

2022

# RUNNING QUERIES & DATA ENTRY

Local Government and Local Education Agencies

**PARTNERS**  
**FOR HEALTH**



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# Data Entry for New Hires

## Step 1:

Complete the New Employee Checklist

Employee Checklist can be found here:

Local Education



Local Government



[Link Here](#)

[Link Here](#)



DO NOT submit this form to Benefits Administration. This form must be completed during an employee's initial enrollment period. Place a check mark beside each item discussed. After completing the form, place the original in the employee's insurance or personnel file and give the employee a copy.

EMPLOYEE INFORMATION		
NAME	EDISON ID	AGENCY
ELIGIBILITY AND ENROLLMENT		
<input type="checkbox"/> Explain the eligibility criteria for employees and dependents.		
<input type="checkbox"/> Explain enrollment must be completed within 30 days of their eligibility date. If completing a paper form, it must be returned through a Benefit eForm to the human resource office with the applicable dependent verification documents by _____ to allow ABC time to submit to BA within the 30-day requirement. If electronic enrollment is available through Edison Employee Self Service, the enrollment with dependent verification must be submitted by _____. Paper application is not necessary if using ESS.		
<input type="checkbox"/> Explain if not enrolled when first eligible, the employee will only be allowed insurance coverage during the year by approval through a special enrollment provision. If a completed application is not returned by the 15th of the month prior to coverage beginning, the employee may have double deductions on the first paycheck from which health premiums are collected.		
<input type="checkbox"/> Explain changes which can be made during the fall annual enrollment period, effective the following January 1.		
<ul style="list-style-type: none"> <li>• Employees/dependents may request to enroll in, cancel or transfer between health options and carriers</li> <li>• Employees/dependents may request to enroll in, cancel or transfer between dental and vision options</li> </ul>		
INSURANCE PRODUCTS		
<b>Health Options — each allows a choice of carrier and network</b>		<b>Other</b>
<input type="checkbox"/> Premier Preferred Provider Organization		<input type="checkbox"/> Dental —Prepaid and Preferred Provider
<input type="checkbox"/> Standard PPO		<input type="checkbox"/> Vision — Basic and Expanded Plans
<input type="checkbox"/> Limited PPO		
<input type="checkbox"/> Local Consumer-driven Health Plan with a health savings account		
INFORMATION TO BE PROVIDED		
<input type="checkbox"/> Provide Edison login, password and ESS instructions.		
<input type="checkbox"/> If the Edison password is not set up timely to complete ESS, provide an application to process insurance elections. A Benefit eForm must also be completed in Edison if the employee does not use ESS. If applicable, the enrollment application must be signed and placed in the employee's insurance/personnel file even if refusing coverage.		
<input type="checkbox"/> Explain that BA/ParTNers for Health will communicate to member using contact information provided, including email address.		
<input type="checkbox"/> Provide the ParTNers for Health URL, <a href="https://www.tn.gov/partnersforhealth">https://www.tn.gov/partnersforhealth</a> . Describe information located there, including vendor materials, publications and the customer service page (emphasize search feature for network providers) with contact information for BA and vendor partners.		
<input type="checkbox"/> Explain where to find online forms for health, dental, vision, retirement, leave of absence and miscellaneous forms, provide printed copies if requested.		
<input type="checkbox"/> Provide access to the eligibility and enrollment guide and HIPAA privacy notice or printed copies if requested.		
<input type="checkbox"/> Explain the benefits available through the Employee Assistance Program (EAP) and the wellness program.		
<input type="checkbox"/> Explain the benefits available in the health, dental and vision insurance programs.		
<input type="checkbox"/> Explain monthly premiums, including employee deduction and employer contribution (if applicable).		
<input type="checkbox"/> Explain the Summary of Benefits and Coverage and the marketplace letter and provide the web address or printed copies if requested.		
<input type="checkbox"/> Provide the web address to the TennCare notice so employee is aware of responsibilities if they or their dependents are enrolled in TennCare.		

EMPLOYEE SIGNATURE

AGENCY BENEFITS COORDINATOR SIGNATURE

DATE

DATE

# Data Entry for New Hires

## Step 2:

The ABC should enter person and job information into Edison for new hires.

All employees who are eligible for benefits should be entered in Edison. Employees not enrolling in benefits should still be entered in Edison and **waive** should be selected for their enrollment.

Enrollment Change Application can be found here:



[Link Here](#)



Reset

STATE OF TENNESSEE GROUP INSURANCE PROGRAM  
**ENROLLMENT CHANGE APPLICATION**  
State of Tennessee • Department of Finance and Administration • Benefits Administration  
312 Rosa L. Parks Avenue, 19th Floor • Nashville, TN 37243 • 800.253.9981 • fax 615.741.8196

**PARTNERS FOR HEALTH**

**PART 1: ACTION REQUESTED — PLEASE SEE PAGE 3 FOR INSTRUCTIONS**

TYPE OF ACTION	COVERAGE	PARTICIPANTS AFFECTED	REASON FOR THIS ACTION	Life Event	Special Enrollment (also complete pg 3)
<input type="checkbox"/> Add coverage	<input type="checkbox"/> Health	<input type="checkbox"/> Employee	<input type="checkbox"/> New Hire/Newly Eligible	<input type="checkbox"/> Marriage	<input type="checkbox"/> Death
<input type="checkbox"/> Change coverage	<input type="checkbox"/> Dental	<input type="checkbox"/> Spouse	<input type="checkbox"/> Court Order	<input type="checkbox"/> Newborn	<input type="checkbox"/> Divorce
<b>Form not for cancellation</b>	<input type="checkbox"/> Vision	<input type="checkbox"/> Children	<input type="checkbox"/> Other	<input type="checkbox"/> Legal Guardianship	<input type="checkbox"/> Loss of Eligibility
	<input type="checkbox"/> Disability			<input type="checkbox"/> Adoption	

**PART 2: EMPLOYEE INFORMATION**

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	MARITAL STATUS
				<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/> W
SOCIAL SECURITY NUMBER	EMPLOYING AGENCY		EMPLOYER GROUP:	YOUR CURRENT STATUS	
			<input type="checkbox"/> HED <input type="checkbox"/> State <input type="checkbox"/> Local Ed <input type="checkbox"/> Local Gov	<input type="checkbox"/> Active <input type="checkbox"/> COBRA	
HOME ADDRESS	<input type="checkbox"/> UPDATE MY ADDRESS	CITY	ST	ZIP CODE	COUNTY

**PART 3: HEALTH COVERAGE SELECTION — CHOOSE CAREFULLY. EXCEPT FOR QUALIFYING EVENTS, CHANGES ARE NOT ALLOWED OUTSIDE THIS PLAN'S ANNUAL ENROLLMENT.**

SELECT AN OPTION	LOCAL ED & GOV ONLY	EMPLOYEE HSA CONTRIBUTION (STATE ONLY)	SELECT A CARRIER & NETWORK	SELECT A HEALTH PREMIUM LEVEL
<input type="checkbox"/> Premier PPO	<input type="checkbox"/> Limited PPO	Annual contribution \$ _____	<input type="checkbox"/> BCBS Network S	<input type="checkbox"/> employee only
<input type="checkbox"/> CDHP/HSA (state)	<input type="checkbox"/> Local CDHP/HSA		<input type="checkbox"/> BCBS Network P*	<input type="checkbox"/> employee + child(ren)
<input type="checkbox"/> Standard PPO			<input type="checkbox"/> Cigna LocalPlus	<input type="checkbox"/> employee + spouse
			<input type="checkbox"/> Cigna Open Access*	<input type="checkbox"/> employee + spouse + child(ren)
			*higher premium applies	

**PART 4: DENTAL COVERAGE SELECTION**

SELECT A PLAN	SELECT A DENTAL PREMIUM LEVEL
<input type="checkbox"/> Delta Dental DPPO	<input type="checkbox"/> employee only
<input type="checkbox"/> Cigna DHMO (Prepaid)	<input type="checkbox"/> employee + child(ren)
	<input type="checkbox"/> employee + spouse
	<input type="checkbox"/> employee + spouse + child(ren)

**PART 5: VISION COVERAGE SELECTION**

SELECT A PLAN	SELECT A VISION PREMIUM LEVEL
<input type="checkbox"/> Basic Plan	<input type="checkbox"/> employee only
<input type="checkbox"/> Expanded Plan	<input type="checkbox"/> employee + child(ren)
	<input type="checkbox"/> employee + spouse
	<input type="checkbox"/> employee + spouse + child(ren)

**PART 6: DISABILITY SELECTION (ST/UT/TBR)**

SHORT TERM DISABILITY	LONG TERM DISABILITY (ST ONLY)
<input type="checkbox"/> 60%/14 day Elimination Period	<input type="checkbox"/> 60%/90 day Elim Period
<input type="checkbox"/> 60%/30 day Elimination Period	<input type="checkbox"/> 60%/180 day Elim Period
	<input type="checkbox"/> 63%/90 day Elim Period
	<input type="checkbox"/> 63%/180 day Elim Period

**PART 7: DEPENDENT INFORMATION — ATTACH A SEPARATE SHEET IF NECESSARY**

NAME (FIRST, MI, LAST)	DATE OF BIRTH	RELATIONSHIP	GENDER	ACQUIRE DATE *	SOCIAL SECURITY NUMBER	HEALTH	DENTAL	VISION
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The acquire date is the date of marriage, birth, adoption or guardianship. Proof of a dependent's eligibility must be submitted with this application for all new dependents (see page 2).  A separate sheet with more dependents is attached

**PART 8: EMPLOYEE AUTHORIZATION**

Accept I confirm that the information above is true. I understand my health, dental and vision selections are effective until the end of the plan year (December 31) subject to plan eligibility criteria, and that I cannot change insurance plans or carriers during the plan year. If I experience a qualifying event mid-year, I may be eligible for changes in enrollment of plan members and dependents as a special enrollment. I understand that submission of fraudulent information may lead to consequences including cancellation of insurance, disciplinary action from my employer, or possible criminal penalties. I understand that if my dependent loses eligibility, it is my responsibility to notify my benefits coordinator, and coverage will terminate at the end of the month in which the loss of eligibility occurs. I understand that I will be held responsible for any claims paid in error.

Refuse I have been given the opportunity by my employer to apply for the group insurance program and have decided not to take advantage of this offer. I understand that if I later wish to apply, I or my dependents will have to provide proof of a special qualifying event or wait until annual enrollment.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ HOME PHONE (REQUIRED) \_\_\_\_\_ EMAIL ADDRESS (REQUIRED) \_\_\_\_\_

**AGENCY SECTION — RETURN THIS FORM TO YOUR AGENCY BENEFITS COORDINATOR**

ORIGINAL HIRE DATE	COVERAGE BEGIN DATE	POSITION NUMBER	EDISON ID	NOTES TO BENEFITS ADMINISTRATION
AGENCY BENEFITS COORDINATOR SIGNATURE			DATE	<input type="checkbox"/> PPACA Eligible <input type="checkbox"/> 1450 Eligible

Active employees should return this completed form to your agency benefits coordinator. COBRA participants should send to Benefits Administration.

FA-1043 (rev 08/21) RDA 11367



# DEPENDENT ELIGIBILITY

Definitions and Required Documents



# Dependent Coverage

## Eligible Dependents:

- Spouse
- Child(ren) and stepchildren under age 26
- Adopted child under age 26
- Disabled dependent

A full list can be found on page 2 of the **Enrollment Change Application** along with acceptable dependent verification documents.

TYPE OF DEPENDENT	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
Spouse	A person to whom the participant is legally married	<p>You will need to provide a document proving marital relationship <b>AND</b> one document from the additional documents list below:</p> <p><b>Proof of Marital Relationship</b></p> <ul style="list-style-type: none"> <li>• Government-issued marriage certificate or license</li> <li>• Naturalization papers indicating marital status</li> </ul> <p><b>Additional Documents</b></p> <ul style="list-style-type: none"> <li>• Bank Statement issued within the last six months with both names; or</li> <li>• Mortgage Statement issued within the last six months with both names; or</li> <li>• Residential Lease Agreement within the current terms with both names; or</li> <li>• Credit Card Statement issued within the last six months with both names; or</li> <li>• Property Tax Statement issued within the last 12 months with both names; or</li> <li>• The first page of most recent Federal Tax Return filed showing "married filing jointly" or "married filing separately" with the name of the spouse provided thereon; submit page 1 of the return with the income figures blacked out</li> </ul> <p>If just married in the previous 12 months, only a marriage certificate is needed for proof of eligibility</p>
Natural (biological) child under age 26	A natural (biological) child	<p>The child's birth certificate (will accept mother's copy for newborn); or</p> <p>Certificate of Report of Birth (DS-1350); or</p> <p>Consular Report of Birth Abroad of a Citizen of the United States of America (FS-240); or</p> <p>Certification of Birth Abroad (FS-545)</p>
Adopted child under age 26	A child the participant has adopted or is in the process of legally adopting	<p>Final court order granting adoption; or</p> <p>International adoption papers from country of adoption; or</p> <p>Court order placing child in custody of member for purpose of adoption</p>
Child under age 26 placed for guardianship, custody or conservatorship with the head of contract* (placement order active or expired due to age of majority)	A child under age 26 for whom the head of contract is or has been the legal guardian, custodian or conservator	Valid order by a court of competent jurisdiction (placement order) establishing guardianship, custody or conservatorship arrangement between child and head of contract; <b>and</b> an attestation signed by the head of contract upon initial enrollment and upon request
Stepchild under age 26	A stepchild	Verification of marriage between employee and spouse (as outlined above) <b>and</b> birth certificate of the child showing the relationship to the spouse, <b>or</b> documents determined by BA to be the legal equivalent
Disabled dependent	A dependent of any age who falls under one of the categories previously listed and due to a mental or physical disability, is unable to earn a living. The dependent's disability must have begun before age 26 and while covered under a state-sponsored plan.	<p>Certificate of Incapacitation for Dependent Child form must be submitted prior to the dependent's 26th birthday.</p> <p>The insurance carrier will review the form, make a determination and provide BA with documentation once a determination has been made. If approved for incapacity, the child will continue the same coverage.</p>

\*Head of contract is the person who elects coverage and has authority to change coverage elections.

Never send original documents. Please mark out or black out any Social Security numbers and any personal financial information on the copies of your documents **BEFORE** you return them.

# Enrolling in Benefits



**There are two ways to enroll an employee in benefits:**

## **01 Benefit eForm**

The method in which the ABC enters benefit selections and uploads dependent verification for an employee in Edison.



The Enrollment Change Application should be collected along with acceptable dependent verification documents and uploaded at the same time benefits are selected.

## **02 Employee Self Service**

The method in which an employee makes benefit selections without a paper application. The employee will enter their benefits selections and upload dependent verification documents directly into Edison.

# Enrolling in Benefits - eForm

A step-by-step guide for eForms can be found on the ABC page of the Partners for Health website.

## On the ABC page:

- Click Training
- Select eForms



## On the ABC page:

- Click ABC Guides
- Go to "How Edison Works"
  - PDF and Interactive versions available.
  - Please do not print.
- Interactive version doubles as a training.



# Benefit eForm

When using a benefit eForm, please do not create multiple forms for the same employee.



If you notice you have made an error on a form, you have two ways to correct it:

1

Submit a Zendesk ticket to BA for assistance

- You should include a Correction and Clarifications form along with a corrected Enrollment Application if benefit corrections need to be made.

2

Update the form in Edison- \*only if the form was recycled back to you from BA

[Link Here](#)



Corrections and Clarifications Form

# Updating a Recycled eForm

If you receive an email from **benefits.administration@tn.gov** requesting additional documentation, or you are needing to edit a form you placed on hold:

- Go to Benefits Workcenter
- Click Non-Payroll Benefits eForm
- Click Update a Benefit Enrollment eForm



The screenshot shows the 'Benefit eForm' interface with four options:

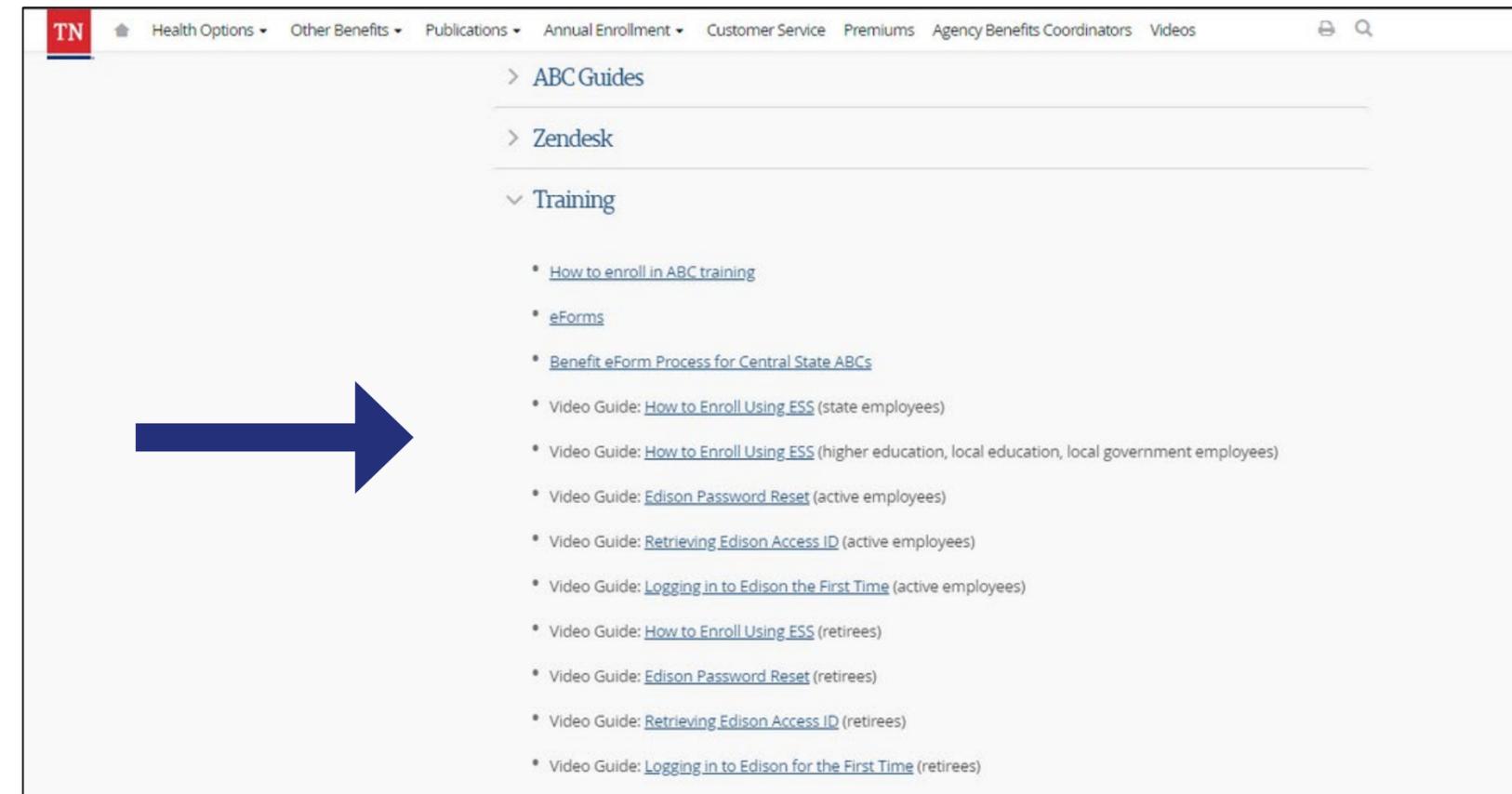
- Create a Benefit Enrollment eForm**: Use this link to start a Benefit Enrollment eForm. (Icon: Green plus sign)
- Evaluate a Benefit Enrollment eForm**: Use this link to approve, deny, or recycle a form that has been routed to you for evaluation. (Icon: Green checkmark)
- Update a Benefit Enrollment eForm**: Use this link to adjust-and-resubmit or withdraw a form that you initiated before it gets through final approval. (Icon: Yellow pencil) **This option is highlighted with a white background.**
- View a Benefit Enrollment eForm**: Use this link to View an existing form - you will only see forms that you have department security access for. (Icon: Binoculars)

# Enrolling in Benefits Employee Self-Service

A step-by-step video guide for Employee Self-Service (ESS) can be found on the ABC page of the Partners for Health website.

## On the ABC page of the Partners for Health website

- Click Training
- Click link video guide: How to Enroll Using ESS



PDF instructions can be found here:



# Updating Personal Information

You can update an employee's:

- Name
- Date of birth
- Marital status
- Address
- National ID or SSN

The screenshot shows the 'Benefits Workcenter' interface. On the left is a vertical navigation menu with categories: Self Service, General Information, Payroll, Human Resources, Time and Labor, Benefits (highlighted with an orange arrow), Benefits News, Benefits Support Info, Benefits Workcenter, ELM, FSCM, and Training. On the right is a 'Links' section with sub-categories: Benefits Administration, Workforce Administration (with a blue arrow pointing to 'Search by National ID'), Benefits Billing, Hire eForm, and Benefits eForm.

The screenshot displays the 'Biographical Details' page for an employee named Jane Doe (Person ID: 00545696). The page is divided into sections: 'Biographical Information' and 'Biographical History'. The 'Biographical Information' section includes fields for \*Date of Birth (04/14/1990), Date of Death, Birth Country (USA), Birth State, and Birth Location. The 'Biographical History' section includes fields for \*Effective Date (08/05/2019), \*Gender (Female), \*Highest Education Level (G-Bachelors Level Degree), \*Marital Status (Unknown), Language Code, and Alternate ID. There are also checkboxes for 'Waive Data Protection' and 'Full-Time Student'.



You cannot update dependent information. Submit a Zendesk ticket with a Corrections and Clarifications form to update this information.

# Appeals - Employee

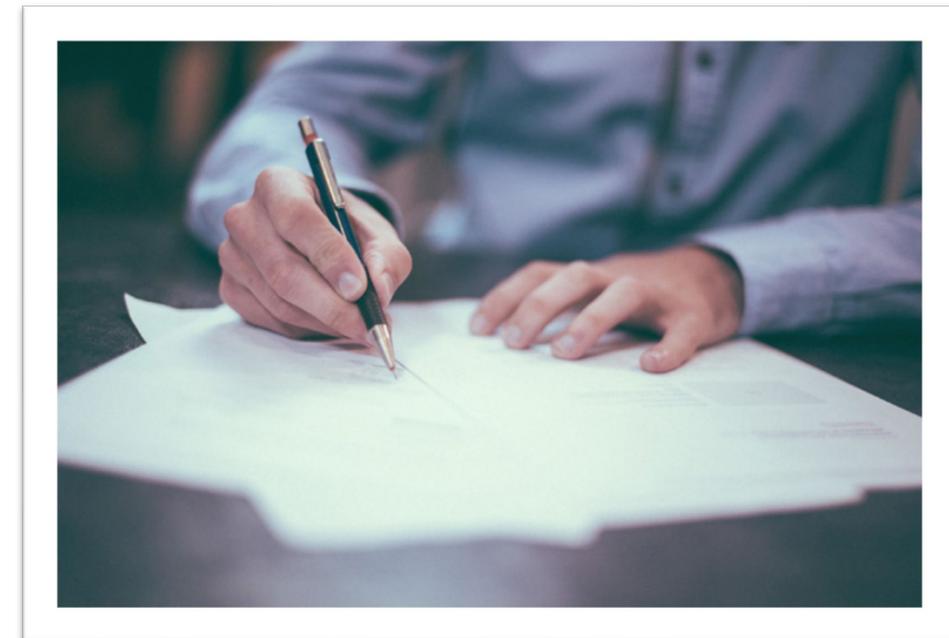
- Employees who miss their enrollment deadline have the right to request an exception via written appeal to Benefits Administration by utilizing Zendesk.
  - The appeal may be written by the employee or the ABC on behalf of the employee.
  - The appeal must include:
    - The reason for missing the deadline
    - Any supporting statements or documents to verify the situation
    - The completed Enrollment Change Application



# Appeals - Administrative Error

- If an employee misses the enrollment deadline or is not eligible for coverage due to an error of the agency, the ABC should submit an Administrative Error form to BA.
- Your explanation must be complete with details. You should include the nature of the error. For example, the paperwork was misplaced, lost or if you were out of the office sick.
  - Simply stating you made an administrative error is not sufficient. We must know what the error was and the circumstances surrounding it.
  - The form must be signed by the ABC and their supervisor.

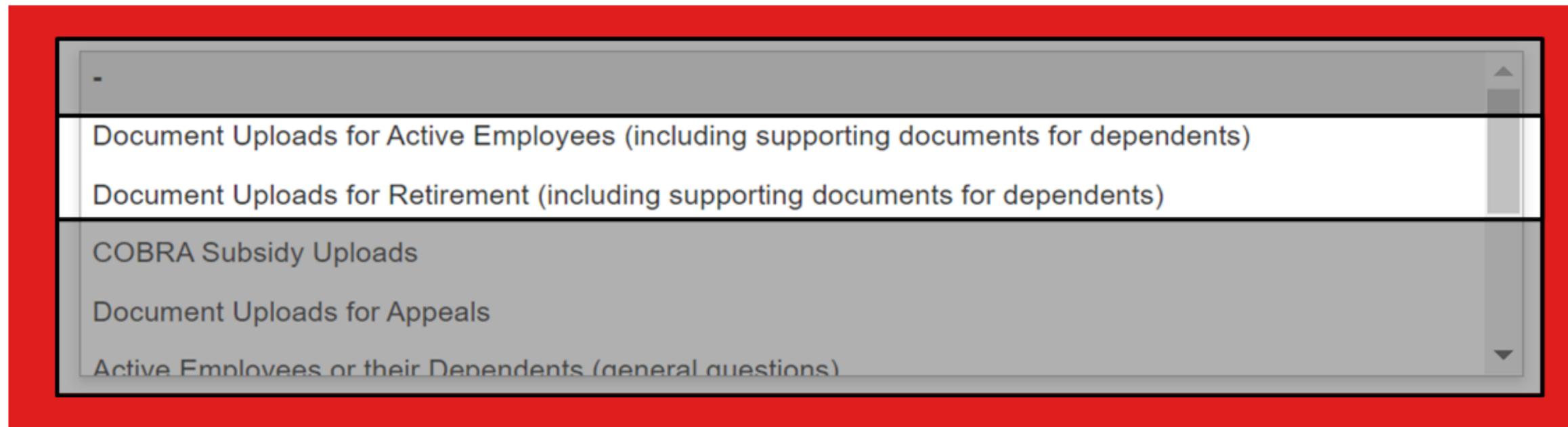
Administrative Error form can be found here:



# Zendesk

This year's step-by-step presentation on how to use Zendesk can be found on the ABC page of the Partners for Health website:

- Click [Zendesk](#)
- Click [Guide to Using Zendesk](#)
- If you receive emails from [benefits.administration@tn.gov](mailto:benefits.administration@tn.gov) requesting additional documentation, you can submit them via Zendesk using document upload.
  - You can respond to the email if you have additional questions.



# ID Card Information

- ID cards generally take about 14 days to get to members by mail.
- Ensure the employee's address is correct in Edison so that they will receive their new insurance cards.



# Find a Query

Running queries allows you to view changes and discrepancies within Edison.

- The **Edison Query List** and **Edison Query Manual** can be found on the Partners for Health website under the Training section, or you can use the links and QR codes below.

## Edison Query List



[Link Here](#)

## Edison Query Manual



[Link Here](#)

# Queries - As Needed

These queries can be run as needed by the ABC or agency.

- **TN\_BA219\_MED\_DEN\_COVERAGE**
- **TN\_BA219\_MED\_DEN\_ELECTIONS**
- **TN\_BA104\_ELIGIBLE\_NO\_MEDICAL**
- **TN\_BA302\_PERSON\_AND\_JOB**

# TN\_BA219\_MED\_DEN\_COVERAGE

- **Prompt:** Coverage begin date MM/01/YYYY
- **When to run:** As needed
- **Intended result:** Shows everyone with coverage as of the prompt date.

# TN\_BA219\_MED\_DEN\_ELECTIONS

- **Prompt:** MM/DD/YYYY to MM/DD/YYYY
- **When to run:** As needed
- **Intended result:** Shows all elections made in Edison between a specific date range.

# TN\_BA104\_ELIGIBLE\_NO\_MEDICAL

- **Prompt:** None
- **When to run:** As needed, also serves as a double-check that only employees who intentionally waived coverage are showing as waived.
- **Intended result:** Provides a list of employees who are eligible but not enrolled in Medical coverage.

# TN\_BA302\_PERSON\_AND\_JOB

- **Prompt:** None
- **When to run:** As needed
- **Intended result:** Shows all personal and job information for all active employees in an agency.
  - This query list the access and employee id numbers for all of your active employees.
  - This query should also be used to verify that only active employees are active in Edison.
    - Review this list and terminate any employee in Edison that is no longer active with your agency.

# Queries - Monthly

These queries should be run monthly, especially if your agency utilizes Employee Self-Service.

- **TN\_BA311\_ESS\_NEW\_DEPENDENTS**
- **TN\_BA313\_ADDRESS\_CHANGE**
- **TN\_BA142\_TEMP\_PRIMARY\_NID\_DEP**
- **TN\_BA142\_TEMP\_PRIMARY\_NID\_EMPL**
- **TN\_BA103\_DEP\_AGE\_26\_NEXT\_MONTH** **\*\*All Agencies**

# TN\_BA311\_ESS\_NEW\_DEPENDENTS

- **Prompt:** **NHR** is the class for LE/LG New Employees
  - Beginning event date: MM/DD/YYYY
  - Ending event date: MM/DD/YYYY
- **When to run:** Monthly but recommended that you run this query more often if your agency utilizes Employee Self-Service throughout the year.
- **Intended result:** Shows all new dependents that were added by employees through ESS.
  - Can be used for new hires or during Annual Enrollment

# TN\_BA313\_ADDRESS\_CHANGES

- **Prompt:** MM/DD/YYYY to MM/DD/YYYY
- **When to run:** Monthly
- **Intended result:** Shows all the address changes that have been updated for an agency within a specified date range.

# TN\_BA142\_TEMP\_PRIMARY\_NID\_DEP

- **Prompt:** None
- **When to run:** Monthly
- **Intended result:** Shows all dependents that have a temporary social security number and the name of the employee for that dependent. If you do not have the permanent SSN, you will need to get this information from the employee.

# TN\_BA142\_TEMP\_PRIMARY\_NID\_EMPL

- **Prompt:** None
- **When to run:** Monthly
- **Intended result:** Shows all employees that have a temporary social security number. If you do not have the permanent SSN, you will need to get this information from the employee.

# TN\_BA103\_DEP\_AGE\_26\_NEXT\_MONTH

This new query should be scheduled to run monthly to get a list of dependents who are turning 26 the following month.

Instructions on how to schedule this query can be found here:



[Link Here](#)

# COLLECTIONS APPLIED REPORT- TN\_BA138



- Your agency should be receiving the Collections Applied report monthly.
- You can run this report manually to get past reports.

Instructions to run past reports can be found here:



[Link Here](#)

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