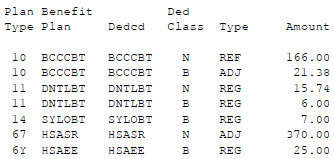
KPAY228 MAP HEALTH BENEFIT ADJUSTMENTS AND REFUNDS REPORT

The KPAY228 report is generated bi-weekly for agencies to review their employees’ payroll adjustments, deductions, and refunds for Medical, Dental, Vision, Health Savings Account (HSA), Health Reimbursement Account (HRA), Flexible Spending Account (FSA) - HCARE & DCARE, and Voluntary Supplemental Insurance.

This report can be found in each agencies CoreFTP mailbox, every Wednesday of pay calc week if your agency has employees with GHI Refund or Adjustment transactions processed in MAP for the current pay period being processed in SHARP. This report should be worked bi-weekly before the Friday of final pay calculation to determine if the regular (REG) deduction, adjustment (ADJ), or refund (REF) amount is correct. **It is the agencies responsibility to create a DA-180, when you see a REF or ADJ on the report for someone who has terminated/retired/death.** Please verify the correct refund/adjustment is being made, by using the two spreadsheets provided by State Employee Health Plan (SEHP).

Currently, there are three possible types of deductions listed on the KPAY228 for an employee’s pay check:

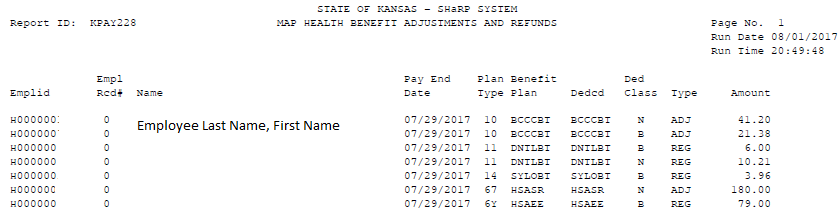
1. ADJ = adjustment – an amount larger than the employee’s regular deduction. Below are some examples.
   1. Employee enrolling in benefits, for example January 1, but did not elect coverage before the cut off to appear on their check before the deadline of enrollment. The employee would see on their next check double deductions to cover the months coverage.
   2. Employee did not have a timesheet approved previous pay period, so the next pay period the GHI will appear as ADJ to pay for previous pay period and current.
   3. Change in coverage approved, due to life event.
   4. Agency will need to determine if the adjustment is correct or not for the coverage.
2. REF = refund – an amount for an employee to be credited
   1. Employee terminated and termination date was input in MAP.
   2. Agency will need to determine if the refund amount is correct.
   3. If the employee will not have a check for the current pay period, agency will have to complete a DA-180 form to request a refund.
3. REG = regular – the “normal” deduction for each type of deduction code as noted in the annual open enrollment booklet.
   1. The only time you will see a REG on this report is if there is another deduction type either REF or ADJ for an employee. Example:



The HSA adjustments can be a challenge to determine if correct or not, because of the employee’s ability to earn their HSA incentives. The earned money through HealthQuest will be reduced through the Employer GHI medical amount. Effective 01/01/2018, new HealthQuest Rewards deduction codes of HSAREW and HRAREW will be implemented to assist employees and employers in tracking their rewards. These codes will appear on the KPAY228 as ADJ or REF.

Below is an example of what is currently in production. The first line has BCCCBT ADJ amount of 41.20 (normally Employer premiums are 221.20) and the sixth line has HSASR ADJ amount of 180.00 (the employee earned $180 in HealthQuest incentive rewards). So, agency would add the 180.00 + 41.20 = to equal the normal employer medical premium of 221.20.

For this example, beginning 01/01/2018 the HSADR will appear as HSAREW.



Below is a list of deduction codes that agencies may see on KPAY228, depending upon which benefits your employee has elected. Codes highlighted below will be effective 1/1/2018.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan Type** | **Deduction Code** | **Benefit Plan Description** | **Short Description** | **Benefit Plan Code** |
| 10 | AETAAT | Medical-Aetna Plan A | Medical | AETAAT |
| 10 | AETCAT | Medical-Aetna Plan C | Medical | AETCAT |
| 10 | BCAAAT | Medical-BC/BS Plan A | Medical | BCAAAT |
| 10 | BCCCAT | BCBS – Plan C – AT | Medical | BCCCAT |
| 10 | AETABT | Medical-Aetna Plan A | Medical | AETABT |
| 10 | AETCBT | Medical-Aetna Plan C | Medical | AETCBT |
| 10 | BCAABT | Medical-BC/BS Plan A | Medical | BCAABT |
| 10 | BCCCBT | BCBS – Plan C BT | Medical | BCCCBT |
| 10 | BCJJAT | BCBS – Plan J AT | Medical | BCJJAT |
| 10 | BCJJBT | BCBS – Plan J BT | Medical | BCJJBT |
| 10 | BCNNAT | BCBS – Plan N AT | Medical | BCNNAT |
| 10 | BCNNBT | BCBS – Plan N BT | Medical | BCNNBT |
| 10 | BCQQAT | BCBS – Plan Q AT | Medical | BCQQAT |
| 10 | BCQQBT | BCBS – Plan Q BT | Medical | BCQQBT |
| 10 | AETJAT | AETNA – Plan J AT | Medical | AETJAT |
| 10 | AETJBT | AETNA – Plan J BT | Medical | AETJBT |
| 10 | AETNAT | AETNA – Plan N AT | Medical | AETNAT |
| 10 | AETNBT | AETNA – Plan N BT | Medical | AETNBT |
| 10 | AETQAT | AETNA – Plan Q AT | Medical | AETQAT |
| 10 | AETQBT | AETNA – Plan Q BT | Medical | AETQBT |
| 11 | DNTLAT | Dental-After Tax | Dental | DNTLAT |
| 11 | DNTLBT | Dental-Before Tax | Dental | DNTLBT |
| 14 | SYHIAT | Vision-Surency Enhanced | Vision | SYHIAT |
| 14 | SYLOAT | Vision-Surency Basic | Vision | SYLOAT |
| 14 | SYHIBT | Vision-Surency Enhanced | Vision | SYHIBT |
| 14 | SYLOBT | Vision-Surency Basic | Vision | SYLOBT |
| 60 | HCARE | Flex Spending- Health Care | FSAHealth | LHFSA |
| 60 | HCARE | Flex Spending- Health Care | FSAHealth | HCARE |
| 61 | DCARE | Flex Spending-Dependent Care | FSADepndnt | DCARE |
| 6Y | HSAEE | Health Savings Acct – Single | HSA-Single | HSAEE |
| 6Z | HSAED | Health Savings Acct –Dependent | HSA-Depend | HSAED |
| 67 | HSADR | Health Sav Acct-ER-Dep | HSA-ER Dep | HSADR |
| 67 | HSASR | Health Sav Acct-ER-Single | HSA-ER Sgl | HSASR |
| 67 | HSAREW | Health Savings Acct Rewards | HSA Rewards | HSAREW |
| 68 | HRASR | Health Reimb Acct-ER-Single | HRA-ER Sgl | HRASR |
| 68 | HRADR | Health Reimb Acct-ER-Dep | HRA-ER Dep | HRADR |
| 68 | HRAREW | Health Reimb Acct Rewards | HRA Rewards | HRAREW |
| 29 | MTAIAT | MetLife Accident Insurance AT | VolSuppIns | MTAIAT |
| 29 | MTCIAT | MetLife Critical Illness AT | VolSuppIns | MTCIAT |
| 29 | MTHIAT | MetLife Hospital Indemnity AT | VolSuppIns | MTHIAT |

Agencies should review each employee on the report and research to know if the amount is correct. For example, an employee terminates in SHARP on 5/23/2017. The termination date input in MAP should be 5/22/2017 (always use the last day the employee worked). That employee’s deductions for coverage June 1-14 was deducted from their paycheck the employee received on 5/19/2017. The employee’s paycheck they will receive for pay period from 5/21/17-6/3/17, should be refunding the coverage amount from 5/22-5/31/2017 and 6/1-6/14-2017.

**Important to remember – When terminating an employee in SHaRP, for example effective 4/8/17, in MAP you need to terminate coverage effective 4/7/17; always one day less. Exception: An employee who is not receiving a paycheck and paying for their GHI to an agency due to a circumstance like LWP/FMLA. If an employee terminates their employment while on leave and has not paid their payment through their termination date, then agency will need to term in MAP when the employee last paid their GHI premiums.**

If you need assistance, contact Jude Overton in payroll Services at [Jude.Overton@ks.gov](mailto:Jude.Overton@ks.gov) or 785-296-2290.