

How to substantiate payment card transactions for medical FSA and limited purpose FSA

State of Tennessee





Agenda



Optum Payment MasterCard



- Spend up to available balance
- Use same card for multiple Optum Bank/ Optum Financial accounts
- Fast and convenient



Use card at the pharmacy



Present card at the doctor's office



Write card number on provider bill



Provide card number over the phone to provider



Use online at a store that sells eligible items

My card was accepted for payment. Why do I need to send documents to verify?



IRS requires all FSA claims need to be verified to maintain pretax status of FSA plan



Plan sponsor is responsible for auditing all transactions



Optum Financial administers on behalf of ParTNers for Health plan

Does not match a co-payment on your health, vision or dental plan



Ineligible items included in total purchase



Merchant doesn't use IIAS point of sale technology



Merchant has not certified more than 90% of sales are FSA eligible

https://www.sig-is.org/publications

What type of documentation is needed for debit card substantiation or filing a claim for reimbursement?

Documentation that *does* provide proof of eligible expense

Insurance plan explanation of benefits or itemized/detailed provider receipt that includes:

- Date of service or date expense was incurred
- Itemized list of purchases or detailed description
 of service or expense
- Name of patient who incurred the service or expense*
- Name and address of merchant or health care professional
- Dollar amount (after insurance has been applied your final responsibility)

Documentation that *does not* provide proof of eligible expense

- · Credit card receipt only reflecting a payment
- Bills for services that have not yet been performed
- Receipt for amount due or paid before insurance discounts have been applied (final responsibility)
- Provider receipt or statement of services that only show a balance due or balance forward
- Provider receipt for a co-pay that does not clearly state the item is a co-pay charge

* Receipts for over-the-counter and prescription items do not need to include the person's name, but must display the name of the item purchased (Nyquil, for example)

Eligible FSA purchase

When using your Optum Mastercard, remember to **save those receipts** in case you need to provide substantiation



How will I know if I need to submit documentation?

First notice Documentation is needed	Second notice Receipt required reminder	Third notice Overdue	Final notice Debit card suspension
Mail or letter	Mail or letter	Mail or letter	Mail or letter
Sent within 7 business days after card swipe	Sent ≈30 days after first notice	Sent ≈15 days after second notice	Sent ≈15 days after third notice
 Emails do not show specifics of claim due to privacy regulations To view specifics by logging in and access "Forms and Documents" 	Repeats debit card substantiation request	Advises of debit card suspension after 15 more days	 Advises card has been suspended temporarily To reinstate card: submit proper documentation or repay claim via online ACH or check

Where to access debit card claim letters online

laims Notification	S	
Debit Card Letter (Payment	t Card Documenta	tion Request) 03/17/2021
orms & Document	S	
		I want to
FSA 1/1/2021 - 12/31/2021 Availa	able Balance (i)	Account Statements
Account C	Overview >	View, print and download statements for your account. Online statements include details on your account, including balances and transactions.
Help & Tools		<u>FSA</u> Statements
Contact Support	>	Claims Notifications
FAQs	>	
Forms & Documents	>	Debit Card Letter (Payment Card Documentation Request) 03/17/2021
Heaful Links		

Online substantiation is preferred

However, you can mail, email or fax documents to substantiate your debit card purchase

Include the following with a cover letter:

- First and last name
- Employer name
- Last 4 of SSN
- Claim number, if you have it



Mail

Optum

P.O Box 30516 Salt Lake City, UT 84130



Email

optumclaims@optumbank.com



Getting started: optumbank.com/tennessee



Optum Bank sign in page

- Sign in via computer or mobile device using the Optum Bank app
- If this is the first time logging in, create a Health Safe ID

	Help Register
Username	6:46
	Sign In
Password	
	Help
-	HealthSafe ID*
 Remember my username on this <u>trusted device</u>. (Optional) 	Sign in
Sign in	ose your <u>meatinsaie iD</u> to sign in.
	Username
Register now	Password
Forgot <u>username</u> or <u>password</u> ?	
	Remember my username on this <u>trust</u> <u>device</u> . (Optional)
	Sign in
Need Help?	Register now
We're here for you. Call us toll-free at <u>1-844-553-7130</u> , During business hours.	
Sign In Help > Accessibility Statement for Individuals with Disabilities 🛙	

Have your documentation ready to upload



Detailed receipt or EOB need to have all this information:



Name of provider or merchant



Exact amount of expense





Detailed description of the service or items purchased



Name of patient



Upload through your Medical FSA or Limited Purpose FSA account

Computer upload

Or click "Upload from your computer"

Expense Amount

\$7.49

Reimbursing From

FSA (Available Balance: \$1,672.63)

Reimbursement Frequency

Just Once

Total Reimbursement

\$7.49

Date of Service

Category Vision

Patient/Recipient

Johnsolt, Allne

Description

Contact lens solution

Receipts

Upload from your computer

Add from Receipt Vault

Computer upload, cont.

- Upload receipt scanned and saved on your computer
- Choose the file from where you saved it

Expense Amount \$7.49	Date of Service
Reimbursing From	Category Vision
Reimbursement Frequency	Patient/Recipient Johnson, Anne
Total Reimburcomont \$7.49 Favorites Recents Macintosh HD Pictures	Description
Desktop Downloads Documents Applications Fonts @ Creative Cloud Files Devices	omputer
Time Machine	t Vault
Options	Cancel Open

Computer upload, cont.

Add your digital signature and click "Submit"

Note: Your digital signature requires it matches how your name is set up on your account.

- If it errors out, check to be sure you typed it correctly
- Adding characters like a space after your name will create an error

First name	Last name
Anne	Johnson

By submitting this form, I certify that any expenses for which I am requesting reimbursement from my financial healthcare accounts were incurred by me and/or my spouse or eligible dependents, as permitted under my healthcare financial account programs. I will not see reimbursement for these same expenses under any other plan. I understand that expenses reimbursed to me may not be used to claim any federal tax deduction or credit. By acknowledging, I consider this as my electronic signature for this acknowledgement and submittal.

Submit Cancel

Mobile device upload

Access the photo of your receipt by tapping "Receipt"

Mobile device upload, cont.

- Access photo library to upload image for transaction or claim
- When image is selected, you are directed back to the "Receipt Folder"

Mobile device upload, cont.

• Click "Save"

• Use back arrow to add receipt

Mobile device upload, cont.

Once back at the expense, click the "Submit" button

Expense reviews

- Most expense reviews are completed in 5 business days
- Be sure to check back after that time to be sure your expense no longer "Needs Your Attention"

Still "Needs Your Attention" after 5 business days?

You will be notified via email or mailed letter

Review the documentations you sent Does it meet the criteria discussed earlier? If not, provide additional documentation

Have questions?

Call us at the number on the back of your card.

Contact information

- Be sure your contact information is up to date
- Make changes on the mobile app or sign into your account at optumbank.com/Tennessee
- If updating your mailing address with Optum, remember to also update any information with your employer

What if you have more questions?

Call Optum Bank Customer Care 1-866-600-4984

Visit

www.optumbank.com/tennessee

Thank you for attending

Optum is a registered trademark of Optum, Inc. in the U.S. and other jurisdictions. All other brand or product names are the property of their respective owners. Because we are continuously improving our products and services, Optum reserves the right to change specifications without prior notice. Optum is an equal opportunity employer.

© 2023 Optum, Inc. All rights reserved.

Investments are not FDIC insured, are not bank guaranteed by Optum Bank® or its subsidiaries and might lose value.

Health savings accounts (HSAs) are individual accounts offered or administered through Optum Bank[®], Member FDIC. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account.

Flexible spending accounts (FSAs), dependent care assistance programs (DCAPs), health reimbursement arrangements (HRAs), Commuter and Parking Benefits, Tuition Assistance Plans, Adoption Assistance Plans, Surrogacy Assistance Plans, Wellness Benefits, and Lifestyle Accounts (collectively, "Employer-Sponsored Plans") are administered on behalf of your plan sponsor by Optum Financial, Inc. ("Optum Financial") and are subject to eligibility and restrictions. Employer-Sponsored Plans are not individually owned and amounts available under the Employer-Sponsored Plan are not FDIC insured.

This communication is not intended as legal or tax advice. Federal and state laws and regulations are subject to change. Please contact a legal or tax professional for advice on eligibility, tax treatment, and restrictions. Please contact your plan administrator with questions about enrollment or plan restrictions.

Hypothetical examples are for illustrative purposes only. All events, persons and results described herein are entirely fictitious and amounts will vary depending on your unique circumstances. Any resemblance to real events or persons, living or dead, is purely coincidental. Current rates are variable and may change at any time. Individual circumstances may vary.