

MINIGUIDE

Navigating the Nonstop Health claims process



Nonstop's claims process

Your Nonstop Visa card helps you pay for covered, qualified medical expenses with no claims paperwork needed! But if for some reason you can't use your card – e.g. if the provider's office or pharmacy is unable to accept it – you may need to pay out of pocket and then submit a claim. You can also submit provider bills to Nonstop to pay on your behalf. This guide explains what you need to do.

Please note: All claims are due within 90 days of the end of your medical plan year.

How to submit a claim

There are two ways to submit a claim: Online via the Nonstop Exchange (NSE) member portal or via a paper claim form.

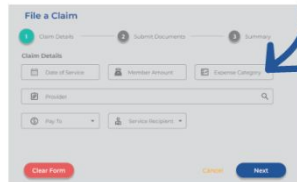
Submitting a claim online



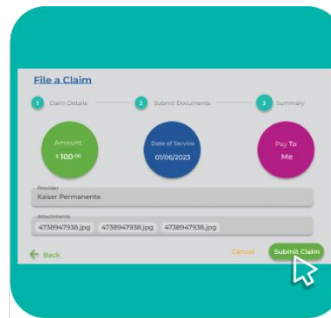
1 LOG IN TO THE NONSTOP EXCHANGE PORTAL
(members.nonstophealth.com)



2 CLICK ON THE SUBMIT NEW CLAIM BUTTON and fill in all of the required information.



3 UPLOAD THE PROPER DOCUMENTATION. For a provider visit, this is an Explanation of Benefits and provider bills. For prescriptions, upload the pharmacy paper bag receipt.*



4 REVIEW YOUR CLAIM AND SUBMIT! A ticket number will be provided that you can use as a reference when checking on the status of your claim.



5 Expect a REIMBURSEMENT OR PROVIDER PAYMENT to be mailed out after a 7–10 day processing period.**

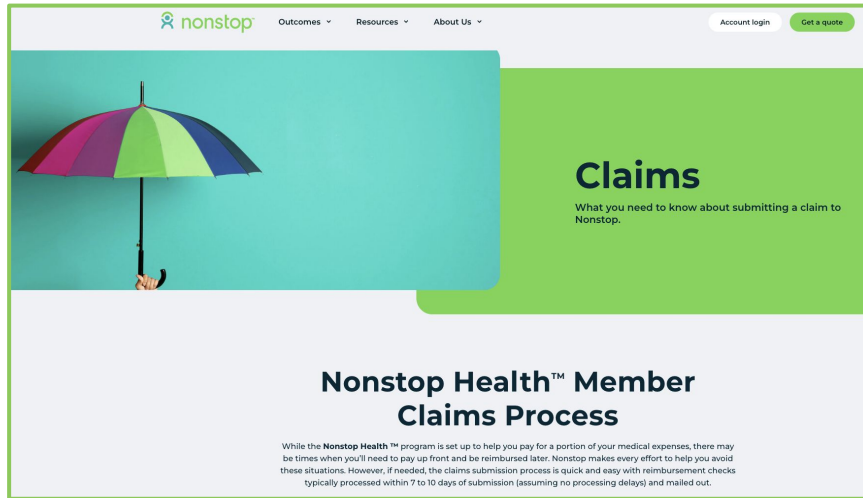
* For a claim to be processed, the service date you enter on the first page must match the date stated on the uploaded documentation.

** During peak claims season (annually January–April), it may take up to 30 days for Nonstop to process your claim.

Submitting a paper claim

1. **Download a claim form.** You can do that in one of two ways:

- Visit nonstophealth.com/claims



- Log in to NSE and click “Need a form to submit a manual claim?”



2. **Fill out all sections of the claim form and include all required documentation:**

- + **For medical services**, we need the Explanation of Benefits (EOB) and provider bill.
- + **For prescriptions**, we need the detailed pharmacy bag receipt (not just the cash register receipt), showing your name, the medication name and whether it was processed through/covered by your insurance carrier.
Please note: Some smaller pharmacies may not be able to provide all the information we need, so we may call you or the pharmacy for more details.

3. **Submit the claims form and all required documentation:**

- Fax 877.463.1175
- Email claims@nonstophealth.com
- US Postal Service:
Nonstop Health
1800 Sutter St. Suite 730
Concord CA 94520

KEY THINGS TO REMEMBER



All claims are due within 90 days of the end of your medical plan year. If your employment ends, all outstanding claims must be submitted to Nonstop within 90 days of your last day of coverage.



Submit **all** required information. Without it, your claim cannot be processed and reimbursement will be delayed.



How to check the status of your claim

There are three ways to check on the status of your claim:

- Log into NSE - see the next page for detailed instructions
- Email us at clientsupport@nonstophealth.com
- Call us at 877.626.6057

Important reminders:

- + If you submit a claim via fax, allow 24 hours from when we receive it for it to appear on NSE.
- + If you submit a claim via USPS, allow several business days for us to receive and process it. Then it will appear on NSE.



GOOD INFO TO KNOW

During our **peak claims season** (annually January - April), it may take **up to 30 days** for Nonstop to process a claim. During the rest of the year, you can expect your claims to be processed within 7-10 business days.

Once a claim is paid, you will receive an email from us stating it has been paid (even if a provider submits a claim on your behalf). This notice is sent to you via email regardless of how you submitted the claim (i.e. through the Nonstop Exchange member portal, email, fax or USPS).

Need more information on how to submit a claim? [Visit our claims website.](#)

Checking the status of your claim via NSE

The claims and substantiation window on the Nonstop Exchange (NSE) online member portal shows a breakdown of any claims you have submitted or any open substantiation tickets from the past six months. It provides details on your reference (ticket) number, the date the ticket was created, the type of submission, the dollar amount connected to the ticket, and the status of the ticket. Click “View Details” for additional information about that claim or card swipe. You may sort by column, and if you have multiple pages of tickets, you will see page numbers reflected at the bottom of the window.

Type shows how the claim came into Nonstop’s system:

Manual Submission: the claim was submitted via NSE, email, fax or USPS.

Visa Card: you swiped your Nonstop Visa card to pay this amount.

Quick tip!

Hover over these abbreviated reference numbers for a complete reference number.

Claims & Substantiations					
Reference Number	Date Created	Type	Claim Amount	Status	View Details
1234ABCD	01/10/2023	Manual Submission	\$235.36	Paid	🔍
1234ABCD	01/10/2023	Manual Submission	\$235.36	Processing	🔍
1234ABCD	01/10/2023	Visa Card	\$235.36	Waiting on Member	🔍
1234ABCD	01/10/2023	Visa Card	\$235.36	Complete - Substantiated	🔍
1234ABCD	01/10/2023	Visa Card	\$235.36	Credit Applied	🔍

Items per page: 10 1 – 10 of 10

Details		Reference Number: 1234ABCD	
Date Submitted	01/20/2023 04:03	Provider	Dr. Smith
Service Type	Pharmacy	Source	Visa Card
Amount Submitted	\$235.36	Amount Paid	\$235.36
Amount Denied	\$0.00	Check Number	#12345656
Add Attachment 📎			
Done			

View Details: Click on the icon to view a breakdown of the claims details for each ticket.

The Status column will show you where your claim or substantiation ticket is in the process:

Paid: Your claim has been paid; no further action required from you.

Complete: Your claim has been completed and the ticket has been closed.

Complete - substantiated: The substantiation process has been completed and the ticket has been closed.

Credit applied: A credit has been applied toward your account due to a repayment or a provider/carrier refund.

Duplicate: Your claim has been submitted to Nonstop’s system twice.

Waiting on member: Nonstop is waiting for you to submit more information or documents to complete the process.

Denied: Your claim was denied; you are responsible for the full or partial amount of the service or prescription.

Processing: Your claim/substantiation issue is still being processed.

Repayment: You are required to pay money back into your employer’s account with Nonstop.

Suspended: Your Visa card has been suspended. Please contact Nonstop for more details.

New: This is a new ticket and Nonstop has not started the claim or substantiation process.

Explanation of Benefits (EOB)

An Explanation of Benefits (EOB) is a statement generated by your health insurance company summarizing how it processed a claim from a doctor, hospital, or other medical provider. Some carriers require you to opt in to receive them by mail; otherwise you must log in to your online account with the carrier and retrieve the EOB yourself. Some carriers only provide EOBs for certain provider visits. Check with your insurance carrier for their EOB policy.

HELPFUL TIP

It's a good idea to have an online account with your insurance carrier so you can access EOBs, look up providers, review plan benefits/coverage and more. If you need help setting up your account, logging in or finding your information, contact your carrier.



EXPLANATION OF BENEFITS THIS IS NOT A BILL

Patricia Doe
1234 State Street
Middletown, OR 12345

Subscriber Information
Member ID: XYZ1234567890
Group ID: 123456
Group Name: Benefits Plus

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Patient Name: Patricia Doe
Place of Service: Outpatient
Date Received: 01/01/2022

Claim Number: 01122334455Z
Type of Service: Medical
Date Processed: 02/01/2022

Provider: ER & Hospital
Payment to: ER & Hospital

ClaimDetail			What your provider can charge you		Your responsibility			Total Claim Cost		
Date of Service	Service Description	Claim Status	Provider Charges	Covered Charges	Copay	Deductible	Co-Insurance	Paid by Insurer	What You Owe	Remark Code
01/01/2022	Office Visit	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	A12
01/01/2022	Lab	Paid	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	B23
Claim Total			\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	

- Service Description** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
- Provider Charges** is the amount your provider bills for your visit.
- Allowed Charges** is the amount that your provider will be reimbursed, negotiated between the carrier and the provider (this may not be the same as the Provider Charges).
- Paid by Insurer** is the amount your insurance plan will pay to your provider.
- Payee** is the person who will receive any reimbursement for over-paying the claim.
- What You Owe** is the amount the patient or insurance plan member owes after your insurer has paid. You may have already paid part of this amount, and payments made directly to your provider may not be subtracted from this amount. Wait to receive a bill from your provider before paying for the services.
- Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.



Nonstop is not affiliated with your health insurance carrier. This, in addition to HIPAA privacy laws, means that we cannot request EOBs or any other documents on your behalf.

To learn more about EOBs and how to read them, check your benefits guide.
For specific questions about an EOB, contact your health insurance carrier.

Questions? We're here to help!

877.626.6057 Mon-Fri 6am-5pm PT/9am-8pm ET

clientsupport@nonstophealth.com



NONSTOP ADMINISTRATION & INSURANCE SERVICES, INC. · nonstophealth.com · 877.626.6057

1800 Sutter St. Suite 730 Concord CA 94520 · CA #0111857, TPA

For a list of states and license numbers, please visit nonstophealth.com/licenses

Nonstop Administration and Insurance Services, Inc.'s mission is to provide reduced barriers in access to healthcare. Nonstop's core product, Nonstop Health, uses an innovative first-dollar approach to plan design that provides cost certainty for employers and reduces or eliminates upfront medical expenses for employees and their families enrolled on the plan. Nonstop Health uses a Section 105 plan called a Medical Expense Reimbursement Plan, which allows employers to pay for their employees' qualified medical expenses on a pre-tax basis. It's important to note that although similar to an HRA, the biggest difference between an HRA and a MERP is that with a MERP, both employers and employees can contribute. MERPs are proven to lower costs for employers and employees while enabling the elimination of upfront co-pays and deductibles. If you are considering this arrangement, be aware that certain plan design features must be in place to maximize the efficiency of this solution. **Please visit us at nonstophealth.com to learn more and reach out to schedule a brief introduction and compare your current plan design to Nonstop Health or connect Nonstop with your broker.**