Health Insurance Appeals

Presented by: Stephanie Fajuri, Esq.
Supervising Attorney, Cancer Legal Resource Center

Phone 866.THE.CLRC
TDD 213.736.8310
Fax 213.736.1428
Email CLRC@LLS.edu

www.CancerLegalResourceCenter.org

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What is the CLRC?

Our mission: To provide information & resources on cancer-related legal issues to cancer patients, survivors, caregivers, health care professionals, employers, and others coping with cancer.

CLRC services are FREE!

Webinars and Online Materials

- Online Presentations
- Educational Materials: National, State, and County-Specific Guides
- Spanish Language Materials
- Manuals: Legal Resource Guides for People with Cancer in California and Illinois

www.CancerLegalResourceCenter.org

National Telephone Assistance Line

1. Phone Calls
2. Emails
3. Letters
4. Faxes
5. Online Intake Form

www.clrcintake.org

What If My Insurance Company Refuses to Pay?
Alphabet Soup

- HMOs & IPAs
- PPOs
- POS
- EPOs

Whose Policy Is It?

Individual Plan
Group Health Plans
Self-Funded Employer Plans

What is a self-funded plan?

Insured plan
Self-funded plan

How can I tell?

Where Do I Find My Policy?

- Summary Plan Description
- Evidence of Coverage Booklet
- Health Plan Contract
- HR Department
- State & Federal Law

Who Denied My Care?

- Physician?
- Health insurance company?
- Self-funded health plan?
- Medical group?

Why Did They Deny Your Care?

- Covered benefit?
- Refusal to pay?
- Calculation of copayment?
- Cancellation of policy?
- Experimental treatment?
Dealing with Insurance Companies

- Keep your own records
- Phone or In Writing?

Other Tips

- Don’t assume your doctor understands your insurance
- Be persistent
- Find the insurance company ombudsman

Informal Resolution

- Try resolving the issue over the phone first
- Keep track of who you spoke to and what was said
- If no resolution, follow-up in writing to formally begin the internal appeals process

Insurance Appeals

You don’t always have to take “NO” for an answer

Two types of appeals
- Internal
- External

Who can appeal?

- The internal and external appeal rules only apply to private insurances
- Medicaid, Medicare, and other state, federal, or local programs may have different appeals systems
- Contact the CLRC for questions

Timelines

- Regular
- Expedited or Urgent
The Appeals Process

Internal Appeal:
- Exhausted
- In Writing
- Exception for Urgent Care

Effective Appeals Letter


External Medical Review

• After ACA – health plans in every state must have an external review process
  • Types
    - State run
    - HHS run
    - Accredited Independent

When is External Review Available?

• Final decision from insurance company
• 60 days to request
• Some states may allow for more time

What is an External Review?

• Sometimes called an Independent Medical Review (IMR)
• Must be qualified individuals without connection to insurance company

HHS Administered

www.externalappeal.com
Accredited Independent

- Health plan must tell you how to request an external appeal
- Some states require you go through Department of Insurance first, but not all

State Run External Appeals

- Check State Department of Insurance website
- Does not have to be long and extensive
- Can add doctor’s note, but is not required
- High success rates!!

Who is NOT Eligible for External Review?

Government Programs
- Appeal rights

Federal Employee Plans
Some “grandfathered” “self-insured” plans

Grandfathered Plans

- Some of the internal and external appeal rules will not apply to grandfathered plans
- If you have this plan, contact the CLRC or your state Dept. of Ins. for more info

Employee Retirement Income Security Act (ERISA)

Applies to self-funded plans*

ERISA Appeals

- 1 year to appeal
- 30 days for decision OR 72 hours for expedited appeal
What If My Insurance Company Still Refuses to Pay?

- Possible right to sue/arbitrate
- If your treatment wasn’t covered
  - Financial Assistance
  - Payment Plans
  - Prioritize Debt

Medical billing errors

- Review your bills
- Speak to billing department
- Procedure codes
- Medical dispute letter
- Organizations that can help!

Getting Medical Records (including billing)

- Right to access your medical records
- Governed by state law
- Provider can often charge reasonable rates

Can My Insurance Be Cancelled?

Medical Record? Failure to Pay? Loss of Job?

Some things that insurance companies are mandated to cover...

...but might not.

Women’s Health & Cancer Rights Act (WHCRA)

Requires insurance coverage for reconstructive surgery for plans covering mastectomies/lumpectomies.
Preventive Services under ACA

https://www.healthcare.gov/preventive-care-benefits/

Mandated Insurance Benefits

- Cancer Screenings
- Oral Chemotherapy (in most states)
- Clinical Trials
- Other State Specific Rules
- Medically necessary care

Questions?

www.cancerlegalresourcecenter.org
1-866-THE-CLRC