

2023 Health Reimbursement Claims Process

This document is meant to help walk through the process of submitting claims for the Health Reimbursement Arrangement to Employee Benefits Corporation (EBC).

Employees with Dean HealthPlan

After a date of service, an Explanation of Benefits (EOB) will be provided through the Dean Member Portal

Each EOB, online Claim Summary or Member Claim Itemization Listing may be submitted to EBC for your deductible expenses.

Please Note: Dean may take up to 4-6 weeks to provide the EOB from a date of service.

If you are looking to get your claim amount submitted timelier, on the Dean member portal you will see dates of service listed. You can click on each date of service and a summary will appear which provides all the same information that the EOB would provide. In lieu of the actual EOB, this summary will be accepted by EBC for your claim charge. This summary will be available sooner than the EOB. You may also request the Member Claim Itemization Listing from Dean that will show all your dates of service in one document. You may also submit this to EBC for HRA reimbursement.

See below for sample claims summary from the Dean Member Portal.

Line	Date # From	Date To	Service Code	Remark Code(s)	Process Date	Charged Amt	Allowed Amt	Copy Amt	Deduct Amt	Coin Amt	COB Amt	Non-Cov Amt	Disc Amt	Paid Amt	Patient Res
1	01/09/2023	01/09/2023	99213	1	02/18/2023	\$232.00	\$232.00	\$0.00	\$232.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$232.00

Totals
 Total Paid Amount: \$0.00
 Paid To: PROVIDER
 Total Patient Responsibility: \$232.00
 Remark Code/Desc: 1 - DEDUCTIBLE AMOUNT

Explanation Page: How to read the enclosed EOB

Explanation of Benefits (EOB) terms explained.

- Description of Service:** The services you received during the visit.
- Service Details:** Codes you received a service.
- Provider Charge:** Amount billed for each service.
- Allowed Amount:** Maximum amount an eligible patient is allowed to be charged for each service.
- Capex:** Amount not paid for an allowed health care service in a contract period for the plan year.
- Deductible:** Amount you have to be covered health care services in a contract period before the plan year begins.
- Reimbursing Amount:** Allowed Amount minus Capex and/or Deductible.
- Paid at %:** Percentage of the Reimbursing Amount covered by the plan.
- Coinsurance:** Portion of the Reimbursing Amount for which you are responsible.
- Other Insurance:** Amount covered by another insurance policy.
- Out of Pocket Maximum:** Maximum amount you are responsible for for covered health care services in a contract period.
- Plan Payment:** Allowed Amount minus Capex, other Deductibles, and other Out of Pocket Maximum.
- Your Responsibility:** Any Capex, Deductibles, Coinsurance and other covered amounts.
- Remark Codes:** Comments to identify standard explanations of claims processing.

Submit EOB, Claims Summary or Member Claims Itemization with EBC Claims Form



Employees With Other Carriers Through State Plan

After a date of service, an EOB will be provided through your carrier member portal.

Please Note: For these carriers you must submit the EOB along with the EBC claims form for HRA reimbursement.

Explanation Page: How to read the enclosed EOB

Explanation of Benefits (EOB) terms explained.

- Description of Service:** The services you received during the visit.
- Service Details:** Codes you received a service.
- Provider Charge:** Amount billed for each service.
- Allowed Amount:** Maximum amount an eligible patient is allowed to be charged for each service.
- Capex:** Amount not paid for an allowed health care service in a contract period for the plan year.
- Deductible:** Amount you have to be covered health care services in a contract period before the plan year begins.
- Reimbursing Amount:** Allowed Amount minus Capex and/or Deductible.
- Paid at %:** Percentage of the Reimbursing Amount covered by the plan.
- Coinsurance:** Portion of the Reimbursing Amount for which you are responsible.
- Other Insurance:** Amount covered by another insurance policy.
- Out of Pocket Maximum:** Maximum amount you are responsible for for covered health care services in a contract period.
- Plan Payment:** Allowed Amount minus Capex, other Deductibles, and other Out of Pocket Maximum.
- Your Responsibility:** Any Capex, Deductibles, Coinsurance and other covered amounts.
- Remark Codes:** Comments to identify standard explanations of claims processing.

Employee Benefits Corporation Claim Form

Account Holder Information: [Name], [Address], [City/State/Zip], [Phone]

Claims Section: [Service Dates], [Amount], [Remarks]

Signature: [Signature]

Employees with Group Health Cooperative (GHC)

After a date of service, an EOB will be provided to members through the GHC Member Portal.

Please Note: GHC may take a few weeks to provide the EOB from a date of service.

If you are looking to get your claim amount submitted timelier, you can submit the Bucket List Report. The Bucket List Report provides a summary of dates of service and all the same information that the EOB would provide (and for all members that have claims under your plan). In lieu of the actual EOB, this Bucket List Report will be accepted by EBC for HRA Reimbursement. This report should be available sooner than the EOB. **Please Note:** While there is a Bucket List Report on the GHC Member Portal, it **does not** provide sufficient information for the HRA Reimbursement. You will need to request the Bucket List Report from GHC directly messaging Billing through the Member Portal or by calling GHC at 608-251-4138.

See below for sample of the Bucket List Report from GHC.

Explanation Page: How to read the enclosed EOB

Explanation of Benefits (EOB) terms explained.

- Description of Services:** The services you received during this visit.
- Service Dates:** Dates you received a service.
- Provider Charge:** Amount billed for each service.
- Allowed Amount:** Maximum amount to which payment is based for covered health care services.
- Capex:** Total amount you pay for a covered health care service, subject to any out-of-pocket maximum.
- Deductible:** Amount you must pay for covered health care services in a calendar period before the benefit begins to pay.
- Remaining Amount:** Allowed amount in this Capex and in this Deductible.
- Paid as % Percentage of the Remaining Amount covered by this plan.**
- Co-payment:** Part of the Remaining Amount for which you are responsible.
- Other Insurance:** Amount covered by another insurance policy.
- Net Payment:** Allowed Amount minus Capex minus Co-payment minus Deductible, or minus Other Insurance payment.
- Your Responsibility:** Any Capex, Deductible, Co-payment and non-covered services.
- Remain Charged:** Obligation to satisfy standard explanation of claim processing.

How to Read an Explanation of Benefits (EOB) Form
After you receive medical services, you may receive an EOB as we process claims made by you or your health care provider. The EOB is not a bill.
Your EOB is the key to understanding your health insurance coverage as you incur costs. The form tells you exactly how your benefits were applied. It covers the particulars related to the visit, including the service date, the provider's name, amount billed, amount covered, amount you paid and your financial responsibility. It also tells you how much has been credited toward your out-of-pocket maximum or deductible this contract period.

Why read an EOB?
The EOB can help you understand your health expenses by making you aware of what things cost. It also helps you see that you're being billed separately. When you understand your EOB, you can see exactly how much was charged, what portion was paid by this plan and how much is left for you to pay. So each time you receive an EOB, give it a good look, compare it to the provider's receipt or statement and see if anything seems wrong. If so, call the Customer Care Center number on the EOB. We're here to help.
We recommend you save all EOBs for at least two years.



Group Health Cooperative
of South Central Wisconsin

MSV --Bucket Accumulations by Account
Bucket Accumulations for the Account of: Employee Sample, ID#: 000000
Family Bucket Accumulations as of: 07/05/2023
Group Plan: 5037000 - WPEG JEFFERSON COUNTY
Plan Renewal Date: 01/01/2024
Data Run: 07/05/2023. Note that this report only contains claims processed by this date.

Employee Sample
100 Main Street
Sample City, WI 00000

Bucket ID	Patient or Account	Deductible or MOOP	In Network or Out of Network	Comingled or Separate Networks	Medical Only or Combined Medical and Pharmacy	Bucket Limit
2010	ACCT DED		In-Network	Separate	Combined Medical and Pharmacy	3,000.00
This is a Family - Deductible accumulation bucket containing both medical and pharmacy claim-related In-Network amounts.						
DOS	PAT ID	PATIENT NAME	CLAIM ID	VENDOR	TYPE	AMOUNT
03/02/2023	00000	SAMPLE EMPLOYEE	000000	SAMPLE HOSPITAL	VENDOR	\$150.00

Submit EOB or Bucket List Report with EBC Claims Form



Once you submit the EOB (or claims summary or Bucket List Report) with the EBC Claims Form to EBC, they will process the claims

Please note: When you review your EBC account, you will notice that any claims prior to meeting the deductible will not show as applying to Tier 1 (which is the employee's deductible responsibility). Do not worry, that does not mean your claim was not received or processed by EBC. If you review the Processed Claims link under the Track section of the Menu in the member portal, you will see the claims submitted and listed. **See above** for example.

Claim Form: XXXXXXXX for \$100 on 01/01/2023

Claim Line ID	Start Date	End Date	Expense Type	Provider	Amount Requested	Amount Approved
1	01/01/2023	01/01/2023	Deductible	Provider Name	\$100	\$0.00

Claim For: _____

Comments: You are responsible for paying all or part of this claim.

Attached Documentation

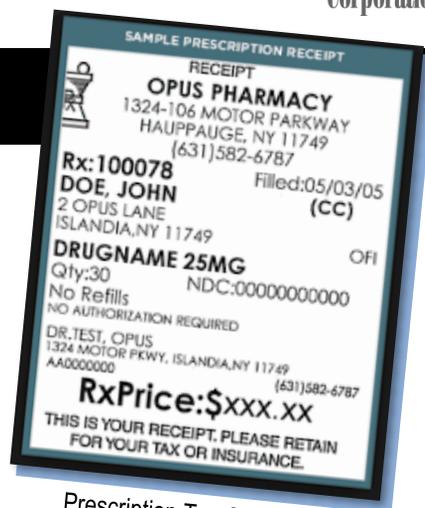




Prescription Tags List

For prescription drugs you may submit a **Prescription Tag** instead of an EOB.

The prescription tag lists the name of the pharmacy, the type of medication, the date of service, the cost and patient's name. Copies are fine. You may keep the original.



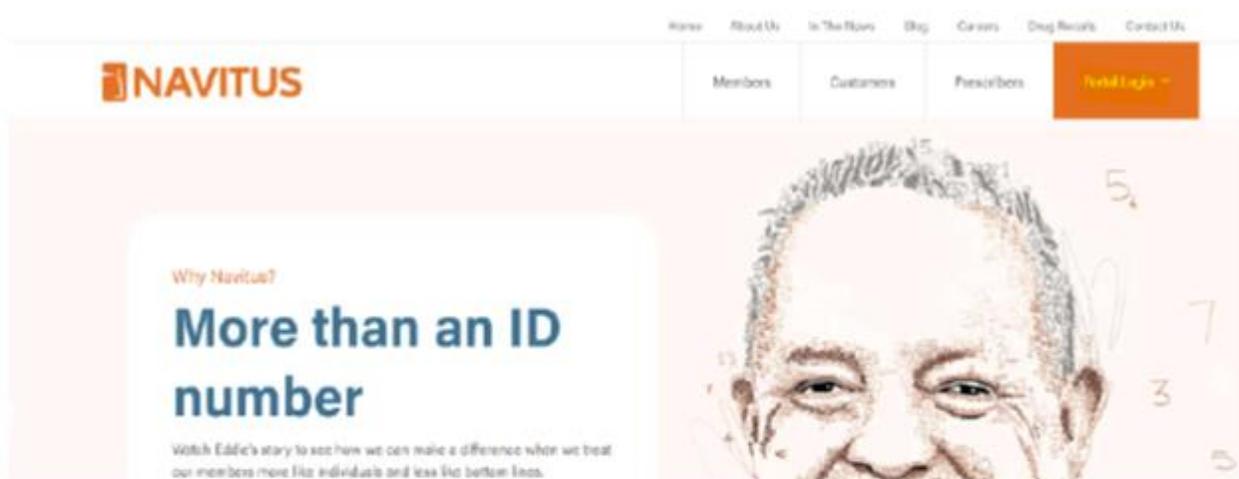
Prescription Tag Sample



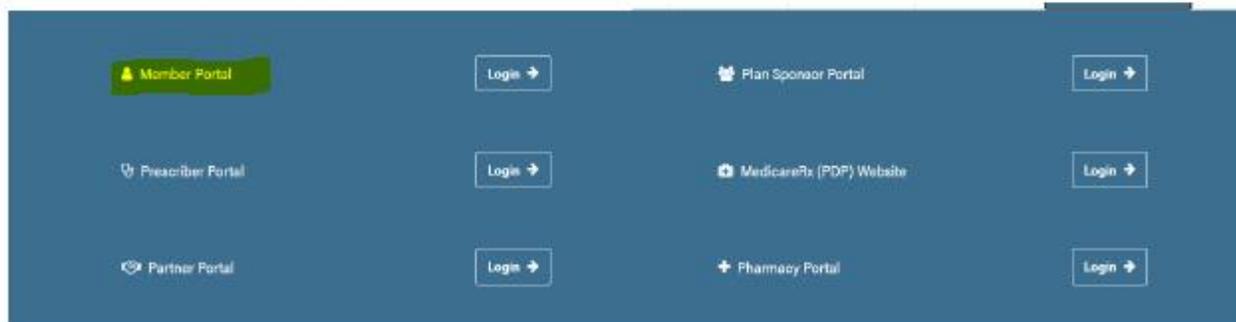
Navitus Prescription Reports – How to Find

You may also submit the **Prescription Report** from Navitus for any prescription out-of-pocket costs for the HRA Reimbursement. How to locate the prescription report on Navitus.com:

1) Portal Login



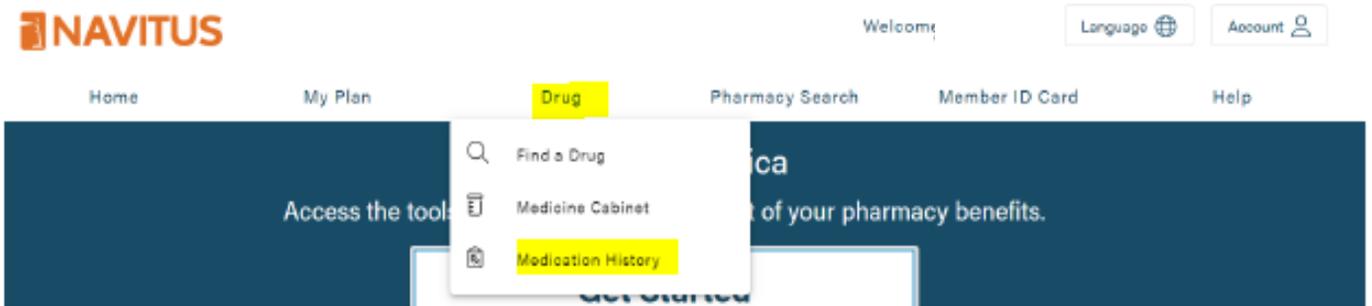
2) Select Member Portal, then Sign In/Register





Navitus Prescription Reports – How to Find Continued

3) Select Drug Tab and then Medication History



4) Information will take a moment to load

5) Choose Dates and Family Member, then click Get Report

The screenshot shows the report generation form. It includes fields for 'Start Date' (8/30/2021) and 'End Date' (8/30/2023), both highlighted in yellow. There is a 'Family Member' dropdown menu set to 'Sample Member', also highlighted in yellow. A 'Get Report' button is highlighted in yellow. Below the form, there is a note: '* Maximum date range is 2 years from today'.

Prescriptions Filled from 01/01/2023 – 08/30/2023 for Sample Member

VIEW AS PDF

Prescriber Name	Pharmacy	Rx#	Drug Name	Fill Date	Days Supply	Quantity	Plan Pay	Patient Pay	Options
Sample Member	WALGREENS #11235	00000	Sample Medication	04/07/2023	30	15	\$0.00	\$4.65	...
Sample Member	WALGREENS #11235	00000	Sample Medication	04/06/2023	1	5	\$0.00	\$2.98	...
Sample Member	CVS #8975	00000	Sample Medication	01/09/2023	10	30	\$0.00	\$13.51	...

6) View as PDF



Additional Information & Reminders

- If you have multiple claim charges, for the same family member, that are shown on the same EOB, you can submit all the claims together to EBC. When submitting, include the date range that all the services are for and total deductible amounts.
- You can submit EOBs or claims summary via your mobile device or computer. You can also mail or fax them as well.

All acceptable forms for HRA reimbursement with EBC:

- EOB forms (any State carrier) that show the amounts applied toward each individual service that applies the deductible/copay/co-insurance.
- Prescription 'tags' that the pharmacy provides showing the pharmacy name, patient name, date of service, prescription name and employee cost. Please see the sample above.
- Prescription report from the pharmacy that is on pharmacy letterhead showing each date of service, prescription name, patient name, and employee cost.
- Prescription Report from Navitus showing the same information as the bullet point above.
- Dean Health Plan participants – A screen shot of the Claim Detail that are available online or the Member Claim Itemization Listing that can be requested from Dean.
- Group Health Cooperative – Bucket List Reports (available by contacting GHC directly – not online).

If you have any questions, please contact your HR Representative