



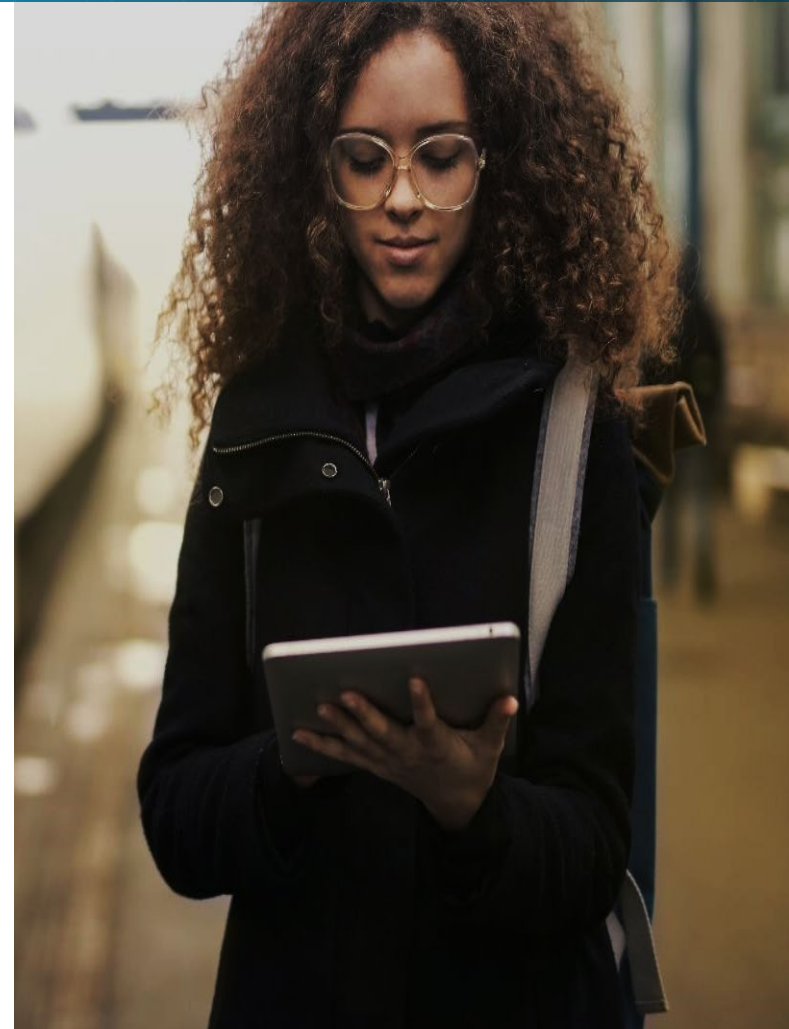
# Filing Claims

How to find and submit Medical EOBs and Pharmacy Reports.

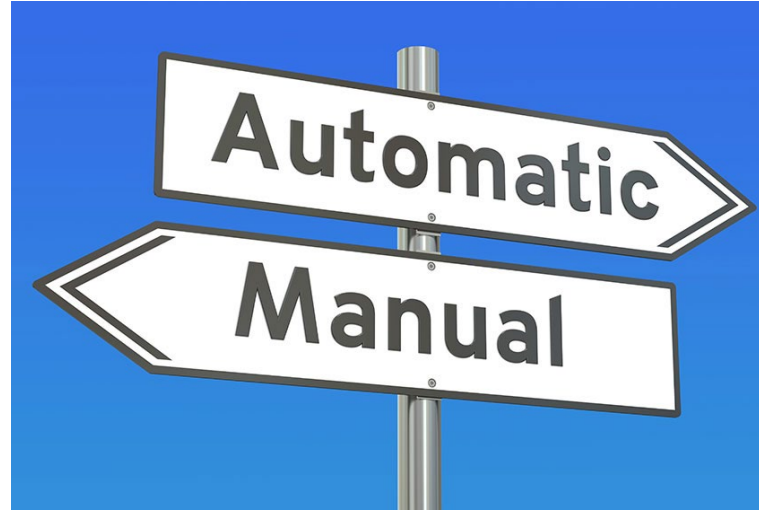


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# Do I Need to File Group HRA Claims?

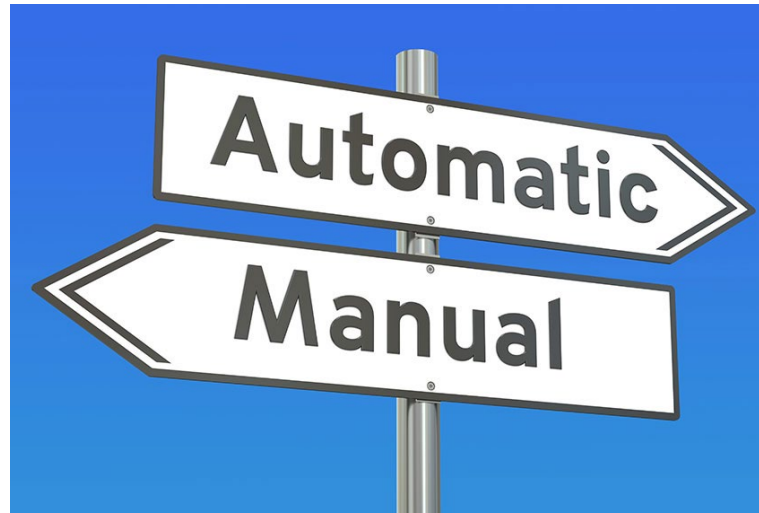


Moda

- An automatic claims feed is in place between Moda Health and Diversified Benefit Services (DBS) for Moda Medical Plan 5 Group HRA participants in your district, so there is no need to file Group HRA claims for dates of service in the 10/1/2024 - 9/30/2025 Plan Year **unless** a covered, eligible member of your family has **double coverage** for medical expenses.

# Do I Need to File Group HRA Claims?

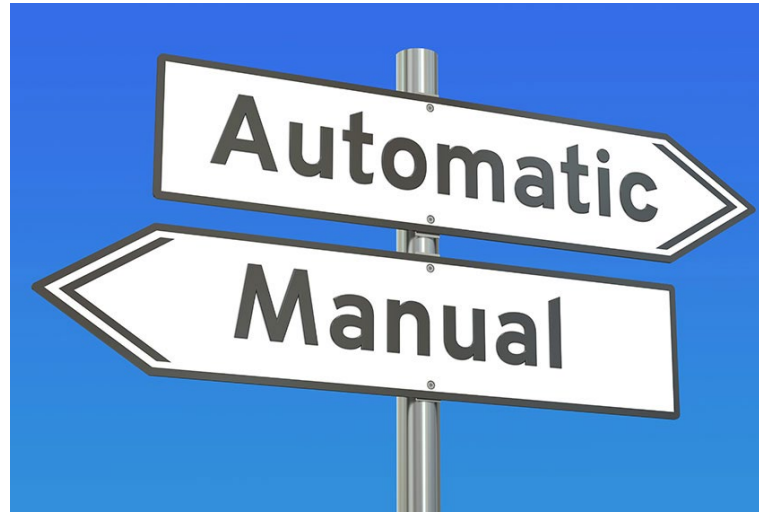
Kaiser



- You will need to manually file HRA claims for the Kaiser plan. IRS rules call for “substantiation”, which refers to proof an employee needs to show that they incurred a Group HRA-eligible expense. Medical Explanation of Benefits (EOB) documents and pharmacy ‘tags’ (or pharmacy receipts for Kaiser 3 participants) fulfil these requirements.

# Do I Need to File Group HRA Claims?

## Double Coverage



- \*Please Note: If you have double coverage you will need to submit documentation for both plans when you file your claim. This applies to both the Kaiser Plan and the Moda Plan. Please wait until you have documentation such as prescription history reports or medical Explanation of Benefits (EOB) documents or from both insurance carriers and submit the documents together. See Group HRA Claims Guide document for additional information.

# Which Document(s) Do I Submit, and How Do I Find Them?

## Kaiser Medical EOBs:

- Log in to <http://kp.org>
- Click on your name in the right hand corner
- Click down arrow
- Click 'My Documents'
- Scroll to EOBs
- Click on EOBs
- Save the EOB(s) or print the document(s)

## Kaiser Pharmacy Expenses:

- Kaiser pharmacy copay expenses (prescription tags or pharmacy summaries such as 'Statistical Analysis System' (SAS) reports) can also be submitted to DBS.
- SAS reports can be obtained by contacting Kaiser Member Services at (503)813-2000.

**Please Note:** There is a unique situation where Kaiser members may receive medical EOBs from CHP for alternative care services. You may submit CHP EOBs to DBS. Please let us know if you have questions or feel your claims are not being processed properly.



# What Does a Kaiser EOB Look Like?

## How to read your Explanation of Benefits (EOB)

**KAISER PERMANENTE.** This is not a bill

Have questions about your benefits?  
Give us a call at 1-877-875-3805 or visit [kp.org](http://kp.org)

---

Medical record number: 0020836447 Group identification: 000100971\*1001  
 Plan type: HMO - HMO COMMERCIAL-DHMO Account holder identification: 000020836447

Summary of services for Johnny Aldrin

June 14, 2016

Service Date	Location/Provider, Claim No., Reason Code	Description	Charges	Plan Rate	Paid by Plan	Paid by Other Insurance	Your Share of the Charges			
							Not Covered*	Deductible	Copay/Coinsurance	
06/02/16	RYAN	EMERGENCY	\$1200.00	\$1200.00	\$150.00	\$0.00	\$0.00	\$1000.00	\$0.00	
06/04/16	O'CONNOR	ROOM, GENERAL (0450)							\$50.00	
	30976									
<b>Total amount you owe or have already paid</b>								<b>\$0.00</b>	<b>\$1000.00</b>	<b>\$50.00</b>

*\*Certain services may not be covered by your plan. In that case, you'll be responsible for the full charges. See your plan documents for a list of covered services or call us to review your evidence of coverage document.*

**Remember:** You can help control your costs by getting care and services from Kaiser Permanente or affiliate providers. If you visit an out-of-network provider, your costs may be higher. If you are covered by more than one health benefit plan, you should file all your claims with each plan.

**Manage your costs online**  
 With My Health Manager at [kp.org](http://kp.org), it's easy to track your expenses, pay bills, view your plan information, and more – 24 hours a day, 7 days a week. If you haven't registered on our website, visit [kp.org/register](http://kp.org/register) to get started.

Claims should be filed based on Date of Service (found here)

- D** This shows the date your EOB was printed and represents your Explanation of Benefits from the start of your annual contract through that date.
- E** This column shows the date or dates you received specific services.
- F** This column shows the name of the provider you received services from as well as your claim number, which is a number used to identify the service you received.
- G** This is a description of the services you received.
- H** This shows the charges for the services you received. You won't always pay these amounts. They are the full charges before your health plan pays. Your costs are usually lower than the amount shown here.
- I** This is the rate we negotiated with your care provider for the services you received. The amount you pay will usually be lower once any amounts paid by your health plan are included.
- J** This is the amount we paid your care provider for the services you received based on your plan details.
- K** This is the amount paid by your other health insurance plan (if you have one) for services you received. This doesn't include any amount Kaiser Permanente may have paid.
- L** This shows your share of the charges, including costs that are not covered, the amount you've paid toward your deductible to date, and the amount of your copay or coinsurance (which is the set amount you pay for covered services based on your plan). In this example, Jonny has paid \$1,000 toward his deductible to date and his service on 06/04/16 cost him \$50 as a copay/coinsurance. So, to date, Johnny owes or has already paid \$1,050.

# How Do I Create a Kaiser Login?

Log in to <http://kp.org>

Log in

'Forgot your User ID or password?'

'Create my account'

## Sign in



USER ID

PASSWORD

By signing in, you agree to our website

[Terms & Conditions](#) and [Privacy Statement](#).

Sign in

[Forgot your User ID or password?](#)

## Register



[Create my account](#)



# How Do I Submit Group HRA Claims?

Reminder:  
Once you have your EOBs &/or pharmacy report, you have 4 ways to choose from on how to submit them to DBS:



## Why file online?

- **Fast**  
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**  
Day or night, on your favorite device, go online and get account information.
- **Safe**  
You have encrypted Internet access to the site, which is protected and Verisign secured.
- **Comprehensive**  
View account balance and activity.

[DBSbenefits.com](http://DBSbenefits.com)

Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
(800) 234-1229



## Claims Filing Options that meet your needs.

### File Online—it's fast, convenient and secure

Using your laptop or PC, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.<sup>®</sup> (Advanced Strategic Administration Program) is a safe and quick way to see claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

1. Login to your online account at [DBSbenefits.com](http://DBSbenefits.com)
2. Select the Benefit Plan Type (HRA) and Plan Year
3. Select "Claims > Claims View/Submit > Submit"
4. Complete the required information (select 'Deductible' or 'Coinsurance/Copay' to the best of your ability. Claims will be adjusted by DBS if needed.)
5. Attach an image with supporting documentation (.pdf or .jpg)
6. Submit

### File on the go—use our Mobile Phone App

Filing using your smartphone or tablet is simple.

1. Login using your A.S.A.P.<sup>®</sup> name and password, click "File a Claim"
2. Take a picture or use an existing photo, click "Attach Image"
3. Select the Benefit Plan Type
4. Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store to download.



### File via mail or fax

More traditional filing is available, too.

1. Download a claim form at [DBSbenefits.com](http://DBSbenefits.com)
2. Select the "Participant Resources Tab > Forms"
3. Complete the form and attach copies of your documentation
4. Mail to Diversified Benefit Services, P.O. Box 260, Hartland, WI 53029
5. Or fax to 262-367-5938

For assistance, please call DBS at (800) 234-1229  
or visit [DBSbenefits.com](http://DBSbenefits.com)

# How Do I Submit Group HRA Claims (Mail or Fax)?

Use the HRA Claim Form as a cover sheet if you mail or fax your claims in.

1. Fill out your Employee Name, Email Address, Sign & Date
2. Mark whether the expense is for the Employee, Spouse, Dependent, or all that are applicable
3. Mail or Fax your Claims with completed HRA Claim Form here!



1 Section 105 Health Reimbursement Arrangement (HRA) Claim Form

Employee Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Your Employer (please print): Hillsboro School District

Employee Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

3 Mail or fax this form to:  
 Diversified Benefit Services, Inc.  
 P. O. Box 260  
 Hartland, WI 53029  
 Fax: (262) 367-5938  
 For additional claim forms log on at [www.dbsbenefits.com](http://www.dbsbenefits.com)

Indicate here if your address/information has changed:

\_\_\_\_\_

\_\_\_\_\_

If you are requesting reimbursement from a section 105 Plan please complete the appropriate information at the right.

2 SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT (HRA)  
 SEE INSTRUCTION GUIDE IN REIMBURSEMENT KIT

Who incurred the expense?  Employee  
 (check all that apply)  Spouse  
 Dependent

To expedite your Section 105 reimbursement please complete the top portion of the expense reimbursement claim form and remember to sign your name in the appropriate area.

You must attach proper documentation to this form for reimbursement. An example is an Explanation of Benefits (EOB) report from your medical insurance provider. This report is sent to you by your insurance after it has been processed.

OFFICE USE ONLY: A: \_\_\_\_\_ D: \_\_\_\_\_

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization nor claim any dependent care reimbursement expenses as tax credit. I certify that I will not be reimbursed for the expenses listed below from any insurance company or insurance plan or the following: any other Flexible Benefit Plan, Medical Savings Account (MSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), another reimbursement plan or any other source. I also certify that the expenses have been incurred and dates of service are during the timeframe required by the benefit plan. I will also provide documentation necessary to support the amounts being requested for reimbursement. In addition, by signing this document, I acknowledge and agree that DBS may, in the case of an overpayment (fraudulent, inadvertent or otherwise), offset future expense reimbursements to me to account for such an overpayment. I also agree to immediately inform DBS if I become aware of an overpayment and agree to reimburse the Plan Sponsor to the extent that an offset of future reimbursements is either impossible or inconvenient. Finally, I certify that I am aware that I may be reimbursed from the Plan only for my own expenses, expenses of my spouse, and expenses of my "dependent" children as defined by my employer's Plan.

Customer Service: 800-234-1229 • Fax: 262-367-5938 • [www.dbsbenefits.com](http://www.dbsbenefits.com)

# How Do I Login to the DBS Website?

<https://www.dbsbenefits.com/>

CAREERS CONTACT



SERVICES

WHY DBS

PARTICIPANT RESOURCES

BROKER RESOURCES

NEWSROOM

ASAP®

USER LOGIN



Introducing the DBS Digest! Click here for industry news and expert policy analysis.

A photograph of a family of four (a man, a woman, a boy, and a girl) running happily on a sandy beach. The man is on the left, wearing a red shirt and dark shorts. The woman is in the middle, wearing a light blue shirt and white shorts. The boy is in the foreground, wearing a dark blue polo shirt and khaki shorts. The girl is on the right, wearing a colorful patterned dress. The background shows the ocean waves and a clear sky.

**Excellence in Benefit  
Management Solutions**



# How Do I Create My DBS Login?



Login

Name

Password

Login

> Forgot Your Password?

> **Create New Account**

> Help

This site is secured by a Verisign SSL Certificate.



Login

Name

Password

Login

> Forgot Your Password?

> Create New Account

Enter your employer PIN below. PIN numbers are available through your employer or by contacting Diversified Benefit Services, Inc.

PIN  →

Need your employer PIN?

For assistance please call:  
(800) 234-1229

> Help

Your Employer  
PIN:  
HSD

When creating your new login with DBS, you will be asked for your social security number, address, email, etc.

# How Do I Create My DBS Login?

Hillsboro School District  
Health Reimbursement Arrangement  
**Employee Online Account Viewing Setup**  
(Provided by Diversified Benefit Services, Inc. (DBS))

As a Plan Participant, you have access to your account information through the DBS online account viewing system known as A.S.A.P.® - Advanced Strategic Administration Program. This system allows you to view your claim and reimbursement information related to your Plan.

To begin viewing your information you will need to create your personal online account. (All information provided is securely encrypted and protected.)

## CREATING YOUR ONLINE ACCOUNT

1. Go to the DBS website at [www.dbsbenefits.com](http://www.dbsbenefits.com)
2. Click 'User Login' located on the top right of your screen.
3. On the Login screen, click on "Create New Account"
4. Enter your employer PIN: HSD (then click the red arrow)
5. Enter the New Account Information requested.
  - a. Your Email address is required.
  - b. You may choose any combination of characters (minimum of 8 characters) when entering your Login Name
  - c. You may choose any combination of characters, 1 upper case, 1 lower case and 1 numeric when entering your Password.
6. When you are finished click "submit". A message will indicate that your account has been successfully created. You will also receive an email confirmation.
7. You may now logon with your Login Name and Password and view your current account information.

Still Have Questions? Contact:

DBS Customer Service  
(800)234-1229  
Monday - Friday  
6:30 AM - 3:00 PM Pacific





# How Do I Create My DBS Login?

## Hillsboro School District

Acuerdo de reembolso de salud según la sección 105

### Creación de cuenta en línea

(Proporcionado por Diversified Benefit Services, Inc. (DBS))

Como un participante del Plan, usted tiene acceso a la información de su cuenta a través de la cuenta en línea de DBS viendo el sistema conocido como A.S.A.P. ® - Programa de administración estratégica avanzada. Este sistema le permite ver su información de reclamación y reembolso relacionado con su Plan.

Para comenzar a ver la información, necesita crear su cuenta personal en línea. (Toda la información proporcionada es bien cifrada y protegida)

#### CREAR SU CUENTA EN LÍNEA

1. Ir al sitio web de DBS: [www.DBSbenefits.com](http://www.DBSbenefits.com).
2. Haga clic en "iniciar sesión de usuario" situado en la parte superior derecha de tu pantalla.
3. En la pantalla inicial, haga clic en "crear nueva cuenta."
4. Introduzca su empleador PIN: [HSD](#) (luego haga clic en la flecha roja).
5. Ingrese la nueva información de cuenta solicitada.
  - a. Su dirección de correo electrónico es necesario.
  - b. Usted puede elegir cualquier combinación de caracteres (mínimo de 8 caracteres) cuando entrar su nombre de usuario.
  - c. Usted puede elegir cualquier combinación de caracteres, 1 mayúscula, 1 minúscula y 1 numérico al introducir su contraseña.
6. Cuando haya terminado, haga clic en 'Enviar'. Un mensaje le indicará que su cuenta se ha creado con éxito. Usted también recibirá confirmación por su correo electrónico.
7. Ahora puede iniciar la sesión con tu nombre de usuario y contraseña y ver su información de cuenta corriente.



# How Do I Upload My Claims?



Clicking on Claims brings up the participant's claim details, ability to submit a claim, shows account funding, and lists reimbursements

Welcome test participant Wednesday, April 8, 2020

**DIVERSIFIED BENEFIT SERVICES, INC.** **ASAP**

Benefit Plan Type: HRA | 01/01/2019 - 12/31/2019

Balance **Claims** Reports Forms Update Account Contact DBS Logout

**The Best Employer**  
HRA Participant Claims  
Participant: Sample Employee

Participant Statement

Claims View/Submit | Funding | Reimbursements

Plan Type: Traditional In Network Deductible  
Patient: All Family Members

Claim ID	Service Date	Description	Approved Amount	Employer	Employee Reimbursed
13934777	10/15/2019	Manual Data Entry - Deductible(Medical) - Patient: Sample	\$2,000.00	\$1,500.00	\$500.00
13015177	1/25/2019	Manual Data Entry - Deductible(Medical) - Patient: Spouse	\$2,950.00	\$2,000.00	\$950.00
<b>Grand Totals:</b>			<b>\$4,950.00</b>	<b>\$3,500.00</b>	<b>\$1,450.00</b>

Claims View/Submit | Funding | Reimbursements

View  
Submit  
History

Patient: Kaiser Plan 2B In Network Deductible  
Kaiser Plan 2B In Network Deductible  
Kaiser Plan 2B In Network Coinsurance & Copay



# How Do I Upload My Claims?

- You can upload as many EOBs as you want (must be in .jpg or .pdf format)
- Make sure you upload all the EOBs for each member of your family.
- DBS will keep track of them and issue disbursements.

Par

Claims View/Submit | Funding | Reimbursements

Uploading files for plan type: Moda(5) In/Out Network Coins/Copay Plan

Select the file(s) to upload, then click "Upload Files".

Select multiple files... Browse...

Allowed file extensions: .jpg, .pdf


# Which Plan Type Do I Select?

Plan Type:

Patient:

No claims submitted.

Please select the category indicated on your medical EOB; however, the claims processor at DBS will make sure that expenses are allocated properly. It is not necessary to submit a claim twice that includes both deductible and copay/coinsurance expenses.



**This is not a bill**

Have questions about your benefits?  
Give us a call at 1-877-875-3805 or visit kp.org

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**Explanation of Benefits**

Medical record number: 0020836447  
Plan type: HMO - HMO COMMERCIAL-DHMO

Group identification: 000100971\*1001  
Account holder identification: 000020836447

Summary of services for Johnny Aldrin

D

F

G

H

I

J

K

L

Service Date	Location/Provider, Claim No., Reason Code	Description	Charges	Plan Rate	Paid by Plan	Paid by Other Insurance	Your Share of the Charges		
							Not Covered*	Deductible	Copay/Coinsurance
06/02/16	RYAN	EMERGENCY	\$1200.00	\$1200.00	\$150.00	\$0.00	\$0.00	\$1000.00	\$0.00
06/04/16	O'CONNOR 50976	ROOM, GENERAL (0450)							\$50.00
<b>Totals</b>			\$1200.00	\$1200.00	\$150.00	\$0.00	\$0.00	\$1000.00	\$50.00
<b>Total amount you owe or have already paid</b>								<b>\$1050.00</b>	

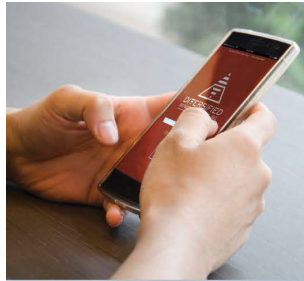
# How Do I Use the DBS Mobile App?

## Mobile App

### Tip:

Take pictures first!

If you take a picture of your EOB before you log in to the App and select 'Use Existing Photo' you'll be able to select multiple EOBs or multiple pages of the same EOB to submit all at once, and make sure the image is clear before submitting!



### Why use the Claims Filing App?

- **Fast**  
There's no quicker way to get reimbursed for your Group HRA claims.
- **Convenient**  
Day or night, you have access from your mobile phone.
- **Safe**  
You have encrypted access, which is protected and Verisign secured.
- **Comprehensive**  
Submit and document your claim in one easy location.

[DBSbenefits.com](http://DBSbenefits.com)

Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
(800) 234-1229



## Claims Filing App

File on the go. Use our Mobile Phone App.

Using your smartphone or tablet, you can submit your claims online 24/7. DBS's exclusive A.S.A.P.<sup>®</sup> (Advanced Strategic Administration Program) is a safe and quick way to submit claim information and get reimbursed from your Group Health Reimbursement Arrangement (HRA).

Step-by-step guide—it's easy, convenient and secure.



### STEP 1

Login using your A.S.A.P.<sup>®</sup> name and password, click "File a Claim"

### STEP 2

Take a picture or use an existing photo, click "Attach Image"

### STEP 3

Select the Benefit Plan Type (Either Works!)

### STEP 4

Enter dollar amount, answer questions, click "Submit"

Visit your favorite app store now!



For assistance, please call DBS at (800) 234-1229 or visit [DBSbenefits.com](http://DBSbenefits.com)

Reminder:  
Create your login on the DBS website first, then you can use your login credentials for both the website and mobile app!

# When Do I Submit Claims?

For Claims with  
Dates of Service  
October 1, 2024 -  
September 30, 2025

Submit claims

*No later than mid-December 2025*



**DI**VERSIFIED  
BENEFIT SERVICES, INC.

# Group HRA Virtual Office Hours

If you have questions about how your Group HRA works or how to file claims, please join OneDigital's virtual office hours



## Wednesdays

7:30 – 8:30 AM Pacific  
and  
3:30 – 4:30 PM Pacific

## First Thursday Evening of Every Month

7:30 – 8:30 PM Pacific

<https://onedigital.zoom.us/j/3923270383>

(Meeting ID: 392 327 0383)

We look forward to seeing you there!

Mae Hawkins

(971)346-8688

[mae.hawkins@onedigital.com](mailto:mae.hawkins@onedigital.com)

Phaedra Anderson

(986)236-4974

[phaedra.anderson@onedigital.com](mailto:phaedra.anderson@onedigital.com)

# More Questions

## DBS Website Specific Claims Filing Questions:

**What happens to my EOB once I submit it?**

Claims are reviewed and processed by DBS staff. Once any one covered, eligible member of your family reaches the thresholds where they are eligible for disbursements, a disbursement is issued to you.

**A claim is showing up in red on my online account with DBS. Why is this?**

Claims that show up in red on DBS' website indicate that DBS was unable to process the claim without additional information. Examples of this include claims identified as a duplicates, documents such as invoices or professional billing statements rather than EOB documents, no amount identified as going towards the deductible or coinsurance/copay category, etc. If you are not sure why a claim is still pending, please contact DBS Customer Service.

**What do I do if DBS' website doesn't recognize me when I try to create my account?**

If you are unable to create your account on DBS' website, please call their customer service line for additional support. It is possible that the information they have on file for you does not match what you entered when you attempted to create your account.

# More Questions

## What to Submit:

**Do I need to submit all of my Explanation of Benefits (EOBs)?**

Submit all medical EOBs that show an amount in the “deductible” or “coinsurance/copay” column. You do not need to submit medical EOBs that show a patient responsibility of “\$0”, such as annual well exams.

**Do I need to submit receipts?**

- **Kaiser 2A or 2B:** Please submit EOBs for medical expenses, and prescription tags for prescription expenses.
- **Kaiser 3:** Please submit EOBs for medical expenses, and prescription tags or prescription receipts for prescription expenses.
- **Kaiser 2A, 2B, or 3:** If you have lost some of your Rx expense documentation, you may request a ‘Statistical Analysis System’ (SAS) report by contacting Kaiser Member Services at (503)813-2000.



# More Questions

## What is the time limit on submitting claims?

We encourage you to submit claims as you receive medical EOBs and incur pharmacy expenses throughout the plan year. Participants have the full plan year and a 90 day run out period during which they can submit claims.

**December 31, 2025 is the deadline for the 2024-25 Plan Year.**

**\*If your benefits terminate prior to 9/30/2025, you have 90 days from the benefits term date to submit claims for covered dates of service in the 2024-25 Plan Year.**

## Do I need to wait until I've met my full deductible amount before I start submitting claims?

No. Please submit medical EOBs for yourself and covered dependents as soon as you receive them so that DBS may track expenses. Once you have met your reduced Group HRA deductible and/or coinsurance or copay thresholds, you will begin receiving Group HRA disbursements.

## Can I submit a claim for a medical service prior to paying for it?

As long as the service was provided, a claim can be submitted for reimbursement whether or not payment has been made. Distributions from the Group HRA can be viewed either as funds to help you pay your medical expenses with, or reimbursement if the expense has already been paid.