

# COBRA Reporting Options



Simplifying benefits for everyone.



## COBRA Reports

We have a variety of reports available through LEAP to summarize data, help with reconciliation and provide awareness of account activity.

Below is a list of the most common reports for COBRA. If you have a specific reporting need or question, contact us to see how we can help or which report might cover that need.

### Carrier Notifications Report (Pending)

This report displays all unprocessed carrier notifications or those that will be generated the next business day. Listed under each notification is the date and time that it was generated. All notifications are sent to the appropriate carrier contact within two business days (method of carrier eligibility transmission may vary by carrier and by client).

The following types of notifications will display:

- Reinstatement (election)
- Termination
- Termination, dependent(s) only
- Disregard termination
- Address/Name Change
- Status (coverage level) change
- Plan added
- Plan add, dependent(s) only
- Disability extension
- Month-End Update

Carrier Notifications Report					
Client Name:		Benefits Plus 98765			
Division Name:		Benefits Plus			
Carrier Contact:		Janice Bing, 053189		Phone:	(888) 274-1234 Ext: 117
Email Update		. AA 00000		Fax:	(888) 274-1235
				Email:	Janice@aetna.com
				Web Link:	
Plan Name:	Aetna Medical HDHP	Carrier Plan	456789	Carrier Name:	Aetna
Member Type:	Qualified Beneficiary			Carrier Notification Type:	Reinstatement (election)
Name		SSN	DOB	Sex	Effective Date
Green, Julia		777-77-7777	1/1/1985	F	4/18/2017

### Carrier Notifications Report (Processed)

This report displays all processed carrier notifications. Listed under each notification is the date and time that it was generated. All notifications are sent to the appropriate carrier contact within two business days (method of carrier eligibility transmission may vary by carrier and by client).

Processed Carrier Notifications Report						
Client Name:		Benefits Plus 98765				
Division Name:		Benefits Plus				
Carrier Contact:		Janice Bing, 053189		Phone: (888) 274-1234 Ext: 117		Email: Janice@aetna.com
		Email Update . 00000		Fax: (888) 274-1235		Web Link:
Plan Name:		Aetna Medical HDHP		Carrier Plan	456789	
Generated Date Time:		6/7/2017 12:00 AM		Carrier Name: Aetna		
Carrier Notification Type: Name change						
Name		SSN	DOB	Sex	Effective Date	Changed From Data: Doe, John Changed To Data: Doe, John
Doe, John		444-44-4444	1/1/1975	M	6/6/2017	
Carrier Notification Type: Reinstatement (election)						
Name		SSN	DOB	Sex	Effective Date	
Doe, John		444-44-4444	1/1/1975	M	5/28/2017	
Plan Name:		Aetna PPO		Carrier Plan	654789	
Generated Date Time:		6/7/2017 12:00 AM		Carrier Name: Aetna		
Carrier Notification Type: Reinstatement (election)						
Name		SSN	DOB	Sex	Effective Date	
Sample, Joe		666-66-6666	1/1/1975	M	6/1/2017	

## Direct Bill Detail for ACA Report

This report provides ACA data in a specified format for direct bill member information.

ACA Special Plan Member Report		
<b>Client Name:</b> Benefits Plus 98765		
<b>Division Name:</b> Benefits Plus		
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<b>SPM Information</b>		
<b>Name:</b> Sample, Joel	<b>SSN:</b> 222-22-2222	<b>EIN:</b> 657832146
<b>Address:</b> 123 Sample Rd Fargo, ND 58103	<b>DOB:</b> 01/01/1975	<b>IND ID:</b>
	<b>Gender:</b> M	
<b>Tobacco Use:</b> UNKNOWN	<b>Employee Status:</b> UNKNOWN	
<b>Billing Type:</b> RETIREE		
<hr/>		
<b>Insurance Type:</b> MEDICAL	<b>Plan Name:</b> Retiree Medical	
<b>Plan Tier:</b> EE+SPOUSE	<b>Carrier:</b> Aetna	
<b>Plan Start Date:</b> 05/01/2017	<b>Plan End Date:</b>	
<b>First Day Of Coverage :</b> 05/01/2017	<b>Last Day Of Coverage :</b>	
<b>Status :</b> ACTIVE	<b>Termination Date:</b>	
<b>Insurance Type:</b> DENTAL	<b>Plan Name:</b> Retiree Dental	
<b>Plan Tier:</b> EE	<b>Carrier:</b> Delta Dental	
<b>Plan Start Date:</b> 05/01/2017	<b>Plan End Date:</b>	
<b>First Day Of Coverage :</b> 05/01/2017	<b>Last Day Of Coverage :</b>	
<b>Status :</b> ACTIVE	<b>Termination Date:</b>	

## Direct Bill Summary Report

This report is a large comprehensive report and provides a snapshot of each direct bill member's profile information.

<b>Client Name:</b> Benefits Plus 98765		<b>Benefit Group:</b>	
<b>Division Name:</b> Benefits Plus		<b>Account Structure:</b>	
		<b>Client Custom Data:</b>	
<b>Name:</b> Samples, Nick		<b>SPM Information</b>	
<b>Address:</b> 123 Sample Rd Fargo, ND 58103		<b>SSN:</b> 555-55-5555	<b>Individual ID:</b>
		<b>DOB:</b> 1/1/1975	<b>Member ID:</b> 75260
		<b>Gender:</b> M	
		<b>Email:</b>	
		<b>Phone:</b>	
<b>SPM Billing Information</b>		<b>SPM Additional Information</b>	
<b>Billing Start Date:</b> 6/1/2017		<b>At Least 1 Dependent on QMCSO:</b> <input type="checkbox"/>	
<b>Billing End Date:</b>		<b>Last Subsidy Due Date:</b> 7/1/2017	
<b>Billing Frequency:</b> Monthly		<b>Registration Code:</b>	
<b>Billing Type:</b> Retiree		<b>Registration Date/Time:</b>	
<b>Original Enrollment Date:</b> 1/1/2017		<b>Username:</b>	
<b>Last Payment</b>		<b>Next Payment</b>	
<b>Postmark Date:</b> 6/1/2017		<b>Premium Date:</b> 7/1/2017	
<b>Entered Date:</b> 6/6/2017		<b>Amount Due:</b> \$550.00	
<b>Amount:</b> \$550.00		<b>Latest PMD:</b> 7/31/2017	
<b>Payment Method:</b> Check			
<b>Check #:</b> 5555			
<b>Plan Information as of:</b> 6/6/2017			
<b>Insurance Type:</b> Medical		<b>First Day of Coverage:</b> 06/01/2017	
<b>Plan Name:</b> Retiree Medical		<b>Last Day of Coverage:</b>	
<b>Carrier:</b> Aetna		<b>Plan Start Date:</b> 6/1/2017	
<b>Customer Svc. :</b> (888)270-2500		<b>Plan End Date:</b>	
<b>Coverage Level:</b> EE Only		<b>Status:</b> Active	
		<b>Event First Day of Coverage:</b>	

## Generated Letters Detail Report

This report shows the detail of each system-generated letter for a specific date or date range. Copies of these letters are located under the member's direct bill member's Communication tab.

Generated Letters Detail Report			
Client Name:		Benefits Plus 98765	
Client Division Name:		Benefits Plus	
Letters			
Letter Type:		COBRA General Rights Notice	
Addressee	Member Type	Date Generated	
Julia Doe & Family	New Plan Member	6/6/2017 12:44 PM	
Henry Samples & Family	New Plan Member	6/6/2017 12:45 PM	
COBRA General Rights Notice		Letter Type Total:	2
Letter Type:		COBRA Specific Rights Notice Letter	
Addressee	Member Type	Date Generated	
John Does & Family	Qualified Beneficiary	6/6/2017 12:58 PM	
COBRA Specific Rights Notice Letter		Letter Type Total:	1
Letters		Total:	3

## Generated Letters Summary Report

This report shows a summary total of each type of system-generated letter for a specific date or date range.

Generated Letters Summary Report		
Client Name:		Sample Group
Division Name:		Sample Group
Letters		
Description	Qty	
45 Day Notice With 1st Premium Month Paid	2	
45 Day Notice With No Payment	3	
45 Day Notice With Partial Payment	1	
AEI 2009 Notification With Subsidy	1	
AEI 2009 Specific Rights	252	
COBRA General Rights Notice	32	
COBRA Specific Rights Notice Letter	18	
COBRA Termination Notice	27	
Conversion Option Notice	4	
Disability Extension Confirmation Notice	1	
Enrollment Confirmation Notice	10	
HIPAA Certificate	4	

## Member Status Report

The Member Status Report is a summary of the status of each COBRA and Direct Bill member that is eligible to continue coverage.

Member Status						
Client Name: Benefits Plus 98765						
Division Name: Benefits Plus						
Plan Name: Aetna Medical HDHP						
Carrier Name: Aetna						
Status: E				Event First Day of Coverage		
Full Name	Type	SSN	Coverage Description		Termination Date	
Doe, John	QB	444-44-4444	EE + Spouse		5/28/2017	
Sample, Sammy	QB	666-66-6666	EE + Spouse		5/6/2017	
Status: P				Event First Day of Coverage		
Full Name	Type	SSN	Coverage Description		Termination Date	
Green, Julia	QB	777-77-7777	EE Only		4/18/2017	
Plan Name: Aetna PPO						
Carrier Name: Aetna						
Status: E				Event First Day of Coverage		
Full Name	Type	SSN	Coverage Description		Termination Date	
Sample, Joe	QB	666-66-6666	EE + Spouse		6/1/2017	

## Members Without Plans Report

The Members Without Plans Report pulls information for any COBRA or direct bill member that has not been assigned at least one benefit plan. This report may be used as a means to ensure that all COBRA or direct bill members receive complete benefit information. Please note: If no plans are added, paperwork is not mailed out.

Members Without Plans Report				
Client: Benefits Plus 98765				
Client Division: Benefits Plus				
MemberType: Qualified Beneficiary				
Event Date	Last Name	First Name	SSN	Member ID
05/27/2017	Does	Jane	555-55-5555	75261

## Paid Through Report

This report shows the paid through date of all currently enrolled COBRA and/or direct bill members.

Paid Through Report			
6/6/2017 1:07 PM			
Client Name: Benefits Plus 98765			
Division Name: Benefits Plus			
Member Type: Qualified Beneficiary			
Name	SSN	Qualifying Event Date	Paid Through Date
Doe, John	444-44-4444	05/27/2017	5/31/2017
Sample, Joe	666-66-6666	05/31/2017	6/30/2017
Qualified Beneficiary Total:			2

## Proof of Mail Report

This report is run by a specific date and provides a list of letters that have been generated and mailed. Tip: The downloadable record of the generated letters that were mailed to the COBRA and direct bill members are saved in the individual's account under the Communications tab.

Proof Of Mail Report						
Client: Benefits Plus 98765						
Client Division: Benefits Plus						
File Name: Manually Generated						
Letter Name	Addressee	Address	City	ST	Postal Code	Country
COBRA General Rights Notice	Henry Samples & Family	123 Sample Rd	Fargo	ND	58103	
COBRA General Rights Notice	Julia Doe & Family	123 Sample Rd	Fargo	ND	58103	
COBRA Specific Rights Notice Letter	John Does & Family	123 Sample Rd	Fargo	ND	58103	
COBRA Specific Rights Notice Letter	Joe Sample & Family	123 Sample Rd	Fargo	ND	58103	
Total Number of Manual Mailings Requiring "Proof of Mail":						4
Grand Total Number of Mailings Requiring "Proof of Mail":						4

## Qualified Beneficiary Detail for ACA Report

This report provides ACA data in a specified format for COBRA member information.

ACA Qualified Beneficiary Report	
<b>Client Name:</b> Benefits Plus 98765	
<b>Division Name:</b> Benefits Plus	
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<b>QB Information</b>	
<b>Name:</b> Green, Julia	<b>SSN:</b> 777-77-7777 <b>EIN:</b> 657832146
<b>Address:</b> 123 Sample Rd Fargo, ND 58103	<b>DOB:</b> 01/01/1985 <b>IND ID:</b>
	<b>Gender:</b> F
<b>Tobacco Use:</b> UNKNOWN	<b>Employee Status:</b> UNKNOWN
<b>SR Printed Date:</b> 04/17/2017	<b>EventType :</b> TERMINATION
<b>Event Category :</b> EMPLOYEE	<b>UsesHealthCoverageTaxCredit :</b> False
<b>Qualifying Event Date :</b> 04/17/2017	
<hr/>	
<b>Insurance Type:</b> MEDICAL	<b>Plan Name:</b> Aetna Medical HDHP
<b>Plan Tier:</b> QB Only	<b>Carrier:</b> Aetna
<b>Plan Start Date:</b> 04/18/2017	<b>Plan End Date:</b> 10/17/2018

## Qualified Beneficiary Plan Members Report

This report is run based on a specific plan and provides a list of COBRA members enrolled in the plan and their qualifying event information.

QB Plan Members Report						
<b>Broker:</b>						
<b>Client:</b> Benefits Plus 98765						
<b>Client Division:</b> Benefits Plus						
<b>Plan:</b> ALL						
<b>Include Member PlanEnd Dates After:</b> 6/9/2017						
<hr/>						
<b>Plan:</b> Aetna PPO		<b>Carrier:</b> Aetna <b>Carrier ID:</b> 853				
<b>Name</b>	<b>SSN</b>	<b>Address</b>	<b>Start</b>	<b>End</b>	<b>Paid Thru</b>	<b>Status</b>
Sample, Joe	666-66-6666	123 Sample Rd Fargo, ND 58103	6/1/2017	11/30/2018	6/30/2017	E
<hr/>						
<b>Plan:</b> Aetna Medical HDHP		<b>Carrier:</b> Aetna <b>Carrier ID:</b> 853				
<b>Name</b>	<b>SSN</b>	<b>Address</b>	<b>Start</b>	<b>End</b>	<b>Paid Thru</b>	<b>Status</b>
Green, Julia	777-77-7777	123 Sample Rd Fargo, ND 58103	4/18/2017	10/17/2018		P
Doe, John	444-44-4444	123 Sample Rd Fargo, ND 58103	5/28/2017	11/27/2018	5/31/2017	E
Sample, Sammy	666-66-6666	123 sample rd Fargo, ND 58103	5/6/2017	11/5/2018	5/31/2017	E

## Qualified Beneficiary Summary Report

This report is a large comprehensive report and provides a snapshot of each COBRA member's profile information.

<b>Client Name:</b> Benefits Plus 98765 <b>Division Name:</b> Benefits Plus		<b>Benefit Group:</b> <b>Account Structure:</b> <b>Client Custom Data:</b>	
<b>Name:</b> Doe, John <b>Address:</b> 123 Sample Rd Fargo, ND 58103		<b>QB Information</b> <b>SSN:</b> 444-44-4444 <b>Individual ID:</b> <b>DOB:</b> 1/1/1975 <b>Member ID:</b> 75336 <b>Gender:</b> M <b>Email:</b> <b>Phone:</b>	
<b>QB Event Information</b> <b>Event Category:</b> Employee <b>Event Type:</b> Termination <b>Qualifying Event Date:</b> 5/27/2017 <b>Original Enrollment Date:</b> 1/1/2016 <b>Specific Rights Processed Date:</b> 6/6/2017 <b>2nd Event:</b> <input type="checkbox"/> <b>Legacy:</b> <input type="checkbox"/>		<b>QB Additional Information</b> <b>Disability Extension Approved:</b> <input type="checkbox"/> <b>Uses Health Coverage Tax Credit:</b> <input type="checkbox"/> <b>Conversion Letter Processed:</b> <input type="checkbox"/> <b>At Least One Dependent on QMCSO:</b> <input type="checkbox"/> <b>Last Subsidy Month:</b> <b>Registration Code:</b> <b>Registration Date/Time:</b> <b>Username:</b>	
<b>AEI 2009 Information</b> <b>Status:</b> <b>Notification Printed Date:</b> <b>Subsidy Waiver PMD:</b> <b>Subsidy Eligible Attestation PMD:</b> <b>2nd Election Printed Date:</b> <b>Latest 2nd Election PMD:</b> <b>2nd Election 1st Payment Latest PMD:</b>		<b>AEI 2009 Legacy Information</b> <b>Legacy:</b> False <b>Subsidy Start Date:</b>	
<b>Last Payment</b> <b>Postmark Date:</b> 6/6/2017 <b>Entered Date:</b> 6/6/2017 <b>Amount:</b> \$78.97 <b>Payment Method:</b> Check <b>Check #:</b> 66666		<b>Next Payment</b> <b>Premium Month:</b> 6/1/2017 <b>Amount Due:</b> \$612.00 <b>Latest PMD:</b> 7/21/2017	

## Remittance Report

The Remittance Report is used for reconciliation purposes. A new report is available to download each month and should be run once your company receives the monthly remittance payment from WEX (which will be in the form of either paper check or direct deposit). The monthly Remittance Report will be posted around the 15<sup>th</sup> of each month.

Remittance Reports				
				Show 10 entries
Report ID	Through Premium Due Date	Through Deposit Date	Posted	
> 35	10/31/2017	10/31/2017	✓	<a href="#">Report</a>
> 34	09/30/2017	09/30/2017	✓	<a href="#">Report</a>
> 33	08/31/2017	08/28/2017	✓	<a href="#">Report</a>
> 31	06/28/2017		✓	<a href="#">Report</a>

Client Remittance Report

Client DBA Name: Benefits Plus

Remittance Period Beginning: 12/5/2014 11:35:53 AM

Client Name: Benefits Plus 98765

Ending: 6/9/2017 9:30:54 AM

Client Alternate:

Includes Through Premium Due Date: 06/09/2017

Division Name: Benefits Plus

Remit To: Client

Member Paid Amounts and Subsidized Admin Fees To Remit for Premium Month: 6 / 2017

Plan: Aetna PPO

Carrier: Aetna

Policy Number: 654789

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To Client
						Member	Subsidy				
Sample, Joe	666-66-6666	\$375.00	\$7.50	\$382.50	\$0.00	\$7.50	\$0.00	\$375.00	\$0.00	\$0.00	\$375.00
Plan Total:		\$375.00	\$7.50	\$382.50	\$0.00	\$7.50	\$0.00	\$375.00	\$0.00	\$0.00	\$375.00

Plan: Retiree Medical

Carrier: Aetna

Policy Number: 654789

Member Name	SSN	Premium	Admin Fee	Member Paid	Subsidy	Admin Fee Paid by		Member Paid Premium To Remit	Member Paid Admin Fee To Remit	Total To Carrier	Total To Client
						Member	Subsidy				
Samples, Nick	555-55-5555	\$550.00	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$550.00	\$0.00	\$0.00	\$550.00
Plan Total:		\$550.00	\$0.00	\$550.00	\$0.00	\$0.00	\$0.00	\$550.00	\$0.00	\$0.00	\$550.00
Premium Month Total:		\$925.00	\$7.50	\$932.50	\$0.00	\$7.50	\$0.00	\$925.00	\$0.00	\$0.00	\$925.00