

WASHINGTON CENTRAL SUPERVISORY UNION

Data Path Customer Service – 1-866-207-3028 / ytssupport@datapathadmin.com

Employees should contact Data Path for their personal questions

Life of a Medical Claim - 2019

Step 1: Health participant sees a network provider (doctor, hospital, etc).

If participant is in the Platinum or Gold Plan, co-payments are due at the time of service.

If participant is in the Gold CDHP or Silver CDHP plan, the **only co-pay** is on a Vision visit and is due at the time of service (1). Generally, the participant should not pay a deductible or co-insurance at the time of service (2).

Step 2: The Provider bills BCBSVT based on services performed for the participant.

Step 3: BCBSVT reimburses the provider based on the medical codes submitted and the health plan the participant is in.

Step 4: BCBSVT sends the determination of benefits to the following:

- _ Participant (3)
- _ Provider
- _ Data Path (Third Party Administrator)

Step 5: The provider sends a bill to the participant, if appropriate, based on the allowed amount and participant responsibility.

Step 6: The participant receives the bill from the provider as well as an EOB from BCBSVT. If the participant owes the provider, payment will be made as follows:

HRA – (Employer Funds) – Once the participants have exceeded the first dollar responsibility as outlined in the union agreement, Data Path will pay providers directly. Data Path receives claims from BCBSVT every Monday in a file. Payments to vendors would occur about 8 weeks after the date of service.

****The employee must set up their account on the myrsc.com website in order to view their account and determine which medical bills have been applied to the first dollar responsibility.**

FSA – (Employee Funds) – If an employee's HRA is in the employees first dollar responsibility, Data Path will look to the FSA for a balance and automatically reimburse the employee for their first dollar responsibility of medical bills. The employee is responsible for paying the first dollar amount to the provider for any participant on their plan.

*If the employee uses their FSA account for dental, vision or any **allowed FSA service**, a receipt must be submitted to request reimbursement. The reimbursement will be sent directly to the employee.*

Debit Card – HRA Employer Funds – (Yellow MySource card) The yellow debit card can **ONLY** be swiped for **RX purchases**. This is the only HRA transaction that will not be sent in a file from BCBSVT.

Note: If an e-mail is received for a debit card transaction requesting a receipt, the employee must submit their pharmacy receipt to Data Path otherwise the swipe will not substantiate properly.

(1) Some providers may waive co-payment at the time of service when an HRA will pay on the member's behalf.

(2) Some providers may request a portion of the deductible be paid ahead of a planned major service.

(3) Explanation of Benefits – Participants (members) can find their EOBs online at the BCBSVT Member Resource Center.