

# FARF's 2011 Family Meeting Insurance Handout

## Paid Health Care Claim Strategies

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**Bob will be available during the meeting on Saturday and until 2 p.m. on Sunday for individual consultations regarding insurance benefits and questions.**

## Denied Health Claims

### Step One: You Have State & Federal Rights

#### – Read your insurance policy:

- Check the Rights of Appeal
  - Speak to your HR person or Insurer Claims Customer Service Representative to explain your rights
  - Follow the health plan's internal review process
  - Check out the Background, Action Plans & Accepted Rules of Engagement in Darryl's Handbook on Communicating with Insurance Carrier

### Step Two: Contact the Insurer

#### – Get paperwork together before calling:

- Phone number to appeal is on the Explanation of Benefits and your policy or plan certificate
- Write out evidence to convince your insurer that your position is correct
  - If the dispute is not resolved by this first contact, start keeping accurate records of whom you speak to, the date of the conversation, what was said, and when you can expect a decision

### Step Three: File a Written Grievance in a Timely Manner

#### – Request the entire claim file from the health plan\*

- Include the plan's evidence for denial
- Address the plan's evidence for its denial
- If the insurer's claim file says the treatment was "medically unnecessary", attach your medical records and a letter from the doctor as to why such treatment was needed, test results and an explanation of other failed treatments
- If claim is denied as being "experimental", your doctor can help advise you as to why it is now medically accepted
- Search the Internet, fanconi.org, and PubMed for medical journal articles supporting such medical acceptance

*\*Jennifer C. Jaff provided advice for this section*

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## ***Denied Health Claims, continued***

### Step Four: Get Outside Help

#### **– In addition to fanconi.org:**

- Websites of other rare disease organizations can be helpful
  - Try [www.diabetes.org](http://www.diabetes.org); it helps people having trouble getting health-care coverage

### Step Five: The 50% Solution

#### **– Demand an Independent Review:**

- Nearly all health insurance plans for plan years after 9/23/2010 are mandated by the federal law, known as the “Affordable Care Act” or PPACA, to provide you with an internal review of a denied claim and an external review by an accredited Independent Review Organization. If urgent care is necessary, the review must be completed within 72 hours.
  - Very few people take advantage of this right despite about a 50% success rate when it is exercised

### Step Six: Learn from FA Families

#### **– Talk to your State Governor’s office, your State Officials & Legislators:**

- One FA family got to go to their choice of providers within a few hours of a telephone appeal to the state governor’s office
  - Very few people take advantage of this right despite about a 50% success rate when it is exercised
- Consumer groups in at least 15 states require insurers to cover treatments or services previously denied, e.g., infertility & speech services

### Step Seven: Negotiate with Providers

#### **– Providers are often willing to significantly reduce your out-of-pocket cost:**

- One FA family got an out of network provider to reduce the unpaid portion of the bill by 50%
- The same FA family got a Diabetes supply company to waive the 20% co-insurance the family would have to pay as well as the cost of an insulin pump
- The same FA family got a major hospital to waive the 20% co-insurance of outpatient care

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- Darryl Blecher, whose “Communicating with Insurance Carriers” has been a welcome resource to FA patients fighting claim denials for many years.