# **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 **Create your new username and password**.

- Next, simply follow the prompts on the screen to enter your identifying details, select your security questions, and create your username and password.

### Login

**Your benefits on your time.**
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below. If it's your first time logging into MidAmerica Journey, select *Create your new username and password*.

**Existing User?**

Login to your account

| Username | | Forgot Username? |
| Password | 👁 | Forgot Password? |

☐ Remember Me

**Login**

**First time here? Register today!**

Create your new username and password

## Submitting Claims

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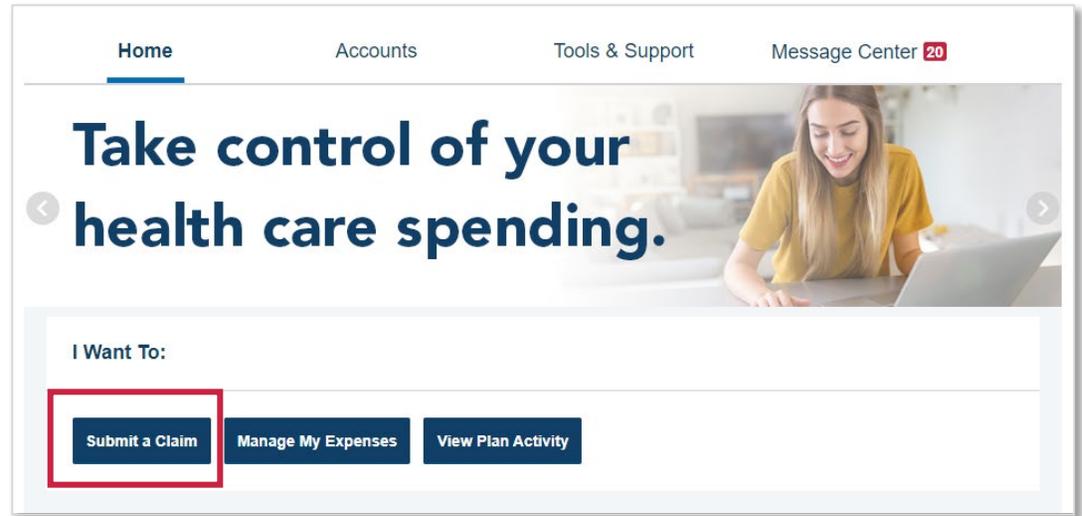


- Next, select the account from which you wish to be reimbursed and to whom you would like the reimbursement paid.

- 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 Acco... ❓
$0.00
Dependent Care Account ❓
$2,339.64

**Plan Filing Rules**

01/01/2019 - 12/31/2019

Flexible Spending Acco...
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 * ? | 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?* ?   ○ 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.**



- **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.

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- 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.

# 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.
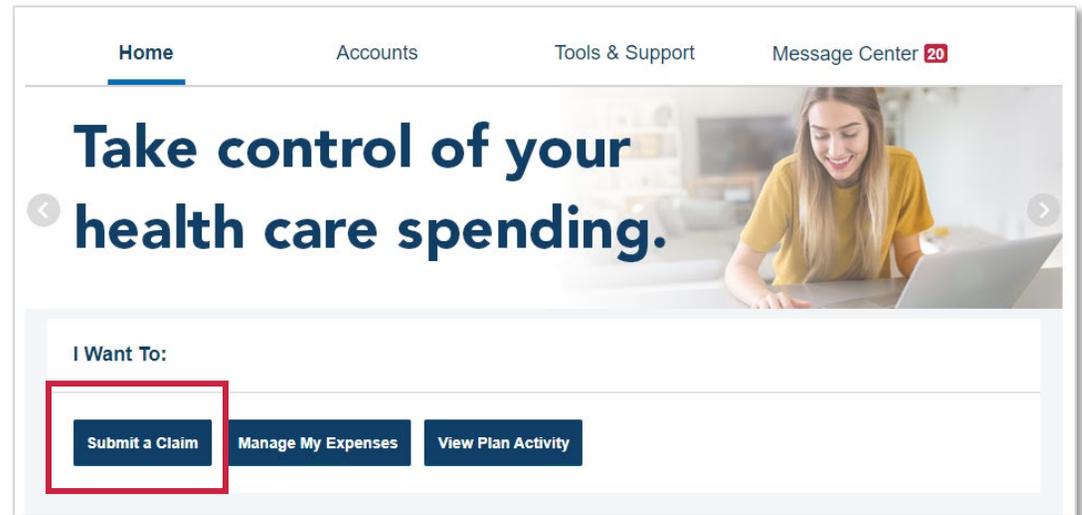


- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.

- Select **Me** from the Pay To dropdown.

- Click **Next**

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- 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:
  - o The premium amount
  - o The effective date of coverage
  - o Name of the person insured - this will be you, your spouse, or a qualifying dependent
  - o 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) *  ❓           Upload Valid Documentation

Asset 5.png   Remove Receipt

View Receipt(s)

**Summary**

Pay From          Premiums

Pay To            Me

Cancel                                    Previous     Next

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- 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.

- 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

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- 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.

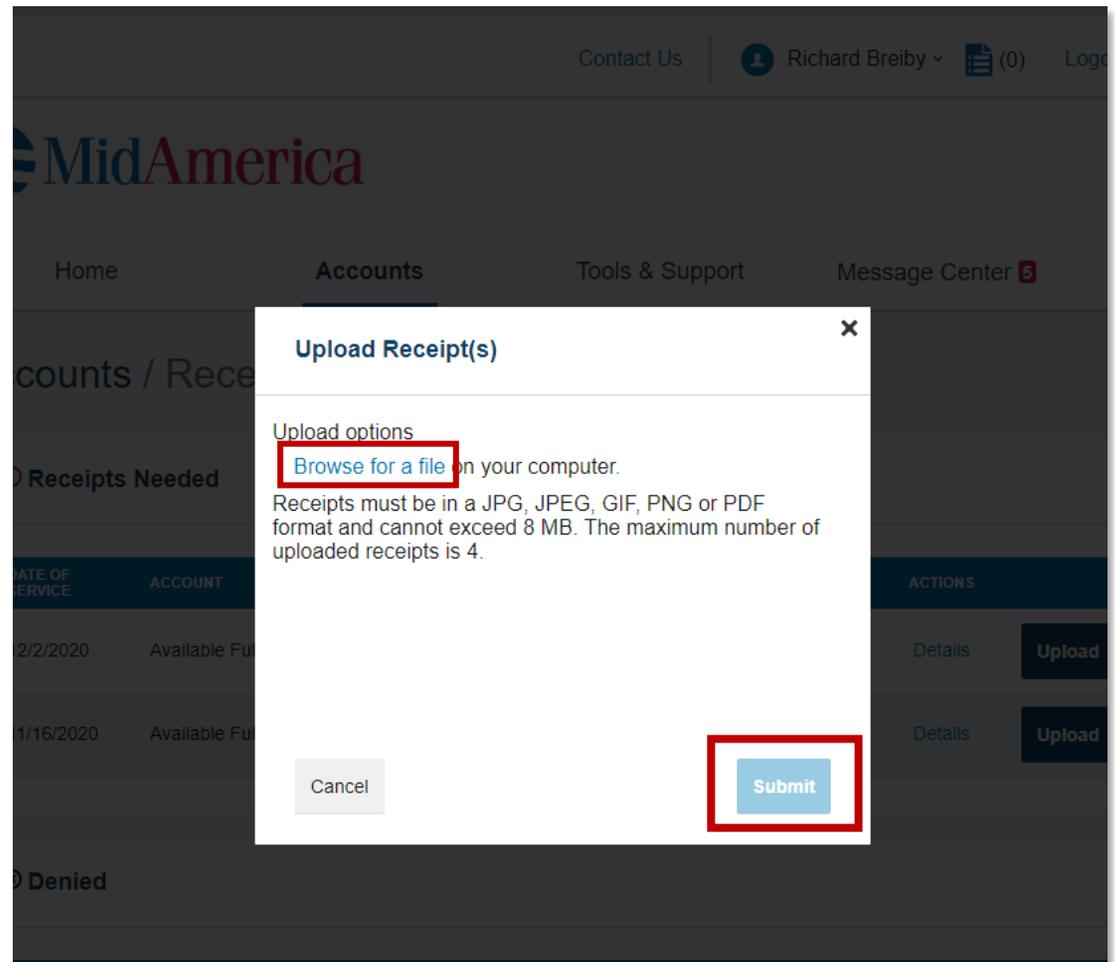- When the message box appears, click the **Browse for a file** link. Locate the appropriate documentation on your computer and click **Submit**.

- **Important Note!** Documentation must be in JPEG, GIF, PNG, or PDF format and cannot exceed 8 MB.

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- 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 |
|---|---|---|---|---|---|---|
| There are no records to display. | | | | | | |

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