

Paperless Reimbursement

FSAFEDS has partnered with a number of FEHB plans to implement paperless reimbursement to automatically reimburse you for eligible health care expenses under your Health Care Flexible Spending Account (HCFSA). Paperless reimbursement eliminates the need for you to manually submit a claim to FSAFEDS for many of your out-of-pocket health care costs. With paperless reimbursement, FSAFEDS can save you money and valuable time as well!

Participating FEHB Plans listed below are forwarding claims to FSAFEDS for services rendered to paperless reimbursement enrollees or their eligible dependents:

- [APWU Health Plan](#)
- [Association Benefit Plan](#)
- [Blue Cross and Blue Shield Service Benefit Plan](#)
- [Foreign Service Benefit Plan](#)
- [GEHA, Inc. Benefit Plan](#)
- [Humana](#)
- [Mail Handlers Benefit Plan](#)
- [M.D. Individual Practice Association Inc.](#)
- [NALC Health Benefit Plan](#)
- [Preferred Care](#)
- [SAMBA Health Benefit Plan](#)

FSAFEDS continues to work with other FEHB plans to implement this convenient feature. If your Plan does not yet offer paperless reimbursement, you can sign up to be notified when your FEHB plan begins participating.

Important Information

- You must re-enroll in FSAFEDS every year during Open Season to continue your participation in FSAFEDS. In addition, you must specifically re-enroll in paperless reimbursement every year during Open Season in order to continue your participation with no interruption.
- You can enroll or disenroll in paperless reimbursement at any time during the Benefit Period prior to Open Season. Please note that not all FEHB Plans use the same criteria for claims submission through paperless reimbursement. Please see your specific plan's Quick Reference Guide for more details. Any services rendered that have already been processed by your FEHB Plan will not be retroactively forwarded to FSAFEDS.
- In order to participate in paperless reimbursement, the FEHB contract holder's Social Security Number must be on file with your FEHB Plan. This information is only used to validate your FSAFEDS account and to ensure proper reimbursement. If you are not the FEHB contract holder, you must provide FSAFEDS with information about the contract holder, including name, Social Security Number and date of birth when you enroll for paperless reimbursement.
- Non-FEHB benefits will not be processed through paperless reimbursement. FEDVIP claims are not submitted or processed through paperless reimbursement at this time.
- If your account is frozen due to an overpayment, future paperless reimbursement claims will be processed towards the overpayment amount. If you have disenrolled from the paperless reimbursement program or have expenses that are not forwarded to FSAFEDS by your FEHB Plan, you will need to submit a [manual claim](#) to satisfy the overpayment.
- Paperless reimbursement does not change, in any way, your relationship and obligations to your physician or other health care providers. You are expected to meet your deductible, co-payment and co-insurance obligations as specified in your FEHB brochure.
- If you have requested a HIPAA restriction on any covered dependents, FSAFEDS will not receive those claims from your FEHB plan through the paperless reimbursement program. In this case, you will need to manually submit an [FSAFEDS claim form](#) for those expenses.
- If your FEHB Plan is unable to verify your enrollment, FSAFEDS will disenroll you from the paperless reimbursement program. We will make three attempts to contact you to resolve the issue - - first via mail,

secondly via email and finally by phone. If after the third attempt we still have no response, you will remain disenrolled. You will need to submit all of your claims manually using the [FSAFEDS claim form](#).

- Claim Management for Federal employees married to each other:
 - Each spouse carries a self-only FEHB enrollment but only one is enrolled in FSAFEDS: Only claims for the FSAFEDS participant can be forwarded under paperless reimbursement. Your spouse's health care expenses are still eligible for reimbursement from your HCFSAs, but you must submit them with an [FSAFEDS claim form](#) by fax or mail.
 - One spouse carries a self-only FEHB enrollment and the other spouse is enrolled in FSAFEDS. As long as the FEHB contract holder's SSN is provided, claims for the contract holder will be matched and processed by FSAFEDS. The FSAFEDS account holder's health care expenses are still eligible for reimbursement, but you must submit them with an [FSAFEDS claim form](#) by fax or mail.
 - One spouse carries an FEHB self and family enrollment and the other spouse is enrolled in FSAFEDS. Your FEHB Plan will send claims processed for **all** family members covered under the FEHB enrollment, and FSAFEDS will match and process claims for all covered family members, including both spouses.
 - Both spouses are enrolled in FSAFEDS and are covered under one FEHB self and family enrollment. All claims will be paid via paperless reimbursement from the FEHB contract holder's FSA account. **Once that account is exhausted, you need to manually submit all claims against the other spouse's FSA account.**

Remember, you should not complete and submit an FSAFEDS claim form for services/claims processed via paperless reimbursement.

FEHB Plans Participating in FSAFEDS Paperless Reimbursement and Services/Claims Covered:

Plan Name	Services/Claims Generally Covered and Automatically Forwarded ³	Services/Claims NOT Automatically Forwarded
APWU	Medical ¹ , Dental ² , Pharmacy	Vision
Association Benefit Plan	Medical ¹ , Dental ² , Pharmacy	Vision
Blue Cross/Blue Shield	Medical ¹ , Dental ² , Pharmacy	Denied Pharmacy, Vision
Foreign Service Benefit Plan	Medical ¹ , Dental ² , Pharmacy	Vision
GEHA	Medical ¹ , Dental ² , Pharmacy	Vision, Denied Pharmacy
Humana	Medical ¹ , Pharmacy	Dental, Vision, Denied Medical, Denied Pharmacy
Mail Handlers	Medical ¹ , Dental ² , Pharmacy	Denied Pharmacy, Vision
M.D. IPA	Medical, Dental ² , Pharmacy, Vision ²	Primary Care Physician, Lab, Radiology
NALC	Medical ¹ , Pharmacy	Dental, Mental Health Services, Vision
Preferred Care	Medical ¹ , Pharmacy	Dental, Denied Medical, Denied Pharmacy, Vision
SAMBA	Medical, Dental ² , Pharmacy, Vision ²	Denied Pharmacy

¹Vision claims which are covered under medical services are automatically forwarded.

²If you are enrolled in a FEDVIP dental plan, your dental claims will **not** be automatically processed under PR at this time. We will let you know what action you may need to take to have your dental expense considered for reimbursement. For SAMBA and M.D. IPA participants, this includes vision claims.

³FSAFEDS only receives claims that have been submitted by you or your provider to your FEHB plan. If your provider does not routinely submit certain services to your FEHB plan because he/she knows that the service is not covered, then that claim will not be automatically forwarded to FSAFEDS, even if you are enrolled in paperless reimbursement.

For all plans, we strongly encourage you to carefully review the [Paperless Reimbursement Overview Quick Reference Guide](#), along with the QRG for your specific plan. Together, these will provide you with important information on what types of claims your Plan will automatically forward to FSAFEDS, and other details on exactly how paperless reimbursement works with your Plan.

- The time it takes for your FEHB plan to process your claim has not changed. Once your participating FEHB plan processes your claim, your Plan will automatically forward your claim information to FSAFEDS for processing and reimbursement from your HCFSA.
- To enroll in paperless reimbursement, visit www.FSAFEDS.com and click on [My Account Summary](#), then Paperless Reimbursement. You may also contact an FSAFEDS Benefits Counselor at 1-877-FSAFEDS (372-3337), TTY: 1-800-952-0450, Monday through Friday, 9:00 A.M. until 9:00 P.M., Eastern Time.
- You have the right to formally [appeal](#) a claim for health care expenses that we have denied in whole or in part by writing to FSAFEDS and requesting reconsideration. You can submit written appeals with supporting documentation via fax or mail to:
 - **Mail:** FSAFEDS Program - PO Box 36680 - Louisville, KY 40232
 - **Fax:** 1-866-643-2245 (toll-free) or 1-502-267-2233
 - **Email:** FSAFEDS@shps.com (for informal appeals only)

The Grace Period and Paperless Reimbursement

FSAFEDS adopted the [2 ½ month Grace Period](#) which extends the Benefit Period from December 31 to March 15 of the following year. You have additional time to incur eligible expenses and avoid forfeiting any funds. Claims for services rendered during the Grace Period and submitted via PR are handled differently than claims you may manually submit for reimbursement. Here is a brief summary to help you understand how you may be affected, and any actions you may need to take:

1. *Your 2006 account balance is zero or you did not have a 2006 account.*
 - All 2007 claims, including those incurred during the Grace Period, will be paid from your 2007 account. The Grace Period will have no affect on the processing of your claims, whether automatically forwarded by your FEHB Plan, or expenses you manually submit for reimbursement.
2. *You have a balance in both your 2006 and 2007 accounts.*
 - All 2007 claims, including those incurred during the Grace Period, will be paid from your 2007 account.
 - If your 2007 account is depleted and you have incurred claims during the Grace Period, we will reconcile your account. Claims incurred during the Grace Period will be applied (reconciled) against your 2006 balance, and credited to your 2007 account.
3. *You have a balance in your 2006 account but you do not have a 2007 account.*
 - You must manually submit an [FSAFEDS claim form](#) for expenses incurred during the Grace Period.
4. *You have a balance in your 2006 account and were enrolled in paperless reimbursement. You re-enrolled in FSAFEDS for 2007 but you did not elect paperless reimbursement.*
 - You must manually submit an [FSAFEDS claim form](#) for all 2007 claims, including those incurred during the Grace Period. These claims will be paid from your 2007 account.
 - If your 2007 account is depleted and you have incurred claims during the Grace Period we will reconcile your account. Claims incurred during the Grace Period will be applied (reconciled) against your 2006 balance, and credited to your 2007 account.
5. *Your 2007 FEHB Plan is not the same as your 2006 FEHB plan.*
 - You will need to manually submit an [FSAFEDS claim form](#) for any health care service incurred on or after January 1, 2007 and the first day of the first pay period that begins on or after January 1, which is the effective date of coverage under your 2007 FEHB Plan. Your 2006 FEHB Plan will cover you until midnight of the day before the first day of the first full pay period in 2007.