

Necessary Documentation for In Good Order (IGO) Submissions

This information outlines the documentation necessary for Retirement Health Savings (RHS) reimbursement requests submitted to Meritain Health® (the third-party claims administrator). Qualifying medical expenses allowed for reimbursement varies by employer. Your RHS plan may allow reimbursement for all medical expenses, select medical expenses, or limit reimbursement to insurance premiums only. Eligible benefits are outlined in the RHS plan summary provided by your employer. Claims must be submitted within two years from the date of service, but this limit can vary among plans. If you have questions regarding this limit or your claims, contact Meritain Health.

Insurance premiums

Documentation must indicate who is covered, the type of policy, the cost (premium) of the policy, and must confirm you were enrolled at the point for which you are requesting reimbursement. Examples include, but are not limited to: itemized statements from the provider, retirement paystubs, enrollment confirmation letters, etc. Indemnity plans and medical cost sharing plans are not eligible.

Recurring Insurance Premium Reimbursements

All supporting documentation must show active coverage within 60 days of desired start date of recurring reimbursement.

1. Recurring reimbursement can be set up on the claims portal. You may also reference Part C on the Reimbursement Request Form.
2. Include appropriate documentation as stated above.
3. Payments will continue until one of the following occurs: your account has been depleted, you reach your requested end date, or 12 months of premiums have been reimbursed.

Common ineligible insurance plans. Life insurance, indemnity plans, medical cost-sharing plans, and premiums that are paid pre-tax are not eligible for reimbursement.

Service-based medical, vision, and dental claims

Documentation must contain:

1. Date of service.
 - a. We cannot approve any portion of a statement that is listed as a previous or prior balance.
 - b. Date of payment is not necessarily the date of service.
2. Patient name.
3. Service(s) rendered (brief description). If it is a simple office copay, “copay” or “office visit” will suffice.
4. Total amount charged.
5. Amount actually paid and/or adjusted by insurance.
 - a. Any statement showing insurance as pending, estimated, billed to, or expected will be denied.
 - b. If the expense is a copay (an even \$15/\$20/\$25, etc.), we do not need the insurance information.

Reimbursement does not require proof of payment, but does require the final patient responsibility amount. However, orthodontics is an exception (see Orthodontics below).

Please note: credit card receipts or statements often do not provide the necessary information for reimbursement. An Explanation of Benefits (EOB) from your insurance company (the itemized pages) or an itemized statement with insurance claims listed will allow claim reimbursement. Alternatively, you may request an account history report from your provider detailing your claim information.

Prescriptions

Please submit one of the following:

1. Prescription slip with the fill date, pharmacy name, patient name, drug name, and cost.
2. Cash Register receipt with the date, pharmacy name, and full prescription number.
3. Pharmacy ledger or history report: a patient-specific spreadsheet printed out by the pharmacy.

Over-the-counter (OTC) items

Documentation must include:

1. **Name of store where purchased.**
2. **Date of purchase.**
3. **Item(s) purchased.**
 - a. OTC medication (e.g., Motrin, Tylenol, etc).
 - b. Medical supplies (thermometers, contact solution, bandages, etc) are eligible.
 - c. For vitamins and supplements, we must have a Letter of Medical Necessity (LOMN) on file, stating the specific need for each item. If treatment is ongoing, please have the letter include the treatment duration. Letters of Medical Necessity are valid for up to one year.
4. **Amount paid.**

Orthodontics

Documentation must have:

1. A copy of the orthodontic contract, with the banding date (the date the braces were put on).
2. Proof of payment.
 - If the payment coincides with the monthly payment amount on the contract, only a receipt is needed. If payment veers away from the payment plan at all, please provide a financial ledger of the account.

Common services requiring a Letter of Medical Necessity (LOMN). Anything that could serve a non-medical purpose, including, but not limited to massage therapy, vein treatment, weight loss programs, vitamins and supplements.

Common ineligible expenses. Vision warranty, late fees, services incurred outside of the eligible time period, teeth whitening, toothbrushes or paste, anything considered cosmetic, foods associated with a weight loss program.

Information on what constitutes a qualifying medical expense can be found in IRS Publication 502, Medical and Dental Expenses, available at www.irs.gov/publications/p502.

Questions?

Have any questions or need more information? We can help. Just reach out to Meritain Health at **1.888.587.9441**, weekdays 8:00 AM-5:00 PM ET.

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