



Participant Claim Submission Guide

Your journey begins here.

Accessing the portal for the first time

- Go to www.myMidAmericaJourney.com
- If this is your first time accessing the portal, select **Get Started**.
- Next, simply follow the prompts on the screen to enter your identifying details, select your security questions, and create your username and password.

A screenshot of the MidAmerica Journey login page. At the top left is the MidAmerica logo. Below it is the word "Login". A large image shows a person's hands typing on a laptop. Below the image, there are two main sections. The left section is titled "Existing User?" and contains a "Username" input field, a "Remember Me" checkbox, and a "Next" button. The right section is titled "First time here? Register today!" and contains the text "New users can create a new account to get started." and a "Get Started" button. The "Get Started" button is highlighted with a red border in the original image.

MidAmerica

Login

Existing User?

Username [Forgot Username?](#)

☐ Remember Me

[Next](#)

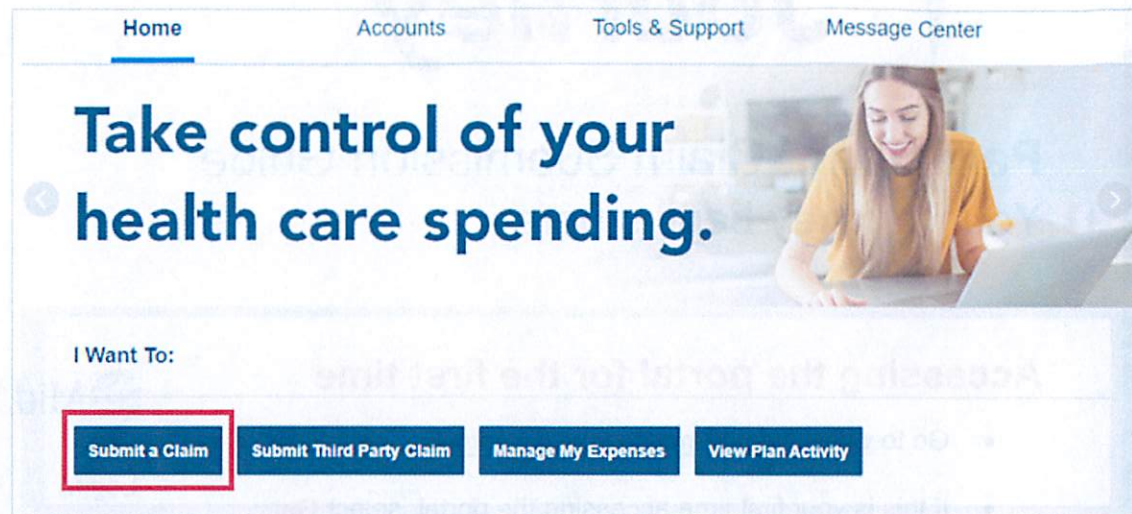
First time here? Register today!

New users can create a new account to get started.

[Get Started](#)

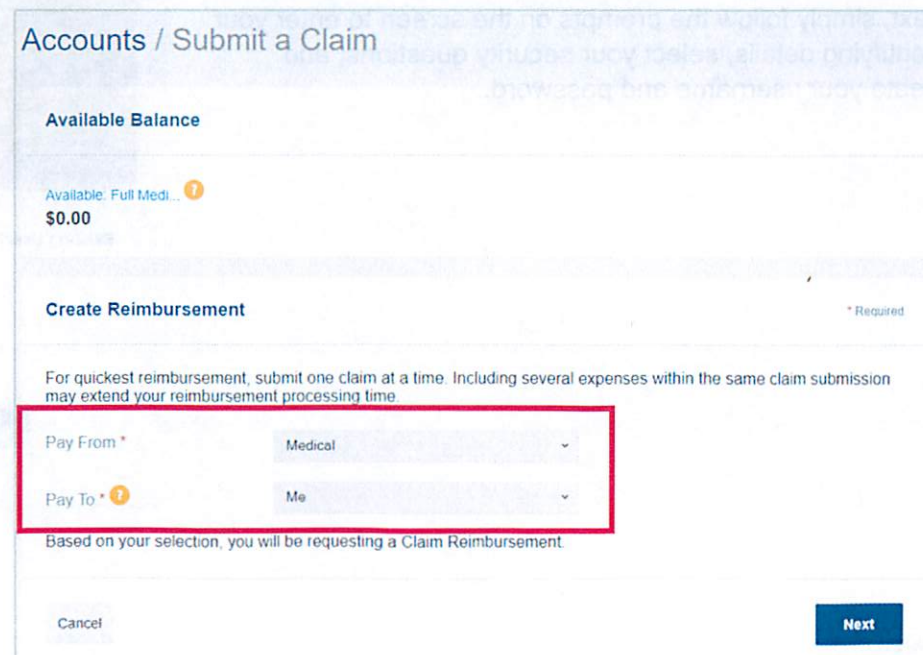
Submitting Claims

- From the homepage, select **Submit a Claim** from the I Want To section



The screenshot shows the homepage of a health care portal. At the top, there are navigation links: Home, Accounts, Tools & Support, and Message Center. Below these is a large banner with the text "Take control of your health care spending." and an image of a woman smiling while using a laptop. Under the banner, there is a section titled "I Want To:" with four buttons: "Submit a Claim", "Submit Third Party Claim", "Manage My Expenses", and "View Plan Activity". The "Submit a Claim" button is highlighted with a red rectangle.

- Next, select the account from which you wish to be reimbursed and to whom you would like the reimbursement paid.



The screenshot shows the "Accounts / Submit a Claim" page. It displays the "Available Balance" as "\$0.00" with a note "Available: Full Medi...". Below this is the "Create Reimbursement" section, which includes a note: "For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time." There are two dropdown menus: "Pay From *" with "Medical" selected, and "Pay To *" with "Me" selected. Both dropdowns are highlighted with a red rectangle. At the bottom, there is a "Cancel" button and a "Next" button.

- From the next screen, upload your corresponding documentation. Common forms of documentation include:
 - The Explanation of Benefits (EOB) statement returned to you from the insurance carrier indicating the amount for which you are responsible
 - Copay receipts if you are covered under a managed care or prescription drug plan
 - If there is no insurance for the health care expenses, submit an itemized bill with the following:
 - Name of the provider and patient
 - Service cost, date, and description
 - Notation when there is no coverage
- Once uploaded, click **Next**

Home Accounts Tools & Support Message Center

Accounts / Submit a Claim

Available Balance

Flexible Spending Account \$0.00

Dependent Care Account \$2,339.64

Plan Filing Rules

01/01/2019 - 12/31/2019

Flexible Spending Account

Dependent Care Account

Receipt / Documentation * Required

Receipt(s) ? Upload Valid Documentation

Summary

Pay From: Medical

Pay To: Me

Cancel

Previous Next

- Next, enter your claim details
- If you would like to add a dependent, you can do so from this screen. Once the dependent has been added, their name will appear as an option in the recipient section.
- Once satisfied, click **Next**

Accounts / Submit a Claim

Claim Details

* Required

Start Date of Service * 11/14/2019

End Date of Service 11/14/2019

Amount * \$ 75.00

Provider * ABC Doctor's Office

Category * 1 Medical Expenses

Type * Medical Copay

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient * Amanda Participant

[Add Dependent](#)

Did You Drive To Receive This Product/Service? * 1 ☒ Yes ☐ No

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

Cancel Previous **Next**

- From the next screen, you will see your transaction summary.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Home Accounts Tools & Support Message Center

Accounts / Transaction Summary

Available Balance

Flexible Spending Acco... \$0.00

Dependent Care Account \$2,219.64 **

** Balance reflects claims not yet submitted

Transaction Summary (1)

FROM	TO EXPENSE	AMOUNT	APPROVED AMOUNT	
Dependent Care Account	Adult Caregiver - Meals & Lodging Expenses	\$20.00	\$20.00	Remove Update
Total Amount		\$20.00	\$20.00	

Cancel

Save for Later Add Another Submit

- **Quick tip!** Until you submit your claim for processing, you will see a claim count appear next to the document icon at the top of the screen. Once you submit your claim, that count will change to zero.

Contact Us Amanda Participant (1) Logout

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Home Accounts Tools & Support Message Center

- Once you submit your claim, you will be redirected to a confirmation page. You will also be sent a confirmation email.
- If you need to upload additional receipts to your claim, you can do so from this screen.

Accounts / Transaction Confirmation

Available Balance

Flexible Spending Acco... \$0.00

Dependent Care Account \$2,219.64

Confirmation [Print Confirmation](#)

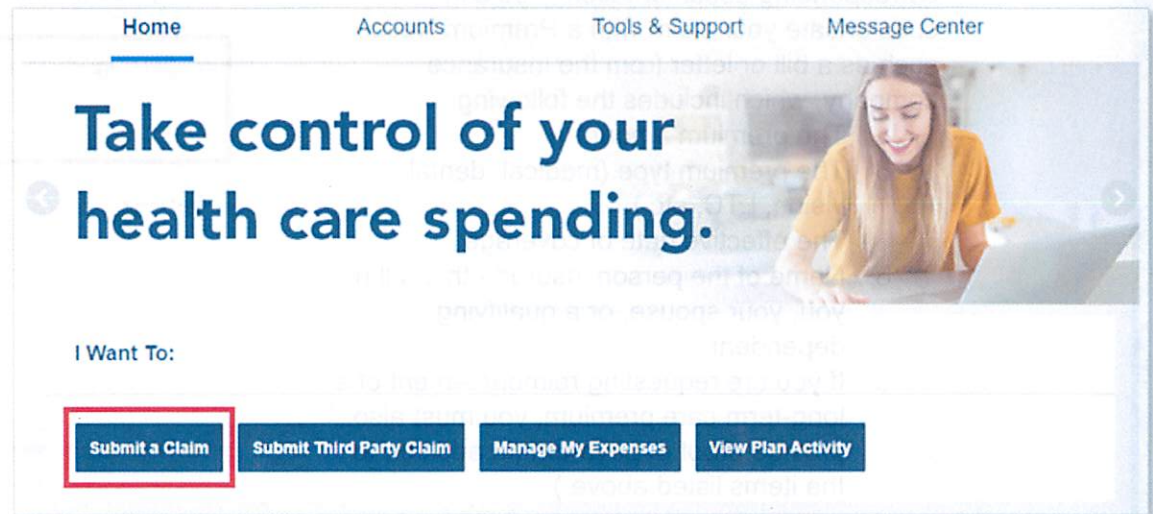
Please click the "Receipts Needed" link below and upload your receipt(s).

Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care Account	Me	\$20.00	\$20.00	Uploaded(1) Upload another Receipt
TOTAL APPROVED AMOUNT			\$20.00	

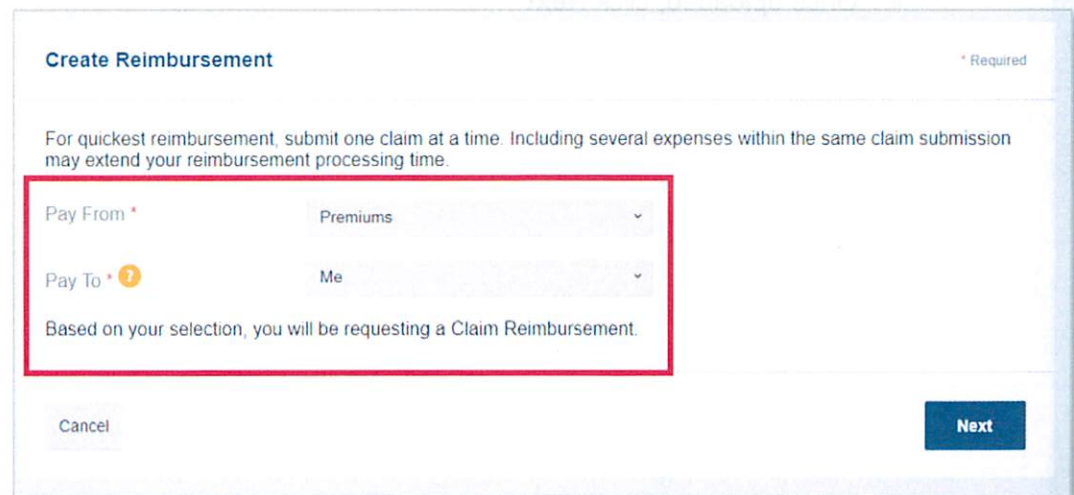
Submitting Recurring Premium Claims

- From the homepage, select **Submit a Claim** from the I Want To section.
- Important Note!** You must be separated from service in order to seek reimbursement for premiums.



The screenshot shows the homepage of a health insurance portal. At the top, there are navigation links: Home, Accounts, Tools & Support, and Message Center. Below these is a large banner with the text "Take control of your health care spending." and an image of a woman smiling at a laptop. Under the banner, there is a section titled "I Want To:" with four buttons: "Submit a Claim", "Submit Third Party Claim", "Manage My Expenses", and "View Plan Activity". The "Submit a Claim" button is highlighted with a red box.

- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.
- Select **Me** from the Pay To dropdown.
- Click **Next**



The screenshot shows the "Create Reimbursement" form. At the top, there is a title "Create Reimbursement" and a note "* Required". Below this is a paragraph: "For quickest reimbursement, submit one claim at a time. Including several expenses within the same claim submission may extend your reimbursement processing time." Under this paragraph, there are two dropdown menus: "Pay From *" and "Pay To *". The "Pay From *" dropdown is set to "Premiums" and the "Pay To *" dropdown is set to "Me". Both dropdowns are highlighted with a red box. Below the dropdowns, there is a message: "Based on your selection, you will be requesting a Claim Reimbursement." At the bottom of the form, there are two buttons: "Cancel" and "Next".

- From the next screen, upload your corresponding documentation. You can substantiate your claim with a Premium Notice, such as a bill or letter from the insurance company, which includes the following:
 - The premium amount
 - The premium type (medical, dental, vision, LTC, etc.)
 - The effective date of coverage
 - Name of the person insured - this will be you, your spouse, or a qualifying dependent
 - If you are requesting reimbursement of a long-term care premium, you must also provide proof of payment (in addition to the items listed above.)

- Once uploaded, click **Next**

Receipt / Documentation

* Required

Receipt(s) * 1

[Upload Valid Documentation](#)

Asset 5.png

Remove Receipt

[View Receipt\(s\)](#)

Summary

Pay From	Premiums
Pay To	Me

Cancel

Previous

Next

- Next, enter your claim details

Important Notes!

- The **Start Date of Service** and **End Date of Service** must reflect the full timeframe for which you are requesting the recurring claim. In this example, the claim is for 12 months of premiums and the dates are inclusive of the specific 12 months. You may submit for fewer months, but the maximum is 12. You will need to submit a new claim after receiving the final payment or if premium rates change.
- You must mark the check box next to **Set up a recurring claim for this expense**. If not checked, a monthly payment will not be established.
- Once satisfied, click **Next**

Claim Details

* Required

Start Date of Service *	1/1/2020	
End Date of Service *	12/31/2020	
Amount *	\$ 150.00	
Insurance Provider *	ABC Insurance Company	
Category *	Premiums	
Type *	Health	
Set up a recurring claim for this expense ☒		

Summary

Pay From	Premiums
Pay To	Me
Documentation Uploaded	Yes

Cancel

Previous

Next

- From the next screen, you will see your transaction summary. Be sure to read and agree to the terms and conditions.
- If you are satisfied with your submission, select **Submit**.
- You can also **Add Another** claim from this screen or **Save for Later**.

Important Note! If you need to *cancel* an existing recurring claim, please call Participant Services at (855) 329-0095 or email us at healthaccountservices@myMidAmerica.com.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT	
+ Available: Full Medical	Me	Health	\$150.00	\$150.00	Remove Update
Total Amount			\$150.00	\$150.00	

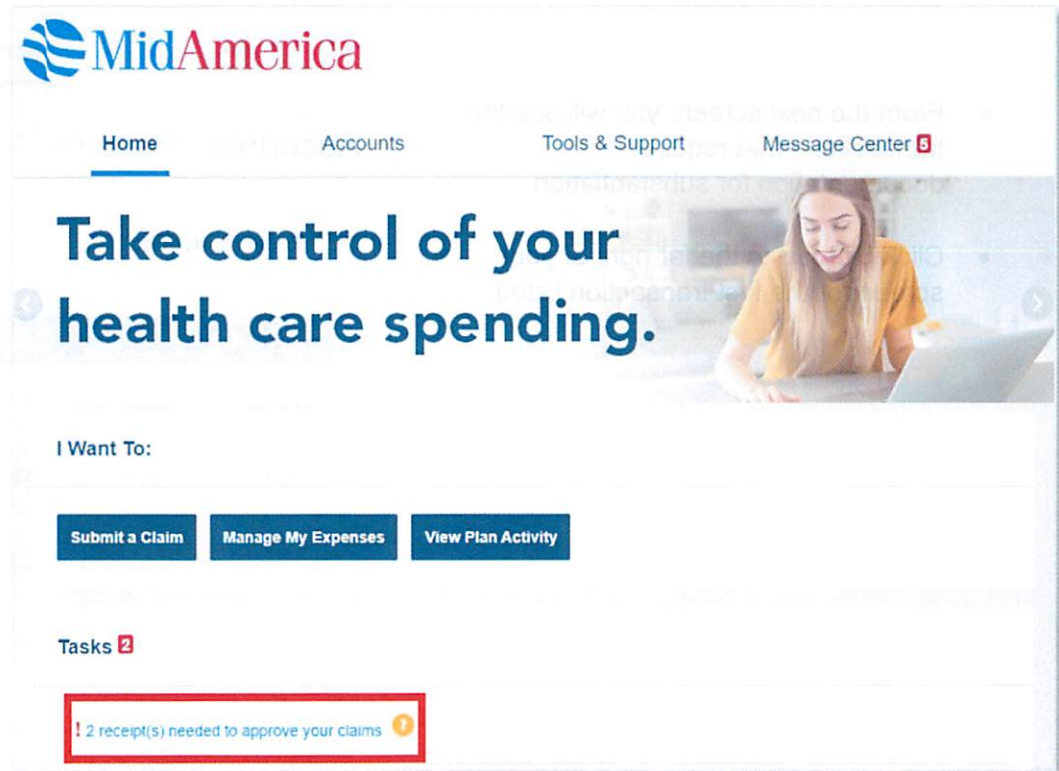
Claims Terms and Conditions
Agreed

☒ I have read, understand, and agree to the Terms and Conditions.

Cancel
Save for Later
Add Another
Submit

Adding Documentation to a Submitted Claim

- If you've already submitted a claim that needs additional documentation, or you have a debit card transaction that requires documentation, you can easily upload the files to the corresponding expense.
- From the homepage, click the link under **Tasks**, which informs you that a receipt(s) is needed to approve your claim.



- From the next screen, you will see the transactions that require documentation for substantiation.
- Click **Upload** to the far right of your screen for the first transaction listed.



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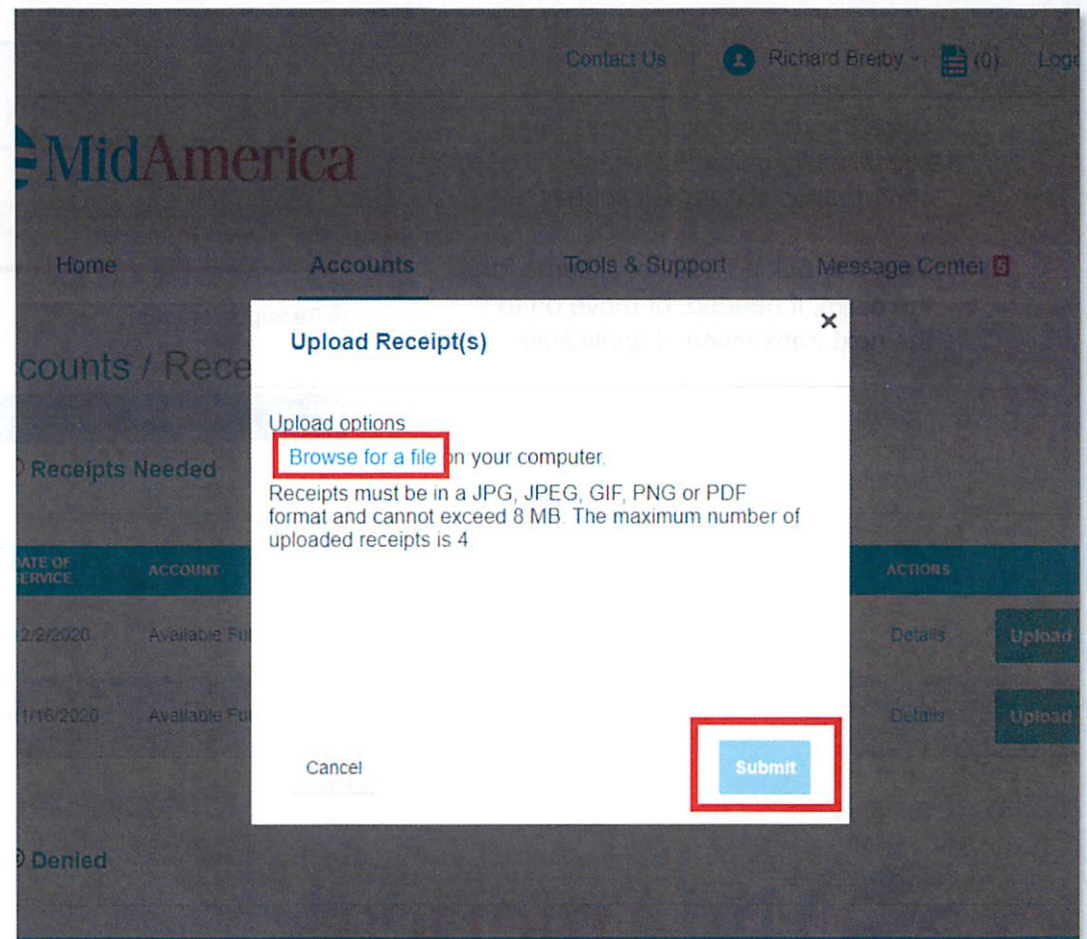
Home Accounts Tools & Support Message Center 5

Accounts / Receipts Needed

① Receipts Needed

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
12/2/2020	Available Full M...	ABC Doctor...	Sample Sall...	\$80.00 Debit Card	Required	Details Upload
11/16/2020	Available Full M...	ABC Doctor...	Sample Sall...	\$122.80 Debit Card	Required	Details Upload

- When the message box appears, click the **Browse for a file** link. Locate the appropriate documentation on your computer and click **Submit**.
- **Important Note!** Documentation must be in JPEG, GIF, PNG, or PDF format and cannot exceed 8 MB.



- Once the documentation has been successfully uploaded, a confirmation screen will appear.
- You may upload additional items for the claim, if needed, or move on to the next transaction, if applicable.

Accounts / Receipts Needed



Receipt Uploaded

Your receipt(s) have been successfully uploaded. You may upload additional receipts if needed until the claim is approved. If the receipt is approved, then your denial will be canceled and you will be reimbursed for the denied amount.



Receipts Needed

DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	RECIPIENT	CLAIM AMOUNT	RECEIPT STATUS	ACTIONS
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There are no records to display.



Questions?

If you have questions about MidAmerica Journey, please email us at healthaccounts@myMidAmerica.com or give us a call at (855) 329-0095.

HRA Premium Process

Understanding Health Reimbursement Arrangement Premium Reimbursement Process

The premium reimbursement process may seem overwhelming at times, but we're here to help you understand the compliance requirements and timing so you can rest assured your request is being processed as quickly as possible.

Premium Documentation Examples

In order to comply with Internal Revenue Services (IRS) regulations and to properly handle the funds in your plan, supporting documentation for premium expenses must include:

- Name of covered individual
- Premium type
- Premium amount
- Effective date of coverage
- Name of provider

If you are requesting reimbursement of a long-term care premium, you must also provide proof of payment (in addition to the items listed above.) Long-term care premiums cannot be set up for recurring reimbursements due to IRS annual limitations based on the year in which the payment was made. For this reason, proof of payment is required for all long-term care claims.

To help you further understand what this documentation looks like, we've provided examples of common pieces that can satisfy IRS substantiation requirements.

ABC SCHOOL DISTRICT

Month DD, YYYY

Sally Sample
123 Sample Street
City, State 12345

Dear Sally,

Please include this letter with your premium reimbursement request with MidAmerica.

Beginning Month DD, YYYY and ending Month DD, YYYY, your monthly insurance premiums are as follows:

Dental—Employee	\$60.00
Total Premium	\$60.00

Please contact me if you have any questions.

Sincerely,

Jane Doe
Benefits Administrator
(XXX) XXX-XXXX

ABC SCHOOL DISTRICT

Letter from the Employer

Your employer can supply you with a letter (on employer letterhead) that includes the necessary information. For an example of this, see the letter to the left. The highlighted area contains the necessary information to properly adjudicate the reimbursement request.

Your New Benefit Amount

BENEFICIARY'S NAME: SALLY SAMPLE

Your Social Security benefits will increase by 1.6% in YYYY because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

Your monthly benefit (before deductions):	\$1,500.00
The amount we deduct for Medicare Medical Insurance is (If you did not have Medicare as of Month DD, YYYY, or if someone else pays your premium, we show \$0.00)	\$140.00
The amount we deduct for your Medicare Prescription Drug Plan is (We will notify you if the amount changes in YYYY. If you did not elect withholding as of Month DD, YYYY, we show \$0.00)	\$0.00
The amount we deduct for voluntary Federal tax withholding is (If you did not elect voluntary tax withholding as of Month DD, YYYY, we show \$0.00)	\$0.00
After we take any other deductions, you will receive on or about Month DD, YYYY.	\$1,360.00

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of Treasury's Go Direct website at www.godirect.org online.

Award Letter

The award letter that you receive from the Social Security Administration showing the amount deducted for Medicare Medical Insurance is also an acceptable form of documentation and contains the need-to-know information highlighted in the example to the left.

Premium Invoice

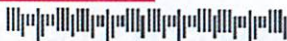
The premium invoice you receive from your insurance provider also provides the information we need to substantiate the reimbursement request according to IRS guidelines.

ABC Benefits Administration 7805 Benefits Blvd. Your Town, MN 98765		Invoice	
Bill To: Doe, John 1234 Main Avenue Happy Valley, USA		Invoice Date	Invoice
		MM/DD/YYYY	1002500
		Terms and Conditions Please review this invoice carefully and notify us of any discrepancies. As a reminder, please pay your invoice as billed. Any changes will be reflected on your next invoice. Please note, premium credits will only be allowed 90 days back from the date of this invoice. Thank you.	
Due Date		Invoice Amount	
MM/DD/YYYY			\$1,637.24
Make Check Payable To: ABC Benefits - Or pay online at www.abc.biz		Send Payments To: ABC Benefits Administration 7805 Benefits Blvd. Your Town MN 98765	
Bill Contact: Jane Doe 800-555-XXXX			
Charge Summary			
Date	Product	Coverage	Amount
MM/DD/YYYY	Med Adv Value BCBS	Emp. + Spouse	\$1,637.24
Total			\$1,637.24
Account Statement			
Date	Description	245126	
MM/DD/YYYY	Beginning Balance	Amount	
MM/DD/YYYY	Standard Invoice 1002544	\$0.00	
Ending Balance:			\$1,637.24

ABC Insurance

ABC Insurance CO.
123 SAMPLE STREET
CITY, STATE 12345

Sally Sample
123 ABC Street
City, State, Zip



Dear Sally Sample:

We would like to thank you for choosing ABC Insurance to help with your health care coverage needs.

Effective Month DD, YYYY, the monthly amount of your premium will be \$300.00. Any discounts for your premium have been applied.

Any change in your premium does not affect your benefits. If you would like to stay with your current coverage, just continue making your premium payment.

Thank you for your membership.

Sincerely,

ABC Insurance

Important Premium Information

Premium Notice

The premium notice letter that you receive from your insurance provider also includes the information we need to substantiate the reimbursement request according to IRS guidelines.