



HealthEquity® | WageWorks

# Employer Site Guide

Reports

## Table of Contents

To generate a report on Demand .....	2
Full report version.....	2
Summary only report version .....	3
One participant only report .....	3
Common Healthcare/Dependent Care Reports.....	5
Weekly Funding report .....	5
Contribution and payments report .....	9
Enrollment report.....	10
Account Activity report.....	11
Carryover report.....	11
Invoice report .....	12
Healthcare card report.....	12
To Schedule recurring reports .....	13
Scheduled report notification .....	15
Report details key .....	16
• Enrollment Report.....	16
• FSA Funding Report .....	16
• FSA Contribution & Payments Report.....	17
• FSA Account Activity Report .....	17
• Healthcare Card Activity.....	18
• Invoice Report.....	18
• Good Will Payments Report.....	19
• Unclaimed Checks Report.....	20
• Late Repayments report .....	20
• Carryover Report .....	20

## To generate a report on Demand

Log into the Employer site, click the **reports** tab.

Click the **Product** tab and your report options will appear (based on your client set up including products offered).



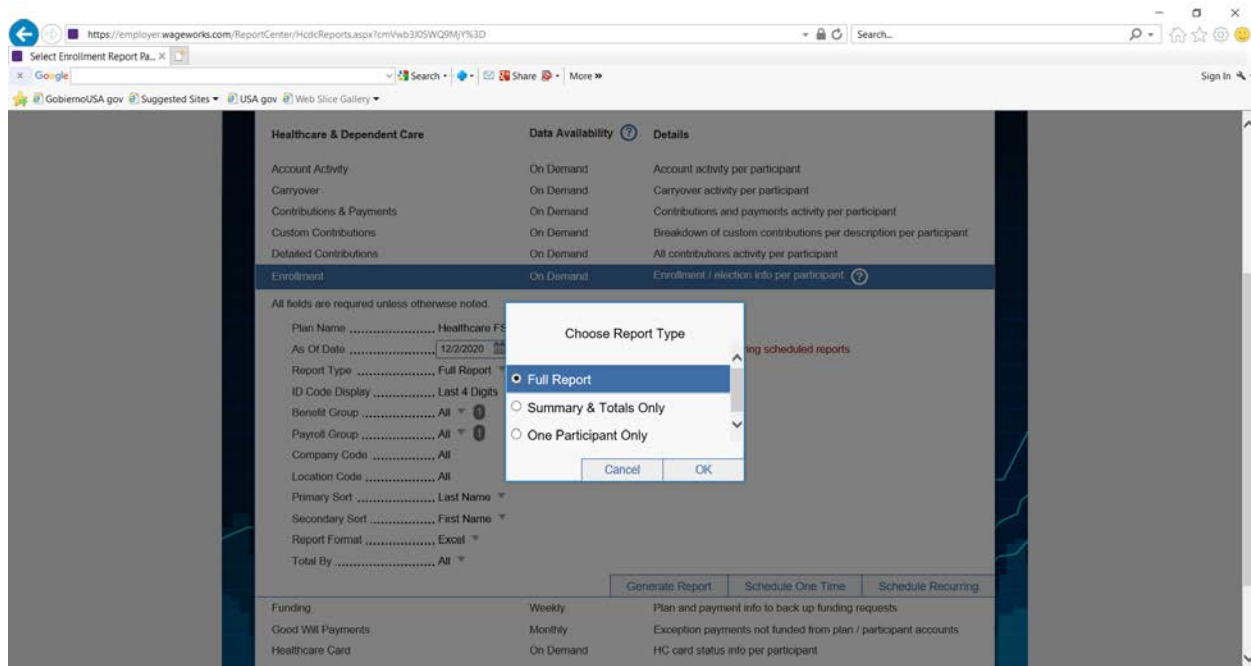
**Note: On Demand reports are available for 96 hours. Scheduled reports are available for 30 days.**

There are several report options:

- Full report
- Summary and Totals Only
- One Participant only

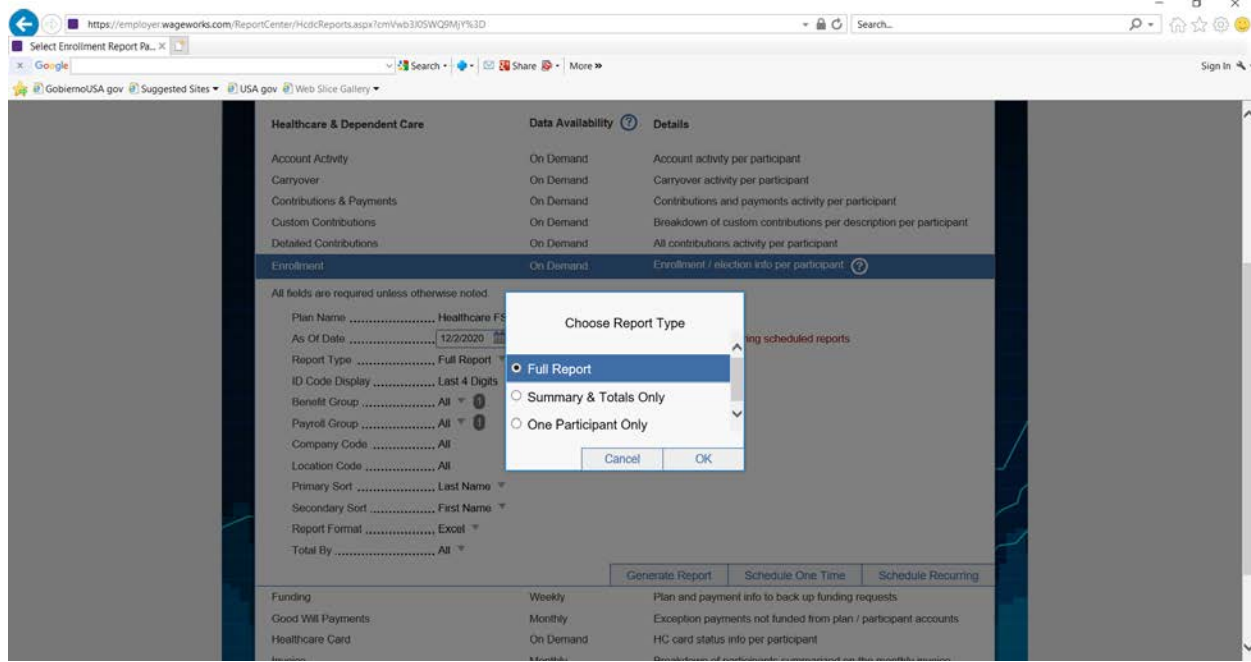
## Full report version

For any report click the report type, summary & totals only



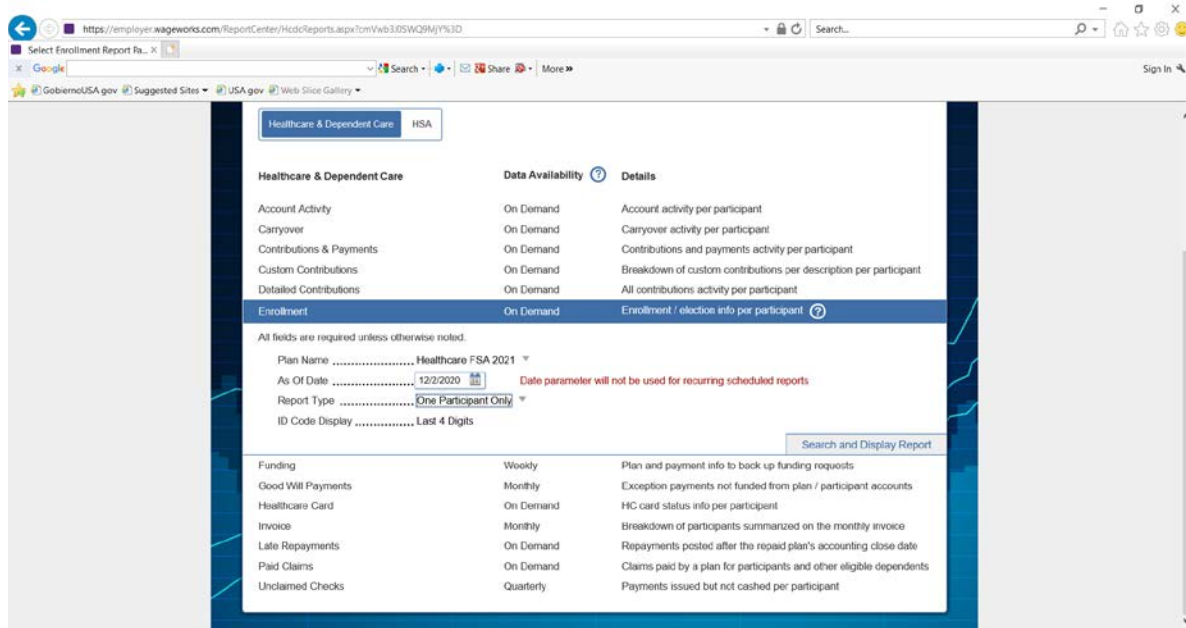
## Summary only report version

This lists only the top section of the report with totals/summary – no participant details

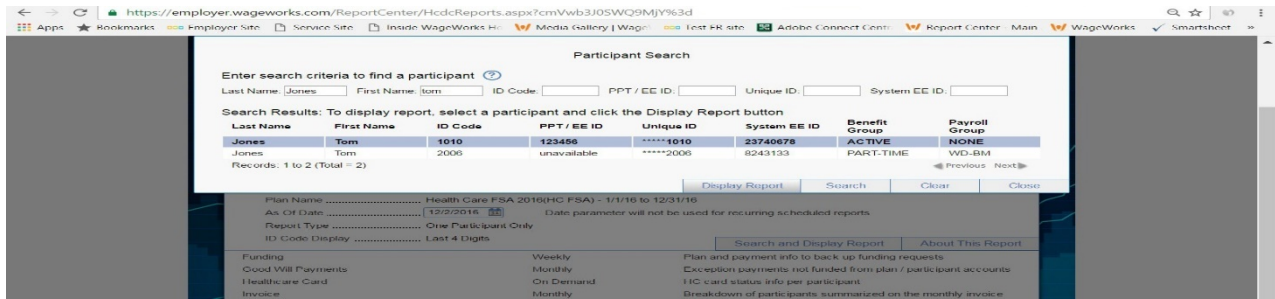


## One participant only report

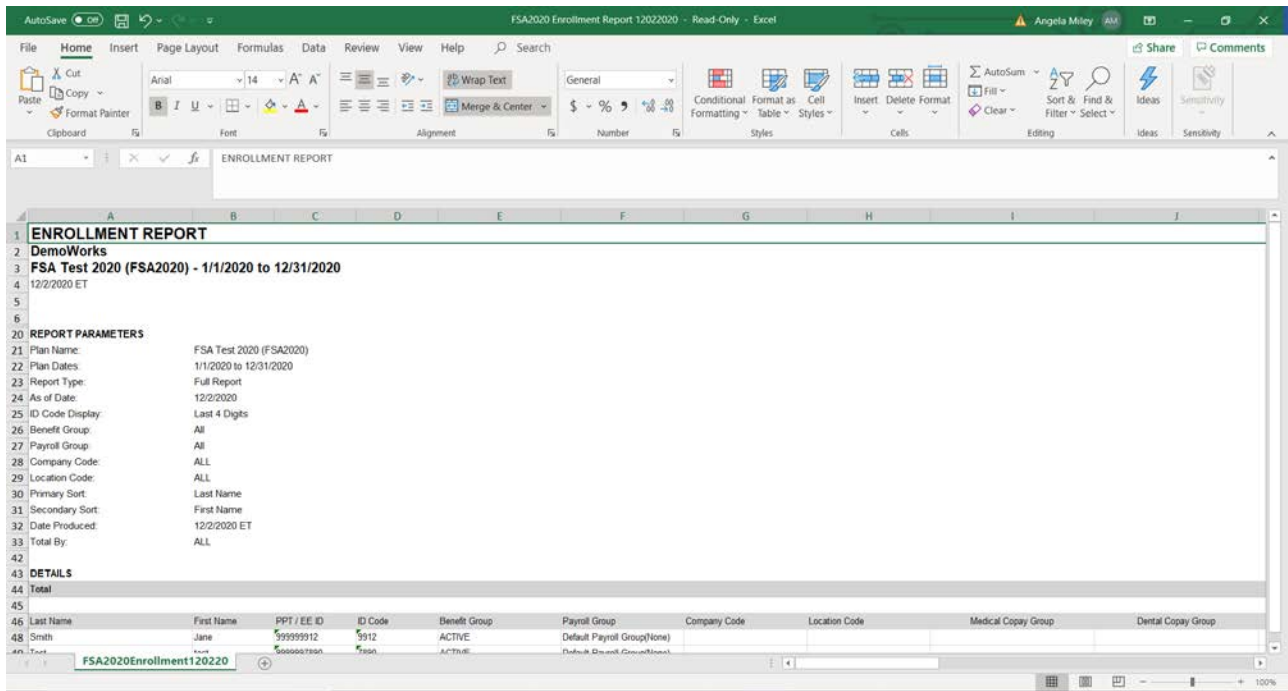
For any report click one participant only, search and display report



Enter the employee name, or any one of the fields with the employee data, click search. Once the name appears click on the name. Click display report.



The report will appear with the employee data; note this version of the reports are display only. Click ok to close.

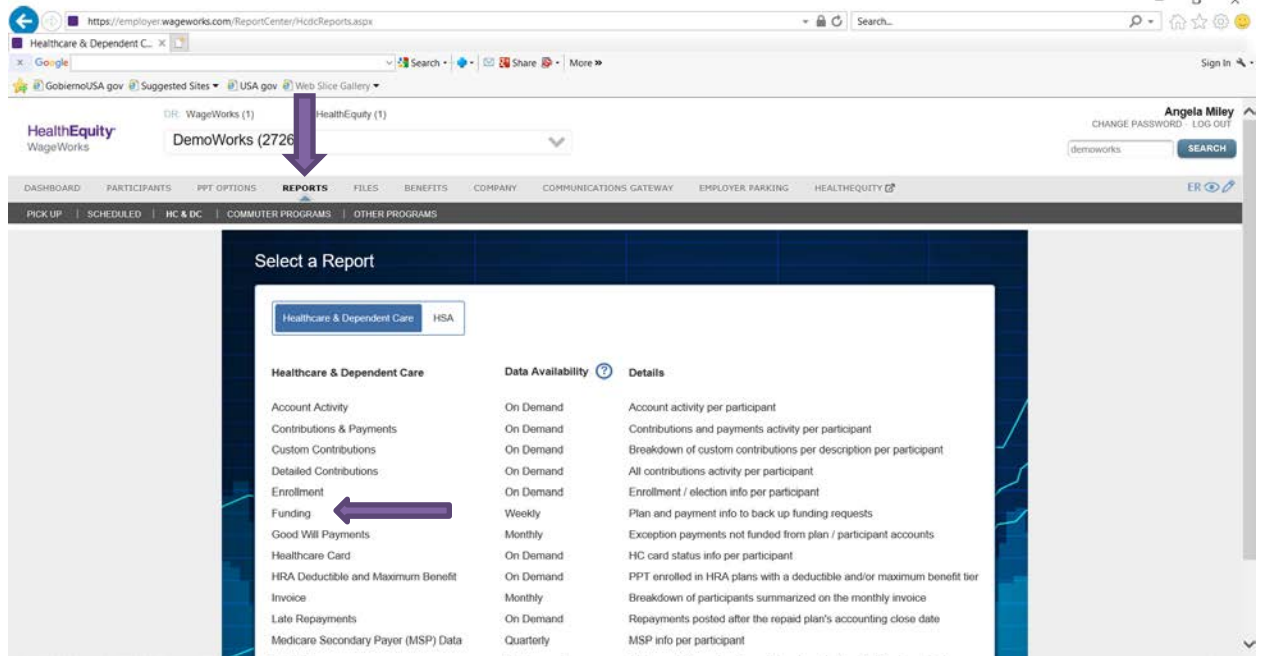


# Common Healthcare/Dependent Care Reports

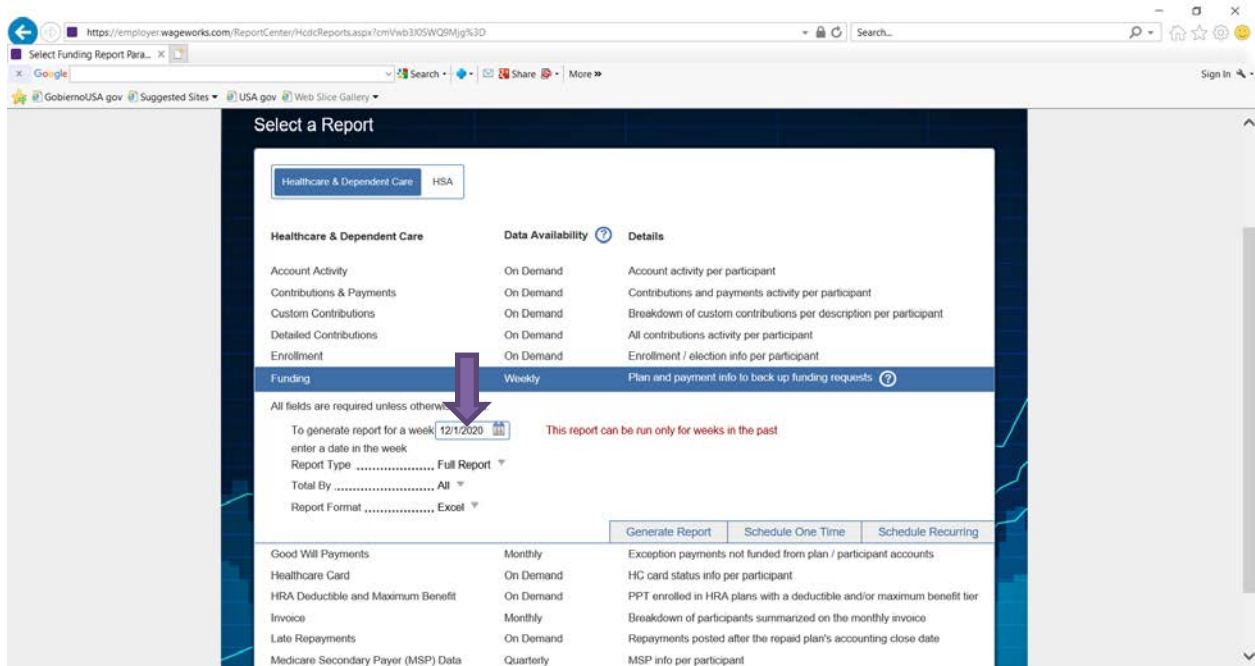
## Weekly Funding report

Includes general how to run reports

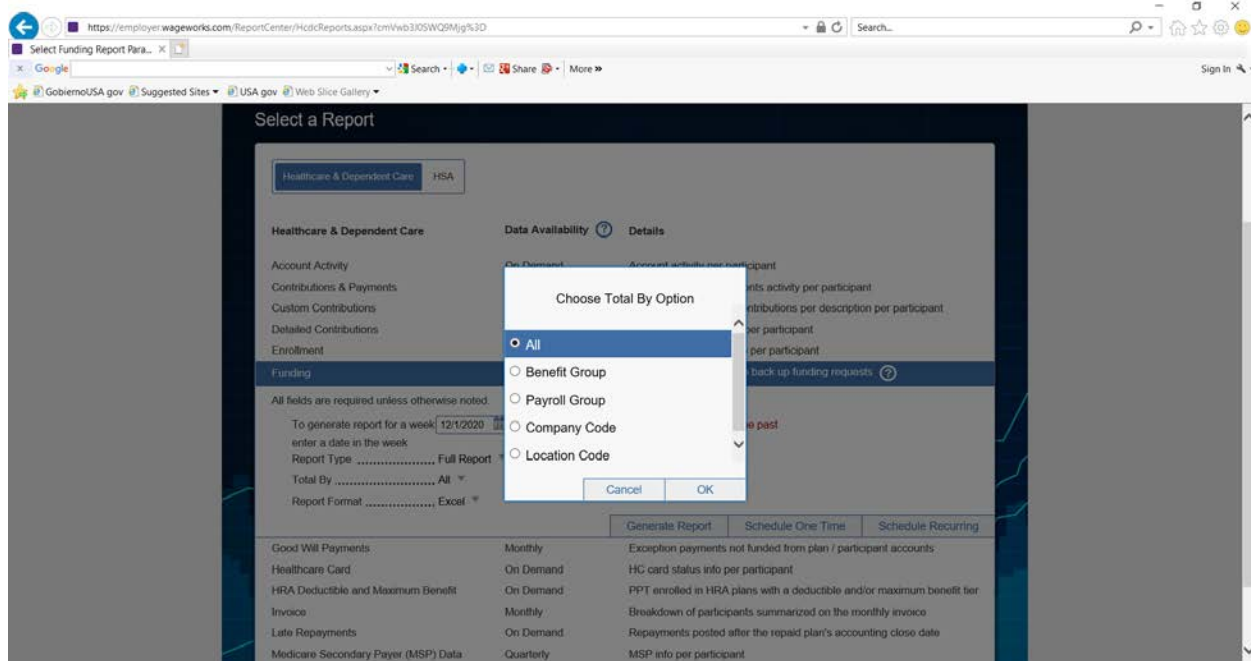
Click the **reports** tab, **HC&DC**, and click **Funding**



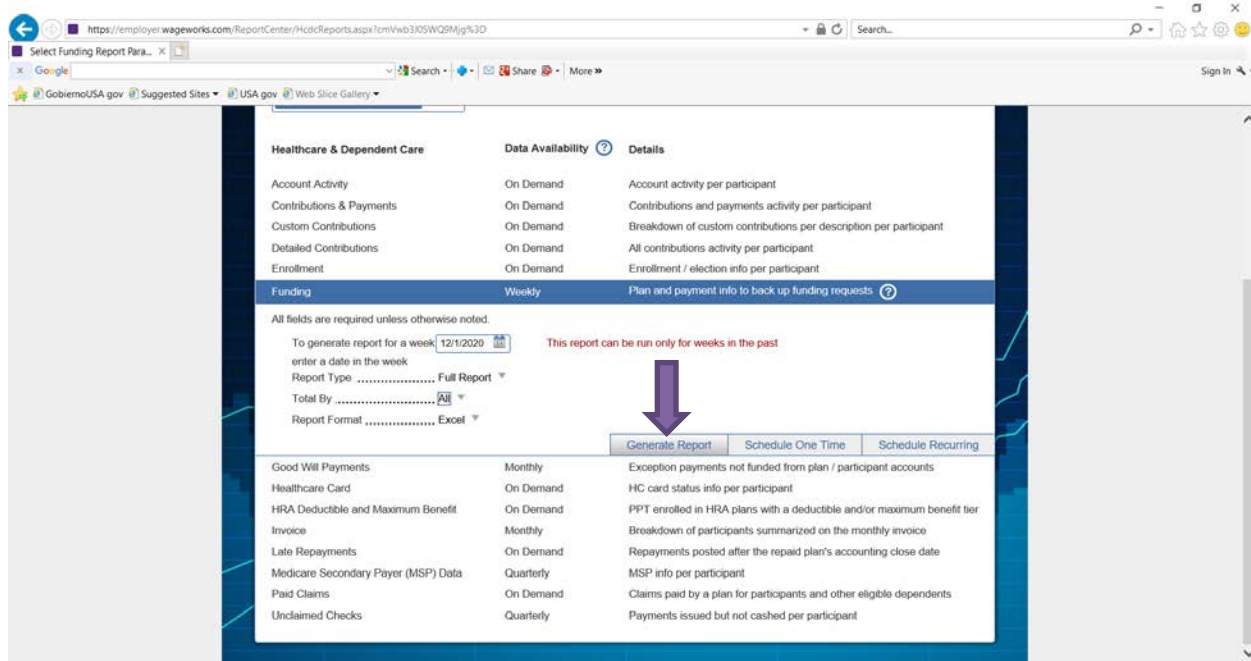
On the next page enter the date (the date is always a **Saturday end date**).

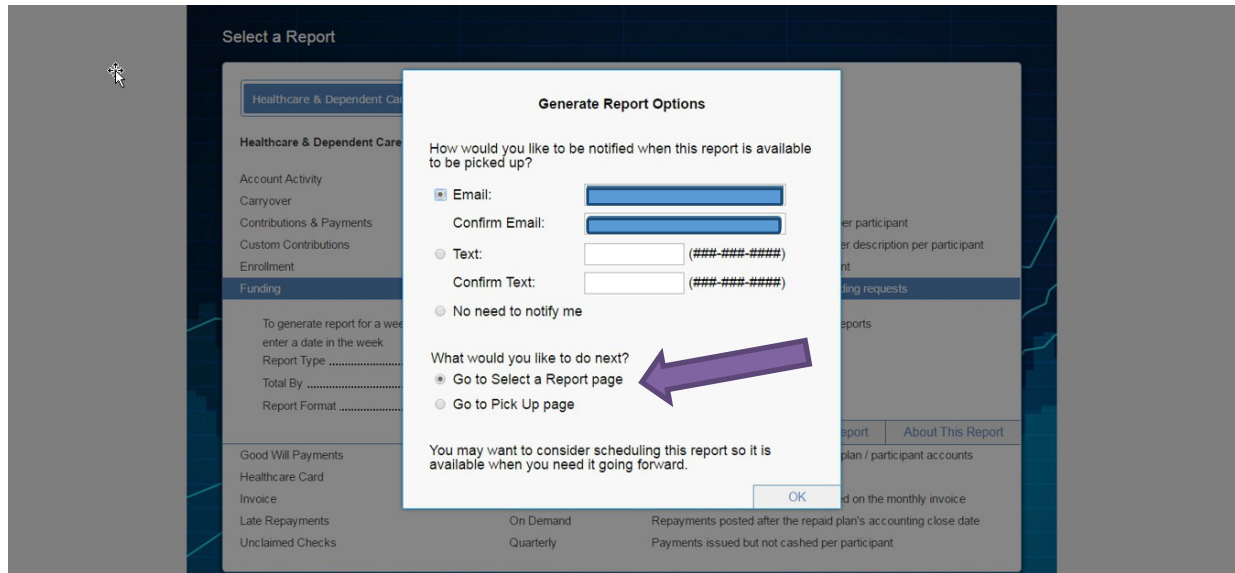


You also have the option to generate the **report by the location or company code totals**. Click the “total by” option and select the location or company code, click ok.

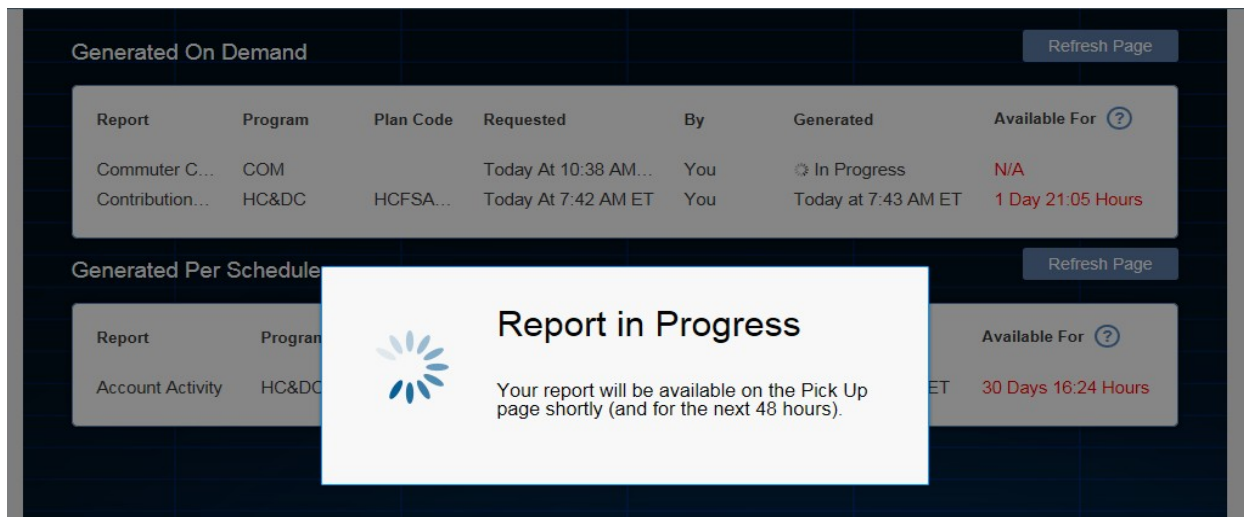


Click the **Generate Report** and the notification options will be displayed. Select email if that is your preference; also select Go to pick up page or go to select a report page, click ok:



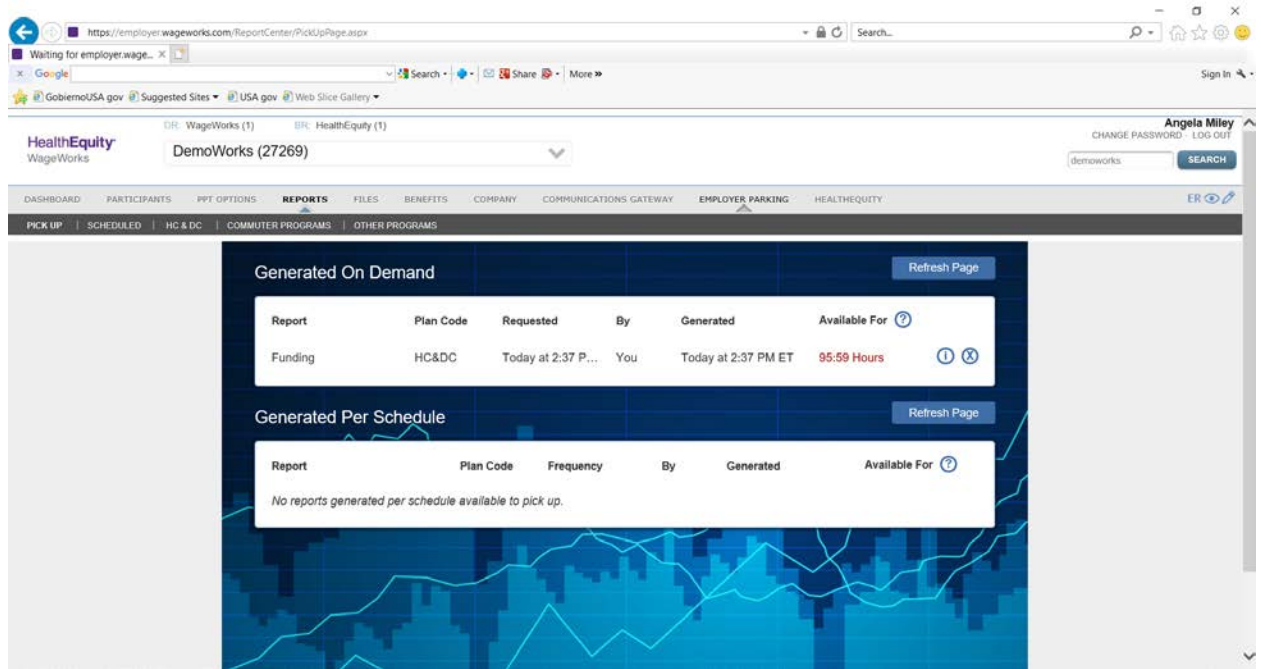


You will see the report in progress. As soon as this box disappears click the pickup tab.

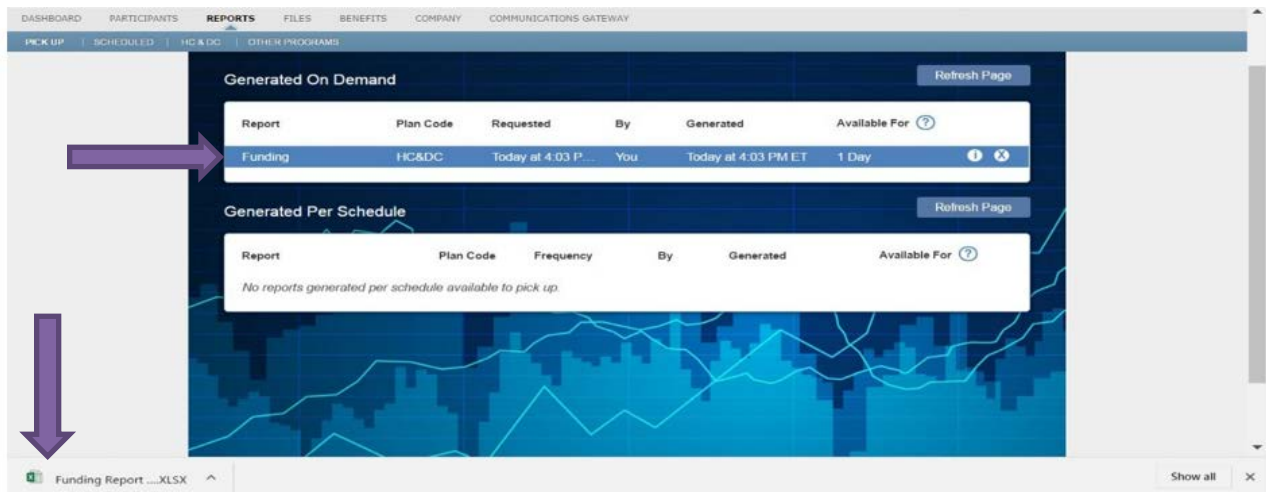


Click the pickup tab and you will see your report name under Generated on Demand:

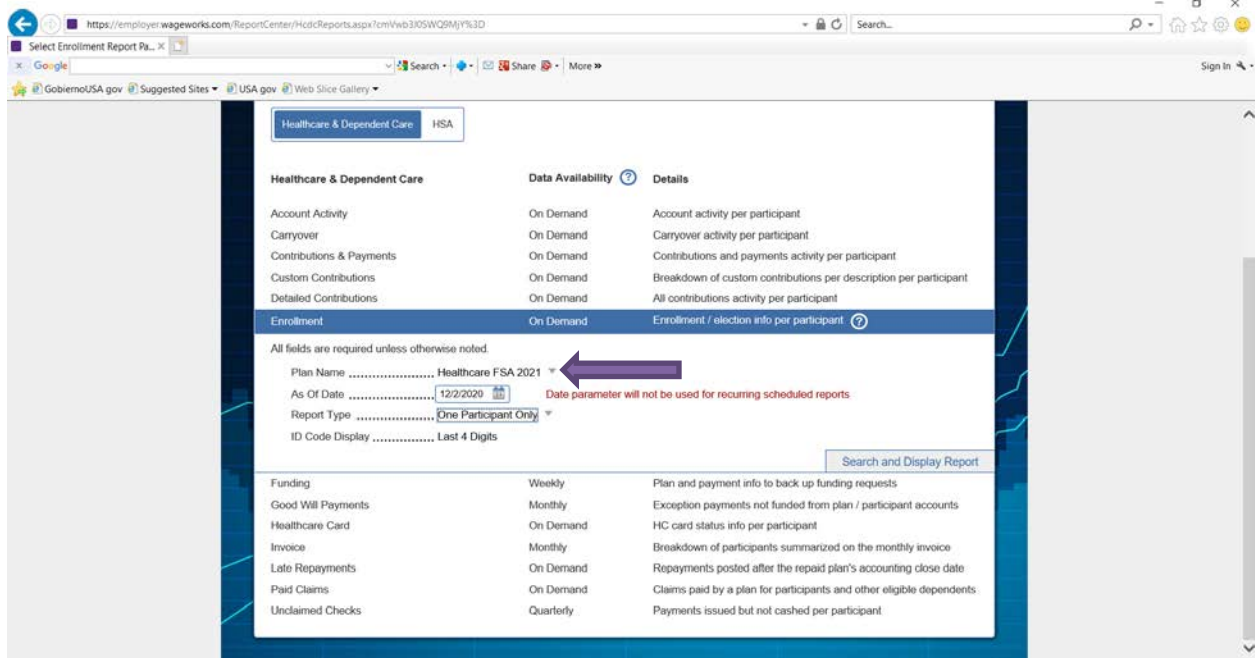
If the report is a longer running report, it will show pending; press refresh page to see an updated status if you didn't elect to be notified



Click the report name and an excel report will download; you can save the report if needed.



Note you can click the plan name to **select a different plan**:



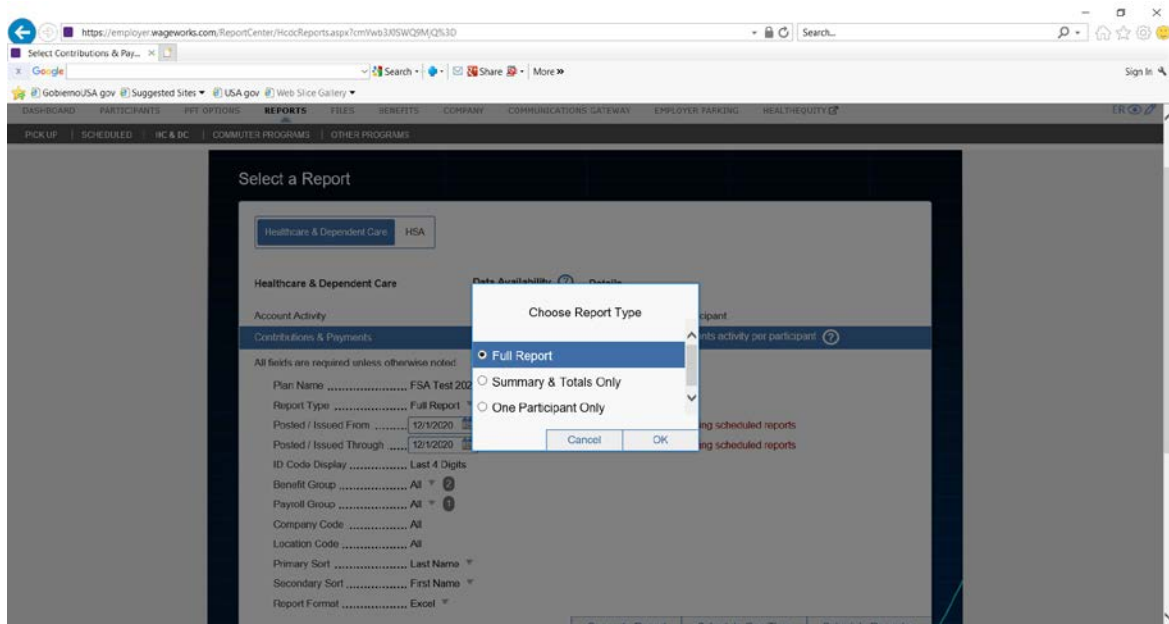
## Contribution and payments report

This report corresponds to the weekly funding report. The report provides the employee reimbursement details.

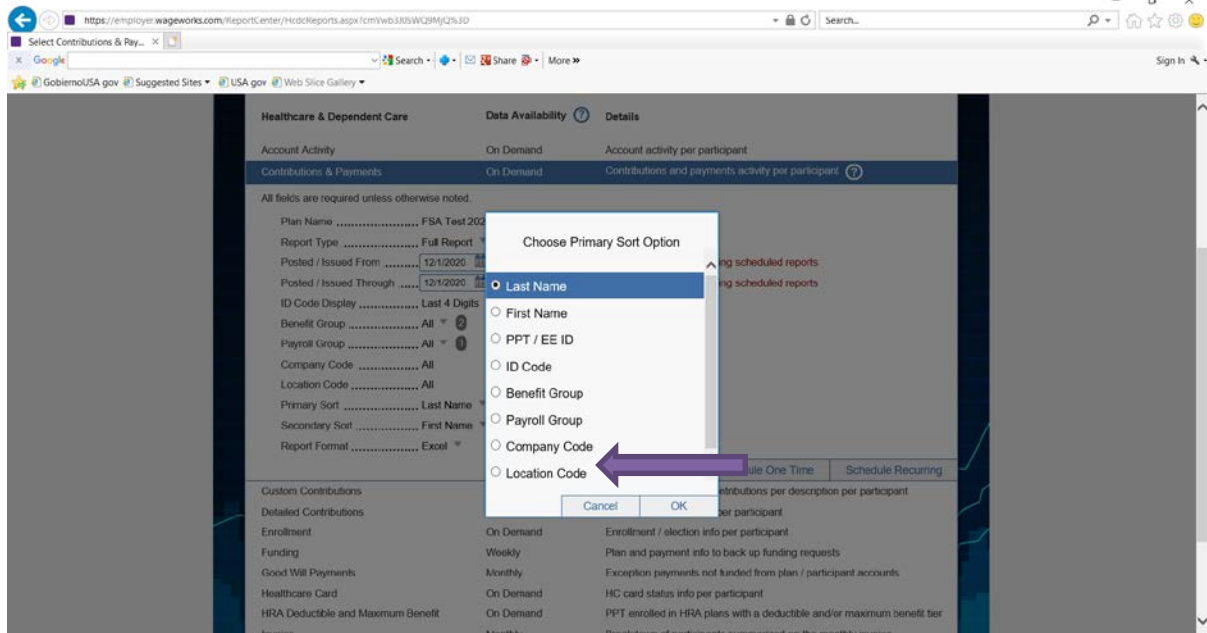
Select the report name under HC & DC reports

Enter your date range for the weekly funding **Sunday through Saturday**

Note you also have the option to generate a summary report by clicking the report type line and it will give you options for a summary report if a full report is not needed.



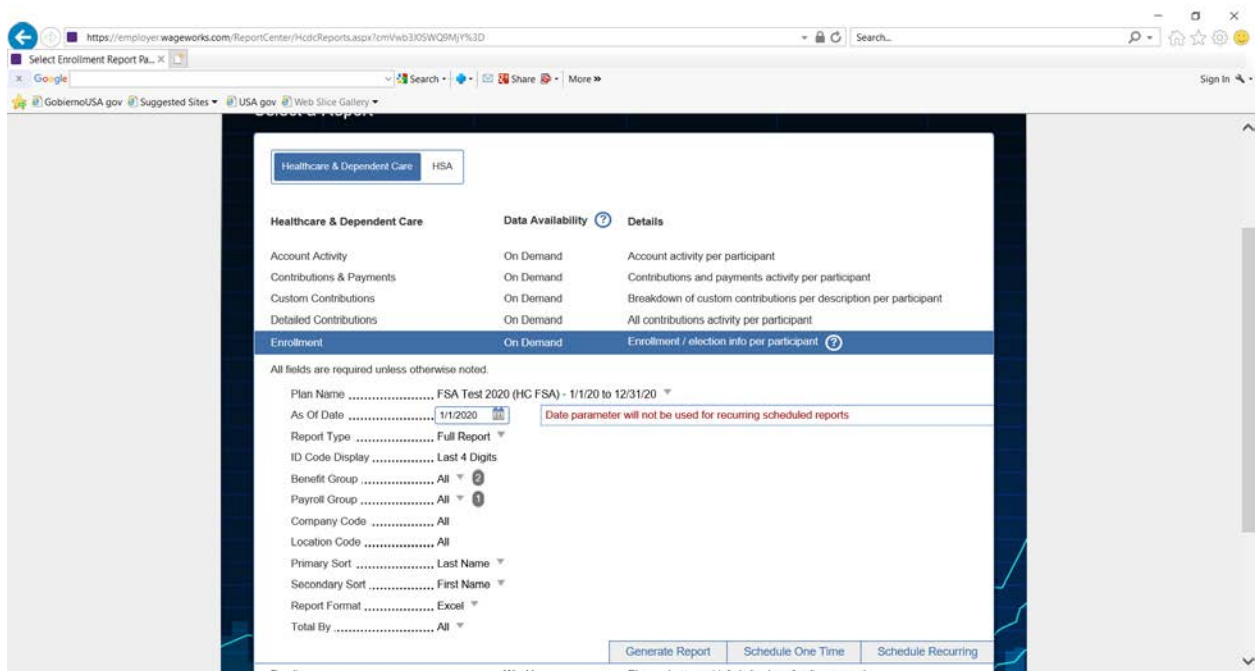
You also have the option to generate the report by the **location or company code**; click the **primary sort field**:



Click **generate report**, selection the notification option (email or text) Pick up, click on the report name and download in excel.

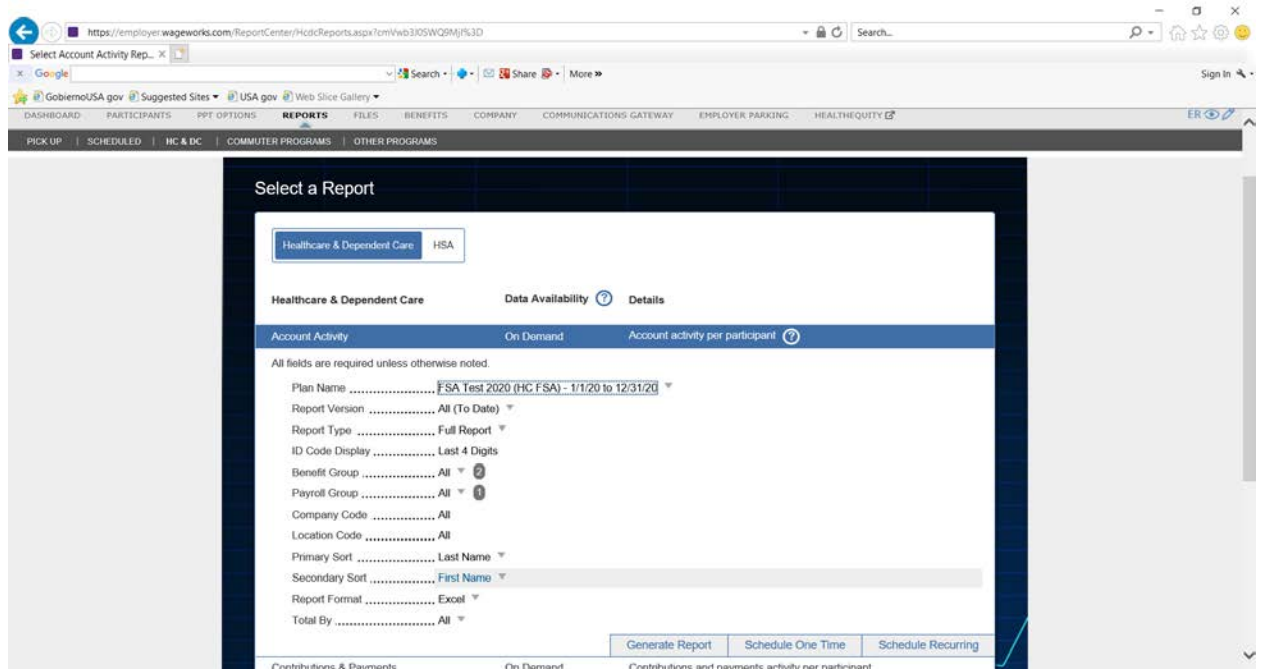
## Enrollment report

Select Plan, and As of Date



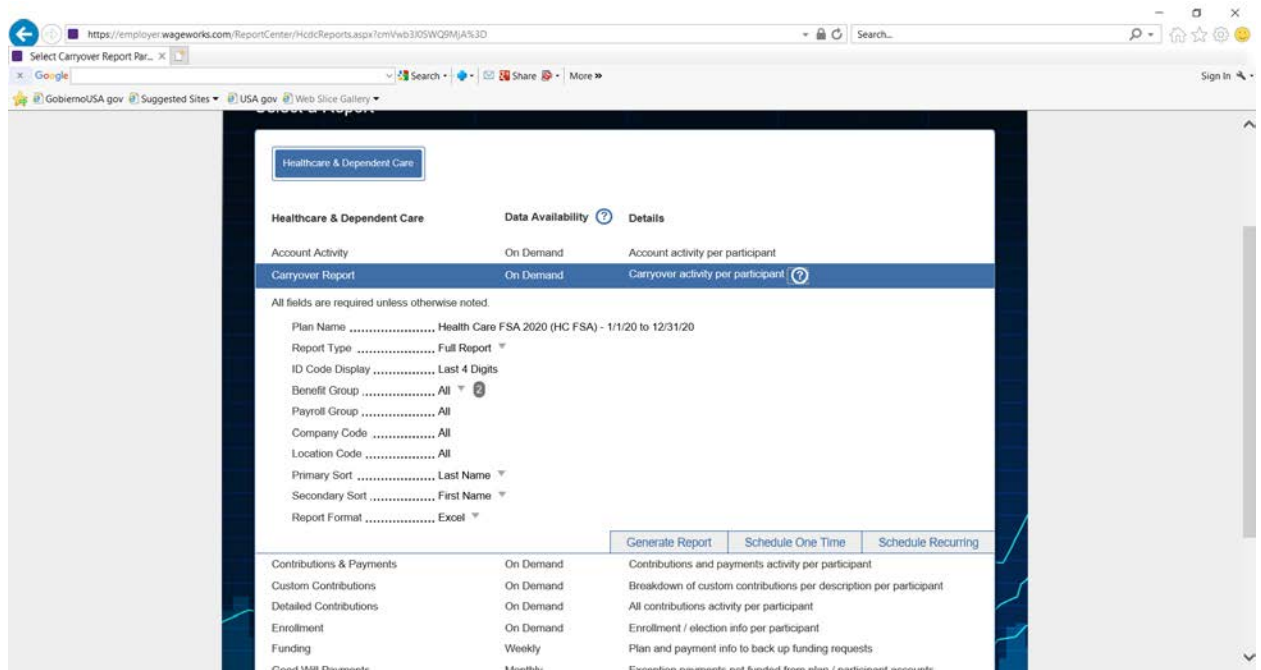
## Account Activity report

Always a year/plan to date report



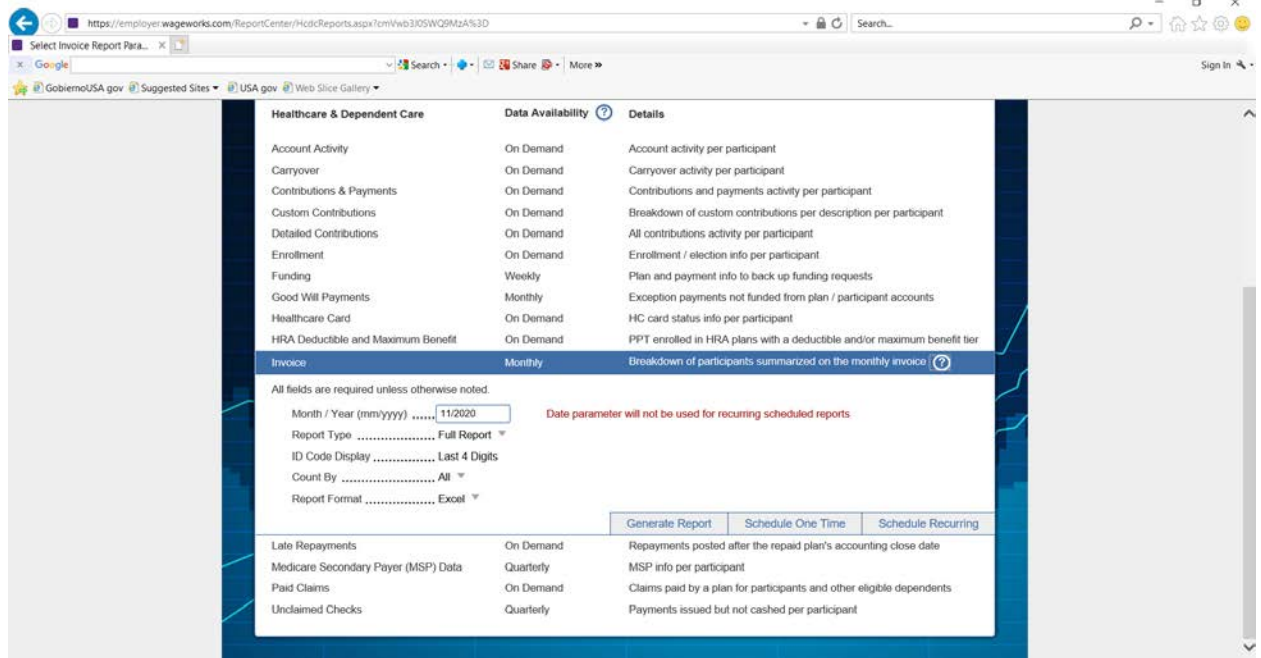
## Carryover report

Appears as an option if you offer Carryover. Enter year/plan need



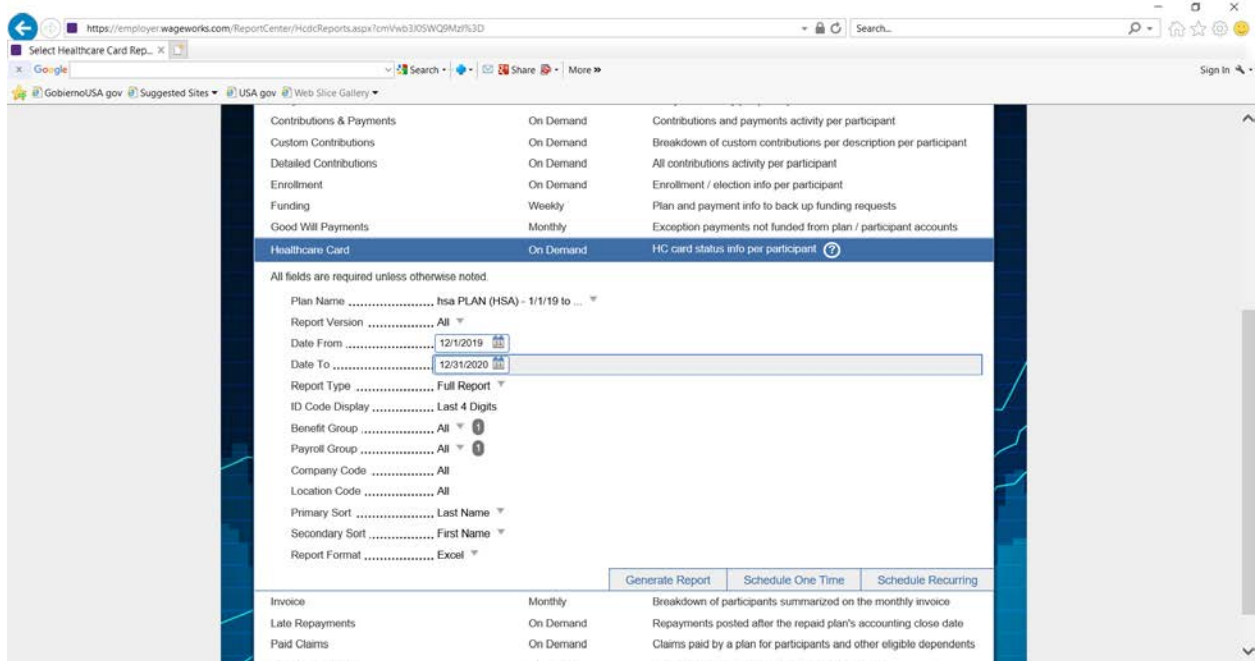
## Invoice report

Option to enter mm/yyyy for past months. This is only available as a full report; and contains all plans.

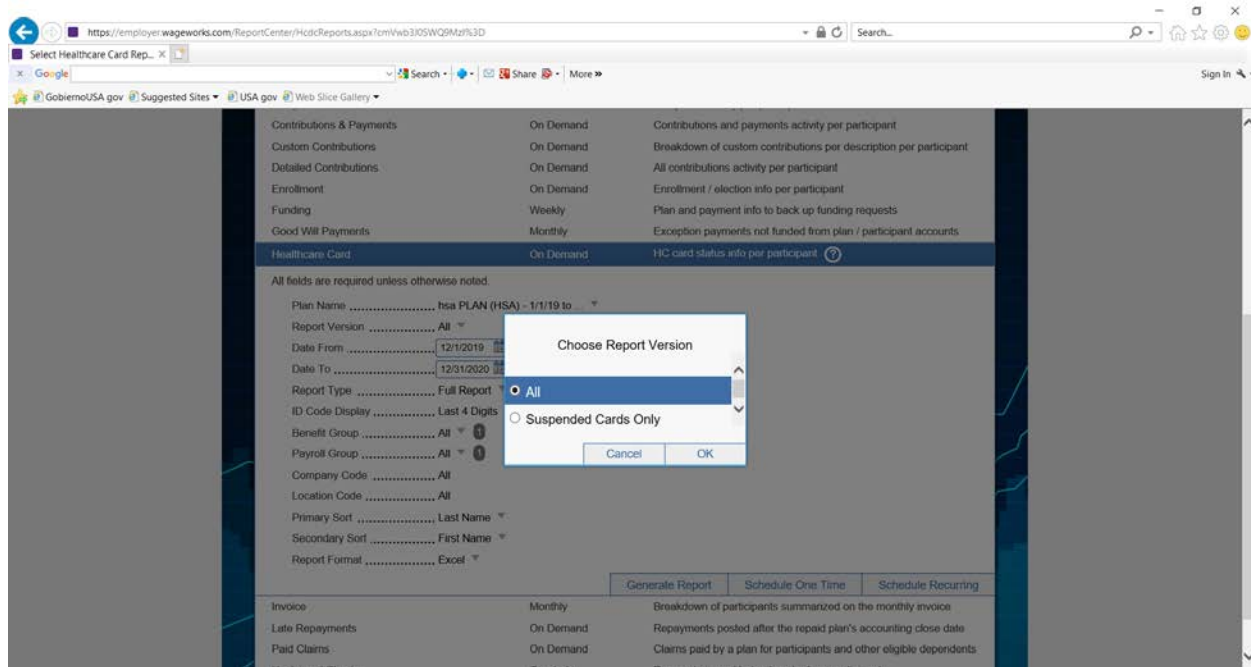


## Healthcare card report

Enter the date range needed.



Note: You can run an **all version** or a **suspended cards** version by clicking report version:

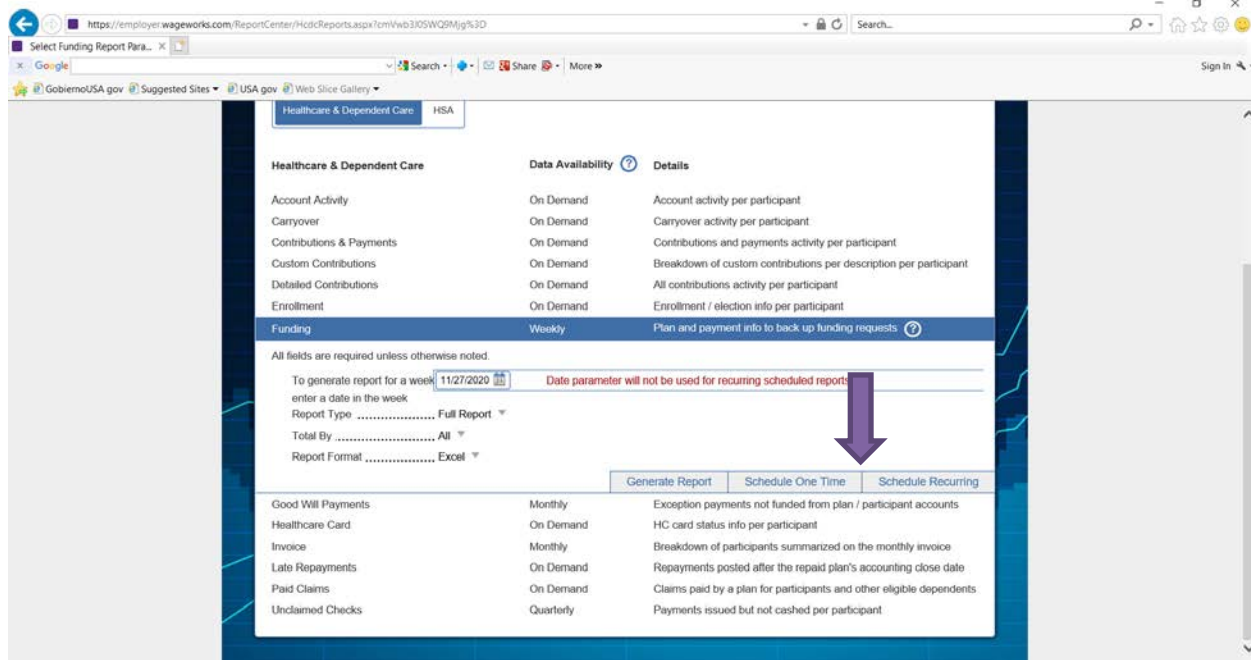


## To Schedule recurring reports

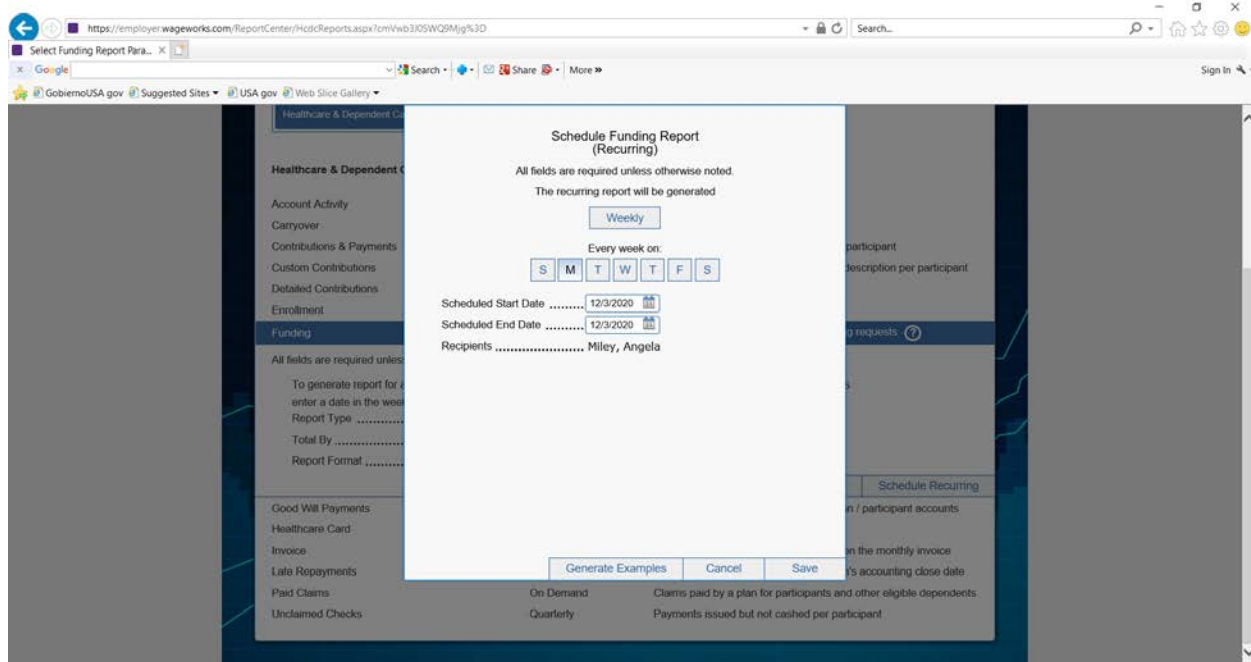
Select either One Time or Recurring, note:

- Scheduled reports are available for 30 days.
- Recurring options depend on when data is available, for example:
- Invoices are based on monthly report, so data is only available monthly
- MSP data is only available quarterly, so report is only quarterly
- Funding report will be listed as “Weekly”
- Not all reports can be scheduled
- Reports based on incoming data, like HSA funding, can’t be predictably scheduled, so they will need to be run on demand.

Click the report name, click schedule report:

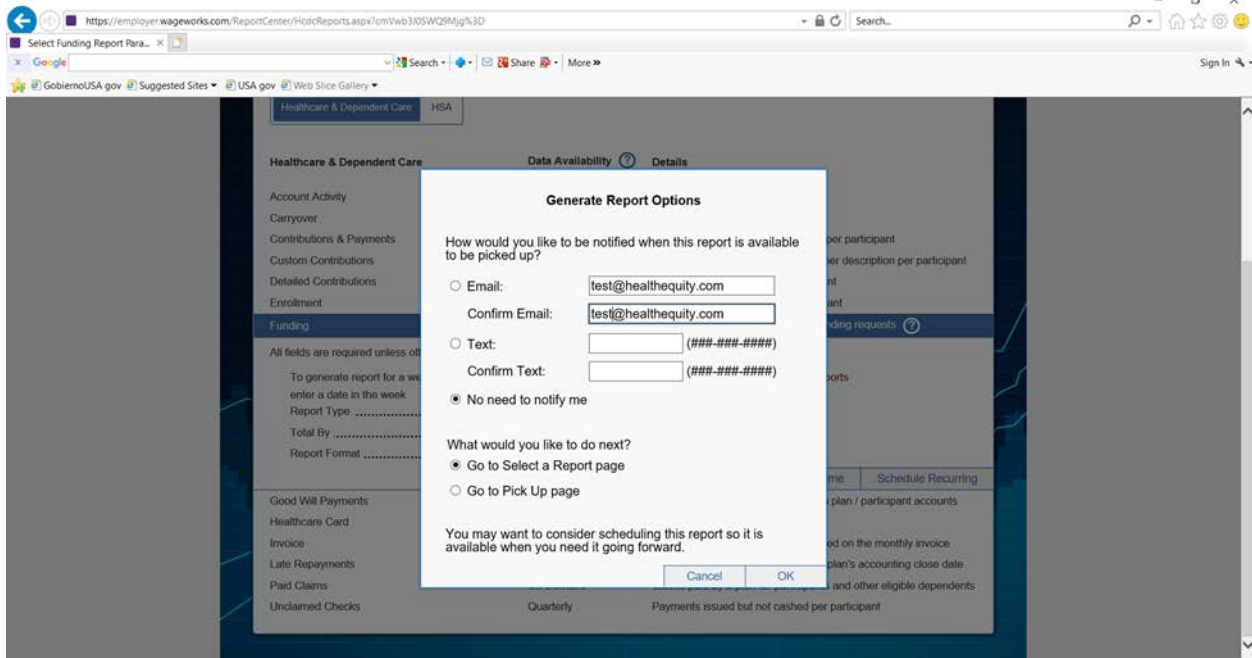


Select the recurring and the start and end dates, click save



## Scheduled report notification

Select the notification option, click ok:



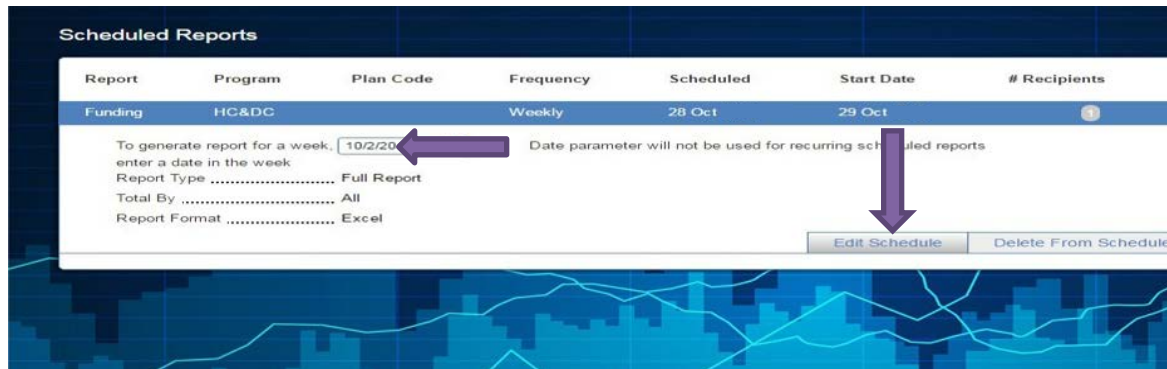
Under the scheduled tab you will see which reports are scheduled:

Scheduled Reports				
Report	Program	Plan Code	Frequency	Schedule
Funding	HC&DC		Weekly	28 Oct 201

If needed, the scheduling can be edited by clicking the report name:

Scheduled Reports				
Report	Program	Plan Code	Frequency	Schedule
Funding	HC&DC		Weekly	28 Oct 201

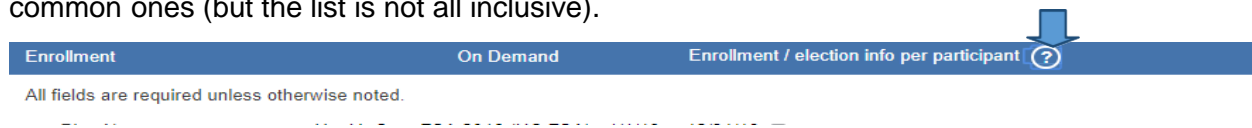
Click edit schedule, enter revised dates, click save as new scheduled report and preserve previously scheduled report, click save.



## Report details key

All reports have the same fields available that can be used for sorting or report generation: Last Name, First Name, PT/EE ID, ID Code (last 4 of ssn#- note a full ssn# version can be available to designated staff), Benefit Group, Payroll Group, Company Code, and Location Code. There are separate reports for each benefit.

The Report details is also available by selecting the (?) by each report name. Below are a few common ones (but the list is not all inclusive).



- **Enrollment Report**

List of participants and pertinent account settings, on demand – for any date range entered. The Enrollment Report can be run on demand for each plan to determine who is enrolled on any specific date.

- The summary and highlights section will reflect participant totals and account totals.
- Includes # of participants who have setup direct deposit.
- Includes # of participants who have email address on file.
- Indicates if accounts are Limited or standard.

- **FSA Funding Report**

A summary accounting of payments issued on demand – for weekly intervals. It can be reconciled to the Contributions & Payments Report but not to the Account Activity Report based on authorized payments.

- Funding Due This Week = The amount needed to return the funding account to the designated funding threshold (based on the previous week's net payment activity).
- The one-page weekly Funding Report reflects payment activities and funding requirements for all plans.
- It summarizes account activity based on issued payments which are payments that are out the door.
- Plans are displayed on this report from the Period Start Date through 60 days following the Claims Deadline, if applicable (to allow for final payments and adjustments).
- It can be reconciled to the Contributions & Payments Report. It cannot be reconciled to the Account Activity Report based on authorized payments.

## • FSA Contribution & Payments Report

This report displays contributions posted, payments issued for weekly intervals and repayments posted during the date range entered by employee.

- It provides plan and participant-specific back-up to the weekly Funding Report, when ran for the same time period.
- This report is not reconcilable with the Account Activity Report it is based on authorized posted/issued transactions vs. the Account Activity Report which includes not yet paid but approved transactions.
- This report displays only those records that have been posted and saved to the database as of the Date Run (today). It does not display any records that have been nullified or backed out at a later date or time period; the report will display data for the specific time period requested.
- The report can be used by the program sponsor to reconcile with their payroll system, to verify posting of payroll deductions taken and other contributions.

## • FSA Account Activity Report

This report list all activity YTD as of the date ran, deductions, reimbursements, terminations, remaining deductions to be taken, available balance and card substantiation information (auto approved, paid back, paid back by claim, receipt or repayment needed, over 90 days status).

- Three versions of the report is available, an ALL activity version, an Enrollment changes version, and a qualified changes version.
- The All version of this report will display all data posted to date for all participants in the selected plan.

- The Enrollment Changes and Qualified Changes versions of the report will filter the contents to display only those records posted to the system within the date range entered.
  - Both include plan year-to-date totals for all payments, posted account funding and participant account balances. Note this report cannot be used to reconcile to the Funding Report or Contributions & Payments Report or any other data based on issued (rather than authorized) payments.
- This report should not be used for reconciliation purposes.
- The Account Activity Report displays account activity and resulting balances based on authorized payments for that day. Authorized transactions provide visibility to imminent account activity that is known (authorized) but have not yet been posted or issued – an important consideration for balance-related information.
- Program Sponsors who want to reconcile contributions and payments should be directed to the Contributions & Payments Report – which is based on issued (rather than authorized transactions) and is consistent with the Funding Report.
- The Account Activity Report provides information for the program sponsor to monitor balances and remaining contributions.
- It also serves as the Forfeiture Report at the end of the claims run-out period. The Account Balance (Actual) column represents the difference between actual funds reported in vs. funds paid out.

## • Healthcare Card Activity

This report summarizes card information, including card status, number of cards, and the amount of unverified card transactions for each participant, on demand. Two versions, All and Suspended cards only.

## • Invoice Report

The Invoice Report lists each participant enrolled in a specific program that is billable for the applicable billing period. The sum of participants in each category correlates to the monthly invoice.

- The sum of participants in each category can be broken down by one of the following: Benefit Group, Payroll Group, Company Code or Location Code.

- In general, participants enrolled in both the HCFSA and DCFSA are reflected as a separate line item on your invoice.
- Grace period and/or run-out are reflected as a separate line item on your invoice and noted as Prior Plan Year.
- HRA and HSA billing are also listed on separate lines on your invoice.
- Please refer to your Service Agreement for specific invoice terms for the services elected by your Company.
- This report is used to view participant invoice information.

## • Good Will Payments Report

This report includes detailed information for payments made to the participant without affecting the participant account balance but are to be invoiced back to you. These payments are NOT included in the Funding Report or the Invoice Report.

- This report is generated monthly for the previous benefit month and is available on the first of the following month.
- Examples of Good Will Payments:
  - A participant submits a repayment to a plan and the repayment is received by HealthEquity after the Accounting Close Date for that plan (Claim It By Date + 35 days).
  - A program sponsor did not send the DC payroll contributions to HealthEquity in time to make a participant's requested Pay My Provider payment. The client requests that HealthEquity reimburse the participant (at the client's expense) for the late fees incurred by the participant.
  - A program sponsor terminated their services with HealthEquity. As a result, all participant accounts are set to inactive and all claims are denied. The client requests that HealthEquity pay out claims for a participant at their expense before their funding account is closed out.
  - A claim that was originally denied was later passed through the appeals process. The appeal is granted after the accounting close date for that plan. HealthEquity must make a payment to the participant.
  - A participant unknowingly provides HealthEquity with inaccurate bank account information when enrolling for direct deposit. HealthEquity then issues payments to the specified bank account and the payments are posted and not returned as unpostable by the bank. The participant contacts HealthEquity after these payments can no longer be reversed. The client requests these payments be made again to the participant at their expense.

## • Unclaimed Checks Report

- List of all un-cashed participant check payments that have been returned to the program sponsor for escheatment, on demand – for quarterly intervals.
- Funds are returned to you on a quarterly basis for those checks that have remained uncashed or voided but not reissued after 18 months since the original check issue date.
- This report is generated on a quarterly basis for the previous quarter and will be available within the first week following the end of each quarter.
- The data contained in this report can be used to comply with regulatory and requirements.

## • Late Repayments report

This report includes and summarizes all late repayments processed during the specified date range.

- A benefit reimbursement check is one issued by the plan as plan benefits to reimburse the participant for eligible expenses and then returned uncashed by the participant to be used as a repayment.
- Repayments are considered late if received after the accounting close date (35 days past the claims deadline for any plan).
- The funds for late repayments are returned to the program sponsor at the end of the following calendar month (if the program sponsor is active) and returned to the participant with instructions to settle directly with the program sponsor (if the program sponsor is no longer active).

## • Carryover Report

Report Key:

- Carryover Transferred from Previous Plan: Amount carried over from previous plan year HC FSA to this HC FSA.
- Carryover Option: Carryover option elected by participant. None = participant will automatically receive carryover with same coverage as next plan year plan election (or standard or limited coverage as of coverage effective date under this plan if not enrolled in next plan year plan).

- Maximum Carryover: Maximum amount that can be carried over from this plan year plan to next plan year plan based on your plan design and limited to the available balance in this plan (maximum permitted = \$500).
- Carryover Spent from This Plan: Total carryover funds spent from this plan on next plan year expenses (processed and paid before carryover to next plan on carryover transfer date; claims deadline for this plan plus 15 days).
- Potential Carryover to Next Plan: The difference between the maximum carryover and the carryover spent from this plan (the most that will be transferred to next plan but limited by the available balance in this plan).
- Carryover Transferred to Next Plan: Amount carried over from this plan to next plan year HC FSA plan (limited by available balance).
- Available Balance This Plan (After Transfer): Available Balance in this plan as of today (and after the carryover transferred to next plan, if today is after carryover transfer date); same as on the Account Activity Report.
- Total Carryover Amount: Total of carryover spent from this plan and carryover transferred to next plan = total carryover amount received by this participant for this plan (not to exceed the maximum carryover and limited by the available balance in this plan).
- ALL AMOUNTS: all amounts are plan-year-to-date.