



## Vermont Education Health Initiative (VEHI) Q&A

**Q: When will the myRSC<sup>SM</sup> site be up to date?**

**A:** myRSC is updated nightly and is reflective of the latest information in our admin system.

**Q: Can employees update their address and emails directly via the employee portal?**

**A:** Yes.

**Q: Several employees' accounts do not reflect current claims. Are all claims viewable in myRSC?**

**A:** Claims that are not reflected on the myRSC site suggests that the claim has not been processed. If the dates of those claims are prior to the end of May, please resubmit those claims, or contact our customer service team at 866-207-3028 or [vtsupport@datapathadmin.com](mailto:vtsupport@datapathadmin.com).

**Q: I have an employee who has brought numerous claims for their dependents. However, the dependents claims are not showing up in the employee's HRA or FSA accounts at all. Who do I contact about this issue?**

**A:** Please contact your account manager.

**Q: When an employee receives a direct deposit for claims, will they receive notification of the deposit and what it is for?**

**A:** There is not an automatic email notification that occurs at the time the deposit hits. Employees should go to their participant portal to see which claims have been paid out. This will become more routine as deposits will hit their accounts on Monday/Tuesday of each week.

**Q: Do you have a document that addresses the steps employees need to go through with their HRAs when picking up prescriptions or when a claim is filed for their provider?**

**A:** Yes. Please refer to the "Claims Process Information" documents (one for Rx, one for medical claims) located at [datapathadmin.com/vermont](http://datapathadmin.com/vermont).

**Q: If the prescriptions are on the BCBS feed, does the employee have to submit receipts?**

**A:** No, the employee does not have to submit receipts for prescriptions on the BCBS feed.

**Q: I am trying to reconcile the money Future Planning Associates (FPA) shows we owe them. I am having problems with this reconciliation and cannot get a clear answer from FPA as to the reports I should be using. I have used the Aggregate status report to which I assume is all claims paid whether a debit card transaction or a reimbursement to the employee. Is this the best report to use?**

**A:** For any reconciliation that needs to be done on the "FPA side" you will need to get the reports from FPA.

**Q: Where can I find the 'Money Due' report?**

**A:** The debit card Money Due transactions are found under the Debit Card tab by searching the Transaction History. Leave only the red box checked. Yellow and Orange mean receipt requests have been made, and if unattended, will become Red (Money Due). Green means the transaction has been resolved.

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**Q: I have a doctor who sent a check payable to the District due to overpayment. What should be done with those funds?**

**A:** Payments received back from providers need to be communicated to DataPath via a completed form provided on the VEHI website, and the checks need to be deposited. We will provide a credit back in the participants' plans.

**Q: I have an employee who received a check from FPA, but doesn't know why. The employee called the provider to see if there was money owed, but was told that there was not. The check has not been cashed. What should the employee do?**

**A:** The employee should cash the check, but do not spend those funds until we can determine if the employee owes that money back to the plan.

**Q: If employees were never paid out of the FSA for first dollar claims while under FPA, are they able to submit after June?**

**A:** If the employee looks into their participant portal and does not see where their claim has been paid out, they should email/fax that claim to customer service for our review and processing.

**Q: If FPA has a payment listed, but payment has not been made, what do we need to do?**

**A:** You will need to contact FPA as there maybe a funding concern.

**Q: Is FPA supposed to be reaching out to us with a final reconciliation?**

**A:** Yes, FPA is conducting a final audit. Please contact them with regards to your specific plan.

**Q: Most of our employees were never reimbursed from FPA for their FSAs when they should have been. Will they need to submit claims, or will DataPath resolve this?**

**A:** We processed all of the FSA-eligible claims by transferring those claims from the HRA to the FSA. If there is still outstanding claims, please resubmit them.

**Q: Should everyone have payment register information available? Ours is blank.**

**A:** No, not everyone received a payment register. These only went out to those groups that had individuals who had money owed back to them with the transferring of the benefit (HRA to the FSA). However, you should have already received a payment register report.

**Q: We have people who did not receive their end of 2017 FSA rollovers. Should we contact FPA or DataPath?**

**A:** Please contact your account manager to provide the necessary 2017 final balances so that those funds are added to those accounts.

**Q: We have several employees that have received checks. Who is verifying if they should cash these checks or pay them back to the plan?**

**A:** As far as DataPath is concerned the system shows the claim as being paid, and we presume all payments made by FPA are delivered and cashed. If the employee has a Money Due payment they will owe money back to the plan. It is up to the employee to use these funds to pay back their Money Due transaction. As an employer, you may wish to use any funds held to resolve any Money Due transaction.

**Q: We have only a few employees who are not on email. How will DataPath communicate with these employees?**

**A:** For blocked cards and Money Due communications, we send out letters in the mail. Otherwise, we would call them from the number they provided.

**Q: What do you mean by retro claims?**

**A:** This refers to the client authorization/plan design option form. If you chose to keep the debit card on for the HRA, you had the option for us to reprocess claims from January 1, 2018, or from May 1, 2018 – forward. Retro refers to January 1.

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**Q: What is the purpose of the aggregate status report? What should we be looking at with this report?**

**A:** The purpose of the aggregate status report is to reflect those that have an HRA or FSA account and what their balances are in respect to what has been contributed. This allows you to determine if an employee should be offered COBRA or not at the point of termination.

**Q: When I look at the Aggregate Status Report for the Section 125, the account balance is negative. Why would that be the case, and what do I need to do?**

**A:** A negative balance on the aggregate status report reflects that claims have exceeded contributions. This will resolve itself over the course of the plan year when all contributions are collected.

## Glossary

### Payback

When the participant owes money back to the employer for unsubstantiated or ineligible expenses and sends in a check to payback what is owed. If "Payback" is notated on your account, this is due to reprocessing and is really meant for reconciling.

### Memo

An offset or an employee payback for adjusted claims, or a notation of a debit card swipe.

### Direct Deposit

A reimbursement where funds are deposited directly into the participants account.

### Check

A reimbursement that is mailed to the participants house.

### Reversal

A debit card reversal is when the merchant issues a credit back to the participant and put funds back on the card.



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