

FREE SAMPLE  
APPEAL LETTER

ERISA TIMELY PAYMENT  
REGULATION MEDICAL  
APPEAL LETTER



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# ERISA Timely Payment Regulation

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## The Problem

Physicians and hospitals frequently list insurance carriers' failure to pay promptly as one of the most troublesome aspects in healthcare. One of the main causes often cited in claim processing delays are ERISA plans which frequently tell providers bluntly, "We don't have to pay according to State Prompt Payment Laws."

The Department of Labor recently updated ERISA's requirements for benefit claims processing to address what they say are recent, dramatic changes in the delivery and financing of health care services. The DOL expects the tougher new regulations to improve health care quality by averting harmful, inappropriate delays and denials of health benefits. It will also increase confidence in the employment-based health benefits system and help streamline and make more uniform and predictable claims and appeals procedures. The DOL expects that the economic benefits of the regulation will be large. Benefits are expected to be large in part because serious weaknesses in current claims determination processes, which the regulation will help correct, are widespread. Elements of health claims and appeals processes that are widely considered to be essential are often lacking, the U.S. General Accounting Office has reported. Just 41 percent of HMOs and 50 percent of indemnity insurers studied by GAO provided for appeals decisions to be made by individuals not involved in the original denial. Written denial notices explaining appeal rights were provided by 97 percent of HMOs, but just 67 percent of indemnity insurers. Expedited reviews were provided by 94 percent of HMOs, but just 67 percent of indemnity insurers.

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## The Solution

Use the sample appeal letter below to put ERISA claims processors on notice that lengthy claim reviews are no longer legal. The original law provided for a decision within 90 days. New ERISA regulations have cut the time for prompt payment or denial to 30 days, with a 15 day extension available if the claimant was promptly notified.

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# Sample ERISA Timely Payment Regulation

Date

Attn: Director of Claims  
Insurance Policy Carrier  
Insurance Policy Address

Re: Patient: Patient Name  
Policy: Insurance Policy Number  
Insured: Responsible Party Name  
Treatment Dates: Admission Date - Discharge Date  
Amount: Total Charges

Dear Director of Claims,

We request immediate payment of the above referenced claim. According to our records this claim was filed on [~Insurance Policy #1 File Date~]; however, payment has not been received. We believe failure to release payment may be a violation of Title 29 of the United States Code of Federal Regulations.

This portion of Pension and Welfare benefits law prohibits self-funded group employer-sponsored health plans from unnecessarily delaying claims processing. Section 2560.503-1(f)(2)(iii), "Other Claims," states under Paragraph B:

(B) Post-service claims. In the case of a post-service claim, the plan administrator shall notify the claimant, in accordance with paragraph (g) of this section, of the plan's adverse benefit determination within a reasonable period of time, but not later than 30 days after receipt of the claim. This period may be extended one time by the plan for up to 15 days, provided that the plan administrator both determines that such an extension is necessary due to matters beyond the control of the plan and notifies the claimant, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension of time and the date by which the plan expects to render a decision. If such an extension is necessary due to a failure of the claimant to submit the information necessary to decide the claim, the notice of extension shall specifically describe the required information, and the claimant shall be afforded at least 45 days from receipt of the notice within which to provide the specified information.

Based on this mandate, we ask that this claim be paid to this office immediately. We appreciate your prompt attention to this matter.

Sincerely,

Patient Accounts Manager

Appeal Solutions, Inc  
 PO Box 784  
 Blanchard, OK 73010



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