



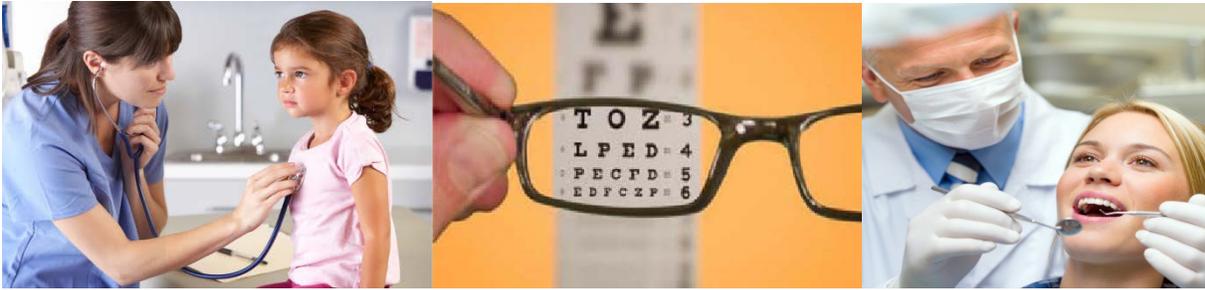
BBP Admin  
BENEFITS ADMINISTRATION

COBRA, FMLA, FSA, HRA, HSA, TRANSIT

info@bbpadmin.com  
www.bbpadmin.com  
630 773 2337

# **BENEFITS CARD**

## **USER & SUBSTANTIATION GUIDE**



**BBP Admin**

125 West Orchard Street  
Itasca, IL 60143

630-773-2337 phone | 630-775-8568 fax

[support@bbpadmin.com](mailto:support@bbpadmin.com) questions

[claims@bbpadmin.com](mailto:claims@bbpadmin.com) claims & documentation

<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. What happens if all or part of my transaction is not approved?
11. What happens if I don't send in the requested substantiation?
12. How do I get my Benefits Card reactivated?
13. How should I be paying my bills with my Benefits Card?
14. If the provider is out-of-network, why did you let the card go through?
15. 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-counter 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 the [WealthCare Portal](#)

Follow instructions [here](#)

6. Everything you need to know about the online portal is right here  
[http://www.bbpadmin.com/docs/Participant/New\\_User\\_Guide\\_Portal.pdf](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](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](http://www.bbpadmin.com/docs/Participant/SMS_Text_Messaging_Registration_Wizard.pdf)

Include the Universal Claim Form with all claims and substantiation to reduce processing time

[http://www.bbpadmin.com/docs/Participant/Universal\\_Claim\\_Form.pdf](http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf)

Use the Claim Submittal Key to determine submission of Secure Claims and whether a Claim Form is required [http://www.bbpadmin.com/docs/Participant/Claim\\_Submittal\\_Form.pdf](http://www.bbpadmin.com/docs/Participant/Claim_Submittal_Form.pdf)

9. 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](http://www.bbpadmin.com/docs/Participant/Reimbursement_Direct_Deposit.pdf)
10. 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](http://www.bbpadmin.com/docs/Participant/BenefitCard_Disputed_Charge_Claim_Form.pdf)
11. 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.

12. 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.
13. 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](http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf)
14. 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
15. View a copy of the Credit Card agreement here  
[http://www.bbpadmin.com/docs/Participant/BenefitCard\\_Cardholder\\_Agreement.pdf](http://www.bbpadmin.com/docs/Participant/BenefitCard_Cardholder_Agreement.pdf)

## Substantiation FAQ Answers

- The transaction was made using pre-tax funds and is subject to 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 for substantiation but the chart below can help determine the appropriate document to accompany your claim form. BBP Admin 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 Substantiation FAQ #9). Signing up for the insurance carrier claim feed reduces the amount of work on your end!

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

- <https://www.irs.gov/pub/irs-drop/n-11-05.pdf>
- <https://www.irs.gov/pub/irs-drop/rr-03-43.pdf>

## Summary of Documentation

			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

## 2. HRA

Always use the Universal Claim Form with the documentation you send in so your claim is processed in a timely manner [http://www.bbpadmin.com/docs/Participant/Universal\\_Claim\\_Form.pdf](http://www.bbpadmin.com/docs/Participant/Universal_Claim_Form.pdf)

The Explanation of Benefits (EOB) from your insurance provider is the **only** 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

Customer Service: 1-800-621-6888

Member Name: Anthony Doe  
Group No: 86702121  
Identification No: C0C2416598  
Claim No: 20200000022K  
Patient Name: Anthony Doe

Summary

Total Billed	\$42.00
Total Benefits Approved	\$16.00
Amount you may owe provider	\$1.00

The following shows how this claim was adjusted

Service Description	Service Date	Amount Billed	Not Covered	Covered
MUSKING RADIOLISITIC LLC				
MEDICAL SUPPLY	11-08-14	42.00	27.00 (1)	15.00
<b>Total</b>		<b>42.00</b>	<b>27.00</b>	<b>15.00</b>

Coverage Information	Amount Billed	Not Covered	Covered
<b>Total</b>	<b>42.00</b>	<b>27.00</b>	<b>15.00</b>
PARTICIPATING PROVIDER OPTION (PRODUCTION)		-\$27.00	

**Acceptable Prescription Drug Receipts**

**A** Provider Name

**B** Patient Name

**C** Date of Service

**D** Expense Amount

**E** Insurance Approval  
(Copy, Coins, Applied Deductible)  
**AND/OR**  
Prescription Drug Name

**GR 08-06-2003** ← **C**

**A** → **ABC-pharmacy** (442) 704-123-4567

**B** → **GREENTREE, JANE DOE**  
454 5th Street, Columbus, GA 31906-0000  
Ph: 604-123-4567 Fax: 604-123-1988  
[DRUG NAME PRINTED HERE]  
TAKE 1 TABLET EVERY WEEK

**E** → **PROMISED: 05:00p**  
08-06-2003  
# Scripts: 01

**D** → **PAY: \$18.00**

**Note:** Appearance of "Ins: \$30" 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** ← **C**

**A** → **ABC-pharmacy** (455) 704-123-1567

**B** → **GREENTREE, JANE DOE**  
454 5th Street, Columbus, GA 31906-0000  
Ph: 604-123-4567 Fax: 604-123-1988  
[NOT PRINTED - PRIVATE]  
TAKE 1 TABLET EVERY WEEK

**E** → **PROMISED: 05:00p**  
07-23-2003  
# Scripts: 01

**D** → **PAY: \$15.00**

**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	CHARGE	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



- A** Provider Name
- B** Date of Service
- C** Expense Amount
- D** Drug Name  
*(Drug name must be clearly indicated on register receipt.)*

**D1, not acceptable:**  
 Pharmacy is not an acceptable description. If the expense was for a prescription drug purchase, please see examples for prescription drugs.

**MARSHA & CINDY'S DISCOUNT DRUGS**

WE ARE BELIEVED YOU ARE HERE

YOUR CUSTOMER CARE PRIORITY

DATE: 10/18/14	<b>B</b>
X PREGNANCY	10.00
✓ CHONDROLIN	2.99
✓ MEXILE TABLET	1.10
TAN	0.10
HAN HUI ABCT	17.88
CABY	49.00
CHANGE	2.70
TOTAL NUMBER OF ITEMS SOLD = 5	
09/18/13 09:36pm 331 80 109 99	

THANK YOU FOR SHOPPING

IF YOU HAVE ANY COMMENTS ABOUT YOUR SHOPPING EXPERIENCE, PLEASE CALL CARY BRADY AT 909-125-4567

- D1**
- D2**
- D3**

- C1**
- C2**
- C3**

**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)

**Unacceptable Documentation**

Does not include description of item or service being billed.

Does not include the date of service, only the payment date.

**Unacceptable Documentation**

Does not include original date of service.

Does not include description of item or service being billed.

**ABC Medical**

555 Arundel  
Chicago, IL 60610  
773-345-4565

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STORE: REGISTER003  
CASHIER: 156  
ASSOCIATE: 0032

CUSTOMER RECEIPT

ORIGINAL TRANSACTION INFO

STORE: 0032  
REGISTER: 001  
DATE: 12/21/2014  
NUMBER: 514

259.00

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SUBTOTAL 259.00  
SALES TAX 21.45  
TOTAL 281.44

AMOUNT TENDERED 281.44  
VISA  
ACCT# 12345  
EXP: 12/31/14  
APPROVAL 9999  
CARDHOLDER: JANE SMITH  
TOTAL PAYMENT 281.44

TRANSACTION: 162005240 RV

CARDHOLDER SIGNATURE:  
*Jane Smith*

**ABC Dental**

325 Greenway Drive  
Suite #552  
Chicago, IL 60614

Phone: (773) 438-0001  
Fax: (773) 438-0002  
Email: [ppp@abcedental.com](mailto:ppp@abcedental.com)

STATEMENT

Statement #: 22587941  
Date: December 21, 2014  
Customer ID: 254789

Bill To: Dr. Dale Jones  
ABC Dental  
325 Greenway Drive  
Suite #552  
Chicago, IL 60614

Date	Type	Invoice #	Description	Amount	Payment	Balance
12/10/14		3485574123	Balance Forward	125.00		125.00
				<b>Total</b>		<b>\$125.00</b>

Reminder: Please include the statement number on your check.  
Terms: Balance due in 30 DAYS.

Customer Name: Jon G. Castro  
Statement #: 22587941  
Date: 12/21/14  
Amount Due: \$125.00

3. Send your substantiation to BBP Admin in any of the following ways – please choose one:

- Email to [claims@bbpadmin.com](mailto:claims@bbpadmin.com)
- Fax to: 630-773-2560
- Through the [WealthCare Portal](#)
- Through the BBP App
  - [Apple Store App](#)
  - [Google Play App](#)
- Mail to: 125 West Orchard Street, Itasca, IL 60143
- Sign up for the Easy Claims System. For more information and how to sign-up, click this link: [http://www.bbpadmin.com/docs/Participant/Linking\\_How\\_To\\_Link\\_Accounts.pdf](http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf)

4. The upside to having a Benefits Card is you reduce your out of pocket costs. However, all charges must still 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, making sure all expenses are FSA-eligible and finally that the card is being used for the participant and/or dependents. There is no requirement that you use the issued Benefits Card, you can easily save your Medical, Dental and Vision invoices and request to be reimbursed after the fact.
5. 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! You may still receive substantiation requests from our portal but all you have to do is tell us you have to do is reply “Check my feed” and we know to 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](http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf)

6. Due to HIPAA, BBP Admin employees are unable to request information from your health-related providers on your behalf. You can ask your providers to send us the documentation directly 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](http://www.bbpadmin.com/docs/Participant/Linking_How_To_Link_Accounts.pdf)
7. Below are the possible Transaction Statuses:
  - a. **New** – provider has been paid – no notices from BBP Admin have been sent 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 BBP Admin will be sent requesting substantiation, please send documentation to prevent your Benefits Card from being temporarily deactivated
  - d. **Ineligible** – provider has been paid – notices from BBP Admin have gone out requesting substantiation have gone unanswered which has temporarily deactivated your Benefits Card. Benefits Card will remain deactivated until 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.

8. FSA ONLY - Certain OTC items are approved automatically using your Benefits Card. Some examples include: contact lens solution, bandages or hearing aid batteries.

Here is the list of FSA-eligible items <https://fsastore.com/FSA-Eligibility-List.aspx>

9. The IRS changed the over-the-counter rule again in 2020 declaring most common OTC ingestible items and menstrual products automatically eligible [http://www.bbpadmin.com/docs/Participant/2020\\_OTC\\_FAQ.pdf](http://www.bbpadmin.com/docs/Participant/2020_OTC_FAQ.pdf)

If still required 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](#).

10. 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 found not HRA- or FSA-eligible, you will be required to refund your account. If you cannot obtain a service invoice or appropriate receipt, it will be treated as an ineligible expense. You can send in payment by check, pay 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
11. 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.
12. You must send in substantiation to approve the charge or pay back/offset the account for the ineligible or undocumented expense.
13. If your provider accepts credit cards, you can use your Benefits Card to pay. 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. ALWAYS make sure the numbers align before remitting payment. If you overpay, you are responsible for asking the provider for a refund or reimbursing your plan. Your card may become temporarily deactivated until this is resolved.  
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.
14. The Benefits Card cannot differentiate between in-network and out-of-network providers for any account. It is your responsibility to ask your provider if they are in-network or not. If your employer's HRA plan does not cover out-of-network providers, payment for those visits will be your responsibility.
15. BBP Admin follows the most current IRS regulations regarding substantiation, which includes the requirement to verify transactions that were not auto-substantiated.