

# CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

## INSTRUCTIONS FOR SUBMITTING A REIMBURSEMENT CLAIM FORM FOR ELIGIBLE MEDICAL EXPENSES

These instructions will explain the procedure for an eligible employee to submit a claim for reimbursement of “out-of-pocket” costs incurred as a result of eligible medical expenses that occurred on or after July 1, 2010, the date that the Commission changed medical coverage from Horizon Blue Cross/Blue Shield (Horizon) to School Employees Health Benefits Plan (SEHBP).

*Note: If you have any questions on the claims process, contact Jason DellaPenna at LDP Consulting: 609-397-3088; or via email: [jasondp@ldpconsulting.com](mailto:jasondp@ldpconsulting.com).*

### 1. Eligible employees

- 1.1. Eligible employees are those who are receiving medical coverage through the Commission’s medical plan.
- 1.2. Employees who have opted to waive such coverage are not eligible.

### 2. Eligible medical expenses

- 2.1. To be eligible for reimbursement, the medical procedure must have occurred on or after July 1, 2010.
- 2.2. The medical procedure must be one that was covered under the Commission’s 2009-2010 Horizon Blue Cross/Blue Shield plan. For example, since elective cosmetic procedures were not covered under Horizon, they are not eligible for reimbursement.
- 2.3. Eligible medical expenses are those “out of pocket” costs incurred by the eligible employee equal to the difference between “out of pocket” costs that would have been incurred under the equivalent 2009-2010 Horizon Blue Cross/Blue Shield plan and the “out of pocket” costs incurred under SEHBP. The amount of reimbursement paid will be reduced by any form of reimbursement or other type of payment covering all or a portion of the provider charges (e.g., payment from a spouse’s medical plan).
- 2.4. Eligible medical expenses do not include “out of pocket” costs incurred by the eligible employee as a result of provider-network disruption, that is, a provider who was in-network under Horizon but not SEHBP. The Commission is responsible to match “benefits” not “provider networks.”

2.5. If an employee has a reimbursement claim for an amount that is \$250 or less, the employee must have actually paid the additional charges to the provider, in order to submit a reimbursement claim to the Commission. If the reimbursement claim is approved by the Commission, the employee will receive a check for reimbursement of that amount.

2.5.1. Example:   \$1,000 Employee's responsibility under SEHBP  
                      \$ 800 Employee's responsibility under Horizon  
                      \$ 200 Eligible for reimbursement

Since the amount for which the employee is responsible does not exceed \$250, the employee must pay the provider's bill in full (\$200 in the foregoing example) and then submit a claim

2.6. If an employee has a reimbursement claim for more than \$250, the employee will not be required to make payment to the provider before seeking reimbursement from the Commission. Instead, the employee can submit a claim to the Commission for the final amount due to the provider. If the claim is approved by the Commission, payment will be made directly to the provider.

2.6.1. Example:   \$1,000 Employee's responsibility under SEHBP  
                      \$ 700 Employee's responsibility under Horizon  
                      \$ 300 Eligible for reimbursement

Since the amount for which the employee is responsible exceeds \$250, the employee may submit the provider's bill (\$300 in the foregoing example) for payment directly to the provider.

2.7. If an employee has received, or is eligible to receive, any form of reimbursement or other type of payment covering all or a portion of the provider charges, the amount that would otherwise be due for reimbursement by the Commission will be reduced accordingly. For example, if the employee received or is eligible to receive payment through a spouse's medical coverage, the amount of such payment would not be eligible for reimbursement from the Commission.

2.7.1. Example: \$1,000 Employee's responsibility under SEHBP  
                      \$800 Employee's responsibility under Horizon  
                      \$200 Difference in SEHBP/Horizon employee responsibility  
                      \$ 150 Amount eligible for coverage under spouse's plan  
                      \$ 50 Eligible for reimbursement

The employee may submit a claim for reimbursement for \$50.

### 3. **Procedure for submitting a claim**

- 3.1. All claims must be submitted with a Reimbursement Claim Form. A copy of this form is available on the Commission's website, [www.camdenesc.org](http://www.camdenesc.org), under the section labeled Resources – Employee Forms.
- 3.2. All parts of the Reimbursement Claim Form must be completed and the form must be dated and signed by the employee.
- 3.3. The following documents must be submitted with the Reimbursement Claim Form:
  - 3.3.1. A copy of the Explanation of Benefits (EOB) form received from SEHBP, which describes the pertinent medical procedure, the amount paid by SEHBP, if any, and the amount not covered by SEHBP. **AND**
  - 3.3.2. A copy of a dated receipt from the provider showing the amount you paid, or a dated final bill from the provider for payment of an amount that exceeds \$250 (see Sections 2.5 and 2.6 above). **AND**
  - 3.3.3. If applicable, a copy of documentation showing the amount of any full or partial reimbursement/payment you have received from another source (see 2.7 above).
- 3.4. The original, signed Reimbursement Claim Form and the accompanying documents must then be submitted by mail to LDP Consulting Group (the Commission's insurance broker) at 80 Lambert Lane, Suite 140, Lambertville, NJ 08530. Be sure to retain copies for your files.
- 3.5. In order to protect your privacy, you must submit your claim documents only to LDP Consulting Group, and not to Commission staff, who are not authorized to accept claim forms.

### 4. **Deadline for submitting claims**

- 4.1. Claims for reimbursement must be submitted within thirty (30) calendar days of receipt of the "final bill."
- 4.2. Receipt of a "final bill" occurs on the **latest** of the following dates:
  - 4.2.1. The date the employee receives the final EOB; **OR**
  - 4.2.2. The date the employee receives the final determination of an appeal of a denial of a claim by SEHBP (if the employee has filed such an appeal); **OR**

4.2.3. The date the employee receives from the provider a final receipt for payment; or receives from the provider a final bill for payment of an amount that exceeds \$250 (see Sections 2.5 and 2.6 above).

4.3. **Important: Claims submitted outside the applicable deadline are not eligible for reimbursement and will be denied.**

## 5. **Processing of claims**

5.1. An employee who has submitted all required documentation in a timely manner will receive a determination from LDP Consulting Group within thirty (30) calendar days of the date the completed claim was received by LDP Consulting Group. A copy of the determination will be sent to the Commission business office.

5.2. If LDP Consulting Group determines that the claim qualifies for payment/reimbursement, such payment will be presented to the Board of Directors for approval, and payment to the employee (or to the provider if applicable under Section 2.6 above) will be made within 5 days of such approval.

5.3. The employee (or the provider if applicable under Section 2.6 above) must sign a purchase order prior to receiving payment.

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## REIMBURSEMENT CLAIM FORM

Please refer to the document entitled "Instructions for Submitting a Reimbursement Claim" before completing this form.

### Employee Information

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

### Provider Information

Name of provider: \_\_\_\_\_

Address of provider: \_\_\_\_\_

\_\_\_\_\_

Date(s) of Service(s): \_\_\_\_\_

### Reimbursement Information

I am applying for reimbursement of the following amount: \_\_\_\_\_

I am submitting along with this form the following documentation: *Check all that apply:*

1. Explanation of Benefits (EOB) form(s) from SEHBP see Section 3.3.1. of instructions \_\_\_\_\_
2. Dated receipt(s)/bill(s) from the provider (see Sections 3.3.2. of instructions) \_\_\_\_\_
3. If applicable, a copy of documentation showing the amount of any payment you received from another source (see Section 3.3.3. of instructions) \_\_\_\_\_
4. Other (please describe) \_\_\_\_\_

Description: \_\_\_\_\_

*Note: It is likely that your claim will be denied if you are unable to check both #1 and #2 above.*

**Basis for Reimbursement Claim** (Include the applicable provisions in both Horizon and SEHBP that are different and result in increased costs.)

\_\_\_\_\_

\_\_\_\_\_

### Certification of employee

I hereby certify that the full amount of this claim is owed to me or to the named provider, and that I have not received, and am not eligible to receive, any type of reimbursement or payment other than the amount shown in the attached documents (if any). I certify that the foregoing statements are true. I am aware that if any the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date