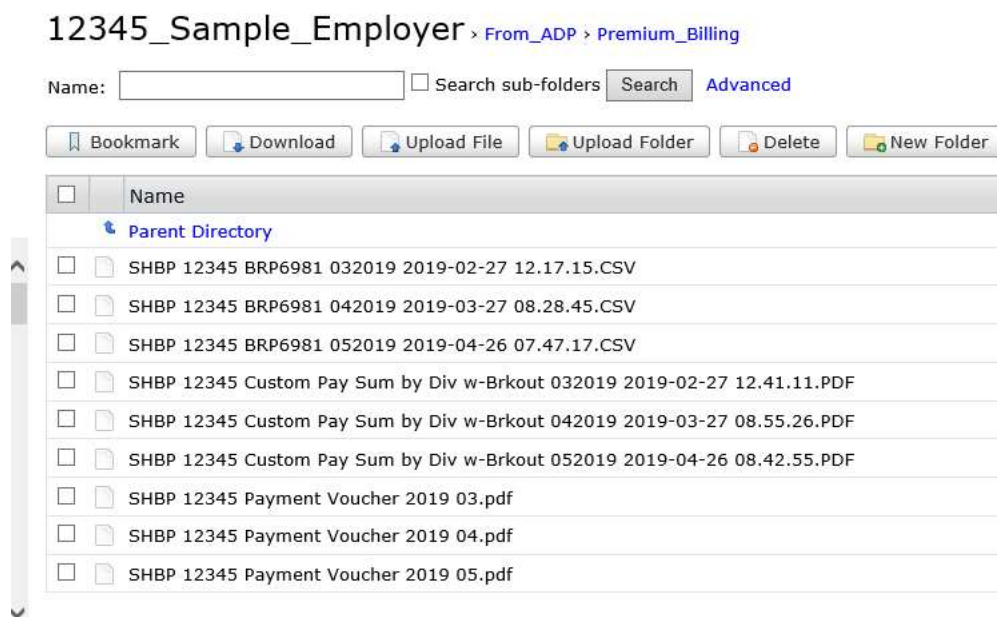
#### PREMIUM BILLING EMPLOYER REVIEW PERIOD

Monthly, no later than the 29th Calendar Day or next day after Premium Billing is posted, Employers should log into SHRT to download and thoroughly review their Premium Billing Voucher and Reports for each Payroll Location to ensure:

- Premiums were accurately billed for employees that are enrolled in SHBP Coverage,
- Premiums were accurately billed for the Plan Option & Tier, and
- Credits were received due to any resolved Premium Billing Discrepancies.

#### LOCATING MONTHLY PREMIUM BILLING IN SHRT

The sample screen shot below shows where an Employer's Premium Billing is in SHRT in fictitious Payroll Location 12345. Actual screens may vary based upon access rights. For more information about SHRT and to request access, please visit the SHBP website: <https://shbp.georgia.gov/shrt>.



#### PREMIUM BILLING VOUCHER & REPORTS

Below is description of each Premium Billing item posted in SHRT. Each document name begins with "SHBP" and the Employer's 5-digit Payroll Location.

##### 1. PAYMENT VOUCHER

- Provides the monthly billed amount(s) for the Employer's Payroll Location(s);
- Includes payment method details;



- Must be completed by Employer for their Payroll Location (note for Employers with Multiple Payroll Locations, a Payment Voucher must be completed for each Payroll Location); and
- Must be returned to both [SHBPFinancialReview@dch.ga.gov](mailto:SHBPFinancialReview@dch.ga.gov) as well as to SHBP Premium Billing via email for all Employers' Payroll Locations to ensure proper payment allocation to:
  - [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com) **AND** [SHBPFinancialReview@dch.ga.gov](mailto:SHBPFinancialReview@dch.ga.gov), or

Include with your emails the Payroll Summary report, any applicable LWOP and/or Hourly reports, along with any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed". Discrepancy reports are found within the SHBP Enrollment Portal and instructions are located within the Excel file. Go to <https://shbp.georgia.gov/employers/your-employing-entity/shrt> and click on SHRT Login.

**Note:** Employers who are approved to submit paper checks as their Payment Method must also include the Payment Voucher with the payment mailed to the ADP PNC Lock Box address, in addition to emailing the Payment Voucher. *Paper checks are being phased out and are not an available payment method for new Employer Payroll Locations.*

## SAMPLE PAYMENT VOUCHER: BOARDS OF EDUCATION

**Georgia Department of Community Health  
State Health Benefit Plan (SHBP)  
Premium Billing – Payment Voucher**

Email Voucher to [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov) and to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com). Include in your email the Payroll Summary report, LWOP report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please reference your 5-digit payroll location number (listed below in the billing details) on all payment information.

**NOTE:** Your Payroll Location is part of Group Number 49110, 49130, or 49160 - Boards of Education Certificated (including BOE Librarians), BOE Non-Certificated Personnel, and Libraries.

### Billing Details provided by ADP

**Payroll Location:** 77779  
**Payroll Location Description:** AZURE REG LIB  
**Due Date:** 08/07/2024  
**Employee Deduction Billed Amount:** \$4,217.01  
**Employer Contribution Billed Amount:** \$21,860.00  
**Total Billed Amount/Amount Due:** \$26,077.01

### Payment Details provided by Payroll Location

**Employee Deduction Paid Amount:**

Employee Payroll deductions (exclude Leave Without Pay premiums).

\$

**Employee(s) on LWOP Deduction Paid Amount:**

Employee payroll deductions, on Leave Without Pay, paid to Employer..

\$

**Employer Contribution Paid Amount:**

Employer Contribution for Employees (exclude Leave Without Pay).

\$

**Employer LWOP Contribution Paid Amount:**

Employer Contribution for Employees on Leave Without Pay.

\$

**Total Paid Amount:**

\$

**EFT ID & Amount(s) to Payroll Location Breakdown:**

**Check Number & Check Amount(s) to Payroll Location  
Breakdown:**



## SAMPLE PAYMENT VOUCHER: STATE AGENCIES

**Georgia Department of Community Health  
State Health Benefit Plan (SHBP)  
Premium Billing – Payment Voucher**

Email Voucher to [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov) and to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com). Include in your email the Payroll Summary report, Hourly report, LWOP report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please reference your 5-digit payroll location number (listed below in the billing details) on all payment information.

**NOTE:** Your payroll location is part of Group Number 49100 - State Agencies, DFACS, and Community Service Boards (and other entities treated as state agencies for billing purposes), which means you have a manual 29.454% of payroll calculation that you perform each month for your Employer Contribution payment.

**Billing Details provided by ADP**

**Payroll Location:** 14444  
**Payroll Location Description:** BROOK MTN CSB  
**Due Date:** 08/07/2024  
**Employee Deduction Billed Amount:** \$24,024.49  
**Employer Contribution Billed Amount:** \$0.00  
**Total Billed Amount/Amount Due:** \$24,024.49

**Payment Details provided by Payroll Location**

<b>Employee Deduction Paid Amount:</b> <small>Employee Payroll deductions (exclude Leave Without Pay premiums)</small>	\$ <input type="text"/>
<b>Employee(s) on LWOP Deduction Paid Amount:</b> <small>Employee payroll deductions, on Leave Without Pay, paid to Employer.</small>	\$ <input type="text"/>
<b>Employer Contribution Paid Amount:</b> <small>Employer Contribution for Employees (exclude Leave Without Pay and Hourly)</small>	\$ <input type="text"/>
<b>Employer LWOP Contribution Paid Amount:</b> <small>Employer Contribution for Employees on Leave Without Pay</small>	\$ <input type="text"/>
<b>Employer Hourly Contribution Paid Amount:</b> <small>Employer Contribution for Hourly Employees</small>	\$ <input type="text"/>
<b>Total Paid Amount:</b>	\$ <input type="text"/>
<b>EFT ID &amp; Amount(s) to Payroll Location Breakdown:</b>	<input type="text"/>
<b>Check Number &amp; Check Amount(s) to Payroll Location Breakdown:</b>	<input type="text"/>

Email Voucher to [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov) and to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com). Include in your email the Payroll Summary report, Hourly report, LWOP report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed". Please only submit one discrepancy form per month. **Discrepancy reports** are found within the SHBP Enrollment Portal and instructions are located within the Excel file. Go to <https://shbp.georgia.gov/employers/your-employing-entity/shrt> and click on SHRT Login.

**Billing Period:** 08/2024  
**Date Prepared/Run Date:** 03/11/2025

## SAMPLE PAYMENT VOUCHER: CONTRACT EMPLOYERS AND SCHOOL BOARD MEMBERS

Georgia Department of Community Health  
State Health Benefit Plan (SHBP)  
Premium Billing – Payment Voucher



Email Voucher to [SHBPFInancilaReview@dch.ga.gov](mailto:SHBPFInancilaReview@dch.ga.gov) and to [SHBP\\_PremiumBilling@adp.com](mailto:SHBP_PremiumBilling@adp.com). Include in your email the Payroll Summary report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please reference your 5-digit payroll location number (listed below in the billing details) on all payment information.

**NOTE:** Your Payroll Location is part of Group Number 49140 or 49150 - Employees of Contract Employers and Boards of Education School Board Members.

**Billing Details provided by ADP**

Payroll Location: 66660  
Payroll Location Description: CLASSE BOARD MEMBERS  
Due Date: 08/07/2024  
Employee Deduction Billed Amount: \$2,288.76  
Employer Contribution Billed Amount: \$0.00  
Total Billed Amount/Amount Due: \$2,288.76

**Payment Details provided by Payroll Location**

Employee or Board Member Deduction Paid Amount:	<input type="text"/>
Employer Contribution Paid Amount (if applicable): <small>If you include full costs ("Employee and Employer" or "Board Member and Employer") in "Employee or Board Member Deduction Paid Amount" above, do not enter anything here.</small>	<input type="text"/>
Total Paid Amount:	<input type="text"/>
EFT ID & Amount(s) to Payroll Location Breakdown:	<input type="text"/>
Check Number & Check Amount(s) to Payroll Location Breakdown:	<input type="text"/>

Email Voucher to [SHBPFInancilaReview@dch.ga.gov](mailto:SHBPFInancilaReview@dch.ga.gov) and to [SHBP\\_PremiumBilling@adp.com](mailto:SHBP_PremiumBilling@adp.com). Include in your email the Payroll Summary report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please only submit one discrepancy form per month. Discrepancy reports are found within the SHBP Enrollment Portal and instructions are located within the Excel file. Go to <https://doh.ga.gov/employees/your-employees-enrollment> and click on SHRT Login.

Billing Period: 08/2024  
Date Prepared/Run Date: 03/11/2025

## SAMPLE VOUCHER: CONTRACT DIRECT PAY AND PRIOR RETIREES

Georgia Department of Community Health  
State Health Benefit Plan (SHBP)  
Premium Billing – Payment Voucher

Email Voucher to [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov) and to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com). Include in your email the Payroll Summary report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please reference your 5-digit payroll location number (listed below in the billing details) on all payment information.

**NOTE:** Your Payroll Location is part of Group Number 49314 and 49149 - Employees that are Contract Direct Pay and Prior Retirees.

Billing Details provided by ADP	
Payroll Location:	12222
Payroll Location Description:	123CO PRIOR SVCS RETIREE
Due Date:	03/07/2025
Employee Deduction Billed Amount:	\$20.00
Employer Contribution Billed Amount:	\$0.00
Total Billed Amount/Amount Due:	\$20.00

Payment Details provided by Payroll Location	
Employee Deduction Paid Amount:	\$ <input type="text"/>
EFT ID & Amount(s) to Payroll Location Breakdown:	<input type="text"/>
Check Number & Check Amount(s) to Payroll Location Breakdown:	<input type="text"/>

Email Voucher to [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov) and to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com). Include in your email the Payroll Summary report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".

Please only submit one discrepancy form per month. Discrepancy reports are found within the SHBP Enrollment Portal and instructions are located within the Excel file. Go to <https://shbp.georgia.gov/employers/your-employing-entity/shrt> and click on SHRT Login.

Billing Period: 03/2025  
Date Prepared/Run Date: 03/19/2025

## 2. PREMIUM BILLING DETAIL REPORT (BRP)

- Produced for all Members who are or were recently enrolled in health benefits within the Employer group;
- Includes retroactive charges and/or credits for Member coverage updates; and
- Used by Employers to reconcile membership, Employer Contributions, and Member Premiums.



## SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): BOARDS OF EDUCATION (AND SIMILAR SITUATED EMPLOYING ENTITIES)

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	CLIENT#	RUNYEAR	RUNMONT	COVYEAR	COVMONT	CHANGC	EMPNAME	EMPSSN	PLANCODE	ADPLAN	PLANNAME	BIRTHDATE	GENDER	PAYROLL#	PAYROLLSC	GROUP	BENSTATU	EFFDATE	ENDDA	COVGLVL	COVGLVLDSC	EMPLOYEE#	ERCONT	ERCONTAC	EMPLOYEE#	EEDUCT	EEDEDADJ	TOTPREMI	COMMENT
2	2709	2025	2	2025	2	A	BIZNY, DYBRZL	008-08-77-H003	279003	BCBS	Bronze	20631230	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2016		1	You	466050	1760	0	466051	82.67	0	1842.67	
3	2709	2025	2	2025	2	A	SDQTH, BYTHZNY	097-48-06-H003	279003	BCBS	Bronze	20860426	F	12223	SAMPLE EMPLOYER	49110	A	9/1/2023		4	You and FamQ	466050	1760	0	466051	329.75	0	2089.75	
4	2709	2025	2	2025	2	A	SLIVR, LURQL	077-44-8C-H016	279024	BCBS	HMO	20760131	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2024		3	You and ChQlc	466050	1760	0	466051	292.12	0	2052.12	
5	2709	2025	2	2025	2	A	DRXRY, KZTHYRQI	077-48-45-H002	279002	BCBS	Silver	20770329	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2016		4	You and FamQ	466050	1760	0	466051	465.55	0	2225.55	
6	2709	2025	2	2025	2	A	ZYLZ, SYLVQZG	090-78-06-H016	279024	BCBS	HMO	20800618	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2023		2	You and SpoKs	466050	1760	0	466051	404.77	0	2164.77	
7	2709	2025	2	2025	2	A	YQLZND, DZRYZNY	977-00-76-H003T	279051	BCBS	Bronze-Tri	20651211	F	12223	SAMPLE EMPLOYER	49110	A	10/1/2018		2	You and SpoKs	466050	1760	0	466051	327.56	0	2087.56	
8	2709	2025	2	2025	2	A	DYLZNY, ZDYSV	979-77-77-H016	279024	BCBS	HMO	20751015	M	12223	SAMPLE EMPLOYER	49110	A	4/22/2024		4	You and FamQ	466050	1760	0	466051	539.36	0	2299.36	
9	2709	2025	2	2025	2	A	BISTQZNL, JYNNQF	884-87-06-H002T	279050	BCBS	Silver-Tol	20730804	F	12223	SAMPLE EMPLOYER	49110	A	9/1/2022		3	You and ChQlc	466050	1760	0	466051	327.31	0	2087.31	
10	2709	2025	2	2025	2	A	GRQFFQN, YQLYV	879-77-97-H016	279024	BCBS	HMO	20840928	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2021		4	You and FamQ	466050	1760	0	466051	539.36	0	2299.36	
11	2709	2025	2	2025	2	A	RJBQNSJN, DYGBZ	878-90-94-H016	279024	BCBS	HMO	20750205	F	12223	SAMPLE EMPLOYER	49110	A	8/1/2021		3	You and ChQlc	466050	1760	0	466051	292.12	0	2052.12	
12	2709	2025	2	2025	2	A	HILBRUK, DQSTY	870-97-9C-H002	279002	BCBS	Silver	20780620	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2025		1	You	466050	1760	0	466051	131.17	0	1891.17	
13	2709	2025	2	2025	2	A	THIDPSJN, SZRZH	879-77-4C-H002	279002	BCBS	Silver	20780304	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2022		3	You and ChQlc	466050	1760	0	466051	247.31	0	2007.31	
14	2709	2025	2	2025	2	A	DQLLYR, SZRZH	878-40-0C-H016	279024	BCBS	HMO	20890126	F	12223	SAMPLE EMPLOYER	49110	A	9/1/2023		4	You and FamQ	466050	1760	0	466051	539.36	0	2299.36	
15	2709	2025	2	2025	2	D	CZRTYR, JZJNT	877-07-74-H011	279030	XHC	HMO	20770812	F	12223	SAMPLE EMPLOYER	49110	A	1/1/2024		4	You and FamQ	466050	1760	0	466051	648.69	0	2408.69	
16	2709	2025	2	2025	2	A	WZTKQNS, ZDQI	1877-77-0C-H002	279002	BCBS	Silver	20800725	F	12223	SAMPLE EMPLOYER	49110	A	10/1/2023		3	You and ChQlc	466050	1760	0	466051	247.31	0	2007.31	
17	2709	2025	2	2025	2	A	DCLZQN, TZRD	808-87-0C-H003T	279051	BCBS	Bronze-Tri	20750524	F	12223	SAMPLE EMPLOYER	49110	A	5/1/2024		2	You and SpoKs	466050	1760	0	466051	327.56	0	2087.56	
18	2709	2025	2	2025	2	D	CRWYS, KQDBYRL	808-87-7C-H011T	279054	XHC	HMO-Toba	20751009	F	12223	SAMPLE EMPLOYER	49110	A	10/1/2024		4	You and FamQ	466050	1760	0	466051	728.69	0	2488.69	

## SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): STATE AGENCIES

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	CLIENT#	RUNYEAR	RUNMONT	COVYEAR	COVMONT	CHANGC	EMPNAME	EMPSSN	PLANCODE	ADPLAN	PLANNAME	BIRTHDATE	GENC	PAYROLL#	PAYROLLSC	GROUP	BENSTATU	EFFDATE	ENDDA	COVGLVL	COVGLVLDSC	EMPLOYEE#	ERCONT	ERCONTAC	EMPLOYEE#	EEDUCT	EEDEDADJ	TOTPREMI	COMMENT
2	2709	2025	2	2025	2	A	MXKZL, LZTXTP	077-76-68-H016	279024	BCBS	HMO	20890805	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2024		1	You	466061	0	0	466062	157.53	0	157.53	
3	2709	2025	2	2025	2	A	RQZSNZR, HZY	089-68-88-H016	279024	BCBS	HMO	20760603	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2020		3	You and Child(re	466061	0	0	466062	292.12	0	292.12	
4	2709	2025	2	2025	2	A	HXLYPD, DQI	967-86-08-H003	279003	BCBS	Bronze	20770922	M	12222	SAMPLE EMPLOYER	49100	A	10/1/2021		3	You and Child(re	466061	0	0	466062	164.86	0	164.86	
5	2709	2025	2	2025	2	A	WHXTYKZR, ZSI	880-79-09-H016	279024	BCBS	HMO	20940425	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2022		1	You	466061	0	0	466062	157.53	0	157.53	
6	2709	2025	2	2025	2	A	HYMWLZTQN, I	860-87-77-H016	279024	BCBS	HMO	20960403	M	12222	SAMPLE EMPLOYER	49100	A	1/1/2025		1	You	466061	0	0	466062	157.53	0	157.53	
7	2709	2025	2	2025	2	A	TUWNZR, SYRYH	866-07-07-H016	279024	BCBS	HMO	20791228	F	12222	SAMPLE EMPLOYER	49100	A	12/1/2022		4	You and Family	466061	0	0	466062	539.36	0	539.36	
8	2709	2025	2	2025	2	A	JYVRQZ, SYRYH	867-06-69-H016	279024	BCBS	HMO	20700128	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2020		1	You	466061	0	0	466062	157.53	0	157.53	
9	2709	2025	2	2025	2	D	PYGZ, STYLZY	H869-80-06-H012	279031	UHC	High Deducti	20720123	F	12222	SAMPLE EMPLOYER	49100	A	7/1/2022		4	You and Family	466061	0	0	466062	301.8	0	301.8	
10	2709	2025	2	2025	2	A	RQYLH, JQVLZ	808-97-89-H016	279024	BCBS	HMO	20630812	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2016		1	You	466061	0	0	466062	157.53	0	157.53	
11	2709	2025	2	2025	2	A	YDYMS, LYNTH	808-79-78-H002T	279050	BCBS	Silver - Toba	20630414	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2018		1	You	466061	0	0	466062	211.17	0	211.17	
12	2709	2025	2	2025	2	A	MYXZY, KYRZN	808-79-67-H016	279024	BCBS	HMO	20770702	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2016		1	You	466061	0	0	466062	157.53	0	157.53	
13	2709	2025	2	2025	2	A	KQQNIZ, DQNI	808-60-77-H016	279024	BCBS	HMO	20760317	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2016		1	You	466061	0	0	466062	157.53	0	157.53	
14	2709	2025	2	2025	2	A	SHRQPSHRZ	1-808-09-08-H003	279003	BCBS	Bronze	20690602	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2025		2	You and Spouse	466061	0	0	466062	247.56	0	247.56	
15	2709	2025	2	2025	2	A	GQDFRZY, WYR	808-69-07-H001T	279049	BCBS	Gold - Toba	20740322	M	12222	SAMPLE EMPLOYER	49100	A	1/1/2023		1	You	466061	0	0	466062	274.67	0	274.67	
16	2709	2025	2	2025	2	D	GRUWN, ZLXZY	808-69-96-H016	279031	UHC	High Deducti	20840813	F	12222	SAMPLE EMPLOYER	49100	A	7/18/2022		4	You and Family	466061	0	0	466062	301.8	0	301.8	
17	2709	2025	2	2025	2	A	LXVZLY, JLLXY	808-79-67-H016	279024	BCBS	HMO	20880105	F	12222	SAMPLE EMPLOYER	49100	A	9/1/2023		4	You and Family	466061	0	0	466062	539.36	0	539.36	
18	2709	2025	2	2025	2	D	HUGGXNS, DYL	808-90-89-H012	279031	UHC	High Deducti	20951020	M	12222	SAMPLE EMPLOYER	49100	A	1/1/2025		1	You	466061	0	0	466062	72.69	0	72.69	
19	2709	2025	2	2025	2	A	PYXGZ, LRYSTV	807-67-87-H003	279003	BCBS	Bronze	20770911	F	12222	SAMPLE EMPLOYER	49100	A	1/1/2025		3	You and Child(re	466061	0	0	466062	164.86	0	164.86	

## SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): CONTRACT EMPLOYERS

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC	
1	CLIENT#	RUNYEAR	RUNMONT	COVYEAR	COVMONT	CHAIN	EMPNAME	EMPSSN	PLANCODE	ADPLAN	PLANNAME	BIRTHDATE	GENDER	PAYROLL#	PAYROLLSC	GROUP	BENSTATU	EFFDATE	ENDDATE	COVGLVL	COVGLVLD	EMPLOYEE#	ERCONT	ERCONTAC	EMPLOYEE#	EEDUCT	EEDEDADJ	TOTPREMI	COMMENT	
2	2709	2025	2	2024	12	A	JPRY, HQZ	970-08-69-H016	279024	BCBS	HMO	20760822	F	12224	SAMPLE EM	49140	A	7/1/2023		4	You and Fe	466065	0	0	466066	0	-2752.58	-2752.58		
3	2709	2025	2	2025	1	A	JPRY, HQZ	970-08-69-H016	279024	BCBS	HMO	20760822	F	12224	SAMPLE EM	49140	A	7/1/2023		4	You and Fe	466065	0	0	466066	0	-2918.18	-2918.18		
4	2709	2025	2	2024	12	A	JPRY, HQZ	970-08-69-H016	279024	BCBS	HMO	20760822	F	12224	SAMPLE EM	49140	T	7/1/2023	#####	4	You and Fe	466065	0	0	466066	0	2752.58	2752.58	Drop	
5	2709	2025	2	2024	12	A	WXNNXZM	867-69-79E-H001	279001	BCBS	Gold	20750517	F	12224	SAMPLE EM	49140	A	6/1/2023		1	You	466065	0	0	466066	0	-1023.9	-1023.9		
6	2709	2025	2	2025	1	A	WXNNXZM	867-69-79E-H001	279001	BCBS	Gold	20750517	F	12224	SAMPLE EM	49140	A	6/1/2023		1	You	466065	0	0	466066	0	-1080.09	-1080.09		
7	2709	2025	2	2024	12	A	WXNNXZM	867-69-79E-H001	279001	BCBS	Gold	20750517	F	12224	SAMPLE EM	49140	T	6/1/2023	#####	1	You	466065	0	0	466066	0	1023.9	1023.9	Drop	
8	2709	2025	2	2024	12	A	STJDGHXN	808-97-697-H003	279003	BCBS	Bron	20950330	F	12224	SAMPLE EM	49140	A	1/1/2024		1	You	466065	0	0	466066	0	-910.81	-910.81		
9	2709	2025	2	2025	1	A	STJDGHXN	808-97-697-H003	279003	BCBS	Bron	20950330	F	12224	SAMPLE EM	49140	A	1/1/2024		1	You	466065	0	0	466066	0	-965.85	-965.85		
10	2709	2025	2	2024	12	A	STJDGHXN	808-97-697-H003	279003	BCBS	Bron	20950330	F	12224	SAMPLE EM	49140	T	1/1/2024	#####	1	You	466065	0	0	466066	0	910.81	910.81	Drop	
11	2709	2025	2	2024	12	A	RZNDZNN,	807-67-07E-H003	279003	BCBS	Bron	20830401	F	12224	SAMPLE EM	49140	T	1/1/2015	#####	1	You	466065	0	0	466066	0	910.81	910.81	Drop	
12	2709	2025	2	2024	12	A	RZNDZNN,	807-67-07E-H003	279003	BCBS	Bron	20830401	F	12224	SAMPLE EM	49140	A	1/1/2015		1	You	466065	0	0	466066	0	-910.81	-910.81		
13	2709	2025	2	2025	1	A	RZNDZNN,	807-67-07E-H003	279003	BCBS	Bron	20830401	F	12224	SAMPLE EM	49140	A	1/1/2015		1	You	466065	0	0	466066	0	-965.85	-965.85		
14	2709	2025	2	2024	12	A	RZNNNS, CH	806-87-86E-H003	279003	BCBS	Bron	20720930	F	12224	SAMPLE EM	49140	T	1/1/2021	#####	1	You	466065	0	0	466066	0	910.81	910.81	Drop	
15	2709	2025	2	2024	12	A	RZNNNS, CH	806-87-86E-H003	279003	BCBS	Bron	20720930	F	12224	SAMPLE EM	49140	A	1/1/2021		1	You	466065	0	0	466066	0	-910.81	-910.81		
16	2709	2025	2	2025	1	A	RZNNNS, CH	806-87-86E-H003	279003	BCBS	Bron	20720930	F	12224	SAMPLE EM	49140	A	1/1/2021		1	You	466065	0	0	466066	0	-965.85	-965.85		
17	2709	2025	2	2024	12	A	ZVQRY, KK	806-09-767-H003	279003	BCBS	Bron	20831218	F	12224	SAMPLE EM	49140	A	2/26/2024		1	You	466065	0	0	466066	0	-910.81	-910.81		
18	2709	2025	2	2025	1	A	ZVQRY, KK	806-09-767-H003	279003	BCBS	Bron	20831218	F	12224	SAMPLE EM	49140	A	2/26/2024		1	You	466065	0	0	466066	0	-965.85	-965.85		
19	2709	2025	2	2024	12	A	ZVQRY, KK	806-09-767-H003	279003	BCBS	Bron	20831218	F	12224	SAMPLE EM	49140	T	2/26/2024	#####	1	You	466065	0	0	466066	0	910.81	910.81	Drop	

## SAMPLE PREMIUM BILLING DETAIL REPORT (BRP): CONTRACT DIRECT PAY AND PRIOR RETIREES'

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	AC
1	CLIENT#	RUNYEAR	RUNMC	COVYEAR	COVMONT	CHA	EMPNAME	EMPSSN	PLANCODE	ADPPLAN	PLANNAM	BIRTHDATE	GENDER	PAYROLLC	PAYROLLD	GROUP	BENSTATU	EFFDATE	ENDDATE	COVGLVL	COVGLVLD	EMPLOYER	ERCONT	ERCONTAC	EMPLOYEE	EDEDUCT	EDEDADJ	TOTPREMI	COMMI
2	2709	2025	2	2025	2	D	GIBJTI, DTI 032-44-111 H013	279032	UHC Medic	20460813	F	12225	SAMPLE EN	49149	R	12/5/2017				1	You	466065	0	0	466066	230.8	0	230.8	
3	2709	2025	2	2025	2	D	CTLWQLL, 254-54-960 H013	279032	UHC Medic	20360106	M	12225	SAMPLE EN	49149	R	1/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
4	2709	2025	2	2025	2	D	BRITKJ, CX254-74-967 H013	279032	UHC Medic	20511214	F	12225	SAMPLE EN	49149	R	2/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
5	2709	2025	2	2025	2	D	CXRTQR, R255-70-197 H013	279032	UHC Medic	20470111	M	12225	SAMPLE EN	49149	R	5/1/2021				2	You and Sp	466065	0	0	466066	461.6	0	461.6	
6	2709	2025	2	2025	2	D	GRUBBJ, D256-84-056 H013	279032	UHC Medic	20500408	F	12225	SAMPLE EN	49149	R	5/1/2019				1	You	466065	0	0	466066	230.8	0	230.8	
7	2709	2025	2	2025	2	D	GIBJTI, DTI 032-44-111 H013	279032	UHC Medic	20460813	F	12225	SAMPLE EN	49149	R	12/5/2017				1	You	466065	0	0	466066	230.8	0	230.8	
8	2709	2025	2	2025	2	D	CTLWQLL, 254-54-960 H013	279032	UHC Medic	20360106	M	12225	SAMPLE EN	49149	R	1/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
9	2709	2025	2	2025	2	D	BRITKJ, CX254-74-967 H013	279032	UHC Medic	20511214	F	12225	SAMPLE EN	49149	R	2/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
10	2709	2025	2	2025	2	D	CXRTQR, R255-70-197 H013	279032	UHC Medic	20470111	M	12225	SAMPLE EN	49149	R	5/1/2021				2	You and Sp	466065	0	0	466066	461.6	0	461.6	
11	2709	2025	2	2025	2	D	GRUBBJ, D256-84-056 H013	279032	UHC Medic	20500408	F	12225	SAMPLE EN	49149	R	5/1/2019				1	You	466065	0	0	466066	230.8	0	230.8	
12	2709	2025	2	2025	2	D	GIBJTI, DTI 032-44-111 H013	279032	UHC Medic	20460813	F	12225	SAMPLE EN	49149	R	12/5/2017				1	You	466065	0	0	466066	230.8	0	230.8	
13	2709	2025	2	2025	2	D	CTLWQLL, 254-54-960 H013	279032	UHC Medic	20360106	M	12225	SAMPLE EN	49149	R	1/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
14	2709	2025	2	2025	2	D	BRITKJ, CX254-74-967 H013	279032	UHC Medic	20511214	F	12225	SAMPLE EN	49149	R	2/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
15	2709	2025	2	2025	2	D	CXRTQR, R255-70-197 H013	279032	UHC Medic	20470111	M	12225	SAMPLE EN	49149	R	5/1/2021				2	You and Sp	466065	0	0	466066	461.6	0	461.6	
16	2709	2025	2	2025	2	D	GRUBBJ, D256-84-056 H013	279032	UHC Medic	20500408	F	12225	SAMPLE EN	49149	R	5/1/2019				1	You	466065	0	0	466066	230.8	0	230.8	
17	2709	2025	2	2025	2	D	GIBJTI, DTI 032-44-111 H013	279032	UHC Medic	20460813	F	12225	SAMPLE EN	49149	R	12/5/2017				1	You	466065	0	0	466066	230.8	0	230.8	
18	2709	2025	2	2025	2	D	CTLWQLL, 254-54-960 H013	279032	UHC Medic	20360106	M	12225	SAMPLE EN	49149	R	1/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	
19	2709	2025	2	2025	2	D	BRITKJ, CX254-74-967 H013	279032	UHC Medic	20511214	F	12225	SAMPLE EN	49149	R	2/1/2018				1	You	466065	0	0	466066	230.8	0	230.8	

### 3. PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV)

- Produced in conjunction with the Premium Billing Detail Report (BRP);
- Summarizes aggregate costs based on the Plan Options for Employer's membership in their Payroll Location(s);
- Total costs of Plan Options equate to the total amounts billed on the Premium Billing Detail Report (BRP); and
- Can be used by Employers to understand their membership's cost breakdowns per various Plan Options.



## SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): BOARDS OF EDUCATION (AND SIMILAR SITUATED EMPLOYING ENTITIES)

BRP6983 GONZALE1 Client Values		State of Georgia (SHBP) Custom Payment Summary by Payroll Location PDF 2/2025 Division = , *All Plans, *All Plan Grps Only										
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division -												
H001	279001	BCBS-GOLD	1	You	49110	12	466050	21,120.00	.00	466051	2,336.04	.00
H001	279001	BCBS-GOLD	2	You and Spouse	49110	2	466050	3,520.00	.00	466051	965.52	.00
H001	279001	BCBS-GOLD	3	You and Child(ren)	49110	4	466050	7,040.00	.00	466051	1,421.04	.00
H001	279001	BCBS-GOLD	4	You and Family	49110	5	466050	8,800.00	.00	466051	3,216.75	.00
Subtot Plan - H001						23		40,480.00	.00		7,939.35	.00
H002	279002	BCBS-SILVR	1	You	49110	11	466050	19,360.00	.00	466051	1,442.87	.00
H002	279002	BCBS-SILVR	2	You and Spouse	49110	6	466050	10,560.00	.00	466051	2,096.46	.00
H002	279002	BCBS-SILVR	3	You and Child(ren)	49110	1	466050	1,760.00	.00	466051	247.31	.00
H002	279002	BCBS-SILVR	4	You and Family	49110	9	466050	15,840.00	.00	466051	4,189.95	.00
Subtot Plan - H002						27		47,520.00	.00		7,976.59	.00
H002T	279050	SILVER-TOB	4	You and Family	49110	3	466050	5,280.00	.00	466051	1,636.65	.00
Subtot Plan - H002T						3		5,280.00	.00		1,636.65	.00
H003	279003	BCBS-BRONZ	1	You	49110	18	466050	31,680.00	.00	466051	1,488.06	.00
H003	279003	BCBS-BRONZ	2	You and Spouse	49110	10	466050	17,600.00	1,760.00CR	466051	2,475.60	247.56CR
H003	279003	BCBS-BRONZ	3	You and Child(ren)	49110	11	466050	19,360.00	.00	466051	1,813.46	.00
H003	279003	BCBS-BRONZ	4	You and Family	49110	17	466050	29,920.00	1,760.00	466051	5,605.75	329.75
Subtot Plan - H003						56		98,560.00	.00		11,382.87	82.19

## SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): STATE AGENCIES

BRP6983 GONZALE1 Client Values		State of Georgia (SHBP) Custom Payment Summary by Payroll Location PDF 2/2025 Division = , *All Plans, *All Plan Grps Only										
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division -												
H001	279001	BCBS-GOLD	1	You	49100	5	466061	.00	.00	466062	973.35	.00
H001	279001	BCBS-GOLD	2	You and Spouse	49100	1	466061	.00	.00	466062	482.76	.00
H001	279001	BCBS-GOLD	3	You and Child(ren)	49100	3	466061	.00	.00	466062	1,065.78	.00
H001	279001	BCBS-GOLD	4	You and Family	49100	1	466061	.00	.00	466062	643.35	.00
Subtot Plan - H001						10		.00	.00		3,165.24	.00
H001T	279049	GOLD-TOB	1	You	49100	1	466061	.00	.00	466062	274.67	.00
Subtot Plan - H001T						1		.00	.00		274.67	.00
H002	279002	BCBS-SILVR	1	You	49100	6	466061	.00	.00	466062	787.02	.00
H002	279002	BCBS-SILVR	2	You and Spouse	49100	2	466061	.00	.00	466062	698.82	.00
H002	279002	BCBS-SILVR	3	You and Child(ren)	49100	1	466061	.00	.00	466062	247.31	.00
H002	279002	BCBS-SILVR	4	You and Family	49100	2	466061	.00	.00	466062	931.10	.00
Subtot Plan - H002						11		.00	.00		2,664.25	.00
H002T	279050	SILVER-TOB	1	You	49100	2	466061	.00	.00	466062	422.34	.00
H002T	279050	SILVER-TOB	2	You and Spouse	49100	1	466061	.00	.00	466062	429.41	.00
H002T	279050	SILVER-TOB	4	You and Family	49100	1	466061	.00	.00	466062	545.55	.00
Subtot Plan - H002T						4		.00	.00		1,397.30	.00
H003	279003	BCBS-BRONZ	1	You	49100	18	466061	.00	.00	466062	1,488.06	.00
H003	279003	BCBS-BRONZ	2	You and Spouse	49100	5	466061	.00	.00	466062	1,237.80	.00
H003	279003	BCBS-BRONZ	3	You and Child(ren)	49100	8	466061	.00	.00	466062	1,318.88	.00



## SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): CONTRACT EMPLOYER

BRP6983 GONZALE1 Client Values		State of Georgia (SHBP) Custom Payment Summary by Payroll Location PDF 2/2025 Division = , *All Plans, *All Plan Grps Only										
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division -												
H001	279001	BCBS-GOLD	1	You	49140	0	466065	.00	.00	466066	.00	5,400.45CR
H001	279001	BCBS-GOLD	3	You and Child(ren)	49140	0	466065	.00	.00	466066	.00	1,836.15CR
Subtot Plan - H001						0		.00	.00		.00	7,236.60CR
H002	279002	BCBS-SILVR	1	You	49140	1	466065	.00	.00	466066	1,015.32	7,107.24CR
Subtot Plan - H002						1		.00	.00		1,015.32	7,107.24CR
H002T	279050	SILVER-TOB	1	You	49140	0	466065	.00	.00	466066	.00	1,095.32CR
Subtot Plan - H002T						0		.00	.00		.00	1,095.32CR
H003	279003	BCBS-BRONZ	1	You	49140	0	466065	.00	.00	466066	.00	13,521.90CR
H003	279003	BCBS-BRONZ	2	You and Spouse	49140	0	466065	.00	.00	466066	.00	2,028.28CR
H003	279003	BCBS-BRONZ	3	You and Child(ren)	49140	0	466065	.00	.00	466066	.00	3,283.90CR
Subtot Plan - H003						0		.00	.00		.00	18,834.08CR
H016	279024	BCBSHMO-B6	1	You	49140	0	466065	.00	.00	466066	.00	7,295.47CR
H016	279024	BCBSHMO-B6	3	You and Child(ren)	49140	0	466065	.00	.00	466066	.00	3,543.50CR
H016	279024	BCBSHMO-B6	4	You and Family	49140	0	466065	.00	.00	466066	.00	2,918.18CR
Subtot Plan - H016						0		.00	.00		.00	13,757.15CR
Subtot Chain Code A						1		.00	.00		1,015.32	48,030.39CR

## SAMPLE PREMIUM BILLING SUMMARY REPORT (CUSTOM PAY SUM BY DIV): CONTRACT DIRECT PAY AND PRIOR RETIREES'

BRP6983 GONZALE1 Client Values		State of Georgia (SHBP) Custom Payment Summary by Payroll Location PDF 2/2025 Division = , *All Plans, *All Plan Grps Only										
Plan Code	Plan #	Plan Name	Covg Lvl	Coverage Level Description	Group	Emp Count	Employer Code	Employer Contribution	Employer Adjustments	Employee Code	Employee Deduction	Employee Adjustments
Start of Division -												
H013	279032	UHCMAP-H3	1	You	49149	4	466065	.00	.00	466066	923.20	.00
H013	279032	UHCMAP-H3	2	You and Spouse	49149	1	466065	.00	.00	466066	461.60	.00
Subtot Plan - H013						5		.00	.00		1,384.80	.00
Subtot Chain Code D						5		.00	.00		1,384.80	.00
Subtot Division -						5		.00	.00		1,384.80	.00

\*\*\*\* END OF REPORT \*\*\*\*

### FUNDING

From the 29th Calendar Day through the 4th Business Day, Employers should also make funds available for payment to SHBP via their Funding Method on file with SHBP Premium Billing. Approved Funding Methods currently includes Electronic Funds Transfer (EFT) and check.

### IMPORTANT:

Please do not change the method in which you pay without first notifying ADP and DCH/SHBP at [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com) and [SHBPFinancialReview@dch.ga.gov](mailto:SHBPFinancialReview@dch.ga.gov). Any changes require ADP system changes to avoid payment errors.

### 5TH BUSINESS DAY

Employer payments, including their Employer Contribution and member premium for their employees enrolled in SHBP coverage are due on the 5th Business Day of the Month. Employers should refer to their Premium Billing Payment Voucher(s) for more information on submitting their payment to SHBP.

*For reconciliation purposes, include in your email the Payroll Summary report, and any discrepancy reports and reconciliations. If you cannot provide Payroll generated reports to support your adjustments, you must pay "as billed".*

*Employers should pay as billed. A partial payment of the amount billed is treated as an adjusted payment. For those employers who do not pay as billed, if a credit is deducted in advance by the Employer prior to the Employer receiving a credit reflected on their Premium Billing Detail Report (BRP), the Employer should make sure the credit is not deducted again when it is reflected on the Premium Billing Detail Report (BRP). Any credits owed to an Employer due to subsequent employee eligibility record changes will appear in 1 to 2 billing cycles on the next Premium Billing (*see Part II. Introduction to SHBP Premium Billing Discrepancies*).*

#### **6TH BUSINESS DAY through 27th Calendar Day**

On the 6th Business Day, SHBP Premium Billing transfers all funds collected to the DCH Financial Management Division's SHBP Accounting Team.

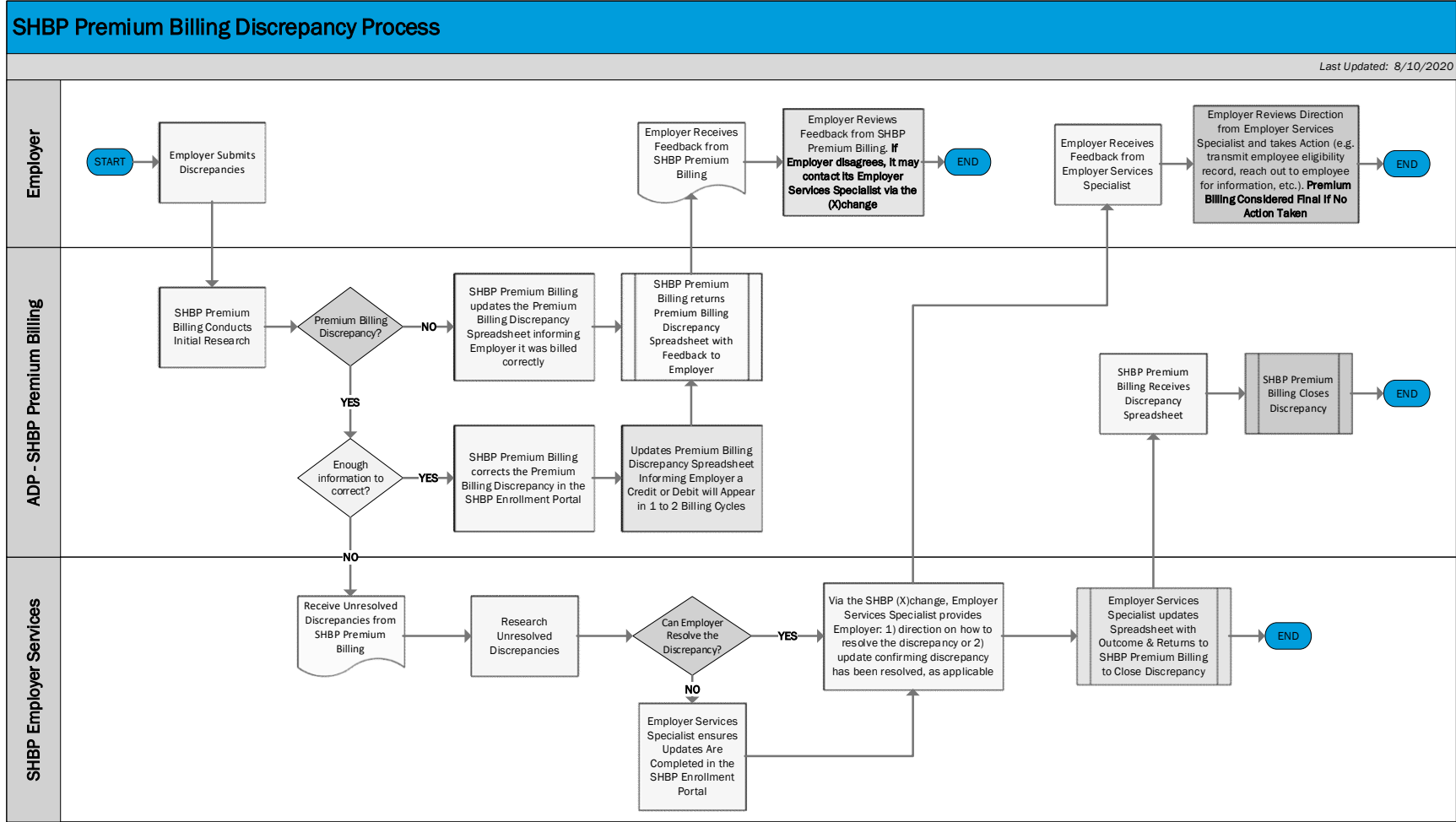
SHBP Premium Billing continues to accept payment(s) from Employers between the 6th to the 27th Calendar Day of the month for the current premium billing cycle. At the end of each week thereafter, SHBP Premium Billing continues to transfer funds and provide updated accounts receivable report(s) to DCH Financial Management Division's SHBP Accounting Team.

The DCH Financial Management Division, SHBP Audits Team will follow up with delinquent Employers who fail to submit payment by the 27th Calendar Day of the month for the current billing cycle. For example, the August Premium Billing payment is due by August 7th (i.e., the 5th business day of the month). Employers who have not submitted payment by August 27th will be contacted by the DCH Financial Management Division, SHBP Audits Team.

# PART II. INTRODUCTION TO SHBP PREMIUM BILLING DISCREPANCY PROCESS

## Overview of SHBP Premium Billing Discrepancy Process

The SHBP Premium Billing Discrepancy Process begins immediately after the Premium Billing is posted to SHRT to each Employer Payroll Location(s) and ends on the 27th Calendar Day of each month.



## What is a Premium Billing Discrepancy?

A Premium Billing Discrepancy is a billing error that the Employer has identified from the Premium Billing Detail Report (BRP). As discussed further below, billing errors due to timing or due to Employers not updating or submitting inaccurate employee eligibility records are not Premium Billing Discrepancies.

### PREMIUM BILLING DISCREPANCY TEMPLATE

The *current, approved* Discrepancy spreadsheet template is in SHRT in the “Additional\_SHRT\_Instructions” folder as well as in your “From\_ADP” Folder, in the “Premium\_Billing” subfolder. Employers should log into SHRT each month to ensure they are completing the correct template. If the incorrect version of the Discrepancy spreadsheet template is submitted, it will be returned to the Employer and not processed, therefore delaying any eligibility updates needed for your employees.

Employers with multiple Payroll Locations may combine Discrepancies on a single Discrepancy spreadsheet template.

## BRP6981 Monthly Premium Billing Discrepancy Process Instructions

Please use this spreadsheet to report any billing discrepancies found on your BRP6981 CSV file.

Please ensure that the excel file name and subject line of the email contain your 5 digit payroll location number and reads as follows:

SHBP 12345 – Discrepancies for Month 20XX  
\*12345 should be replaced with 5 digit payroll location number

Discrepancies identified during this review process will need to be attached to an email and sent [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com) as well as [SHBPFInancalReview@dch.ga.gov](mailto:SHBPFInancalReview@dch.ga.gov)

**NOTE:** All discrepancies will be researched and resolved on the **following month's premium billing** as long as they are reported to ADP by the 20th of the current month so that we have enough time to research the issues. Any email received after this date will not be reviewed and will need to be resubmitted if not corrected on the billing sent on the **28th**. ADP will provide a response in the ADP response back (column K)

COMMON DISCREPANCIES	
Discrepancy Description	DISCREPANCY DETAILS NEEDED
Employee Terminated but is still active on BRP6981	Term Date 02/06/2025 (coverage end date must be put in column I)
Employee Missing from BRP6981 Report	Elected medical coverage on 03/08/2025 (coverage begin date must be put in column I)
Employee Transferred to new location	Transferred 02/06/2025 LDD was 1/31/2025 Coverage Ends 2/28/2025. New Location Number is 56789
Coverage level is different than BRP6981	Correct Coverage Level. Eff date of Coverage Level change
Employee changed from active to retiree	Retired MM/DD/YYYY
Incorrect SSN	Correct SSN is
Employee is on LWOP (These situations should only be reported if they are on the BRP6981 and coverage should end.)	Employee is on LWOP and should term.
Other	Provide details pertaining to the discrepancy

Sample: SHBP 12345 – Discrepancies for March 20XX

Payroll Location Name: Location Name or Number

Column N 5 DIGIT PAYROLL LOCATION #	Column G NAME (Last, First)	Column H LAST 4 SSN	Column I PLAN CODE	Column E COVERAGE MONTH/YEAR NEEDING ADJUSTMENT	Column W EMPLOYER ADJUSTMENT AMOUNT REQUESTED	Column Z EMPLOYEE ADJUSTMENT AMOUNT REQUESTED	Column AB TOTAL ADJUSTMENT AMOUNT REQUESTED	COVERAGE EFFECTIVE OR END DATE MM/DD/YYYY	COMMON DISCREPANCIES DISCREPANCY DETAILS (Refer to instructions tab for common discrepancies and information ADP needs)
12345	JONES, JOHN	1234	H002	2/21 - 3/21	\$0.00	\$108.64	(\$217.28)	3/31/2025	Term Date 02/22/2025 Cov End Date 3/31/2025
12345	SMITH, SALLY	7773	H003	03/2025	\$945.00	\$195.96	\$1,140.96	4/1/2025	Elected medical coverage 03/08/2025
12345	BROWN, KEITH	1201	H016T	03/2025	(\$945.00)	(\$523.18)	(\$1,468.18)	3/1/2025	Transferred 02/06/2021 LDD was 1/31/2025 Coverage Ends 2/28/2025. New Location Number is 56789.
12345	WILLIAMS, KIRA	0407	H002	03/2025	\$0.00	\$539.84	\$539.84	3/1/2025	Employee added baby 3/10/2025.
12345	GODFREY, ANNA	2605	H001	03/2025	\$0.00	(\$539.84)	(\$539.84)	3/1/2025	Family coverage eff 3/1/2025 Retired 02/01/2025

**\*If you have already made adjustments to the amount paid please make sure you do not pay or credit again the following month when it is reflected on the bill.**

Please keep in mind that there will always be slight timing differences between the monthly premium billing and the actual payroll deductions for the month depending on when the data was updated in the ADP system. Whenever possible please pay as billed and document any differences as a discrepancy for ADP to research BUT do not adjust your bill or you will have to keep doing this until the discrepancies balance out. It is understood by ADP that the locations cannot pay for records that have transferred or terminated and it would be okay for you to adjust your bill to deduct those amounts from your payment; however ADP will still need you to report them so that ADP can ensure our system(S) are reflecting the termination.

It is also recommended that you check the ADP enrollment portal for any changes to ensure that they are reflected correctly within that system. If the change you are expecting is not showing in the portal please reach out to your SHBP Employer Services Team for assistance in getting this corrected. If the record was updated within a week of the premium billing reports being posted to the SHRT site, this is most likely a timing issue and will be reflected correctly on the following premium billing cycle. Again, it is the recommendation of ADP that you pay as billed to prevent any unnecessary extra work and identify and monitor discrepancies so that we can ensure that they are corrected before the next premium billing cycle.

### PREMIUM BILLING CUTOFF DATE

The cutoff date for Premium Billing changes is seven (7) business days prior to the 28th Calendar Day\* of each month when Premium Billing is posted to SHRT. The cutoff date is the date that all employee eligibility data present as of that date in the SHBP Enrollment Portal is used to prepare the upcoming Premium Billing for each Employer.

For example, the August Premium Billing Vouchers and Reports will be posted to SHRT Monday, July 28, 2025. The cutoff date for Premium Billing changes is July 17, 2025.

#### \*Note:

- If the 28th Calendar Day falls on a Saturday, Premium Billing is posted by the prior business day. *This means the Premium Billing cutoff date would be 7 Business Days prior to the 27th Calendar Day when Premium Billing is posted to SHRT.*
- If the 28th Calendar Day falls on a Sunday, Premium Billing is posted on the following business day. *This means the Premium Billing cutoff date would be 7 Business Days prior to the 29th Calendar Day when Premium Billing is posted to SHRT.*

### BILLING ERRORS DUE TO TIMING

Billing errors on the Premium Billing Detail Report Due to Timing are not Premium Billing Discrepancies. The below scenarios describe common billing errors due to timing.

**Scenario I:** an employee is hired August 5, 2025, and the Employer transmits a successful New Hire Record to SHBP on August 24, 2025. The New Hire does not appear on the September Premium Billing Detail Report. *This is not a Premium Billing Discrepancy because the date the New Hire Record was submitted was after the cutoff date for September Premium Billing, as detailed below:*

- The September Premium Billing Detail Report (BRP) is posted to SHRT Thursday, August 28, 2025.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were not charged for the new hire's coverage because it is not showing on their September BRP.
- Since the September Premium Billing Vouchers and Reports were posted to SHRT Thursday, August 28, 2025. The cutoff date for Premium Billing changes was August 19, 2025. Therefore, the employee's New Hire Record submitted on August 24th missed the cutoff date.
- SHBP Premium Billing's response to the Employer on the Premium Billing Discrepancy Template states "This is not a Discrepancy. Employee will appear on the October Premium Billing Detail Report (BRP) produced on September 28th."

**Scenario II:** an employee is terminated August 14, 2025, and the Employer transmits a successful Termination Record to SHBP on September 18, 2025. The terminated employee appears on the October Premium Billing Detail Report. *This is not a Premium Billing Discrepancy because the date the Termination Record was submitted was after the cutoff date for October Premium Billing, as detailed below:*



- The October Premium Billing Detail Report (BRP) is posted to SHRT Monday, September 29, 2025.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were incorrectly charged October coverage for the former employee and the coverage should have terminated as of September 30, 2025.
- Since the October Premium Billing Vouchers and Reports were posted to SHRT Monday, September 29, 2025. The cutoff date for Premium Billing changes was September 18, 2025. Therefore, the former employee's Termination Record submitted on September 18th missed the cutoff date.
- SHBP Premium Billing's response to the Employer states "This is not a Discrepancy. Employer will receive a credit in 1 to 2 billing cycles."

#### BILLING ERRORS DUE TO UNSUCCESSFUL OR NO EMPLOYEE ELIGIBILITY RECORD SUBMITTED

Billing errors on the Premium Billing Detail Report due to an Employer transmitting an unsuccessful employee eligibility record or failing to transmit an employee eligibility record, are not Premium Billing Discrepancies. The below scenarios describe common billing errors due to employers transmitting an employee eligibility record that error out or is rejected or failing to transmit an employee eligibility record.

**Scenario I:** an employee is hired August 5, 2025, and the Employer transmits a New Hire Record to SHBP on August 10, 2025, that errors out due to an inaccurate hire date of August 21, 1821, transmitted to SHBP. The Employer did not retransmit the New Hire Record. *This is not a Premium Billing Discrepancy because the Employer has failed to transmit a successful, error-free, New Hire Record, as detailed below:*

- The September Premium Billing Detail Report (BRP) is posted to SHRT Friday, August 29, 2025.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were not charged for the new hire's coverage because it is not showing on their September BRP.
- Since the September Premium Billing Vouchers and Reports were posted to SHRT Friday, August 28, 2025. The cutoff date for Premium Billing changes was August 19, 2025, and the employer never resubmitted the New Hire Record to correct the hire date error. Therefore, no New Hire Record for the employee was submitted on for inclusion on the September Premium Billing.
- SHBP Premium Billing's response to the Employer states, "Sent to EST for research" and it is transferred to Employer Services for follow-up.
- The Employer Services Specialist conducts research and determines a New Hire Record was transmitted but it errored out and the Employer took no further action to correct the New Hire Record and retransmit it to SHBP. Employer Services Specialist will reach out to Employer and advise them to transmit an accurate New Hire Record for the employee.

**Scenario II:** an employee is terminated August 14, 2025, but the Employer never transmits a Termination Record to SHBP. *This is not a Premium Billing Discrepancy because the Employer has failed to transmit a Termination Record, as detailed below:*



- The October Premium Billing Detail Report (BRP) is posted to SHRT Monday, September 29, 2025.
- Employer incorrectly reports on their Premium Billing Discrepancy Template that they were incorrectly charged October coverage for the former employee and the coverage should have terminated as of September 30, 2025.
- SHBP Premium Billing's response to the Employer states, "Sent to EST for research" and it is transferred to Employer Services for follow-up.
- The Employer Services Specialist conducts research and determines the Employer never transmitted a Termination Record for the former employee. Employer Services Specialist will reach out to Employer and advise them to send a Termination Record for the former employee.

## 7 Monthly Premium Billing Discrepancy Steps for Employers

During the 6th Business Day through the 27th Calendar Day of each month, Employers should take the following steps:

### STEP 1 - DOWNLOAD AND REVIEW THE PREMIUM BILLING DETAIL REPORT (BRP) MONTHLY

☐  SHBP 88842 BRP6981 022025 2025-01-28 10.15.18.CSV

Employers should review their Premium Billing Detail Report(s) as soon as possible and submit any premium Billing Discrepancies to SHBP Premium Billing before the Premium Billing Cutoff Date. For Employers with multiple Payroll Locations, you will need to download and review the applicable Premium Billing Detail Report for each Payroll Location. BRPs are available in SHRT for 90 days and then purged. If you require historical BRPs, please email your request to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com).

- *Premium Billing Discrepancies submitted and/or resolved after the Premium Billing Cutoff Date:* will be updated on the next Premium Billing Detail Report.
- *Premium Billing Discrepancies submitted and/or resolved after the Premium Billing Cutoff Date:* will not be updated by the next Premium Billing Detail Report but will be updated on the subsequent Premium Billing Detail Report.

### STEP 2 - DOWNLOAD THE APPROVED DISCREPANCY SPREADSHEET TEMPLATE MONTHLY

	A	B	C	D	E	F	G	H	I	J	K
1	Payroll Location Name:										
2											
3	5 DIGIT PAYROLL LOCATION #	NAME (Last, First)	LAST 4 SSN	PLAN CODE	BILL MONTH/YEAR NEEDING ADJUSTMENT	EMPLOYER ADJUSTMENT AMOUNT REQUESTED	EMPLOYEE ADJUSTMENT AMOUNT REQUESTED	TOTAL ADJUSTMENT AMOUNT REQUESTED	COVERAGE EFFECTIVE OR END DATE (MM/DD/YYYY)	DISCREPANCY DETAILS (Refer to instructions tab for common discrepancies and information ADP needs)	ADP RESPONSE TO LOCATION
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											

Employers should log into SHRT each month to download the most *current, approved* Premium Billing Discrepancy Spreadsheet Template in the "Additional\_SHRT\_Instructions" folder and in

your From\_ADP/Premium Billing folder to ensure they are using the correct template. Incorrect templates will not be processed.

### STEP 3 - COMPLETE THE DISCREPANCY SPREADSHEET TEMPLATE

Employers should complete the Premium Billing Discrepancy Spreadsheet Template, by including the following:

- New Premium Billing Discrepancies identified on the current Premium Billing Detail Report (BRP); and
- Omitted Premium Billing Discrepancies identified on the prior month's Premium Billing Detail Report (BRP), that were not previously submitted;

### STEP 4 - SUBMIT THE DISCREPANCY SPREADSHEET TEMPLATE

Employers should email the completed Premium Billing Discrepancy Spreadsheet Template to: [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com) as well as [SHBPfinancialReview@dch.ga.gov](mailto:SHBPfinancialReview@dch.ga.gov).

- The subject line of the email should include the 5-digit payroll location number and the discrepancy spreadsheet name, and month and year submitted:  
**SHBP 55412– Discrepancies for March 2025**
- Premium Billing Discrepancy Spreadsheet Templates that are completed correctly and submitted by 5pm EST Monday – Friday, will be resolved by the next business day.

Please only submit one discrepancy form per month. **Discrepancy reports** are found within the SHBP Enrollment Portal and instructions are located within the Excel file. Go to <https://shbp.georgia.gov/employers/your-employing-entity/shrt> and click on SHRT Login.

### STEP 5 - CHECK YOUR EMAIL THE NEXT BUSINESS DAY FOR SHBP PREMIUM BILLING'S RESPONSE

Check Your Email the Next Business Day for SHBP Premium Billing's Response to Your Discrepancy Spreadsheet Template.

- *Resolved Premium Billing Discrepancies* will be notated by SHBP Premium Billing on the Template returned to the Employer via email and are closed. Any adjustments appear in 1 to 2 billing cycles on the Premium Billing Detail Report (BRP).
- *Unresolved Premium Billing Discrepancies* will be notated by SHBP Premium Billing on the Template returned to the Employer via email indicating referred to SHBP Employer Services for additional research and review.

### STEP 6 - PATIENTLY WAIT 1 TO 2 BILLING CYCLES FOR A FINAL DETERMINATION ON UNRESOLVED PREMIUM BILLING DISCREPANCIES

Unresolved Premium Billing Discrepancies that are referred to SHBP Employer Services are researched by the Employer's dedicated Employer Services Specialist. Two important tips Employers should consider are:

- All Premium Billing Discrepancies will not be resolved per the Employer's desired outcome if the outcome does not align with SHBP eligibility and enrollment requirements; and
- Your Employer Services Specialist may need your help. So be prepared to take any steps, provide any additional information, and/or conduct any needed research to assist your dedicated Employer Services Specialist.

## STEP 7 - REVIEW THE FINAL OUTCOME OF PREVIOUSLY UNRESOLVED PREMIUM BILLING DISCREPANCIES

Lastly, Employers should review the outcome of previously unresolved Premium Billing Discrepancies resolved by SHBP Employer Services. When your dedicated Employer Services Specialist makes a final determination regarding a previously unresolved Premium Billing Discrepancy, the Specialist takes the following steps:

- Notifies SHBP Premium Billing of the final determination and SHBP Premium Billing closes the previously unresolved Premium Billing Discrepancy; and
- Notifies the Employer of the final determination and provides any additional instruction to Employer (e.g., submit Termination Record, confirm Social Security Number for the employee, etc.).

Any adjustments appear in 1 to 2 billing cycles on the Premium Billing Detail Report (BRP).

## GENERAL TIPS FOR EMPLOYERS

### 1. Review Your Input Error & Reject Reports and Proof Bills Daily

Employers who review their Input Error and Reject Reports in SHRT and make the necessary corrections to employee eligibility records, as well as review Proof Bill Reports and resubmit any changes/updates needed to employee eligibility records, prior to the Premium Billing Cutoff Date, will have more accurate billing. Accurate billing will result in:

- Less Premium Billing Discrepancies;
- Less concerns from employees
- Less work for Employers; and
- Most Importantly, less stress for Employers.

### 2. Request Further Review of Premium Billing Discrepancies

SHBP understands that Employers may not always agree with the determination made on a Premium Billing Discrepancy, so here's the next step(s) the Employer should take:

- *If you're dissatisfied with SHBP Premium Billing's determination on a Premium Billing Discrepancy*, contact your Employer Services Specialist via the [SHBP \(X\)change System](#) to explain your concerns and request he/she review the discrepancy further.

*If you're dissatisfied with your Employer Services Specialist's determination on a Premium Billing Discrepancy*, contact your Employer Services Specialist to explain your concerns and request he/she escalate the discrepancy to a supervisor for review via the [SHBP \(X\)change System](#).

## PREMIUM BILLING CONTACTS

### **Premium Billing Process:**

All questions or concerns regarding the monthly Premium Billing distribution process should be directed to [SHBPFinancialReview@dch.ga.gov](mailto:SHBPFinancialReview@dch.ga.gov).

### **SHBP Discrepancy Reporting and Historical Reports:**

All questions or concerns regarding the discrepancy reporting or a request for historical Premium Billing no longer posted to SHRT should be directed to [SHBP.PremiumBilling@adp.com](mailto:SHBP.PremiumBilling@adp.com).

### **SHBP Employer Services Specialist(s):**

All other Premium Billing questions or concerns regarding Proof Bills, Payroll Deduction Files, Payroll Comparison Reports, and AUF and PUF files, as well as inquiries regarding the SHBP Enrollment Portal and SHRT should be directed to your designated SHBP Employer Services Specialist(s) via the SHBP (X)change System: <https://shbp.georgia.gov/employers/xchange>.