

The Federal FSA Program

Quick Reference Guide



Filing your claim for reimbursement

Under the FSAFEDS Program, you must submit a fully [completed and signed FSAFEDS claim form](#) along with appropriate documentation outlining the expense(s) you incurred to be reimbursed for eligible health and/or dependent care expenses. Remember, for both health care (HCFSA) and dependent care (DCFSA) flexible spending accounts, expenses become eligible on the actual *date of service* - that is, you incur the expense when the service is rendered. Eligible expenses and appropriate documentation are described below.

□ HCFSA

Many of your typical, recurring, out-of-pocket health care expenses can be reimbursed under your HCFSA. Some common eligible expenses are not covered by most FEHB plans, including vision care and many dental services. All eligible services must meet IRS criteria as a qualified medical expense. For complete listings of eligible medical expenses, please refer to [FSAFEDS Eligible Expenses Juke Box](#), [FSAFEDS OTC Quick Reference Guide](#) and [IRS Publication 502](#).

Type of health care expense:	Examples include:	In addition to the completed claim form, you need to submit:
Expenses covered, but not reimbursed in full or in part, by your FEHB or any other health plan	<ul style="list-style-type: none"> A covered service that goes towards meeting your individual or family annual deductible An office visit to a non-participating (out-of-network) provider A covered service that has member cost sharing 	Your Explanation of Benefits (EOB) statement (original or copy) from your FEHB or other health plan
Eligible expenses not covered by your FEHB or any other health plan	<ul style="list-style-type: none"> Certain treatments for infertility Many alternative therapies Services that your plan determines are not medically necessary, and for which you are still responsible for payment* Services that are potentially eligible but require a Certification of Medical Necessity (CMN) 	<p>Bills or receipts that include the date(s) of service, the nature of service(s) rendered, and the amount charged, along with the name and address of the provider.</p> <p>A signed "Affidavit of Non-Covered Medical, Dental, or Vision Expenses" in Part II of the Claim Form.</p> <p>A copy of your CMN for certain expenses, with each claim for that service or product.</p>
Eligible expenses not submitted to your FEHB or any other health plan	<ul style="list-style-type: none"> Mental health services that are covered under your health plan, but you choose to pay out-of-pocket without submitting to your FEHB plan Prescription drugs that you choose to pay out-of-pocket without submitting to your FEHB plan 	<p>Bills or receipts that include the date(s) of service, your name or your dependent's name who received the service, the nature of services rendered and the amount charged, along with the name and address of the provider.</p> <p>A signed "Affidavit of Non-covered Medical, Dental, or Vision Expenses" in Part II of the Claim Form.</p>
Over-the-counter (OTC) medicines and products	Refer to the FSAFEDS OTC Quick Reference Guide	<p>A receipt that indicates the date of purchase, the name of the product or supply, and its cost. Please circle or highlight the product name and amount you are submitting for reimbursement.</p> <p>If your receipt does not have all this information, you must submit the outer packaging that has this information OR a copy of the product label along with the receipt.</p>

*If your FEHB or other health plan's EOB does not clearly indicate the service rendered, FSAFEDS may ask you for additional information and/or to provide a [Certification of Medical Necessity](#) from your health care provider.

Note: Health plan co-payments do not require an EOB if you submit a receipt from your health care provider for the amount and indicate "co-payment" in Part II of the Claim Form.

□ Paperless Reimbursement

A number of FEHB plans participate in the FSAFEDS Paperless Reimbursement program. Under paperless reimbursement, claims that are processed by your FEHB plan for you (self-only enrollment) and your dependents (self and family enrollment) are automatically forwarded to FSAFEDS for reimbursement of your out-of-pocket costs without having to complete and file a paper claim. We are continually adding plans. To learn more about paperless reimbursement or to find out if your plan participates in the program, please refer to the [Paperless Reimbursement Overview QRG](#).

□ DCFSA

- Eligible Dependent care expenses include childcare for your children under age 13 or your child who is physically or mentally incapable of self-care, and, in some cases, elder care for adults who can be claimed **on your Federal Income Tax return as a qualified IRS dependent**. Expenses must be incurred so that you and your spouse, if married, can work, look for work, or attend school full-time.
- Since claims are reimbursed as funds are posted to your account, you may choose to file your expenses as services are provided. Amounts claimed in excess of your current account balance will be held until deposits are made. Once your deposits are posted to your account, your funds will release automatically. If you are signed up for Electronic Funds Transfer (EFT), your payment will be deposited directly to your bank account.
- Expenses cannot be reimbursed in advance of the actual care for your dependent, even if your provider requires payment in advance.

Example: On Monday, March 1, you enroll your son in a daycare that requires pre-payment each month. That day, you pre-pay \$800 and immediately submit your claim via fax. FSAFEDS will process your claim, but can only reimburse you up to the date we receive your claim (March 1, in this case). Any expenses accrued after the date of receipt will be denied and you must resubmit for payment.

While we can't reimburse your expenses in advance of when the care or service was rendered, FSAFEDS does offer you the opportunity to submit multiple claims to recoup your out-of-pocket expense more timely. For child care that you must pre-pay a month in advance, we suggest you complete and submit a FSAFEDS claim form once a week. Using the example above, you would fax your first claim to FSAFEDS on March 5 requesting \$200 for Week 1. You can then submit the additional charges for reimbursement each week as the services are rendered, thus minimizing your out-of-pocket expense.

▪ Dependent Care Expenses – Supporting Documentation:

- Attach a copy of the bill or signed receipt or have your provider complete Part III, "Dependent Care/Elder Care Services Rendered" of the claim form
- Read and sign the Employee's Certification for Reimbursement on the claim form

□ How can I submit my request for reimbursement?

- **Fax Your Claim:** 1-502-267-2233
- **Mail Your Claim:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40233

□ Claim Review and Appeal Process

You have the right to request a review or submit an appeal of a claim for benefits that has been denied.

- You may request a denied claim be reviewed by FSAFEDS to determine if the denial should be upheld. You may submit your request for review via email (FSAFEDS@shps.net), fax or mail.
- You have the right to [appeal a claim](#) for benefits that has been denied by writing to FSAFEDS and requesting reconsideration. You can submit written appeals with supporting documentation via fax or mail.

If you have questions you may visit the FSAFEDS Web site at www.FSAFEDS.com or call the FSAFEDS toll-free phone line at 1-877-FSAFEDS (372-3337). Benefits Counselors are available to assist you Monday through Friday, from 9:00 A.M. until 9:00 P.M., Eastern Time. TTY Line: 1-800-952-0450.

□ When should I expect to receive my reimbursement?

- Typically, your claim will be processed within five business days after receipt, as long as your claim contains all of the required information discussed above. Funds will be transferred to your bank two business days after your claim is processed if you enrolled EFT*, or your payment will be mailed if you elect to receive reimbursement by check. If supporting documentation (for example, a required certification of medical necessity, or a legible copy of a receipt) is missing, processing will be delayed.
- Under Paperless Reimbursement, most plans submit a weekly file to FSAFEDS. That file includes all claims processed the prior week. FSAFEDS processes these claims weekly as received. However, how quickly you are reimbursed depends on several factors, including how soon your provider bills your plan, as well as how long before your FEHB plan processes that claim. Please refer to the [Paperless Reimbursement QRG](#) for more information.
- Remember, you will not receive reimbursement for dependent care claims that exceed the current amount in your DCFSA on the date your claim is processed. In this case, your reimbursement will be held until additional funds are deposited.
- You will receive reimbursement for health care claims in full even if the current amount in your account is less than the claim total. Of course, the total amount you can be reimbursed cannot exceed your total annual election.

*Your bank may require up to a three-day hold on EFT funds. Check with your individual banking institution for their EFT policy.

□ Where can I learn more?

To learn more about how your FSA works, we offer the following resources:

- **Web:** [FSAFEDS Online](#)
- **Email:** FSAFEDS@shps.net
- **Toll-free:** 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450

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