

MINIGUIDE

Substantiation: What you should know



From time to time, a charge on your Nonstop Visa card will require substantiation. In short, this process verifies that the charge qualifies for the Nonstop Health program. This miniguide explains the process, and what you need to do.

When does substantiation happen?

Substantiation happens after a charge is flagged because it is not clear that it is a covered medical expense or carrier-approved. (For those who are newly enrolled in Nonstop Health, we may also substantiate charges that do not appear to be for the current plan year.) If we contact you about a charge on your Nonstop Visa card, it doesn't mean the charge doesn't qualify for Nonstop, or that you have done anything wrong! We just need more information. Respond as soon as possible so we can clear up the issue.

Why is substantiation necessary?

Federal guidelines require Nonstop to substantiate any charges that look like they do not qualify for our program. The IRS requires that:

- + The card only be used for eligible medical expenses of the employee, employee's spouse and dependents
- + Any expense paid with the card has not been reimbursed by another plan
- + The member will not seek reimbursement under any other plan covering health benefits



KNOW YOUR INSURANCE PLAN

Make sure all medical services and prescriptions you receive are covered under your plan, and that any providers, pharmacies or medical facilities you visit are in your health insurance carrier's network*.

What if the charge cannot be verified?

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by your carrier, you must reimburse your employer's Nonstop account that amount.

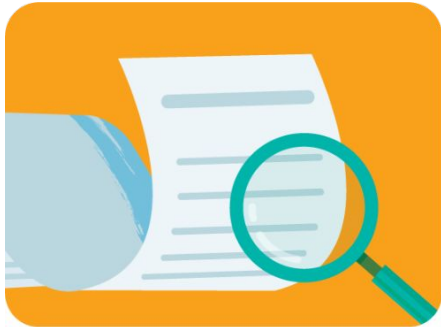
We may contact your employer for help if we have trouble reaching you, but please know we do not share any personal health information with them. If we do not receive a response from you or receive documentation or repayment within the time frame we outline.

A word about HRAs, HSAs and FSAs

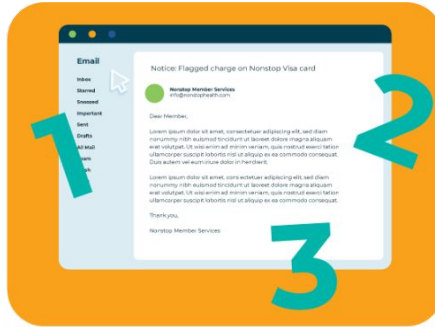
Nonstop Health is a Medical Expense Reimbursement Program (MERP), NOT an FSA, HRA or HSA. What may be covered under FSAs HRAs and/or HSAs may not be allowed under Nonstop Health.



Nonstop's substantiation process



1 Nonstop will **REVIEW CHARGES** on a daily basis and **FLAG ANY THAT NEED TO BE SUBSTANTIATED.**



2 NONSTOP WILL REACH OUT TO YOU THREE TIMES VIA EMAIL. Please respond right away if we contact you!
See the image on p. 4 for more detail about these emails.



3 Still no response? **WE MAY REACH OUT TO YOUR HR DEPARTMENT** to make sure we have the correct information and to see if they can help us contact you.



4 If we still do not hear from you after these five attempts, **WE WILL SUSPEND YOUR NONSTOP VISA CARD** and may refer you to a collections agency.

What do I need for substantiation?

Detailed documentation is the best way to ensure that substantiation moves quickly and efficiently. That includes:

- **For a medical expense:** An Explanation of Benefits (EOB), available through your health insurance carrier.
- **For a prescription:** A detailed receipt like the one stapled to your prescription bag, not just a cash register receipt. The receipt must show the name/details of your health insurance carrier and how much the carrier paid.

If your carrier does not provide EOBs, we will accept a **Claims Summary Report** from your carrier or a **detailed, itemized provider bill**.

When we receive all required documentation we conduct a review, which takes several business days. If we are able to substantiate the charge, we close the ticket and you receive an automated notice from our system. If we need additional information, we will contact you.

Please note: Federal HIPAA and privacy regulations don't allow us to obtain these documents from your carrier and/or provider on your behalf. You must obtain them yourself. We are **not** affiliated with your insurance carrier.

What do the substantiation emails look like?



If a charge is flagged by Nonstop's system as needing additional documentation, you will receive several emails from **nsetickets@nonstophealth.com**, asking for more information. The emails look something like the image at left.

What does the substantiation email process look like?



The importance of EOBs, and how to find and read them

The most important piece of information needed to substantiate a charge on your Nonstop Visa card is the Explanation of Benefits (EOB), provided by your health insurance carrier.


What can I learn from the EOB?

- + What the provider charged for a treatment or service
- + What the insurance company paid
- + What you must pay

How do I find it?

Each carrier has slightly different approaches to EOB delivery, so if you aren't sure where to find your EOBs, contact your carrier.

If you're having a hard time finding the EOB based on the amount you swiped (amount we need to substantiate), request/reference the provider's itemized bill. Then use the date of service to find the corresponding EOB.



ABC Health Insurance, Inc.

Patricia Doe
1234 State Street
Middletown, OR 12345

**EXPLANATION OF BENEFITS
THIS IS NOT A BILL**

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		
1	2	3	4	5	6	7	8	9	10	11
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			\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	\$\$\$	

- 1. Service Description** is a description of the health care services you received, like a medical visit, lab tests, screenings, surgery or lab tests.
- 2. Provider Charges** is the amount your provider bills for your visit.
- 3. 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).
- 4. Paid by Insurer** is the amount your insurance plan will pay to your provider.
- 5. Payee** is the person who will receive any reimbursement for over-paying the claim.
- 6. 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.
- 7. Remark Code** is a note from the insurance plan that explains more about the costs, charges, and paid amounts for your visit.

Tips for substantiation success!

- + An EOB is not a bill, and will usually say that clearly at the top of the document.
- + Several EOB examples are available on our website (<https://offers.nonstophealth.com/eob>) and on the member help section of the Nonstop Exchange (NSE) member portal at members.nonstophealth.com.
- + Nonstop Health is not your health insurance carrier, nor are we affiliated with them. That, plus federal HIPAA and privacy regulations, means we cannot access EOBs for you.
- + It's a good idea to have an online account with your carrier, so you can access EOBs, look up providers, review plan benefits/coverage and more.



Questions? We're here to help!

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

clientsupport@nonstophealth.com

** If you're on a version of Nonstop Health that allows you to use your Nonstop Visa card for out-of-network providers, this does not apply to you. Most Nonstop Health accounts do not have that option! If you're not sure, contact your HR team or Nonstop.*



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

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