BBP Admin
BENEFITS ADMINISTRATION
COBRA, FMLA, FSA, HRA, HSA, TRANSIT

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Benefits Card

User & Substantiation Guide

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https://betterbusinessplanning.wealthcareportal.com account access

I've received my Benefits Card – now what?

Benefits Card FAQs

1. Where can I use my Benefits Card?
2. What can I use my card for?
3. When will I receive my Benefits Card?
4. Can I have additional Benefits Cards for my family?
5. How do I create an account to view my balance, transactions, etc.?
6. How do I use the online portal?
7. How do I use the mobile app?
8. How can I check my account using text?
9. Is there a Claim Form I am required to use?
10. How do I sign up to receive reimbursements via direct deposit?
11. How do I dispute a charge?
12. What if my Benefits Card is lost or stolen?
13. What if there is not enough money in my account to cover the purchase?
14. What if a doctor or merchant does not accept credit cards?
15. How does the card know what account the money should come out of?
16. Can I see a copy of the Credit Card Agreement?

I've used my Benefits Card – now what?

Substantiation FAQs

1. Why am I receiving this notice?
2. What should I send to you to approve my charge?
3. How should I send my substantiation to you?
4. What is the point of a Benefits Card if I always have to send in documentation?
5. What is the EasyClaims system?
6. Why can't you get the required EOBs for me?
7. Why does it say "Pending" next to my transaction? Was my provider paid?
8. I tried using my card at the pharmacy for an OTC – why didn't it work?
9. Why do I need a Letter of Medical Necessity for some OTCs?
10. Is there a comprehensive list of FSA-eligible items?
11. What happens if all or part of my transaction is not approved?
12. What happens if I don't send anything in?
13. How do I get my Benefits Card reactivated?
14. How should I be paying my bills with my Benefits Card?
15. If the provider is out-of-network, why did you let the card go through?
16. My old Benefits Card provider never asked for substantiation, why do I have to now?

Benefits Card FAQs Answers

1. For HRA – your card can be used at doctor's offices, hospitals, medical laboratories and at pharmacies for prescriptions only.
   For FSA – your card can be used at doctor's offices, hospitals, medical laboratories, dentists, vision offices and at pharmacies for prescriptions and certain over-the-counters items.

2. For HRA – your card can be used for any items applied to your in-network medical deductible.
   For FSA – your card can be used for eligible medical, dental and vision expenses.

3. Once your card is ordered, you will receive it at the address on file within 7-10 business days. If your card is set to expire, a new card will be issued one month before the expiration date – please make sure your address is up-to-date to ensure timely delivery.

4. Benefits Cards are available for dependents over the age of 18. If your dependent has not received a card, please send us their name, relationship, birthdate, social security number and address and we will mail a card to them.

5. You can create an account online by visiting **https://betterbusinessplanning.wealthcareportal.com**
   Follow the instructions here:
   http://www.bbpadmin.com/docs/Participant/Online_Account_Registration_Instructions.pdf

6. Everything you need to know about the online portal is right here
   http://www.bbpadmin.com/docs/Participant/New_User_Guide_Portal.pdf

7. The mobile app is even easier to use, check it out here http://www.bbpadmin.com/docs/Participant/Wealthcare_Mobile_User_Guide.pdf

8. Texting your account is at your fingertips http://www.bbpadmin.com/docs/Participant/SMS_Text_Messaging_Registration_Wizard.pdf

9. Please use the Universal Claim Form with all claims and substantiation so your claim is processed correctly http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf

   Check out our Claim Submittal Form to find out how to submit Secure Claims and whether a Claim Form is required http://www.bbpadmin.com/docs/Participant/Claim_Submittal_Form.pdf

10. Direct Deposit is the faster, more reliable form of reimbursement – enter in your banking information through your online account or sign up here http://www.bbpadmin.com/docs/Participant/Reimbursement_Direct_Deposit.pdf

11. Disputed charges must be made within 55 days of the transaction date – you must complete these forms to dispute a charge http://www.bbpadmin.com/docs/Participant/BenefitCard_Disputed_Charge_Claim_Form.pdf

12. Please contact our office right away. We will turn your card off and issue you a new card. Please note: non-HSAs Benefits Cards have a very low chance of theft as the merchant code are limited to health-related merchants only.

13. Because these are debit cards, if your account balance is getting low, you will need to have the merchant run the card for the exact amount left on the card or your card will be denied. For example, if you only have $25.00 in your account, but your bill is $40.00, you will have to tell the provider to run the Benefits Card for $25.00 and you will have to pay the remaining $15.00 with your own form of payment.

14. There are 2 options if your provider does not accept credit cards:
    a. You can enter your claim through your online account and choose the option to pay your provider – a check will be mailed to your provider – it will arrive in 7-10 business days but may take up to 30 days to post to your provider's account
    b. You will need to pay with another form of payment and submit the claim to our office using the Universal Claim Form http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf

15. The Benefits Card is a "Smart Card" with limited merchant codes.
    a. HRA – only accepts medically-related merchant codes – doctor, hospital & prescriptions
    b. FSA – Medical, dental and vision-related merchant codes
    c. Transit – Public Transportation
    d. Parking – Parking lots and garages

16. View a copy of the Credit Card agreement here http://www.bbpadmin.com/docs/Participant/BenefitCard_Cardholder_Agreement.pdf

Substantiation FAQ Answers

1. The transaction was made using pre-tax funds and per IRS rules, we are required to ensure the charge falls in the current plan year, is an eligible expense, and is for you and/or a dependent on your plan.
   The IRS has provided strict requirements stating that purchases be substantiated using itemized receipts when they cannot otherwise be substantiated per the IRS regulations. BBPadmin is able to automatically substantiate about 95% of all Pharmacy claims, 90% of all medical and dental co-pays, 85% of all medical, dental and vision claims if you sign up for the insurance carrier claim feed (See FAQ #9). By signing up for the insurance carrier claim feed, the process of having to submit anything at all falls to about 15-20% of all claims. As we work to know your plans and work with you and your carriers, most claims are able to be approved without much work on your end.

   Please refer to the following IRS rulings on substantiation for pre-tax accounts and debit cards:

   a. https://www.irs.gov/irb/2006-31_IRB#NOT-2006-69
   b. https://www.irs.gov/pub/irs-drop/n-11-05.pdf
   c. https://www.irs.gov/newsroom/affordable-care-act-questions-and-answers-on-over-the-counter-medicines-and-drugs
   d. https://www.irs.gov/pub/irs-drop/rr-03-43.pdf
   e. https://www.irs.gov/irb/2006-31_IRB#NOT-2006-69

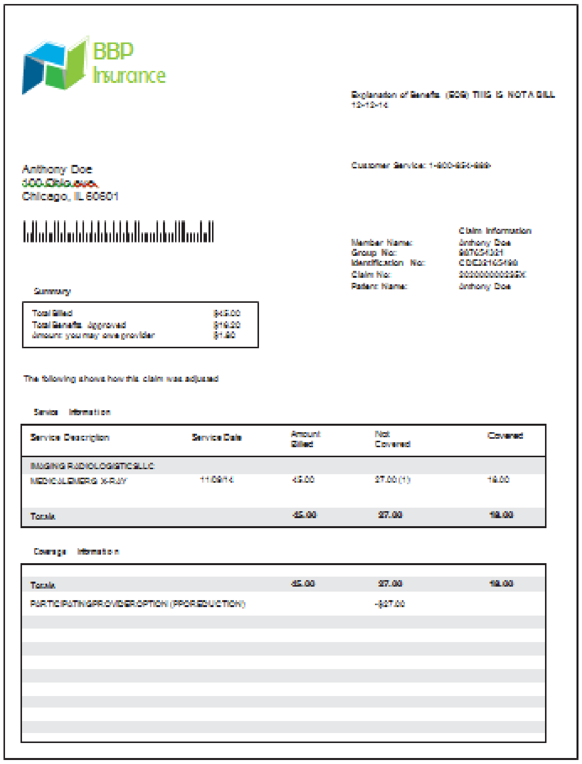
2. **<u>HRA</u>**

Always use the Universal Claim Form with the documentation you send in so your claim is processed in a timely matter

http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf

The Explanation of Benefits (EOB) from your insurance provider is the **<u>only</u>** documentation we will accept for Doctor, Hospital or Laboratory charges

For prescriptions, we will only accept the Prescription slip, Pharmacy itemized list or EOB



BBP Insurance

Explanation of Benefits (EOB) THIS IS NOT A BILL
12-12-14

Anthony Doe
100 Ohio ave.
Chicago, IL 60601

Customer Service: 1-800-654-6666

	Claim Information
Member Name:	Anthony Doe
Group No:	987654321
Identification No:	CDE32165498
Claim No:	2020000000025X
Patient Name:	Anthony Doe

Summary

Total Billed	$45.00
Total Benefits Approved	$16.20
Amount you may owe provider	$1.80

The following shows how this claim was adjusted

Service Information

Service Description	Service Date	Amount Billed	Not Covered	Covered
IMAGING RADIOLOGISTICS LLC				
MEDICAL EMERG X-RAY	11/09/14	45.00	27.00 (1)	18.00
Totals		45.00	27.00	18.00

Coverage Information

Totals	45.00	27.00	18.00
PARTICIPATING PROVIDER OPTION (PPO REDUCTION)		-$27.00	


Acceptable
Prescription Drug Receipts
A Provider Name
B Patient Name
C Date of Service
D Expense Amount
E Insurance Approval
(Copay, Coins, Applied Deductible)
AND/OR
Prescription Drug Name
GR
08-06-2003
PROMISED: 05:00p
08-06-2003
Scripts: 01
CUSTOMER RECEIPT
ABC/pharmacy
GREENTREE, JANE DOE
[DRUG NAME PRINTED HERE]
TAKE 1 TABLET EVERY WEEK
Rx: 888888 00
PAY:
Note: Appearance of "Ins: $.00" does not meet Requirement E for Insurance Approval. However, since this receipt also includes the Drug Name, Requirement E is fulfilled and this is an acceptable receipt.
GR
07-23-2003
PROMISED: 05:00p
07-23-2003
Scripts: 01
CUSTOMER RECEIPT
ABC/pharmacy
GREENTREE, JANE DOE
[NOT PRINTED - PRIVACY]
TAKE 1 TABLET EVERY WEEK
Rx: 999999 00
Prscbr: SMITH, RICHARD
PAY:
ADVANCE PCS

FSA

BEST - The Explanation of Benefits (EOB) from your insurance provider is the best documentation to submit for approval of your charge (See HRA approved examples)

BETTER - A detailed invoice or statement from your provider. It must show patient name, date of service, provider name, amount due (after insurance, if applicable) and services performed. If all 5 are not included, your charge will not be approved.

Make Checks Payable to

Chicago Medical Group
PO BOX 202
Chicago, IL 60012

FOR BILLING INQUIRIES: 773-302-9874

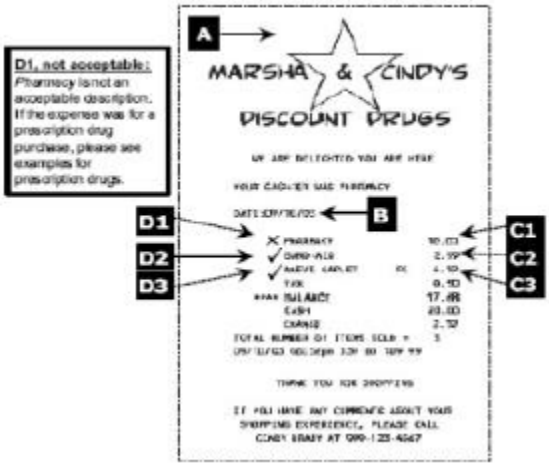
10/18/14	$65.00	123584

John Doe
324 Main St.
Chicago, IL 60011

Chicago Medical Group
PO BOX 202
Chicago, IL 60012

DATE OF SERVICE	CODE	DESCRIPTION OF SERVICE	CHARGES	INSURANCE PAYMENTS	BALANCE
10/10/14	XXXX4	OFFICE VISIT, 25 MIN	$200.00	$140.00	$60.00
10/10/14	XXXX5	BLOOD DRAW	$20.00	$15.00	$5.00

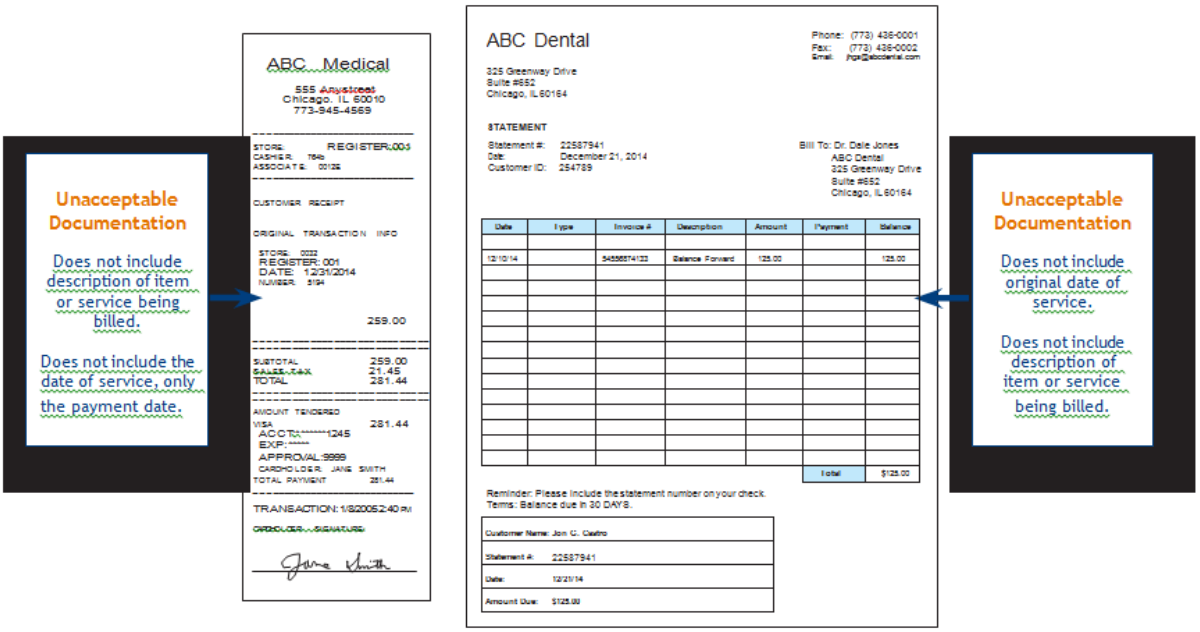
CURRENT	30-60 DAYS	60-90 DAYS	90-120 DAYS	90-120 DAYS	AMOUNT DUE:	$65.00
$65.00						



BAD - Credit Card receipts, Previous Balance/Balance Forward Statements, Statements that show payment only, Pharmacy receipts, Statement remit slip, Credit Card Statements, etc.

These are not eligible as they do not show all 5 requirements for approving transactions – if your documentation does not include all 5 requirements, it will not be approved.

1. Date of Service (not date paid)
2. Patient Name
3. Provider Name
4. Services Performed
5. Amount Due (after insurance, if applicable)



Summary of Documentation

			Patient Name	Date of Service	Provider Name	Services Performed	Amount Due
BEST	HRA FSA	Explanation of Benefits	X	X	X	X	X
	HRA FSA	Pharmacy Prescription Slip	X	X	X	X	X
BETTER	FSA only	Detailed Invoice from Provider	X	X	X	X	X
	FSA only	Pharmacy Receipt for OTC	Must specify	X	X	X must have Doctor's note for unspecified FSA items	X
BAD		Credit Card Receipt			X		X
		Statement Remit Slip	X		X		X
		Credit Card Statement			X		X
		Pharmacy Receipt for Prescriptions		X	X		X
		Balance Forward Statement	X		X		X
		Previous Balance Statement	X		X		X
		Cancelled Checks					X

3. Send your substantiation to BBPadmin in any of the following ways – please choose one:
    a. Email to claims@bbpadmin.com
    b. Fax to: 630-773-2560
    c. Through your online portal - https://betterbusinessplanning.wealthcareportal.com
    d. Through the BBP app - search Better Business Planning
        i. Apple Store - https://appsto.re/us/uk8jJ.i
        ii. Google Play - https://play.google.com/store/apps/details?id=com.betterBusinessPlanning.fismobile
    e. Mail to: 125 West Orchard Street, Itasca, IL 60143
    f. Sign up for the Easy Claims System – let the computer do the work for you.

    For more information and how to sign-up, click this link:
    http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf

4. The upside to having a Benefits Card is you do not have to use your money first and wait to get reimbursed.
    However, because these are pre-tax accounts, all charges must be verified per IRS rules. When you send in your substantiation for charges, we are checking to make sure the expense is in the current plan year (for example, you cannot use 2019 FSA dollars to pay for 2018 dates of service), making sure all expenses are FSA-eligible (2 big examples are supplements sold at chiropractors and electric toothbrushes at the dentist) and finally that the card is being used for the participant and their dependents.
    There is no requirement that you use the Benefits Card, you can easily save your Medical, Dental and Vision expenses and send them in to be reimbursed after the fact. If you choose to do this, we will still require the same documentation you need to send in when you use your Benefits Card.

5. EasyClaims - Sign up for the Easy Claims System – let the computer do the work for you. You need to link your insurance carrier logins to your HRA/FSA accounts and your Benefits Card transactions will auto-approve, creating less work for you!

    For more information and how to sign-up, click this link:
    http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf

6. Due to HIPAA, BBPadmin employees are unable to request information from your health-related providers on your behalf. You can ask your providers to send us the documentation or you can link your insurance accounts to your Benefits Card account to auto-substantiate most of your transactions: http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf

7. Below are the possible Transactions Statuses:
    a. New – provider has been paid – no notices from BBPadmin have gone out yet requesting substantiation
    b. Denied – your Benefits Card transaction did not go through and the provider was not paid.
    c. Pending – provider has been paid – notices from BBPadmin have gone out requesting substantiation, please send documentation to prevent your Benefits Card from being temporarily deactivated
    d. Ineligible – provider has been paid – notices from BBPadmin have gone out requesting substantiation and nothing has been received from our office which has turned off your Benefits Card. Benefits Card will remain deactivated until it is resolved.
    e. On Hold – for non-DCAP and transit accounts, you have used your account balance for the year, there is nothing left to reimburse. For DCAP and Transit accounts, your previous claim was larger than your contribution; your claim is awaiting the next contribution before it can be reimbursed.
    f. Approved – provider has been paid and all substantiation has been received, there is nothing further to do – Thank You!

8. FSA ONLY - Only certain OTC items are approved automatically using your Benefits Card. Some examples include contact lens solution, bandages or hearing aid batteries. To be reimbursed for other OTC items that require a Letter of Medical Necessity, a copy of a dated prescription for the drug or medicine must be submitted either prior to or at the time of filing the claim for reimbursement. A "prescription" means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state. This Letter of Medical Necessity is valid for one year from the date on the Doctor's note.

9. The IRS changed the over-the-counter rule in 2011. Most OTC items now require a Letter of Medical Necessity in order to be reimbursed. The Letter of Medical Necessity must include the "prescribed" OTC and list the specific medical condition it is to treat. Find a copy of the Letter of Medical Necessity here: http://www.bbpadmin.com/docs/Participant/Letter_of_Medical_Necessity.pdf

10. Here is the list of FSA-eligible items – both with and without a required Doctor's Note: https://www.irs.gov/uac/about-publication-502

    You can also check out the FSA Store to see if your item is eligible: https://fsastore.com/FSA-Eligibility-List.aspx

    Here is a direct link to do some FSA shopping: https://fsastore.com/?a_aid=51e6a5e532078&a_bid=1f1dd01f

11. If a provider was overpaid, you will need to contact them to refund your Benefits Card. If you paid a portion to a provider that is not HRA- or FSA-eligible, you will be required to refund your account. If you lost your receipt, it will be treated as an ineligible expense. You can send in a check, pay the ineligible amount online on our website, or offset the cost with another claim that you paid out of pocket. Depending on the timing, your Benefits Card may be deactivated until the money is refunded back into your account.

12. Your Benefits Card will be deactivated and you will not be able to use the card until it is rectified. You can send in FSA claims but all claims will offset the ineligible amount before you are reimbursed.

13. You must send in substantiation to approve the charge or pay back/offset the account for the ineligible or undocumented expense.

14. If your provider accepts credit cards, you can use your Benefits Card to pay the provider. For medical and dental claims where insurance is applied, ALWAYS wait until you receive the Explanation of Benefits (EOB) from your insurance provider before submitting payment. Many times, providers send out invoices before your visit to your insurance company for processing. You should ALWAYS make sure the numbers align before submitting payment. If you overpay a provider, you are responsible for asking for a refund or reimbursing the plan. Your card may become temporarily deactivated until this is resolved.
    a. For most HRA plans – you can only pay the amount that is applied to the in-network deductible – the EOB will state what portion of the claim was not covered by insurance or if you went out-of-network, this portion is your responsibility.

15. The Benefits Card cannot differentiate between in-network and out-of-network providers for any account. For HRA participants, it is your responsibility to find out if your doctor is in-network or not. If your employer's HRA plan does not cover out-of-network providers, then those visits are your responsibility.

16. The IRS updates their regulations regarding substantiation periodically and BBPadmin follows the most current regulations, which includes the requirement to verify transactions that were not auto-substantiated per IRS guidelines.