



## **Important Information about Your Appeal Rights**

### **Claim Denial Appeal Procedures**

If you have filed a claim for your TASC HRA Plan and have received a denial, you will receive an Explanation of Benefits (EOB) document describing the reason for the denial. The Plan Summary Plan Description can provide you a summary of the benefits provided under the Plan and the Participant Reference Guide can provide you with a description of the substantiation requirements and deadlines for claim submission. Please utilize these documents for reference upon review of your claim denial.

### **What if I need help understanding this denial?**

Contact TASC at 1-800-422-4661 if you need assistance understanding this notice or our decision to deny you a service or coverage.

### **What if I don't agree with this decision?**

You have a right to appeal any decision to not pay for an item or service (in whole or in part).

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

Complete the form located on the other side of this document within 180 days from the date of this notice.

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

If your situation meets the definition of urgent under the law, your review will be conducted on an expedited basis. Generally, an urgent situation is one in which your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal. If you believe your situation is urgent, you may request an expedited appeal. If your situation meets this definition of urgent, please check "Yes" next to Does this appeal require an expedited review? on the appeal form.

### **Who may file an appeal?**

You or someone you name to act for you (your authorized representative) may file an appeal. If needed, you may designate your authorized representative on the appeal form.

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

Yes, you may supply additional information. Submit with your completed appeal form a copy of the original claim, substantiation for the claim, etc.

### **Can I request copies of information relevant to my claim?**

Yes, you may request copies (free of charge) by contacting us at 1-800-422-4661 or by submitting a service request at [www.tasconline.com](http://www.tasconline.com).

### **What happens next?**

If you appeal, we will review our decision and provide you with a written determination within 60 days following the receipt of your request for review or the date that all the information required of you is provided to TASC, whichever date is later. If special circumstances require an extension of time, a written notice of the extension will be sent to you. If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

Other resources to help you: For questions about your appeal rights, this notice, or for assistance, you can contact the Employee Benefits Security Administration at 1-866-444-EBSA (3272).

To receive this notice in Spanish, please contact our office at 1-800-422-4661.



## TASC HRA Appeal Filing Form

To file an appeal for your TASC HRA claim denial, please complete this form and submit with any additional information needed for your claim. Please include the original Request for Reimbursement form and claim substantiation for the denied claim.

PLEASE NOTE: If you received a denial because you did not submit an Explanation of Benefits (EOB) from your health plan carrier as substantiation with your original claim, please simply resubmit your claim with the required EOB substantiation. You do not need to complete an appeal form to resubmit the claim.

For claims that were denied due to “ineligible benefit,” please carefully review your TASC HRA Summary Plan Description to determine which benefits are eligible for reimbursement under your HRA Plan. If your claim substantiation does not show that expenses were applied to eligible benefits under your Plan, we are unable to process them.

Participant/Member ID:	Employer Name:
Employee Name:	Claimant Name:
Address:	City, State, Zip:
Email:	Denial Work Order Number:
Claim Date of Service:	Claim Amount:
Briefly describe why you disagree with this decision:	
Person Filing Appeal (circle one):    Covered Employee    Claimant    Authorized Representative If Authorized Representative, please provide name and relationship:	

Does this appeal require expedited review?

No     Yes

(As defined by law, only check “Yes” if your health may be in serious jeopardy or, in the opinion of your physician, you may experience pain that cannot be adequately controlled while you wait for a decision on your appeal).

Have you included with your claim appeal the required claim substantiation from your health insurance carrier (not the TASC HRA Explanation of Benefits that you received with your denial information) showing that the claim applied to an eligible benefit under your HRA Plan?

No     Yes

Submit form to TASC at the address or fax number below.