



## Health Information and Education Center

### Strategy for Appealing Health Plan Decisions

If you choose to appeal a decision of your health plan, it is important that you understand the appeals process and give the health plan as much information as possible to support your claim.

#### **Obtain a copy of the appeal process:**

The appeal process for your health plan should be explained in your benefit plan. You may also contact your health plan and ask for a written copy of the appeal process.

#### **Know the health plan's position:**

Your plan will send you a letter that explains why your request has been denied. Read the reasons carefully. Refer to your benefit plan contract for definitions of any terms used in the letter.

#### **Write a letter:**

In most cases, in order to start the appeals process you must submit the appeal in writing. Use these guidelines to organize your letter:

- **Purpose:** Clearly state your purpose for writing.
- **Diagnosis:** Explain your child's diagnosis and how it affects your child.
- **Reasons:** Give specific reasons why your child needs the service.
- **Documentation:** Mention the supporting documentation you are including.
- **Action:** Close by requesting a written reply.

### **Personalize your request:**

Ask for letters of support from one or more doctors familiar with your child's case.

### **Keep records of phone conversations:**

For all phone conversations, keep a written record of the following:

- The date and time of your call
- The name of the person you spoke with
- What you discussed in the call

### **Create a paper trail:**

Create a paper trail by organizing the following:

- Your policy
- Copies of denial letters
- Copies of any correspondence with your health plan
- Detailed notes of conversations
- Copies of any correspondence between your doctor and the health plan concerning your problem

### **Send copies:**

Send copies of all correspondence with your plan to all interested persons. For example, you may send copies to your physician, your employer's benefits manager or human resources director, the commissioner responsible for regulating the HMO, the head of the agency you are seeking services from (for example, the hospital administrator), and anyone else you have contacted regarding your situation. Indicate that you have sent copies by noting each name at the bottom of the letter under the notation "cc:".

*Adapted with permission from Pacer Center*

**Contact FVND: 888-522-9654; [www.fvnd.org](http://www.fvnd.org) , [fvnd@drtel.net](mailto:fvnd@drtel.net)**

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