

SELF-FUNDED BILLING GUIDE

An Overview of Your Invoice and Billing Package



WYOMING

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Note: The examples in this guide are used for illustrative purposes only.

INTRODUCTION TO SELF-FUNDED INVOICING AND REPORTING

The following pages include information about the self-funded invoicing process. Sample invoices, as well as descriptions of the detailed reports, are displayed for your reference. Access will be provided to invoices and supporting reports through our secure electronic bill presentment and payment system (e-Bill) once contractual requirements are met.

Self-funded claims invoicing occurs each week on Wednesday and includes paid claim expenses from the prior Saturday through close of business Friday. The weekly invoice may also include administrative expenses based on a percentage of paid claims. Administrative expenses based on per contract per month (PCPM) enrollment counts are invoiced on the last bill cycle of the month.

CONTRACTS AND SECURITY

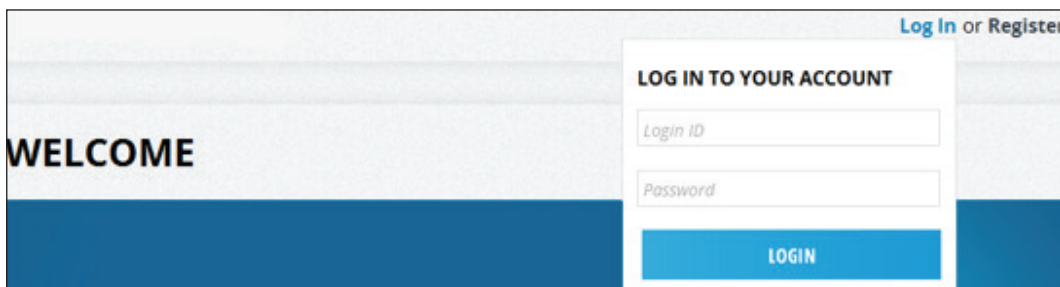
To remain compliant with all federal and state regulations, a sales representative will facilitate the completion of all required documents. Keeping our members' personal information secure is our top priority; therefore, we permit customers the ability to identify different levels of access in the e-Bill system for each user.

Note: Once contractual terms are met, additional agreements may be required to grant brokers, agents, and/or third party vendors access to available billing reports.

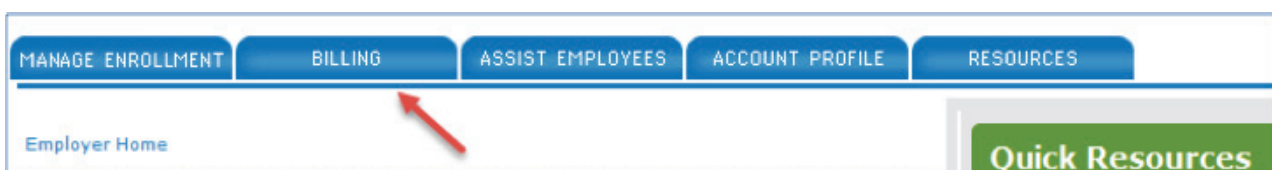
EMPLOYER WEBSITE

When a user's e-Bill access is established, the user receives a welcome email containing login information and instructions on how to navigate through the employer website to e-Bill.

Click Log In and enter your Login ID and Password.

A screenshot of the Employer Website login page. On the left, there is a large blue banner with the word "WELCOME" in white. To the right of the banner is a white login box with the title "LOG IN TO YOUR ACCOUNT". Inside the box, there are two input fields: "Login ID" and "Password". Below these fields is a blue button labeled "LOGIN". In the top right corner of the page, there is a link that says "Log In or Register".

Click on the Billing tab to access e-Bill.



e-BILL – ELECTRONIC BILL PRESENTMENT AND PAYMENT SYSTEM

e-Bill is a secure and convenient way of delivering invoices and reports; it also provides an electronic payment option.

Benefits of e-Bill:

- Summary or summary/detail user roles limit access to Protected Health Information (PHI)
- Same-day availability for summary and detail level reports
- Automated invoice ready notification
- Reports are available to download in Microsoft Excel (CSV) or Microsoft Word (RTF) formats
- Access to 15 weeks of historical billing data
- Consolidated view of invoices and billing reports
- Secure payment capabilities
- Banking information is encrypted

INVOICE SELECTION SCREEN

Home Accounts Bills Payments Preferences Return to SupportView Sign Out

Signed on as: J. Doe

Welcome J. Doe

Color Inc.
111 Oak Street
Anywhere, XX 11111-1111

Click the [link](#) below to see your bills

To view the Invoice Summary, click on the Bill Account Number

Your Bill For:	Total Amount	Payable Amount	Select
<input type="checkbox"/> Health Claims			
<input type="checkbox"/> Account: Orange Company - 9999991001	\$218,040.50	\$218,040.50	
<input type="checkbox"/> Spending Account	\$34,744.70		
<input type="checkbox"/> Vision Claims	\$3,742.50		
Total	\$256,527.70		

INVOICE HISTORY

Home Accounts Bills Payments Preferences Return to SupportView Sign Out

Current Invoice(s) || [Invoice History](#)

Signed on as: J. Doe

Health Claims Invoice History

Click here to view Invoice History

Account: [Health Claims - Orange Company - 9999991001](#)

Invoice	TYPE	Invoice Date	Total Amount
YYMMDD000000	REGULAR	MM/DD/YYYY	\$218,040.50
YYMMDD000001	REGULAR	MM/DD/YYYY	\$199,340.82
YYMMDD000002	REGULAR	MM/DD/YYYY	\$354,342.60
YYMMDD000003	REGULAR	MM/DD/YYYY	\$210,544.79

View 10 Items Page 1 of 2

PAYMENT OPTIONS

ACH Debit via e-Bill:

- Customers enter banking information into e-Bill, where it is encrypted
- Customers may choose to manually initiate a funds extraction or activate a recurring payment option
- Funds are extracted from the customer's bank account
- e-Bill provides email notification for payment transactions

Wire Transfer or ACH Credit:

- Customers initiate fund transfers via their own bank account
- Wire Transfers and ACH Credit transactions should be directed to the bank account displayed on the Invoice Summary and must include the bill account number to ensure proper credit to the customer's invoice
- Transactions may be subject to applicable bank fees

INVOICE SUMMARY

The invoice summary displays the total charges due for the current billing period, as well as any outstanding balances from previous billing periods.

- 1** Displays the customer's dedicated billing analyst contact information
- 2** Displays the primary contact assigned by the customer
- 3** This area contains information about the customer and the current billing period
- 4** This section contains the total amount invoiced during the last billing period along with payments applied prior to the current invoice
- 5** This section lists summary charges/credits for the current billing period; each item is further supported by summary level reports
- 6** Contains wire remittance information for a Wire Transfer or ACH Credit, including the bill account number which is required for all payments
- 7** Provides additional reports based upon the level of access assigned to each e-Bill user

INVOICE SUMMARY

Example Only

Download This Report: [RTE](#)

1 Contact Information:
Dedicated Billing Analyst Name
Phone Number
E-Mail Address

ORANGE COMPANY **2**
J. Doe
111 Oak Street
Anywhere, XX 11111-1111

**REGULAR
INVOICE SUMMARY**

INVOICE NUMBER:	YYMMDD000000	PAID CLAIMS MONTH:	Month and Year
BILL ACCOUNT NUMBER:	9999991001	CLAIMS PAID THRU:	MM/DD/YYYY
BILL ACCOUNT NAME:	ORANGE COMPANY	BILL CYCLE:	4 of 4
CLIENT NUMBER:	999999	PREPARED DATE:	MM/DD/YYYY
CLIENT NAME:	COLOR INC.	PAYMENT DUE DATE:	MM/DD/YYYY

Prior Billing Information **4**

Last Bill Amount \$161,843.27
Payments Received Through MM/DD/YYYY (\$161,843.27)

Balance Forward **\$0.00**

Current Charges **5**

[Paid Claims/Expenses](#) \$121,241.15
[Other Claim Related Fees](#) \$1,838.73
[Advance Deposit](#) \$38,000.00
[Administrative Expenses](#) \$54,875.62
[Additional Items](#) \$2,085.00

Total Current Charges **\$218,040.50**

Total Due **\$218,040.50**

For your billing convenience, this invoice may contain charges for items that are not products of our company.

Note: This section is used to communicate billing messages

Please notify your client manager or billing specialist if your address or contact information is changed.

PLEASE TRANSMIT WIRE PAYMENT TO:		PAYMENT DUE DATE:	MM/DD/YYYY
Anywhere Bank	6	TOTAL AMOUNT DUE:	\$218,040.50
ABA # XXXXXXXX		Please Reference	
Account Name: Business Data Owner		Bill Account Number:	9999991001
Account Number: XXXXXX			

Additional Reports:

- [Paid Claims/Expense Summary](#) **7**
- [Paid Claims Detail](#)
- [Advance Deposit](#)
- [Additional Items](#)
- [Administrative Expenses Calculation Summary](#)
- [Claims Based Administrative Calculation](#)
- [Enrollment Based Administrative Calculation](#)

REPORTS

Summary level reports contain data that support and balance back to the Current Charges section of the Invoice Summary (reports are not produced for zero activity).

Detail level reports contain subscriber level details that support the summary level reports. Only users with an e-Bill security role that grants access to view PHI will be able to view this data.

- **Paid Claims/Expenses Summary (page 8)**
Paid Claims, Healthcare Adjustments, Capitation (when applicable) and Value Based Reimbursement expenses by product and group
- **Healthcare Adjustments (page 8)**
Breakdown of applicable credits or charges relating to provider rate adjustments and medical/drug rebates
- **Paid Claims Detail (page 9)**
Subscriber claim level detail that reconciles back to the Paid Claims column of the Paid Claims/Expenses Summary report
- **Other Claim Related Fee Summary (page 10)**
Summarization of claim related fees
- **Advance Deposit (page 11)**
A predetermined amount, based on the terms of the contract, that can be invoiced as a single amount or over a specified number of billing periods
- **Administrative Expense Calculation Summary (page 11)**
Summarization of administrative expenses
- **Claims Based Administrative Calculation (page 12)**
Administrative expenses based on a percentage of paid claims by product and group
- **Enrollment Based Administrative Calculation (page 12)**
Administrative expenses based on Per Contract Per Month (PCPM) by product and group
- **Additional Items (page 13)**
Miscellaneous manual charges or credits

The Special Reports section is only available to e-Bill users. This section contains both summary and detail level reports that are available for 30 days. Only users with an e-Bill security role that grants access to view PHI will be able to view detail level reports.

- **Catastrophic Claims (page 13)**
Report available in both a summary and detail level format. Displays high-dollar claim activity for the current billing period that exceeds the established threshold amount set by the customer
- **Enrollment Based Administrative Contract Detail (PCPM Detail) (page 14)**
Monthly detail level report showing all contract holders captured in the monthly enrollment snapshot, which is taken six business days prior to the last day of the month
- **Value Based Reimbursement Detail (page 14)**
Monthly detail level report containing Pay-for-Value related fees that reconcile back to the Value Based Reimbursement column of the Paid Claims/Expenses Summary report
- **Monthly Paid Claims/Expenses Summary (page 15)**
Summary level report that rolls up all four or five weeks of Paid Claims/Expenses (Paid Claims, Healthcare Adjustments, Capitation (when applicable) and Value Based Reimbursement expenses) by product and group

Home Accounts Bills Payments Preferences Return to SupportView Sign Out

Current invoice(s) || Invoice History

Signed on as: J. Doe

Health Claims Invoice History

Account: Health Claims - Orange Company - 9999991001

Invoice	TYPE	Invoice Date	Total Amount
YYMMDD000000	REGULAR	MM/DD/YYYY	\$218,040.50
YYMMDD000001	REGULAR	MM/DD/YYYY	\$199,340.82
YYMMDD000002	REGULAR	MM/DD/YYYY	\$204,342.60
YYMMDD000003	REGULAR	MM/DD/YYYY	\$210,544.79

View 10 Items Page 1 of 2

[Click here to view Special Reports](#)

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Navigation tip: Using the browser's back and forward buttons to navigate through your online session may cause problems including error messages. Instead, use the navigation buttons and tabs provided on each page.

PAID CLAIMS/EXPENSES SUMMARY

<div> <div>Example Only</div> <div>Download This Report</div> </div>					
<div> <div>PAID CLAIMS/EXPENSES SUMMARY</div> <div>Product/Sub Group-8 Digit</div> </div>					
INVOICE NUMBER:	YYMMDD000000	PAGE:	1 of 1		
BILL ACCOUNT NUMBER:	9999991001	PAID CLAIMS MONTH:	Month and Year		
BILL ACCOUNT NAME:	ORANGE COMPANY	CLAIMS PAID THRU:	MM/DD/YYYY		
CLIENT NUMBER:	999999	BILL CYCLE:	4 of 4		
CLIENT NAME:	COLOR INC.	PREPARED DATE:	MM/DD/YYYY		
Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims/Expenses
Drug					
011111-00	\$10,752.85	\$0.00	\$0.00	\$0.00	\$10,752.85
011111-01	\$8,195.42	\$0.00	\$0.00	\$0.00	\$8,195.42
011111- Total	\$18,948.27	\$0.00	\$0.00	\$0.00	\$18,948.27
Drug Total	\$18,948.27	\$0.00	\$0.00	\$0.00	\$18,948.27
PPO					
011111-00	\$70,367.83	(\$175.90)	\$0.00	\$250.00	\$70,441.93
011111-01	\$31,826.29	(\$242.84)	\$0.00	\$267.50	\$31,850.95
011111- Total	\$102,194.12	(\$418.74)	\$0.00	\$517.50	\$102,292.88
PPO Total	\$102,194.12	(\$418.74)	\$0.00	\$517.50	\$102,292.88
Subtotals	\$121,142.39	(\$418.74)	\$0.00	\$517.50	\$121,241.15
Paid Claims/Expenses Summary Total					\$121,241.15
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.					

HEALTHCARE ADJUSTMENTS

<div> <div>Example Only</div> <div>Download This Report</div> </div>					
<div> <div>HEALTHCARE ADJUSTMENT</div> <div>Product/Sub Group-8 Digit</div> </div>					
INVOICE NUMBER:	YYMMDD000000	PAGE:	1 of 1		
BILL ACCOUNT NUMBER:	9999991001	PAID CLAIMS MONTH:	Month and Year		
BILL ACCOUNT NAME:	ORANGE COMPANY	CLAIMS PAID THRU:	MM/DD/YYYY		
CLIENT NUMBER:	999999	BILL CYCLE:	4 of 4		
CLIENT NAME:	COLOR INC.	PREPARED DATE:	MM/DD/YYYY		
Group	Incurred Date	Provider Rate Adjustments	Medical/Drug Rebate	Manual Adjustments	Healthcare Adjustments
PPO					
011111-00	MM/DD/YYYY	\$200.00	(\$375.90)	\$0.00	(\$175.90)
011111-01	MM/DD/YYYY	\$218.74	(\$461.58)	\$0.00	(\$242.84)
011111- Total		\$418.74	(\$837.48)	\$0.00	(\$418.74)
PPO Total		\$418.74	(\$837.48)	\$0.00	(\$418.74)
Healthcare Adjustment Total					(\$418.74)
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.					

PAID CLAIMS DETAIL

<div> <div>Example Only</div> <div>Download This Report</div> </div>									
<div> <div>PAID CLAIMS DETAIL</div> <div>Product/Sub Group-8 Digit</div> </div>									
<div> <div>INVOICE NUMBER:</div> <div>YMMDD000000</div> </div>					<div> <div>PAGE:</div> <div>7 of 7</div> </div>				
<div> <div>BILL ACCOUNT NUMBER:</div> <div>9999991001</div> </div>					<div> <div>PAID CLAIMS MONTH:</div> <div>Month and Year</div> </div>				
<div> <div>BILL ACCOUNT NAME:</div> <div>ORANGE COMPANY</div> </div>					<div> <div>CLAIMS PAID THRU:</div> <div>MM/DD/YYYY</div> </div>				
<div> <div>CLIENT NUMBER:</div> <div>999999</div> </div>					<div> <div>BILL CYCLE:</div> <div>4 of 4</div> </div>				
<div> <div>CLIENT NAME:</div> <div>COLOR INC.</div> </div>					<div> <div>PREPARED DATE:</div> <div>MM/DD/YYYY</div> </div>				
Group	UMI	Agreement Number	Patient Name Last First	Rel Code	Claim ID	Incurred Date	#Days/ #Units	Submitted Charges	Paid Claims
PPO									
011111-00	999999999999	999999999	Patient Mary	18	01234567891	MM/DD/YYYY	2	\$748.25	\$345.86
011111-00	999999999999	999999999	Patient John	18	12345678910	MM/DD/YYYY	1	(\$125.00)	(\$76.00)
011111-00	999999999999	999999999	Patient Lori	01	23456789123	MM/DD/YYYY	3	\$2,008.54	\$1,394.72
011111-00	999999999999	999999999	Patient Jane	18	34567891234	MM/DD/YYYY	1	\$1,100.00	\$762.00
011111-00 Total								\$20,709.30	\$12,425.58
011111-01									
011111-01	999999999999	999999999	Patient Harry	18	45678912345	MM/DD/YYYY	1	\$62.00	\$20.00
011111-01	999999999999	999999999	Patient Richard	01	56789123456	MM/DD/YYYY	1	\$77.00	\$35.00
011111-01	999999999999	999999999	Patient Karen	18	67891234567	MM/DD/YYYY	1	\$84.32	\$67.42
011111-01	999999999999	999999999	Patient Edward	01	78912345678	MM/DD/YYYY	5	\$6,005.43	\$2,126.40
011111-01	999999999999	999999999	Patient Thomas	19	89123456789	MM/DD/YYYY	1	\$45.00	\$25.00
011111-01	999999999999	999999999	Patient Mark	18	91234567891	MM/DD/YYYY	1	\$28.00	\$20.00
011111-01	999999999999	999999999	Patient James	19	98765432109	MM/DD/YYYY	1	\$195.75	\$129.58
011111-01	999999999999	999999999	Patient Harold	18	87654321987	MM/DD/YYYY	1	\$66.00	\$49.69
011111-01	999999999999	999999999	Patient Matthew	01	76543219870	MM/DD/YYYY	1	\$243.00	\$129.58
011111-01	999999999999	999999999	Patient Diane	18	65432198732	MM/DD/YYYY	1	\$54.00	\$23.87
011111-01	999999999999	999999999	Patient David	01	54321987654	MM/DD/YYYY	2	\$47.00	\$27.58
011111-01	999999999999	999999999	Patient Martha	19	49873216549	MM/DD/YYYY	1	\$115.69	\$88.77
011111-01 Total								\$7,023.19	\$2,742.89
011111- Total								\$27,732.49	\$15,168.47
PPO Total								\$97,585.30	\$64,336.21
Subtotals								\$200,388.46	\$121,142.39
Paid Claims Detail Total									\$121,142.39
<div> <div>Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.</div> <div>This Report may contain Protected Health Information and is being provided only to designated authorized plan representatives.</div> </div>									

OTHER CLAIM RELATED FEE SUMMARY

Example Only

[Download This Report](#)

OTHER CLAIM RELATED FEE SUMMARY Additional Item Description/Incurred Date/Product/Sub Group-8 Digit

INVOICE NUMBER:	YYMMDD000000	PAGE:	1 of 1
BILL ACCOUNT NUMBER:	9999991001	PAID CLAIMS MONTH:	Month and Year
BILL ACCOUNT NAME:	ORANGE COMPANY	CLAIMS PAID THRU:	MM/DD/YYYY
CLIENT NUMBER:	999999	BILL CYCLE:	4 of 4
CLIENT NAME:	COLOR INC.	PREPARED DATE:	MM/DD/YYYY

Other Claims Related Fee Description	Fee Amount
Reprocessing Fee	
MM/YY	
PPO	
011111-00	\$225.00
011111-01	\$50.00
011111 - Total	\$275.00
PPO Total	\$275.00
MM/YY Total	\$275.00
Reprocessing Fee Total	\$275.00
Out-of-Network Savings Program - Non-Contracted	
MM/YY	
PPO	
011111-00	\$566.48
011111-01	\$158.70
011111 - Total	\$725.18
PPO Total	\$725.18
MM/YY Total	\$725.18
Out-of-Network Savings Program - Non-Contracted	\$725.18
Out-of-Network Savings Program - Contracted	
MM/YY	
PPO	
011111-00	\$689.48
011111-01	\$149.07
011111 - Total	\$838.55
PPO Total	\$838.55
MM/YY Total	\$838.55
Out-of-Network Savings Program - Contracted	\$838.55
Other Claim Related Fee Amount Total	\$1,838.73

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ADVANCE DEPOSIT

						Example Only Download This Report
ADVANCE DEPOSIT Product/Sub Group-8 Digit						
INVOICE NUMBER:	YYMMDD000000			PAGE:	1 of 1	
BILL ACCOUNT NUMBER:	9999991001			PAID CLAIMS MONTH:	Month and Year	
BILL ACCOUNT NAME:	ORANGE COMPANY			CLAIMS PAID THRU:	MM/DD/YYYY	
CLIENT NUMBER:	999999			BILL CYCLE:	4 of 4	
CLIENT NAME:	COLOR INC.			PREPARED DATE:	MM/DD/YYYY	
Group	Total	Total Number of Installments	Billed to Date	Total Installments Billed to Date	Unpaid Advance Balance	Current Installment Due
PPO						
011111-00	\$114,000.00	3	\$76,000.00	2	\$38,000.00	\$38,000.00
011111- Total	\$114,000.00		\$76,000.00		\$38,000.00	\$38,000.00
PPO Total	\$114,000.00		\$76,000.00		\$38,000.00	\$38,000.00
Subtotals	\$114,000.00		\$76,000.00		\$38,000.00	
Advance Deposit Total						\$38,000.00
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.						

ADMINISTRATIVE EXPENSE CALCULATION SUMMARY

Example Only

Download This Report

ADMINISTRATIVE EXPENSE CALCULATION SUMMARY

INVOICE NUMBER:

YYMMDD000000

PAGE:

1 of 1

BILL ACCOUNT NUMBER:

9999991001

PAID CLAIMS MONTH:

Month and Year

BILL ACCOUNT NAME:

ORANGE COMPANY

CLAIMS PAID THRU:

MM/DD/YYYY

CLIENT NUMBER:

999999

BILL CYCLE:

4 of 4

CLIENT NAME:

COLOR INC.

PREPARED DATE:

MM/DD/YYYY

Administrative Expense Type	Administrative Expense
Claims	\$1,211.42
Enrollment	\$53,664.20
Administrative Expense Calculation Summary Total	\$54,875.62

Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.

CLAIMS BASED ADMINISTRATIVE CALCULATION

<div> <div>Example Only</div> <div>Download This Report</div> </div>							
CLAIMS BASED ADMINISTRATIVE CALCULATION							
Product/Sub Group-8 Digit							
INVOICE NUMBER: YYMMDD000000 BILL ACCOUNT NUMBER: 9999991001 BILL ACCOUNT NAME: ORANGE COMPANY CLIENT NUMBER: 999999 CLIENT NAME: COLOR INC.				PAGE: 1 of 1 PAID CLAIMS MONTH: Month and Year CLAIMS PAID THRU: MM/DD/YYYY BILL CYCLE: 4 of 4 PREPARED DATE: MM/DD/YYYY			
Group	Paid Claims/Expenses	% of Claims	% of Claims Admin Expense	Cases	\$ Per Script	\$ Per Case Admin Expense	Administrative Expense
Drug							
011111-00	\$10,752.85	1.00%	\$107.53				\$107.53
011111-01	\$8,195.42	1.00%	\$81.95				\$81.95
011111- Total	\$18,948.27		\$189.48				\$189.48
Drug Total	\$18,948.27		\$189.48				\$189.48
PPO							
011111-00	\$70,367.83	1.00%	\$703.68				\$703.68
011111-01	\$31,826.29	1.00%	\$318.26				\$318.26
011111- Total	\$102,194.12		\$1,021.94				\$1,021.94
PPO Total	\$102,194.12		\$1,021.94				\$1,021.94
Subtotals	\$121,142.39		\$1,211.42				\$1,211.42
Claims Based Administrative Calculation Total							\$1,211.42
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.							

ENROLLMENT BASED ADMINISTRATIVE CALCULATION

Example Only

Download This Report

ENROLLMENT BASED ADMINISTRATIVE CALCULATION

Product/Sub Group-8 Digit

INVOICE NUMBER: YYMMDD000000

BILL ACCOUNT NUMBER: 9999991001

BILL ACCOUNT NAME: ORANGE COMPANY

CLIENT NUMBER: 999999

CLIENT NAME: COLOR INC.

PAGE: 1 of 1

PAID CLAIMS MONTH: Month and Year

CLAIMS PAID THRU: MM/DD/YYYY

BILL CYCLE: 4 of 4

PREPARED DATE: MM/DD/YYYY

Group	Contracts	\$ PCPM	\$ PCPM Admin Expense
Drug			
011111-00	1086	(\$7.00)	(\$7,602.00)
011111-01	413	(\$7.00)	(\$2,891.00)
011111- Total	1499		(\$10,493.00)
Drug Total	1499		(\$10,493.00)
PPO			
011111-00	1086	\$42.80	\$46,480.80
011111-01	413	\$42.80	\$17,676.40
011111- Total	1499		\$64,157.20
PPO Total	1499		\$64,157.20
Enrollment Based Administrative Calculation Total			\$53,664.20

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ADDITIONAL ITEMS

Example Only

[Download This Report](#)

ADDITIONAL ITEMS
 Additional Item Description/Incurred Date/Product/Sub Group-8 Digit

INVOICE NUMBER: YMMDD000000	PAGE: 1 of 1
BILL ACCOUNT NUMBER: 9999991001	PAID CLAIMS MONTH: Month and Year
BILL ACCOUNT NAME: ORANGE COMPANY	CLAIMS PAID THRU: MM/DD/YYYY
CLIENT NUMBER: 999999	BILL CYCLE: 4 of 4
CLIENT NAME: COLOR INC.	PREPARED DATE: MM/DD/YYYY

Adjustment Description	Adjustment Amount
Miscellaneous Charges/Credits	
MM/YY	
PPO	
011111-00	\$2,280.00
011111-01	(\$195.00)
011111 - Total	\$2,085.00
PPO Total	\$2,085.00
MM/YY Total	\$2,085.00
Miscellaneous Charges/Credits	\$2,085.00
Additional Items Total	\$2,085.00

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CATASTROPHIC CLAIMS

Example Only

SPECIAL CONDITION REPORT
 Catastrophic Claims By Bill Account

INVOICE NUMBER: YMMDD000000	PAGE: 1 of 1
BILL ACCOUNT NUMBER: 9999991001	PAID CLAIMS MONTH: Month and Year
BILL ACCOUNT NAME: ORANGE COMPANY	CLAIMS PAID THRU: MM/DD/YYYY
CLIENT NUMBER: 999999	BILL CYCLE: 4 of 4
CLIENT NAME: COLOR INC.	PREPARED DATE: MM/DD/YYYY

Group	Product ID	Product	Payroll Location	Agreement Number	Patient Last Name	Patient First Name	Rel Type Code	Claim ID	Paid Claims Amount
011111-00	1500	PPO		999999999	Patient	John	18	12345678910	\$111,549.62
011111-01	1500	PPO		999999999	Patient	Mark	18	91234567891	(\$110,423.16)

This report may contain Protected Health Information and is being provided only to designated authorized plan representatives.

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ENROLLMENT BASED ADMINISTRATIVE CONTRACT DETAIL (PCPM Detail)

ENROLLMENT BASED ADMINISTRATIVE CONTRACT DETAIL (PCPM Detail)													Example Only
Product / Sub Group - 8 Digit													
~Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.													
~This report may contain Protected Health Information and is being provided only to designated authorized plan representatives.													
~If your contract specifies that you qualify for a drug rebate credit, the discount is applied against your PCPM Admin Expense.													
Product	Sub Group-8 Digit	UMI	Agreement Number	Contract Holder Last Name	Contract Holder First Name	Contract Count	\$PCPM Admin Expense	Enrollment Month	Invoice Number	Client Number	Bill Account Name	Bill Account Number	Coverage Type
Drug	011111-00	999999999999	999999999	PATIENT	Mary	1	(\$7.00)	Month YYYY	YYMMDD000000	12545	XYZ	125451001	E1D
Drug	011111-00	999999999999	999999999	PATIENT	John	1	(\$7.00)	Month YYYY	YYMMDD000000	12545	XYZ	125451001	E1D
Drug	011111-00	999999999999	999999999	PATIENT	Lori	1	(\$7.00)	Month YYYY	YYMMDD000000	12545	XYZ	125451001	FAM
Drug	011111-00	999999999999	999999999	PATIENT	Jane	1	(\$7.00)	Month YYYY	YYMMDD000000	12545	XYZ	125451001	FAM
PPO	022222-00	999999999999	999999999	PATIENT	Harold	1	\$42.80	Month YYYY	YYMMDD000000	12545	XYZ	125451001	FAM

VALUE BASED REIMBURSEMENT DETAIL

Value Based Reimbursement Detail								Example Only
Product/Sub Group-8 Digit								Download This Report
INVOICE NUMBER:		YYMMDD000000			PAGE:		7 of 7	
BILL ACCOUNT NUMBER:		9999991001			PAID CLAIMS MONTH:		Month and Year	
BILL ACCOUNT NAME:		ORANGE COMPANY			CLAIMS PAID THRU:		MM/DD/YYYY	
CLIENT NUMBER:		999999			BILL CYCLE:		4 of 4	
CLIENT NAME:		COLOR INC.			PREPARED DATE:		MM/DD/YYYY	
Group	UMI	Agreement Number	Patient Name		Rel Code	Incurred Date	Value Based Reimbursement Amount	
Last	First							
PPO								
011111-00	999999999999	999999999	Patient	Mary	18	MM/DD/YYYY	\$32.00	
011111-00	999999999999	999999999	Patient	John	18	MM/DD/YYYY	\$20.00	
011111-00	999999999999	999999999	Patient	Lori	01	MM/DD/YYYY	\$35.00	
011111-00	999999999999	999999999	Patient	Jane	18	MM/DD/YYYY	\$22.00	
011111-00 Total							\$109.00	
011111-01								
011111-01	999999999999	999999999	Patient	Harry	18	MM/DD/YYYY	\$35.00	
011111-01	999999999999	999999999	Patient	Richard	01	MM/DD/YYYY	\$42.00	
011111-01	999999999999	999999999	Patient	Karen	18	MM/DD/YYYY	\$42.50	
011111-01	999999999999	999999999	Patient	Edward	01	MM/DD/YYYY	\$60.00	
011111-01	999999999999	999999999	Patient	Thomas	19	MM/DD/YYYY	\$25.00	
011111-01	999999999999	999999999	Patient	Mark	18	MM/DD/YYYY	\$23.00	
011111-01	999999999999	999999999	Patient	James	19	MM/DD/YYYY	\$45.00	
011111-01	999999999999	999999999	Patient	Harold	18	MM/DD/YYYY	\$15.00	
011111-01	999999999999	999999999	Patient	Matthew	01	MM/DD/YYYY	\$28.00	
011111-01	999999999999	999999999	Patient	Diane	18	MM/DD/YYYY	\$18.00	
011111-01	999999999999	999999999	Patient	David	01	MM/DD/YYYY	\$40.00	
011111-01	999999999999	999999999	Patient	Martha	19	MM/DD/YYYY	\$35.00	
011111-01 Total							\$408.50	
011111- Total							\$517.50	
PPO Total							\$517.50	
Subtotals							\$517.50	
Value Based Reimbursement Detail Total							\$517.50	
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.								
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MONTHLY PAID CLAIMS/EXPENSES SUMMARY

<div> <div>Example Only</div> <div>Download This Report</div> </div>					
<div> <div>MONTHLY PAID CLAIMS/EXPENSES SUMMARY</div> <div>Product/Sub Group-8 Digit</div> </div>					
<div> <div>INVOICE NUMBER:</div> <div>YYMMDD000000</div> </div>			<div> <div>PAGE:</div> <div>1 of 1</div> </div>		
<div> <div>BILL ACCOUNT NUMBER:</div> <div>9999991001</div> </div>			<div> <div>PAID CLAIMS MONTH:</div> <div>Month and Year</div> </div>		
<div> <div>BILL ACCOUNT NAME:</div> <div>ORANGE COMPANY</div> </div>			<div> <div>CLAIMS PAID THRU:</div> <div>MM/DD/YYYY</div> </div>		
<div> <div>CLIENT NUMBER:</div> <div>999999</div> </div>			<div> <div>BILL CYCLE:</div> <div>4 of 4</div> </div>		
<div> <div>CLIENT NAME:</div> <div>COLOR INC.</div> </div>			<div> <div>PREPARED DATE:</div> <div>MM/DD/YYYY</div> </div>		
Group	Paid Claims	Healthcare Adjustments	Capitation	Value Based Reimbursement	Paid Claims/Expenses
Drug					
011111-00	\$60,752.85	\$0.00	\$0.00	\$0.00	\$60,752.85
011111-01	\$42,342.80	\$0.00	\$0.00	\$0.00	\$42,342.80
011111- Total	\$103,095.65	\$0.00	\$0.00	\$0.00	\$103,095.65
Drug Total	\$103,095.65	\$0.00	\$0.00	\$0.00	\$103,095.65
PPO					
011111-00	\$420,367.83	(\$789.90)	\$0.00	\$1,000.00	\$420,577.93
011111-01	\$308,469.47	(\$942.84)	\$0.00	\$1,068.50	\$308,595.13
011111- Total	\$728,837.30	(\$1,732.74)	\$0.00	\$2,068.50	\$729,173.06
PPO Total	\$728,837.30	(\$1,732.74)	\$0.00	\$2,068.50	\$729,173.06
Subtotals	\$831,932.95	(\$1,732.74)	\$0.00	\$2,068.50	\$832,268.71
Paid Claims/Expenses Summary Total					\$832,268.71
Products marked with an (*) are not products of our company. Billing for these products is included for your convenience.					

GLOSSARY

Balance Forward

Unpaid balance or credit from a previous billing period(s)

Bill Account Number

System-generated number used to identify a customer's unique invoicing structure

Claim ID

Unique number assigned to a claim

Claims Paid Thru

End date of a billing period

Client Number

Unique 6-digit identification number assigned to each customer

Employer Portal

Secure website that gives members, employers and producers the ability to electronically access and manage data

Group Number

Unique 8-digit identification number used to subdivide enrollment within a customer

Invoice Number

System-generated number assigned to an invoice during a particular billing period

Unique Member Identification Number (UMI)

Unique 12-digit member identification number