

Health Insurance Appeals

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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!

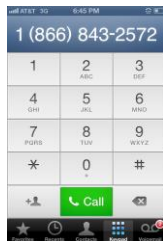
Webinars and Online Materials

- 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
- The HCP Manual: A Legal Resource Guide for Oncology Health Care Professionals – 3rd Edition



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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?



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Alphabet Soup



- HMOs & IPAs
- PPOs
- POS
- EPOs

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Whose Policy Is It?



- Individual Plan**
- Group Health Plans**
- Self-Funded Employer Plans**

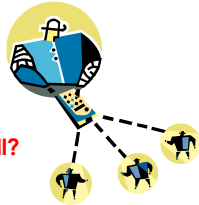
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What is a self-funded plan?

Insured plan

Self-funded plan

How can I tell?



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Where Do I Find My Policy?

- Summary Plan Description
- Evidence of Coverage Booklet
- Health Plan Contract



- HR Department
- State & Federal Law

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Who Denied My Care?



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

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Why Did They Deny Your Care?



- Covered benefit?
- Refusal to pay?
- Calculation of co-payment?
- Cancellation of policy?
- Experimental treatment?

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Dealing with Insurance Companies

- Keep your own records
- Phone or In Writing?



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Other Tips



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

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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

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Insurance Appeals

You don't always have to take "NO" for an answer

Two types of appeals

Internal

External



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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

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Timelines



Regular

Expedited or Urgent

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The Appeals Process



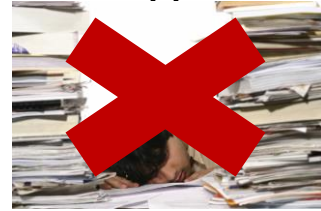
Internal Appeal:

- Exhausted
- In Writing
- Exception for Urgent Care



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Effective Appeals Letter



<http://disabilityrightslegalcenter.org/sites/disabilityrightslegalcenter.org/files/about/documents/AStepbyStepConsumerGuidetoHealthInsuranceAppealsFinal.pdf>

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External Medical Review

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



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When is External Review Available?

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



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What is an External Review?

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

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HHS Administered

States/Territories Participating In The HHS-Administered Federal External Review Process



www.externalappeal.com

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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

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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!!



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Who is NOT Eligible for External Review?



- Government Programs
- Appeal rights
- Federal Employee Plans
- Some "grandfathered" "self-insured" plans

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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

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Employee Retirement Income Security Act (ERISA)

Applies to self-funded plans*



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ERISA Appeals



- 1 year to appeal
- 30 days for decision OR 72 hours for expedited appeal

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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

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Medical billing errors



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

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Getting Medical Records (including billing)

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



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Can My Insurance Be Cancelled?

Medical Record?
Failure to Pay?
Loss of Job?



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



...but might not.

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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?



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