

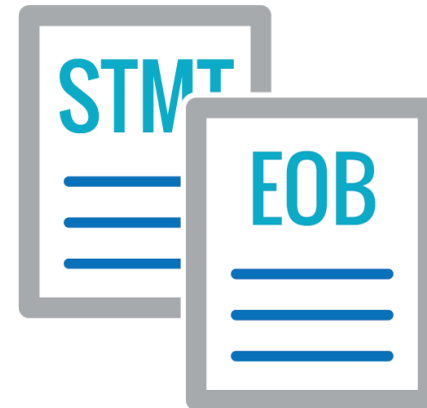
# Substantiation



**HealthEquity**<sup>®</sup>  
Building Health Savings<sup>SM</sup>

# Substantiation

- What is Substantiation?
  - The IRS requires that FSA funds be used for qualified expenses only
  - Substantiation is documentation that an expense is qualified
- When is this needed?
  - When you run your card and the transaction cannot be auto-substantiated or auto-matched to a claim
- How do I Substantiate?
  - Manually match to a claim on the portal
  - Send in an EOB or itemized receipt



# Notification Requests

- How will we notify a member to provide substantiation?
  - By mail or email:

RA – Substantiation Request

Subject: HealthEquity Reimbursement Account Card Transactions: Follow up needed



Dear [Member Name],

Thank you for using your HealthEquity FSA/HRA debit card. Our records indicate that you incurred the following expense(s) with your card. While most debit card purchases can automatically substantiate and do not require any follow-up actions, the following transaction(s) could not:

Date*	Amount	Status
[Date]	[Amount]	[Reason]

\*The date may not be the actual date the service was incurred, but the date the card was swiped and the transaction processed.

More transaction details can be seen on your member portal by logging on to <http://www.myhealthequity.com>. Access the My Money menu, select Reimbursement Account Detail, and click on the Debit Cards tab.

In order to comply with IRS regulations, please do one of the following:

1. **Submit Receipt for the transaction(s).** Submit documentation online, e-mail, mail, or by fax.
2. **Submit an alternative expense to offset transaction(s):** Submit eligible expense(s) that have not been charged to the debit card or reimbursed from your account. If the transaction is larger than the charge please send a claim

# Documentation

- What documentation should be provided to substantiate?
  - Documentation that includes the following:
    - Name of provider
    - Name of patient
    - Description of services
    - Date(s) of service
    - Cost of service
- What documentation is not sufficient?
  - Credit card receipts
  - Cancelled checks



# Auto-Substantiation

- In some instances card transactions can be auto-substantiated:
  - Transactions for copayments
  - At a pharmacy that is IIAS certified (Visit [www.sig-is.org](http://www.sig-is.org) for a detailed list)



# Claim Matching

- What is claim matching?
  - Claims can be automatically matched to card transactions based on:
    - Amount
    - Medical code
- When will my claim not automatically match to my card transaction?
  - If you pay for more than one date of service at a time
  - If you pay a discounted or partial amount at the time of service or the card transaction name doesn't match the name of the provider in the claim
  - If HealthEquity does not receive the claim from the health plan (Mental health, dental, or vision)

# How to Claim Match

If the claim and card transaction do not automatically match, you can match them from your member account. Select the My Account menu, then FSA option. Or you can click on the shortcut, Available Amount.

The screenshot displays the HealthEquity member account dashboard. At the top, there is a navigation bar with links for 'My Account', 'Claims & Payments', 'Docs & Forms', and 'Resources'. The main content area is divided into several sections:

- 2015 FSA:** A table showing account details. A red arrow points to the 'Available Amount' row. The table includes:

Available Amount	\$1,996.00
Benefit Amount	\$2,000.00
Last Day To Spend	15 Mar 2016
Last Day To Submit	15 Apr 2016
Eligible Expenses	>
Plan Detail	>
- Quick Links:** A list of shortcuts including 'Pay Doctor/Provider', 'Request Reimbursement', 'Reimbursement Account Detail', 'Claims History', and 'Plan Info', each with a right-pointing arrow.
- Resources:** A list of links including 'Anthem Homepage', 'Find a Doctor', 'Estimate Your Cost Video', and 'Medical Journal', each with a right-pointing arrow.
- To Do:** A list of tasks including 'Unresolved Claims', 'Unlinked Receipts/Docs', and 'Card Transactions Requiring Documentation', each with a count of 0.

In the center of the dashboard is a large promotional banner with the text 'DISCOVER THE MANY USES FOR YOUR FSA' and the URL 'Visit: www.healthequity.com/qme'. The banner features a grid of icons representing various medical services like dental, vision, hearing, and general care.

# How to Claim Match

Select the Debit Card tab:

**Reimbursement Account Detail**

Reimbursement Account: 2014 HRA 1/1/2014 to 12/31/2014  Include Inactive?

Plan Name: 2014  
Effective Start Date: 1/1/2014  
Effective End Date: 12/31/2014  
Debit Card Status: Member: Active Dependent: Active

Card Balance: \$38.62

Election Amount	Deposits	Claims Approved	Claims Paid	Claims Denied	Fees Paid	Available Balance
\$910.00	\$330.00	\$871.38	\$871.38	\$0.00	\$0.00	\$38.62

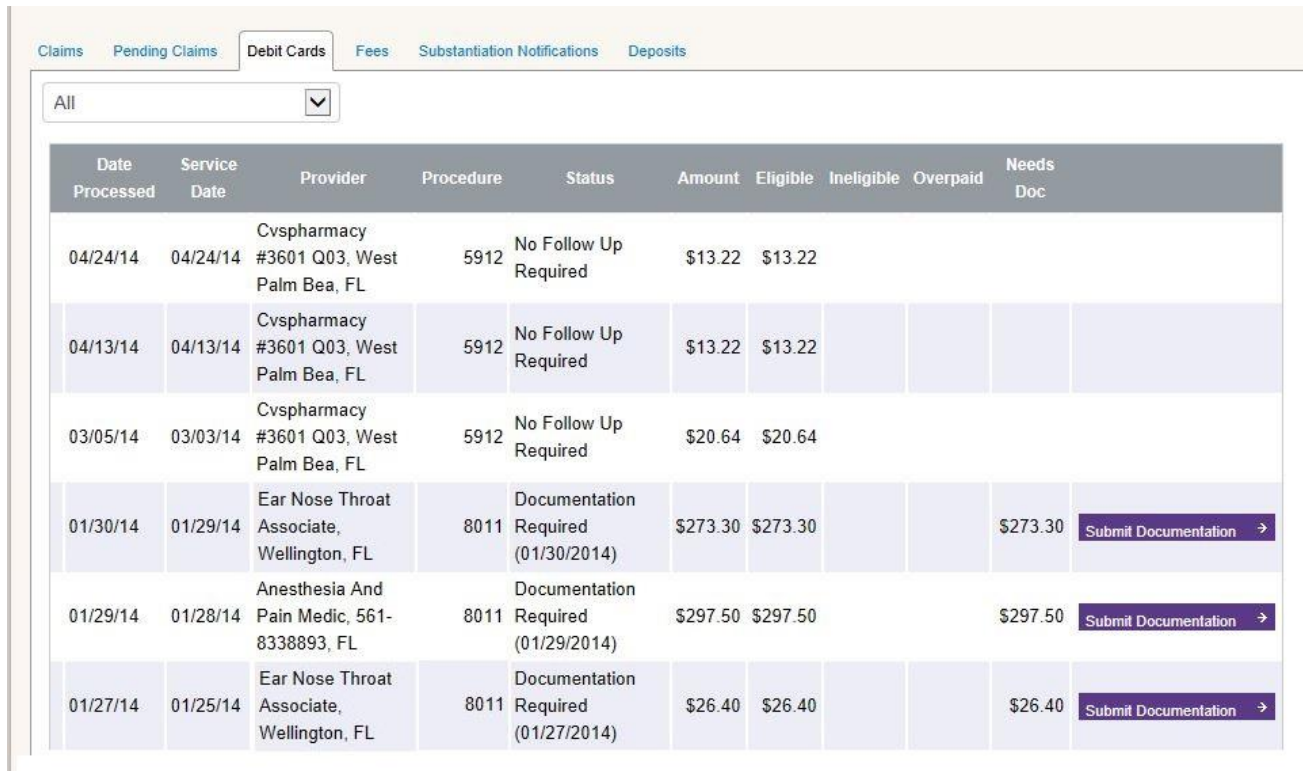
Claims Pending Claims **Debit Cards** Fees Substantiation Notifications Deposits

Claim ID	Date	Service Date	Provider	Procedure	Amount	Denied	Allowed	Pending	Paid
	04/24/14	04/24/14	Cvspharmacy #3601 Q03, West Palm Be...	5912	\$13.22		\$13.22		\$13.22
	04/13/14	04/13/14	Cvspharmacy #3601 Q03, West Palm Be...	5912	\$13.22		\$13.22		\$13.22
	03/05/14	03/03/14	Cvspharmacy #3601 Q03, West Palm Be...	5912	\$20.64		\$20.64		\$20.64
	04/20/14	04/20/14	Ear Nose Throat Associates, Wallingto...	8011	\$272.20		\$272.20		\$272.20



# Member Claim Matching

To match the claim or submit your documentation select the Submit Documentation box:



The screenshot shows a web interface with a navigation bar at the top containing tabs for 'Claims', 'Pending Claims', 'Debit Cards', 'Fees', 'Substantiation Notifications', and 'Deposits'. Below the navigation bar is a dropdown menu set to 'All'. The main content is a table with the following columns: Date Processed, Service Date, Provider, Procedure, Status, Amount, Eligible, Ineligible, Overpaid, Needs Doc, and a 'Submit Documentation' button. The table contains six rows of claim data. The last row, dated 01/27/14, has a red arrow pointing to its 'Submit Documentation' button.

Date Processed	Service Date	Provider	Procedure	Status	Amount	Eligible	Ineligible	Overpaid	Needs Doc		
04/24/14	04/24/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$13.22	\$13.22					
04/13/14	04/13/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$13.22	\$13.22					
03/05/14	03/03/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$20.64	\$20.64					
01/30/14	01/29/14	Ear Nose Throat Associate, Wellington, FL	8011	Documentation Required (01/30/2014)	\$273.30	\$273.30			\$273.30	<a href="#">Submit Documentation</a> →	
01/29/14	01/28/14	Anesthesia And Pain Medic, 561- 8338893, FL	8011	Documentation Required (01/29/2014)	\$297.50	\$297.50			\$297.50	<a href="#">Submit Documentation</a> →	
01/27/14	01/25/14	Ear Nose Throat Associate, Wellington, FL	8011	Documentation Required (01/27/2014)	\$26.40	\$26.40			\$26.40	<a href="#">Submit Documentation</a> →	

# Submitting Documentation

Select your option to submit documentation:

The screenshot shows a software interface with a table of claims and a modal dialog box titled "Card Substantiation". The dialog box contains the following text: "The IRS requires documentation showing your card was used for eligible expenses. Select one of the following substantiation methods." Below this text are four radio button options: "Submit a receipt or EOB", "Match to claim" (which is selected), "Offset with another receipt", and "Repay account". At the bottom of the dialog are two buttons: "Next" with a right arrow and "Cancel" with an X.

Service	Date	Eligible	Ineligible	Overp
Cvs	04/24/14	\$13.22		
Cvs	04/13/14	\$13.22		
Cvs	03/03/14	\$20.64		
Ear Nose Throat	01/29/14	\$273.30	\$273.30	
Anesthesia And	01/28/14	\$297.50	\$297.50	

# Matching Claims

Check the box next to the claim(s) that you paid with this debit card transaction:

**Card Transaction Details**

Transaction Date: 01/25/2014  
Account: 2014 HRA  
Amount: \$26.40  
Merchant: Wellington, FL

**Substantiation Amounts**

Unsubstantiated Amount: \$26.40  
Selected Amount: \$0.00  
Matched Amount: \$0.00  
Amount Remaining:

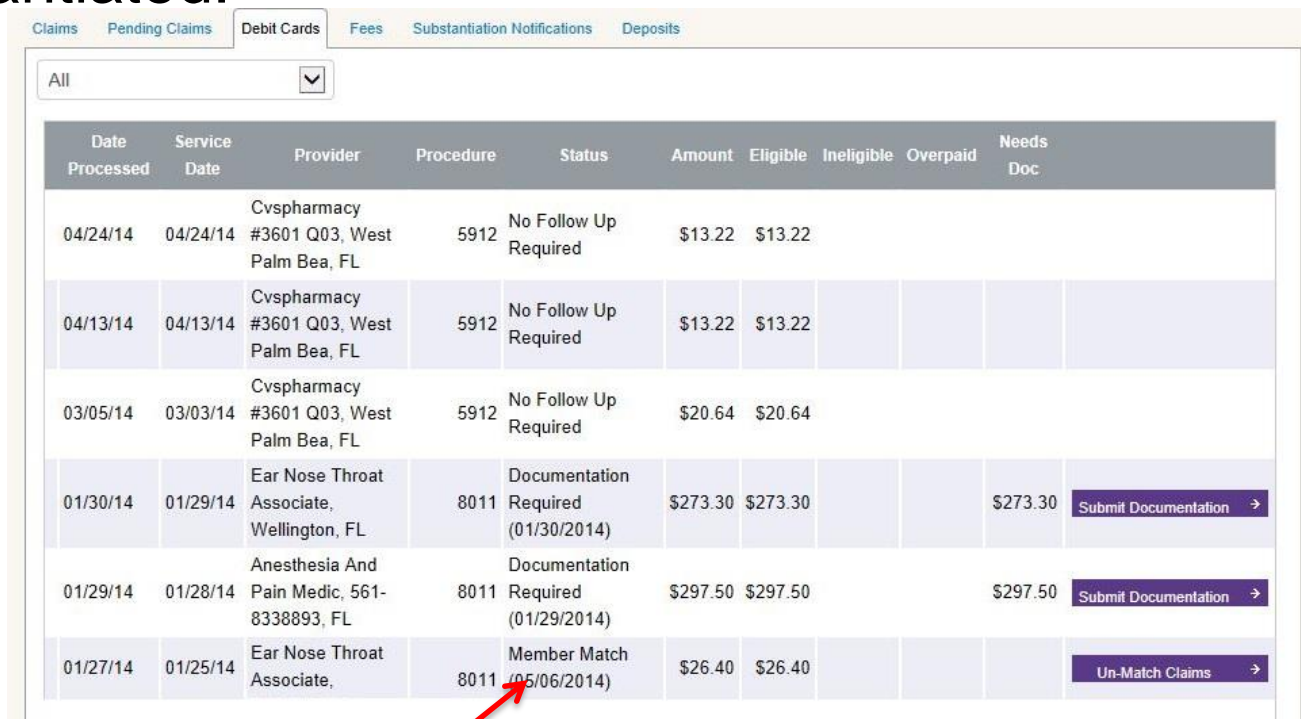
Match the unsubstantiated card transaction by:

1. Checking the "Select" box(es) of the claims you would like to match
2. Entering the "Amount" of the transaction to link to the claim
3. Verifying the "Selected Amount" is correct
4. Clicking the "Submit" button at the bottom of the page

Select	Claim ID	Date	Person	Provider	Total	Paid	Available	Matched
<input type="checkbox"/>	<a href="#">0059</a>	02/27/14			\$13.44	\$0.00	\$13.44	
<input type="checkbox"/>	<a href="#">0055</a>	02/08/14			\$26.40	\$0.00	\$26.40	
<input type="checkbox"/>	<a href="#">0061</a>	04/13/14			\$13.22	\$0.00	\$13.22	

# Member Match

Your medical claim from Anthem is now matched to the debit card transaction. This transaction has been substantiated:



The screenshot shows a web interface with a navigation bar containing tabs for Claims, Pending Claims, Debit Cards, Fees, Substantiation Notifications, and Deposits. Below the navigation bar is a dropdown menu set to 'All'. The main content is a table with the following columns: Date Processed, Service Date, Provider, Procedure, Status, Amount, Eligible, Ineligible, Overpaid, Needs Doc, and an action button. A red arrow points to the 'Member Match' entry in the table.

Date Processed	Service Date	Provider	Procedure	Status	Amount	Eligible	Ineligible	Overpaid	Needs Doc		
04/24/14	04/24/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$13.22	\$13.22					
04/13/14	04/13/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$13.22	\$13.22					
03/05/14	03/03/14	Cvspharmacy #3601 Q03, West Palm Bea, FL	5912	No Follow Up Required	\$20.64	\$20.64					
01/30/14	01/29/14	Ear Nose Throat Associate, Wellington, FL	8011	Documentation Required (01/30/2014)	\$273.30	\$273.30			\$273.30		<a href="#">Submit Documentation</a> →
01/29/14	01/28/14	Anesthesia And Pain Medic, 561-8338893, FL	8011	Documentation Required (01/29/2014)	\$297.50	\$297.50			\$297.50		<a href="#">Submit Documentation</a> →
01/27/14	01/25/14	Ear Nose Throat Associate,	8011	Member Match (05/06/2014)	\$26.40	\$26.40					<a href="#">Un-Match Claims</a> →

# Other Options

- Other options for providing substantiation documents:
  - Upload documentation directly to the debit card transaction from the member portal
  - Send documentation by mail, fax or email. Contact information is included in the substantiation letter
  - HealthEquity mobile app



# New HealthEquity mobile app



## Convenient, powerful tools:

- On-the-go access
- Take a photo of documentation with phone and link to claims and payments
- Send payments and reimbursements from FSA
- Manage debit card transactions
- View claims status

**Available for iOS and Android**

# Expert friends



*Every hour  
of every day.*

## Always available

Our member services are taking calls 24 hours a day, every day of the year

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