

# Advisor

This edition of the Advisor is your guide to HCSP reimbursements.

## Changes to HCSP documentation requirements

To request reimbursement of health care expenses, you must complete a *Reimbursement Request* form and provide documentation of the expense. Effective July 1, 2011, MSRS modified the HCSP documentation requirements to better align with other tax-advantaged health savings plans.

### Acceptable forms of documentation

- **Insurance premiums.** The documentation must include the insurer's contact information, name of person covered, the coverage dates, and the amount payable, itemized by type of insurance coverage (health, dental, or long-term care coverage).
- **Other medical or dental expenses.** The documentation must include the provider's name and contact information, date of service, amount charged for the service, the insurance reimbursement amount, person for whom service was provided, and the treatment/services provided. Examples of acceptable documentation include itemized statements from a provider or an insurance company's Explanation of Benefits (EOB).

### Unacceptable forms of documentation

- Canceled checks and bank or credit card statements are not accepted as the *sole* documentation of a claim because they do not include the detail required to authenticate a claim.
- Handwritten receipts (typically purchased at office supply stores) are unacceptable unless the provider/insurer/employer's name and contact information is indicated as well as all of the details described above in "acceptable forms of documentation."
- A balance forward statement, balance due statement, or an estimate of services not yet rendered are never acceptable forms of documentation.

Please be sure to include proper documentation of expenses incurred with your *Reimbursement Request* form so MSRS can process your claim in a timely manner. Requests that do not include proper documentation will be returned to you, which will delay your reimbursements.



### OTC Reimbursement grace period to end soon

As a result of the Federal Health Care Reform, over-the-counter (OTC) drugs and medicines are no longer eligible for reimbursement unless prescribed by a medical practitioner. This includes items such as cold and flu medicine, aspirin, antacids and allergy medicine. Requests for reimbursement of OTC drugs and medicines purchased on or after January 1, 2011 must be accompanied by a prescription, as well as documentation of the expense incurred.

If you purchased OTC drugs or medicines *prior* to January 1, 2011, you can request reimbursements from your HCSP account without a prescription until December 31, 2011. Requests must be accompanied by documentation that indicates the date of purchase. MSRS granted this one-year grace period to allow HCSP participants sufficient time to submit claims for OTC drugs purchased prior to January 1, 2011.



## Expenses that require additional documentation

Some health care items have a **dual use** and can only be reimbursed from HCSP if a written prescription or documentation signed by a qualified medical practitioner (e.g., medical doctor, nurse practitioner, chiropractor) specifies: a) the name/type of treatment; and b) the condition requiring the treatment/expense.

The prescription must be dated **prior** to purchasing the dual use item. The provider must update written documentation for a dual use expense on an annual basis to continue to be eligible for reimbursements.

Some examples of dual use items include glucosamine and chondroitin to treat arthritis or sunscreen if required due to melanoma or other skin conditions. For a more complete list of dual use items, please visit [www.msrs.state.mn.us](http://www.msrs.state.mn.us) > Health Care (HCSP) > Eligible Expenses.

# Reimbursements: *odds & ends*

**Reimbursement of monthly insurance premiums.** Be sure to notify MSRS if your premium amount and/or provider information changes.

Complete a *Reimbursement Request* form and provide documentation of the expense to:

- Increase premium amount
- Decrease premium amount (if new provider)
- Change reimbursement amount to add new insurance to existing monthly payment
- Restart ongoing payment previously stopped

Contact MSRS at 651-296-2761 or 1-800-657-5757 to:

- Decrease premium amount (if same provider)
- Stop ongoing payments

**Turning age 65 soon?** Be sure to contact Social Security, your current health care provider and MSRS (if you currently receive an ongoing premium reimbursement). To request reimbursement of Medicare Part B and/or Part D premiums or supplemental insurance, you'll need to complete a *Reimbursement Request* form and provide a copy of your Medicare card and a letter from Social Security indicating the premium amount.

**Reimbursement of mileage.** You can request reimbursement of mileage when you use a car for medical reasons. Effective July 1, 2011, the rate is 23.5 cents a mile. Reimbursement requests must include supporting documentation (such as a bill or EOB from the provider) to indicate the trip was for medical reasons.

**Reimbursement limits.** Effective January 2011, the annual reimbursement limit is \$23,000. The limit does not include medical, dental, or long-term care insurance premium reimbursements.

**Reimbursements are always paid to you.** MSRS never pays the plan provider or insurer.



ADMINISTERED BY MINNESOTA STATE RETIREMENT SYSTEM (MSRS)

October 2011

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This newsletter can be made available in alternate formats such as Braille, large print, or cassette tape.

Teletypewriter and TDD users should call the Minnesota Relay Service at 1-800-627-3529 and ask to be connected to 651-296-2761.