

# SUBSTANTIATION REQUIREMENTS

## FSA SUBSTANTIATION REQUIREMENTS

The IRS requires flexible spending account (FSA) participants to submit documentation to show their purchase was an eligible expense. Driven125 offers innovative solutions that simplify the substantiation process.

### Why is substantiation required?

Because of an FSA's tax advantages, the IRS requires employers and employees to prove that FSA funds are only being spent on eligible expenses.

FSAs are a great way for employers and employees to save on taxes.

### Electronic Auto-Substantiation

**Driven125 Debit Card** transactions can be automatically approved at time of purchase.

The Driven125 debit card works in conjunction with an MCC network, which classifies businesses by the products they sell or services they provide. Only transactions at medical, dental, and vision providers or merchants are approved for plans that reimburse medical, dental, and vision expenses. Only transactions at parking and mass transit providers are approved for plans that reimburse Commuter Benefits expenses.

Merchants can provide all IRS-required information right at the point of sale by using the IIAS. This computerized system allows the benefits card to recognize items being purchased. IIAS merchants auto-substantiate claims, so you don't need to provide additional documentation for eligible expenses. After you swipe your benefits card for the entire purchase, eligible items are approved, and the merchant will ask for a secondary form of payment for any ineligible items.

If a **Copay Match** occurs at the time your benefits card is swiped, transactions for these amounts are automatically approved. The system verifies whether the dollar amount matches a copay or multiple of a copay when you use your benefits card at an eligible provider.

**Recurring expenses** are a series of eligible expenses that occur at the same provider and for the same dollar amount. You must submit documentation the first time you swipe your benefits card, but subsequent transactions at the same provider for the same amount are then automatically approved.

### To upload documentation to an existing claim in your online account, complete the following steps:

1

Log in to your online account at [login.driven125.com](http://login.driven125.com) or download the Driven125 mobile app

2

In the Tasks section of the Home tab, click "receipt(s) needed."

3

Click "Upload."

To be accepted for a claim, you'll need one of the two accepted forms of paperwork: an itemized receipt, or an Explanation of Benefits (EOB) form (which is typically used for eligible medical services). These pieces of paperwork should have the following information:

- **Patient Name:** The name of the person who received the service or item. (Keep an eye on retail store receipts, which might not have this info)
- **Provider Name:** The provider that delivered the service or where the item was purchased
- **Date of Service:** The date on which services were provided or the item was purchased
- **Type of Service:** A detailed description of the service provided or item purchased
- **Cost:** The amount you paid for the service or product and/or the portion that is not reimbursed through your insurance carrier. Note that if there is a service that was processed through insurance, you'll be looking for your EOB form from your health care provider for this information

