

Geisinger



Banking guide overview

About our banking relationship

Geisinger Health Plan will open an account at US Bank on behalf of the client. This account is owned and managed by Geisinger Health Plan, and will be funded by the client under one of the following two options:

- 1. Pull: Set up auto debit (preferred method). Funds are automatically drawn from the client's bank account by Geisinger Health Plan for each invoice. The account can be at any financial institution and be either a checking or savings account as designated on the attached authorization agreement form (page 7).
- 2. Push: Funding upon request. After weekly/monthly funding requests are posted to the employer portal, the client will initiate the transfer of the funds to Geisinger Health Plan's designated account.

Account number:	ABA number:

Medical and pharmacy claims

These are processed weekly and funding requests are posted to the employer portal each Monday. All active users will receive an auto-generated email containing a link to view the reports. A sample of this request is attached. It is an Excel spreadsheet with two tabs:

- 1. A summary of expenses by type and division (page 5, exhibit A)
- 2. All claim-level detail (page 6, exhibit B)

Administration/capitation invoice

This is posted to the employer portal monthly (typically around the 12th day of the month) and will include charges (as applicable) for:

- 1. Administrative services fee
- 2. Stop-loss premium
- 3. GIIC network access fee
- 4. National network access fee.
- 5. Other fees as applicable

These charges will be reflected on an Excel spreadsheet (page 6, exhibit C).

Administrative fee adjustments

- Enrollment: If a member enrolls on or before the 15th day of a month, the group agrees to pay, on or before the next administrative fee due date, the additional for the month in which the member enrolled. If a member enrolls after the 15th day of a month, no administrative fee is due for this member for the month they enrolled.
- Termination: If a member terminates coverage on or before the 14th day of a month, to the extent the group has paid their administrative fee for that month, the plan will extend credit to the group for that member's monthly administrative fee. If the member's coverage terminates after the 14th day of a month, no administrative fee adjustment is required.

Client trust report

This is posted to the employer portal monthly, typically around the ninth business day of the month. A sample of this report is attached (page 6, exhibit D) and will contain:

- 1. Monthly summary of expenses by type and division
- 2. Corresponding dates and amounts of funding transfers by the client

Accessing and viewing reports

As mentioned, all finance reports are posted to the employer portal. Each client will need to designate one group admin for their group using the group admin registration form (page 8). This person will be responsible for granting and maintaining the access for users from the group and any applicable brokerage/consultant firms.

Active users will receive an email after any new reports are posted with a link to view the reports, but any active user can log in to view reports at any time.



How to use the employer portal

- 1. Go to geisingerhealthplan.com.
- 2. Under the "For businesses" menu, choose "Manage your plan."
- 3. Click "Log into the employer portal."
- 4. Once logged in, the group admin should click "Manage user access" to add and remove users:
 - Select "Add portal user."
 - To provide user with ASO reports access, check "ASO financial report access."

Browsing the reports

- The start and end dates will default to the last 60 days. Click "Search" and select "Download" for the report you want to open, or choose a report type to narrow your selection.
- To see previous reports, enter a date parameter.

Process

- You or your contact person(s) will receive an email that alerts you of any new reports available. However, you can log into the system anytime to see if new reports have been uploaded.
- Questions or problems? Contact:

Nathanael Werntz, Manager of Financial Operations

100 N. Academy Ave. Danville, PA 17822 570-214-7304 nawerntz@geisinger.edu

Sample reports and invoices

Exhibit A: Summary

Group name	Check Date			
Division		MEDICAL N	legBal Rx	Grand Total
44444444		\$22,577.63	(\$1,356.75)	\$784.01 \$22,004.89
1111111111			4	\$415.07 \$16,037.70

What is a negative balance (NegBal)?

The NegBal amounts are included to make the claims data match the check register. When claims are reversed during a week where the payee is not due to be paid for enough other claims (i.e., the net total for the payee is negative), a positive NegBal amount is added to net the payee total to zero.

Then, in susequent weeks when that payee is due to be paid again, the payment will be reduced to recoup the balance due. On those weeks, your claims detail will include the positive amounts of new claims being paid to the payee, and a negative NegBal amount reducing the amount request to pay that provider.

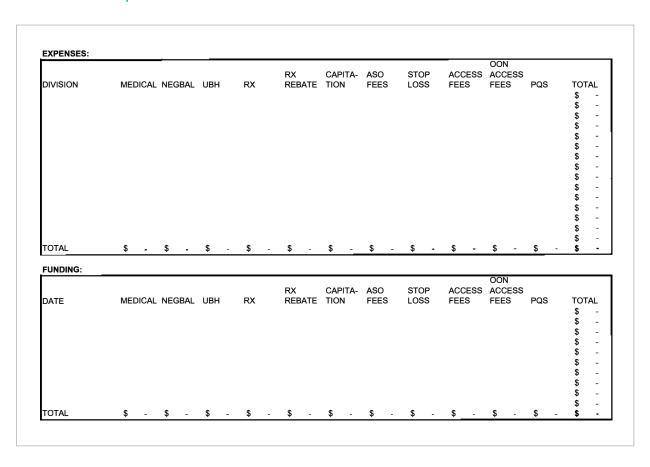
Exhibit B: Detail



Exhibit C: Administrative Invoice (Excel)

Group name	Admin/Cap I	Month											
DIVISION	CURRENT ASO FEE	RETRO ASO FEE	STOP LOSS PREM	RETRO STOP L PREM	LOSS	 C TWORK CESS FEES	ACC		CURRENT CONTRACT COUNT	RETRO CONTRACT COUNT	CURRENT MEMBER COUNT	RETRO MEMBER COUNT	TOTAL DUE
1111111111111	\$ 2,849.94	\$ -	\$ 5,866.73	\$	27	\$ 10,013.43	\$	223	71	0	124	0	\$18,730.10
22222222222	\$ 883.08	\$ (40.14	\$ 1,817.86	\$ ((82.63)	\$ 14.91	\$	74.31	22	-1	22	-1	\$ 2,667.39
GRAND TOTAL	\$ 3,733.02	\$ (40.14	\$ 7,684.59	\$ ((82.63)	\$ 10,028.34	\$	74.31	93	-1	146	-1	\$21,397.49

Exhibit D: Trust Report





Authorization agreement for pre-arranged payments (auto debits)

☐ New authorization	Transferring au	thorization t	o anothe	er bank	☐ Change	of bank account numbe
Group name Geisinger Inc	demnity Insurance (Company (GI	C)	Gro	up ID no23	-2815174_
Address 100 N. Academy Ave., Ste.	23-51 City	Danville	State _	PA Zip	17822-325	<u>1</u>
I hereby authorize the above listed co below and the financial institution list				_	ings account (check one) indicated
☐ Checking ☐ S	avings					
Financial institution				Branc	h	
Address	Cit	У			State	Zip
Bank transit/ABA number		Account num	ber			
This authority is to remain in full force from me of its termination in such tim opportunity to act on it.						
Group name					Group ID r	number
Date	Signed					
Email address (for payment communic	cation)					

All done? Return this completed form to your account service specialist.

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization. HPM50 ab TPA auto debit form Rev. 5/2020



Employer group admin registration

All fields must be completed. Allow five bus	siness days for processing
Indicate: ☐ Admin user ☐ Change admin user	
Email this form to: employerportal@geisinger.edu	
	portal@geisinger.edu containing registration information. If you have ecutive. Your broker will have access based on the NDA or Broker tration.
Employer information	
Admin user name (must be the actual person's name):
Email:	
Requester information	
= :	n user for our company to access the secured employer portal with all ts for other employees. If the admin user should leave the company, orm. Accounts shall not be shared.
Signature of contract executor:	Name (print):
Phone:	Email:
,	ger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity
Insurance Company, unless otherwise noted.	

Geisinger Health Plan may refer collectively to health care coverage sponsors Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company, unless otherwise noted. Geisinger Health Plan is part of Geisinger, an integrated health care delivery and coverage organization.

Geisinger Health Plan, Geisinger Quality Options, Inc., and Geisinger Indemnity Insurance Company comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-447-4000 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 800-447-4000 (TTY: 711)

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