

ERISA Appeals Checklist

1. Appeal denial - exhaust all internal and external appeal processes with the fiduciary (this is often the insurer administrating the benefit). See www.acatoday.org/appeals for assistance in drafting appeals.
2. Obtain ERISA Patient Authorization Form from the ACA website (http://www.acatoday.org/pdf/ERISA_PatientAuth_Form.pdf) or contact the plan for their authorization form.
3. Have the patient sign the ERISA Patient Authorization form.
4. Download the Summary Plan Description (SPD) template letter from the ACA website at http://www.acatoday.org/pdf/letter_to_request_an_SPD.doc. The patient (and you through authorization) has the right to receive the policy, procedure, or protocol on which the denial was based.
5. Personalize the SPD template letter.
6. Mail SPD letter and patient authorization form via certified mail to the fiduciary.
7. When copy of SPD is received, download ERISA appeal template letter from the ACA website at http://www.acatoday.org/pdf/letter_to_file_an_appeal.doc. **
8. Personalize the template appeal letter
9. Copy related documents:
 - i. Signed authorization form
 - ii. Appeal letter
 - iii. Statement of Medical Necessity
 - iv. Treatment records
 - v. Insurer's/network's denial or restriction of proposed care
 - vi. Plan of care (specific modalities, purpose, frequency/duration, long and short term goals)
 - vii. Patient's insurance card
 - viii. SPD (or if not received, attach a copy of request for SPD)
10. Send a copy of the above documents to:
 - i. The patient
 - ii. The local EBSA office
http://www.dol.gov/ebsa/aboutebsa/org_chart.htm
11. Place a copy of the above documents in the patient's chart.
12. Mail original appeal letter along with the above copies and the original authorization form to patient's employer/fiduciary via certified mail

**If SPD is not received, proceed with completing ERISA explaining that fiduciary did not comply with request and include copies of the request in addition to the following steps.