

The Federal FSA Program

Quick Reference Guide



Appeal Process

You have the right to appeal any FSAFEDS denial that involves your Health Care, Limited Expense Health Care, and/or Dependent Care Flexible Spending Account, including:

- A claim or request for reimbursement that is not paid in full
- A product or service determined to be ineligible that you believe is eligible
- Your request to change your election due to a [Qualifying Life Event](#) that is not approved

STEP 1: Informal Appeal

If you disagree with our decision, or do not understand why your claim for reimbursement was denied in part, or in full, you may contact an FSAFEDS Benefits Counselor within 30 calendar days from the date of the decision to request a more detailed explanation. You may contact FSAFEDS via email, telephone, fax or mail:

- **Email:** FSAFEDS@shps.com
- **Telephone:** 1-877-372-FSAFEDS (372-3337), TTY: 1-800-952-0450
- **Fax:** 1-866-643-2245 (toll-free) or 1-502-267-2233
- **Mail:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40233

STEP 2: 1st Level Written Appeal

If you are not satisfied with the outcome of the informal appeal, you may request a formal appeal by following the steps outlined below:

- Submit your appeal request in writing to FSAFEDS for reconsideration within 60 calendar days of the initial decision. You must sign your submission in order for it to be considered.
- Include in your appeal request:
 - An explanation as to why you disagree with the denial based on specific provisions outlined in the [Summary of Benefits](#), Internal Revenue Service regulations that govern all pre-tax benefit programs, or other written documentation available at www.FSAFEDS.com.
 - Copies of documents that support your claim, such as a physician's [letter of medical necessity](#), Explanation of Benefit (EOB) from your FEHB or other insurance plan, and/or detailed bills from your provider. At your discretion, you can also submit information such as operative reports, medical records, or other medical information that supports your claim.
- Mail or fax your appeal request and any necessary documentation to:
 - **Mail:** FSAFEDS Program • PO Box 36880 • Louisville, KY 40232
 - **Fax:** 1-866-643-2245 (toll-free) or 1-502-267-2233

FSAFEDS has 30 calendar days from the date we receive your request to do one of the following:

1. Approve the appeal and proceed with the appropriate processing procedures including notifying you of this outcome by email. If we do not have an email address on file for you, we will send you a letter to the mailing address we have on file.
2. Respond to you, by email, that we have upheld the denial. If we do not have an email address on file for you, we will send you a letter to the mailing address we have on file.

STEP 3: 2nd Level Written Appeal

If you do not agree with our decision to uphold the denial, you will have an additional 30 calendar days to file another appeal for reconsideration, in writing. **You must sign your submission in order for it to be considered.** Upon receipt of the second appeal, the FSAFEDS Appeals Committee meets to review and ensure that your appeal has been handled properly. This includes a claims processing review and consideration of any new documentation that you may submit. We will make a decision on your second-level appeal within 30 calendar days from the date we receive your request.

If the FSAFEDS Appeals Committee reverses the denial, we will pay your claim.

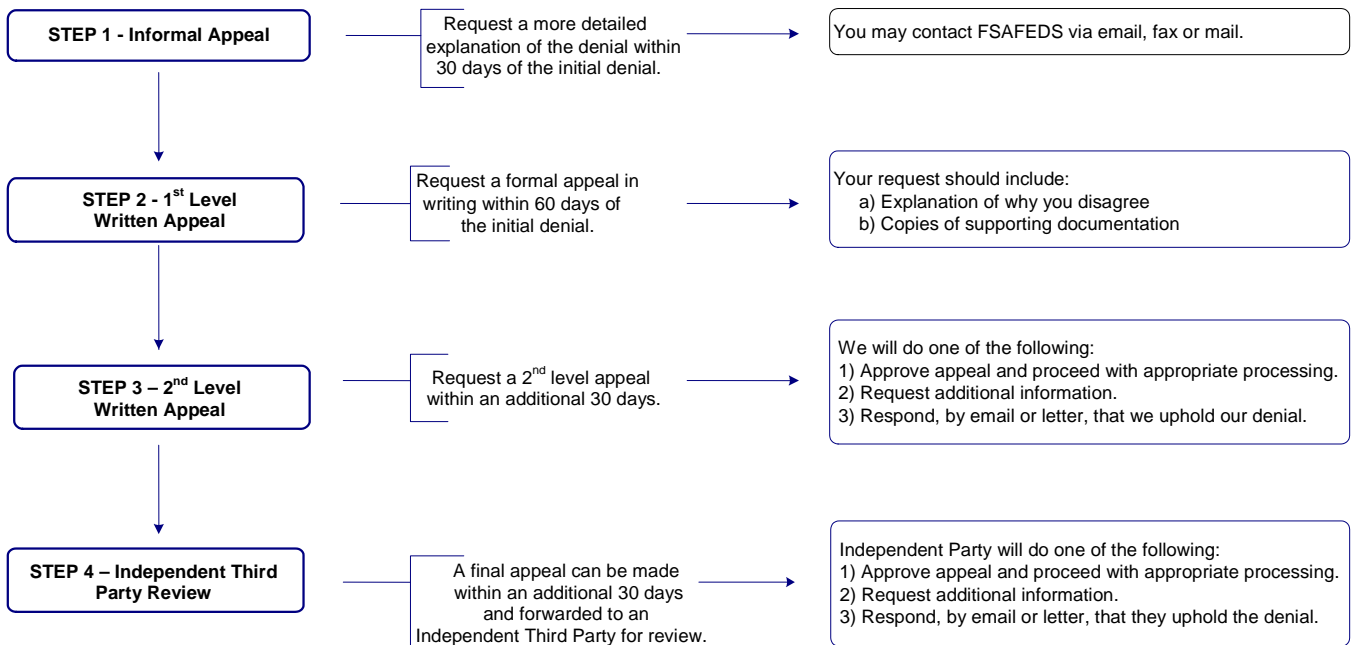
If the FSAFEDS Appeals Committee upholds the original denial, it will send you an email telling you why your claim does not meet IRS or Plan guidelines for reimbursement. The email will also let you know that you have the right to file a final appeal with FSAFEDS within 30 calendar days and it will be forwarded to an Independent Third Party for review. If we do not have an email address on file for you, we will send you a letter to the mailing address we have on file.

STEP 4: Final Appeal for Independent Third Party Review

If you do not agree with our decision to uphold the denial of your second-level appeal, you will have an additional 30 calendar days to file another appeal for reconsideration, in writing. You must sign your submission in order for it to be considered.

The Independent Third Party reviews all documentation submitted by you. The arbitrator has 30 calendar days from the date your final appeal is received from FSAFEDS to review and respond to you by email. If we do not have an email address on file for you, a letter will be sent to the mailing address we have on file. The final decision is binding and cannot be appealed further by you, or OPM, or ADP Benefit Services KY, Inc.

FSAFEDS Appeals Process



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