Provide Enterprise
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Ramsell & Benalytics

Provide Enterprise User Guide

Virginia Department of Public Health

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Table of Contents

Introduction & Background 2
Benalytics 3
Insurance Enrollment Assistance 3
Enrollment Request File 4
Enrollment Response File 4
Viewing Enrollment Assistance Requests 6
Updating Health Benefit Records 7
Premium Assistance Enrollment 12
Premium Assistance Enrollees File 12
Viewing Premium Assistance Enrollments 13
Updating Premium Assistance Enrollments 15
Authorized Premium Payment File 16
Premium Payments Pending 17
Paid Premium File 19
Premium Adjustments File 19
View Premium Payment Transactions 20
Ramsell 22
Enrollment File 22
View Medication Assistance Enrollment Batch Records 22
View Pharmacy Transaction Batch Records 23
View Pharmacy Benefits Enrollments 24
View Pharmacy Benefits Transactions 25
View Transactions not on Formulary 25
View Transactions with Client Link Error 26

Introduction & Background

The Virginia Department of Health has chosen to use the Provide Enterprise (PE) system to manage their VAMAP Program, which includes regular data file exchanges with their Insurance Benefits Manager (Benalytics) and Pharmacy Benefits Manager (Ramsell).

This user guide will walk through the management of these integrations.

Benalytics

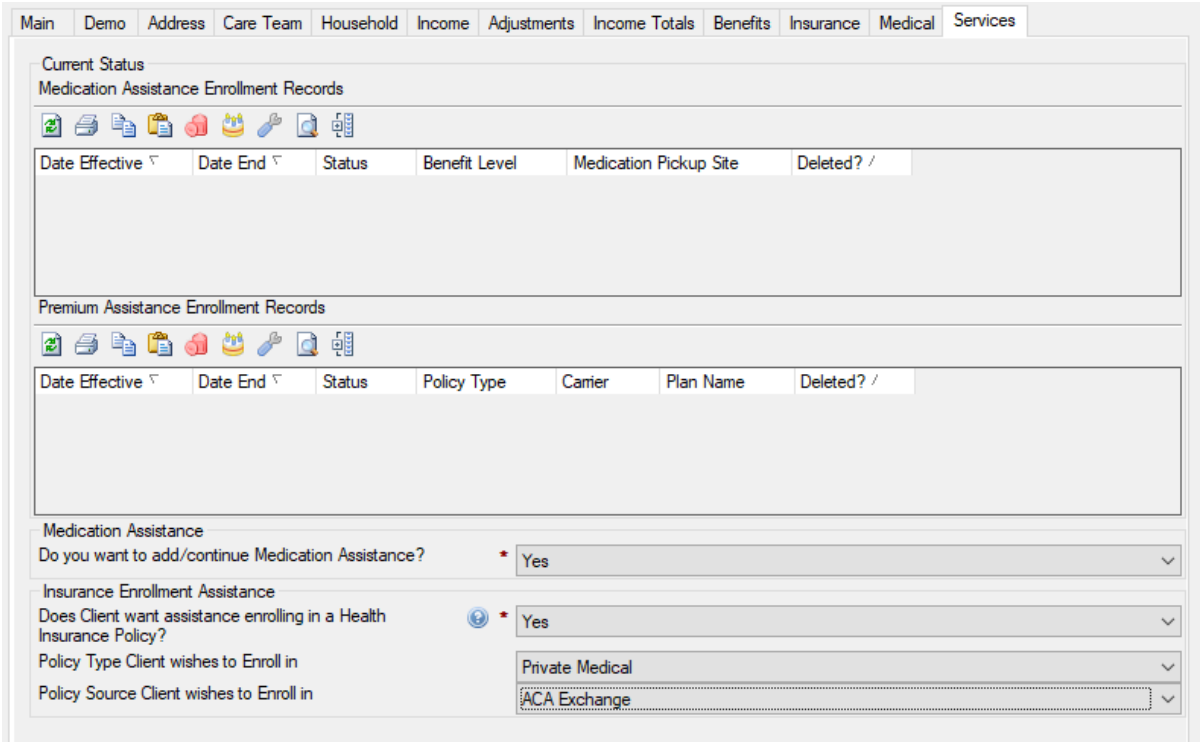
The Virginia Department of Health MAP program works with a third-party, Benalytics, as their Insurance Benefits Manager. Benalytics provides two primary services for VAMAP.

- Pay insurance premiums for clients enrolled in a premium assistance program
- Assist clients who need assistance enrolling in a health insurance policy

Insurance Enrollment Assistance

Insurance Enrollment Assistance into Medicare or private insurance coverage begins with an Eligibility Assessment. Eligible clients with no insurance coverage are enrolled into the Direct ADAP program. If the client may qualify for Medicare, Medicaid, or private insurance, the client may need assistance in finding and enrolling in an insurance policy.

When completing the Eligibility Assessment, you may identify that the client wants assistance enrolling in a health insurance policy on the "Services" tab.



In the Insurance Enrollment Assistance embedded view, complete the following fields:

- Does Client want assistance enrolling in a Health Insurance Policy – select Yes or No
- Policy Type Client wishes to Enroll in – select the appropriate policy type
- Policy Source Client wishes to Enroll in – field appears if Policy Type selected above is "Private Medical" and defaults to ACA Exchange.

Once the indicator is set, an Insurance Enrollment Assistance Request will be created and will be picked up in the next daily Enrollment Request file sent to Benalytics.

***Note, Insurance Enrollment Assistance Requests can also be made via a Health Benefit Update or during Open Enrollment via import.*

***Note, Insurance Enrollment Assistance Requests that are in a status of Assistance Requested for more than 12 months are flagged for deletion.*

Enrollment Request File

The Enrollment Request file is generated once each day at the end of the day (when a client has been identified as wanting assistance enrolling in a Health Insurance Policy) and posted to the GT Secure FTP Server to be picked up by Benalytics. This file may also be used to send a list of all records at the start of open enrollment.

This process picks up any Insurance Assistance Assistance Request record in a status of "Assistance Requested." These records are sent once at the time the records are created in PE.

Key columns in the data file are:

- Enrollment Request ID. This is a PE generated unique ID assigned to each Enrollment Request generated and sent to IBM. This identifier will be used by Benalytics in the return of an Enrollment Response file record.
- Client ID. This is the VDH assigned client unique identifier. A new identifier code will be assigned to every VDH client when the ADAP program is migrated to PE.
- Client Level Details - including Last Name, First Name, MI, Date of Birth, SSN, Gender, Residential Address, Mailing Address, Primary and Secondary Phone information, Household Income information, FPL.
- Current ADAP Benefit Level. This identifies what the client's current ADAP benefit level is when the enrollment request record was generated.

- Authorized Rep 1 thru 3. These are individuals the client has identified that can be contacted if needed to help the client complete the enrollment process in a new health benefit program.
- Enrollment Assistance Type. This indicates the type of health benefit in which the client wants/needs help with enrollment.
- Current Insurance Carrier, Plan and Billing ID. These fields are only filled in if the client already is enrolled in a Medicare Advantage (Part C), Medicare D or ACA Plan.
- Medical Provider, Physician
- Campaign Year - defaults to the current year

Enrollment Response File

This file is to be generated by Benalytics at least once per day, after they have completed the process of helping a client enroll in a health insurance plan of some type. The "completion" may be either that the client was enrolled in a health plan or that the client was unable to be enrolled or refused to work with Benalytics to complete the enrollment process. Each Enrollment Request record should generate one and only one Enrollment Response record sent back to GT. The file will be posted to the GT Secure FTP Server to be used to update the Enrollment Request data records in PE.

Note: A client having been enrolled in a health plan does not make the Client immediately eligible for or enrolled in the ADAP Premium Assistance program. VDH ADAP must make that decision.

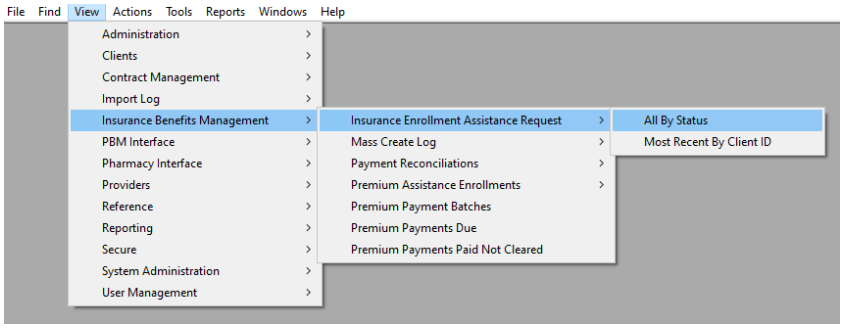
Key columns in the data file are:

- Enrollment Request ID. This is a PE generated unique ID assigned to each Enrollment Request generated and sent to Benalytics when a request for assistance with enrolling was sent.
- Client Level Data - Last Name, First Name, MI, Date of Birth, SSN, Gender
- Enrollment Status. This indicates if the client was successfully enrolled in a health plan or not enrolled.
    - Assistance Requested - enrollment request was sent to Benalytics that has not yet received a response.
    - Denied - the request was denied by Benalytics, therefore the client was Not Enrolled.

    - Enrolled - enrollment response received with enrollment coverage details
    - Rejected - the Health Benefit created from the enrolled Insurance Enrollment Assistance Request returned from Benalytics was rejected by VDH.
- Enrollment Not Enrolled Reason. This is an open text field for Benalytics to indicate why the client was not enrolled in a health plan and they have stopped working with the client.
- Enrollment Type. This indicates the type of health benefit the client was enrolled in.
- New Insurance Carrier, Plan, Billing ID. These columns are filled in for Medicare C, D, or ACA policies that the client was newly enrolled in.
- Initial Premium Amount Due. This is the first month's premium or sometimes the binder payment due to ensure the policy takes effect.
- Initial Premium Payment Due Date. Date when the first payment is due.
- Recurring Premium Amount. This is the actual premium amount before any tax credit for ACA polices.
- Tax Credit and Tax Credit Amount and Reason No Tax Credit. These columns are valid for ACA policies only.
- Coverage Effective Date. Date when the policy coverage became or will become effective.
- MOOP
- Family Plan
- Primary/Secondary
- Immigration Status
- Moved Out of State

Viewing Enrollment Assistance Requests

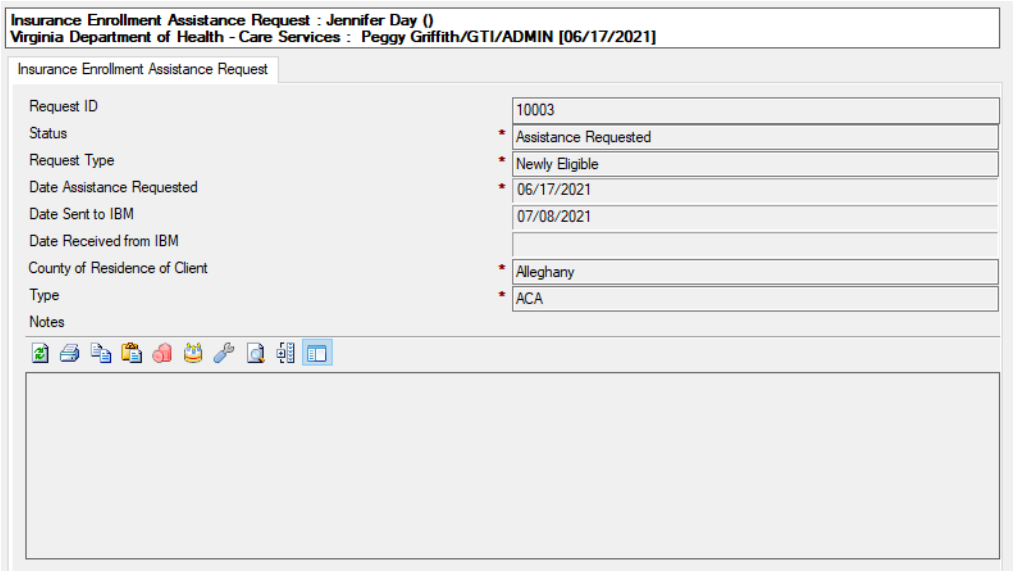
To view Enrollment Assistance Request records, use View > Insurance Benefits Management > Insurance Enrollment Assistance Request.



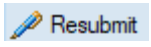
You may view All requests sorted by Status or just the most recent requests sorted by Client ID.

Status	Requested	Enrolled	Last Name	First Name	MI	Client ID	Type Insurance	Request ID
Assistance Requested	2021/06/17		Day	Jennifer		10163	ACA	10003
Assistance Requested	2021/06/16		Houseman	Jake		10011	ACA	10002
Assistance Requested	2021/05/28		Houseman	Lisa		10133	Medicare C	10001
Assistance Requested	2021/05/07		Castle	Johnny		10007	ACA	10000

Double-click on the record to view the details.



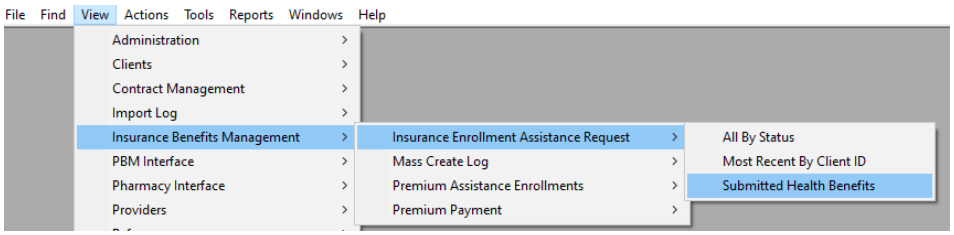
The Enrollment Request record will display the status of the request, including the date it was sent to Benalytics and when an update was received from Benalytics.

- If the request is in a status of “Assistance Requested” or “Rejected” then you will see the 

button. This action will re-flag the request to be picked up and sent to Benalytics in the next nightly agent.

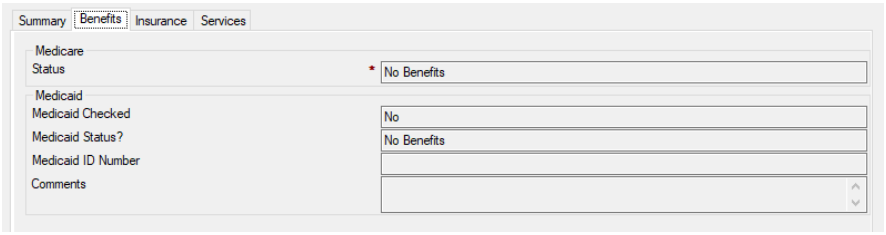
Updating Health Benefit Records

When Benalytics sends a response with a status of “Enrolled,” Provide Enterprise automatically creates a Health Benefit record in the client profile in a “Submitted” status. Use the View > Insurance Benefits Management > Insurance Enrollment Assistance Request > Submitted Health Benefits, to see a list of Health Benefit updates in a “Submitted” status.

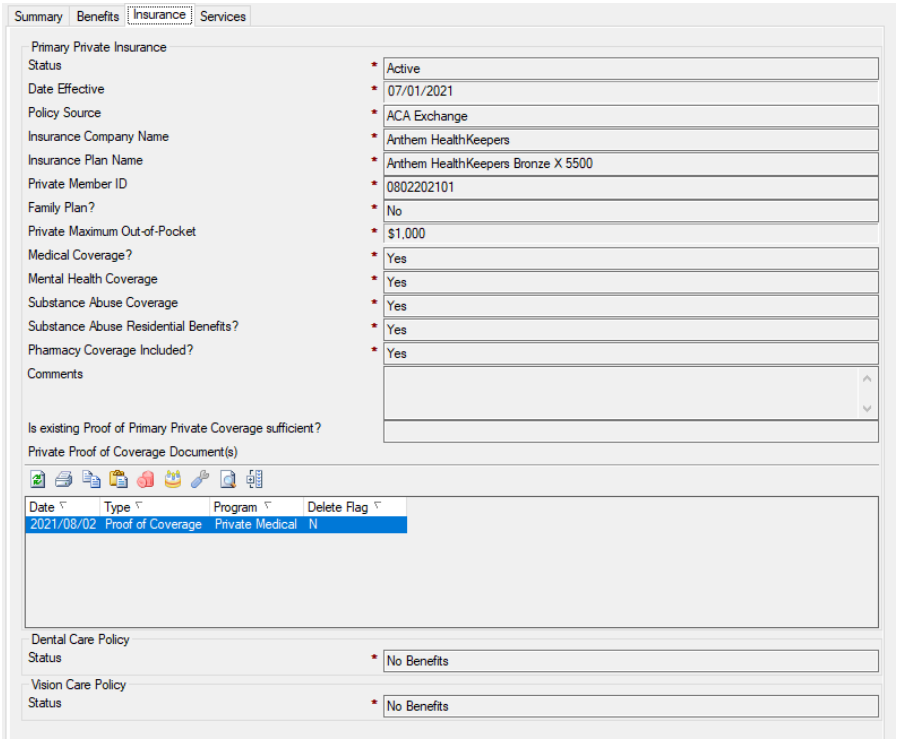


Double-click the record to review the submitted update. A member of the ADAP team will need to communicate with the client to confirm enrollment and to obtain a copy of the proof of insurance in order to update their eligibility for premium assistance.

The Summary tab displays the current status, update type, and effective date of the change. If the client is currently enrolled in VA MAP, and outside of the recertification window, the update type will be an interim update.

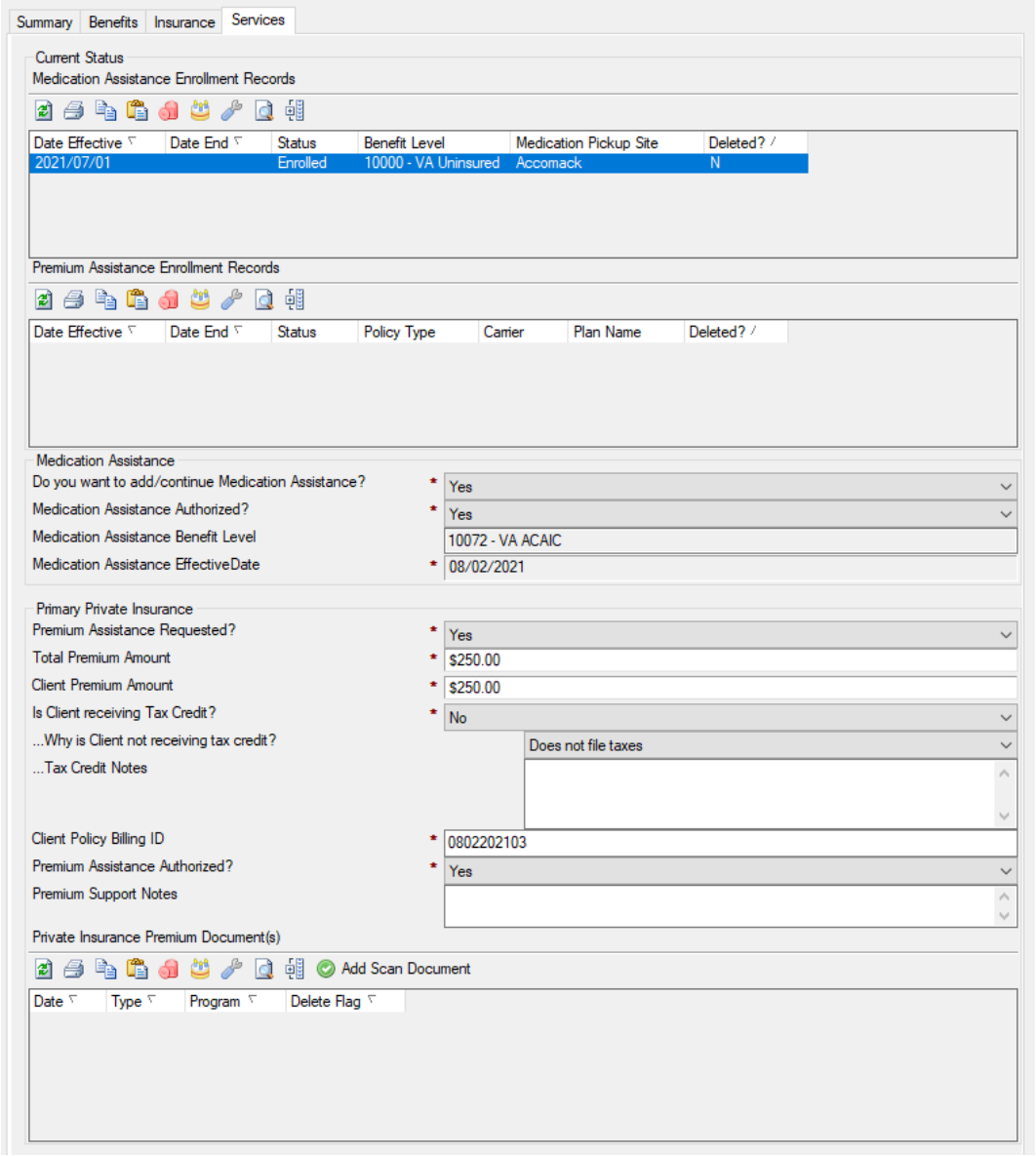


The Benefits tab will display if the client is enrolled in either Medicare or Medicaid.



The Insurance tab displays if the client was enrolled in a private medical plan. Use the Edit button to upload the proof of coverage received by the client. Remember to mark the Proof of Coverage document as sufficient.

The Services tab displays the current enrollment status of the client.



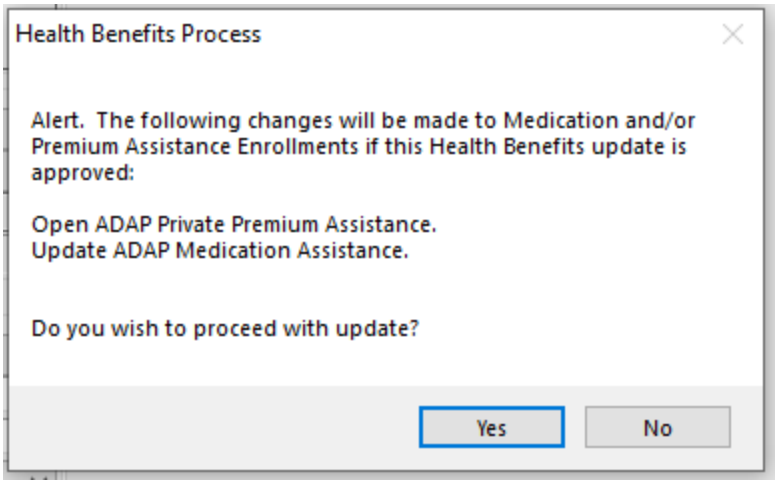
- Premium Assistance Requested – If client requests premium assistance, select "Yes."
- Total Premium Amount – enter the total premium amount provided by the proof of insurance.
- Client Premium Amount – enter the client's portion of the premium amount provided by the proof of insurance.
- Is Client receiving Tax Credit – Complete the applicable fields if client is or is not receiving tax credit.

- Client Policy Billing ID – enter the policy billing ID provided by the proof of insurance.
- Premium Assistance Authorized – if client qualifies for premium assistance, select "Yes."
- Premium Support Notes – enter any applicable notes.
- Private Insurance Premium Documents – upload client-provided documentation regarding the premium amounts.

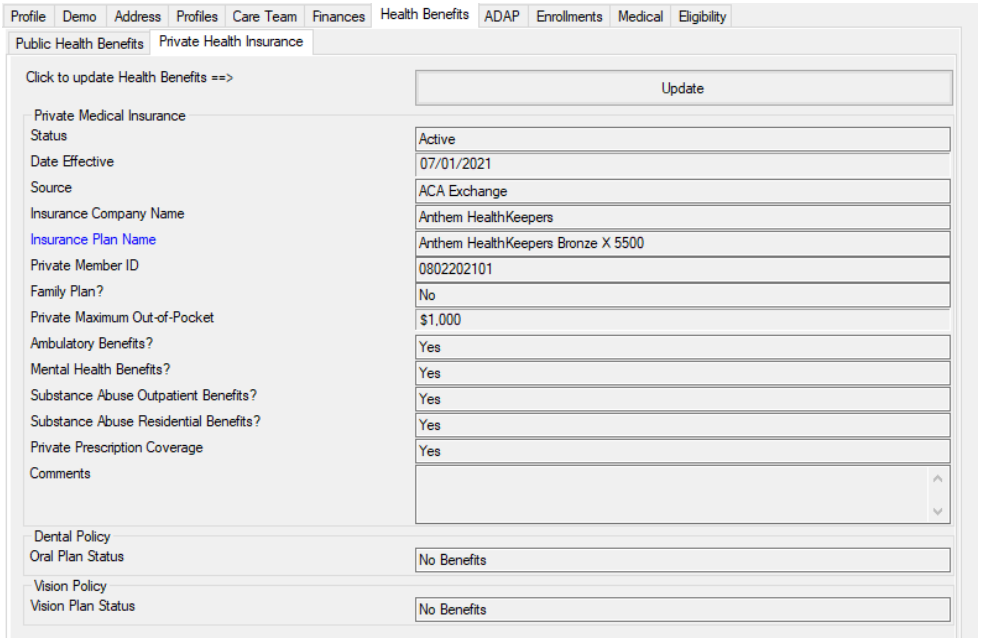
After completing the form, click the Complete button.

At this point, if you need to reject the update request, click the Reject button. This will set the status of the Health Benefit record and the Insurance Enrollment Assistance Request record to Rejected, and will be sent back to Benalytics through the nightly agent.

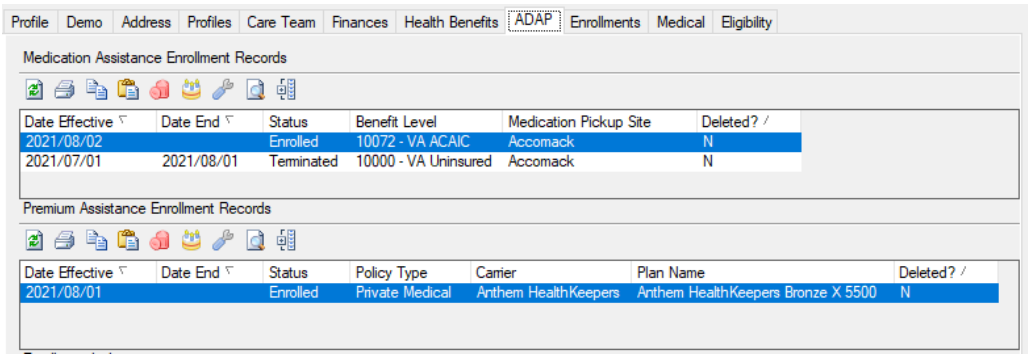
Otherwise, click the Process button to process the client's update. The user will receive a message alerting to the change being made and the impact to the client's eligibility. Click "Yes" to continue.



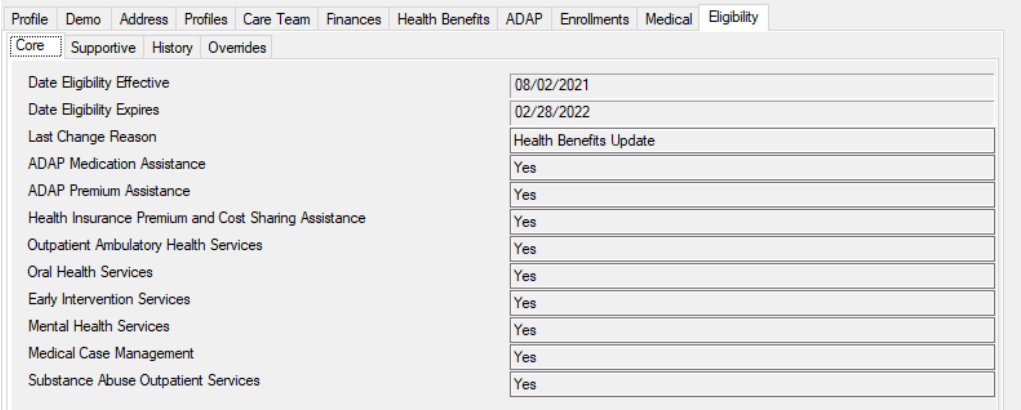
From the Client Profile, either after nightly processing or by using the Action > Update Client activity, you can view the updates to the Health Benefits tab.



On the ADAP tab, you will see the changes that applied to the client's enrollment as a result of the Health Benefits update.



The Eligibility tab will display historical eligibility updates.



Once the client is enrolled in premium assistance, the enrollment record will be picked up in nightly processing and sent to Benalytics with a status of "Enrolled."

Premium Assistance Enrollment

If a client is already enrolled in Medicare or private health insurance, and qualifies for premium assistance, Benalytics serves as the payer of the premium payments.

Premium Assistance Enrollees File

This file is generated by PE at least once each day and posted to the GT Secure FTP Server. Records are generated and included in the file when any of the following events occur:

- New ADAP Premium Assistance Enrollment. A client is enrolled in ADAP Premium Assistance for a new health plan.
- ADAP Premium Assistance Termination. A client is terminated from the ADAP Premium Assistance Enrollment program.
- Client Update. Client level data (name, address, dob, gender, SSN, income, etc.) changes for a client that is currently enrolled in ADAP Premium Assistance.
- Premium Change. The monthly recurring premium amount due has changed for a client policy.

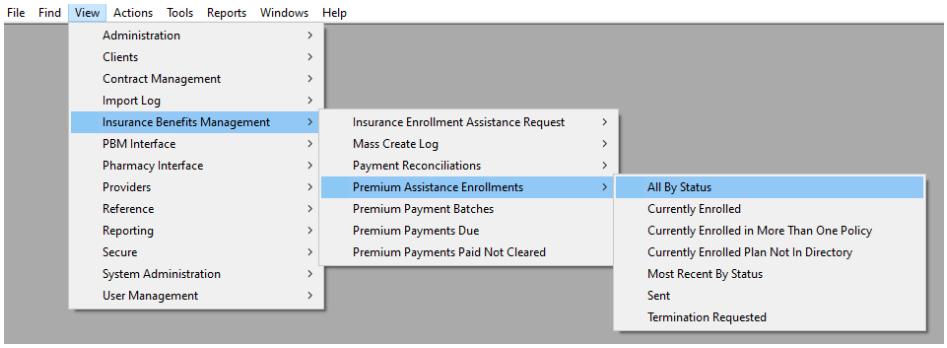
A given Client may be enrolled in multiple policies at the same time. The Premium Assistance Effective and End Dates for each policy will not overlap. This can occur most frequently during open enrollment where the client is enrolled in one policy thru the end of the year and a new policy at the start of the next year.

Key columns in the data file are:

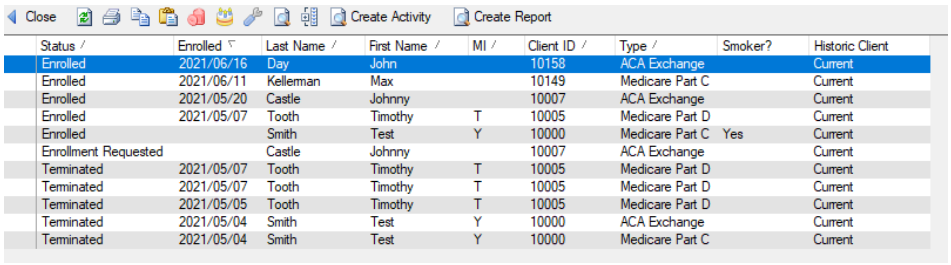
- Enrollment ID. This is a PE generated unique ID assigned to each Enrollment in the ADAP Premium Assistance program. This ID will be included in Premium Payment Authorization records so Benalytics can link the Payment to the Enrollment.
- Action. Indicates why the record is in the file.
- Coverage Effective/End Dates. These dates indicate when the policy became or will become effective and will or did end.
- Premium Assistance Effective/End Dates. These dates indicate the period of the policy being eligible for and enrolled in ADAP Premium Assistance.

Viewing Premium Assistance Enrollments

To view Premium Assistance Enrollment records, use View > Insurance Benefits Management > Premium Assistance Enrollments.

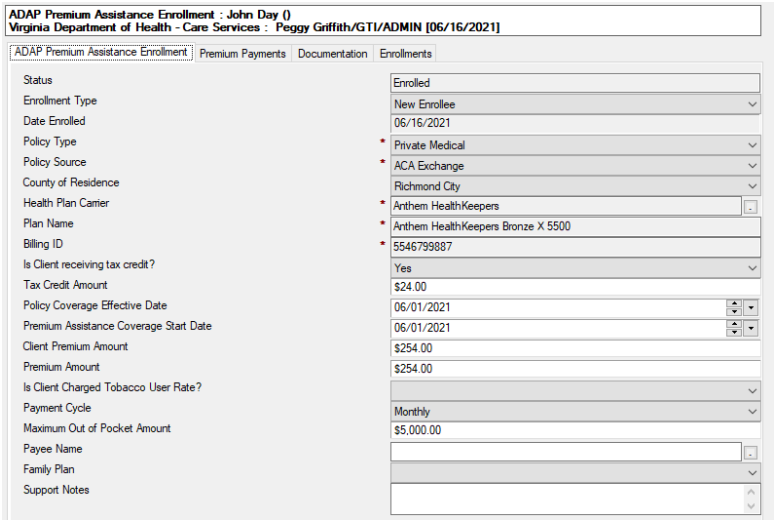


There are several views to help you quickly see a filtered list of enrollments depending on your needs.

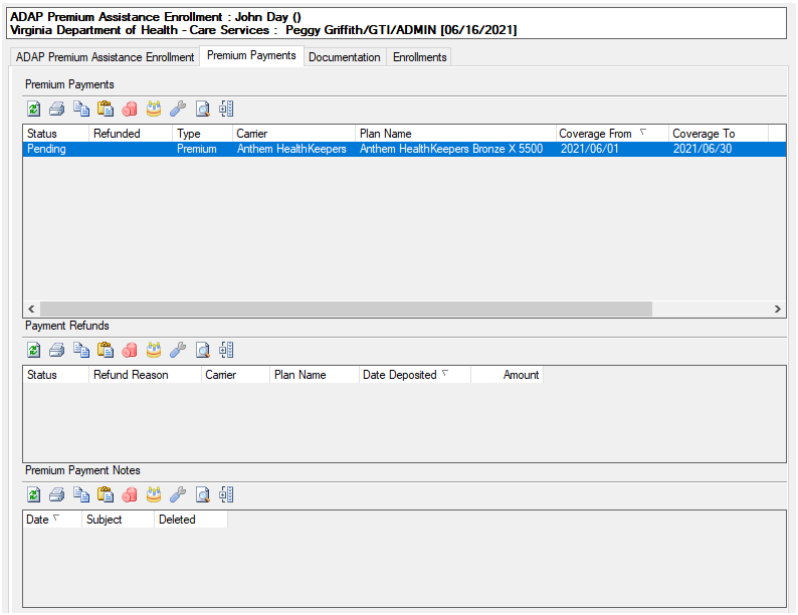


Status	Enrolled	Last Name	First Name	MI	Client ID	Type	Smoker?	Historic Client
Enrolled	2021/06/16	Day	John		10158	ACA Exchange		Current
Enrolled	2021/06/11	Kellerman	Max		10149	Medicare Part C		Current
Enrolled	2021/05/20	Castle	Johnny		10007	ACA Exchange		Current
Enrolled	2021/05/07	Tooth	Timothy	T	10005	Medicare Part D		Current
Enrolled		Smith	Test	Y	10000	Medicare Part C	Yes	Current
Enrollment Requested		Castle	Johnny		10007	ACA Exchange		Current
Terminated	2021/05/07	Tooth	Timothy	T	10005	Medicare Part D		Current
Terminated	2021/05/07	Tooth	Timothy	T	10005	Medicare Part D		Current
Terminated	2021/05/05	Tooth	Timothy	T	10005	Medicare Part D		Current
Terminated	2021/05/04	Smith	Test	Y	10000	ACA Exchange		Current
Terminated	2021/05/04	Smith	Test	Y	10000	Medicare Part C		Current

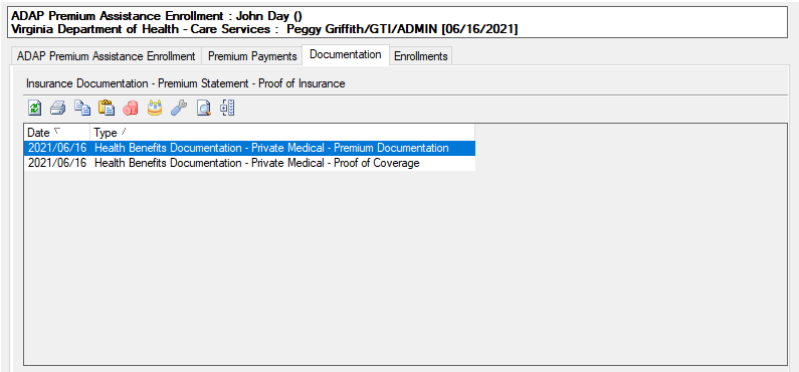
Double-click on the Enrollment Record to see the details.



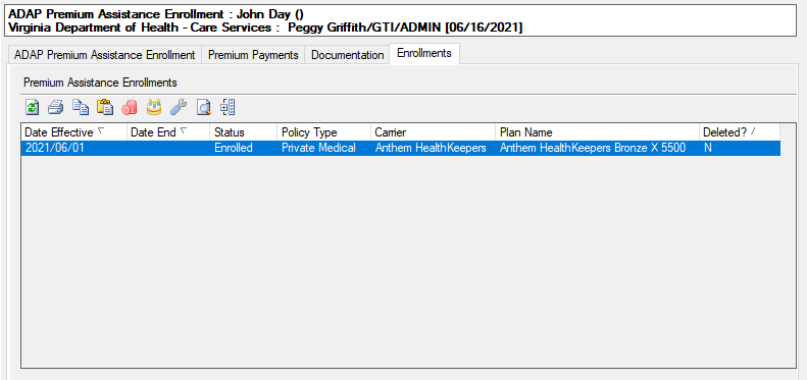
The Premium Payments tab displays history of premium payments, refunds, and any notes regarding payments.



The Documentation tab displays the history of scanned documents for the insurance policy.



The Enrollments tab displays the client's history of Premium Assistance Enrollments.

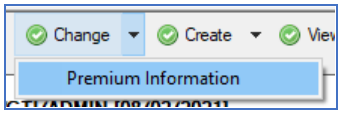


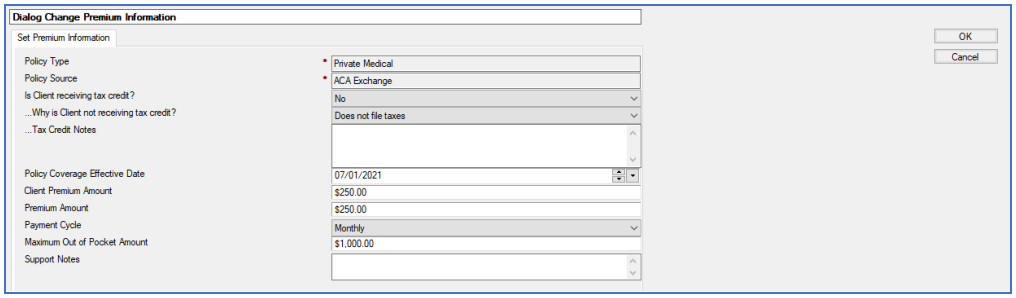
Updating Premium Assistance Enrollments

Change options are only available for users with the Provide.User.IBM.Admin role. From the Enrollment record, use options in the button bar to make any required changes.

Change Premium Information

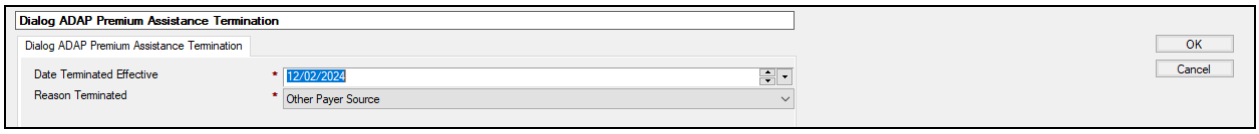
To update premium or Maximum Out of Pocket Information, click on Change > Premium Information.





Terminating the Enrollment Record

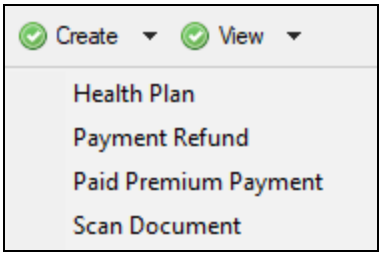
Click the Terminate button to terminate the enrollment.



Enter the effective date of the termination, and the reason for termination. Then click OK.

Create Button

Users with appropriate permissions may use the Create button to create additional records as needed.

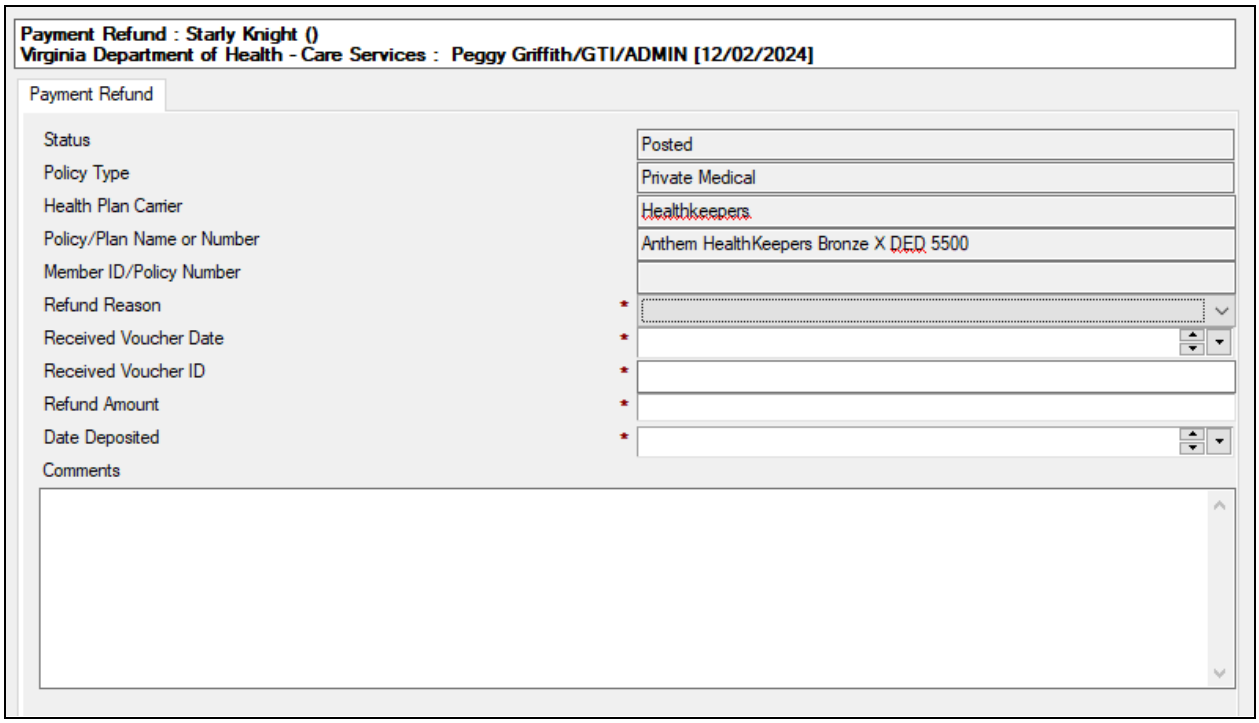


Create Health Plan

This button allows a user to create a new Health Plan in the Health Plan directory (located in the View > Reference menu).

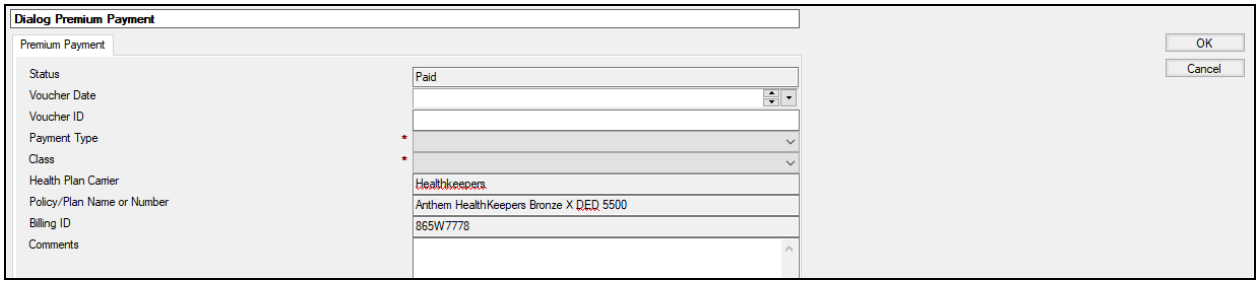
Create Payment Refund

This button allows a user to create a premium payment refund record. This may be needed in cases where the refund was received by check to the client outside of the Benalytics process.



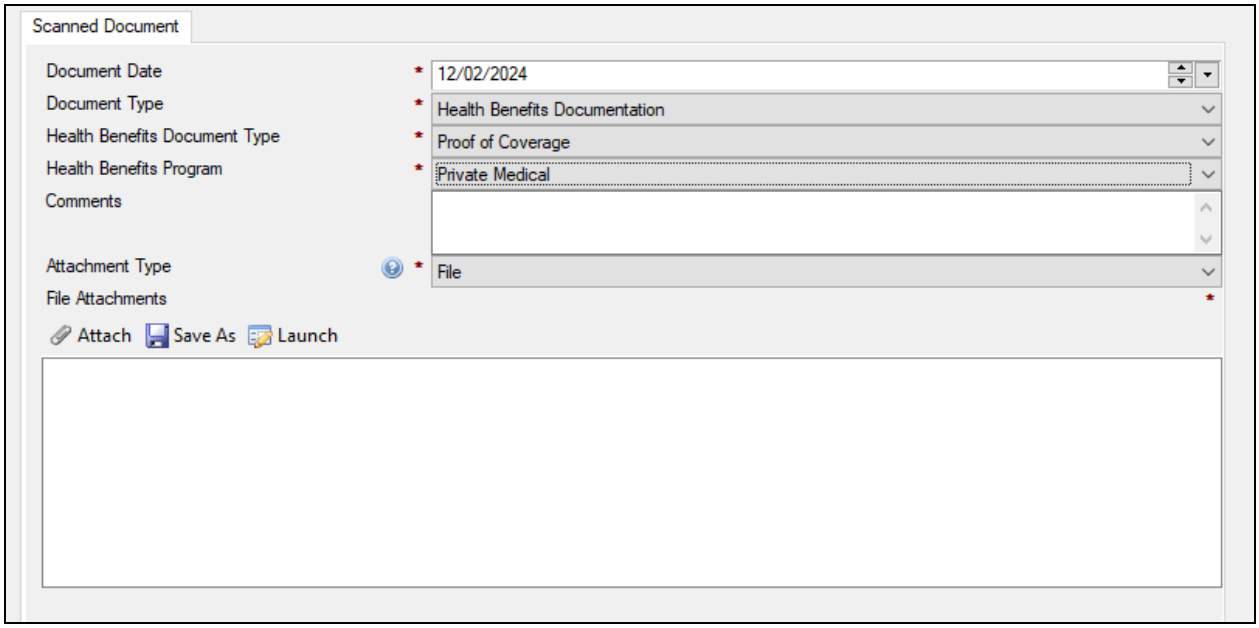
Create Paid Premium Payment

This button allows a user to create a premium payment record. This may be needed in cases where a binder payment is made outside the Benalytics process.



Create Scan Document

This button allows a user to create a Scan Document and attach it to the client profile.

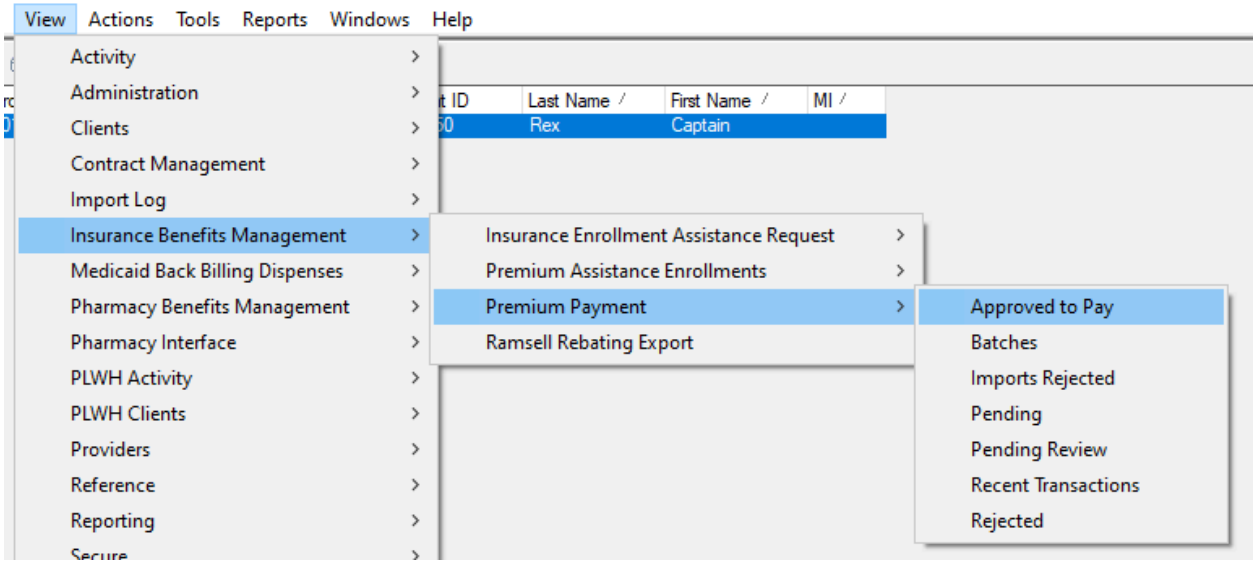


Authorized Premium Payment File

This file is automatically generated by PE at least once each day and posted to the GT Secure FTP Server.
Each record represents a payment that Benalytics is authorized to issue based upon the client's enrollment eligibility or an eligibility override.
Key columns in the data file are:

- Enrollment ID. This is a PE generated unique ID assigned to each Enrollment in the ADAP Premium Assistance program. This ID will be included in Premium Payment Authorization records so Benalytics can link the Payment to the Enrollment.
- Payment Unique ID. This is a PE generated unique ID assigned to each premium payment authorized.
- Payment Type. This is a PE generated data element to indicate the type of payment that is being authorized.
- Client Level Data - Last Name, First Name, MI, Date of Birth, SSN, Gender
- Premium Payment Coverage From/To Dates. These dates indicate the coverage period that the payment is for.
- Carrier and Plan Information
- Payment Amount

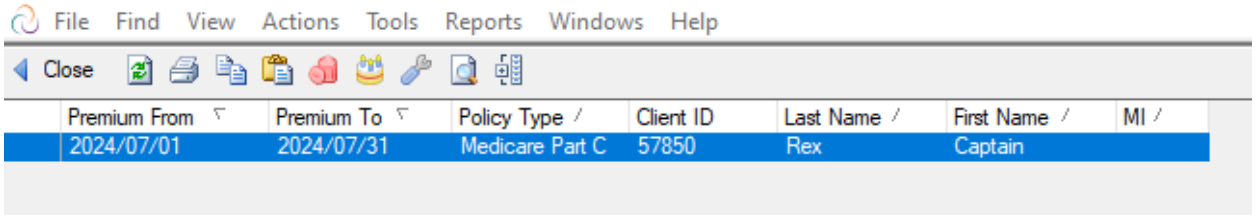
Use the View > Insurance Benefits Management > Premium Payment > Batches to view details of batch records sent to Benalytics organized by date.



There are several views to assist you in finding and analyzing your premium payments.

Approved to Pay

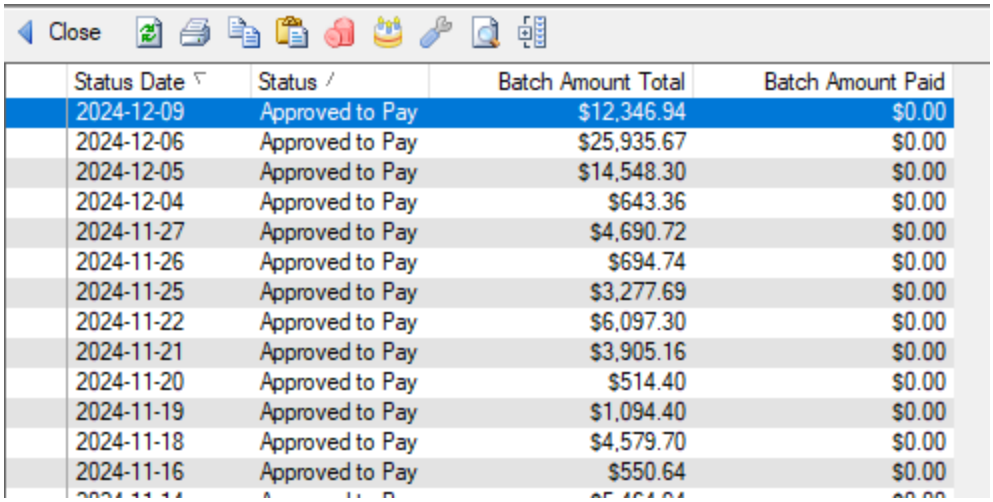
Shows a view of premium payments in a status of Approved to Pay. Each month, Provide Enterprise determines premiums that are eligible to pay and creates a Premium Payment record that is sent to Benalytics.



Double-click record to see the details.

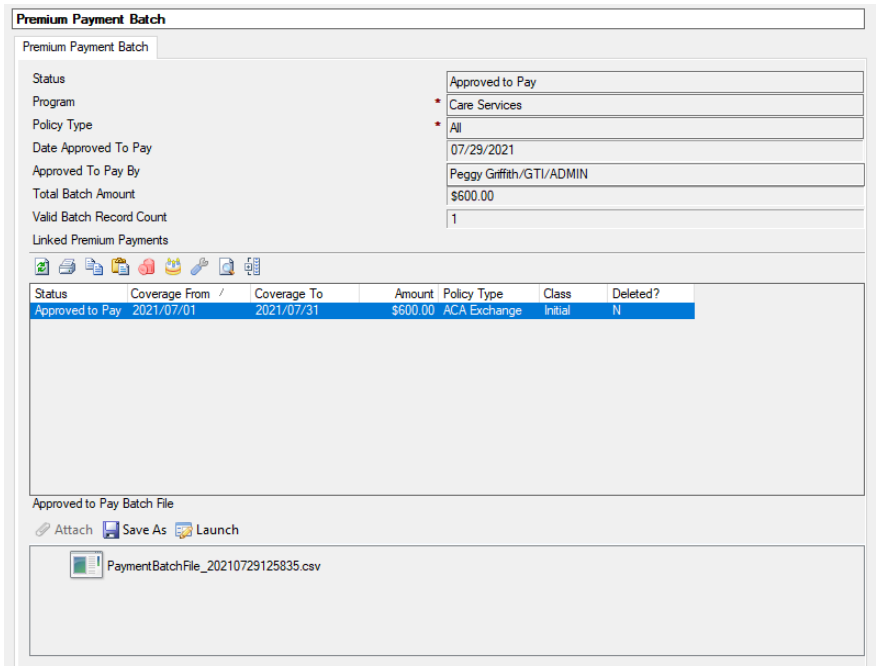
Batches

This view shows a list of all batches of payments sent to Benalytics.



Status Date	Status	Batch Amount Total	Batch Amount Paid
2024-12-09	Approved to Pay	$12,346.94	$0.00
2024-12-06	Approved to Pay	$25,935.67	$0.00
2024-12-05	Approved to Pay	$14,548.30	$0.00
2024-12-04	Approved to Pay	$643.36	$0.00
2024-11-27	Approved to Pay	$4,690.72	$0.00
2024-11-26	Approved to Pay	$694.74	$0.00
2024-11-25	Approved to Pay	$3,277.69	$0.00
2024-11-22	Approved to Pay	$6,097.30	$0.00
2024-11-21	Approved to Pay	$3,905.16	$0.00
2024-11-20	Approved to Pay	$514.40	$0.00
2024-11-19	Approved to Pay	$1,094.40	$0.00
2024-11-18	Approved to Pay	$4,579.70	$0.00
2024-11-16	Approved to Pay	$550.64	$0.00

Double-click on any record to see the details.



The Premium Payment batch details will display the date of the file, list of the premium payments approved to pay, and a link to the batch .CSV file itself.

Pending

This view is currently not used since all premium payments are automatically approved to pay and sent to Benalytics.

Paid Premium File

This file is generated by Benalytics once each day at the end of the day and posted to the GT Secure FTP Server.
Each record represents a payment that Benalytics issued.
Key columns in the data file are:

- Enrollment ID. This is a PE generated unique ID assigned to each Enrollment in the ADAP Premium Assistance program.
- Payment ID. This is a PE generated unique ID assigned to each premium payment authorized. GT needs this ID to link the Paid record to the Authorized record.
- Date Paid. This is the date when the payment was made (check cut and mailed or ACH transaction initiated).
- Voucher ID. This is the check number or ACH transaction ID.

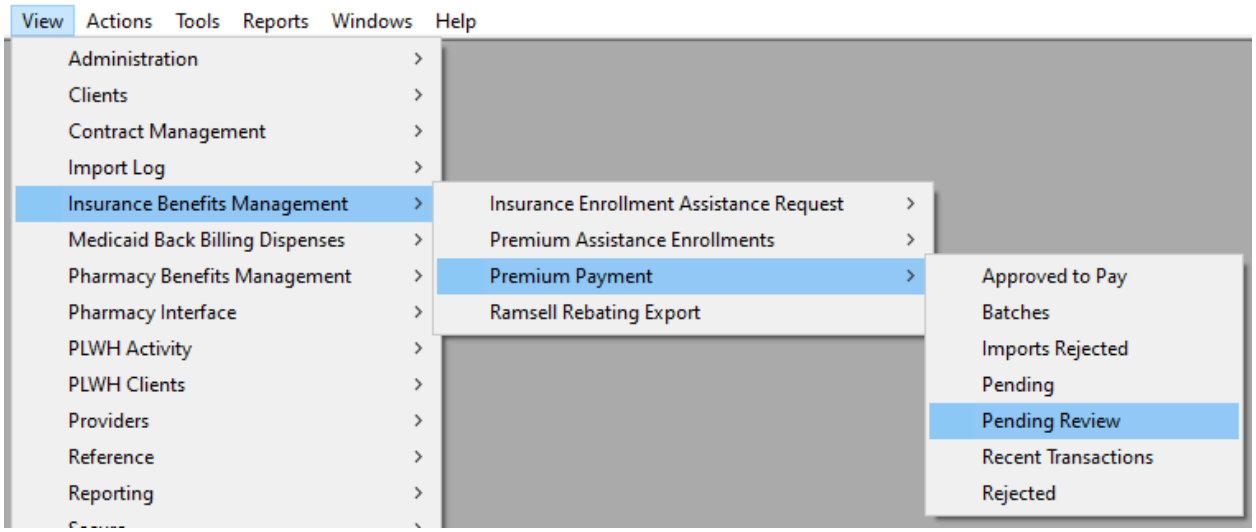
Premium Adjustments File

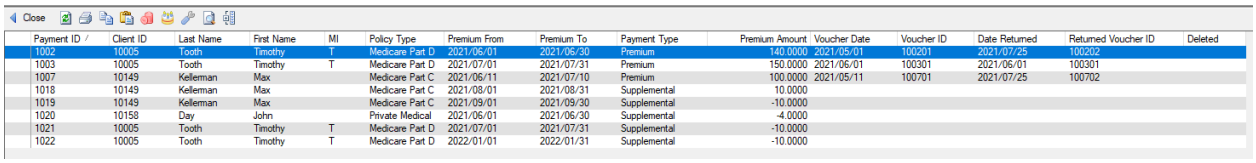
This file is generated by Benalytics once each day at the end of the day and posted to the GT Secure FTP Server.
Each record represents a “credit” of some type that Benalytics received from a carrier/plan.
Key columns in the data file are:

- Enrollment ID. This is a PE generated unique ID assigned to each Enrollment in the ADAP Premium Assistance program.
- Adjustment Type. This field indicates the type of adjustment being posted.

Viewing Premium Payment Transactions

Use the View > Insurance Benefits Management > Premium Payment to view a list of most recent premium payment transactions made by Benalytics, using data from the Paid Premium and Premium Adjustments files. There are several views to assist you in viewing and analyzing your data.

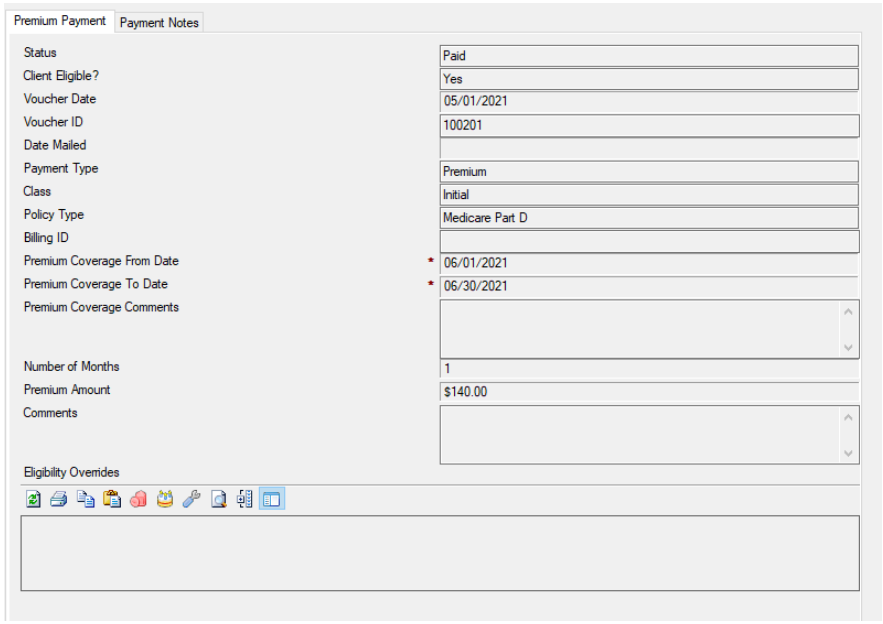




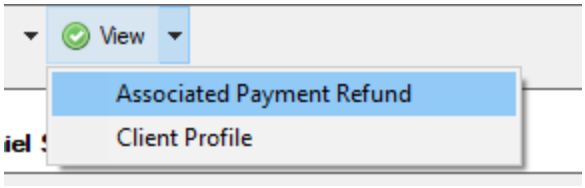
Close

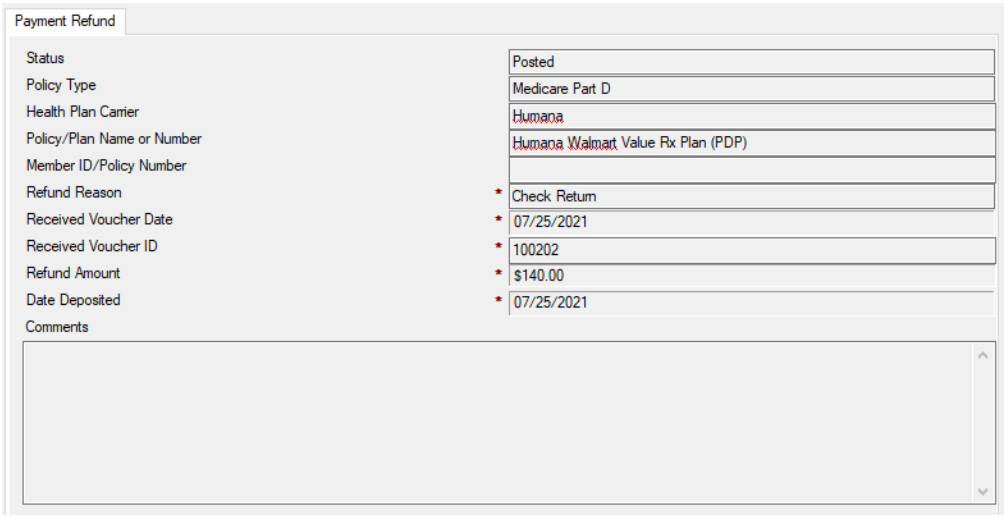
Payment ID	Client ID	Last Name	First Name	MI	Policy Type	Premium From	Premium To	Payment Type	Premium Amount	Voucher Date	Voucher ID	Date Returned	Returned Voucher ID	Deleted
1002	10005	Tooth	Timothy	T	Medicare Part D	2021/05/01	2021/05/30	Premium	140.0000	2021/05/01	100201	2021/07/25	100202	
1003	10005	Tooth	Timothy	T	Medicare Part D	2021/07/01	2021/07/31	Premium	150.0000	2021/06/01	100301	2021/06/01	100301	
1007	10149	Kellerman	Max		Medicare Part C	2021/06/11	2021/07/10	Premium	100.0000	2021/05/11	100701	2021/07/25	100702	
1018	10149	Kellerman	Max		Medicare Part C	2021/08/01	2021/08/31	Supplemental	10.0000					
1019	10149	Kellerman	Max		Medicare Part C	2021/09/01	2021/09/30	Supplemental	-10.0000					
1020	10158	Day	John		Private Medical	2021/06/01	2021/06/30	Supplemental	-4.0000					
1021	10005	Tooth	Timothy	T	Medicare Part D	2021/07/01	2021/07/31	Supplemental	-10.0000					
1022	10005	Tooth	Timothy	T	Medicare Part D	2022/01/01	2022/01/31	Supplemental	-10.0000					

Double-click on the transaction to see details.



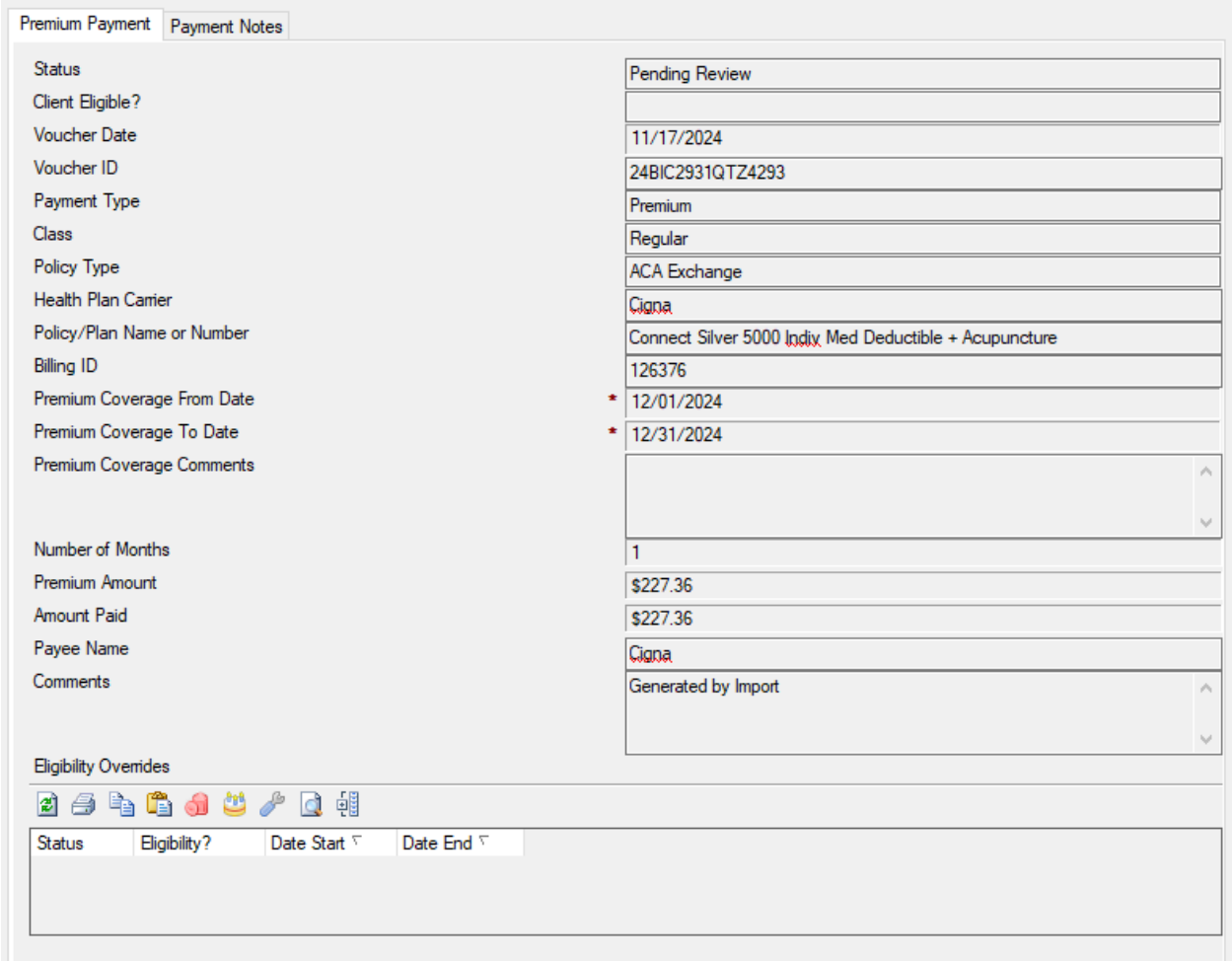
If a payment has been refunded, you may view the details by clicking the View > Associated Payment Refund.





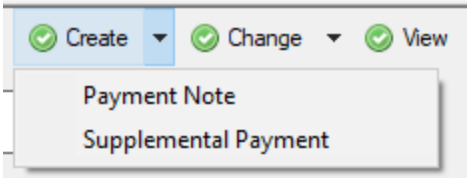
Premium Payments Pending Review

The Premium Payments Pending Review displays payments that were received and imported from Benalytics, but requires some review. This typically occurs when a payment is received from Benalytics and it is unclear to which enrollment the payment should be applied. Therefore, it requires some manual review to determine the appropriate placement.

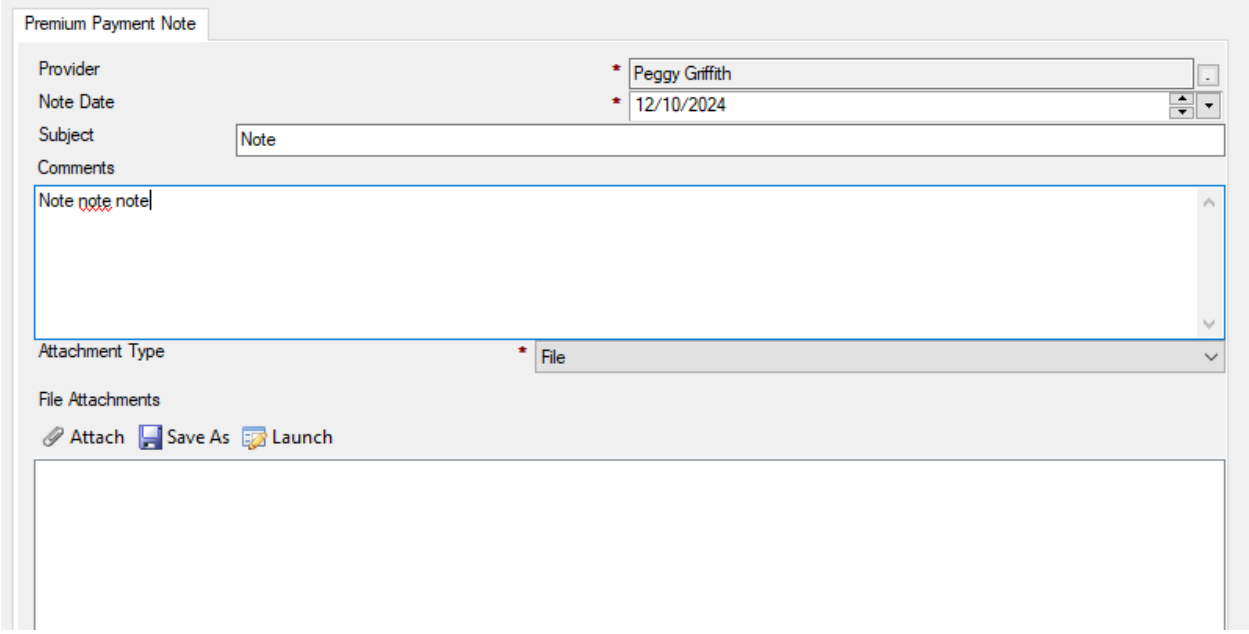


- The Reject button will set the payment record status to "Rejected" and will send the record back to Benalytics.
- The Link to Different Enrollment button will display a list of possible enrollments to link the payment to.
- Once the payment has been linked to an enrollment, you may click the Approve Payment to approve the payment. The status of the payment will be changed to either "Paid" or "Partial Paid" depending on the situation and amount of premium.

Create Payment Note



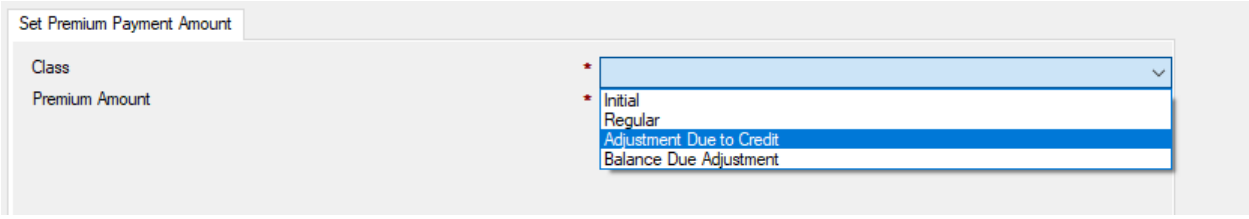
Create a payment note, click Create > Payment Note.



When you are finished, click Close > Save.

Create Supplemental Payment

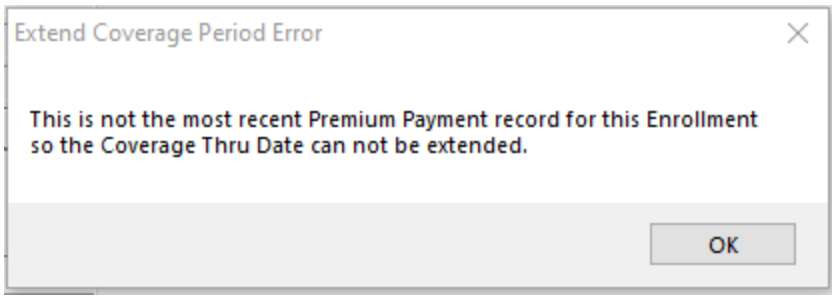
If you need to create an additional payment for any reason, click Create > Supplemental Payment.



Select the classification of the supplemental payment and the amount. Click OK when finished.

Extend Coverage Period

This action extends the “Coverage Through Date” on the payment, and can only be done if this is the most recent premium payment.



Ramsell

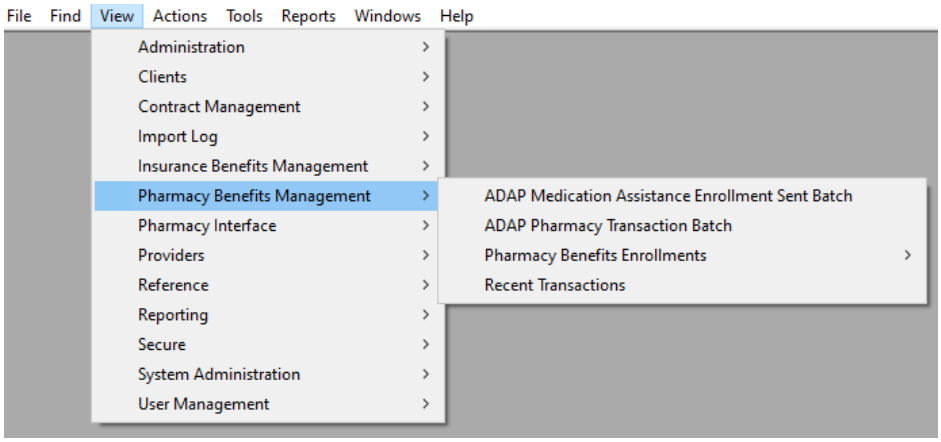
The Virginia Department of Health MAP program works with a third-party, Ramsell, as their Pharmacy Benefits Manager. Ramsell manages the co-payments and deductibles for prescription medications for eligible clients enrolled in Medicare, ACA, or other private insurance policy.
If a client is enrolled in Premium Assistance, they will also be enrolled in Medication Assistance for Copay/Deductibles. If a client has access to coverage through their employer, then they will not qualify for premium assistance, but could be enrolled in medication assistance for copay/deductibles.

Enrollment File

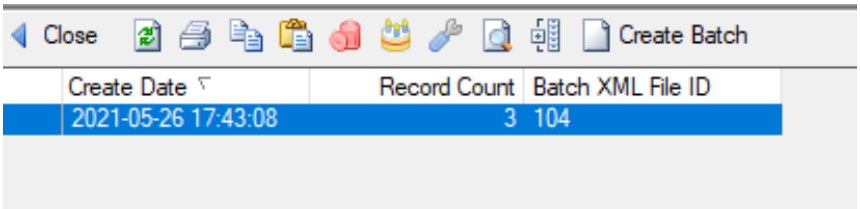
This file is generated by PE at least once each day and posted to the GT Secure FTP Server, and will be picked up by Ramsell. The file contains new enrollments, terminations, and changes in one file. This file may also be used for mass enrollments/updates during Open Enrollment. Each record in the file represents a client that VDH has authorized Ramsell to enroll in copay/deductible assistance.

View Medication Assistance Enrollment Batch Records

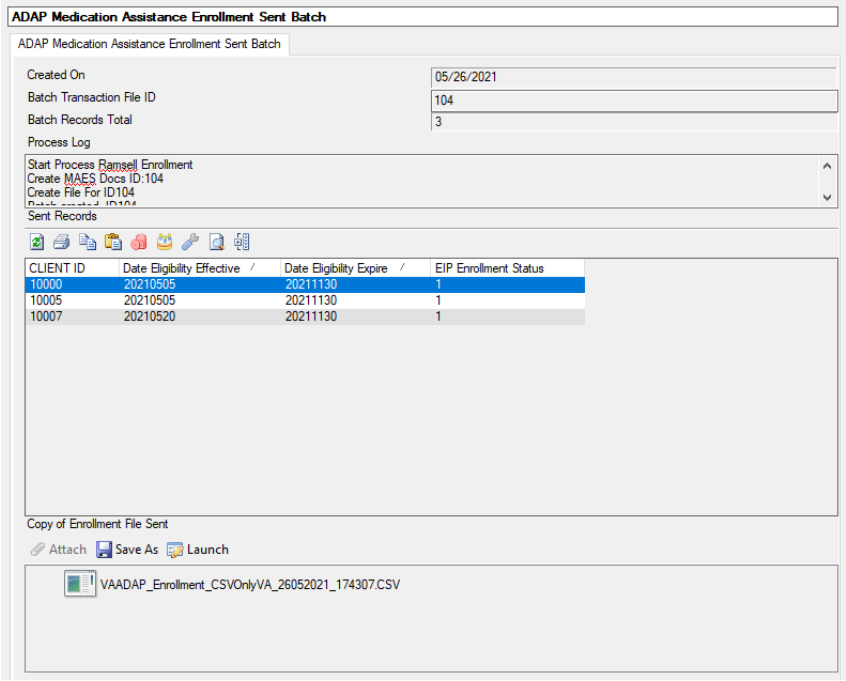
Several views are found under View > Pharmacy Benefits Management to help manage these enrollments and transactions.



To view the daily enrollment files generated from Provide, user View>Pharmacy Benefits Management>ADAP Medication Assistance Enrollment Sent Batch.
The following will be displayed with a listing of files sent by date.



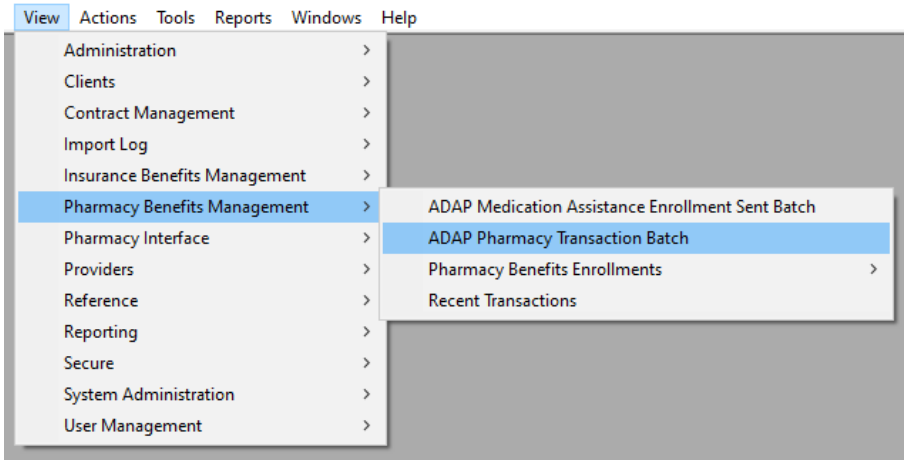
Double-click the record to view the details and the file itself.



Double-click on any of the sent records to see the details of the record.
After Ramsell processes the enrollments, they will send an email to VDH confirming the number of records submitted, and if any failed.

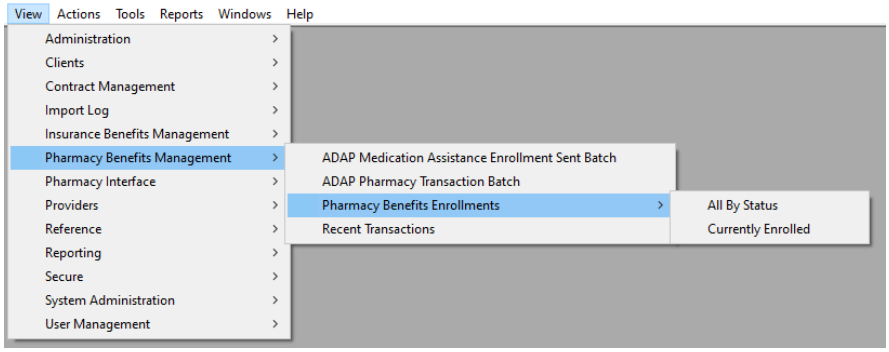
View Pharmacy Transaction Batch Records

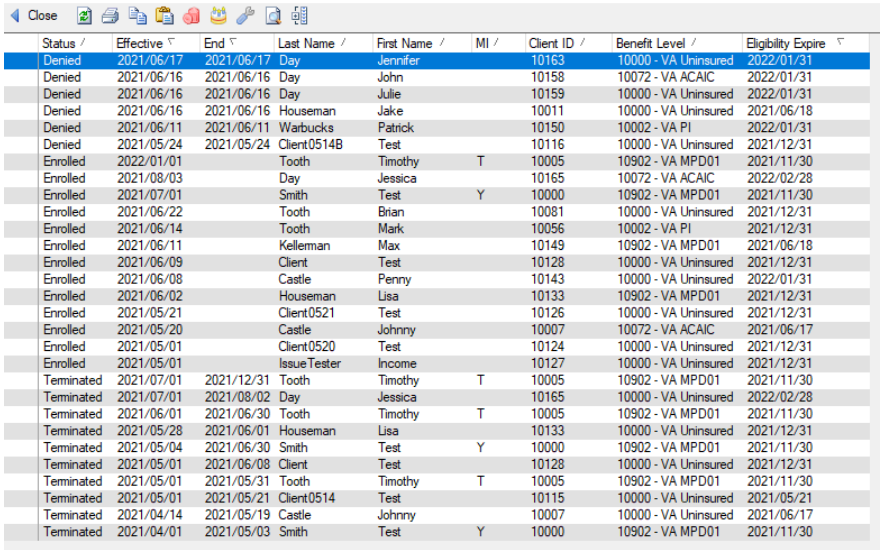
Ramsell will return a daily medication dispense transaction file to the GT Secure FTP Server to be imported into Provide Enterprise. To view the batches received by Ramsell, go to View > Pharmacy Benefits Management > ADAP Pharmacy Transaction Batch.



View Pharmacy Benefits Enrollments

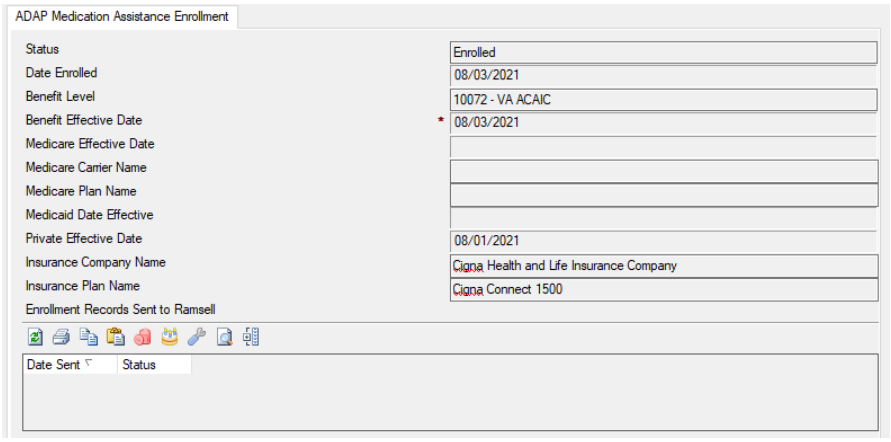
There are two views to display clients with PBM enrollments, either all by status or just clients currently enrolled. Use View > Pharmacy Benefits Management > Pharmacy Benefits Enrollments





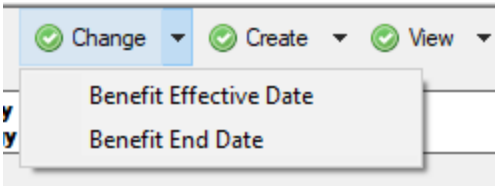
Status	Effective	End	Last Name	First Name	MI	Client ID	Benefit Level	Eligibility Expire
Denied	2021/06/17	2021/06/17	Day	Jennifer		10163	10000 - VA Uninsured	2022/01/31
Denied	2021/06/16	2021/06/16	Day	John		10158	10072 - VA ACAIC	2022/01/31
Denied	2021/06/16	2021/06/16	Day	Julie		10159	10000 - VA Uninsured	2022/01/31
Denied	2021/06/16	2021/06/16	Houseman	Jake		10011	10000 - VA Uninsured	2021/06/18
Denied	2021/06/11	2021/06/11	Warbucks	Patrick		10150	10002 - VA PI	2022/01/31
Denied	2021/05/24	2021/05/24	Client0514B	Test		10116	10000 - VA Uninsured	2021/12/31
Enrolled	2022/01/01		Tooth	Timothy	T	10005	10902 - VA MPD01	2021/11/30
Enrolled	2021/08/03		Day	Jessica		10165	10072 - VA ACAIC	2022/02/28
Enrolled	2021/07/01		Smith	Test	Y	10000	10902 - VA MPD01	2021/11/30
Enrolled	2021/06/22		Tooth	Brian		10081	10000 - VA Uninsured	2021/12/31
Enrolled	2021/06/14		Tooth	Mark		10056	10002 - VA PI	2021/12/31
Enrolled	2021/06/11		Kellerman	Max		10149	10902 - VA MPD01	2021/06/18
Enrolled	2021/06/09		Client	Test		10128	10000 - VA Uninsured	2021/12/31
Enrolled	2021/06/08		Castle	Penny		10143	10000 - VA Uninsured	2022/01/31
Enrolled	2021/06/02		Houseman	Lisa		10133	10902 - VA MPD01	2021/12/31
Enrolled	2021/05/21		Client0521	Test		10126	10000 - VA Uninsured	2021/12/31
Enrolled	2021/05/20		Castle	Johnny		10007	10072 - VA ACAIC	2021/06/17
Enrolled	2021/05/01		Client0520	Test		10124	10000 - VA Uninsured	2021/12/31
Enrolled	2021/05/01		IssueTester	Income		10127	10000 - VA Uninsured	2021/12/31
Terminated	2021/07/01	2021/12/31	Tooth	Timothy	T	10005	10902 - VA MPD01	2021/11/30
Terminated	2021/07/01	2021/08/02	Day	Jessica		10165	10000 - VA Uninsured	2022/02/28
Terminated	2021/06/01	2021/06/30	Tooth	Timothy	T	10005	10902 - VA MPD01	2021/11/30
Terminated	2021/05/28	2021/06/01	Houseman	Lisa		10133	10000 - VA Uninsured	2021/12/31
Terminated	2021/05/04	2021/06/30	Smith	Test	Y	10000	10902 - VA MPD01	2021/11/30
Terminated	2021/05/01	2021/06/08	Client	Test		10128	10000 - VA Uninsured	2021/12/31
Terminated	2021/05/01	2021/05/31	Tooth	Timothy	T	10005	10902 - VA MPD01	2021/11/30
Terminated	2021/05/01	2021/05/21	Client0514	Test		10115	10000 - VA Uninsured	2021/05/21
Terminated	2021/04/14	2021/05/19	Castle	Johnny		10007	10000 - VA Uninsured	2021/06/17
Terminated	2021/04/01	2021/05/03	Smith	Test	Y	10000	10902 - VA MPD01	2021/11/30

Double-click on an enrollment to see details of the Enrollment.



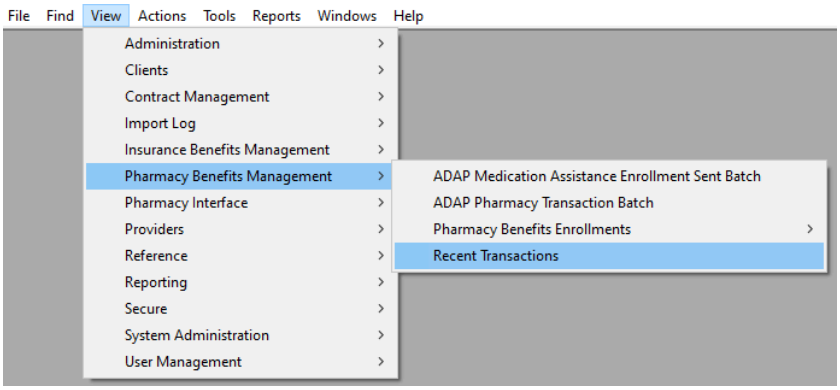
Use the Terminate button to terminate the enrollment.

To change benefit effective dates use the Change button.



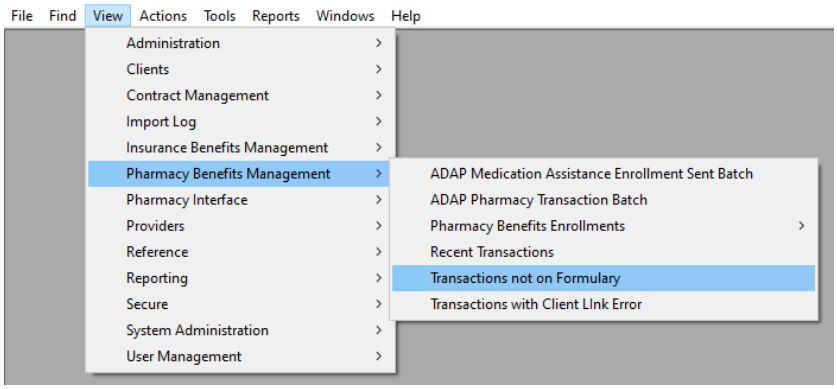
View Pharmacy Benefits Transactions

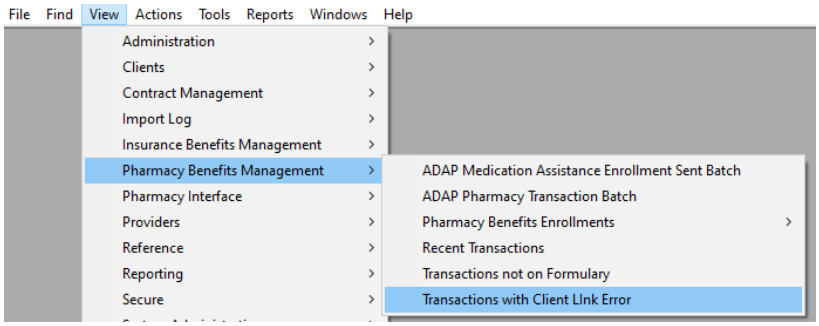
To view recent transactions made by Ramsell, use View > Pharmacy Benefits Management > Recent Transactions.



View Transactions not on Formulary

For clients receiving copay assistance with an employer-based insurance plan, Ramsell limits benefits to medications that are on the formulary. In the event Ramsell processes a transaction for a medication that is not on the formulary, the transaction will appear on the View > Pharmacy Benefits Management > Transactions not on Formulary for review.



View Transactions with Client Link Error

If Ramsell processes a transaction with a client ID that Provide cannot find, it will appear on the View > Pharmacy Benefits Management > Transactions with Client Link Error. While rare, this situation could arise when a client record is merged to resolve a duplication issue, and the Client ID in the file is no longer valid.