Finance Process Explanation/Forms

Prepared for New Clients

This guide assumes the client controls the bank account(s) to fund claim payments and pay administrative fees. The following contains all the information that Promise Health Plan needs to collect to set up the financial interaction between Promise Health Plan and the client. Some of the set up described below is optional. Promise Health Plan may use a third-party to fulfill some or all the services described below.

This document contains two (2) components and the explanation for each:

- **Monthly Client Invoice**
- **Returned Funds**

Monthly Client Invoice

Each month, the client will receive a Client Invoice from Promise Health Plan or its agent for administrative fees. This includes our administrative fees, claim prefunding amounts, broker commissions, reinsurance fees, network access fees, and other amounts that are payable. The invoice will come via secure email. The invoice will **not** contain SSN's but **WILL** contain member ID numbers.

The invoice is a snapshot of the enrollment on the 15th of the month and is sent between the 20th -25th of the month. Any changes that occur after the snapshot will appear on the next month's invoice. Promise Health Plan or its agent allows retro adjustments for additions, terminations, and plan changes, going back 3 months.

The monthly invoice contains a coupon that can be returned with check payment to our lockbox at TD Bank. Payment can be made electronically by ACH push to our depository bank account at TD Bank. Instructions will be provided upon implementation.

In addition, we have partnered with **Invoice Cloud** to bring a fully electronic payment portal for payment of the monthly client invoice. The Invoice Cloud is accessed through the My Payment Portal link in the Promise Health Plan Portal.

Monthly administrative fees can be paid three ways through the Payment Portal:

- **Auto Pay** (Preferred Payment Option) - Invoices can be scheduled to pay automatically by signing up for Auto Pay. Auto Pay will initiate recurring payments on the 1st of each the month.
- **Scheduled Recurring** - Invoices can be scheduled to automatically pay each month on the same calendar day. Just select Scheduled Recurring Payments under My Profile and follow the onscreen instructions.

- **On-demand** - Invoices can be scheduled to pay by selecting the on-demand option. Click on the Pay My Invoices button right on the home screen and follow the instructions. This is nonrecurring and will require action each month to initiate the payment.

Our payment portal partner, Invoice Cloud, utilizes Chase Bank to debit requests for payment for the monthly invoice. Please have the below originator ID added to the debit filters at your bank:

Originator ID #: 0000063576
Originator: Promise Health Plan
Alternate Company Name: Invoice Cloud

It should be noted that payment history is viewable as well as prior invoices on the portal.

Steps for access to the Promise Health Plan payment portal:

1. Client users must register for the Promise Health Plan portal [see enclosed instructions] and provide the selected username to the Promise Health Plan account manager.
2. The Promise Health Plan account manager will assign access to the payment portal for the client's designated primary user only.
3. The monthly client invoice will be sent via secure email to the requested recipients.
4. After the initial monthly client invoice is available, the primary user will log in to the Promise Health Plan Portal and select My Payment Portal under the Quick Links drop down menu.
5. After clicking the My Payment Portal Link, the designated primary user is attached as the owner of the account.
6. The Payment Portal is now active. The client notifies Promise Health Plan that their Payment Portal registration is now complete for the primary user
7. The Promise Health Plan account manager can now provide access to additional users as requested by the client.

Payment portal helpful hints:

- The My Payment Portal Link will not function until the initial invoice is sent.

- The designated primary user aka account owner is the only user that will have access to stored banking information.

- Additional users will be granted access to the Payment Portal only after the primary user/ account owner has completed the entire registration process. Although all client users will see the My Payment Portal icon, the link will not function until access is granted by Client Management.

- Additional users cannot access stored banking information but are able to make a payment by reentering the banking details.

- Promise Health Plan or its agent are able to accept credit/debit card payments via the Payment Portal.

Returned Funds

In the case of COBRA premium or other miscellaneous type of refunds, Promise Health Plan or its agent will ACH the funds back into a client owned bank account. The Promise Health Plan Authorization Agreement for Debits and Credits form will need to be completed and returned. If not competed, these types of refunds will be made via check.

PROMISE HEALTH PLAN AUTHORIZATION AGREEMENT FOR DEBITS & CREDITS

COMPANY:	
FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN):	
ADDRESS:	
CITY, STATE, ZIP:	

Company authorizes Promise Health Plan or its agent to initiate the following Electronic Fund Transfers with the financial institution named below, hereinafter called FINANCIAL INSTITUTION.
Select all that apply:

☐ COBRA Reimbursement ☐ Miscellaneous Refunds

Select one: ☐ Checking Account or ☐ Savings Account

FINANCIAL INSTITUTION NAME:			
BRANCH:			
CITY, STATE, ZIP:			
ROUTING ABA NUMBER: (Must be 9 digits)		**ACCOUNT NUMBER:**	

EFT Notifications

PRIMARY NOTIFICATION EMAIL ADDRESSES	
REMITTANCE ADVICE/PAYMENT BACKUP NOTIFICATIONS (up to three email addresses may be included):	1)
	2)
	3)

This authorization is to remain in full force and effect until Promise Health Plan or its agent has received written notification from any of the individuals listed above of its termination in such time and in such manner as to afford Promise Health Plan or its agent and FINANCIAL INSTITUTION a reasonable opportunity to act on it. I represent that I have authority on behalf of Company to sign this Authorization Agreement.

NAME:	
TITLE:	
EMAIL ADDRESS:	
SIGNATURE:	
DATE:	