

Paperless Reimbursement: Blue Cross and Blue Shield Service Benefit Plan

Please review this document along with the [Paperless Reimbursement Overview Quick Reference Guide](#) for all the information you need to know about Paperless Reimbursement including the types of claims Blue Cross and Blue Shield automatically forwards to FSAFEDS.

Information for Employees Enrolled in FSAFEDS Paperless Reimbursement (PR) with Blue Cross and Blue Shield Service Benefit Plan (BCBS):

- You automatically receive reimbursement from your FSAFEDS Health Care Flexible Spending Account (HCFSA) for certain health care expenses you, your eligible dependents or adult children up to age 26 incur without having to submit a claim to FSAFEDS. **NOTE:** Eligible expenses incurred by your adult children from his/her 26th birthday through the end of the calendar year in which he/she turns 26 will **NOT** be reimbursed through PR. You must fill out a claim form for those expenses and send it to FSAFEDS for reimbursement.
- If you enroll **during** Open Season, BCBS automatically forwards to FSAFEDS all claims for dates of services incurred on or after January 1 of the new Benefit Period.
- If you enroll **after** Open Season at any time during the Benefit Period, your enrollment is effective the next day. BCBS does not forward claims for dates of service for you, your eligible dependents or adult children up to age 26 prior to your enrollment.
- *Example: You enroll in PR on March 1. The effective date of the PR enrollment is March 2. BCBS forwards claims to FSAFEDS for dates of services incurred on or after March 2. You need to submit an [FSAFEDS claim form](#) for any health care dates of service incurred prior to March 2.*
- You must manually submit claims for all denied pharmacy and routine vision services to FSAFEDS directly.
- Any claim that BCBS receives and processes for you, your eligible dependents or adult children up to age 26, and for which you receive an Explanation of Benefits (EOB), is automatically forwarded to FSAFEDS for processing your out-of-pocket expenses, **except** for the following, which may require action on your part:

Partially Denied Claims

Sometimes, the Explanation of Benefits (EOB) we receive from BCBS for you may not provide enough specific information to allow FSAFEDS to determine whether the expense is eligible for reimbursement from your HCFSA. You receive an FSAFEDS Reimbursement Statement for any claim that is partially denied, including the reason for the denial and the information we need for your claim to be reconsidered. You need to submit an [FSAFEDS claim form](#) with the necessary supporting documentation for these claims. FSAFEDS reviews your documentation and determines if the services or items denied are eligible for reimbursement under your HCFSA, and if so will process your claim and reimburse you.

Denied Claims for Routine Vision Services

BCBS does not forward fully denied claims for routine vision services to FSAFEDS. You need to submit an [FSAFEDS claim form](#) with the necessary supporting documentation for these claims. FSAFEDS reviews your documentation and determines if the services or items denied are eligible for reimbursement under your HCFSA, and if so will process your claim and reimburse you.

Denied Pharmacy Claims

BCBS does not receive claims for prescription drugs denied by Medco or Caremark, the pharmacy benefits manager for BCBS. Since BCBS does not receive these claims, they cannot forward them to FSAFEDS through PR. For retail pharmacy prescriptions, you will know when you pick up your prescription if your claim was denied; for mail-order drugs, your prescription will be returned along with a letter of denial.

In order for FSAFEDS to consider any denied pharmacy expenses, you need to submit an [FSAFEDS claim form](#) with the necessary supporting documentation. FSAFEDS reviews the documentation and determines if the services or items denied are eligible for reimbursement under your HCFSA, and if so will process your claim and reimburse you.

No Social Security Number (SSN) on File/HIPAA Privacy Claim Request

We do not receive claims information from BCBS if they do not have your Social Security Number on file (or your spouse's SSN if he/she is the FEHB enrollee). We also do not receive claims for you or any of your covered family members who have requested privacy protections available under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In either case, you need to manually submit an [FSAFEDS claim form](#) for those expenses.

BCBS Cannot Verify Enrollment

If BCBS is unable to verify your enrollment, FSAFEDS disenrolls you from PR. We make three attempts to contact you to resolve the issue -- first by mail, second by email and the third attempt is by phone. If after the third attempt we still have no response, you remain disenrolled and need to manually submit all of your claims using the [FSAFEDS claim form](#).

Federal Employees Dental and Vision Insurance Program (FEDVIP)

Your FEHB plan offers some dental and/or vision benefits that are submitted via PR. However, if you or any of your covered family members are also enrolled in a FEDVIP dental and/or vision plan (other than Aetna Dental, GEHA Dental, FEP Blue Vision and VSP), your (or your covered family member's) FEHB dental and/or vision claims are **not** automatically paid under PR. We let you know what action you need to take to have your dental and/or vision expenses considered for reimbursement from your HCFSA.

**If you are enrolled in Aetna Dental, GEHA Dental, FEP Blue Vision or VSP you may choose to enroll in PR for your vision or dental expenses. If you do not choose to enroll in PR for these plans, you need to submit your claim manually.*

Additional Claim-Related Information:

- If your account is frozen due to an overpayment, future PR claims are processed towards the overpayment amount until it is satisfied. If you have disenrolled from PR or have expenses that are not forwarded to FSAFEDS by BCBS, you need to manually submit an [FSAFEDS claim form](#) to offset the overpayment.
- You can request reconsideration of any claim not reimbursed by FSAFEDS via the appeal process. Refer to the [Appeals QRG](#) for more information.
- For more information on submitting paper claims, refer to [How to File a Claim](#).
- For all claims (both received automatically from BCBS or directly from you), we notify you of our determination. Information on both types of claims (automatic and manual) appears under [My Account Summary](#).
- We are not able to answer questions about how BCBS processed your claims. If you need assistance with how your plan processed your claim, contact BCBS at the telephone number printed on the back of your BCBS identification card.

Reimbursement Timeline for Claims Sent to FSAFEDS from BCBS:

- Step 1:** BCBS receives claims from your health care provider(s), and forwards processed claim information to FSAFEDS daily. We estimate that it takes between 1-3 weeks from the date of service to when FSAFEDS receives your processed claim from BCBS for medical, dental claims and retail prescription drug services. For mail-order prescription drug services, we estimate that it takes between 3-4 weeks from the date of service to when FSAFEDS receives your processed claim from BCBS.
- Step 2:** FSAFEDS receives the claim information from BCBS and processes your claim for payment within five business days of receipt.
- Step 3:** FSAFEDS releases payment
- For claims we approve that total \$25 or more, we release your payment as described below.
 - For claims we approve that total less than \$25, we hold your payment until we receive, process and approve additional claims that, when combined with the held claim(s), equal or exceed \$25 or until the end of the quarter, whichever comes first.

Payment Methods:

We release your payment through Electronic Funds Transfer (EFT) to your bank the next business day after we process your claim. Check with your bank for details on when this deposit will be available in your account.

The Federal FSA Program

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