

Substantiation for Health Savings Accounts

University Systems of Georgia



Claims Exchange between Anthem and HSA Bank began August 8, 2022

What is Claims Exchange?

Claim data (limited to the financial data only) is received daily by HSA Bank from Anthem via file, this allows for virtual EOBs to load to your account as soon as they are processed.

If you are an HSA accountholder your claim data is loaded to your member website for ease of creating a payment to your provider, should you choose to pay them via the website. You will receive an email notification when a claim from Anthem has been received by HSA Bank.

Why did I receive multiple emails at one time?

If you received multiple emails on or around August 8, 2022 that is the first date we received a Claims Exchange file from Anthem. Going forward the claims will be received as processed by Anthem.

Claims Exchange, continued

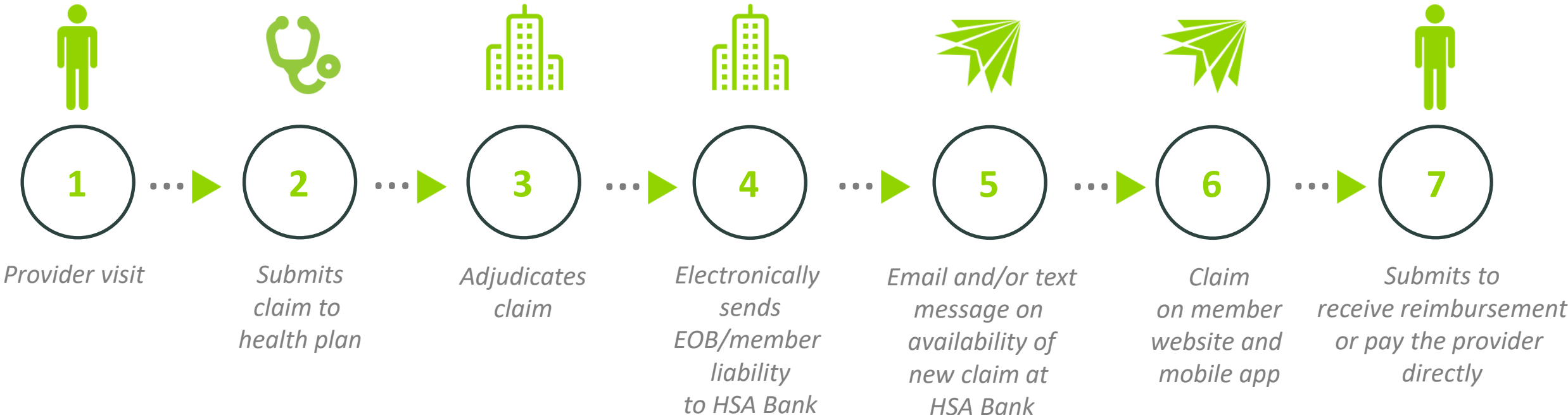
Do I need to opt-in?

No, USG employees are automatically opted in at the time of enrollment. If you have an email address on file, you will automatically receive an email each time a claim is received and loaded to the website.

Can I opt-out of my claims information being sent from Anthem to HSA Bank?

Yes, to opt-out you may call the USG dedicated Client Assistance Center at 833-228-9352.

The claims exchange process



Member Website Experience using Claims Exchange

Member Experience

The screenshot displays the hsabank member website interface. At the top left is the hsabank logo with the tagline "own your health.". A dark green navigation bar contains links for Home, Accounts, Resources, and Message Center. Below this is a green banner with the text "Double Check Your Claims to Avoid Paying Double" and a blue button labeled "» READ TIPS". The main content area is titled "Accounts" and shows a table of account balances for the period 01/01/2020 - 12/31/2020. The table lists two accounts: "Medical FSA 01/01/2020 - 12/31/2020 AA" with an available balance of \$1,429.01, and "Dependent Care 01/01/2020 - 12/31/2020 AA" with an available balance of \$300.00. Below the table, under the heading "I Want To:", there are two buttons: "File A Claim" and "Manage My Expenses", with the latter highlighted by a red rectangular box.

01/01/2020 - 12/31/2020	
Medical FSA 01/01/2020 - 12/31/2020 AA	AVAILABLE \$1,429.01
Dependent Care 01/01/2020 - 12/31/2020 AA	\$300.00

I Want To:

[File A Claim](#) [Manage My Expenses](#)

Claims files will load individual claims sent by Anthem to the Member's Dashboard in the member website.

From the main screen click on Manage My Expenses

Member Experience



Home Accounts Resources Message Center

myHealth Portfolio Data Linked: Auto Pay Off

[Add Expense](#) [Link Healthcare Claims](#) [Export Expenses](#)

Filter By [Reset Filters](#)

From 1/1/2020 ✕

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED AMOUNT	STATUS	
+ 3/7/2020	Medical	Jane Doe	Dr. Smith	\$30.00	\$	Pay
+ 3/4/2020	Medical	John Doe	Dr. Smith	\$30.00	\$	Pay
+ 2/8/2020	Medical	Jane Doe	Dr. Smith	\$30.00	\$	
+ 2/6/2020	Dental	Jane Doe	Bob Jones, Orthodontist	\$175.00	\$	
+ 1/17/2020	Medical	Jane Doe	River Point Urgent Care	\$50.00	\$	
+ 1/17/2020	Pharmacy	Jane Doe	CVS/PHARMACY # 1234	\$6.99	\$	

To expand a given claim to see details, click anywhere within that row.

Claims with a green \$ and no Pay button are claims that are already in a paid status, most likely these are transactions paid with your HSA Bank debit card.

Claims with a red \$ and the Pay button are those that need action. This could be scheduling a payment, marking as paid if you paid with your debit card at the time of service or if it's determined to be a duplicate claim.

How to Avoid Duplicate Payments

What the member will see in the portal

If you used your debit card, two claims will appear on their account. One will show Debit Card as the source, and the other will have Health Plan.

Two claims, same amounts

If the claims are for the same dollar amount you already paid that amount with your debit card, you would simply select “Mark as Paid” or “Remove Expense” for the Health Plan claim that came through automatically.

Two claims, different amounts

If the dollar amounts differ between the two claims -- for instance if you paid only an office visit copay with their debit card at the provider – they would pay only the difference owed on the Health Plan claim and the Debit Card claim.