



Billing Overview

For IBX Client Advisors Only

Independence 

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Bill Ready!

Dear [Customer Name]

Your Independence bill dated 05/05/2025 is now available.

Account Number	XXXX0002
Current Statement Balance	\$ 1.00
Minimum Amount Due	\$ 0.00
Billing Date	05/05/2025
Payment Due Date	05/10/2025
To pay by phone	Call 888-879-4891
Invoice Number	BillReadyNotTest_CF1pdf8_

[Pay Now](#)

We appreciate your business.
Independence Customer Service

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Overview of Billing

We are pleased to present the billed invoice summary and supporting reports used to communicate billing data to billed customers.

On the following pages, you will find information about Billing systems and each section of your Invoice Summary along with examples of summary-level reports. Each summary-level report matches the corresponding dollar amount in the current charges section of your invoice.

About EBPP

The Electronic Billing Presentment and Payment system (EBPP) is an optimized payment system that is user-friendly, convenient, and easy to navigate. It creates a streamlined payment process that offers increased operational efficiency, ultimately enhancing the customer's overall portal experience.

Key Features

- View and pay multiple invoices from one screen.
- View and pay total balance.

Fully Insured (FI) Timing

Implementation of the electronic billing system is in alignment with new groups gaining access to the Group Portal and the EBPP system upon a specified date based on their renewal, segment, and line of business (LOB).

Access

You can easily access EBPP through the Group Portal. On the Group Portal homepage, you can navigate to the **EBPP** system by clicking the **Go to Billing** button on the top toolbar.

Group Portal

Go to eBilling

CID: 123456

Go to Billing

Welcome, John.

What would you like to do today?

Find a Member

Search by: ☒ Last Name ☐ Member ID

Member's Last Name

Last Name

Advanced Search

Search

View Reports

Reporting capability coming soon.

Contact Us

Terms and Conditions



In accordance with HIPAA and HITECH regulations, as detailed in the Standard Contract Terms section, specific contract requirements are necessary to assign your security level.

Provisioning

Client advisors and sales representatives can request access and provisioning on behalf of clients that can include:

- Pay Bill
- View Invoices (PHI)
- View Invoices (Non-PHI)

Clients should contact their client advisor or sales representative to request the above access. The client advisor or sales representative will initiate the provisioning on the client's behalf.

The provisioning process generates an approval form to be completed by the client requestor. Once the client requestor approves the form, the approval will be sent to Client Setup.

The access requested should be granted within 72 hours of Client Setup receiving the client approval form.

Steps for Access and Provisioning:

1. Log into the Sales Portal
2. Select the Online Forms button

3. Select the Group Portal Form (sales associates or client advisors will fill out this form on behalf of their client)
 - Access Request (enter customer number)
 - Type of request (Select: Complete form for Requester)
 1. Select Updated User
 2. User Type (Client User)
 3. In the Alacriti Billing section
 - Pay Bill
 - View Invoices (PHI)
 - View Invoices (Non-PHI)
 - Bill to Account (Select the account that client should have access to)



Clients are encouraged to reach out to client advisors or sales representatives to request access on their behalf. On rare occasions, clients will contact Customer Service to request access. This should be avoided.

Operations

FI clients can use EBPP to perform the following operations:

1. Establish Recurring Payments
2. Make a One Time Payment
3. Add More Accounts
4. Download Billing Statements
5. View Payment Activity
6. View Profile Details

SF clients can use EBPP to perform the following operations:

1. Establish Recurring Payments
 - a. Admin Bills
 - b. Claims Bills
2. Make a One Time Payment
3. Add Bank Accounts
4. Download Billing Statements
5. View Payment Activity

6. View Profile Details



- Refer to the Group Portal User Guide to learn more about the Group Portal and various activities you can perform there.
- Refer to the EBPP User Guide for more detailed information on how to navigate EBPP.

Key Billing Information (Fully Insured)

1. Bill to Account Number

- The Bill to Account Number is comprised of the Bill to Account Digit, the Customer Identification Number (CID), and the Incremental Count of Bill to Accounts.
- The Bill to Account digit for FI clients is 4.
- These 15 digits combined will indicate which platform it is being billed out of.

Here is an example of the new bill to account number:

Bill to Account Number = Bill to Account Digit (1 Digit) + CID with leading zeros (10 digits) + Incremental Count of Bill to Accounts leading zeros (4 digits)

Bill to Account Digit	CID	Incremental Count of Bill to Accounts												
4	0	0	0	0	0	1	1	1	1	1	0	0	0	2
4	0	0	0	0	0	1	1	1	1	1	0	0	0	3

2. Invoice Timing

- The plan is a pre-billed health plan, and the first invoice sent approximately the 5th of the month, or 25 days before the coverage period starts.
- Electronic billing is recommended to ensure timely receipt of billing. Making premium payments through Electronic Bill Presentment and Payments (EBPP) platform provides the most efficient way to ensure the account is up to date. Please visit our EBPP platform to set up automatic premium payments or one-time premium payments.

3. Roster Bill Summary Report

- Provides clarity to the customer on the amount due and the membership it correlates to.
- Current charges and retroactive activity are separate sections of the roster, as well as retroactive rate changes.
- Retroactive credits or charges related to transactions from previous platform will be reflected as adjustments.

4. Updated Premium-charge Methodology

- Daily pro-rated billing for all FI lines of business.

Key Billing Information (Self-Funded)

For Self-Funded (SF) clients, we are leveraging an existing billing system that has been tested and enhanced for several years, the **Claims and Administrative Billing System (CABS)**.

CABS will impact the Bill to Accounts, Invoice Timing, and Invoice Summaries. Key points are below.

1. Bill to Account Number

- The Bill to Account Number equals Bill to Account Digit + CID + Incremental Count of Bill to Accounts
- The Bill to Account digit for SF clients is 1.
- Together, the 15 digits will indicate which platform it is being billed out of.

Here is an example of the new bill to account number:

Bill to Account Number = Bill to Account Digit (1 Digit) + CID with leading zeros (10 digits) + Incremental Count of Bill to Accounts with leading zeros (4 digits)

Bill to Account Digit	CID	Incremental Count of Bill to Accounts												
1	0	0	0	0	0	1	1	1	1	1	0	0	0	2
1	0	0	0	0	0	1	1	1	1	1	0	0	0	3

2. Invoice Timing

- Claims invoices will be sent every Wednesday.
- Claims invoices are due two days after receiving them from the client.
- Admin invoices will be billed between the 23rd and 25th of each month for the following month's invoice.

2025

JANUARY						
Mo	Tu	We	Th	Fr	Sa	Su
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9
FEBRUARY						
Mo	Tu	We	Th	Fr	Sa	Su
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	1	2
3	4	5	6	7	8	9
MARCH						
Mo	Tu	We	Th	Fr	Sa	Su
24	25	26	27	28	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6
APRIL						
Mo	Tu	We	Th	Fr	Sa	Su
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11
MAY						
Mo	Tu	We	Th	Fr	Sa	Su
28	29	30	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	1
2	3	4	5	6	7	8
JUNE						
Mo	Tu	We	Th	Fr	Sa	Su
26	27	28	29	30	31	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	1	2	3	4	5	6
JULY						
Mo	Tu	We	Th	Fr	Sa	Su
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
4	5	6	7	8	9	10
AUGUST						
Mo	Tu	We	Th	Fr	Sa	Su
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7
SEPTEMBER						
Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	1	2	3	4	5
6	7	8	9	10	11	12
OCTOBER						
Mo	Tu	We	Th	Fr	Sa	Su
29	30	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2
3	4	5	6	7	8	9
NOVEMBER						
Mo	Tu	We	Th	Fr	Sa	Su
27	28	29	30	31	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
1	2	3	4	5	6	7
DECEMBER						
Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4
5	6	7	8	9	10	11

2025 Corporate Holidays

1/1/2025 New Year's Day
 1/20/2025 Martin Luther King, Jr. Day
 5/26/2025 Memorial Day
 7/4/2025 4th of July
 9/1/2025 Labor Day
 11/27/2025 Thanksgiving
 11/28/2025 Day After Thanksgiving
 12/25/2025 Christmas

Claims Invoice Available via EBPP

Admin Invoice Available via EBPP

Payment Capabilities (Fully Insured Clients)

Payments in EBPP enable a smoother and more advanced payment process. Some of the capability areas in the payment process are:

- System will pay the current balance amount rather than the current statement amount on recurring payments to reduce overdraft.
- The supporting invoice will be available in a CSV format to all groups.
- Payments
 - The system will use calendar day methodology, meaning payment will occur on a specific date of the month.
 - The initial date will be established based on the pre-transition cadence.
 - Groups may change the payment date.
 - For all existing/transitioning and new clients, July and August payments are required. There will be a 30-day grace period for delayed payments that will mitigate account termination due to invoice delays.



If there is a recurring payment based on the date and the invoice is delayed, the payment will still come out, therefore, the client will have to pay early.

- Calendar date payments must be selected for recurring payments.

Payment Capabilities (Self-Funded Clients)

- Ability to bill for 12 months of retroactivity.
- Groups will have the ability to pay new invoices individually or via a single bulk payment.
- Groups will have the ability to download all documents as one zip file rather than each file.
- Spending accounts will be included in the admin invoice.

Payment Options

Financial Terms

Your billing frequency and contractual arrangement will determine your financial terms. Please follow the appropriate payment terms as they relate to your organization.

Automated Clearing House (ACH) Debit Instructions: (Both FI & SF)

- Payments are made via the EBPP system.
- Banking information is entered into EBPP, where it is encrypted for ultimate security.
- Options include the ability to electronically authorize the ACH Debit each billing cycle or to set up a recurring debit.
- The designated bank account is debited and EBPP supplies immediate verification that the transaction has been processed.

- ACH Debits are initiated on the due date so that payment transactions may be completed in compliance with the contractual due date timelines.

Credit Cards (FI Only):

- Credit card payment will be available for small groups who have a population of 2 – 50 with a 3% convenience fee.

Wire Remittance Instructions (SF Only):

- Wire payments are initiated using the bank information indicated in the Wire Remittance Information on the invoice, which includes the Account Name, Account Number, Business Units, ACH Routing Number, Wire Routing Number, Bank Name, and Bank Address.
- To ensure proper credit, please reference your New Bill to Account Number(s) on every wire transaction (see one of the invoice examples on the following pages).

The billing and payment options are classified by the client base: FI clients and SF clients.

How to get Support

The EBPP Operations team is responsible for billing support. Clients should contact their Client Advisors when billing questions or concerns arise.

Client Advisors and anyone external to the company should submit a SNOW ticket directed to the EBPP Operations team on behalf of a client when billing issues arise.

Additional Changes to Prepare For (SF Only)

- e-Bill
 - Post-platform transition, the clients will have access through a link in the Group Portal main page. e-Bill access will remain available through runout.
 - After transition, electronic billing will be managed through EBPP.
 - Groups will be notified of payment cancelations and will no longer be able to make recurring or future scheduled payments on the retired system beginning at that time. For groups with one-time payments in the future that get canceled, they will need to re-enter this information on the new platform.
 - Recurring payments and bank information will be converted to EBPP. It is recommended that groups review the following information in their accounts 6-8 weeks prior to their renewal and again after renewal for accuracy.
 - Routing numbers
 - Account numbers
 - Account types
 If we are unable to convert the information upon transition, it will need to be manually updated after transition.
- For all existing/transitioning and new clients, July and August payments are required. There will be a 30-day grace period for delayed payments that will mitigate account termination due to invoice delays.

- Word format will no longer be offered.



SF Clients will have retroactive access to e-Bill

Invoice Summary – FI Only

The Invoice Summary is a consolidated document that represents the total charges due for the current period as well as any outstanding balances from the previous billing periods.

The Invoice Summary consists of the following sections:

1. **Client and Invoice Data:** Contains all information regarding your organization, including the Bill to Account Number, Bill to Account Name, CID Number, CID Name, Invoice Number, and Date Information.



The CID number is always embedded in the Bill to Account number. If a customer has multiple Bill to Accounts, the last few digits of each Bill to Account Number may differ. Additionally, the Bill Account name might vary slightly depending on the number of bill-to accounts associated with the customer.

2. **Prior Billing Information:** Displays a detailed breakdown of the past billing data including the Last Bill Amount, Payments Received, and Adjustments.
3. **Balance Forward:** Displays any payment that is still owed from the previous billing periods, including unpaid premiums, fees etc.
4. **Current Charges:** Provides insights into the charges for the current billing period including Current Premium Charges, Retroactive Premium Charges, Retroactive Rate Changes, Additional Items, and Spending Account Administrative Fees.



- All categories listed under the Current Charges section are detailed further in the reports provided on the subsequent pages of the invoice.
 - Retroactivity is capped for 12 months.
-

5. **Total Current Charges:** Displays the total amount of the charges that have been incurred during the current billing period.
6. **Total Due:** Displays the total amount of payment that the policyholder is required to pay for the coverage period. It is a sum of the Total Current Charges and Balance Forward.

REGULAR
INVOICE SUMMARY

ABC VETERINARY EMERGENCY & SPECIALTY
2001, TEST STREET, PHILADELPHIA, PA 19444,
UNITED STATES OF AMERICA

1	BILL TO ACCOUNT NUMBER: 400098765400001	INVOICE NUMBER: 1234509876002
	BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES	INVOICE MONTH: APRIL 2024
	CID NUMBER: 000987654	PREPARED DATE: 03/05/2024
	CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY	PAYMENT DUE DATE: 04/01/2024
2	Prior Billing Information	
	Last Bill Amount	\$58,669.00
	Payments Received Through 03/05/2024	-\$7,850.84
	Adjustments	\$0.00
3	Balance Forward	\$50,818.16
4	Current Charges	
	Current Premium Charges	\$8,053.06
	Retroactive Premium Charges Through 03/05/2024	\$2,714.40
	Retroactive Rate Changes	-\$10,725.84
5	Additional Items	\$0.00
	Spending Account Administrative Fees	\$0.00
	Total Current Charges	\$41.62
	Total Due	\$50,859.78

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Making premium payments through our Electronic Bill Presentment and Payments (EBPP) platform provides the most efficient way to ensure your account is up to date. Please visit our EBPP platform to set up automatic premium payments or one time premium payments.

The Invoice Summary also includes an attached coupon for offline transactions. To complete the payment, remove the coupon, complete the necessary information, and send it back with your check.

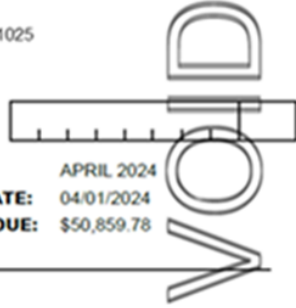
DETACH AND RETURN THIS PORTION WITH PAYMENT

MAKE CHECK PAYABLE TO Our Insurance Provider

Remit payment to:
Our Insurance Provider
PO Box 123455,
Philadelphia, PA 12345 - 1025

INVOICE NUMBER: 1234509876002
BILL TO ACCOUNT NUMBER: 400098765400001

ABC VETERINARY EMERGENCY & SPECIALTY
2001, TEST STREET, PHILADELPHIA, PA 19444,
UNITED STATES OF AMERICA

AMOUNT PAID \$ 

INVOICE MONTH: APRIL 2024
PAYMENT DUE DATE: 04/01/2024
TOTAL AMOUNT DUE: \$50,859.78

DO NOT WRITE BELOW THIS LINE

2851220419505004000262866600010005085978627608

The subsequent Fully Insured pages of the document contains detailed reports related to the Current Charges section. These reports are also available in excel format. Refer to the [Supporting Files for Invoices section](#) for more details on these reports.

The invoices can also be accessed via EBPP.

TPAC invoices are not mailed directly to the customers. Instead, they are available to the TPAC master account via EBPP, which then distributes the invoice to each client.



Appropriate remittance information will be provided based on your billing frequency and contractual arrangement.

Invoice Summary – SF Only

The Invoice Summary is a consolidated document that represents the total charges due for the current period as well as any outstanding balances from the previous billing periods.

The SF clients receive two types of invoice summaries:

- **Administrative Summary Invoice** provides the admin total charges broken up by subaccount, benefit plan, and product.

ADMINISTRATIVE SUMMARY INVOICE									
Wire Instructions									
Bank Name	ABA ID	Bank Account ID	Account Name						
ABC Bank	141000627	302420928614	XYZ Insurance Company						
Customer ID (CID): 12345									
Bill to Account Number: 40098765400001									
ABC VETERINARY EMERGENCY & SPECIALTY									
2301 Test Street									
PHILADELPHIA PA 19444									
Please notify your client manager or billing analyst if your address or contact information has changed.									
[Pending payments may not be reflected.]									
Administrative Fees									
Sub Account ID	Sub Account Name	Benefit Plan ID	Benefit Name	Coverage	Rate Method	Count	Rate	Total	
3155801	ABC INC	12347	PPO_Medical_1	ARP Medical with Drug	PEPM	3,780	\$24.00	\$90,720.00	
3155801	ABC INC	12348	PPO_Medical_2	ARP Medical with Drug	PEPM	3,364	\$24.00	\$80,736.00	
3155801								Total:	\$171,456.00
3155832	ABC INC Cobra	25104	PPO_Medical_1	ARP Medical with Drug	PEPM	80	\$24.00	\$1,920.00	
3155832	ABC INC Cobra	25105	PPO_Medical_2	ARP Medical with Drug	PEPM	30	\$24.00	\$720.00	
3155832								Total:	\$2,640.00
GRAND TOTAL of Administrative Fees									\$174,096.00
Plan Enhancements and Adjustments									
Sub Account ID	Sub Account Name	Benefit Plan ID	Benefit Name	Coverage	Rate Method	Count	Rate	Total	
3155885	ABC INC	12347	PPO_Medical_1	Better Health Guide	PEPM	3,780	\$5.00	\$18,900.00	
3155885	ABC INC	12347	PPO_Medical_1	Hearing Care	PEPM	3,780	\$3.17	\$11,982.60	
3155885	ABC INC	12347	PPO_Medical_1	RX Benefits Integration	PEPM	3,780	\$2.00	\$7,560.00	
3155885	ABC INC	12347	PPO_Medical_1	Subrogation	PEPM	3,780	\$4.00	\$15,120.00	
3155885	ABC INC	12347	PPO_Medical_1	Telemedicine	PEPM	3,780	\$3.30	\$12,474.00	
3155885	ABC INC	12347	PPO_Medical_1	TrueHearing	PEPM	3,780	\$0.66	\$2,494.80	
3155885	ABC INC	12348	PPO_Medical_2	Better Health Guide	PEPM	3,364	\$5.00	\$16,820.00	
3155885	ABC INC	12348	PPO_Medical_2	Hearing Care	PEPM	3,364	\$3.17	\$10,663.88	
3155885	ABC INC	12348	PPO_Medical_2	RX Benefits Integration	PEPM	3,364	\$2.00	\$6,728.00	
3155885	ABC INC	12348	PPO_Medical_2	Subrogation	PEPM	3,364	\$4.00	\$13,456.00	
3155885	ABC INC	12348	PPO_Medical_2	Telemedicine	PEPM	3,364	\$3.30	\$11,101.20	
3155885	ABC INC	12348	PPO_Medical_2	TrueHearing	PEPM	3,364	\$0.66	\$2,220.24	
3155885								Total:	\$129,520.72
GRAND TOTAL of Plan Enhancements and Adjustments									\$131,419.92
Summary Totals									
Fee Type	Coverage	Count	Rate	Total					
Administrative Fees	ARP Medical with Drug	7,254	\$24.00	\$174,096.00					
Plan Enhancements and Adjustments	Better Health Guide	7,254	\$5.00	\$36,270.00					
Plan Enhancements and Adjustments	Hearing Care	7,224	\$3.17	\$22,900.08					
Plan Enhancements and Adjustments	RX Benefits Integration	7,254	\$2.00	\$14,508.00					
Plan Enhancements and Adjustments	Subrogation	7,254	\$4.00	\$29,016.00					
Plan Enhancements and Adjustments	Telemedicine	7,254	\$3.30	\$23,938.20					
Plan Enhancements and Adjustments	TrueHearing	7,254	\$0.66	\$4,787.64					
Total Current Month Bill Amount				\$305,515.92					
Open Invoices									
Invoice ID	Invoice Date	Amount							
3020000683	16-MAY-2024	\$305,515.92							
3020000685	16-MAY-2024	\$305,515.92							
3020000687	16-MAY-2024	\$305,515.92							
3020000689	24-MAY-2024	\$1,223,706.75							
Open Balance		\$2,140,254.51							
On Account Balance		\$0.00							
TOTAL AMOUNT DUE		\$2,445,770.43							

The key sections included in the admin summary invoice are as follows:

1. The **Invoice Details** section contains all information regarding your account, including dates, payment terms, balances, new charges, and amount due.
 2. The **Wire Instructions** section provides key wire remittance information.
 3. The **Administrative Fees** section provides a break-up of the Sub Account, Benefit Plan, and Products. The total charges for each sub account are also provided here.
 4. The **Plan Enhancements and Adjustments** section provides a break-up of the Sub Account, Benefit Plan, and Products that have had any enhancements or adjustments.
 5. The **Summary Totals** section provides a total of all the current charges including the fees and the enhancements or adjustments. It contains a single line item representing the sum of the fees for all the products. The enhancements and adjustments are summarized product wise.
 6. The **Open Invoices** section contains details of any open invoices from the prior periods.
 7. The **Total Amount Due** section at the end of each summary invoice, provides the total amount due for the period, which is a sum of the Summary Total and Open Invoices.
- **Claims Summary Invoice** provides the claim total charges broken up by subaccount and benefit plan.

CLAIMS SUMMARY INVOICE																												
Wire Instructions				Payment Terms: NET02																								
<table><thead><tr><th>Bank Name</th><th>ABA ID</th><th>Bank Account ID</th><th>Account Name</th></tr></thead><tbody><tr><td>ABC Bank</td><td>14100627</td><td>3024209286614</td><td>XYZ Insurance Company</td></tr></tbody></table>				Bank Name	ABA ID	Bank Account ID	Account Name	ABC Bank	14100627	3024209286614	XYZ Insurance Company	<table><tbody><tr><td>Invoice ID:</td><td>2050000587</td></tr><tr><td>Invoice Created Date:</td><td>19-JUN-2024</td></tr><tr><td>Due Date:</td><td>21-JUN-2024</td></tr><tr><td>Open Balance:</td><td>\$6,168.87</td></tr><tr><td>On Account Balance:</td><td>\$0.00</td></tr><tr><td>New Charges:</td><td>\$21,038.78</td></tr><tr><td>Amount Due:</td><td>\$27,207.65</td></tr></tbody></table>			Invoice ID:	2050000587	Invoice Created Date:	19-JUN-2024	Due Date:	21-JUN-2024	Open Balance:	\$6,168.87	On Account Balance:	\$0.00	New Charges:	\$21,038.78	Amount Due:	\$27,207.65
Bank Name	ABA ID	Bank Account ID	Account Name																									
ABC Bank	14100627	3024209286614	XYZ Insurance Company																									
Invoice ID:	2050000587																											
Invoice Created Date:	19-JUN-2024																											
Due Date:	21-JUN-2024																											
Open Balance:	\$6,168.87																											
On Account Balance:	\$0.00																											
New Charges:	\$21,038.78																											
Amount Due:	\$27,207.65																											
Customer ID (CID): 12345				Billing Contact																								
Bill to Account Number: 400096765400001				Tiffany Morgan																								
ABC VETERINARY EMERGENCY & SPECIALTY				789 2345 234																								
2301 Test Street				tiffany.morgan@arp.com																								
PHILADELPHIA PA 19444																												
Please notify your client manager or billing contact if your address or contact information has changed.																												
[Pending payments may not be reflected]																												
Sub Account ID	Sub Account Name	Benefit ID	Benefit Name	Description	Rate Method	Amount																						
3155801	PN CDHP ACT	27278	PPO_MED_6	Medical Claims Paid		\$8,606.65																						
3155801	PN CDHP COB	27278	PPO_MED_6	Medical Claims Paid		\$15.75																						
3155801	PENN PPO RET	27277	PPO_Med_5	Medical Claims Paid		\$12,416.38																						
New Charges						\$21,038.78																						
Open Invoices																												
Invoice ID	Invoice Date					Amount																						
2050000581	17-JUN-2024					\$2,110.84																						
2050000585	19-JUN-2024					\$3,762.12																						
2050000599	20-JUN-2024					\$295.91																						
Open Balance						\$6,168.87																						
On Account Balance						\$0.00																						
Total Amount Due						\$27,207.65																						
For your billing convenience, this invoice may contain charges for items that are not products of our company.																												

The key sections included in the claims summary invoice are as follows:

1. The **Invoice Details** section contains all information regarding your account, including dates, payment terms, balances, new charges, and amount due.
2. The **Wire Instructions** section provides key wire remittance information.
3. The **Claims Summary** section provides a break-up of the Sub Account ID, Sub Account Name, Benefit ID, Benefit Name and Description. This section gives a summary view of applicable claim amounts summed for each benefit plan.
4. The **Open Invoices** section contains details of any open invoices from the prior periods.
5. The **Total Amount Due** section at the end of each summary invoice, provides the total amount due for the period, which is a sum of the Summary Total and Open Invoices.

The summary invoice documents are also supported by the detailed reports explaining the breakup of the charges. Refer to the [Supporting Files for the Invoices](#) section for more details.

Supporting Files for Invoices – FI Clients Only

Summary Level Reports contain data that support the current charges section of the Invoice Summary and are only produced when there is activity.

Current Premium Charges

Current Premium Charges report provides a detailed breakdown of the premium charges applicable for the current period. Large groups are tier rated customers and small group are age-banded rated customers. The charges are applied, either based on the Contract type, or the Age of the member.

Current Premium Charges														
BILL TO ACCOUNT NUMBER: 400098765400001					INVOICE NUMBER: 1234509876002									
BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES					INVOICE MONTH: APRIL 2024									
CID NUMBER: 000987654					PREPARED DATE: 03/05/2024									
CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY					PAYMENT DUE DATE: 04/01/2024									
Name	Member ID	SubAccount ID	Subaccount Name	Benefit Plan ID	Benefit Plan Name	Payroll Location	Contract Type	Age	Tobacco Surcharge	Activity Type	Coverage Period	Effective Date	End Date	Amount
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$316.92
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$335.05
BROWN,BOB	6000123451	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			51	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$528.21
BROWN,BOB	6000123451	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			51	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$505.83
WHITE,ALICE	6000123458	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			32	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$243.29
WHITE,ALICE	6000123458	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			32	N	Current Premium	APRIL 2024	04/01/2024	04/30/2024	\$216.66

Retroactive Premium Charges

The Retroactive Premium Charges report provides a detailed breakdown of the premium charges applicable for retroactive invoices.

Retroactive Premium Charges														
BILL TO ACCOUNT NUMBER: 400098765400001					INVOICE NUMBER: 1234509876002									
BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES					INVOICE MONTH: APRIL 2024									
CID NUMBER: 000987654					PREPARED DATE: 03/05/2024									
CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY					PAYMENT DUE DATE: 04/01/2024									
Name	Member ID	SubAccount ID	Subaccount Name	Benefit Plan ID	Benefit Plan Name	Payroll Location	Contract Type	Age	Tobacco Surcharge	Activity Type	Coverage Period	Effective Date	End Date	Amount
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	MARCH 2024	03/01/2024	03/31/2024	\$339.30
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	MARCH 2024	03/01/2024	03/31/2024	\$0.00
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	FEBRUARY 2024	02/01/2024	02/29/2024	\$339.30
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	FEBRUARY 2024	02/01/2024	02/29/2024	\$0.00
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	JANUARY 2024	01/01/2024	01/31/2024	\$339.30
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE			29	N	Change	JANUARY 2024	01/01/2024	01/31/2024	\$0.00

Retro Rate Changes

This report provides details of the charges that arises from any retroactive change in the rate applied to the client. Large groups are tier rated customers and small group are age-banded rated customers.

P.O. Box 8240
Philadelphia, PA 19101
Phone: (877)347-3151

Retro Rate Changes

BILL TO ACCOUNT NUMBER: 400098765400001

INVOICE NUMBER: 1234509876002

BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES

INVOICE MONTH(S): Month YYYY

CID NUMBER: 000987654

PREPARED DATE: MM/DD/YYYY

CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY

PAYMENT DUE DATE: MM/DD/YYYY

Member Name	Member ID	Subaccount ID	SubAccount Name	Benefit plan ID	Benefit plan name	Payroll location	Contract type	Coverage period	Rate Change Effective Date	Effective date	End Date	Amount
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	Benefit Plan 12347	01 - Services	Family	January 2024	1/1/2024	1/1/2024	1/31/2024	\$4361
SMITH,JOHN	6000123456	3155801	ABC Veterinary Services	12347	Benefit Plan 12347	01 - Services	Family	January 2024	1/1/2024	1/1/2024	1/31/2024	\$300

Member Name	Member ID	Subaccount ID	SubAccount Name	Benefit plan ID	Benefit plan name	Payroll location	Contract type	Coverage period	Rate Change Effective Date	Effective date	End Date	Amount
BROWN,BOB	6000123451	3155801	ABC Veterinary Services	12347	Benefit Plan 12347		Family	January 2024	1/1/2024	1/1/2024	1/31/2024	\$ (755.55)
BROWN,BOB	6000123451	3155801	ABC Veterinary Services	12347	Benefit Plan 12347		Family	January 2024	1/1/2024	1/1/2024	1/31/2024	\$ 899.50

Additional Items

The Additional Items report lists any miscellaneous adjustments made to the invoice for the current period along with a description of the adjustment. Manual adjustments for prior periods will appear as a single line item in the Prior Billing Information section of the first page of the invoice. During the run-out period of the transition, retroactive rate changes and retroactive premium charges that are sent by the prior platform will be included in the invoices as manual adjustments in the additional items section.

Additional Items (Misc Billing Adjustments)

BILL TO ACCOUNT NUMBER: 400098765400001

INVOICE NUMBER: 1234509876002

BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES

INVOICE MONTH(S): APRIL 2024

CID NUMBER: 000987654

PREPARED DATE: 03/05/2024

CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY

PAYMENT DUE DATE: 04/01/2024

Process Date	Subaccount ID	Subaccount Name	Benefit Plan ID	Benefit Plan Name	Description	Coverage Period	Amount
03/20/2024	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Premium Holiday: Premium Abatement	MARCH-24	\$100
03/10/2024	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Premium Holiday: Premium Abatement	MARCH-24	\$50
Additional Items Total							\$150

Spending Account Administrative Fees

The Spending Account Administrative Fees report shows the fees charged for administering an HSA for each member of the plan.

Spending Account Administrative Fees							
BILL TO ACCOUNT NUMBER: 400098765400001				INVOICE NUMBER: 1234509876002			
BILL TO ACCOUNT NAME: ABC VETERINARY SERVICES				INVOICE MONTH(S): APRIL 2024			
CID NUMBER: 000987654				PREPARED DATE: 03/05/2024			
CID NAME: ABC VETERINARY EMERGENCY & SPECIALTY				PAYMENT DUE DATE: 04/01/2024			
Name	Member #	Subaccount ID	Subaccount Name	Benefit Plan ID	Benefit Plan Name	Coverage Period	Amount
John Doe	6000121001	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Mar-24	\$100
John Doe	6000121001	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Feb-24	\$100
John Doe	6000121001	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Jan-24	\$10
Amelia Earhart	6000121003	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Mar-24	\$400
Fred Flintstone	6000121002	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Mar-24	\$100
George Washington	6000121004	3155801	ABC Veterinary Services	12347	HMO S PRO VALUE	Mar-24	\$10

Supporting Files for Invoices – SF Clients Only

Summary Level Reports contain data that support the current charges section of the Invoice Summary and are only produced when there is activity.

The Administrative Summary Invoice has the Admin Detail Report (Identified/Deidentified) attached as a supporting document. The Admin Detail Report has the member level detail of admin invoices, showing rates by subaccount, benefit plan, and product.

ABC UNIVERSITY HEALTH SYSTEM							07/01/2024 thru 07/31/2024		Bill Total		\$50,455.44
							Administrative Fees		Plan Enhancements and Adjustments		
Name	Subscriber ID	Sub Account ID	Sub Account Name	Benefit Plan ID	Benefit Plan Name	Period Start Date	Medical Benefit Administration	Total	Claims Fiduciary	Data and File Exchange for Outside Vendor	Total
DOE, JANE	2405123400	123456	XYZ ACTIVE	27277	HEALTHCARE PPO	07/01/2024	\$35.42	\$35.42	\$1.88	\$0.00	\$1.88
DOE, JOHN	2405123401	123456	XYZ ACTIVE	27277	HEALTHCARE PPO	07/01/2024	\$35.42	\$35.42	\$1.88	\$0.00	\$1.88
DOE, JACK	2405123402	123456	XYZ ACTIVE	27277	HEALTHCARE PPO	07/01/2024	\$35.42	\$35.42	\$1.88	\$0.00	\$1.88
DOE, RYAN	2405123403	123456	XYZ ACTIVE	27277	HEALTHCARE PPO	07/01/2024	\$35.42	\$35.42	\$1.88	\$0.00	\$1.88

The Claims Summary Invoice is supported by the product wise reports listed below. These reports are available both in identified and deidentified format; the identified format (as shown below) will have more columns that include member details than the deidentified version.

1. **Medical Claims Detail Report** provides member level detail of medical claims paid.

PAID CLAIMS MONTH: June 2024																
CLAIMS PAID THRU: 06/19/2024																
MEDICAL CLAIMS DETAIL REPORT FOR ABC UNIVERSITY HEALTH SYSTEM																
Sub Account ID	Sub Account Name	Benefit Plan ID	Benefit Plan Name	Member ID	Last Name	First Name	Paid Date	Claim Number	From Date	To Date	Provider Name	Previous Charges	Charges	Provider Liability	Subscriber Paid Claim Amount	Is Adjusted
123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276101	DOE	JANE	6/19/2024	202401010001	3/23/2024	3/23/2024	EFG MAIN CLINIC	\$0.00	\$152.00	\$0.00	\$0.00	N
123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276202	DOE	JACK	6/19/2024	202401010002	4/09/2024	4/09/2024	HU HEALTH CENTER	\$0.00	\$2,000.00	\$0.00	\$200.00	N
123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276303	DOE	JOHN	6/19/2024	202401010003	4/09/2024	4/09/2024	KLM CITY HOSPITAL	\$2,000.00	\$0.00	\$0.00	\$800.00	Y
123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276404	DOE	RYAN	6/17/2024	202401010004	5/6/2024	5/6/2024	NOP COMMUNITY PHARMACY	\$0.00	\$122.25	\$0.00	\$122.25	N

2. **No Exchange of Funds Detail Report** provides member level detail of medical claims processed and not paid for a client's own provider and is rolled out only when applicable.

PAID CLAIMS MONTH: June 2024																
CLAIMS PAID THRU: 06/20/2024																
NO EXCHANGE CLAIMS DETAIL REPORT FOR ABC UNIVERSITY HEALTH SYSTEM																
Customer Name	Sub Account ID	Sub Account Name	Benefit Plan ID	Benefit Plan Name	Member ID	Last Name	First Name	Paid Date	Claim Number	From Date	To Date	Provider Name	Is Adjusted	Charges	Provider Liability	Subscriber Benefit Amount
ABC UNIVERSITY HEALTH SYSTEM	123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276101	DOE	JANE	06/20/2024	2024123456789	04/19/2024	04/19/2024	CDE Medical Center	Y	\$1,329.00	\$0.00	\$109.70
ABC UNIVERSITY HEALTH SYSTEM	123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276202	DOE	JOHN	06/20/2024	2024234567899	04/22/2024	04/22/2024	FGH Hospital	Y	\$3,018.00	\$0.00	\$354.51
ABC UNIVERSITY HEALTH SYSTEM	123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276303	DOE	JACK	06/20/2024	2024345678990	04/12/2024	04/12/2024	FGH Hospital	Y	\$11,886.76	\$0.00	\$3,851.88
ABC UNIVERSITY HEALTH SYSTEM	123456	XYZ ACTIVE	27277	XYZ_Med_5	3410276404	DOE	RYAN	06/20/2024	2024456789920	04/22/2024	04/22/2024	JKL Hospital	Y	\$5,654.00	\$0.00	\$663.92

3. **RX Claims Detail Report** provides member level detail of RX claims paid and is rolled out only when applicable.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association																				
RX CLAIMS DETAIL REPORT FOR ABC INC																				
Claim Number	Sub Account	Benefit Code	Member ID	Payroll	Claims Center	Rx Claims	Prescription	PCP ID	Pharmacy	NDC	Prod Date	Qty	Dose Supplied	Endfil	Approved Cost Amt	Dispositive Fee	Patent Paid	Prior Paid	Plan Paid	Dispositive
7/01/01	ABC Active	77362	ABC CORE PPO	249430993	None	760100024605	7/21/02	39970000002637	760244447	XYZPHARMACY	760379870	06/09/02	30	5	\$0.00	\$18.01	\$0.00	\$12.75	\$150	\$0.00
7/01/01	ABC Active	77362	ABC CORE PPO	249430993	None	760100026265	7/21/02	39970000003762	761822634	XYZPHARMACY	7603460769	06/09/02	30	5	\$14.24	\$0.00	\$0.00	\$150	\$47.76	\$150
7/01/01	ABC Active	77362	ABC CORE PPO	249430993	None	76010004957054	7/21/02	39970000003764	761827606	XYZPHARMACY	7603460842	06/09/02	60	3	\$555.11	\$0.00	\$0.00	\$150	\$555.01	\$150
7/01/01	ABC Active	77362	ABC CORE PPO	249430993	None	76010004367050	7/21/02	39970000003765	760200043	XYZPHARMACY	760460038	06/02/02	30	1	\$1.80	\$0.00	\$0.00	\$150	\$2.38	\$150
7/01/01	ABC Active	77362	ABC CORE PPO	249430993	None	76010004370041	7/21/02	39970000003954	761822634	XYZPHARMACY	7603798628	06/02/02	60	3	\$660.11	\$0.00	\$0.00	\$150	\$651.11	\$150

4. **Capitation and VBR Detail Summary Report** provides member level detail of capitation and value-based reimbursements and is rolled out only when applicable.

Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association

CAPITATION and VBR DETAIL

BILL ACCOUNT NUMBER: 10001942870001

BILL ACCOUNT NAME: ABC INC

CUSTOMER ID: 0000007

CUSTOMER NAME: ABC, INC

PREPARED DATE: 06/01/2025

SubAccount ID	SubAccount Name	Benefit Plan ID	Benefit Plan Name	Payment Location	Coverage Date	DCP	Lab	Radiology	Physical Therapy	Vision	Dental	Behavioral Health	U8 Solution	Value Based Reinsurance
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7301	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$4.59
3002517	ABC Active	7301	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$4.59
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7301	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$4.59
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$4.59
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$0.00
3002517	ABC Active	7302	ABC CORE PPO	None	06/01/2025	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13	\$1.13	\$4.59

Reporting

Index Reports

The organization offers the Index reporting platform to help customers monitor and better understand their healthcare membership and expenses. Index reports are available directly through the Group Portal.

Stop Loss Reporting

A key difference in reporting through the group portal is direct access to Stop Loss Reporting, only applicable for clients with Stop Loss Insurance. This is a self-service option that replaces the monthly report email distribution. Here are some key points:

- The Stop Loss Reports can be accessed through Index. Based on your role, you can reach Index from Group Portal.
- A Large Case Notification (LCN) report will still be issued on the 1st and 16th of a month.



For more information on Stop Loss Reporting, see the Stop Loss Reporting User Guide.

Additional Reports

Account Representatives and Client Advisors will access existing reports through the Group Portal, including:

- Membership Reports
- Enhanced Membership Reports
- Utilization Reports

Termination/Reinstatement (FI Only)

Independence provides insurance coverage to commercial fully insured groups, including Medigap. These groups are billed an insured premium for their coverage and payments are due on the date stated on the invoice.

Groups that fail to pay their premium by the invoice due date are terminated for non-payment (after allowing for the applicable mandated grace period). The process for group non-payment terminations occurs twice each month through the related dunning event.

Groups that have been terminated for non-payment can be reinstated with no lapse in coverage, if all reinstatement requirements have been met by the group.

Due Dates

- Due dates are always the 1st of the month, unless stated otherwise
- Due dates drive the aging process
- The Grace period does not change the due dates. The Grace period is a protected period, provided for by the State, during which processing of a termination is prohibited. Delinquency begins at the close of business on the due date if no payment was posted on that date.

Termination Process

Groups are sent delinquency notices if they fail to pay their group premium by the due date captured on their invoice.

Dunning Process:

- 15th day of delinquency- The group will receive one delinquency notice that informs the group that they are required to pay their outstanding premium; otherwise, they are at risk of being terminated for non-payment. The delinquency notice will identify the invoice and the amount of the invoice that is outstanding.
- 30th day of delinquency- this is the last day of the grace period
- 45th day of delinquency- the group is sent a termination notice and the group will be terminated for non-payment.



Please note that if a payment posts after a letter is mailed but prior to processing a termination, and the termination is still processed. That termination for non-payment is considered valid because the payment was received after the 45th day, therefore; the account must then meet reinstatement guidelines.

The group's termination will be effective 30 days from their due date. For example, if the group was delinquent for their January 2024 invoice and did not make payment, they would be terminated for non-payment effective 2/1/2024.



- This does not apply to TPAC affiliated accounts
 - 1000+ Marketing Segments are excluded from the termination process and will only ever receive dunning notices
-



Please note that if an account is suppressed from the termination process for a temporary 30-day period, the balance must be settled within the 30-days it is suppressed. If not, the account will be processed to termination during the dunning cycle that it is released within as long as it is released prior to letters being generated.

Once a group has been terminated for non-payment, the group must follow the reinstatement guidelines to be reinstated.

Reinstatements

Groups that have been terminated for non-payment can be reinstated with no lapse in coverage, if all reinstatement requirements have been met by the group.

Specific requirements for reinstatement:

- All premium charges through the current premium month must be paid in full
- A request for reinstatement is received within 60 days from the effective date of the non-payment termination
- There were no previous reinstatements for non-payment accounts within the prior rolling 12- month period.

The typical reinstatement request is initiated by the client group via Customer Service, the Sales Team, or through the Client advisor.

Key Aspects of Reinstatement Policy:

- Only applicable to groups terminated from coverage due to non-payment of premium.
- Reinstatement date must be retroactive to the effective date of the termination, i.e. no lapse in coverage period.
- Reinstatement request must be within 60 days from the effective date of the non-payment termination.
- Reinstatement will not occur until all outstanding premiums are paid in full through the current premium month.
 - If payment is returned by the bank, the reinstatement will be cancelled, and a new reinstatement will be disallowed
 - Limited to one reinstatement per rolling previous 12-month period



Groups that do not meet the above requirements, may return as new business with new insurance coverage and must follow all applicable Underwriting and Client set-up guidelines, including the issuance of new client number(s) and all new group number(s).

Notifications

A “Bill Ready” notification will be released to clients when their PDF invoices are posted to EBPP.

Impact to Group Fully Insured Clients

As part of invoicing process, we provide Group Fully Insured clients with both a PDF Invoicing statement as well as supporting CSV data files

The “bill ready” email notifications will generate when the PDF invoicing statements are posted to EBPP. In the event the supporting CSV file is posted after the PDF statement, a second notification **will not** generate.

Regardless of funding type, the notification will include the invoice number in the Subject line and/or body of the email notification. Customers can expect to receive the email notification from this Sender/address:

- FI GROUP : Do-NotReplyfullyinsuredbilling@billerpayments.com

Customers should add this address to their Safe Senders list to ensure the notifications do not bypass their inboxes.

Independence

Bill Ready!

Dear [Customer Name]

Your Independence bill dated 05/05/2025 is now available.

Account Number	XXXX0002
Current Statement Balance	\$ 1.00
Minimum Amount Due	\$ 0.00
Billing Date	05/05/2025
Payment Due Date	05/10/2025
To pay by phone	Call 888-879-4891
Invoice Number	BillReadyNotTest_CFIpdf8_

[Pay Now](#)

We appreciate your business.
Independence Customer Service

Impact to Group Self Insured Clients

As part of invoicing process, we provide Group Self Insured clients with both a PDF Invoicing Summary statement as well as supporting Excel data files. In addition, Self Insured customers receive Invoices for both Administrative fees/services, as well as Claims, and in varying levels of detail.

The “bill ready” email notifications will generate when the PDF invoicing statements are posted to EBPP. They will ONLY be generated for non-PHI versions of the invoices. (Anyone who has PHI viewing capabilities is auto permitted to have non-PHI viewing capabilities. This restriction is to avoid sending double invoice notifications to PHI capable viewers.

Regardless of funding type, the notification will include the invoice number in the Subject line

and/or body of the email notification. Customers can expect to receive the email notification from this Sender/address:


- Self-Funded: selffundedbilling@billingpayments.com

Customers should add this address to their Safe Senders list to ensure the notifications do not bypass their inboxes.

SF Notification:

Independence

Bill Ready!

Dear 100002004010002 ,

Your Independence bill dated 05/05/2025 is now available.

Account Number	XXXX0002
Current Statement Balance	\$ 1.00
Minimum Amount Due	\$ 0.00
Billing Date	05/05/2025
Payment Due Date	05/10/2025
To pay by phone	Call 888-879-4891
Invoice Number	BillReadyNotTest_CSFpdf3_

[Pay Now](#)

We appreciate your business.
Independence Customer Service

Glossary

[\\$ PEPM Administrative Expense](#)

Administrative amount charge based on Per Contract Per Month calculation.

[% of Claims Administrative Expense](#)

Administrative amount charge based on a percentage of paid claims calculation.

[Activity Type](#)

Description of the charges such as the Current Premium, Add, Drop, and Retro Rate Adjustments.

[Adjustment](#)

Line item on the invoice where manual charges and credits are applied.

[Advance Deposit](#)

Predetermined amount based on the terms of the contract that can be invoiced either as a single amount or over a specified number of billing periods.

[Benefit Plan](#)

A single benefit or grouping of benefits offered together.

[Benefit Plan ID](#)

The identification number associated with the benefit plan to which the charges in the table are related.

[Benefit Plan Name](#)

The name of the benefit plans that charges in the table are related to.

[Bill to Account](#)

Additional bill to accounts can be requested for a customer to subdivide their billing for financial purposes.

[Bill to Account Number](#)

System generated number used to identify a customer's specific bill account.

[Claim ID](#)

Unique number assigned to a claim.

[Count](#)

Total number of contracts used to calculate Per Contract/Employee Per Month administrative expenses.

[Coverage Period](#)

The time frame of coverage that charges are related to.

[Customer ID](#)

Unique identification number assigned to each customer.

Effective Date

The first day of coverage that charges are related to.

Employer Portal

Secured website that enables members, employers, and producers the ability to electronically access and manage data. This website will be phased out during the transition to new Group Portal but can still be used till all the groups associated with a client are not migrated fully.

End Date

The last day of coverage that charges are related to.

Group Portal

A secured, user-friendly platform that facilitates end-to-end client group administration for client users and advisors.

Invoice Created Date

Date the current invoice was produced.

Invoice Due Date

Date payment is due.

Invoice ID

System generated number assigned to an Invoice Summary and supporting reports produced during a particular billing period.

Invoice Summary

Total charges due for the current billing period, as well as adjustments or balances from previous billing period(s).

Member ID

Unique Member Identification Number. A non-Social Security Number Patient ID.

Open Balance

Unpaid balance or credit from a previous billing period(s).

Open Invoices

Total amount of unpaid invoices.

Paid Claims

Provider charges submitted and paid within a particular billing period.

Payments Received Through

Total of all payments received and applied prior to the next invoice period.

Payroll Location

Optional field that allows clients to distinguish Members into unique groups.

Pro Rate Method

In this method members are invoiced for the exact number of days they are actively enrolled. Applies to all lines of business including HMO/POS.

Prospective

Invoicing charges for membership/service to be rendered in the upcoming month.

Retrospective

Invoicing charges for membership/service rendered in the past month.

Sub Account ID

Identification number that identifies the subaccount to a client.

Sub Account Name

Name associated with the numeric Sub Account ID used to enroll members into Employer Group coverage. The Sub Account ID and associated Sub Account Name are intended to represent Employer Group membership categories/groupings (i.e. Active, Cobra, Retiree, Other employer-specific designations like Unions, Divisions, Locations etc.).

Total Current Charges

All available expenses invoiced in a billing period.

Total Due

Sum of the Balance Forward and the Current Charges sections.

Tobacco Surcharge

The members tobacco usage for Age Based plans, will appear as "N/A" when a tobacco surcharge is not allowed in rate calculations.

Wash/Enrollment Count Rule

Members invoiced at a full monthly rate.