Funding Accounts

A GUIDE TO REPORTS & FUNDING



Managing Your Funding Accounts

You will receive regular communications and can access monthly reports to assist you with managing your group's health reimbursement arrangement (HRA) and/or flexible spending account (FSA).

How the Funding Works

When your employees submit claims or use the debit card for qualified expenses, Capital District Physicians' Healthcare Network, Inc. (CDPHN) and/or our debit card vendor will pull the funds directly from your bank account.

CDPHN and our debit card vendor will communicate with you on a regular basis regarding the administration of your health funding arrangement(s). Below is a table displaying the various types of emails you will receive.

The communications listed in the table below are notifications only and do not contain specific member information. Detailed member information is available in the monthly reports, which are described in the following pages.

Name	Description	Frequency	From Address	Subject example
Daily Settlement	Notification of the amount of funds that will be drawn from your bank account from that day's debit card transactions. See your monthly Debit Card Transaction Reconciliation report for details.	Daily	wca.supportissue@alegeus.com	Daily Settlement Activity for Dec. 20.
CDPHN Weekly Settlement	Notification of the amount of funds that will be drawn from your bank account from that week's processed manual or integrated claims. Includes an attachment. See your monthly Claims Transaction History report for details.	Weekly (Tuesdays)	Health_Funding_Alerts@cdphp.com	Health Funding ACH Request
Non- Sufficient Funds	Notification that the CDPHN request for funds was denied by your bank due to non-sufficient funds (NSF), and that the NSF fee will be applied to next month's bill. Request to move the appropriate funds to the target bank account.	Upon event	Health_Funding_Alerts@cdphp.com	Health Funding NSF Notification

Navigating Your Reports

To access your monthly funding account reports, log in to www.cdphp.com. Your reports can be found by clicking "View Reports," under the broker/employer account tab.

Membership Enrollment Report:

This report provides an enrollment roster for funding accounts and other CDPHP[®] plans.

Helpful Tip:

Because member enrollment in the HRA is automatic with the enrollment in the corresponding high deductible medical plan, it will not show on a separate line.

	00 - Not Assigned 56789 ABC Comp						Date Range: N	Ship Enrollment lovember 1 - November 30 12345678 ABC Company, Inc.				Report ID : 1234 Run Date : 12/1 Run Time : 10:57:0 AM
Subgroup Identifier	Subgroup Name	Class Identifier	Class Description	Subscriber Identifier	Member Identifier		Member Last Name	Member Relationship Code	Member Gender Code			
						Member First Name	Member Last Name		Member Gender Code	Member Date of Birth	Product Type	Product Name
	Employees - HDPPO	0001	Employees	CDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Member First Name Harry	Faux	SUB	Member Gender Code MALE	Jul-24-1981	Product Type FSA Product	Product Name N/A
1001			Employees									
001 001	Employees - HDPPO	0001	Employees	CDX0000000	CD3000000000	Harry	Faux	SUB	MALE	Jul-24-1981	FSA Product	N/A
3001 3001 3001	Employees - HDPPO Employees - HDPPO	0001	Employees Employees	CDX0000000 CDX00000000	CDX00000000X CDX000000000X	Harry Ronald	Faux Faux	SUB SUB	MALE	Jul-24-1981 Apr-6-1945	FSA Product FSA Product	N/A N/A
001 001 001 001	Employees - HDPPO Employees - HDPPO Employees - HDPPO	0001 0001 0001	Employees Employees Employees	CDX0000000 CDX0000000 CDX0000000	CDX00000000X CDX00000000X CDX00000000X	Harry Ronald Francine	Faux Faux Faux	SUB SUB SUB	MALE MALE FEMALE	Jul-24-1981 Apr-6-1945 Jun-19-1977	FSA Product FSA Product FSA Product	N/A N/A N/A
001 001 001 001 001	Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO	0001 0001 0001 0001	Employees Employees Employees Employees	CDX000000X CDX000000X CDX000000X CDX000000X	CDX00000000X CDX00000000X CDX00000000X CDX00000000X	Harry Ronald Francine Brianne	Faux Faux Faux Jones	SUB SUB SUB SUB	MALE MALE FEMALE MALE	Jul-24-1981 Apr-6-1945 Jun-19-1977 Mar-19-1950	FSA Product FSA Product FSA Product FSA Product	N/A N/A N/A N/A
001 001 001 001 001 001	Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO	0001 0001 0001 0001 0001	Employees Employees Employees Employees Employees	CDX0000000 CDX0000000 CDX0000000 CDX0000000 CDX0000000	CDX00000000X CDX00000000X CDX00000000X CDX00000000X CDX00000000X	Harry Ronald Francine Brianne Amy	Faux Faux Faux Jones Jones	SUB SUB SUB SUB SUB	MALE MALE FEMALE MALE FEMALE	Jul-24-1981 Apr-6-1945 Jun-19-1977 Mar-19-1950 Dec-28-1976	FSA Product FSA Product FSA Product FSA Product FSA Product	N/A N/A N/A N/A N/A
0001 0001 0001 0001 0001 0001 0001	Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO	0001 0001 0001 0001 0001 0001	Employees Employees Employees Employees Employees Employees	CDXXXXXXXX CDXXXXXXXXXXXXXXXXXXXXXXXXXX	CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X	Harry Ronald Francine Brianne Amy Emily	Faux Faux Jones Jones Grendal	SUB SUB SUB SUB SUB SUB SUB	MALE MALE FEMALE MALE FEMALE FEMALE	Jul-24-1981 Apr-6-1945 Jun-19-1977 Mar-19-1950 Dec-28-1976 May-2-1994	PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product	N/A N/A N/A N/A N/A N/A
0001 0001 0001 0001 0001 0001 0001 000	Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO Employees - HDPPO	0001 0001 0001 0001 0001 0001 0001 000	Employees Employees Employees Employees Employees Employees Employees	CDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CDX0000000X CDX0000000X CDX0000000X CDX0000000X	Harry Ronald Francine Brianne Amy Emily Nicky	Faux Faux Faux Jones Grendal Grendal	SUB SUB SUB SUB SUB SUB SUB	MALE MALE FEMALE MALE FEMALE FEMALE MALE	Jul-24-1981 Apr-6-1945 Jun-19-1977 Mar-19-1950 Dec-28-1976 May-2-1994 Aug-26-1982	PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product	N/A N/A N/A N/A N/A N/A N/A
0001 0001 0001 0001 0001 0001 0001 000	Employees - HDPPO Employees - HDPPO	0001 0001 0001 0001 0001 0001 0001 000	Employees Employees Employees Employees Employees Employees Employees Employees	CDX0000000 CDX0000000 CDX0000000 CDX0000000 CDX0000000 CDX0000000 CDX00000000 CDX00000000	CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X CDX0000000X	Harry Ronald Francine Briarne Amy Emily Nicky Andrea	Faux Faux Faux Jones Jones Grendal Grendal Valmass	SUB SUB SUB SUB SUB SUB SUB SUB SUB	MALE MALE FEMALE MALE FEMALE FEMALE FEMALE FEMALE	2ul-24-1981 Apr-6-1945 2un-19-1977 Mar-19-1950 Dec-28-1976 May-2-1994 Aug-26-1982 May-22-1982	PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product PSA Product	N/A N/A N/A N/A N/A N/A N/A N/A

Member First Name	Member Last Name	Member Relationship Code	Member Gender Code	Member D
Harry	Faux	SUB	MALE	Jul-24-1981
Ronald	Faux	SUB	MALE	Apr-6-1945
Francine	Faux	SUB	FEMALE	Jun-19-1977
Brianne	Jones	SUB	MALE	Mar-19-1950
Amy	Jones	SUB	FEMALE	Dec-28-1976
Emily	Grendal	SUB	FEMALE	May-2-1994
Nicky	Grendal	SUB	MALE	Aug-26-1982
Andrea	Valmass	WIFE	FEMALE	May-22-1982
Ellie	Valmass	DGHTR	FEMALE	Jan-17-2013
Richard	Zima	SUB	MALE	May-6-1950
Richard	Zima	SUB	MALE	May-6-1950

Claim Transaction History Report:

This report shows all of the transactions for manually submitted or integrated claims processed by CDPHN on a weekly basis. It is sorted by check date. A monthly roll-up report is also provided.

Helpful Tip:

- ▶ If you offer both an HRA and FSA, the detail is displayed on separate tabs for each account.
- Check runs are every Tuesday, based on previous week's claims.
- Due to timing issues, claims processed at the end of a month may not appear until the following month's report.



Debit Card Bank Transaction Reconciliation:

This report shows all of the debit card transactions on a weekly basis. It is sorted by settlement date. Please note: if there is no debit card activity during that time period, you will not receive this report. A monthly roll-up report is also provided.

Helpful Tip:

- ▶ If you offer both an HRA and FSA, the FSA debit card transactions will display first.
- ▶ Withdrawals will display in your account as MBI or Medibank from our debit card vendor.





FSA Contribution Log (FSA Groups Only):

This report shows the contributions to each participant's Health FSA and/or Dependent Care FSA made by the employee and/or the employer, as determined by the plan design. The contribution date should correspond with the payroll date, as contributions are made through payroll deductions.

	е.					FSA	Contribution L	og		Report ID : 1234 Ren Date : 12/5 Run Time : 00:43:48 PM	
Date as of:	December-18							nt	Employer Contribution Amount	Employee Contributio	on Amount
Parent ID: Employer ID:	00000000 Not Assigned 12345678 - ABC Company, Inc.							14.29	\$0.0	n	\$14
Plan Begin Date:	March-17										
								\$9.61	\$0.0	D	\$
Employee Identifier	Employee Last Name	Employee First Name John	Subgroup Identifier 0001	Plan Type Medical FSA	Class Identifier 0001	Contribution Type Electronic	Contribution Date 12/1	\$9.62	\$0.0	n	4
ED100000000X	Jones	Paul	0002	Nedical FSA	0001		11/3	\$5.02			4
CD1000000000	Jones	Paul	0002	Medical FSA	0001		11/17	\$9.61	\$0.0	D	\$
CD10000000000	Jones	Paul	0002	Medical FSA	0001	Bectronic	12/1				
CD1000000000	Basinger	Beverly	0002	Medical FSA	0001	Electronic	11/3	\$9.61	\$0.0	0	\$
CD1000000000	Basinger	Beverly	0002	Medical FSA	0001		11/17	\$9.62	*0.0	0	
CD)000000000	Basinger	Beverly	0002	Medical FSA	0001		12/1	\$9.62	\$0.0	J	\$
CD1000000000	MacDonald	John	0002	Medical FSA	0001		11/3	\$9.61	\$0.0	n	\$
CD1000000000	MacDonald	John	0002	Medical FSA	0001		11/17	\$9.01	30.0	5	4
CD1000000000	MacDonald	John	0002	Medical FSA	0001		12/1	11.54	\$0.0	n	\$1
CD10000000000	Cheney Cheney	Franklin	0002	Medical PSA Medical PSA	0001		11/3 11/17	_			
DX00000000	Chaney	Franklin	0002	Nedical FSA	0001		12/1	11.54	\$0.0	0	\$1
CD10000000000	Maloney	Frank	0002	Nedical FSA	0001		12/1	44.50	****		
CD10000000000	Maloney	Frank	0002	Nedical FSA	0001		11/3	-11.53	\$0.0	J	\$1
ED100000000X	Malongy	Frank	0002	Nedical FSA	0001		12/1	13.46	\$0.0	n	\$1
CD10000000000	St. Roman	Arlene	0002	Nedical FSA	0001		11/3	113.40	\$0.0	J	\$1
CD3000000000	St. Roman	Arlene	0002	Medical FSA	0001	Electronic	11/17	13.46	\$0.0	0	\$1
000000000000000000000000000000000000000	St. Roman	Ariana	0002	Nedical FSA	0001		12/1				
CD1000000000	Lee	Daniel	0002	Medical FSA	0001		11/3	13.46	\$0.0	D	\$1
CD1000000000	Lee	Daniel	0002	Medical FSA	0001		11/17				
CD1000000000	Lee	Daniel	0002	Medical FSA	0001		12/1	12/1	\$19.23 \$0.		
CD1000000000	Round	Jeffrey	0002	Medical FSA	0001		11/3	11/3			
CD1000000000	Round	Jeffrey	0002	Medical FSA	0001		11/17	11/17			
CD30000000000	Round	Jeffrey Catherine	0002	Medical PSA Medical PSA	0001		12/1 11/3	12/1 11/3		00 \$19.23 00 \$19.23	

Group FSA Summary Statement (FSA Groups Only):

This report provides information on employee and/or employer pledges and contributions, as well as reimbursements to date. At the end of the plan year, run out activity will be reported in the Run Out Group FSA Summary Statement. The Run Out report will be generated at 30/60/90/105 days after the plan end date.

						e	Employer Pledge	Total Pledge	FSA Carryover	Total FSA Dollar	Employee Contributions to Date
Data as of	12/05					.00	\$0.00	\$910.00	\$500.00	\$1,410.00	\$700
Parent ID: Employer ID:	00000000 Not Assigned 12345678 ABC Company, Inc.					.00	\$0.00	\$500.00	\$0.00	\$500.00	\$384
Plan Begin Date:	03/01										
						.00	\$0.00	\$500.00	\$0.00	\$500.00	\$384
Employee ID DXXXXXXXX	Emolosee Last Name Adama	Employee First Name Michael	Suboreau D 0002	Pan Type FSA Medical	Employee Pledge \$910.00	Employer Play	\$0.00	\$250.00	\$0.00	\$250.00	\$192
CDXXXXXXXXX	Adama	Joseph	0002	FSA Medical	\$500.00	3.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$76
DXXXXXXX	Brown	Michael	0002	FSA Medical	\$500.00						
2DXXXXXXXX 2DXXXXXXXXX	Brown	Brt Michael	0002	FSA Medical FSA Medical	\$250.00	1.00	\$0.00	\$1,000.00	\$0.00	\$1,000.00	\$769
DXXXXXXX	Brown	Michael	0002	FSA Dependent Care	\$1.000.00	1.00	\$0.00	\$1,700.00	\$0.00	\$1,700.00	\$1,30
CDXXXXXXXX	Brown	Peter	0002	FSA Medical	\$1.700.00	1.00	\$0.00	\$500.00	\$0.00	\$500.00	\$384
CDXXXXXXX	Brown	Pierce	0002	FSA Medical FSA Dependent Care	\$500.00						
CDXXXXXXX	Clinton	Shannon	0002	FSA Medical	\$1,400.00	.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$3,840
CDXXXXXXX	Clinton	Kebev	0002	FSA Medical	\$500.00	5.00	\$0.00	\$1,400.00	\$0.00	\$1,400.00	\$1.07
CDXXXXXXXX CDXXXXXXXX	Cinton	Mickie	0002	FSA Medical FSA Medical	\$2,600.00 \$750.00						
CDXXXXXXXX	Clinton	Warren	0001	FSA Dependent Care	\$5,000.00	1.00	\$0.00	\$500.00	\$0.00	\$500.00	\$38
CDXXXXXXXX	Dorr	George	0002	FSA Medical	\$2,600.00	1.00	\$0.00	\$2,600.00	\$500.00	\$3,100.00	\$2.00
CDXXXXXXXX	Dorr	Paul	0002	FSA Dependent Care	\$5.000.00	1.00	\$0.00	\$750.00	\$0.00	\$750.00	\$570
CDXXXXXXXX CDXXXXXXXX	Franklin	John Jack	0002	FSA Medical FSA Medical	\$1,560.00						
CDXXXXXXXXX	Franklin	Elsabeth	0002	FSA Dependent Care	\$0.00	2.00	\$0.00	\$5,000.00	\$0.00	\$5,000.00	\$3,840
				Group Totals		Employer Plat	\$0.00	\$2,600.00	\$0.00	\$2.600.00	\$2.00
				FSA Medical	\$265.313.84	1.00	\$0.00	\$5,000.00	\$0.00	\$5.000.00	\$3.84
				FSA Dependent Care	\$55.300.00						
				FSA Plan Totals	\$121.613.84	1.00	\$0.00	\$1,560.00	\$0.00	\$1,560.00	\$120
						.00	\$0.00	\$520.00	\$0.00	\$520.00	S

Group HRA Summary Statement (HRA Groups Only):

This report provides information on allocation, carryover, reimbursement amounts, and balances for each participant. If your HRA plan design includes a deductible, this will also show how much of that has been satisfied. At the end of the plan year, run out activity will be reported in the Run Out Group HRA Summary Statement. The Run Out report will be generated at 30/60/90/105 days after the plan end date.

plan for life.					Group H	RA Summary State	ment				ID: 1234 te : 12/5	
Data as of Parent ID: Employer ID:	Dec 5 00000000 - Not Assign 12345678 ABC Compa		Amount	HRA Ca	rryover	Total HRA D	ollars	Reimbur	sements	ŀ	IRA Bal	ance
Plan Begin Date:	Mar 1		\$10,480.00		\$0.00	\$1	0,480.00		\$826.71			\$9,653.2
Employee ID	Employee Last Name		A 4 A 4 A A A A		* **		0.400.00		AT 000 00			AO 540 4
CDXXXXXXX	Adams		\$10,480.00		\$0.00	\$1	0,480.00		\$7,960.83			\$2,519.1
CDIOCOOX	Adams											
CDXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Anderson Brown		\$4.365.00		\$0.00	9	4.365.00		\$0.00			\$4,365.0
CDXXXXX	Brown						,			-		. ,
CDXXXXXXX	Brown		\$10.480.00		\$0.00	\$1	0.480.00		\$1.373.88			\$9.106.1
CDXXXXXXX	Brown	MICTURE	0002	au.uu	0.00	30.001	a 10,400.00	\$U.U0	910,400.001	94,319.40	00, IUQ	φο, του.
CDXXXXXXX	Falso	Chris	0002	\$0.00	\$0.00	\$0.00	\$10,480.00	\$0.00	\$10,480.00	\$630.21	\$9,845	
CDXXXXXXX	Falso	Larry	0002	\$0.00	\$0.00	\$0.00	\$10,480.00	\$0.00	\$10,480.00	\$6,895.77	\$3,584	
CDXXXXXXX	Falso	Pierce	0002	\$0.00	\$0.00	\$0.00	\$10,480.00	\$0.00	\$10,480.00	\$5,400.53	\$5,075	
CDXXXXXXX	Falso	Jess	0002	\$0.00	\$0.00	\$0.00	\$10,480.00	\$0.00	\$10,480.00	\$4,210.39	\$6,265	
CDXXXXXXX	Bush	Shannon	0002	\$0.00	\$0.00	\$0.00	\$5,240.00	\$0.00	\$5,240.00	\$347.56	\$4,893	
CDXXXXXXX	Bush	Nicole	0002	\$0.00	\$0.00	\$0.00	\$5,240.00	\$0.00	\$5,240.00	\$2,219.63	\$3,020	
CDXXXXXXX	Bush	Kelsev	0002	\$0.00	\$0.00	\$0.00	\$10,480.00	\$0.00	\$10,480.00	\$17.02	\$10.462	

Imputed Income Report:

This report provides information on any employees who have ineligible transactions. If a member has remaining unsubstantiated card transactions at the end of the run-out period following the end of the plan year, the total of those transactions must be reported by the employer as taxable income on the participant's W-2 or 1099 form.

Helpful tips:

- There is a "draft report" at the end of the plan year to allow you time to work with your employees to try and satisfy the ineligible transaction if you so choose.
- ▶ There is a "final report" after the run-out period has ended.

Account Type F	SA									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
Ineligible												
	7/14/2016	POS		\$110.00	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00 N/A		N/A	8042
		То	tal Ineligible:	\$110.00	\$110.00	\$0.00	\$110.00	\$0.00	\$0.00			
Employer Name: A	BC Company,		g									
Employer Name: A.	BC Company,		g	Count	I	POS MAN		N MANU	AL PARTICIPANT		Total	
	BC Company,		<u> </u>	Count 0	I	POS MAN		MANU.	AL PARTICIPANT		Total \$0.00	
Total Approved :	BC Company,			Count 0 0	ſ		-					
Total Approved : Total Denied :	BC Company,		<u> </u>	Count 0 0 0	I		(0			\$0.00	
Employer Name: A Total Approved : Total Denied : Total Pending : Total Resolved :	BC Company,		g	Count 0 0 0 0	I		(D D			\$0.00 \$0.00	

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Contact your broker or call your CDPHP account executive at 1-800-993-7299.

Capital District Physicians' Health Plan, Inc. CDPHP Universal Benefits,® Inc. Capital District Physicians' Healthcare Network, Inc.

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