



CARD SUBSTANTIATION PROCESSES

CLIENT GUIDE



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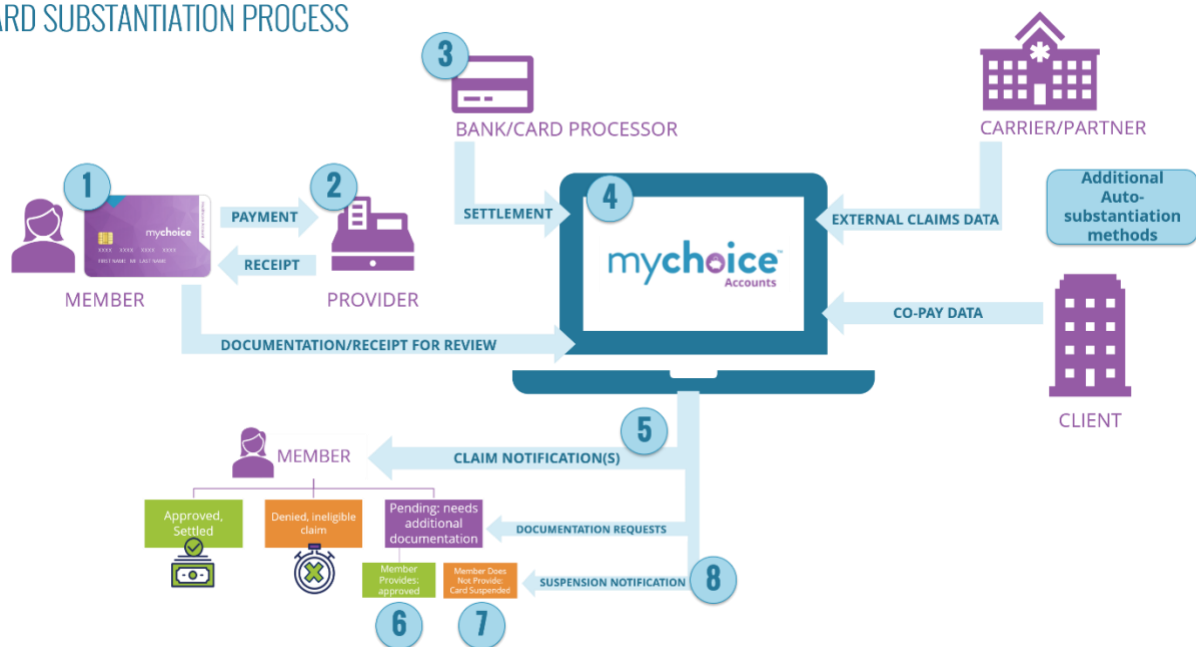
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General Substantiation Process

The MyChoice Accounts card transaction substantiation process is designed to help members reduce the hassle of providing documentation for every transaction. The specific business rules model we have set up will apply to every debit card transaction to successfully and accurately validate the expense against your plan design.

These business rules differ based on the data used and the data used depends on whether it is PBMs, carriers, Rx retailers, merchant partners or client data.

CARD SUBSTANTIATION PROCESS



[1] The Member pays for goods or service at a provider and receives **[2]** a detailed receipt for the purchase. Card Vendor processes settlement reimbursement (claim) and sends **[3]** it to MCA. Partner processes medical, dental, vision external claim **[4]** and sends it to MCA to be used to auto-substantiate the settlement claim. MCA auto-substantiates settlement claim for Member and generates a document request statement based upon follow up periods (up to 5) **[5]** to send to Member. Member receives and uploads document or sends to MCA **[6]** or fails to upload documentation. MCA suspends account **[7]** and notifies member with account suspension template **[8]**.

Methods Available for Substantiating Card Requests

1. IAS substantiation

- **Description:** IAS matching is based upon a card swipe being auto-substantiated at the point of service

2. 90% Trusted Merchant substantiation

- **Description**
 - Retailers such as Walgreen's, CVS, Drugstore.com, and Vision Direct can provide transaction feeds for a given client's Members.
 - Most drug stores which follow the 90% matching is performed at the point of service

3. Recurring Expense substantiation

- **Description:** A Recurring Expense is one that matches a previously substantiated request, amount, service type within a given plan period
 - Card Request substantiation status marked as 'Recurring Expense Matched'
- Card Requests can only be matched using card requests within the same plan year.

4. Carrier substantiation

- **Description:** A carrier is another name for insurance company. The terms insurer, carrier, and insurance company are generally used interchangeably.
- **Carrier Type** (by Healthcare Services)
 - **Medical (top 10)**
 - Unitedhealth Group
 - Wellpoint Inc. Group
 - Kaiser Foundation Group
 - Humana Group
 - Aetna Group
 - HCSC Group
 - Cigna Health Group
 - Highmark Group
 - Coventry Corp. Group
 - HIP Insurance Group
 - **Dental**
 - Delta Dental
 - BCBS of MA
 - United Concordia
 - Guardian
 - CIGNA
 - AETNA
 - METLIFE
 - **Vision**
 - VSP
 - EyeMed
 - United Healthcare
 - Vision Plan of America

- Humana
- **Pharmacy Benefit Managers (PBMs)**
 - Pharmacy benefit managers, or PBMs, are the go-between companies that negotiate with drugmakers on which medicines will make insurance plans' lists of covered drugs and how much insurers' plans will pay for them
 - **Top PBMs**
 - UNA Rx Card
 - CVS Health
 - Medimpact
 - SXC Health Solutions Inc
 - Express Scripts
 - Catalyst Rx
 - Medco Health Solutions
 - US Scripts
 - Restat
 - Humana
- MCA clients contract with carriers, such as Anthem, Cigna, BCBS, to provide MCA with feeds of transactions that occurred at participating providers (doctor's office, urgent care center, etc.)
- Carrier Claim Matching Requirements
 - Matching logic run as frequently as company carrier files are loaded.
 - Match single or multiple carrier claims to single card swipe amount with same service type
 - If carrier claim is used for matching, it's mark it as used and matched to the request. Carrier claims that are matched can't be used for matching again with other transactions

5. Copay-match substantiation

- **Description:** copays are matched by service type, copay amount
- MCA clients can provide listings of:
 - health plan copay amounts
 - dental plan copay amounts
 - vision plan copay amounts
- Logic run daily
- Match up to 5x copay amounts (5x value comes from plan setup – copay multiplier)
 - Example: Medical Copay on file \$7, \$25 with copay multiplier = 5
 - Swipe for \$35 would match (7×5)
 - Swipe for \$32 would match ($7 + 25$)
 - Swipe for \$57 would match ($2 \times 25 + 7$)
 - Swipe for \$64 would match ($2 \times 25 + 2 \times 7$)
 - System will use all possible copay options up to 5x multiplier to match a single card swipe
- No cross-service type matching
- Card Request substantiation status marked as 'Copay-Matched'

6. Merchant Partner substantiation

- **Description:** Merchant Partners (currently 1-800-Contacts, VisionDirect.com, Drugstore.com, and Walgreen's) are contracted to sell only eligible products for specific accounts and service types.
- Card Request substantiation status marked as 'Merchant Partner Matched'

7. Service Type Threshold substantiation

- **Description:** Summary substantiation is looking at the sum of all carrier claims to determine if the total amount of carrier claims exceeds the total amount of requests for a given service type
- Card Request substantiation status marked as 'Summary Substantiation'

8. Election Threshold substantiation

- **Description:** Plan threshold substantiation is where the sum of all carrier claims > election period goal amount for those plans that have similar service types.
- Card Request substantiation status marked as 'Election Threshold'

9. Whole Dollar Tier Threshold

- **Description:** Whole Dollar Tier threshold provides the ability for clients to set up whole dollar tiers that would automatically match to card requests

Examples:

Starting Amount	Ending Amount	Increment Value
\$0.00	\$50.00	\$5.00
\$0.00	\$25.00	\$1.00
\$0.00	\$200.00	\$25.00

10. Other (HSA/Commuter)

- Cards Requests against an HSA account are not subject to substantiation (per IRS regulations)
- Card swipes against a Commuter account are considered to be substantiated at the point of sale.
 - The merchant category code (MCC) of the commuter service provider will fall within the valid MCCs of the plan on the debit card.
 - These transactions marked as substantiated either as a first step of any substantiation process, or as soon as they come into the system.

Substantiation Dashboard

Role-based access: Statistics will be displayed at the level the admin is associated with

1. Summary Substantiation Statistics
 - a. Substantiation Summary: Total Card Transactions, Total paid amount, Total amount substantiated, Total unsubstantiated (pending amount > 0), Percentage substantiated, Percentage unsubstantiated
 - b. Substantiation Summary by Category: Category Type, Total Card Transactions, Total paid amount, Total amount substantiated, Percentage substantiated, Percentage unsubstantiated
2. Substantiation Rate – based upon all substantiation types (examples below)
 - a. Total Card Transactions, total paid amount with substantiation status of IIAS
 - b. Total Card Transactions, total paid amount with substantiation status of 90% merchant, percentage substantiated
 - c. Total Card Transactions, total paid amount with substantiation status of Copay Match, percentage substantiated
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 - i. Total Card Transactions, total paid amount with substantiation status of Manual Receipt, percentage substantiated
 - f. Substantiation Rate by Category – based upon all substantiation types by Category
 - i. Category Type
 1. Total Card Transactions, total paid amount with substantiation status of IIAS, percentage substantiated
 2. Total Card Transactions, total paid amount with substantiation status of 90% merchant, percentage substantiated
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 4. Total Card Transactions, total paid amount with substantiation status of Carrier Match, percentage substantiated
 5. Total Card Transactions, total paid amount with substantiation status of Recurring Expense Match, percentage substantiated
 6. Total Card Transactions, total paid amount with substantiation status of Manual Approved, percentage substantiated

Substantiation Communication Process

1. Benefitsolver – Action Manager will have a general template
 - a. *Card Needs Documentation*
2. System will have 2 Global Communication Templates established
 - a. *Card Needs Documentation* Template
 - i. Standard Default Periods
 1. Follow Up Period 01 = 30 days
 2. Follow Up Period 02 = 60 days
 3. Follow Up period 03 = 90 days
 - b. *Account Suspended* Template
 - i. Standard Default Periods
 1. Follow Up Period 01 = 120
3. Communication Process
 - a. The process runs daily and identifies all unsubstantiated requests with submission type of card and substantiation type as *not substantiated*
 - b. Based upon the received date of the card request and the number of follow up days equals today, the rules will activate the *Card Needs Documentation* or *Account Suspended* event template.
 - c. A secondary process runs every 15 minutes and picks up the event, sends to Benefitsolver Action Manager and provides the information to generate the event template via email or as a document that is saved to the member's personal documents.
4. Request Status
 - a. All card requests are inserted initially with a status = *Approved*. Once the *Card Needs Documentation* job runs based upon the first follow up period (30), it will update the request status = *Needs Documentation*.
5. Account Suspension
 - a. We will notify the member prior to their actual account suspension. The current job that suspends the members account can only run once daily in accordance with UMB requirements.
 - b. The request status will be updated as outstanding
 - c. An outstanding record will be written to the outstanding ledger in the amount of the transaction
 - d. The outstanding balance on the members record will be increased by the amount of the card request requiring substantiation.

Manual Substantiation Process

1. Claims examiner will manually substantiate the card request for members who have uploaded documentation.