

## Breakdown of Commonly Used MCA Reports

### CIP Status Report

Purpose: For enrollees in HSA, reflects status of Customer Identification Program (CIP) results from bank custodian		
Report Field Name	Field Description	Example Data
Company Name	Company Name	ABC Company
Division Name	Division Name (as applicable)	Transportation
Sub Division Name	Sub Division Name (as applicable)	East
Employee ID	Employee ID (as applicable)	10011
First Name	Primary account holder's first name	David
Last Name	Primary account holder's last name	Copperfield
CIP Status	Employee CIP Status Pending = Results not yet provided by UMB Passed = Member identity verified Failed = Member identity could not be verified/ineligible for HSA	Passed
CIP Status Date	Date CIP Status received from UMB	2/9/2022 4:15

### Card Status Report

Purpose: Provides record of cards issued to members and their status for the reporting period		
Field Name	Field Description	Example Data
Company Name	Company Name	ABC Company
Division Name	Division Name (as applicable)	Transportation
Sub Division Name	Sub Division Name (as applicable)	East
Group Structure ID	Group structure to which member belongs	Transportation :: East :: Hourly :: ALL
Company Card ID	System name given to multi-purse card	Healthcare Card
Last4 SSN	Last 4 of primary account holder's SSN	1234
MemberNum	MCA-specific member identifier	123456
Employee ID	Employee ID (as applicable)	10011
First Name	Primary account holder's first name	David
Last Name	Primary account holder's last name	Copperfield
Last4 Card Number	Last 4 digits of issued card	8712
Sent for Issuance	Date request for card was sent to bank	12/14/2021 0:00
Activation Date	Date of card activation verification received	2/13/2022 0:00
Card Status	Status of issued cards (e.g. Issued, Active, Lost/Stolen)	Active
Status Change Date	Date of card activation verification received	2/14/2022 3:45
Card Closed Date	Date card closed (as applicable)	

## Member Deposit Detail Report

Purpose: Breakdown of contributions to member accounts by individual transaction		
Field Name	Field Description	Example Data
company_name	Company Name	ABC Company
divisionname	Division Name (as applicable)	Transportation
subdivisionname	Sub Division Name (as applicable)	East
groupstructureid	Group structure to which member belongs	Transportation :: East :: Hourly :: ALL
plantype_id	Type of plan (e.g. FSA, DCA, HSA, etc)	FSA
plan_id	Identifier for specific plan	FSA2022
planstart	Plan effective date	1/1/2022
planend	Plan end date (as applicable)	12/31/2022
effective_date	Member effective date in plan	1/1/2022
term_date	Member Term date in plan	12/31/2022
member_num	MCA-specific member identifier	123456
employee_id	Employee ID (as applicable)	10011
lastname	Primary account holder's first name	Copperfield
firstname	Primary account holder's last name	David
last4ssn	Last 4 of primary account holder's SSN	1234
source_ref_id	Primary account holder's Benefitsolver member number	22244466
member_status	Primary account holder's employment status	Active
pay_frequency	Primary account holder's pay frequency	Weekly
transactiondate	Contribution deposit/payroll date as provided on funding file	3/18/2022
transaction_type	Contribution	Contribution
transaction_subtype	Type of Contribution or Deposit	Employee Pre-tax
amount	Amount of contribution or deposit	13.12
transactionstatus	Status of transaction (i.e. Pending or Posted)	Posted
posteddate	Date transaction posted and appears in balance	3/2/2022

## Request Activity Report

Purpose: Provide listing of individual claim requests and associated status for members

Field Name	Field Description	Example Data
Company Name	Company Name	ABC Company
Division Name	Division Name (as applicable)	Transportation
Sub Division Name	Sub Division Name (as applicable)	East
Group Structure ID	Group in Benefitsolver to which member belongs	Transportation :: East :: Hourly :: ALL
Last4 SSN	Last 4 of primary account holder's SSN	1234
Member Num	MCA-specific member identifier	123456
Employee Id	Employee ID (as applicable)	10011
First Name	Primary account holder's first name	David
Last Name	Primary account holder's last name	Copperfield
Company Num	MCA-specific numerical company identifier	36
Request Number	Claim request number	6439946
Request Type	Origin of claim request (i.e. Card, Web, Mail, Email)	Card
Service Type	Category of services rendered (e.g. General Medical, Prescription, Chiropractor)	Laboratory
Service SubType	More detailed service type information (as applicable)	
MCC	Merchant Category Code provided to card processor to identify the type of services/products provided	5047
Card Plan	Bank promo ID associated with Plan ID for carded plans only	FSA0122
Request Status	Status of claim request	Needs Documentation
Amount	Total amount of claim request	39.59
Pending Amount		39.59
Approved Amount	Amount of approved expenses for the claim	0
Ineligible Amount	Amount of ineligible expenses for the claim	0
Paid To Provider	Y = Request submitted to send check payment directly to the service provider N = Request default to pay member directly via available payment method	N
Received Date	Date claim request was received	2/18/2022
Request PaidAmount	Amount of claim already paid out	39.59
WorkFlow State	Status of the claim in the processing workflow (e.g. Complete, Document Submitted)	Complete
Substantiation Type	Method by which claim was determined to be an eligible expense	
Division Num	MCA-specific numerical company division identifier	3
Outstanding Amount	Amount of claim paid out that was ineligible and will need to be recouped	0
SubDivision Num	MCA-specific numerical company subdivision identifier	222
Validation StateId	Works in tandem with Request Status and WorkFlow State	Documents Requested
Validation Amount	Amount of claim to be (or that has already been) validated	39.59
Paid Amount	Amount already paid out on the claim	39.59
Donotpaybefore Date	Date of service as claims cannot pay for future dates	2/16/2022
plan Name	Type of plan (e.g. FSA, DCA, HSA, etc.)	FSA
Plan Id	Identifier for specific plan	FSA2022
Decline Reason	The reason code for claims denied (as applicable)	Documents Requested

## Member Payment Report

Purpose: Detailed information on payments made to members and identified payees		
Field Name	Field Description	Example Data
company_name	Company Name	ABC Company
division_name	Division Name (as applicable)	Transportation
subdivision_name	Sub Division Name (as applicable)	East
lastname	Primary account holder's first name	Copperfield
firstname	Primary account holder's last name	David
member_num	MCA-specific member identifier	123456
employeeid	Employee ID (as applicable)	10011
source_ref_id	Benefitsolver member number	22244466
last4ssn	Last 4 of primary account holder's SSN	1234
groupstructureid	Group structure to which member belongs	Transportation :: East :: Hourly :: ALL
payment_date	Date payment was released	3/2/2022
payment_type	Method by which payment was released	Check
payment_number	System-generated transaction number	2816124
check_number	Check number when applicable for payments released via paper check	99991
amount	Amount of payment	390
payee_name	Payee to whom payment was released/addressed	Tom Thumb Daycare
casheddate	Date payment was cashed	3/17/2022
voiddate	Date payment was voided (as applicable)	
escheatmentdate	Date check was escheated (as applicable)	

## Account Details Report

Purpose: Balance information for members by plan		
Field Name	Field Description	Example Data
company_name	Company Name	ABC Company
division_name	Division Name (as applicable)	Transportation
subdivision_name	Sub Division Name (as applicable)	East
member_num	MCA-specific member identifier	123456
employee_id	Employee ID (as applicable)	10011
firstname	Primary account holder's first name	David
lastname	Primary account holder's last name	Copperfield
source_ref_id	Benefitsolver member number	22244466
dept	Department employee belongs too (as applicable)	
account_type	Type of plan (e.g. FSA, DCA, etc.)	FSA
isrestricted	For HCFSA plans only Y = Limited purpose FSA N = Full purpose FSA	N
plan_id	Identifier for specific plan	FSA2022
plan_start	Plan effective date	1/1/2022 0:00
plan_end	Plan end date (where applicable)	12/31/2022 0:00
account_status	Account level status (Pending, Active, Closed)	Active
status_date	Date account status was updated	1/12/2022 4:19
effective_date	Member effective date in plan	3/1/2022 0:00
term_date	Member Term date in plan	
member_Status	Employee benefit status (i.e. Active, COBRA, Term)	Active
payroll_cycle	Payroll frequency, as provided from Benefitsolver	Weekly
goalamount	Employee election amount for the plan	500
employee_deposits	Employee contributions added to plan	250
employer_deposits	Employer contributions added to plan	0
carryover_deposits	Amount of carryover funds deposited from prior year	150
other_deposits	Amount of deposits other than ongoing contributions or carryover (i.e. takeover amounts)	0

total_deposits	Total amount of funds deposited on the account	400
total_payments	Total amount of payments released to a member for their account	175
total_approved_requests	Total amount of approved claims for a member plan <i>(Note for some plans such as dependent care, funding information must be received in order to release payment, so approved request amount may be greater than payment amount)</i>	175
total_recoupments	Total amount recouped for outstanding amounts	0
carryover_adjustments	Amount of adjustments to carryover	0
carryover_balance	Amount eligible for carryover into the next plan year	400
estimated_forfeiture_amount	Amount of balance potentially forfeit if not spent	0
available_balance	Amount available to spend as of the report run date (i.e. Report run "as of 3/31/2022")	475
outstanding_balance	Amount overpaid to member and needing to be recouped	0

### Funds Request Detail Report

Purpose: Detailed breakdown of records included in funds requests for the requested period		
Field Name	Field Description	Example Data
Company Name	Company Name	ABC Company
Division Name	Division Name (as applicable)	Transportation
Sub Division Name	Sub Division Name (as applicable)	East
Funds Request Date	Date Funds Request was produced	3/23/2022
Funds Request Number	ID associated with funds request on which the record appears	65498
Transaction Date	Date of member transaction	3/16/2022
Member SSN	Last 4 of primary account holder's SSN	1234
Employee ID	Employee ID (as applicable)	10011
Member Name	Primary member's full name (Last_First)	Copperfield David
transactionID	Funds request individual transaction number	4242424
Plan Type Id	Type of plan (e.g. FSA, DCA, HSA, etc)	FSA
Plan ID	Identifier for specific plan	FSA2022
Transaction Type	<b>Payment</b> = Claim/card swipe paid to member <b>Adjustment</b> = Balance adjustments	Payment
Transaction Description	For <b>Payment</b> Transaction Type = method of payment made (includes Card, Check, ACH) For <b>Adjustment</b> Transaction Type = reason for adjustment (includes Voided checks and Recoupments)	Card
Amount	Amount of transaction included on the fund request	40