

Medica Direct®



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## Welcome to Medica Direct®!

Thank you for choosing Medica Direct®. This guide along with your medical administrative guide is designed to help you administer your organization's Medica Direct plan along side your medical plan on behalf of your employees. These resources, along with information about administration, enrollment and contracts, are all included in this guide.

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### Next steps for you

- 1) The reporting contact who is listed on the discovery document will receive an email from the following address: [cdhpservice@cbsainc.com](mailto:cdhpservice@cbsainc.com). This email will contain a link to access reports, and will also list your username and the password.
- 2) After you enter the site, please follow these steps:
  - Enter username and password
  - Click on “sales”
  - Click on “login as employer”
  - Enter group name or group number
  - Click on “login as”
  - Click on “group explorer”
  - Click on the red plus sign
  - Click on reports

Reports are available in three different formats

- 3) You can also access the site by going to [www.medica.com](http://www.medica.com). Locate the Quick Links at the bottom of the page, select “Medica Direct sign-on” and follow the above directions. You will need your username and password.

### Next steps for your employees

- 1) Login to the Medica Direct Website
  - Check the status of claims
  - View account balances and account activity
  - Access forms & tools online
  - Go to [www.medica.com](http://www.medica.com)>[Quick Links](#)>[Medica Direct sign-on](#)



## Enrollment Procedures

### *What form(s) do we need for our HRA plan?*

Employees enrolled in the medical plan are automatically enrolled in the HRA and there are no additional forms needed. If the employee would like to receive HRA funds via direct deposit instead of a check, there is a direct deposit form that can be filled out and submitted.

### *What form(s) do we need for our FSA plan?*

Employees must fill out an FSA election form to enroll in the FSA. **This form must be filled out and signed prior to the start of the plan. If it is not signed prior to the start of the plan, the employee cannot participate in the FSA.** If the employee would like to receive FSA funds via direct deposit instead of a check, there is a direct deposit form that can be filled out and submitted.

**NOTE:** There is a different form if you have a limited FSA. A limited FSA must be put in place if an HSA is also offered to your employees.

## Contract information

The HRA or FSA is a self-insured wrap around the fully insured or self-insured medical plan. Your organization will have the following formal agreements with Medica for the Medica Direct Plans:

- Administrative Services Agreement (ASA)
- Plan Document

### **Administrative Services Agreement**

This document is the formal agreement between your organization and Medica Self-Insured (MSI), which defines:

- The contract effective date
- Termination provisions of the contract
- Your responsibilities under the terms of the contract
- MSI's responsibilities under the terms of the contract
- Billing information

### **Plan Document**

This document defines how the HRA or FSA was set up:

- Plan overview
- How to submit a claim
- Eligibility and enrollment

### Lost Check Reissue Requests for HRA/FSA Accounts

1. Member calls Medica Customer Service to report a lost check.
2. Medica Customer Service verifies the check is more than 30 days old.
3. Medica sends the Member a Lost Check Agreement (mail, e-mail, fax Medica Direct website).
4. Member completes and signs the Lost Check Agreement.
5. Member gives the Lost Check Agreement to their Employer contact.
6. Employer contact calls the bank to verify that the check has not been cashed and voids the check.
7. Employer contact signs and dates the lost check agreement and mails it to the PO Box or faxes it to 952-593-3799.
8. Meritain performs the void/reissue process.
9. Employer will be charged a reissue fee.



## Health Reimbursement Account

### *Reports*

#### **Weekly Check Registers**

The reporting contact who is listed on the discovery document will receive an email alert when their weekly check register report from Medica Direct is available to review on the employer portal. This report will detail the checks that were cut from your bank account. You should fund the account within 24 hours of receiving the check register to avoid non-sufficient funds charges.

#### **Monthly HRA Fund Balance**

You will receive a monthly fund report from Medica Direct on your employees' HRA Fund Balance. This report will be available to review on the employer portal around the 10<sup>th</sup> of the month for the previous month.

### *Submitting a Claim*

Claims are sent automatically from the Medica medical claim system to the HRA. Employees do not need to manually submit claims to the HRA.

Please refer to the HRA Frequently Asked Questions (FAQ) for additional information.

## Flexible Spending Account

### *Reports*

#### **Contribution Billing**

Contribution reports will be available on the employer portal approximately 2 days in advance of the check cut date. This report will show each employee who elected medical and/or dependent care FSAs and his or her anticipated deduction for that pay cycle. The reporting contact listed on the Discovery Document will be able to access the reports.

#### **Check Registers**

On the FSA check cut day, the employer will receive a check register on the employer portal that shows the FSA amounts per individual and a total. The employer must then immediately fund the account designated on the Discovery Document for these checks and direct deposits. There is not a delay between when the register is sent, when checks are cut and direct deposits initiated.

#### **Monthly Fund Detail**

Monthly FSA balance reports will be available on the employer website. These reports will be available around the 10<sup>th</sup> of the month for the previous month, and will be broken down by employee.

#### **Member Account Balances**

You will receive a monthly member account balance report from Medica Direct on your employees' FSA activity. This report will be available to review on the employer portal around the 10<sup>th</sup> of the month for the previous month. It will include claims submitted, claims paid, credit available, pretax employee portion and account balance.

### *Submitting a Claim*

Employees can choose to have claims from the medical and pharmacy systems cross over to the FSA system (this election is made at enrollment). Of course, only claims processed through the medical system can follow this process. Employees can also submit claims manually. **NOTE:** Dependent care claims and medical claims such as glasses, contacts or over-the-counter (OTC) drugs do not flow through the claims system.

The claim form requires that the employee indicate name, SSN, group number, etc. so that the claims processor can verify that the claim is for the correct person – especially since SSNs are not unique. The group number provides an added level of verification. Please fill out claim forms completely to ensure quicker processing.

Employees can fax claims to the number listed on the claim form or send them to the PO box that's indicated on the form. Claims received 5 days in advance of the check cut date will be paid, provided that the individual is enrolled and their initial election has posted and that he or she was on the contribution report. Otherwise, the claim will be held until the next processing date.

For dependent care expenses, employees should provide as much detail as possible about medical claims and be sure that the daycare provider signs the required section. Unsigned forms will be rejected.

If a claim is denied, the employee will get a statement indicating the denial reason and (as appropriate) forms they must complete to facilitate resubmission.

Please refer to the FSA Frequently Asked Questions (FAQ) for additional information.

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If you have questions:

Your best resource is the **Medica Service Center**.

Monday, Tuesday, Thursday, Friday 8 a.m. – 5 p.m.

Wednesday 9 a.m. – 5 p.m.

Telephone 952-992-2200 or 1-800-936-6880

Fax 952-992-3199

E-mail [medicaservicecenter@medica.com](mailto:medicaservicecenter@medica.com)

**MEDICA.**

PO Box 9310, Minneapolis, MN 55440-9310

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