

NHIT City of Laconia HRA Claims Process and Frequently Asked Questions

Who is eligible for this benefit?

Benefit eligible employees enrolled in:

Harvard Pilgrim Health Care
HMO

\$1,000 Single / \$2,000 2-Person / \$3,000 Family

Important Timelines:

Your 2016 plan year runs from:
July 1 through June 30

What is considered eligible for reimbursement?

The HRA will **ONLY** reimburse for eligible medical deductible expenses.

Plan Design: The HRA will reimburse The first portion of the medical deductible. Employees with Single coverage will be reimbursed up to \$1,000 per plan year. Employees with 2-Person coverage will be reimbursed up to \$1,000 per plan year. Employees with Family coverage will be reimbursed up to \$1,000 per plan year.

How am I reimbursed for eligible expenses?

Eligible HRA claims will automatically be sent to Benefit Strategies from the Medical Claims Carrier on a weekly claims file feed. **There is no manual claims submission for the HRA plan due to the automatic claims process.**

When can I expect reimbursement?

Benefit Strategies automatically receives your claims information from the insurance carrier on a weekly basis. We typically expedite **payment to the provider** within 7 – 10 business days. Confirmations are sent for reimbursed claims and will show the current transaction and the year to date available funds.

NOTE: *In the event a claim comes through on the feed with an incomplete provider billing address, the payment will instead be issued to you and mailed to your home address. You will need to use the funds to pay the provider.*

How do I log on to view my claims online?

Log in at www.benstrat.com, and click on the FSA/HRA Secure Account Login button in the upper right corner of the page. See the Employee/Participant Login in the yellow box on the left side of the page.

First time users: once you log in, you will see the options for “New user?” click the link below to create your new username and password

What happens if my claims are adjusted after the HRA has made a payment?

Occasionally, a medical claim is adjusted at a later date by the insurance carrier. The carrier will notify you, the provider and Benefit Strategies of the adjustment. If the adjustment results in the HRA needing to pay out additional dollars, we will process the additional payment and send it to the provider.

If payment results in the HRA having overpaid the provider, Benefit Strategies will send you a Reimbursement Request Form, as you will need to reimburse the HRA for the overpayment.

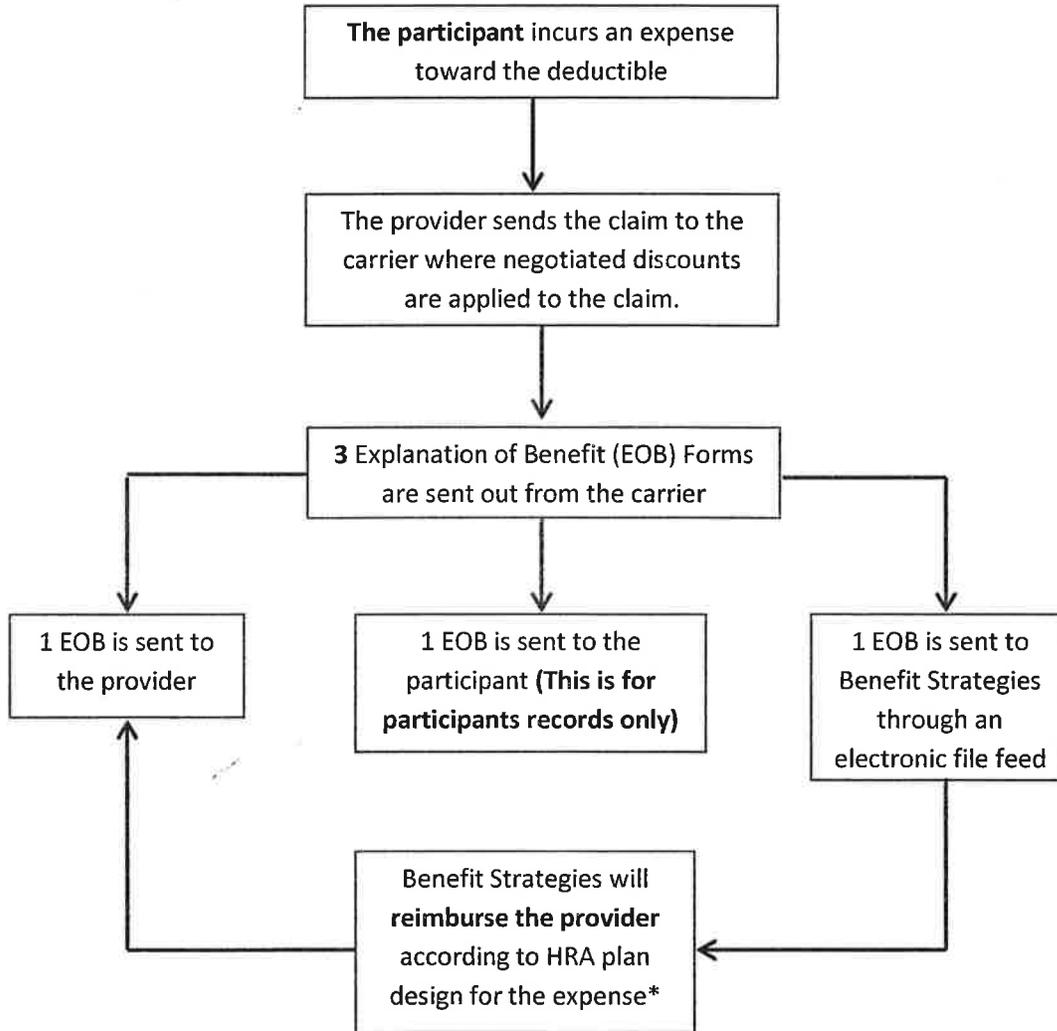
NOTE: If you have paid the provider in full for the original claim, once the provider processes the carrier adjustment a credit should show on your patient account for the claim. You may need to contact your provider to arrange for the credit to be sent to you. Due to patient privacy laws, providers typically will not speak with Benefit Strategies about your patient account and will not send a credit on your account directly to Benefit Strategies.

What can I expect from Benefit Strategies?

- Claims will be paid in a timely manner.
- Benefit Strategies representatives will be able to provide information regarding your HRA. We can explain how the plan works and how the design is coordinated with your medical insurance plan. However, for any questions regarding your medical insurance plan and what constitutes covered expenses, we would kindly refer you to your HR department and/or your Medical Insurance Carrier for an explanation of your medical plans

Our Service Representatives are available Monday through Thursday from the hours of 8:00am to 6:00pm, and on Friday from 8:00am to 5:00pm

Provider Pay File Feed



**In the event a claim comes through on the feed with an incomplete provider billing address, the payment will instead be issued to the participant and mailed to the participant's home address. The participant must use the funds to pay the provider.*