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.

Login

Important update! MidAmerica has implemented Multi-Factor Authentication (MFA) to keep your account secure. You may be prompted to answer your security questions or enter a unique PIN delivered via text or via email to further validate your identity upon login or during high-risk transactions. Each transaction deemed high-risk will be systematically evaluated to determine if additional verification will be required. If you have questions or need help, visit *www.myMidAmerica.com/journeysecurity*.

Existing User?

Username SParticipant1010150   Change Account?
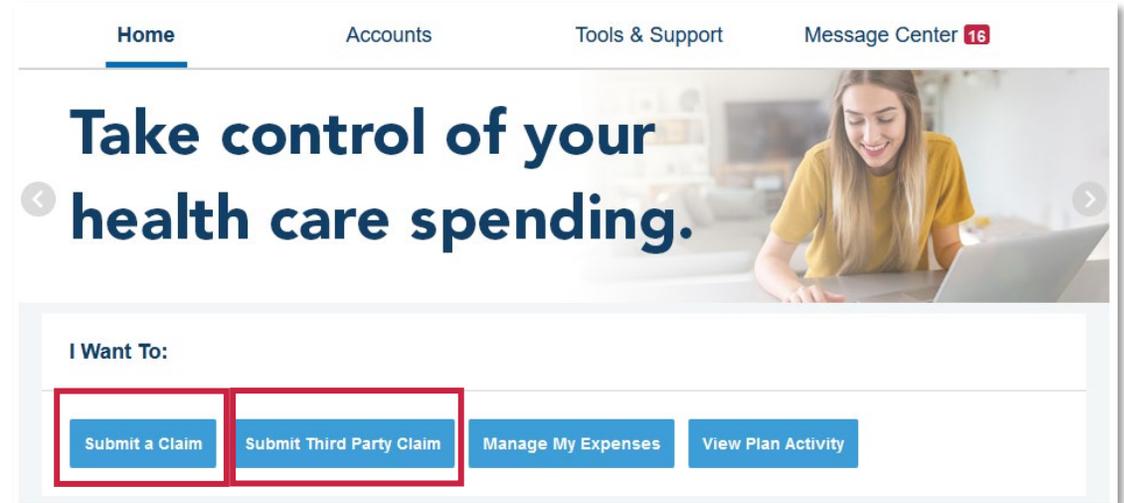
Password [   ] 👁   Forgot Password?

Login

First time here? Register today!

Don't have a password? Set up your account here.

Get Started

Submitting Claims

- From the homepage, make a selection from the I Want To section—either **Submit a Claim** for reimbursement to you or **Submit Third Party Claim** for a one-time payment to a third party.

- Next, select the account from which you wish to be reimbursed—Medical or Premiums.

- If you selected **Submit a Claim**, the Pay To dropdown defaults to Me. If you selected **Submit Third Party Claim**, the Pay To dropdown defaults to Someone Else.

- Click **Next**

- 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.

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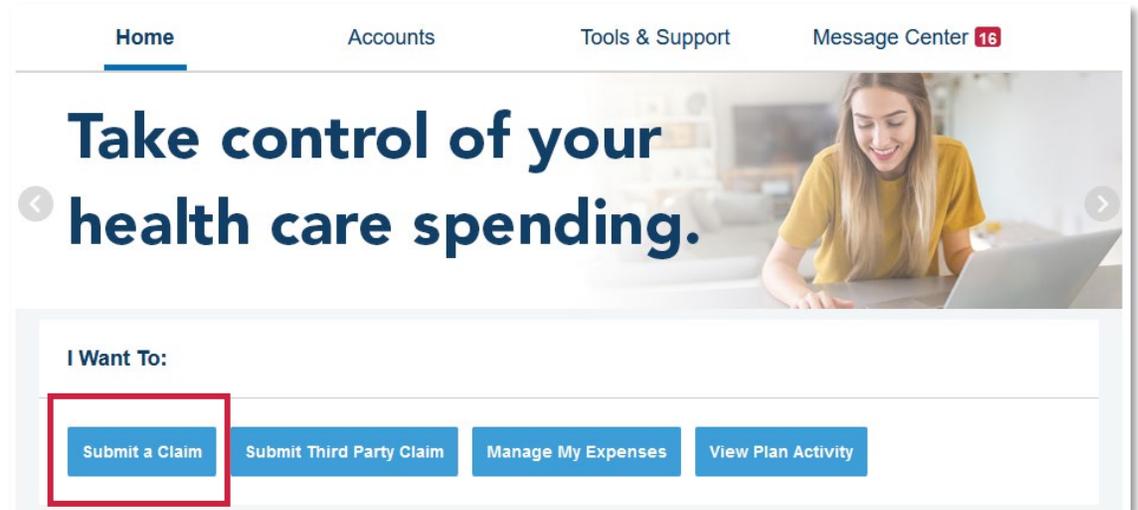
- Next, select **Premiums** from the Pay From dropdown. Note: Only premiums can be set up for recurring reimbursements.

- The Pay To dropdown will automatically populate **Me** as the selection

- Click **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:
  - 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

- 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

- 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.
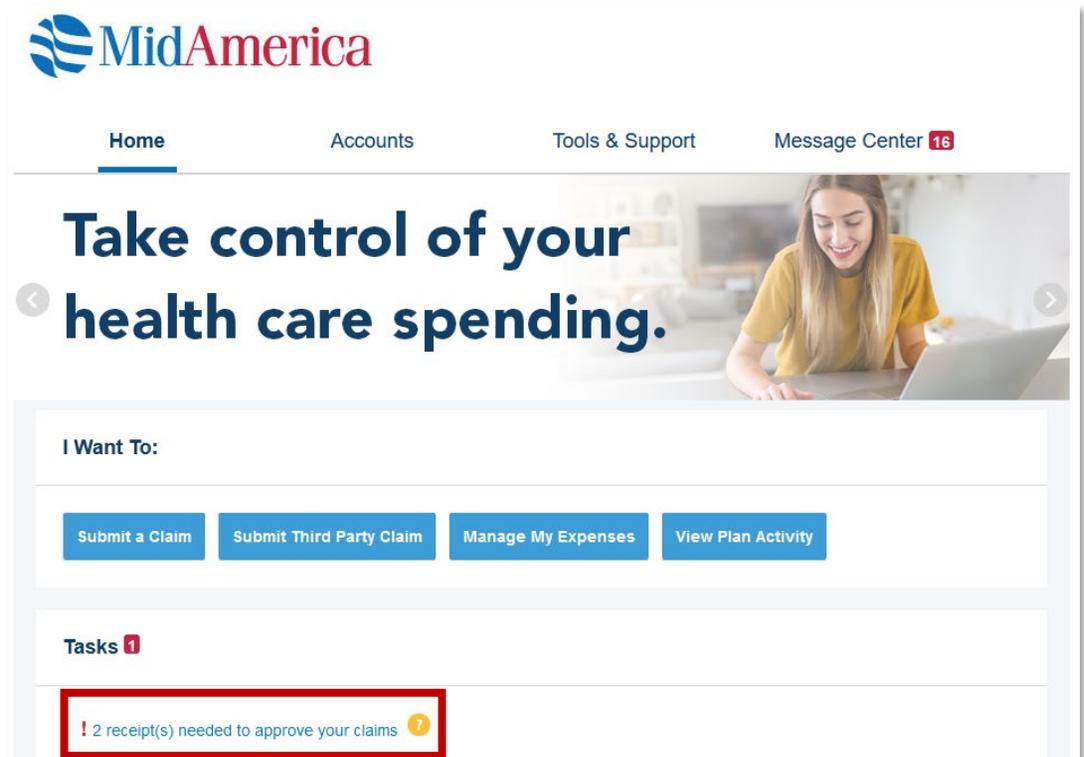
- From the next screen, you will see the transactions that require documentation for substantiation.

- 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 20 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
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.

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