

MINIGUIDE

Substantiation: What you should know

From time to time, a charge on your Nonstop Visa card will require substantiation. In short, this process verifies that the charge qualifies for the Nonstop Health program.



When does substantiation happen?

Substantiation happens after a charge is flagged because it is not clear that it is a covered medical expense or carrier-approved. For those who are newly enrolled in Nonstop Health, we may also substantiate charges that do not appear to be for the current plan year. Our system automatically flags the charge for substantiation and the verification process begins. Nonstop reserves the right to review a transaction on a member's Visa card at any time.

What happens if a charge can't be substantiated?

If charges on your Nonstop Visa card cannot be substantiated and/or have not been approved by your carrier, we will request that you repay the amount that does not qualify for the Nonstop Health program back into your employer's Nonstop account. We may contact your employer for help if we have trouble reaching you, but please know we do not share any personal health information with them. If we do not receive a response from you or receive documentation or repayment within the time frame we outline, your card may be suspended.

DO YOUR HOMEWORK

Make sure all medical services and prescriptions you receive are covered under your plan, and that any providers, pharmacies or medical facilities you visit are in your medical carrier and plan's network.



Why do I have to go through substantiation?

Nonstop is mandated by law to substantiate any charges that look like they do not qualify for our program. The IRS requires that:

- + The card only be used for eligible medical expenses of the employee, employee's spouse and dependents
- + Any expense paid with the card has not been reimbursed by another plan
- + The employee will not seek reimbursement under any other plan covering health benefits

Flagged charges enter the substantiation process. At this point, the charges have not been approved or denied; our system simply believes they deserve a bit more exploration. Nonstop will attempt to reach you via phone and/or email to request the documentation we need to review and verify the charge.



Substantiation process



1 Nonstop will **REVIEW CHARGES** on a daily basis and **FLAG ANY THAT NEED TO BE SUBSTANTIATED.**



2 NONSTOP WILL REACH OUT TO YOU THREE TIMES (phone and/or email). Please do not ignore these messages!



3 If we do not hear back from you in step 2, **WE WILL SEND YOU A LETTER** on Nonstop letterhead. It will come in a green envelope, clearly marked with a return address from Nonstop.



4 Still no response? **WE MAY REACH OUT TO YOUR HR DEPARTMENT** to make sure we have the correct information and to see if they can help us contact you.



5 If we still do not hear from you after these five attempts, **WE WILL SUSPEND YOUR NONSTOP VISA CARD** and may refer you to a collections agency.

What do I need for substantiation?

Detailed documentation is the best way to ensure that substantiation moves quickly and efficiently. This documentation typically includes an Explanation of Benefits (EOB), which you should receive from your health insurance carrier. If you are a Kaiser or WHA member, we will also request an itemized bill.

When we contact you, we explain exactly what documentation we need. If the charge is for a prescription, we need a detailed receipt like the one stapled to your prescription bag. This receipt must show the name and details of your health insurance carrier and how much the carrier paid.

Once we receive this documentation, we conduct a review. Typically this review takes 1-2 business days. If we are able to substantiate the charge based on requested information, we close out the ticket and you receive an automated notice from our system. If we need additional information, we will contact you.

Questions? We're here to help.

Contact us at 877.626.6057 or at clientsupport@nonstophealth.com.

We are open Monday-Friday from 6am-5pm PT.



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Nonstop Administration and Insurance Services, Inc.'s mission is to provide reduced barriers in access to healthcare. Nonstop's core product, Nonstop Health, uses an innovative first-dollar approach to plan design that provides cost certainty for employers and reduces or eliminates upfront medical expenses for employees and their families enrolled on the plan. Nonstop Health uses a Section 105 plan called a Medical Expense Reimbursement Plan, which allows employers to pay for their employees' qualified medical expenses on a pre-tax basis. It's important to note that although similar to an HRA, the biggest difference between an HRA and a MERP is that with a MERP, both employers and employees can contribute. MERPs are proven to lower costs for employers and employees while enabling the elimination of upfront co-pays and deductibles. If you are considering this arrangement, be aware that certain plan design features must be in place to maximize the efficiency of this solution. **Please visit us at nonstophealth.com to learn more and reach out to schedule a brief introduction and compare your current plan design to Nonstop Health or connect Nonstop with your broker.**