

Spending Account Reporting Guide

For Plan Administrators



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Creating Spending Accounts Reports

We are committed to providing our clients and members with Spending Account products that are easy to use and allow for quick access to information about your account's activity. Clients offering a Flexible Spending Account (FSA), Health Reimbursement Account (HRA) or Health Savings Account (HSA) have access to a variety of reports that provide data and insight into their company's account activity.

As an Administrator, your secure reporting suite provides you with an array of reports that gives you immediate access to "reports on demand" in a real-time environment. In order to safeguard your employees' Protected/Individually Identifiable Information, certain detailed information available to your employees when they log in to their online accounts will only be provided to you in a summary format.

Commonly Used Reports

Available reports vary by product, so please review which reports may be applicable to your plan. Here is a short list of some of the reports many clients use regularly:

HSA CLIENTS*



- HSA Application Not Complete Report** – This report will display employees whose requests for a new account *are in the process of being set up*, but not yet established. Use when preparing to send contributions to new member accounts.
- HSA Benefit Summary Report** – Displays a list of all open member accounts, employer contributions and the employees' *pre-tax contributions*.

* Limited information is reported for Health Savings Accounts due to the private nature of this product.

FSA AND HRA CLIENTS



- Benefit Summary Report** – Itemizes each member's elected, adjusted, contributed, paid, approved, denied and available costs; totals are based on the entire employee population.
- Participant Payment Details Report** – Presents detail for all spending account claim payments and debit card swipes.
- Payment Register Report** – Contains the details of *member* payments and *debit card* purchases – plus, the list of checks that were voided/reissued as well as voided claim payments.
- Debit Card Member Details Report** – Displays a list of members with debit cards and the status of the cards.

Additional Reports Used Only by the Health Plan for FSA & HRA Clients

These reports appear on the client spending account website, but they contain information that is only used by the Insurer/Administrator in administering your account if you offer an FSA or HRA. *The three reports are provided in this guide as an "FYI" only.*

- Group Payment Summary Report** – Provides information to reconcile bank account payments to paid claims.
- Client Processing Calendar Report** – Displays contributions' calendar information for any given date range.

- Peg-Balance Funding Report** – Provides funding availability when using a trust bank account pre-funding mechanism. Details on the claim payments and funding required to release the payments will be displayed. This is not a standard process and is *only used for custom banking arrangements*.

OVERVIEW:

The Employer Website and Your Reporting Tools



To access the Spending Account product site for account management and reporting, follow these simple steps:

STEP 1

Log in at highmarkbcbs.com
Enter your admin Login ID and Password.

STEP 2

At the secure administrator's landing page, click the **Assist Employees** tab.

STEP 3

Scroll to the middle of the web page and click on **Accounts at a Glance**. This will link you directly to the Spending Account web pages.

STEP 4

The Spending Accounts Home landing page provides a quick overview of your company's total enrollment, contributions and payments by product(s) offered.

STEP 5

The **Reports** tab lists all available Spending Account reports. To select a report, just click on the link under one of the report categories at the bottom of the page. (Please note that not all reports may be available to you, depending upon your plan offering).

STEP 6

The **Report Parameter Selection** page allows you to request information for one specific employee or for your entire spending account enrollment. You can define the format of your report: PDF or CSV, and in some cases, HTML.

STEP 7

Once you click on **Submit**, the report will either generate immediately or (in the case of larger reports) will gather data to complete the calculations before displaying.

Check the **Status** field (next to **Report Name**) for the progress of your request.

Once the report is processed and formatted, you can download the report from the **Download** link on the **Reports** page. Reports requested in a CSV format will be automatically loaded into Excel®.

The last three reports you requested will also be displayed.

You can view samples of the different reports, along with a description of how they can be used, within this guide.

Report Descriptions

This chart provides detailed descriptions of all of the reports. Select the one that offers the information you need, and then enter the parameters to define the output you wish to view. Reports can be created on demand – when you need them – with real-time data.

Reports	HSA	FSA	HRA	PDF	CSV	HTML	Report Description
Benefit Summary	No	Yes	Yes	X	X		Contains year-to-date payment and balance information for each member within the group. Enter report parameters to view information such as: claim adjustments, approved/denied amounts, etc. Can also be run for a single employee.
HSA Benefit Summary	Yes	No	No	X	X		Specific to HSA clients only, this report displays all open member accounts, pretax contributions from payroll and (if applicable) any employer contributions into the member accounts.
HSA Application Not Complete	Yes	No	No	X	X		Displays employees whose requests for a new account has been passed to Bank of America®; the accounts are in the process of being set up, but not yet established because the employees' background checks, etc. have not been completed.
Forfeiture Details	No	Yes	No	X	X		Shows the spending account dollars forfeited (no longer available) per member in a given plan year. This report is for FSA clients (Medical, Dependent Care, and/or Transportation accounts) ONLY.
Participant Deduction Details	No	Yes	No	X	X		Contains the total deductions from members' pay that are loaded into the spending account for a pay period or payment cycle.
Debit Card Member Details	Yes	Yes	Yes	X	X		Includes all members within the group who have been issued debit cards as well as the status of the debit cards.
Debit Card Transactions	No	Yes	Yes	X	X		Contains all debit card transactions and all debit card settlement information.
Participant Payment Details	Yes	Yes	Yes	X	X		Displays the claim payments made to a specific member, or all members, for a particular payroll date/file, or a range of dates. Includes direct payments to providers, debit card and all member payments.
Payment Register	No	Yes	Yes	X	X		Used to view the payment files, which contain only member payments (check, direct deposit, debit cards), plus all "voided and reissued" payment information.
Group Payment Summary	N/A	N/A	N/A		X	X	FOR USE BY THE INSURER/ADMINISTRATOR ONLY – Lists all of the client's Pay Files that were processed by the spending account system over a date range. Clients should use their weekly eBill invoices to reconcile their accounts, as these reports have the most detailed information available.
Client Processing Calendar	N/A	N/A	N/A		X	X	FOR USE BY THE INSURER/ADMINISTRATOR ONLY – Displays the spending account contributions processed by the spending account system for any given date range.
Peg Balance Funding Requirements	N/A	N/A	N/A	X	X		FOR USE BY THE INSURER/ADMINISTRATOR ONLY – Used for unique funding arrangements requiring the use of a special trust bank account. Reporting and auto-messaging is used to alert shortfalls between bank account balances and claim payments. A report can be generated, but the information displayed may not be applicable to the client's setup.

If your benefit portfolio includes a Health Savings Account (HSA), you will notice a **Contributions** tab displayed along the top of your Administrator Spending Account web pages. Use the functions provided within this tab to manage employee HSA deposits to Bank of America. For detailed instructions on managing and navigating the **Contributions** tab, please refer to the separate [HSA Administrative Guide](#) which provides step-by-step instructions on the process.

We are committed to providing you with industry-leading products and service, while safeguarding your employees' protected/individually identifiable information.

➤ Additional assistance on the reporting function is also available from our Help Desk team at **888-445-5632**.



Report Formats

You can review your report output either as a downloadable CSV, PDF or formatted HTML.



CSV Format

CSV, or “Comma Separated Value,” reports are presented within an Excel worksheet. This format provides you with the most flexibility to integrate the information into your existing financial reporting.



PDF Format

PDF, or “Portable Document Format,” reports are easy to read online since they are displayed on your computer screen exactly like the printable version of the report. Information displayed in the reports can’t be changed or downloaded without additional software; however, this common document format is easily shared and accessible.



HTML Format

HTML, or HyperText Markup Language, is similar to a PDF in that the document cannot be changed. It is an easy-to-read web image that can either be downloaded or printed.

Report Samples

Use the following report samples to decide which reports will help you gather the data you need.

The reports are product-specific, and the parameters that you enter to generate the report will affect the data presented.

The report selection includes these categories:

- Participants
- Payments
- Debit Card
- Account Maintenance
- Funding & Fees (used only by the Insurer/Administrator)
- Payments (used only by the Insurer/Administrator)



Participants

Benefit Summary Report

The Benefit Summary report contains year-to-date payment and balance information for each member within the group. It can also be requested to provide a single employee's benefit information by entering the employee's name in the report parameters.

Use the report to view an employee's available account balance, view any Health Care Reimbursement Account (HCRA) "carryover" amount (if offered by your Plan) or to confirm that an employee's termination date has been posted to the account.

Benefit Summary																		
Run Date: 06/03/2014 9:25 AM																		
For Group:																		
Client EE ID	First Name	MLast Name	Business Unit	Emp Status	Account Type	Plan Period	Coverage	Elected	Adjusted	Carryover	Net	Contrib	Excess Contrib	Paid	Approved	Denied	Available	Client Risk System EE ID
1	James	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	Active	\$883.67		\$0.00	\$883.67	\$883.67	\$0.00	\$206.43	\$0.00	\$206.43	\$677.24	4
1	Judith	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	BenTerm (03/31/2013)	\$498.79		\$0.00	\$498.79	\$498.79	\$0.00	\$0.00	\$0.00		\$498.79	5
1	Timothy	Test	1	Employed	DCRA	01/01/2013 - 12/31/2013	Active	\$4,397.74		\$0.00	\$4,397.74	\$4,397.74	\$0.00	\$1,678.48	\$0.00	\$46.00	\$2,719.26	9
1	Sandra	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	Active	\$2,274.32		\$0.00	\$2,274.32	\$2,274.32	\$0.00	\$0.00	\$0.00		\$2,274.32	3
1	James	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	Active	\$1,810.44		\$0.00	\$1,810.44	\$1,810.44	\$0.00	\$317.62	\$0.00		\$1,492.82	8
1	John	Test	1	Employed	HRA	01/01/2013 - 12/31/2013	Active	\$3,866.67		\$0.00	\$3,866.67	\$3,866.67	\$0.00	\$53.66	\$0.00		\$3,813.01	0
1	Bradley	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	Active	\$529.12		\$0.00	\$529.12	\$529.12	\$0.00	\$0.00	\$0.00		\$529.12	2
1	Cathy	Test	1	Employed	DCRA	01/01/2013 - 12/31/2013	Active	\$2,203.34		\$0.00	\$2,203.34	\$2,203.34	\$0.00	\$1,258.80	\$0.00		\$944.54	7
1	John	Test	1	Employed	HRA	01/01/2013 - 12/31/2013	Active	\$6,949.40		\$0.00	\$6,949.40	\$6,949.40	\$0.00	\$119.02	\$0.00		\$6,830.38	6
1	Phyllis	Test	1	Employed	HCRA	01/01/2013 - 12/31/2013	Active	\$1,452.30		\$0.00	\$1,452.30	\$1,452.30	\$0.00	\$203.77	\$0.00	\$4.08	\$1,248.53	7
Total (10 Participants)								\$24,865.79	\$0.00	\$0.00	\$24,865.79	\$24,865.79	\$0.00	\$3,837.78	\$0.00	\$256.51	\$21,028.01	\$0.00

KEY – Benefit Summary Report

Column Header	Description
EE ID	Unique Member ID (UMI) assigned by the Insurer/Administrator
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
Business Unit	Insurer/Administrator's Group Number in which the member is enrolled
Emp Status	One of two possible "Emp (Employment) Statuses" will be displayed: 1. Employed 2. Separated (terminated)
Account Type	"Spending Account Type" Descriptions: 1. HRA = Health Reimbursement Account/Arrangement 2. HRAV = VESTED Health Reimbursement Account/Arrangement 3. HCRA = Health Care Reimbursement Account, aka Flexible Spending Account (FSA) 4. DCRA = Dependent Care Reimbursement Account 5. LHCRA = Limited Purpose Health Care Reimbursement Account 6. HSA = Health Savings Account (not currently available on this report) 7. RRA = Retiree Reimbursement Account (for qualified medical expenses) 8. RPR = Retiree Premium Reimbursement Account (for qualified insurance premiums) 9. PARK = Parking Reimbursement Account 10. TRANS = Transportation Reimbursement Account 11. FTN = Fitness Account (monthly gym membership fees or other fitness-related expenses)
Plan Period	Plan year selected in the report request - choose "Plan Year End Date" in the report parameters
Coverage	One of three possible "Coverage" statuses will be displayed: 1. Active 2. Pended (used only for HSA members whose accounts are still in the process of final setup) 3. BenTerm (the date of benefit termination will be displayed)
Elected	Total of the spending account elected by the member for the plan year, or amount available via the HRA plan setup. (For HRAs only: If there is a rollover amount allowed for the plan, this may cause the "Elected" amount to be greater than the standard plan election maximum.)
Adjusted	Adjustments made to the member's original plan year election amount 1. If the adjustment is made through the contribution "file" process, the report will note the transaction date and batch/file number 2. If the plan administration made a "manual" adjustment, the "note" field will detail who and why the adjustment was made
Carryover	Previously, the "Use-It-or-Lose-It" rule stated that any unused health care Flexible Spending Account (FSA) dollars remaining in an employee's account at the end of the plan year (allowing for a claims run-out period) would be forfeited. In those circumstances, employees would lose their unused funds and be less likely to re-enroll in FSAs in the future. On Oct. 31, 2013, the U.S. Department of the Treasury and the Internal Revenue Service (IRS) amended this almost 30-year-old rule through Notice 2013-71 . The new IRS rule gives employers the <u>option</u> to change their FSA plans to allow up to \$500 of their employees' unused FSA funds to carry over into the new plan year. FSA carryover funds must still be used to pay for qualified health expenses. This is NOT available for HRAs or DCRA's. <i>If your Plan is offering this option, the amount "carried over" and applied to the employee's FSA/(HCRA) account will be displayed in this column.</i>
Net	Total of the HCRA elected by the member for the plan year plus any "carryover" amount (if applicable).
Contrib	Member and/or employer contributions into the account: 1. For HRA, the election amount should equal the contribution amount 2. For HCRA, the election amount may not equal the contribution amount. Possible reasons: If this report is run in the middle of the year, then a member would not have all their deductions taken out of their pay yet. If these two columns don't match and the report is run at the end of the year, then an HCRA member probably termed midyear; therefore, contributions stopped when the member termed.
Excess Contrib	Contributions or deposits into the member's account that exceed the original plan year "Elected" amount: 1. HCRA: An amount will appear in this field when the total of all a member's contributions sent on the HCRA payroll file(s) (or systematically posted) total more than the original "Elected" amount. 2. HRA: Generally speaking, an amount should not appear here. May populate an amount if a rollover was not applied correctly. 3. ALL: Funds in this column are not available to spend.
Paid	Total of all claims paid to date (of the report)
Approved	Total of all claims approved to date (of the report)
Denied	Total of all claims denied to date (of the report)
Available	Amount in the member's account that is available to pay new claims/reimbursement requests: HRA: Elected minus Paid = Available funds HCRA: Elected minus Paid = Available funds DCRA: Contribution minus Paid = Available funds
Client Risk	Displays the amount paid out in excess of the member/employer's actual contributions at the time the report is created
System EE ID	Unique Member ID (UMI) assigned by the health plan

Forfeiture Details Report

For plans offering Flexible Spending Accounts (Medical, Dependent Care and Transportation), clients may need to track the employees' claim payments (paid out) vs. the amount the employees have had deducted from their pay (contributed in). Employees not utilizing their funds by the end of the plan year run-out date will forfeit their unused account balance.

The Forfeiture Details report contains the reported payroll deductions that have been posted to the employees' Spending Accounts, but not used (for claim payments) in a given plan year. It can be run at any time during the plan year to view the total payment vs. contribution balance of the plan at the time of the report request.

Forfeiture Details														
Run Date :											07/16/2013 2:01 PM			
											Page :			
EE ID	First Name	MI	Last Name	Business Unit	Account Type	Plan Period	Coverage	Initial Elected	Total Contributions	Paid	Shortage	Forfeiture Amt	Forfeiture Date	ID
0					HCRA	01/01/2012 - 12/31/2012	BenTerm (12/31/2012)	\$1,004.64	\$1,004.64	(\$1,004.41)		\$0.23	06/15/2013	
0					HCRA	01/01/2012 - 12/31/2012	BenTerm (12/31/2012)	\$1,560.00	\$1,560.00	(\$1,457.66)		\$102.34	06/15/2013	
0					DCRA	01/01/2012 - 12/31/2012	BenTerm (01/01/2012)	\$650.00						
0					HCRA	01/01/2012 - 12/31/2012	BenTerm (12/31/2012)	\$1,430.00	\$1,430.00	(\$1,430.00)				
0					HCRA	01/01/2012 - 12/31/2012	BenTerm (12/31/2012)	\$1,690.00	\$1,690.00	(\$1,670.00)		\$20.00	06/15/2013	
Total (489 Participants)								\$789,151.95	\$763,870.23	(\$674,738.00)	(\$1,509.25)	\$89,132.23		

Run By :		Account Type :	All	Business Unit like :	
Plan Year End Date :	12/31/2012	First Name like :			
Participant Id :		Last Name like :			

KEY – Forfeiture Details Report

Column Header	Description
EE ID	Unique Member ID (UMI) assigned by the health plan
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
Business Unit	Health Plan's Group Number in which the member is enrolled
Account Type	Spending Account Description that may be included in this report: 1. HCRA = Health Care Reimbursement Account, aka Flexible Spending Account (FSA) 2. DCRA = Dependent Care Reimbursement Account 3. HRA = Health Reimbursement Account/Arrangement 4. LMED = Limited Purpose HCRA
Plan Period	Plan year selected in the report request - choose "Plan Year End Date" in the report parameters
Coverage	Member's account is either: "Active" or "Terminated"
Initial Elected	Total of the spending account elected by the member for the plan year
Total Contributions	Total contributions made into the account: Member, Client or Both
Paid	Total of all claims paid to date (of the report)
Shortage	This field will display a negative amount when the claim payments exceed the reported contributions to the member's account
Forfeiture Amount	Total remaining (unused) funds in each member's account
Forfeiture Date	Run-out date - last day that a member may submit a claim for the plan year
ID	N/A for clients - Spending Account system's auto-generated ID assigned to the member

HSA Benefit Summary Report

Only available to clients offering Health Savings Accounts (HSAs). Plan Administrators will create an HSA Benefit Summary Report to view their employees' year-to-date pretax deposits (through payroll deductions) plus any employer contributions posted to the members' accounts through the secure online file upload process. This report will NOT display amounts contributed by the members directly through post-tax direct contributions from rollovers from other financial institutions, member-direct deposits (online request or by check) or through interest earned on the account.

Clients should also use this report to verify that an employee has an open and active HSA prior to attempting to deposit

funds into the account, or to view and verify all of their employees' open member accounts at the beginning of the plan year before attempting to process the payroll or employer contribution files.

NOTE: When requesting an HSA Benefit Summary, make sure to enter the proper **Active Coverage** information in the **Report Parameters**, since this will affect the "posted" and "pending" contributions populated in the report. Leave those fields blank to view all contributions since the member's date of enrollment. Or, enter your plan year or other date range to see only those posted or pending contributions for a particular time period.

HSA Benefit Summary Report											
Run Date: 11/04/2013 10:42 AM											
For Group:										Page: 1 of 1	
Client EE ID	First Name	MI	Last Name	Business Unit	Emp Status	Account Type	Plan Period	Coverage	Posted Contrib.	Pending Contrib.	System EE ID
9	Randy	C	D		Employed	HSA	01/01/2013 - 12/31/2099	Active	\$0.00	\$0.00	6
6	Mary	M	E		Employed	HSA	01/01/2013 - 12/31/2099	Active	\$0.00	\$0.00	7
10	Randy	G	F		Employed	HSA	01/01/2013 - 12/31/2099	Active	\$0.00	\$0.00	9

KEY – HSA Benefit Summary Report

Column Header	Description
Client EE ID	Unique Member ID (UMI) assigned by the health plan
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
Business Unit	Insurer/Administrator's Group Number in which the member is enrolled
Emp Status	One of two possible "Emp (Employment) Statuses" will be displayed: 1. Employed 2. Separated (terminated)
Account Type	Spending Account Description always included in this report: HSA = Health Savings Account
Plan Period	This does NOT display a specific plan year's information; instead, this column contains the date the member enrolled in the Health Savings Account and a "perpetual" end date (since an HSA does not have a built-in end date); or the account begin date and the health plan termination date.
Coverage	Member's account will have one of these statuses: 1. "Active" (ready to accept contributions) 2. "BenTerm" (the HSA is closed due to a member request, a zero account balance in the account, the member leaves employment or the health plan, etc.) 3. "Pending" (member account setup is pending final security checks)
Posted Contrib	All employer contributions deposited successfully into the "Active" member accounts for the date range entered into the "Effective From" and "Effective To" parameters when requesting the report. <i>Does NOT display amounts contributed directly by the member. Those may include, for example: post-tax contributions (online or by check), rollover amounts or any interest.</i>
Pending Contrib	All employer contributions that are in the process of being deposited into the "Active" member accounts for the date range entered into the "Effective From" and "Effective To" parameters when requesting the report. • Deposits are "pending" during the 3 to 4 business days required for bank processing to post the funds to employees' accounts. • No information will be displayed for members whose accounts are not yet created because the required security checks are not complete.
System EE ID	Spending Account system's auto-generated ID number assigned to the member

Participant Deduction Details Report

The Participant Deduction Details report contains the total deductions from the employees' pay that is loaded into their spending accounts for a pay period or payment cycle.

Use this report to confirm that the individual contributions for a particular time period have actually posted to the employees' accounts. Enter the date parameters for the time period/ contribution file you wish to view.

Acclaim - Participant Deduction Details									
Run Date:01/03/2014 2:48 PM									
For Group : DEMO									
First Name	Last Name	Code	Pay Cycle	Account	Eff. Date	Amount\$	Contrib Type	Source	Business Unit
CHARLIE	C	6	M	HCRA (01/01/2011-12/31/2011)	03/01/2011	\$166.67	EE Pre-Tax	ERHRIS/01 Demo	
ADAM	S	1	B	HCRA (01/01/2011-12/31/2011)	02/01/2011	\$500.00	EE Pre-Tax	ERHRIS/01 Demo	
CHARLIE	C	6	M	HCRA (01/01/2011-12/31/2011)	02/01/2011	\$166.67	EE Pre-Tax	ERHRIS/01 Demo	
CHARLIE	C	6	M	DCRA (01/01/2011-12/31/2011)	01/31/2011	\$200.00	EE Pre-Tax	ERHRIS/01 Demo	
LEONARDO	C	5	B	HRA (01/01/2011-12/31/2011)	01/05/2011		ER Post-Tax	ERHRIS/01 Demo	
LEONARDO	C	5	B	HRA (01/01/2011-12/31/2011)	01/05/2011		EE Pre-Tax	ERHRIS/01 Demo	
ADAM	S	1	B	HCRA (01/01/2011-12/31/2011)	01/01/2011	\$500.00	EE Pre-Tax	ERHRIS/01 Demo	
CHARLIE	C	6	M	HCRA (01/01/2011-12/31/2011)	01/01/2011	\$166.67	EE Pre-Tax	ERHRIS/01 Demo	
JACK	D	1	B	HRA (01/01/2011-12/31/2011)	01/01/2011	\$500.00	ER Pre-Tax	ERHRIS/01 Demo	
LEONARDO	C	5	B	HRA (01/01/2011-12/31/2011)	01/01/2011		EE Pre-Tax	ERHRIS/01 Demo	
SAMUEL	S	1	B	HRA (01/01/2011-12/31/2011)	01/01/2011	\$2,500.00	ER Post-Tax	ERHRIS/01 Demo	
SAMUEL	S	1	B	HRA (01/01/2011-12/31/2011)	01/01/2011		ER Pre-Tax	ERHRIS/01 Demo	
Total :		12				\$4,700.01			

KEY – Participant Deduction Details Report

Column Header	Description
First Name	Member's first name
Last Name	Member's last name
Code	Unique Member ID (UMI) assigned by the Insurer/Administrator
Pay Cycle	The client's payroll period - the contributions into the member's account should match his/her payroll schedule Options: BW = Bi-Weekly, BW1 = Bi-Weekly (location 1), BW2 = Bi-Weekly (location 2), SM = Semi-Monthly, W = Weekly, M = Monthly, AN = Annually
Account	Account Type and date range, in which the account is active, for the plan year. (View the full descriptions of the Account Types on the Benefit Summary Report key descriptions.)
Eff Date	The date the contribution was posted
Amount \$	Contribution posted to the member's account
Contrib Type	<ul style="list-style-type: none"> EE Pretax: Employee pretax payroll contribution ER Pretax: Employer pretax contribution
Source	Health Plan client number
Business Unit	Health Plan's Group Number in which the member is enrolled



Payments

Group Payment Summary Report

Used by Health Plan ONLY. (Provided here as an FYI only for Plan Administrators.)

For all *non-HSA* clients, use your weekly e-Bill invoice for the most detailed payment information and to reconcile your accounts.

Group Payment Summary										
Tuesday 07/16/2013 03:04:28 PM										
Group Name	Group Id	Plan	Payfile Id	Created	Type	Amount	Records	Funding Effect	Status	Business Unit
DEMO	TEST	HCRA	1	01/27/2012 04:00:22pm	Check	103.99	3	Yes	Approved	
DEMO	TEST	HRA	2	01/27/2012 04:00:22pm	Check	15.00	2	Yes	Approved	
DEMO	TEST	DCRA	3	01/27/2012 04:00:22pm	Check	10.00	1	Yes	Approved	

[Print Results](#) [Close Window](#)

Run By:
 Pay File Status: All
 Created From Date: 1/01/2011
 Created Till Date
 (default Created From Date): 7/10/2013
 Business Unit Like:

KEY – Group Payment Summary Report

Column Header	Description
Group Name	Client Name used by the health plan
Group ID	Client Number used by health plan
Plan	Spending Account type
Pay File ID	A specific client's file which is rolled up into a "Batch ID" of all files processed at that time by the system – this is simply reference number
Created	Date the Pay File was created – usually matches the Payment Date
Type	Denotes type of payment generated: <ul style="list-style-type: none"> • Check • ACH (direct deposit) • Standard Text (via file) • Card (MV) (debit card) • Card (reversal or refund of a debit card transaction)
Amount	Reflects the total dollar amount of all payment record types within a Pay File ID
Records	Number of payment records submitted in the client's Pay File
Funding Effect	Indicates whether the Pay File amount impacts the client's weekly Spending Account claims billing: Yes = there is an impact or No= there is no impact
Status	"Released" indicates if the file was released for payment processing
Business Unit	Health Plan's Group Number - clients may have more than one group number

Participant Payment Details Report

This report contains ALL account payments – including provider payments. To view payments made to *employees only*, use the payment register report instead of this one.

Please also note that this report will NOT include voided checks. Utilize the Payment Register report to view all voided member checks.

The Participant Payment Details report can; however, *confirm if a check was cashed and processed* by the bank for payment.

Use to view all employees, or enter an employee name in the report parameters to view information on that particular account.

Acclaim - Participant Payment Details												
Run Date: 12/12/2014 11:12 AM												
Group Name : DEMO										Page: 1 of 1		
Client EE Name ID	Business Unit	Payroll Location	Account	Batch	Batch Date	Payment Date	Sent Date	Type	Instr#	Amount	Status	Cleared On
123456789 MEMBER A TEST 0010	12345678	RAR	Health Reimbursement Account (01/01/2014 - 12/31/2014)	1815538	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
123456789 MEMBER A TEST 0010	12345678	RAR	Medical Reimbursement Account (01/01/2014 - 12/31/2014)	1815539	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
123456789 MEMBER A TEST 0010	12345678	RAR	Health Reimbursement Account (01/01/2014 - 12/31/2014)	1815540	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
987654321 MEMBER B TEST 0010	12345678	ABC	Health Reimbursement Account (01/01/2014 - 12/31/2014)	1815538	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
987654321 MEMBER B TEST 0010	12345678	ABC	Health Reimbursement Account (01/01/2014 - 12/31/2014)	1815538	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
987654321 MEMBER B TEST 0010	12345678	ABC	Health Reimbursement Account (01/01/2014 - 12/31/2014)	1815540	10/08/2014	10/08/2014	10/08/2014	File		\$409.00	Released	
Total:									6	\$2,454.00		

Run By:		File Type:	All	Trust Account?:	All
File Status:	All	Bank Cleared?:	All	Batch Id:	
Date Criteria:	Batch Date	Batch Creation from (Default Today):		Batch Creation to (Default Today):	
Employee Code Like (if SSN, with dashes):		Employee First Name Like:		Employee Last Name Like:	
Account Type:	%	Payroll Location Like:		Business Unit Like:	

KEY – Participant Payment Details Report

Column Header	Description
Client EE ID	Unique Member ID (UMI) assigned by the health plan
Name	Member's name
Business Unit	Health Plan's Group Number in which the member is enrolled
Payroll Location	Location within a group where the member resides
Account	Client's Spending Account product type(s)
Batch	System-generated payment batch ID that identifies the "batch" in which this particular payment was processed by the system
Batch Date	Step 1 - Date payment disbursement file created
Payment Date	Step 2 - Payment date
Sent Date	Step 3 - Date payment was made to the member
Type	Denotes the payee: Partner = Debit Card; Check = Check to the member; Payment = Provider Payment; ACH = Direct Deposit
Instrument #	Check number/debit card payment + Payment Date — for ACH/Direct Deposit and Provider payments, this will be BLANK
Amount	Claim/Reimbursement payment amount
Status	Payment Status, Released, Approved or Created (CLIENTS WILL ONLY SEE "RELEASED" ON THIS REPORT as all payments listed in this report are complete)
Cleared?	APPLICABLE TO PAPER CHECKS ONLY - This is the date the check was cashed - it will either be "BLANK" or a "DATE"

These three dates will be the same, since payments are processed daily.

Payment Register Report

This report does **NOT** include provider payments; it only contains payments made to members or processed through a member's debit card. *It will also display voided member checks.*

You can also request a report that will provide an extract of specific payment types by entering the proper parameters when requesting the report: check payments, debit card payments, direct deposit payments and check + direct deposit payments.

Payment Register																			
Run Date: 07/17/2013 11:40 AM																			
Group	EE ID	Acct No	Name	Batch ID	Payment Mode	Status	Create Date	Sent Date	Release Date	Reference#	Amount	Type	Account	Election Begins	Election Ends	Bank Ack	Bus. Unit	Needs ID	Fund
DEMO	0		E		Partner	Released	01/01/2011		01/01/2011	DbCrd:DOC	\$13.00		HCRA	01/01/2011	12/31/2011			No - Recon Adj	4
DEMO	0		E		Partner	Released	01/01/2011		01/01/2011	DbCrd:VIS	\$12.00		HCRA	01/01/2011	12/31/2011			No - Recon Adj	4
DEMO	0		E		Partner	Released	01/01/2011		01/01/2011	DbCrd:DEN	\$7.00		HCRA	01/01/2011	12/31/2011			No - Recon Adj	4
DEMO	0		E		Partner	Released	01/01/2011		01/01/2011	DbCrd:VIS	\$6.00		HCRA	01/01/2011	12/31/2011			No - Recon Adj	4
DEMO	0		E		Partner	Released	06/02/2011	06/02/2011	06/02/2011		\$12.00		HCRA	01/01/2011	12/31/2011			Yes	4
DEMO	0		E		Partner	Released	06/02/2011	06/02/2011	06/02/2011		(\$12.00)		HCRA	01/01/2011	12/31/2011			Yes	4
DEMO	0		E		Partner	Released	06/03/2011	06/03/2011	06/03/2011		\$13.00		HCRA	01/01/2011	12/31/2011			Yes	4

KEY – Payment Register Report

Column Header	Description
Group	Client Name used by the health plan
EE ID	Unique Member ID (UMI) assigned by the health plan
Acct No	Not Populated - Always BLANK
Name	Member first and last name
Batch ID	System-assigned "Payment Batch" identification number - not used by plan administrators
Payment Mode	Types of payment issued - Options: ACH = Direct Deposit; Check = paper check; Partner = debit card payment; All = All member payments (not typical)
Status	Stage of Payment - Options: <ol style="list-style-type: none"> 1. Approved - payments approved, but not processed 2. Created - payment checks or ACH files have been created 3. Released - released for payment 4. Reported - used for payroll payments that reimburse members through payroll (not typical)
Create Date	Date the payment file is finalized and sent for final processing (can take up to two business days for ACH to finalize in the clearing house and for the direct deposit to appear in the member's account)
Sent Date	Date the payment actually is deposited into the member's bank account or placed in the mail
Release Date	The date check sent in mail or the ACH (direct deposit) is initiated
Reference #	Check number or last four digits of the Debit Card plus its expiration date (for an ACH/direct deposit payment - this will be BLANK)
Amount	Claim/reimbursement payment amount
Type	Not Populated - Always BLANK
Account	Spending Account product type
Election Begins	The member's current plan year start date
Election Ends	The member's current plan year end date
Bank Ack	Not Populated - Always BLANK
Bus. Unit	Health Plan's Group Number in which the member is enrolled
Needs Fund	FOR INTERNAL SYSTEM USE ONLY, please disregard: (Yes = Normal payments; No = Conversion Claims; No-Recon = Plan Type Adjs; No-Plan Type = Plan type Adjs)
ID	FOR INTERNAL SYSTEM USE ONLY - The Spending System automatically assigns this number for each employee (clients should use "EE ID") for tracking
FYI: PROCESS FLOW FOR MEMBER PAYMENTS	
Step 1 - Create Date	Batch File created
Step 2 - Release Date	ACH Process is kicked off
Step 3 - Sent Date	Check mailed, or direct deposit initiated

These three dates will be the same, since payments are processed daily.

Client Processing Calendar Report

Used by Insurer/Administrator ONLY. (Provided here as an FYI only for Plan Administrators.) It is used for confirming scheduled contribution and distribution processing.

Client Processing Calendar														
Wednesday 07/17/2013 11:26:04 AM														
Group	Paycycle	Scheduled	Effective	Activity	Status	File Type	Recs	Amt	Err.Recs	Err.Amt	Started	Completed	Effective Date	Business Unit
DEMO	B(Bi-Weekly)	02/08/2011	01/01/2010	Deduction	Reported	System Generated	1	1,500.00	0	0.00	02/08/2011	02/08/2011	2010-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	02/08/2011	01/01/2010	Deduction	Reported	System Generated	1	2,000.00	0	0.00	02/08/2011	02/08/2011	2010-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	01/01/2011	01/01/2011	Payment	Released	Check	1	10.00	0	0.00	11/29/2011	11/29/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	01/01/2011	01/01/2011	Payment	Released	Check	2	0.00	0	0.00	06/02/2011	06/02/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	01/01/2011	01/01/2011	Payment	Released	Partner	2	0.00	0	0.00	06/02/2011	06/02/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	01/01/2011	01/01/2011	Payment	Released	Partner	2	10.00	0	0.00	06/03/2011	06/03/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	01/01/2011	01/01/2011	Payment	Released	Partner	8	84.00	0	0.00	01/01/2011	01/01/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	03/21/2011	01/01/2011	Deduction	Reported	System Generated	1	166.67	0	0.00	03/21/2011	03/21/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	07/25/2011	01/01/2011	Deduction	Reported	System Generated	1	2,500.00	0	0.00	07/25/2011	07/25/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	08/03/2011	01/01/2011	Deduction	Reported	System Generated	1	0.00	0	0.00	08/03/2011	08/03/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	09/02/2011	01/01/2011	Deduction	Reported	System Generated	1	0.00	0	0.00	09/02/2011	09/02/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	11/28/2011	01/01/2011	Deduction	Reported	System Generated	1	500.00	0	0.00	11/28/2011	11/28/2011	2011-01-01	00:00:00.0
DEMO	B(Bi-Weekly)	12/12/2011	01/01/2011	Deduction	Reported	System Generated	1	500.00	0	0.00	12/12/2011	12/12/2011	2011-01-01	00:00:00.0

KEY – Client Processing Calendar Report

Column Header	Description
Group	Client name
Pay Cycle	Client's predefined pay cycle name(s)
Scheduled	Client's predefined contribution scheduling date
Effective	The date when the member's account will reflect the contribution or payment/reimbursement
Activity	Deduction = Funds contributed into the account; or Payments = funds removed from the account
Status	Extracted = Batch extracted for payment (ACH); Loaded = Batch has been loaded for payment; Released = Batch released for payment
File Type	Type of Payment: Standard Text = Health Plan's provider payment file; Check = Check payment; ACH = Direct deposit; Partner = Debit Card
Recs	Number of contribution records
Amt	Total dollar amount of the contributions
Err Recs	Number of "erred" contribution records
Err Amt	Total dollar of "erred" contribution
Started	The date the contribution process was initiated
Completed	The date the contribution process completed
Effective date	Indicates when payments are effective – generally the same day as the "Scheduled" date
Business Unit	Insurer/Administrator Group Number assigned to the client



Debit Card

Debit Card Member Details Report

The Debit Card Member Details report contains all members within the group who have been issued debit cards, as well as their debit card status.

Use this report to quickly view all employees with suspended, closed, requested or issued debit cards. The report can be requested to view this information for an individual employee.

Debit Card Member Details							
Run Date: 07/16/2013 2:30 PM							
Group: Demo			Page : 1 of 1				
Business Unit	EE ID	First Name	MI	Last Name	DC Status	Status On	Last 4 of ID DC
	4	A			Requested	10/14/2011	3
	8	B			Requested	10/14/2011	4
	3	D			Requested	10/14/2011	7
	5	L			Requested	10/14/2011	5
	1	Test			Closed	06/18/2012	9
Total Group - Demo (5 Participants)							
Grand Total (5 Participants)							

KEY – Debit Card Member Details Report

Column Header	Description
Business Unit	Health Plan's Group Number in which the member is enrolled
EE ID	Unique Member ID (UMI) assigned by the health plan
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
DC Status	Debit Card Status options 1. OK = Debit Card has been issued (may or may not be activated by the member) 2. Suspended = Member didn't respond to a request for substantiation letter in time 3. Closed = Debit card has been either closed, deactivated or reported lost/stolen 4. Requested = Card was requested by the member but hasn't been issued yet (new members will also see this status for their accounts)
Status On	Date of the inquiry of the debit card status
Last 4 of DC	Last 4 digits of the debit card account number imprinted on the debit card
ID	N/A for clients – Spending Account system's auto-generated ID assigned to the member

Debit Card Transactions Report

The Debit Card Transactions report details all debit card payments/transactions plus their substantiation status. Use this report to look up information on why an employee may

have received a request to substantiate a particular debit card purchase. A "No" in the Pretax column indicates that the substantiation has not been completed for that purchase.

Debit Card Transactions													
Run Date:07/18/2013 9:29 AM													
Group: DEMO							Business Unit:						
EE ID	First Name	MI	Last Name	Pretax ?	Account Type	Plan Period	Settlement Date	Service Date	Amount	Provider	Details	Substantiation	ID
	Charlie			Yes	HCRA	01/01/2011 - 12/31/2011	01/11/2011	01/11/2011	\$12.00	LENS	Payment Ref. LENS (Settle Purchase) id:11	Pass	07/23/2011
	Charlie			Yes	HCRA	01/01/2011 - 12/31/2011	01/22/2011	01/22/2011	\$17.00	DDS	Payment Ref. ID4 (Settle Purchase) id:91	Pass	06/22/2011
	Charlie			No	HCRA	01/01/2011 - 12/31/2011	01/25/2011	01/25/2011	\$9.00	VS	Payment Ref. VS99 (Settle Purchase) id:78	Unsubstantiated	
	Charlie			Yes	HCRA	01/01/2011 - 12/31/2011	01/11/2011	01/11/2011	\$8.00	MED	Payment Ref. MED8 (Settle Purchase) id:79	Pass	07/23/2011
	John			No	HCRA	01/01/2012 - 12/31/2012	02/17/2012	02/17/2012	\$1.00	TEST	Payment Ref. R (Settle Purchase) id:126	Notified1	04/13/2013

KEY – Debit Card Transactions Report

Column Header	Description
EE ID	Unique Member ID (UMI) assigned by the health plan
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
Pretax?	Indicates if the Debit Card transaction is an eligible expense - options are: Yes: indicates an eligible expense that was automatically substantiated. No: further documentation is required; refer to "Substantiation" column and keys
Account Type	Spending Account type (full description under "Benefit Summary")
Plan Period	Client's Plan Year effective dates
Settlement Date	Debit card settlement date
Service Date	Debit card use date - the day the card was "swiped" at the point of sale/service
Amount	Transaction amount (can be more than one expense rolled up into this one transaction amount)
Provider	Name of Provider, <i>Merchant Category Code*</i> ("MCC" used by VISA® to identify type of provider – i.e. Doctor, Dentist, Pharmacy, etc.) and City
Details	Last 4 digits of Debit Card account number and VISA® system's Settlement ID number, Sequence number, & Transaction ID
Substantiation	Provides both the "stage" and "date" of substantiation for the debit card transaction. Will display either: Pass or Member notified (described below) <i>The stages of the substantiation request:</i> a. Notified 1 b. Notified 2 c. Notified 3 d. Fail-date e. Unsubstantiated <i>Timing of the substantiation request:</i> a. 10 days after the transaction b. 40 days after the first notice c. 40 days after the second notice d. Appropriate documentation not provided e. Inadequate documentation available
ID	Spending Account system's auto-generated ID number assigned to the member

**Examples: Debit Card's Merchant Category Code (MCC) - Merchant Type*

5047 = Medical, Dental, Ophthalmic, Hospital Equipment and Supplies	8043 = Opticians, Opticians Goods and Eyeglasses
5122 = Drugs, Drug Proprietors and Druggist's Sundries	8049 = Podiatrists and Chiropractors
8011 = Doctors and Physicians (Not Elsewhere Classified)	8050 = Nursing and Personal Care Facilities
8021 = Dentists and Orthodontists	8062 = Hospitals
8031 = Osteopaths	8071 = Medical and Dental Laboratories
8041 = Chiropractors	8099 = Medical Services and Health
8042 = Optometrists and Ophthalmologists	Practitioners (Not Elsewhere Classified)



Account Maintenance

HSA Application Not Complete Report

This report will display employees whose requests for a new account *are in the process of being set up* by Bank of America but not yet established because the background checks required by the Patriot Act, etc., have not been completed. This report can be used to confirm which employees' accounts are pending final setup **ONLY** if the enrollment into each employee's own HSA (request to open a new account) has been initiated. Once the account setup is complete, the members will drop off of the report. *(Please note: employees that have not passed the federally required security checks for all new account holders will remain on this report.)* Plan administrators should use this report based on their choice of member account setup option:

FOR AUTO-OPEN CLIENTS – Once a member is enrolled in the Qualified High Deductible Health Plan, this report will display all the members whose accounts are pending, but are in the process of being setup.

FOR MANUAL-OPEN CLIENTS – This report will **NOT** include which employees have not initiated a request to open a new HSA by clicking on the **Open an HSA** link on the member website. It will only display the pending accounts of employees that have already initiated their requests for new accounts.

HSA Application Not Complete								
Run Date: 07/18/2013 3:47 PM								
For Group: DEMO						Page: 1 of 1		
EE ID	First Name	MI	Last Name	Business Unit	Phone	Email	Eligible On	Age in Days
0	CHARLIE				999999999	m@a.com	01/01/2012	5
Total no. of incomplete enrollment: 1							Average age in days:	5

KEY – HSA Application Not Complete Report

Column Header	Description
EE ID	Unique Member ID (UMI) assigned by the health plan
First Name	Member's first name
MI	Member's middle initial
Last Name	Member's last name
Business Unit	Health Plan's Group Number in which the member is enrolled
Phone	Phone number entered by the member on his/her own Spending Account Profile website page
Email	Email address entered by the member on his/her own Spending Account Profile website page
Eligible On	Earliest Date member is enrolled in the qualified high-deductible plan and how the member enrollment was established. <i>IF Auto Enroll</i> , the date will be equal to when the enrollment record was processed. <i>IF Manual Enroll</i> , the date is equal to when the member logged in and created his/her own HSA.
Age in Days	Number of days between when the date the member was eligible versus when the report was generated



Funding & Fees

Peg-Balance Funding Report

Used by Insurer/Administrator ONLY. (Provided here as an FYI only for Plan Administrators.) Used for special custom pre-funding arrangements and *not available* for all Spending Account products.

Peg-Balance Funding

Run Date:01/03/2014 2:23 PM

Group : DEMO

Funding Period : 12/20/2013 -

Total Funding Period\$87,729.92

Funding Summary

Account Type	Initial Allocation	Rollover Amount	Adjustment	Total Allocation	Funding Percentag
DCRA	\$416,551.00	\$0.00	\$0.00	\$416,551.00	0.00
HCRA	\$2,795,032.00	\$0.00	\$0.00	\$2,795,032.00	0.00
HRA	\$5,868,254.16	\$0.00	(\$31,254.16)	\$5,837,000.00	0.00

For the Funding Period : 12/20/2013 - 12/31/2013

Account Type	Total Allocation	Total Expense	Required Balance	DepositRequested RequiredDate	Deposit Status	Final Status On
DCRA	\$365,299.00	\$899,685.77	\$0.00	\$7,098.0912/23/2013	Funded	12/23/2013
DCRA	\$365,299.00	\$900,539.97	\$0.00	\$854.2012/25/2013	Funded	12/25/2013
DCRA	\$365,299.00	\$905,064.93	(\$0.00)	\$4,524.9612/27/2013	Funded	12/27/2013
DCRA	\$365,299.00	\$905,559.93	\$0.00	\$495.0012/30/2013	Funded	12/30/2013
DCRA	\$416,551.00	\$910,289.24	\$0.00	\$4,729.3112/31/2013	Funded	12/31/2013
HCRA	\$2,430,239.00	\$6,820,997.43	\$0.00	\$4,949.7012/23/2013	Funded	12/23/2013
HCRA	\$2,430,589.00	\$6,829,247.27	\$0.00	\$8,249.8412/24/2013	Funded	12/24/2013
HCRA	\$2,429,178.00	\$6,833,231.50	(\$0.00)	\$3,984.2312/25/2013	Funded	12/25/2013
HCRA	\$2,429,178.00	\$6,835,532.95	(\$0.00)	\$2,301.4512/26/2013	Funded	12/26/2013
HCRA	\$2,429,178.00	\$6,835,684.37	\$0.00	\$151.4212/27/2013	Funded	12/27/2013
HCRA	\$2,429,178.00	\$6,838,685.80	\$0.00	\$3,001.4312/30/2013	Funded	12/30/2013
HCRA	\$2,795,032.00	\$6,848,497.52	\$0.00	\$9,811.7212/31/2013	Funded	12/31/2013
HRA	\$6,059,551.50	\$6,259,318.41	\$0.00	\$8,476.1812/23/2013	Funded	12/23/2013
HRA	\$6,050,036.29	\$6,267,072.59	\$0.00	\$7,754.1812/24/2013	Funded	12/24/2013
HRA	\$6,052,462.15	\$6,272,325.20	(\$0.00)	\$5,252.6112/25/2013	Funded	12/25/2013
HRA	\$6,052,462.15	\$6,274,765.01	\$0.00	\$2,439.8112/26/2013	Funded	12/26/2013
HRA	\$6,062,964.70	\$6,275,596.16	(\$0.00)	\$831.1512/27/2013	Funded	12/27/2013
HRA	\$6,066,998.59	\$6,279,795.67	\$0.00	\$4,199.5112/30/2013	Funded	12/30/2013
HRA	\$5,837,000.00	\$6,288,420.80	\$0.00	\$8,625.1312/31/2013	Funded	12/31/2013

KEY – Peg-Balance Funding Report

Column Header	Description
Account Type	<p>“Account Type” - <i>Samples:</i></p> <ol style="list-style-type: none"> 1. HRA = Health Reimbursement Account/Arrangement 2. HCRA = Health Care Reimbursement Account, aka Flexible Spending Account (FSA) 3. DCRA = Dependent Care Reimbursement Account
Initial Allocation	The sum of the members’ initial elected amounts on the first day of the plan year. This may also include the remaining plan year balances if the plan offers a run-out period.
Rollover Amount	Relevant only for certain HRA plans that offer the “rolling” of members’ unused funds from one plan year to the next.
Adjustment	The difference between the Initial Allocation and the Total Allocation. This calculation is comes from plan changes due to new hires, employee terminations and mid-year election changes as a result of life events.
Total Allocation	The sum of the members’ current elected account balances used to compute the Peg-Balance amount. This may also include the residual balance for run-out plans (if applicable).
Funding Percentage	The percentage that is applied to Total Allocation to derive the Peg-Balance. This may display different values since it depends upon the replenishment schedule (daily, weekly, etc.)
Total Expense	The total claim/reimbursement payments for the group (across all plan years) including debit card settlements.
Required Balance	This is Total Allocation multiplied by the Peg-Balance percentage.
Deposit Required	This would typically be equal to the payments made since the last request, as any change in Peg-Balance is the result of a change in the Total Allocation since the last request.
Requested Date	The date the Peg-Balance amount was calculated.
Deposit Status	<p>This may display multiple values:</p> <ul style="list-style-type: none"> ‘Sufficient’ = no additional funds are required ‘Needed’ = funds need to be requested ‘Requested’ = the ACH debit request has been sent ‘Funded’ = account funds are available (typically 2-3 days after the ACH request) to process claim/reimbursement requests ‘Rejected’ or ‘Reversed’ = the ACH request failed
Final Status On	The date of the final status. The posting date for funded transactions and/or the date for Rejected or Reversed transactions.



Report Parameter Detail

To get the most from the reporting function, entering the proper reporting parameters when requesting your report will provide you with the precise information you need to manage your plan.

From the **Reports** tab, select the report that you wish to create. Then enter the required parameters that define what data will be included in your report's output. If you don't enter a specific report parameter, the "default"

(system-programmed) parameters will be used to produce your report. The parameter of each of the data fields is explained here:

Parameter Hints		Reports Using this Field											
Field Name	Description	HSA Application Not Complete	Benefit Summary	HSA Benefit Summary	Forfeiture Details	Participant Deduction Details	Debit Card Member Details	Debit Card Transactions	Group Payment Summary	Participant Payment Details	Payment Register	Client Processing	Reg Balance Funding
Account Type	Product types – the field will provide a choice of "ALL" or a list of available products		X		X					X			X
Active Coverage Effective	Enter the effective date (or dates) of the plan year or time period in force for the requested report – include the Month, Day & Year		X	X									
Administrator	Default is the health plan name									X			
Application From	Defaults to one year prior to the current date	X											
Application To	Defaults to current date	X											
Bank Cleared	Select "Yes" for checks cashed, "No" for checks outstanding or "ALL"									X			
Batch Created From	Beginning date of the Batch range									X			
Batch Created To	Ending date of the Batch range									X			
Batch ID	System generated payment Batch ID									X			
Business Unit Like	Health Plan's Group Number in which the member is enrolled	X	X	X	X	X	X	X	X	X	X	X	
Carryover	If offered, the amount of unused HCRA funds carried over from the previous plan year and deposited into the next plan year for members to use for qualified health care expenses		X										
Coverage Type	Select the status of the members to be included in the report – Options are "Active" only, "Terminated" only or "ALL" (which includes both active and terminated members)		X	X									
Create From Date	Beginning date of the Payment Range needed for the report								X				
Create To Date	Ending date of the Payment Range needed for the report								X				
Date Criteria	Select either "Batch Date" or "Sent Date"									X			
Debit Card Status	Select from "All" or "Suspend," "Closed," "Requested" or "OK" (which includes requested and issued cards)						X						
Effective Date From	Beginning date range to include within the report					X							
Effective Date Till	Ending date range of the data provided in the report					X							
Employee Code Like	Member UMI (unique member ID assigned by the health plan) – if reporting for the whole member population, leave field blank									X			
Employee First Name	Member First Name – if reporting for the whole member population, leave field blank									X			
Employee Last Name	Member Last Name – if reporting for the whole member population, leave field blank									X			
Employee Name Like	Your company name									X			
File Status	Select from: "Released," "Approved" (payments approved but not released for payment yet), "Created" (payments have been created and are in process), "Reported" (used for payroll payments) or "ALL"									X			
File Type	Select from: "Check," "ACH" (Direct Deposit), "Card" (Debit Card), "Standard File" (provider payments) or "ALL"									X			

Parameter Hints													
Field Name	Description	Reports Using this Field											
		HSA Application Not Complete	Benefit Summary	HSA Benefit Summary	Forfeiture Details	Participant Deduction Details	Debit Card Member Details	Debit Card Transactions	Group Payment Summary	Participant Payment Details	Payment Register	Client Processing	Peg Balance Funding
First Name Like	Member First Name – if reporting for the whole member population, leave the field blank		X	X	X		X	X					
Funding Period From	Beginning date of the funding review – defaults to the first of the current month												X
Funding Period To	Ending date of the funding review – defaults to the current date												X
Last Name Like	Member Last Name – if reporting for the whole member population, leave the field blank		X	X	X		X	X					
Net	Total of the HCRA elected by the Member for the plan year plus any “carryover” amount (if applicable)		X										
Participant ID	Enter the member UMI – if reporting for the whole member population, leave the field blank		X	X	X		X	X			X		
Participant ID (Auto-generated)	Spending Account Platform unique member ID – Default is blank										X		
Pay Cycle Like	Pay-Cycle frequency – this is predefined based upon your account’s payroll deduction cycle					X							
Pay File Status	Select from “ALL,” “Paid” or “All Unpaid”								X				
Payment Created From	Enter the beginning date of payment date you want to view. The system will default to the first day of the current month.										X		
Payment Created To	Enter the ending date of the data you want to view. The system will default to the current date.										X		
Payment Mode	Select from “Check,” “ACH” (Direct Deposit), “Check + ACH,” “Partner” (provider payments) or “ALL”										X		
Plan Year Ending	Enter the plan year “End Date”		X		X			X					
Report Type	Select from “Detail” (provides transaction details) or “Totals Only” (provides transaction totals for each member)							X					
Schedule From	Enter the date range for all deductions and/or payments to begin the reporting											X	
Schedule Till	Enter the date range for all deductions and/or payments to stop the reporting											X	
Service From	Beginning date of the debit card transaction(s)							X					
Service To	Ending date of the debit card transaction(s)							X					
Settlement From	Beginning date of the debit card settlement(s)							X					
Settlement To	Ending date of the debit card settlement(s)							X					
Transaction Status	Select from transactions that have been “Unsubstantiated,” “Substantiated” or “ALL” (both types of transactions)							X					
Trust Account	Only applicable for special Trust Account setup arrangements – select “NO”									X			
Type	Selections include “Deductions” (claim payments), “Payments” (contributions) or “Both”											X	

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