

Appeal Rights Questions and Answers



Important information about appeal rights

Did you know that the Patient Protection and Affordable Care Act of 2010 (PPACA) established new internal appeal and external review rights for group health plans and health insurance coverage with an effective date or plan anniversary date on or after Sept. 23, 2010?

Whether these appeal rights are new or already part of your health insurance plan, you may find the following information helpful. Be sure to check your health plan documents or contact UMR or your employer for more information on the appeal rights available to you.

- **What if I receive a denial and need help understanding it?**

Please call UMR at the number listed on the back of your health plan ID card.

- **What if I don't agree with the denial?**

You have the right to appeal any decision to not pay for an item or service.

- **How do I file an appeal?**

The initial denial letter or Explanation of Benefit (EOB) that you receive from UMR will give you the information and the timeframe to file an appeal.

- **What if my situation is urgent?**

If that is the case, your review will be conducted as quickly as possible. You may request an expedited review and, if applicable, file an external review at the same time. For help, call UMR at the number listed on the back of your health plan ID card.

Generally, an urgent situation is when your health may be in serious jeopardy. Or when, in the opinion of your doctor, you may be experiencing severe pain that cannot be adequately controlled while you wait for a decision on your appeal.

- **Who may file an appeal?**

Any member or someone who that member names to act as an authorized representative may file an appeal. For help call UMR at the number listed on the back of your health plan ID card.

- **Can I provide additional information about my claim?**

Yes, you may give us additional information supporting your claim. Send the information to the address provided in the initial denial letter or EOB.



A UnitedHealthcare Company

- **Can I request copies of information relating to my claim?**

Yes. There is no cost to you for these copies. Send your request to the address provided in the initial denial letter or EOB.

- **What happens if I don't agree with the outcome of my appeal?**

If you appeal, we will review our decision. We will also send you our written decision within the time allowed. If you do not agree with the decision, you may be able to request an external review of your claim by an independent third party. They will review the denial and issue a final decision.

- **If I need additional help, what should I do?**

For questions on your appeal rights, you may call UMR at the number on the back of your ID card. You may also contact the support groups listed below.

- **Are verbal translation services available to me during an appeal?**

Yes. Contact UMR at the number listed on the back of your ID card. Ask for verbal translation services for your questions.

- **Is there other help available to me?**

For questions about appeal rights, an unfavorable benefit decision or for help, you may also call the Employee Benefits Security Administration at 866-444-EBSA (3272). Your State Ombudsman consumer assistance program may also be able to help you.

For information on appeals and other PPACA regulations, please visit

www.healthcare.gov.



A UnitedHealthcare Company