



## BENEFIT NEWS BRIEFS

### ***Amendments to PPACA Rules on Internal Claims and Appeals and External Review Processes and Model Notices***

#### ***Applicable ONLY to NON-Grandfathered Plans***

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The Employee Benefit Security Administration (EBSA) and Department of Health and Human Services (HHS) issued amendments to the Rules implementing the requirements regarding internal claims and appeals and external review processes for group health plans under provisions of the *Patient Protection and Affordable Care Act (PPACA)*. Model Notices and a Technical Release were also part of the information released.

**These rules are applicable to NON-grandfathered plans only.** We will take a more detailed look at these changes in a future issue.

The rules are available at: <http://www.gpo.gov/fdsys/pkg/FR-2011-06-24/pdf/2011-15849.pdf> or by "[clicking here.](#)"

According to the press release, the amendments primarily focus on six issues:

- Expedited notification of benefit determinations involving urgent care
- Additional notice requirements with respect to notice of adverse benefit determinations or final internal adverse benefit determination
- Deemed exhaustion of internal claims and appeals processes
- Providing notices in a culturally and linguistically appropriate manner
- Duration of transition period for State external review processes
- Scope of the Federal External Review Process

The agencies also released additional guidance and revised model notices related to the amended interim final rules available at <http://www.dol.gov/ebsa/> or by using the links below:

- [Technical Release 2011-02](#)
- [Revised Model Notice of Adverse Benefit Determination](#)
- [Revised Model Notice of Final Internal Adverse Benefit Determination](#)
- [Revised Model Notice of Final External Review Decision](#)
- [Updated List of Consumer Assistance Programs](#), as of 5/23/11

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