

# A Guide to the New HRA Online Claims Submission Site

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PRESENTED BY MIDAMERICA ADMINISTRATIVE & RETIREMENT SOLUTIONS, INC.



**MidAmerica**

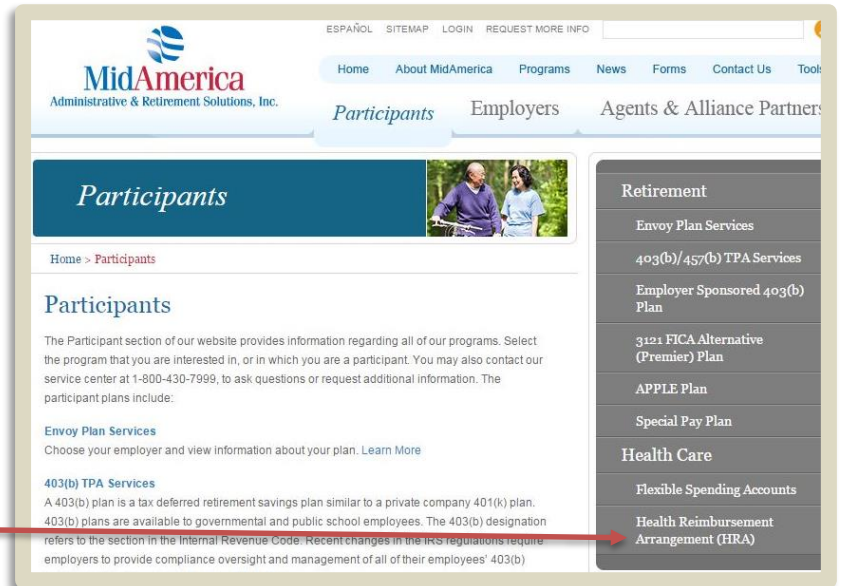
Administrative & Retirement Solutions, Inc.

# MidAmerica's New Online HRA Reimbursement Submissions

MidAmerica encourages you to take advantage of our new Online Claims Submission Site! The following guide will help you navigate the different features of the site, and get you on the path to receiving your reimbursements faster.

## Accessing the Submission Site

- Go to [www.midamerica.biz](http://www.midamerica.biz)
- From the homepage, select **Participants** from the tabbed choices at the top
- Once you have accessed the participant site, select **Health Reimbursement Arrangement (HRA)**
- From this page, select **Health Reimbursement Arrangement (HRA) Online Claims Submission**



## Did you know...

If you currently pay a claims distribution fee, it will be reduced to \$2.50 per claim if you submit the claim online!

# Submit a One-Time Reimbursement Request

The screenshot shows the MidAmerica website's 'Forms' section. The top navigation bar includes 'Home', 'About MidAmerica', 'Programs', 'News', 'Forms', 'Contact Us', and 'Tools'. Below this, there are tabs for 'Participants', 'Employers', and 'Agents & Alliance Partners'. The main content area features a 'Forms' header with a photo of a couple. Below the header, there are four buttons: 'SUBMIT A ONE-TIME REIMBURSEMENT REQUEST' (highlighted with a red arrow), 'SUBMIT A MONTHLY PREMIUM REIMBURSEMENT', 'CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST', and 'CHECK THE STATUS OF YOUR SUBMISSION'. To the right is a sidebar menu with options like 'Compliance File Uploads', 'Contributions File Uploads', 'HRA Reimbursement Submissions' (highlighted in red), 'Participant Forms', 'Employers Forms', 'File Upload Pages', and various data upload options.

- If you are submitting a claim for one-time reimbursement, select **Submit a One-Time Reimbursement Request**
- The first form is for **Your Information**. In order to move forward, you must complete all of the requested fields.
- Note: for the Employer field, you will need to enter the Employer your HRA is through. This may not necessarily be your current Employer.
- Once you have completed this page, click **Continue**

The screenshot shows the 'HRA Reimbursement Submissions' form, 'Your Information' section. The form includes the following fields and options:

- FIRST NAME:** Sample
- LAST NAME:** Participant
- EMAIL ADDRESS:** sample.participant@midamerica.biz
- PHONE NUMBER:** (800) 430-7999
- EMPLOYER:** MidAmerica Administrative & Retirement Solutions
- SOCIAL SECURITY #:** 000-55-0000
- ARE YOU ACTIVELY EMPLOYED BY THIS EMPLOYER?**
- HAS YOUR ADDRESS CHANGED?**
- CURRENT ADDRESS:** 402 S Kentucky Avenue, Suite 500
- CITY:** Lakeland
- STATE:** Florida
- ZIP:** 33801

At the bottom of the form is a 'CONTINUE' button with a right-pointing arrow.

## Submit a One-Time Reimbursement Request

**Reimbursement Submission**  
Expenses

**EXPENSE LIST**

Expense 1

[Add Another Expense](#)

**TOTAL REQUESTED**

\$50.00

**DATE OF EXPENSE**

04/20/2015

**AMOUNT REQUESTED:**

50.00

**NAME OF COVERED PARTICIPANT/DEPENDENT:**

Sample Participant

**SERVICE PROVIDER NAME:**

Dr. Medical Professional

**SERVICES PROVIDED:**

Routine Check-Up

**COMMENTS:**

DOES THIS FILE CONTAIN RECEIPTS FOR MULTIPLE EXPENSES?

**FILE UPLOAD (MAXIMUM 5 FILES, FILE SIZE RESTRICTED TO 8 MB):**

DRAG AND DROP FILES ABOVE OR CLICK TO BROWSE

Doctor Receipt.pdf

[BACK](#) [ADD ANOTHER EXPENSE](#) [CONTINUE](#)

**Participant Forms**

**Employers Forms**

**File Upload Pages**

403(b) SRA

403(b) TPA Contribution Data

403(b) Transactions

ACA Testing Data

Contribution Data for all other plans

**Employer/Participant Login:**

Username

\*\*\*\*\*

[Login as Participant](#) | [Login as Sponsor](#)

[Access Forms](#)

**News**

Wednesday, April 1, 2015  
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- The second form is for your **Expense Information**
- From this page, you will provide information on the claim you are submitting for reimbursement
- You will upload a scanned copy of your receipt to serve as your documentation
- Once the file has been successfully uploaded, you will see it appear here
- If you have another one-time expense to submit for reimbursement, you can select **Add Another Expense**
- Once complete, click **Continue**

# Submit a One-Time Reimbursement Request

**Reimbursement Submission**  
Preferred Reimbursement Method

**REIMBURSEMENT DETAILS**

**Full Name:** Sample Participant  
**Employer:** MidAmerica Administrative & Retirement Solutions  
**Email Address:** sample.participant@midamerica.bzi  
**Number of Expenses:** 1  
**Reimbursement Total:** \$50.00

**CHECK (BY MAIL)**  
Sample Participant  
402 S Kentucky Avenue, Suite 500  
Lakeland, Florida 33801

**NEW DIRECT DEPOSIT**

**BANK ROUTING #**  
000222999

**BANK ACCOUNT #**  
877555226664

**ACCOUNT TYPE**  
Checking

I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my HRA claims directly into my account. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account. Also, I grant MidAmerica the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I request payment from the reimbursement account for the expenses listed above. To the best of my knowledge, my statements on this form are true and complete. I certify that all expenses for which reimbursement or payment is claimed were incurred either by me or by my eligible dependant(s). I certify that the medical expenses in this claim are eligible for reimbursement and are "qualifying expenses" as defined by the Internal Revenue Code Section 213(d). I understand that if these medical expenses are not qualified medical expenses I may be liable for the payment of all related taxes on amounts received pursuant to this claim. I certify that the medical expenses claimed are not covered by insurance and have not been reimbursed or cannot be reimbursed under any other health plan coverage. I certify that I have not previously submitted this claim for reimbursement and that this is not a duplicate claim. I take full responsibility for the accuracy of all information I have provided. I further understand that reimbursed expenses cannot be claimed as a credit on my personal income tax return.

[← BACK](#) [SUBMIT](#)

- Participant Forms
- Employers Forms
- File Upload Pages
- 409(b) SRA
- 409(b) TPA Contribution Data
- 409(b) Transactions
- ACA Testing Data
- Contribution Data for all other plans

**Employer/Participant Login**

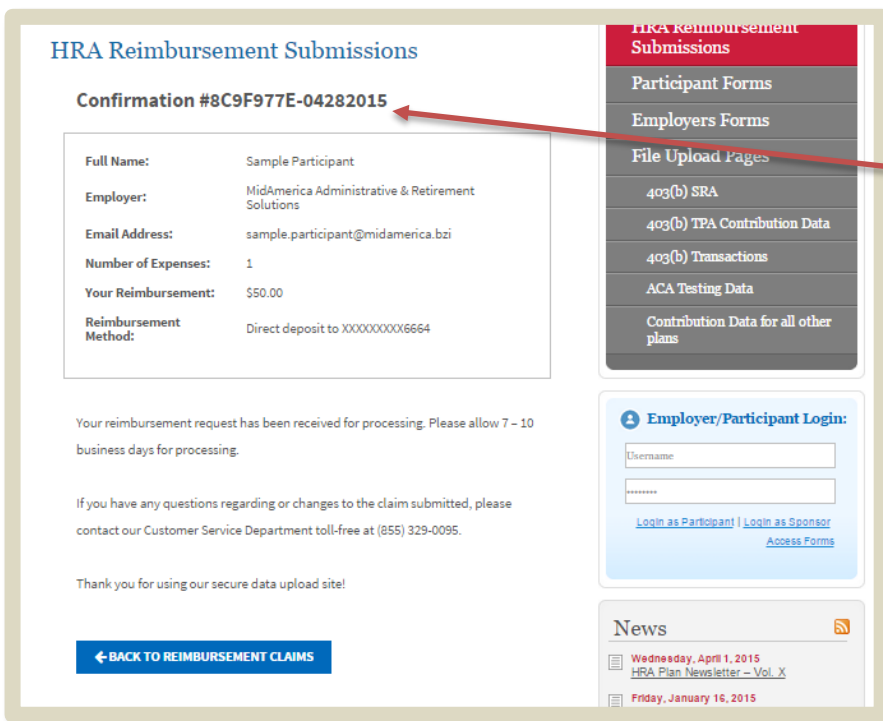
Username  
\*\*\*\*\*

[Login as Participant](#) | [Login as Sponsor](#)  
[Access Forms](#)

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- From this page you can select your Preferred Reimbursement Method
- If you select Check (By Mail), just review that your Reimbursement Details are correct, then hit Submit at the bottom of the page
- If you select New Direct Deposit, provide your banking information as requested
- Once complete, hit Submit

## Submit a One-Time Reimbursement Request



### HRA Reimbursement Submissions

**Confirmation #8C9F977E-04282015**

Full Name:	Sample Participant
Employer:	MidAmerica Administrative & Retirement Solutions
Email Address:	sample.participant@midamerica.bzi
Number of Expenses:	1
Your Reimbursement:	\$50.00
Reimbursement Method:	Direct deposit to XXXXXXXXX6664

Your reimbursement request has been received for processing. Please allow 7 – 10 business days for processing.

If you have any questions regarding or changes to the claim submitted, please contact our Customer Service Department toll-free at (855) 329-0095.

Thank you for using our secure data upload site!

[← BACK TO REIMBURSEMENT CLAIMS](#)

#### HRA Reimbursement Submissions

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#### Employer/Participant Login:

Username

\*\*\*\*\*

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- This is your confirmation page – be sure to print it out, or make a note of your **Confirmation** number
- The Confirmation number can be used to check the status of your claim online

### Did you know...

If you misplace or forget your confirmation number, our customer service representatives can provide it to you! Just call (855) 329-0095.

# Submit a Monthly Premium Reimbursement

- If you have a recurring HRA claim, like a monthly premium, you can submit that online by selecting **Submit A Monthly Premium Reimbursement**
- Complete **Your Information**, as requested on the form
- If you request that your recurring claim reimbursement be paid directly to you instead of the insurance provider, you are required to simply “attest” to the claim each month. This means you let us know that the claim is still reimbursable and accurate.
- This attestation process can now be automated. If you would like to receive a monthly email to confirm your recurring claim, select **Yes** from the dropdown box
- Each month, you will receive an email containing a link to confirm your claim

### HRA Reimbursement Submissions

[SUBMIT A ONE-TIME REIMBURSEMENT REQUEST](#)

[SUBMIT A MONTHLY PREMIUM REIMBURSEMENT](#)

[CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST](#)

[CHECK THE STATUS OF YOUR SUBMISSION](#)

#### HRA Reimbursement Submissions

- Participant Forms
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- ACA Testing Data
- Contribution Data for all other plans

**+** Employer/Participant Login:

Username

Password

[Login as Participant](#) | [Login as Sponsor](#) | [Access Forms](#)

### Monthly Premium Reimbursement

Your Information

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

EMPLOYER:

SOCIAL SECURITY #:

ARE YOU ACTIVELY EMPLOYED BY THIS EMPLOYER?

HAS YOUR ADDRESS CHANGED?

CURRENT ADDRESS:

CITY:

STATE:

ZIP:

WOULD YOU LIKE TO RECEIVE A MONTHLY EMAIL TO CONFIRM THIS REIMBURSEMENT?:

#### Participant Forms

- Employers Forms
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**+** Employer/Participant Login:

Username

Password

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## Submit a Monthly Premium Reimbursement

- From this page you will add in your **Policy Information**, which includes items such as the start and renewal dates of your insurance policy, the monthly premium amount, and if the insurance type is medical or dental
- You can choose to have your premium reimbursement paid to you, or to your insurance provider
- If you select to have the reimbursement paid to your insurance provider, you will be prompted to enter in their information
- You can then upload a copy of your documentation, such as a premium statement
- Once it has successfully uploaded, it will appear here
- If you need to add additional recurring claims, you can select **Add Another Policy** from this page
- Once you are complete, click **Continue**

**HRA Reimbursement Submissions**

**Monthly Premium Reimbursement**  
Policy Information

POLICY LIST  
Policy 1  
[Add Another Policy](#)

TOTAL REQUESTED  
\$50.00

START DATE:  
04/01/2015

RENEWAL DATE:  
04/01/2016

AMOUNT OF MONTHLY PREMIUM:  
50.00

ARE YOU SUBMITTING THIS POLICY FOR MULTIPLE MONTHS?:  
One Month

NAME OF COVERED PARTICIPANT/DEPENDENT:  
Sample Participant

INSURANCE TYPE:  
Medical

PAID TO:  
Insurance Provider

INSURANCE COMPANY NAME:  
ABC Insurance Company

ADDRESS:  
123 Doctor's Lane

CITY:  
Lakeland

STATE:  
Florida

ZIP:  
33801

**Submissions**

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**Employer/Participant Login:**

Username  
Password

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COMMENTS:

FILE UPLOAD (MAXIMUM 5 FILES, FILE SIZE RESTRICTED TO 8 MB):

DRAG AND DROP FILES ABOVE OR CLICK TO BROWSE

Doctor Statement.pdf

[BACK](#) [ADD ANOTHER POLICY](#) [CONTINUE](#)



# Submit a Monthly Premium Reimbursement

- Review the reimbursement details to ensure accuracy
- If you selected on the previous screen to have the reimbursement be paid to you, you can choose to receive the reimbursement via **Check (by mail)**, or **Direct Deposit**
- If you select Direct Deposit, you will be prompted to enter in your banking information
- Please note: if you elected to have the reimbursement paid directly to the insurance provider, you will not be provided with reimbursement methods to choose from
- Once complete, click **Submit**

**HRA Reimbursement Submissions**

**Monthly Premium Reimbursement**  
Preferred Reimbursement Method

**REIMBURSEMENT DETAILS**

**Full Name:** Sample Participant  
**Employer:** MidAmerica Administrative & Retirement Solutions  
**Email Address:** sample.participant@midamerica.biz  
**Number of Policies:** 1  
**Paid To Insurance Providers:** \$0.00  
**Paid to You:** \$50.00

CHECK (BY MAIL)  
402 S Kentucky Avenue, Suite 500  
Lakeland, Florida 33801

NEW DIRECT DEPOSIT

**BANK ROUTING #**  
222555999

**BANK ACCOUNT #**  
888555223336

**ACCOUNT TYPE**  
Checking

I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my HRA claims directly into my account. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account. Also, I grant MidAmerica the

**HRA Reimbursement Submissions**

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**Employer/Participant Login:**

Username: \_\_\_\_\_  
Password: \_\_\_\_\_

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**HRA Reimbursement Submissions**

**Monthly Premium Reimbursement**  
Preferred Reimbursement Method

**REIMBURSEMENT DETAILS**

**Full Name:** Sample Partici  
**Employer:** MidAmerica Administrative & Retirement Solutions  
**Email Address:** sample.participant@midamerica.biz  
**Number of Policies:** 1  
**Paid To Insurance Providers:** \$50.00  
**Paid to You:** \$0.00

I request payment from the reimbursement account for the expenses listed above. To the best of my knowledge, my statements on this form are true and complete. I certify that all expenses for which reimbursement or payment is claimed were incurred either by me or by my eligible dependant(s). I certify that the medical expenses in this claim are eligible for reimbursement and are "qualifying expenses" as defined by the Internal Revenue Code Section 213(d). I understand that if these medical expenses are not qualified medical expenses I may be liable for the payment of all related taxes on amounts received pursuant to this claim. I certify that the medical expenses claimed are not covered by insurance and have not been reimbursed or cannot be reimbursed under any other health plan coverage. I certify that I have not previously submitted this claim for reimbursement and that this is not a duplicate claim. I take full responsibility for the accuracy of all information I have provided. I further understand that reimbursed expenses cannot be claimed as a credit on my personal income tax return.

[← BACK](#) [SUBMIT](#)

## Submit a Monthly Premium Reimbursement

- This is your confirmation page – be sure to print it out, or make a note of your **Confirmation** number
- The Confirmation number can be used to check the status of your claim online, or confirm your monthly reimbursement request

### HRA Reimbursement Submissions

**Confirmation #A0222A88-04282015**

Full Name:	Sample Participant
Employer:	MidAmerica Administrative & Retirement Solutions
Email Address:	sample.participant@midamerica.biz
Number of Policies:	1
Your Reimbursement:	\$50.00
Reimbursement Method:	Direct deposit to XXXXXXXXXX3336

Your reimbursement request has been received for processing. Please allow 7 – 10 business days for processing.

If you have any questions regarding or changes to the claim submitted, please contact our Customer Service Department toll-free at (855) 329-0095.

Thank you for using our secure data upload site!

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#### Employer/Participant Login:

Username

\*\*\*\*\*

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### Did you know...

Your recurring claim is good for 12 months after you submit it. After the 12-month period, we will simply ask you to submit new documentation from your insurance provider to renew the claim.

## Check the Status of Your Submission

MidAmerica Administrative & Retirement Solutions, Inc.

ESPAÑOL SITEMAP LOGIN REQUEST MORE INFO

Home About MidAmerica Programs News **Forms** Contact Us Tools

Participants Employers Agents & Alliance Partners

### Forms

Home > Forms > HRA Reimbursement Submissions

#### HRA Reimbursement Submissions

SUBMIT A ONE-TIME REIMBURSEMENT REQUEST

SUBMIT A MONTHLY PREMIUM REIMBURSEMENT

CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST

**CHECK THE STATUS OF YOUR SUBMISSION**

- Compliance File Uploads
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MidAmerica Administrative & Retirement Solutions, Inc.

ESPAÑOL SITEMAP LOGIN REQUEST MORE INFO

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### Forms

Home > Forms > HRA Reimbursement Submissions

#### HRA Reimbursement Submissions

##### Submission Status

Confirm Your Identity

CONFIRMATION #

A0222A88-04282015

LAST 4 OF SOCIAL SECURITY #

0000

**LOGIN**

- Compliance File Uploads
- Contributions File Uploads
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#### Submission Status

Confirmation #A0222A88-04282015

YOUR INFORMATION

Full Name:	Sample participant
Employer:	MidAmerica Administrative & Retirement Solutions
Submission Status:	Pending
Date Submitted:	04/28/2015 1:56pm

**LOG OUT**

- At any time after you've submitted your claim online, you can **Check the Status of your Submission** here
- Enter your confirmation number and the last 4 digits of your Social Security Number. Click **login**
- The **Submission Status** will show here
- The status will initially be **Pending**
- Once we begin processing the reimbursement, it will change to **Received**
- And once the reimbursement is approved, the status will reflect **Approved**

## Confirm an Existing Monthly Reimbursement Request

- If you submitted your Monthly Premium Reimbursement online, you can “attest” to it by selecting **Confirm An Existing Monthly Reimbursement Request**
- Remember, for recurring claims, if you requested that the reimbursement be paid directly to you instead of your insurance provider, you are required to simply “attest” to the claim each month. This means you let us know that the claim is still reimbursable and accurate
- If you did not elect to have the monthly email sent to you when you submitted your monthly premium reimbursement, you can still confirm it electronically
- Enter your confirmation number and the last 4 digits of your Social Security Number
- Click **login**

The screenshot shows the MidAmerica website interface. At the top, there is a navigation bar with links for Home, About MidAmerica, Programs, News, Forms, Contact Us, and Tools. Below this, there are tabs for Participants, Employers, and Agents & Alliance Partners. The main content area is titled 'Forms' and 'HRA Reimbursement Submissions'. There are four buttons: 'SUBMIT A ONE-TIME REIMBURSEMENT REQUEST', 'SUBMIT A MONTHLY PREMIUM REIMBURSEMENT', 'CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST' (highlighted in red), and 'CHECK THE STATUS OF YOUR SUBMISSION'. On the right side, there is a sidebar with various file upload options, including 'HRA Reimbursement Submissions' which is also highlighted in red.

The screenshot shows the 'Attest Your Policies' form on the MidAmerica website. The form is titled 'Attest Your Policies' and 'Confirm Your Identity'. It has two input fields: 'CONFIRMATION #' with the value 'A0222A88-04282015' and 'LAST 4 OF SOCIAL SECURITY #' with the value '0000'. There is a 'LOGIN' button at the bottom. The sidebar on the right is the same as in the previous screenshot, with 'HRA Reimbursement Submissions' highlighted in red.

# Confirm an Existing Monthly Reimbursement Request

- You will now see the reimbursement information you have submitted
- You can attest to **All Available Months**, or choose a specific month from the drop down menu
- Once you've ensured that the information is accurate, check the **I Attest** box, and click **Submit**
- The following screen will appear to let you know your **Attestation** is complete

### HRA Reimbursement Submissions

**Attest Your Policies**  
Confirmation #A0222A88-04282015

**YOUR INFORMATION**

**Full Name:** Sample Participant  
**Employer:** MidAmerica Administrative & Retirement Solutions  
**Status:** Processed  
**Address:** 402 S Kentucky Avenue, Suite 500  
Lakeland, Florida 33801

[LOG OUT](#)

**POLICY 1**

**Covered Participant / Dependand:** Sample Participant  
**Insurance Type:** Medical  
**Start Date:** 2015-04-01  
**Renewal Date:** 2016-04-01  
**Attesting For Month:** All Available Months  
**Amount:** \$50.00  
**Payment Method:** Direct Deposit

I attest that my insurance policy continues to remain in effect for the current coverage month and my premium payment amount remains unchanged.  
Please process a reimbursement of my premium at this time.

**I ATTEST**

[SUBMIT](#)

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#### Employer/Participant Login:

Username:   
Password:   
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### HRA Reimbursement Submissions

**Attest Your Policies**  
Confirmation #A0222A88-04282015

**Attestation complete.**

**YOUR INFORMATION**

**Full Name:** Sample Participant  
**Employer:** MidAmerica Administrative & Retirement Solutions  
**Status:** Attested  
**Address:** 402 S Kentucky Avenue, Suite 500  
Lakeland, Florida 33801

[LOG OUT](#)

Your monthly attestation of continued coverage has been received. Please allow 7 -10 business days for processing.

If you have any questions regarding or changes to your monthly attestation, please contact our Customer Service Department toll-free at (855) 329-0095.

Thank you for using our secure data upload site!

## Still have questions?

If you need assistance with your online claims submission, please feel free to contact MidAmerica at (855) 329-0095, or email us at

[healthaccountservices@midamerica.biz](mailto:healthaccountservices@midamerica.biz).