



YOUR REVENUE STREAM WILL CHANGE ON SEPTEMBER 23RD.
Up or down is up to you.

The Patient Protection and Affordable Care Act (PPACA or the Affordable Care Act), Public Law 111-148, was enacted March 23, 2010 and takes effect September 23, 2010. PPACA adopted ERISA regulations in their entirety as the basis of all payments and appeals in this new law. In August, the Department of Labor released Final Interim Procedures that describe how insurance companies and hospitals must conduct themselves in making payments and more important, making appeals for services that have not been paid correctly. The DOL released new forms for insurers to use that ***effectively replace existing EOB's and all of the appeals process forms, format and content.***

If your finance department is unfamiliar with these changes, *it is almost certain that you will lose revenue starting September 23rd.* However, if you prepare and understand these changes, **you can be empowered with the greatest positive revenue change potential in the hospital industry over the past fifty years.**

Among the most significant changes that affect revenue is: (EBSA Technical Release No. 2010-01):

- **New requirements for benefit appeals and required external review for benefit denials, plus the DOL's existing claims rules become applicable to non-ERISA plans (like governmental and church plans)...** including fully-insured as well as self insured group health plans.
- **Required changes for internal claims procedures, including a shorter urgent care deadline, additional content for denial notices, new criteria for avoiding conflicts of interest, and new strict compliance standard.**
- **Additional rules for internal appeals, including a claimant's right to present testimony, plus restrictions on a plan's ability to consider new information and add reasons for benefit denials.**
- **New procedures for external reviews, including new deadlines, and procedures for selecting and transmitting required information to external review organizations.**

While most insurers must comply on September 23rd 2010, a new “Safe Harbor” has been issued to certain insurers who have implementation deadlines later, which might give you an insight as to the shift of power from the insurers to the providers”:

*“Compliance with the procedures...(ensures that).. The Department of Labor and the Internal Revenue Service will not take enforcement action against any plan that complies with the procedures set to plans that are not subject to the applicable State laws, such as self-insured plans and **such plans may choose to voluntarily comply** ...and the Internal Revenue Service also will not take enforcement action against a plan that voluntarily complies...”*

Model Notice of Adverse Benefit Determination

Most insurance plans will implement these changes on September 23rd, and the insurance industry has held two seminars to educate its members. The question now is whether you will be ready and be in control of this process, or simply respond to what your commercial insurers dictate to you.

Claims Recovery Company is the recognized leader in ERISA-based medical appeals. Our national experience includes millions of dollars of recovered claims for health care providers of all sizes, over hundreds of thousands of ERISA appeals, and with virtually all commercial insurance companies.

Model Notice of Adverse Benefit Determination

Date of Notice:
Name of Plan
Address

Telephone/Fax
Website/Email Address

This document contains important information that you should retain for your records.

This document serves as notice of an adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested treatment or service described below. If you think this determination was made in error, you have the right to appeal (see the back of this page for information about your appeal rights).

Case Details:

Name:	ID Number:
Claim #:	Date of Service:
Provider:	

Reason for Denial (in whole or in part):

Amt. Charged	Allowed Amt.	Other Insurance	Deductible	Co-pay	Coinsurance	Other Amts. Not Covered	Amt. Paid
YTD Credit toward Deductible:			YTD Credit toward Out-of-Pocket Maximum:				
Diagnosis:							
Diagnostic Codes:				Requested Service(s)/ Treatment Code:			
Treatment Category (Subcategory):				Denial Codes:			

[If denial is not related to a specific claim, only name and ID number need to be included in the box. The reason for the denial would need to be clear in the narrative below.]

Explanation of Basis for Determination:

If the claim is denied (in whole or in part) and there is more explanation for the basis of the denial, such as the definition of a plan or policy term, include that information here.

Model Notice of Adverse Benefit Determination
Important Information about Your Appeal Rights

What if I need help understanding this denial? Contact us at [insert contact information] if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? You have a right to appeal any decision not to provide you or pay for an item or service (in whole or in part).

How do I file an appeal? Detach and send in the bottom of this form within [insert timeframe, for example, X days from the date of this notice]. [If electronic notice, insert alternate submission instructions.]

What if my situation is urgent? If your situation meets the definition of urgent under the law, your review will be conducted within 24 hours. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal by [insert instructions for filing internal appeals (and, if applicable, simultaneous external review)].

Who may file an appeal? You or someone you name to act for you (your authorized

representative) may file an appeal. [Insert information on how to designate an authorized representative.]

Can I provide additional information about my claim? Yes, you may supply additional information. [Insert any applicable procedures for submission of additional information.]

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge) by contacting us at [insert contact information].

What happens next? If you appeal, we will review our decision and provide you with a written determination. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). [Insert, if applicable in your state: Additionally, a consumer assistance program may be able to assist you at [insert contact information].]

Appeal Filing Form

[Insert Name and ID Number]
[Insert Patient Name]

[Insert Claim #]

Detach this form and send to: [Insert name and contact information]

NAME OF PERSON FILING APPEAL: _____

Covered person Patient Authorized Representative

Model Notice of Final Internal Adverse Benefit Determination

Date of Notice
Name of Plan
Address

Telephone/Fax
Website/Email Address

This document contains important information that you should retain for your records.

This document serves as notice of a final internal adverse benefit determination. We have declined to provide benefits, in whole or in part, for the requested treatment or service described below. If you think this determination was made in error, you may have the right to appeal (see the back of this page for information about your appeal rights).

Case Details:

Name:	ID Number:
Claim #:	Date of Service:
Provider:	

Reason for Denial (in whole or in part):

Amt. Charged	Allowed Amt.	Other Insurance	Deductible	Co-pay	Coinsurance	Other Amts. Not Covered	Amt. Paid
YTD Credit toward Deductible:			YTD Credit toward Out-of-Pocket Maximum:				
Diagnosis:							
Diagnostic Codes:			Requested Service(s)/ Treatment Code:				
Treatment Category (Subcategory):			Denial Codes:				

[If denial is not related to a specific claim, only name and ID number need to be included in the box. The reason for the denial would need to be clear in the narrative below.]

Background Information: *Describe facts of the case including type of appeal and date appeal filed.*

Final Internal Adverse Benefit Determination: *State that adverse benefit determination has been upheld. List all documents and statements that were reviewed to make this final internal adverse benefit determination.*

Findings: *Discuss the reason or reasons for the final internal adverse benefit determination.*

Model Notice of Final Internal Adverse Benefit Determination
Important Information about Your Rights to External Review

What if I need help understanding this denial? Contact us [insert contact information] if you need assistance understanding this notice or our decision to deny you a service or coverage.

What if I don't agree with this decision? For most types of claims, you are entitled to request an independent, external review of our decision. Contact us [insert contact information] with any questions on your rights to external review.

How do I file a request for external review? [Insert instructions in place of detachable form at the bottom of this page. If there are no current procedures applicable, insert: Detach and send in the bottom of this form within [insert timeframe].]

What if my situation is urgent? If your situation meets the definition of urgent under the law, the external review of your claim will be conducted as expeditiously as possible. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on the external review of your claim. If you believe your situation is urgent, you may request an expedited external review by [insert instructions to begin the process (such as by phone, fax, electronic submission, etc.)].

Who may file a request for external review? You or someone you name to act for you (your authorized representative) may file a request for external review. [Insert information on how to designate an authorized representative.]

Can I provide additional information about my claim? Yes, once your external review is initiated, you will receive instructions on how to supply additional information.

Can I request copies of information relevant to my claim? Yes, you may request copies (free of charge) by contacting us at [insert contact information].

What happens next? If you request an external review, an independent organization will review our decision and provide you with a written determination. If this organization decides to overturn our decision, we will provide coverage or payment for your health care item or service.

Other resources to help you: For questions about your rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). [Insert, if applicable in your state: Additionally, a consumer assistance program may be able to assist you at [insert contact information].]

Appeal Filing Form

[Insert Insurer Name]

[Insert Phone Number/ Mailing Address]

[Insert Name and ID Number]

[Insert Claim #]

Detach this form and send to: [Insert name and contact information]

NAME OF PERSON FILING APPEAL: _____

Covered person Patient Authorized Representative

Date of Notice

Model Notice of Final External Review Decision

**Name of Plan
Address**

**Telephone/Fax
Website/Email Address**

This document contains important information that you should retain for your records.
 This document serves as notice of a final external review decision. We have
[upheld/overturned/modified] the denial of your request for the provision of, or payment for, a
 health care service or course of treatment.

Historical Case Details:

Name:	ID Number:
Claim #:	Date of Service:
Provider:	

Reason for Denial (in whole or in part):

Amt. Charged	Allowed Amt.	Other Insurance	Deductible	Co-pay	Coinsurance	Other Amts. Not Covered	Amt. Paid
YTD Credit toward Deductible:			YTD Credit toward Out-of-Pocket Maximum:				
Diagnosis:							
Diagnostic Codes:				Requested Service(s)/ Treatment Code:			
Treatment Category (Subcategory):				Denial Codes:			

[If denial is not related to a specific claim, only name and ID number need to be included in the box. The reason for the denial would need to be clear in the narrative below.]

Background Information: *Describe facts of the case including type of appeal, date appeal filed, date appeal was received by IRO and date IRO decision was made.*

Final External Review Decision: *State decision. List all documents and statements that were reviewed to make this final external review decision.*

Findings: *Discuss the principal reason or reasons for IRO decision, including the rationale and any evidence-based standards or coverage provisions that were relied on in making this decision.*

Model Notice of Final External Review Decision
Important Information about Your Appeal Rights

What if I need help understanding this decision?

Contact us [insert IRO contact information] if you need assistance understanding this notice.

What happens now? If we have overturned the denial, your plan or health insurance issuer will now provide service or payment.

If we have upheld the denial, there is no further review available under the appeals process. However, you may have other remedies available under State or Federal law, such as filing a lawsuit.

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272). [Insert, if applicable in your state: Additionally, a consumer assistance program may be able to assist you at [insert contact information].]