



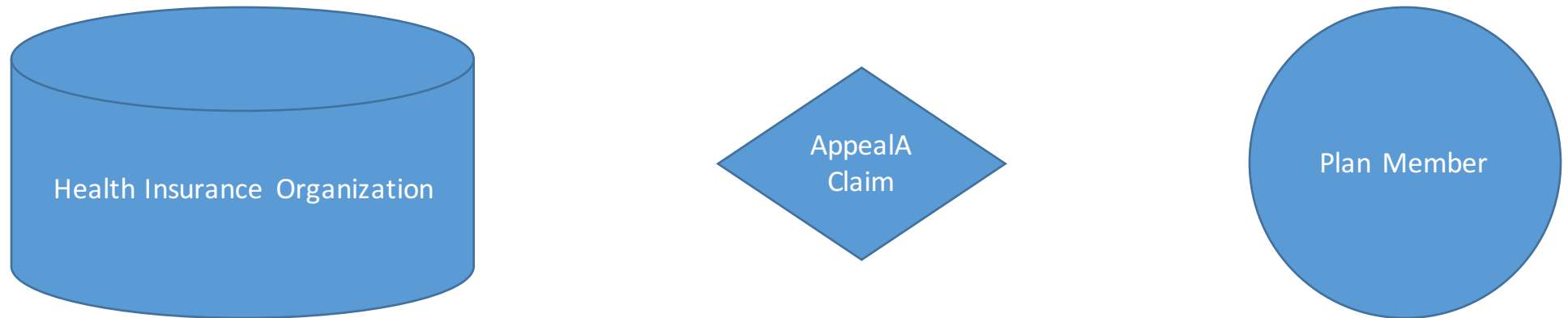
## Software Application Demo



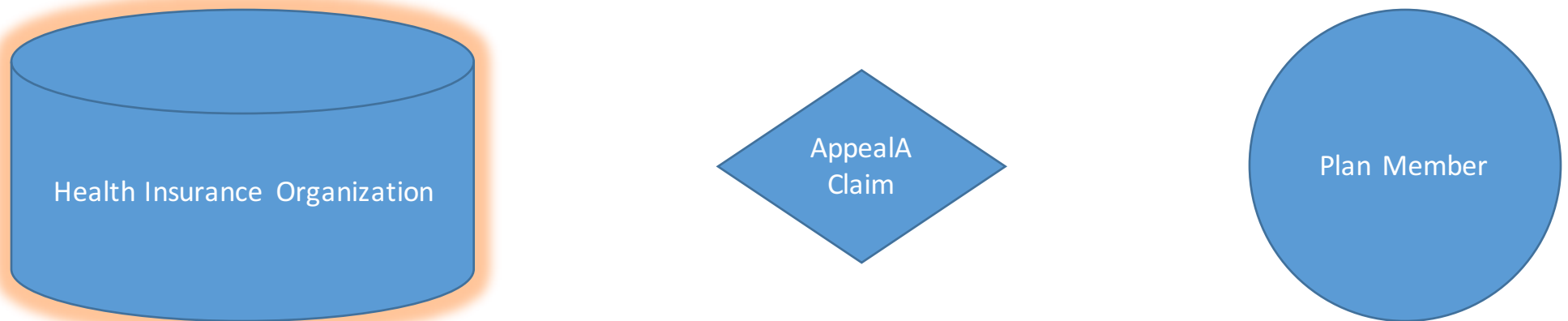
## What is AppealAClaim?

AppealAClaim is an online software package that facilitates communications between Health Insurance Organizations, their Members, and Healthcare Providers via an easy to use website that captures and stores interactions between the parties when handling denied or otherwise unpayable claims.

# Workflow

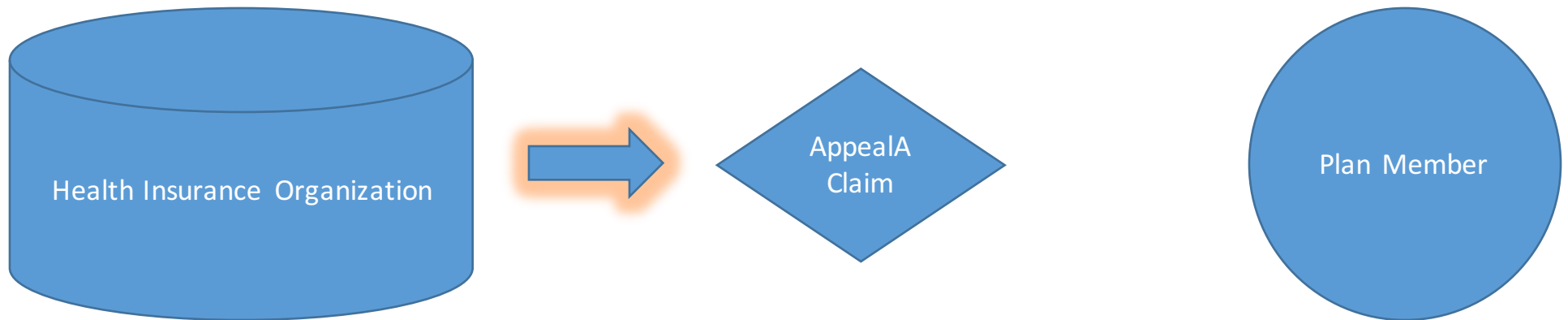


# Workflow



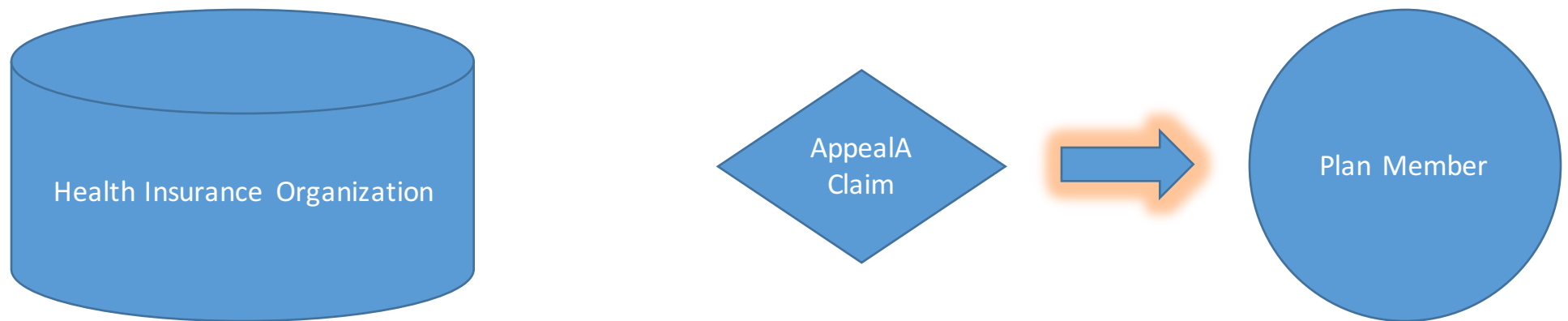
1. A Health Insurance Claim is Denied, Marked as Pending, or otherwise judged to be unpayable by the Health Insurance Origination

## Workflow



2. Information about that Claim is electronically passed to AppealAClaim

## Workflow



3. Notification is sent by AppealAClaim to the Plan Member informing them that there is a problem with their claim.

# Initial Notification

1. Initial Paper Notification (Email Notification if HIO has available)
2. Customizable to the Needs of the HIO
3. Co-Branding between HIO and AAC to help avoid Plan Member confusion
4. Instructions for the Plan Member on Registering and Using the AAC System

**Notice of Adverse Benefit Determination**

Date of Notice: 01/02/2018  
Health Plan Issuer/Administrator: Local 38555  
Mailing Address: 602 West Ave  
Chesville, TN 38555

**Local 38555**  
A B Health  
Local Group

**This document Contains Important Information**  
**that you should retain for your records**

This document serves as notice of an Adverse Benefit Determination. An adverse benefit determination is a decision that we make not to provide benefits because we believe that they are not medically necessary, you are not eligible for this benefit, or the benefit is not covered under your plan. We will not provide benefits for the reasons indicated below. If you think this determination was made in error, you have the right to appeal. (see the Your Appeal Rights section of this notice)

**Claim Details:**

Health Plan:	PLAN40
Claimant (ID):	CAROLYN FEDOROVICH (111223333)
Plan Member (ID):	FRANKLIN FEDOROVICH (111223333)
Mailing Address:	P.O. BOX 1234 INDIANAPOLIS, IN 3234567894
Service Provider (Date):	DR. JAMES KUDARE (01/03/2018)
Reason for Denial:	NOT ELIGIBLE
Billed Amount:	2000.00
Amount Denied:	2000.00

**Your Appeal Rights**

You have a right to appeal any decision that declines any item or service (in whole or in part).

 **AppealAClaim.com**

Your plan administrator has selected AppealAClaim to manage communications concerning any appeal you wish to make. AppealAClaim is a secure online system that allows you to, resolve additional information concerning your claim, appeal this Adverse Benefit Determination, and have secure and verifiable communications between you and your Plan Administrator. You have 180 days from the date of this notice to appeal.

If you wish to appeal this Adverse Benefit Determination please go to <http://www.appealclaim.com> and click on "Did you get a letter?". Use the following Claim Code to view your claim:

**Claim Code:**  
**4be18b3afff68d0**

If you do not have a computer or internet access, please contact Local 38555 at 801-484-4444 and request that a fax cover letter be mailed to you. You may request an appeal in writing and fax it to Local 38555 using that cover letter. If you do not have access to a computer, the internet, or a fax machine, You may request an appeal in writing to the address listed above.

# Initial Notification

Each Claim in the AAC is assigned a unique “Claim Code” that is not associated with any data about the claim.

Plan Members will use this code to associate and attach claims from their HIO to their AAC Account

**Notice of Adverse Benefit Determination**

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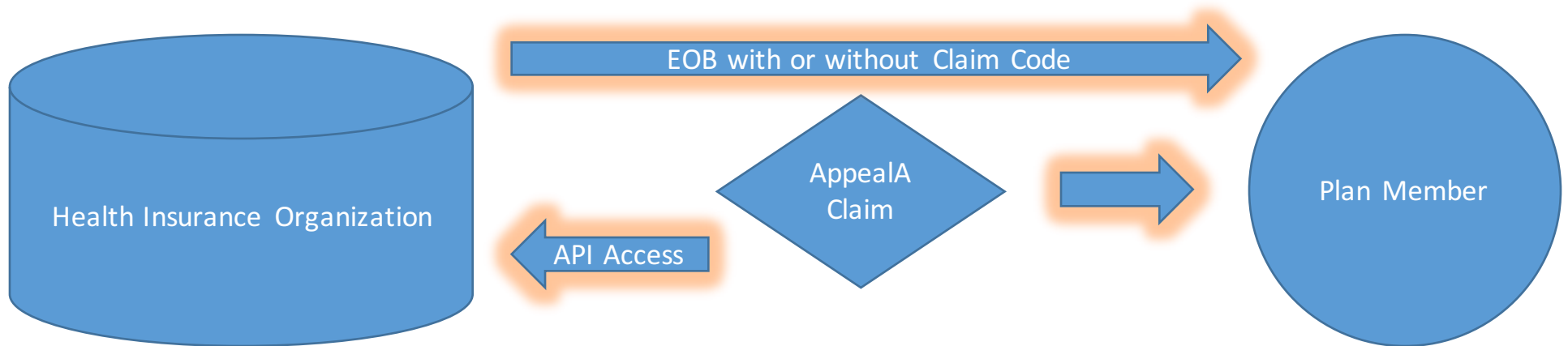
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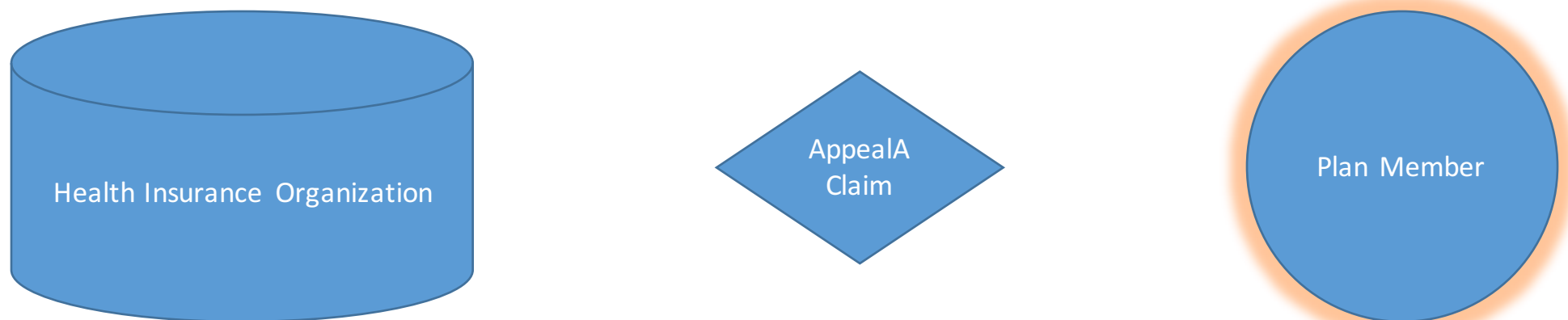


## Workflow



3a. Notifications to the Plan Member can be done in parallel with the HIO, or API access can be given to the HIO so that the "Claim Code" can be printed on their existing EOBs.


## Workflow




4. Once a Plan Member receives their Initial Notification with their “Claim Code”. They are asked to go to <http://www.appealclaim.com> and register

## Registering with AppealAClaim

1. First time users of AppealAClaim will need to register.
2. Registration can only be done once a member has a "Claim Code"
3. A Valid Email Address is required
4. Registration takes about 5 minutes

 AppealAClaim.com


DID YOU GET A LETTER? **HOME** ABOUT BENEFITS CONTACT LOGIN PROVIDER ACCESS




**For Healthcare Providers**

- Advocate for Patient Care
- Quick and Easy Document Uploading via the Internet or Fax
- Get Notifications when More Information is Needed Concerning an Appeal


[GET MORE INFORMATION](#)






**Scalability**

AppealAClaim is completely scalable. Whether your organization has 5 plan members or 50,000, the AppealAClaim software can save time and help prevent errors in your organization.



**Compatibility**

The hosted AppealAClaim application is backwards compatible to serve plan members with older computer systems and slower internet connections and can be used by iPad and Android tablets.



**Offline Uses**


AppealAClaim can even service plan members with no computer via our integrated fax to electronic document system.

### Testimonials

"The whole issue of healthcare is very complicated. There have been seven Presidents who've tried to get healthcare reform passed."

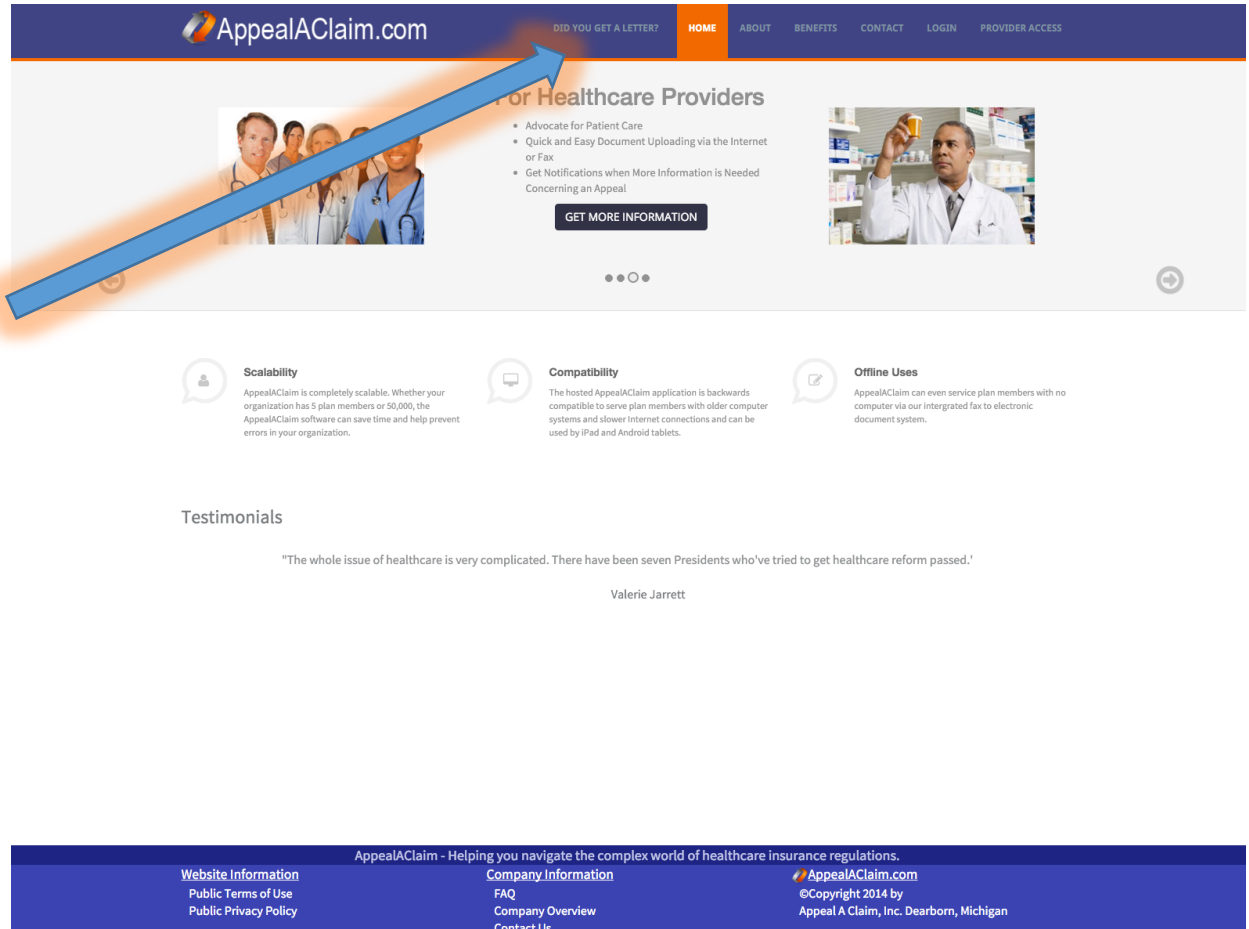
Valerie Jarrett

AppealAClaim - Helping you navigate the complex world of healthcare insurance regulations.

<b>Website Information</b>	<b>Company Information</b>	 AppealAClaim.com
Public Terms of Use	FAQ	©Copyright 2014 by
Public Privacy Policy	Company Overview	Appeal A Claim, Inc. Dearborn, Michigan
	Contact Us	

## Registering with AppealAClaim

1. First time users of AppealAClaim will need to register.
2. Registration can only be done once a member has a "Claim Code"
3. A Valid Email Address is required
4. Registration takes about 5 minutes
5. Plan Members will click on "Did you get a Letter" to start the process.



The screenshot shows the AppealAClaim.com website. The top navigation bar is dark blue with the logo on the left and links for "DID YOU GET A LETTER?", "HOME", "ABOUT", "BENEFITS", "CONTACT", "LOGIN", and "PROVIDER ACCESS" on the right. A blue arrow points from the text in the list to the "DID YOU GET A LETTER?" link. Below the navigation bar is a section titled "For Healthcare Providers" with a list of bullet points: "Advocate for Patient Care", "Quick and Easy Document Uploading via the Internet or Fax", and "Get Notifications when More Information is Needed Concerning an Appeal". A "GET MORE INFORMATION" button is below the list. To the right of the list is an image of a doctor. Below this section are three icons with text: "Scalability" (AppealAClaim is completely scalable...), "Compatibility" (The hosted AppealAClaim application is backwards compatible...), and "Offline Uses" (AppealAClaim can even service plan members with no computer...).

Testimonials

"The whole issue of healthcare is very complicated. There have been seven Presidents who've tried to get healthcare reform passed."

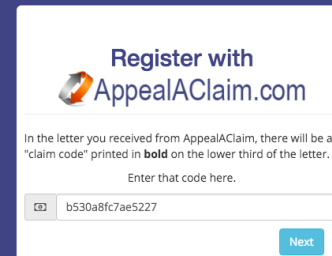
Valerie Jarrett


AppealAClaim - Helping you navigate the complex world of healthcare insurance regulations.

<b>Website Information</b> Public Terms of Use Public Privacy Policy	<b>Company Information</b> FAQ Company Overview Contact Us	<b>AppealAClaim.com</b> ©Copyright 2014 by Appeal A Claim, Inc. Dearborn, Michigan
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## Registering with AppealAClaim

6. Plan Members will enter their “Claim Code” and proceed



Register with  
 AppealAClaim.com

In the letter you received from AppealAClaim, there will be a “claim code” printed in **bold** on the lower third of the letter.

Enter that code here.

Next

## Registering with AppealAClaim

7. A confirmation screen showing only a minimal amount of data concerning the claim is displayed.
  - a. Claim Number
  - b. Provider Name
  - c. Member Name
8. The Plan Member is asked to confirm that this claim pertains to them. Optionally they are warned against proceeding and to contact the HIO if this claim does not concern them.

### Confirmation

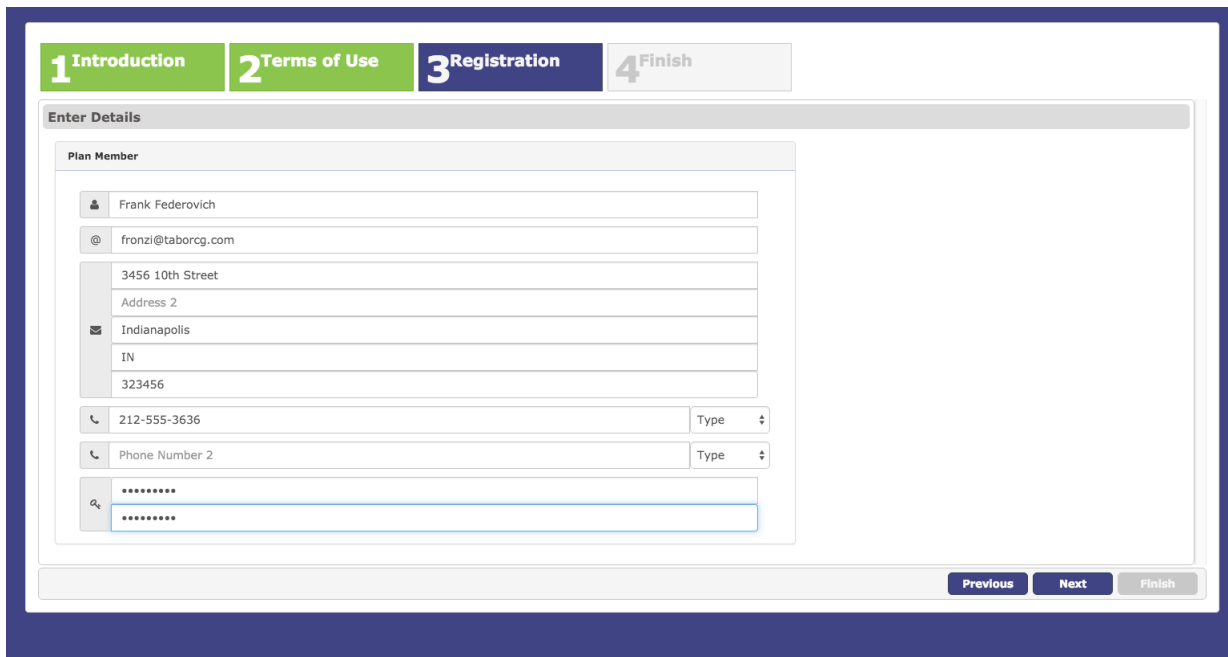
Based on our records the claim code you entered is for the following claim:

- Claim Number: **L3855511223333001**
- Provider Name: **DR. JAMES KILDARE**
- Member Name: **FRANKLIN FEDEROVICH**

Please remember it is a violation of the law, your policy rules, and the terms of service of AppealAClaim to accept, view, or modify claims to which you are not a party.

## Registering with AppealAClaim

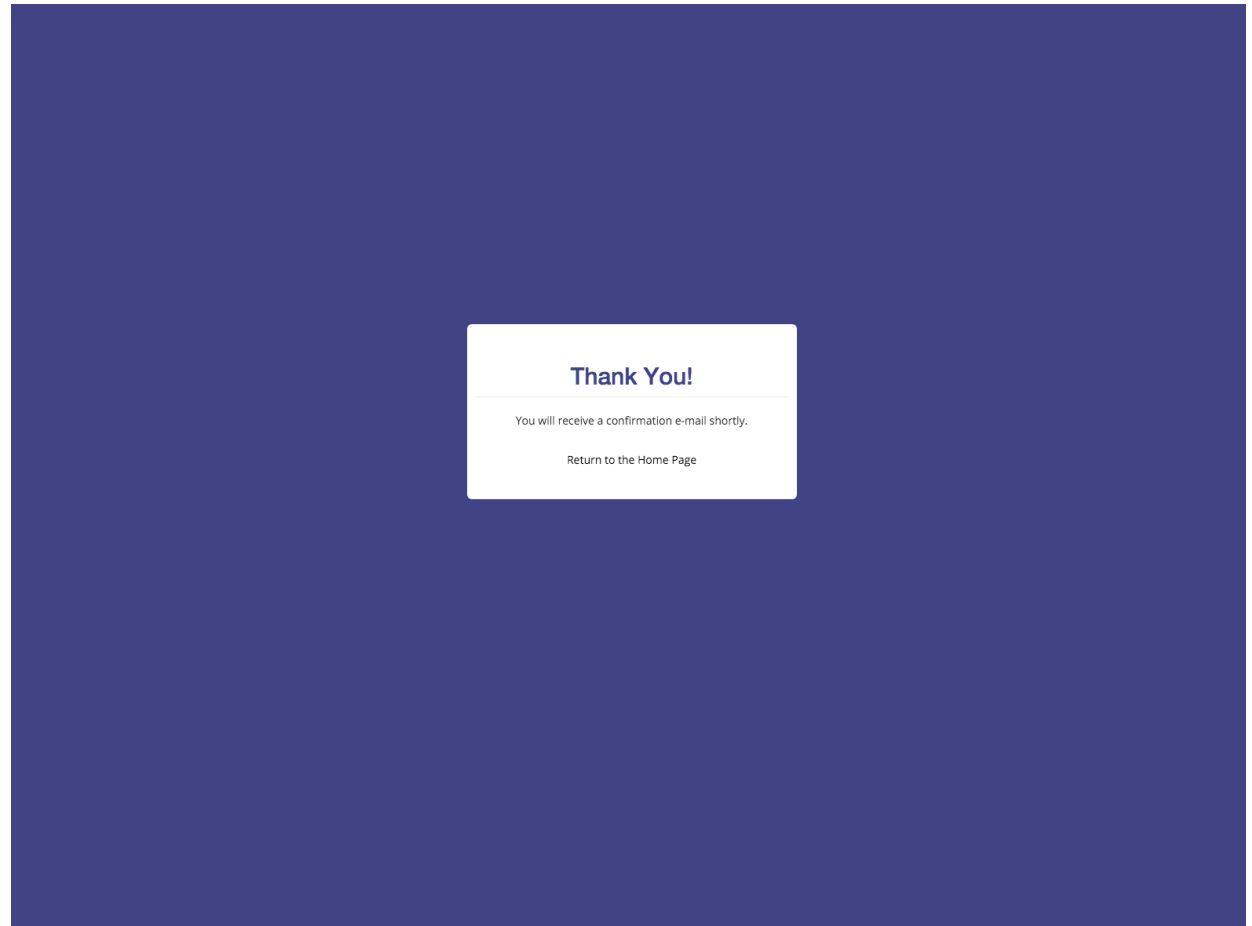
9. Once a Plan Member confirms that the claim pertains to them, they are given a set of registration tabs.
  - a. The “Introduction” and “Terms of Use” tabs are customizable to the needs of both the HIO and AAC.
  - b. The “Registration” tab asks the member to provide personal details such as their name, email address, mailing address, phone number, and they are asked to set a password for use with AAC.
  - c. Optionally this data can be pre-filled with information provided by the HIO.
  - d. The “Finish” tab provides final information about registration.



The screenshot displays the 'Registration' step (Step 3) of the AppealAClaim process. At the top, there are four tabs: '1 Introduction' (green), '2 Terms of Use' (green), '3 Registration' (dark blue, active), and '4 Finish' (light gray). Below the tabs is a section titled 'Enter Details' with a sub-header 'Plan Member'. The form contains several input fields: a name field with 'Frank Federovich', an email field with 'fronzi@taborcq.com', an address field with '3456 10th Street', an address 2 field with 'Address 2', a city field with 'Indianapolis', a state field with 'IN', a zip code field with '323456', a phone number field with '212-555-3636' and a 'Type' dropdown, a second phone number field with 'Phone Number 2' and a 'Type' dropdown, and a password field with two rows of asterisks. At the bottom right of the form are three buttons: 'Previous' (dark blue), 'Next' (dark blue), and 'Finish' (light gray).

## Registering with AppealAClaim

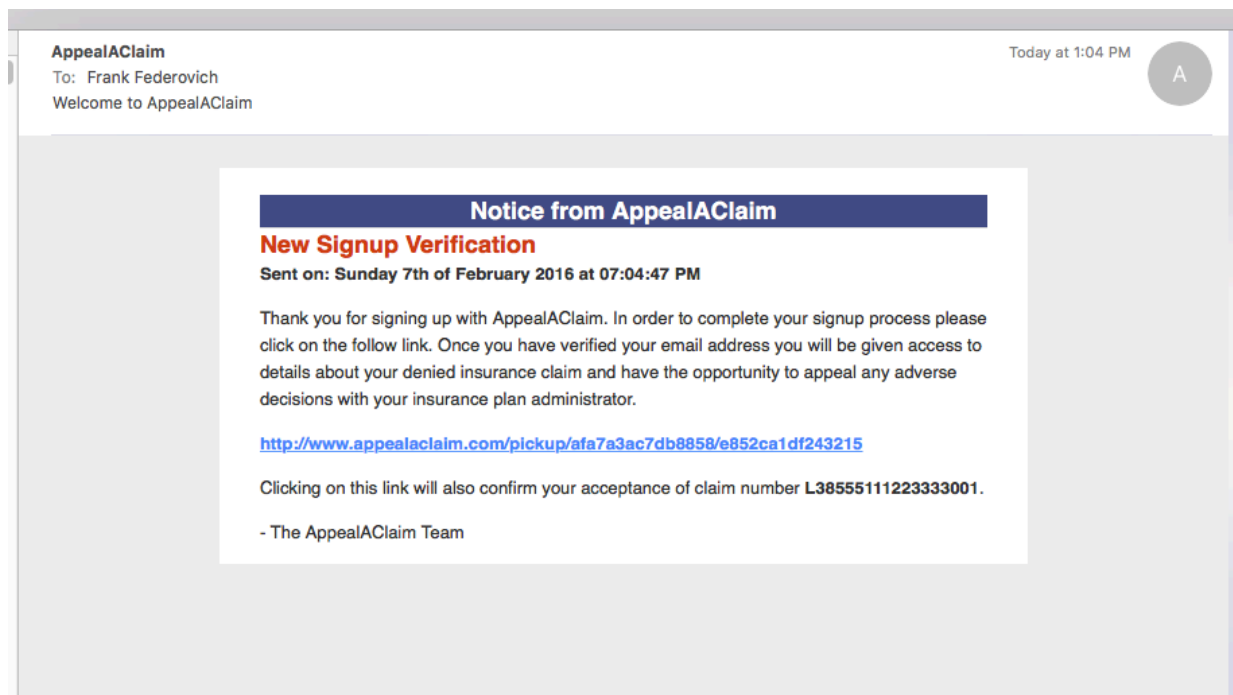
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  - a. The “Introduction” and “Terms of Use” tabs are customizable to the needs of both the HIO and AAC.
  - b. The “Registration” tab asks the member to provide personal details such as their name, email address, mailing address, phone number, and they are asked to set a password for use with AAC.
  - c. Optionally this data can be pre-filled with information provided by the HIO.
  - d. The “Finish” tab provides final information about registration.
10. The Thank You Screen reminds Plan Members to check their email to complete the registration process





## Registering with AppealAClaim

11. After a few moments the Plan Member should receive an email containing a hyperlink which allows them to validate their email address.
12. Plan Members who type an incorrect email address, or who or otherwise able to receive email from AAC are asked to supply a different email address.
  - a. All AAC Emails are processed through Google's backend to help insure that system messages are not marked as "Spam".
  - b. Accounts that are not verified are delete by the AAC system after 5 days. (Plan Members are warned of this at the time of registration.)



## Registering with AppealAClaim

13. After a Successful registration and email validation, the plan Member may Login to AppealAClaim and use the system

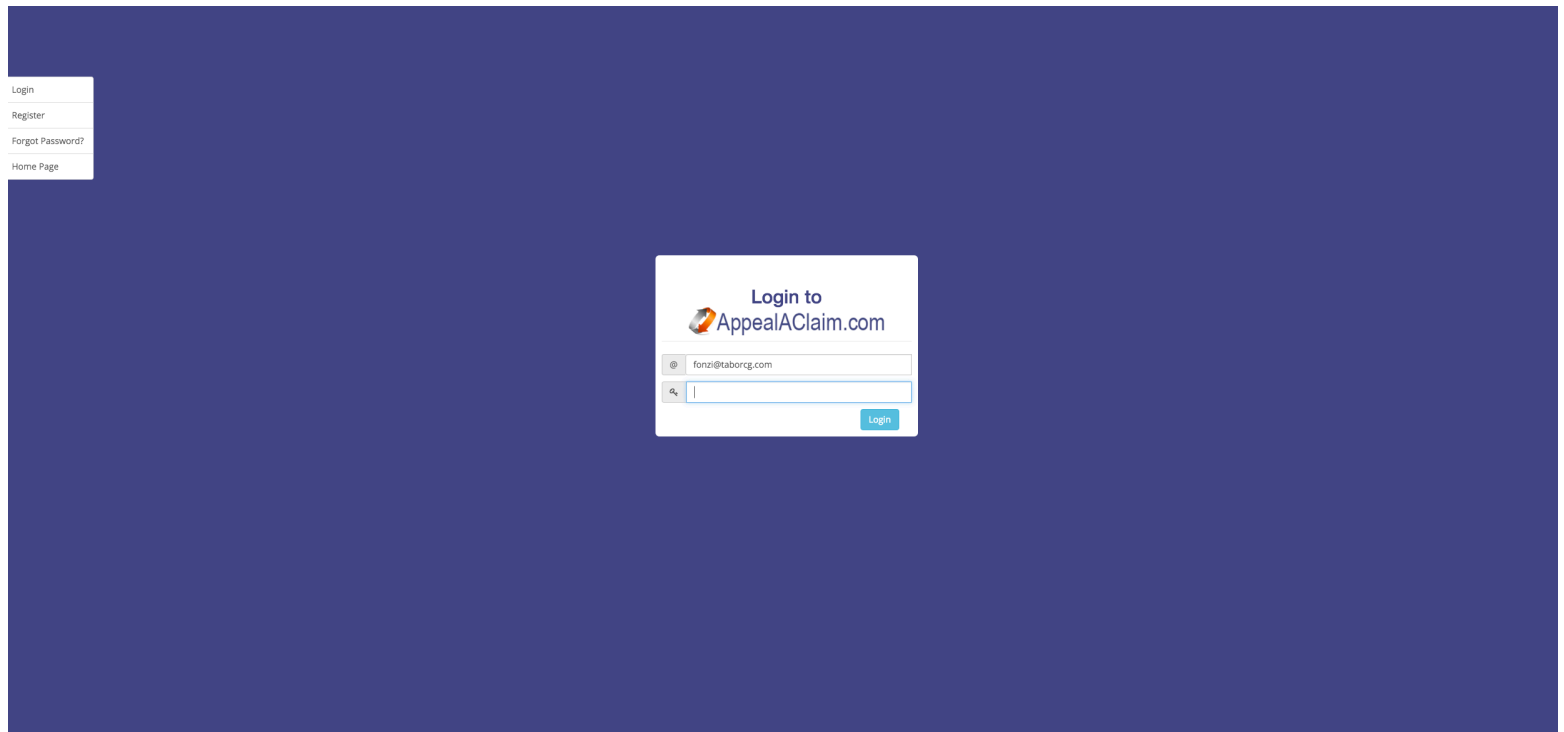
### Success!

You have now completed your Registration process and have accepted claim number **L3855511223333001** from **Local 38555**. You may now login to AppealAClaim to start the process of appealing your denied claim.

[Login to View Your Claim.](#)

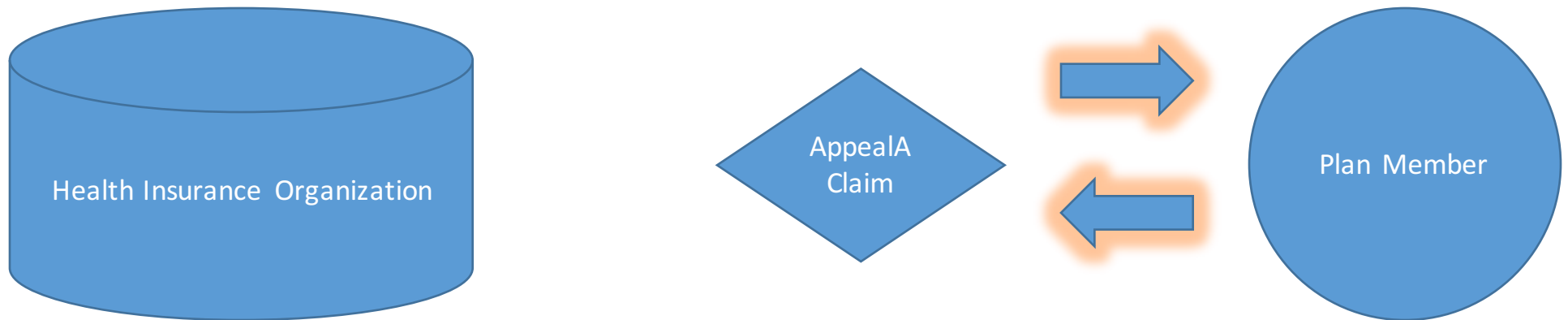
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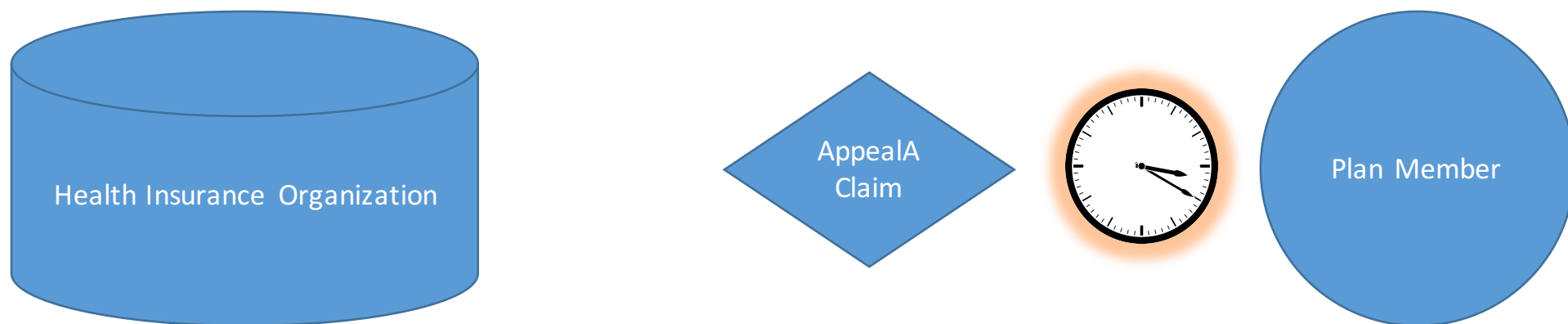
The screenshot shows the login interface of the AppealAClaim.com website. The background is a solid dark blue. In the top-left corner, there is a white vertical menu with the following links: Login, Register, Forgot Password?, and Home Page. In the center of the page, there is a white login box. The box contains the text "Login to AppealAClaim.com" at the top, followed by two input fields. The first input field is for the email address, with a placeholder icon of an '@' symbol and the text "fonzi@taborg.com". The second input field is for the password, with a placeholder icon of a key. Below the input fields is a blue "Login" button.

## Workflow



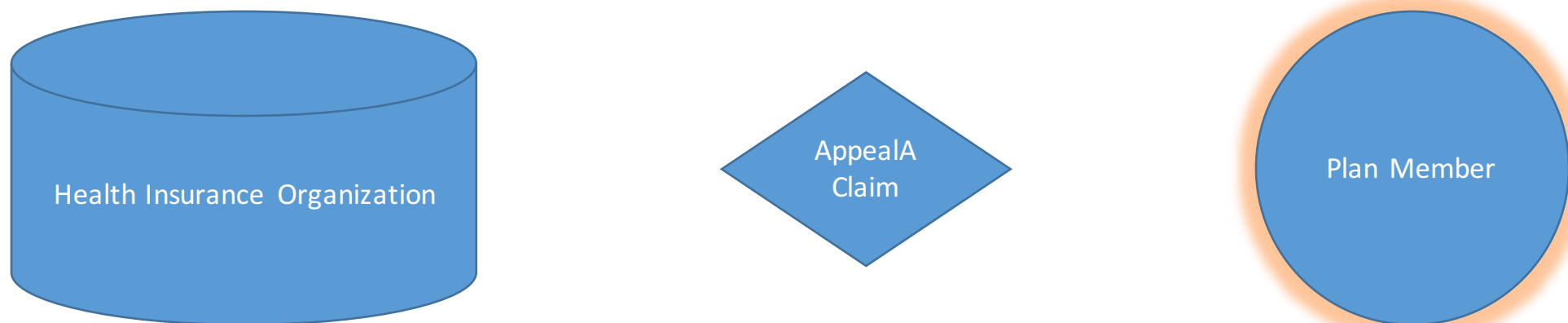
5. At this point interactions concerning the claim are handed between AppealAClaim and the Plan Member.

## Workflow



6. All Claims in the AAC system are managed via a “Clock” and a “Responsible Party”. This main that for every step in the process, there is a time limit to complete that step, and a clear indication of who is responsible for that step.

## Workflow

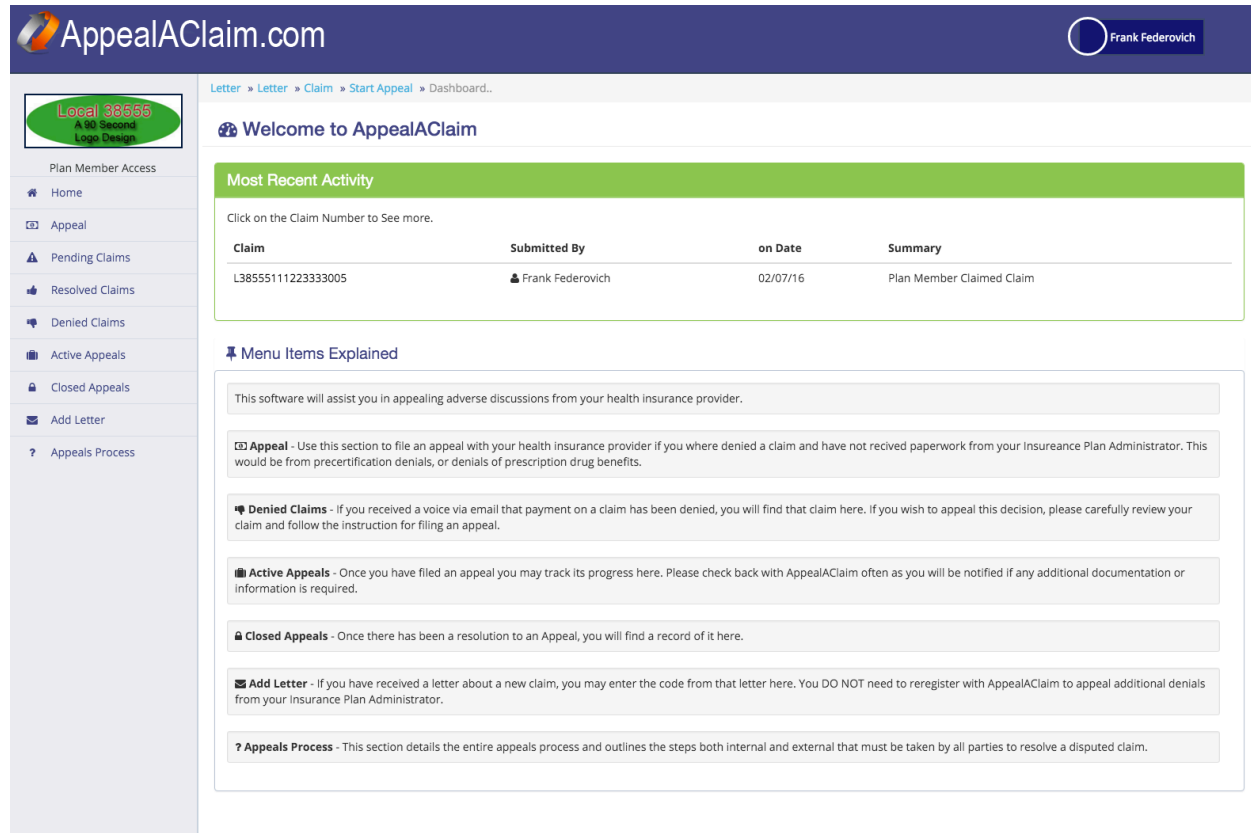


7. The first two steps of the process have been completed (1. Initial Notification and 2. Plan Member Acknowledgment)
8. The Plan Member must now review their claim and decide on the next step. Typically a Plan Member has 180 Days to appeal a denied claim. Pending Claim deadlines are at the discussion of the HIO.

## Plan Member Interactions with AppealAClaim – The Dashboard

After a Plan Members Logs in to AAC, they are presented with a Dashboard that gives them an overview of the system.

This includes:



The screenshot shows the AppealAClaim.com dashboard for a user named Frank Federovich. The dashboard includes a sidebar with navigation links, a main content area with a welcome message, a table of recent activity, and a section explaining menu items.

**Local 38555**  
A 90 Second Logo Design

Plan Member Access

- Home
- Appeal
- Pending Claims
- Resolved Claims
- Denied Claims
- Active Appeals
- Closed Appeals
- Add Letter
- Appeals Process

Letter » Letter » Claim » Start Appeal » Dashboard..

Welcome to AppealAClaim

**Most Recent Activity**

Click on the Claim Number to See more.

Claim	Submitted By	on Date	Summary
L3855511223333005	Frank Federovich	02/07/16	Plan Member Claimed Claim

**Menu Items Explained**

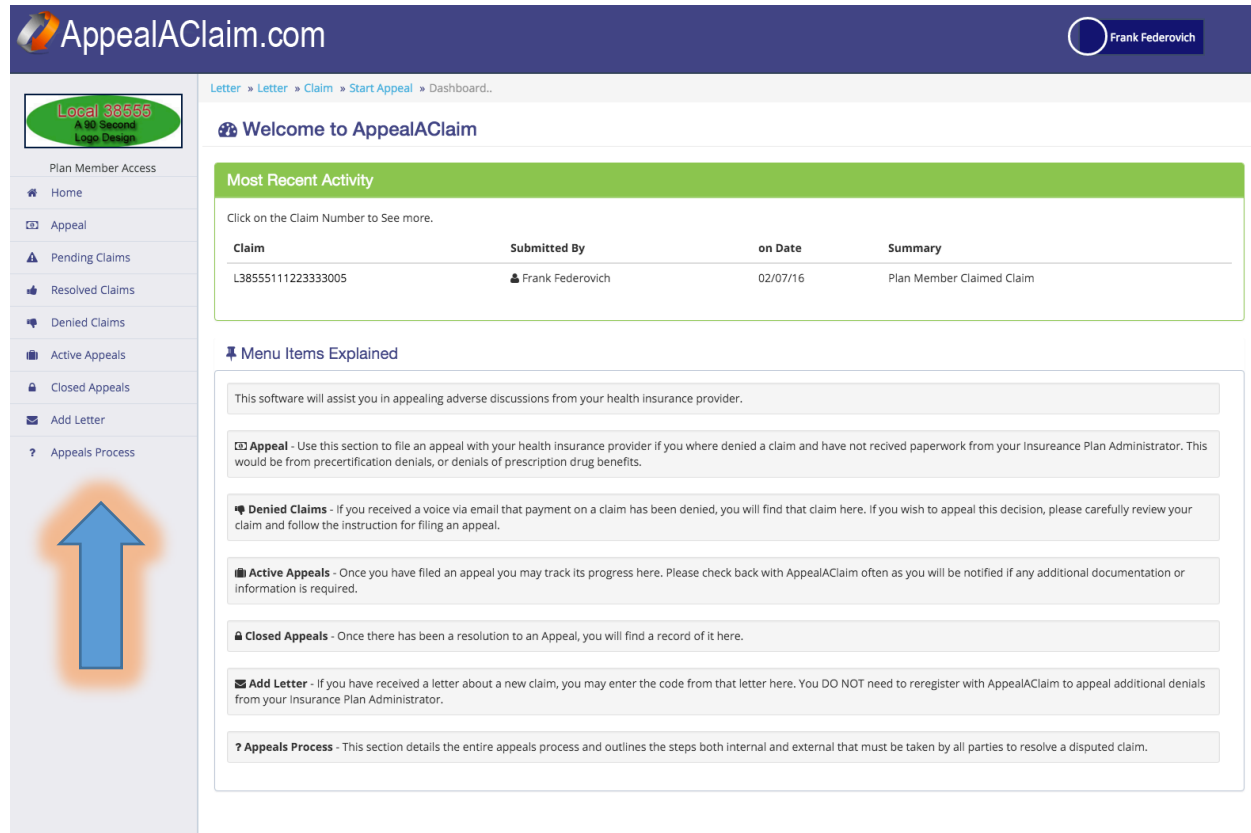
- This software will assist you in appealing adverse discussions from your health insurance provider.
- Appeal** - Use this section to file an appeal with your health insurance provider if you where denied a claim and have not recived paperwork from your Insurance Plan Administrator. This would be from precertification denials, or denials of prescription drug benefits.
- Denied Claims** - If you received a voice via email that payment on a claim has been denied, you will find that claim here. If you wish to appeal this decision, please carefully review your claim and follow the instruction for filing an appeal.
- Active Appeals** - Once you have filed an appeal you may track its progress here. Please check back with AppealAClaim often as you will be notified if any additional documentation or information is required.
- Closed Appeals** - Once there has been a resolution to an Appeal, you will find a record of it here.
- Add Letter** - If you have received a letter about a new claim, you may enter the code from that letter here. You DO NOT need to reregister with AppealAClaim to appeal additional denials from your Insurance Plan Administrator.
- Appeals Process** - This section details the entire appeals process and outlines the steps both internal and external that must be taken by all parties to resolve a disputed claim.

## Plan Member Interactions with AppealAClaim – The Dashboard

After a Plan Member Logs in to AAC, they are presented with a Dashboard that gives them an overview of the system.

This includes:

A Navigation Menu



**AppealAClaim.com** Frank Federovich

Letter » Letter » Claim » Start Appeal » Dashboard..

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Click on the Claim Number to See more.

Claim	Submitted By	on Date	Summary
L385551122333005	Frank Federovich	02/07/16	Plan Member Claimed Claim

### Menu Items Explained

This software will assist you in appealing adverse discussions from your health insurance provider.

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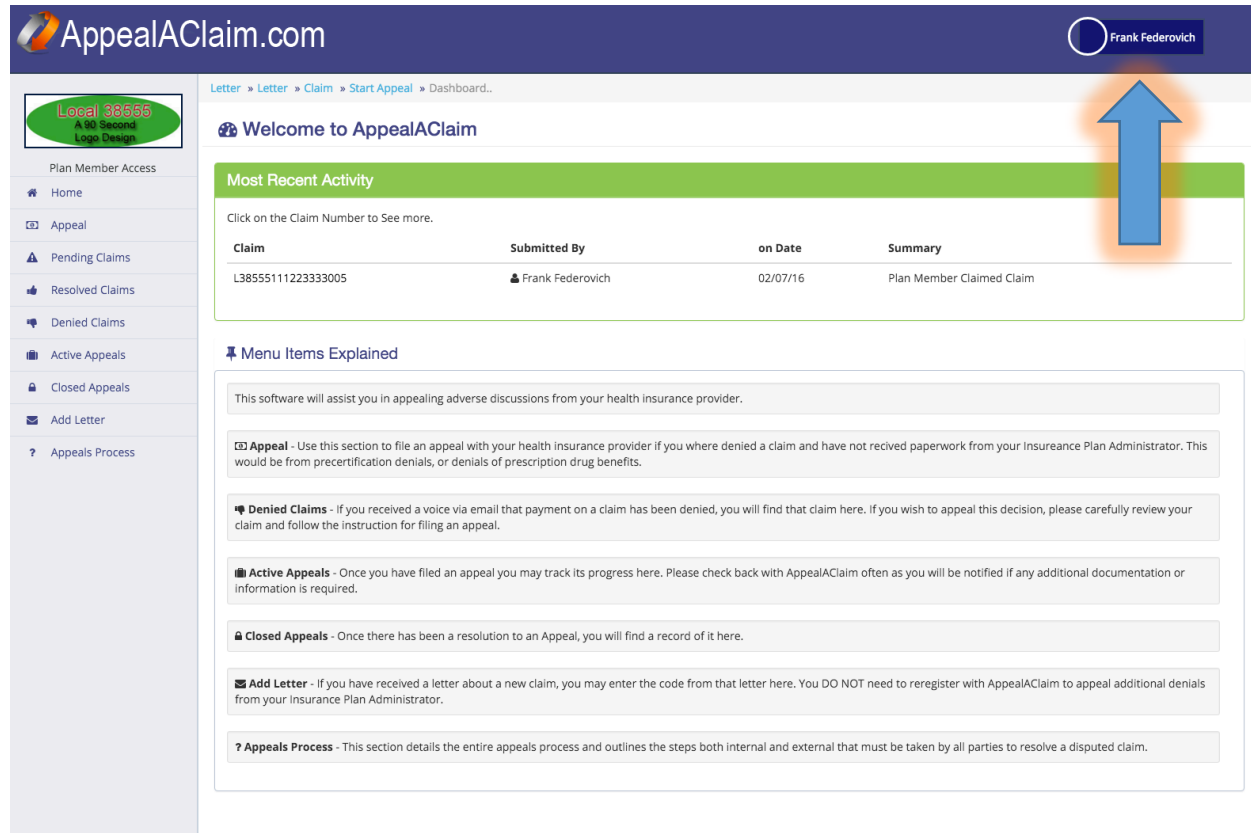
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This includes:

- A Navigation Menu

- Recent Activities on Claims

- A Profile sub Menu for system tasks such as updating an email address or changing a password



**AppealAClaim.com** Frank Federovich

Letter » Letter » Claim » Start Appeal » Dashboard..

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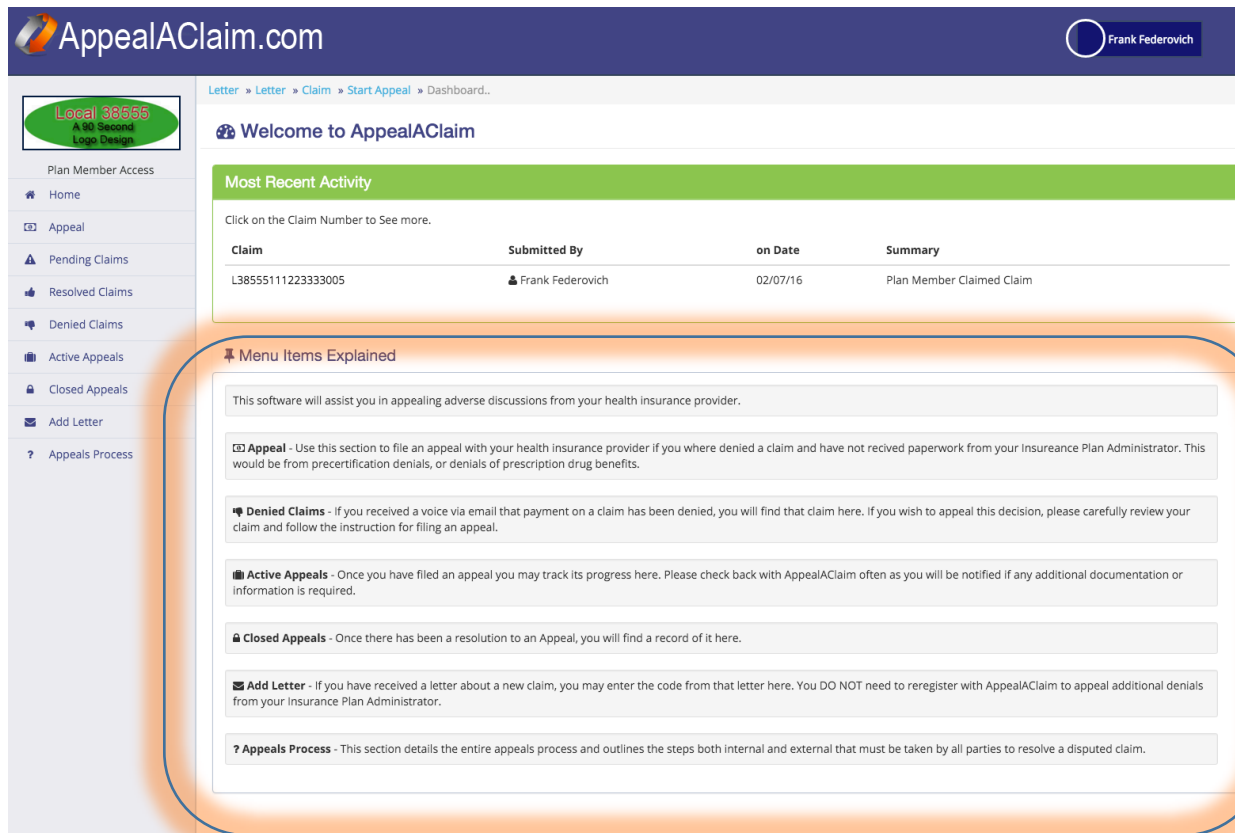
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- A Profile sub Menu for system tasks such as updating an email address or changing a password
- In system help to guide a Plan Member



The screenshot shows the AppealAClaim.com dashboard. At the top, there's a navigation bar with the logo and the user's name 'Frank Federovich'. Below the navigation bar, there's a sidebar with a 'Plan Member Access' section containing links to Home, Appeal, Pending Claims, Resolved Claims, Denied Claims, Active Appeals, Closed Appeals, Add Letter, and Appeals Process. The main content area is titled 'Welcome to AppealAClaim' and features a 'Most Recent Activity' section. This section contains a table with the following data:

Claim	Submitted By	on Date	Summary
L3855511223333005	Frank Federovich	02/07/16	Plan Member Claimed Claim

Below the activity section, there's a 'Menu Items Explained' section with the following items:

- Appeal** - Use this section to file an appeal with your health insurance provider if you were denied a claim and have not received paperwork from your Insurance Plan Administrator. This would be from precertification denials, or denials of prescription drug benefits.
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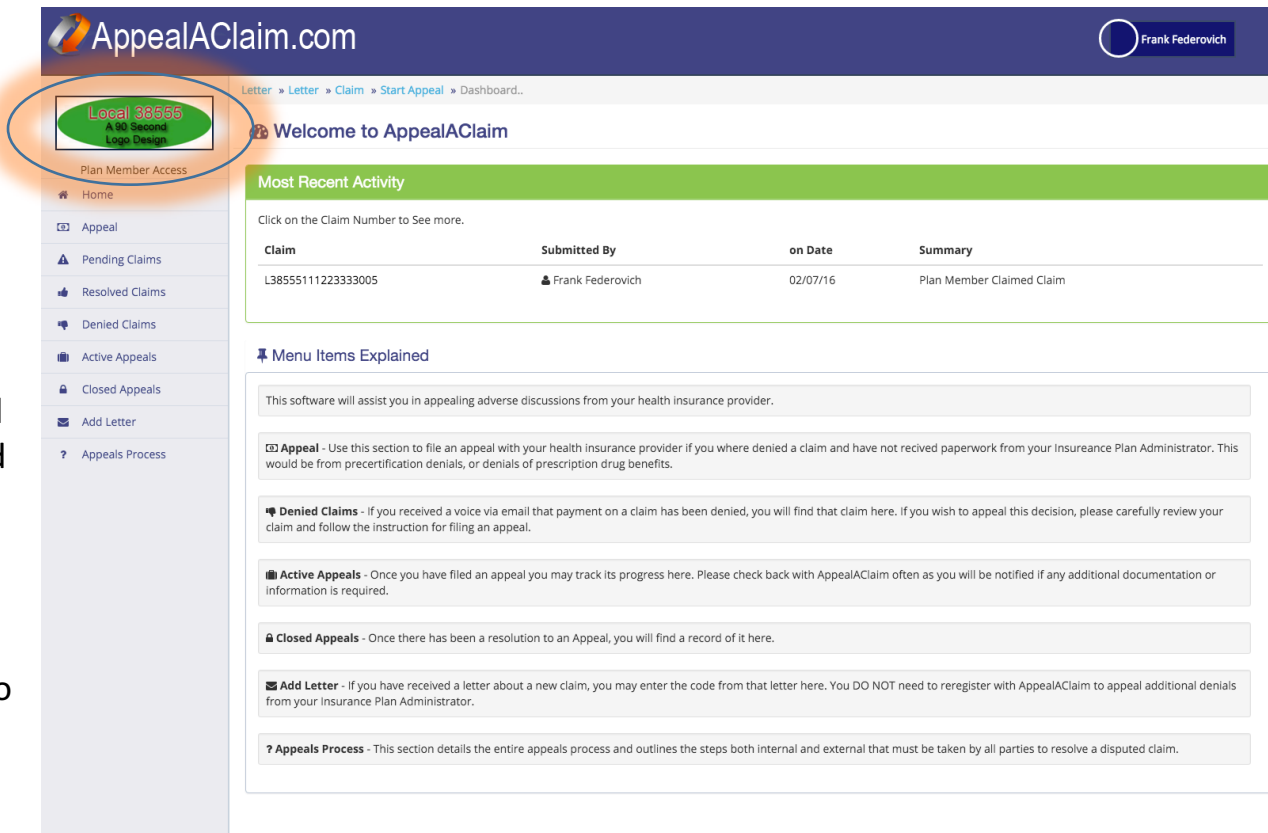
This includes:

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- Recent Activities on Claims

- A Profile sub Menu for system tasks such as updating an email address or changing a password
- In system help to guide a Plan Member

AAC Maintains Co-Branding with the HIO to minimize Plan Member confusion



The screenshot shows the AppealAClaim.com dashboard for a plan member. The top navigation bar includes the logo, the text "AppealAClaim.com", and a user profile icon for "Frank Federovich". Below the navigation bar, there is a breadcrumb trail: "Letter » Letter » Claim » Start Appeal » Dashboard..". The main content area is titled "Welcome to AppealAClaim". On the left side, there is a navigation menu with the following items: "Home", "Appeal", "Pending Claims", "Resolved Claims", "Denied Claims", "Active Appeals", "Closed Appeals", "Add Letter", and "Appeals Process". The "Appeal" item is highlighted. The main content area is divided into two sections. The top section is titled "Most Recent Activity" and contains a table with the following data:

Claim	Submitted By	on Date	Summary
L3855511223333005	Frank Federovich	02/07/16	Plan Member Claimed Claim

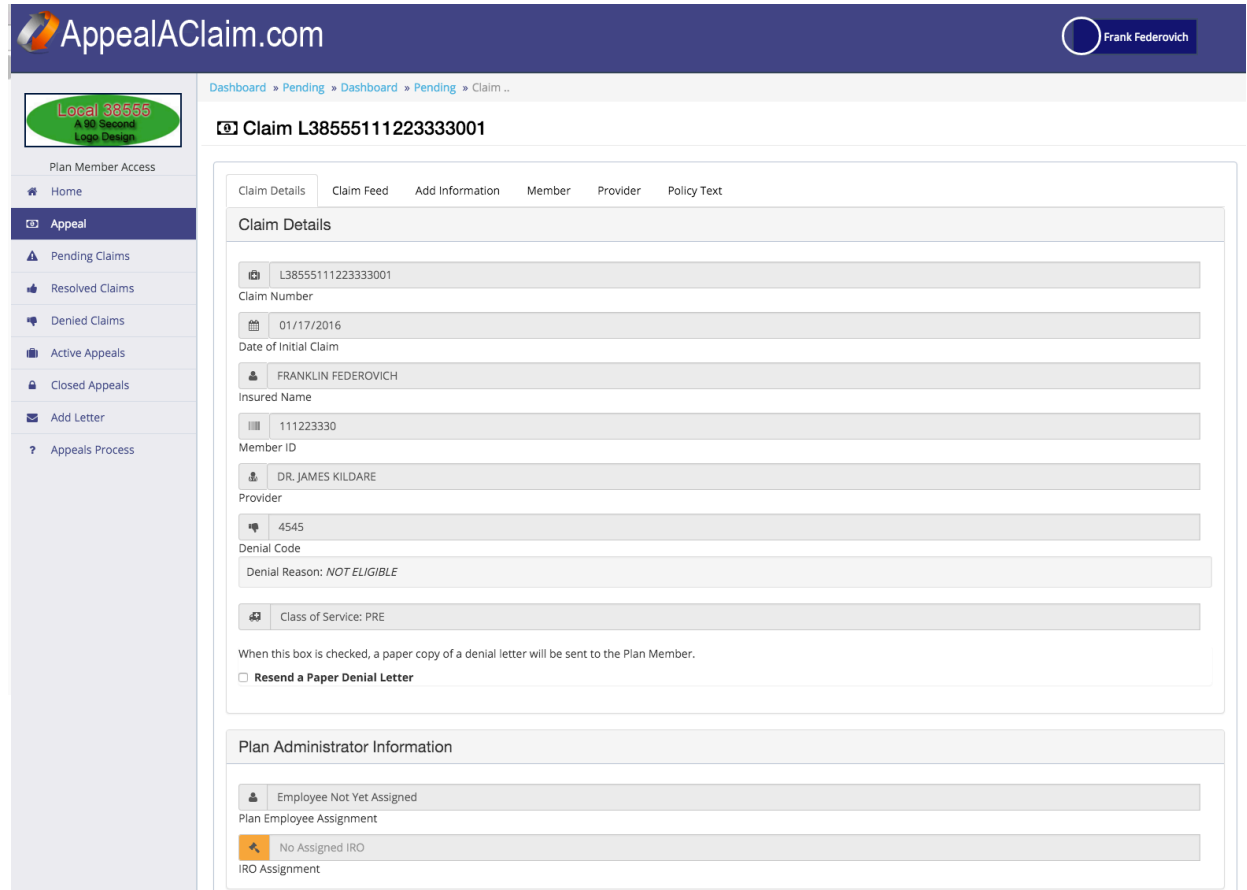
The bottom section is titled "Menu Items Explained" and contains several items with descriptions:

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- Denied Claims** - If you received a voice via email that payment on a claim has been denied, you will find that claim here. If you wish to appeal this decision, please carefully review your claim and follow the instruction for filing an appeal.
- Active Appeals** - Once you have filed an appeal you may track its progress here. Please check back with AppealAClaim often as you will be notified if any additional documentation or information is required.
- Closed Appeals** - Once there has been a resolution to an Appeal, you will find a record of it here.
- Add Letter** - If you have received a letter about a new claim, you may enter the code from that letter here. You DO NOT need to reregister with AppealAClaim to appeal additional denials from your Insurance Plan Administrator.
- Appeals Process** - This section details the entire appeals process and outlines the steps both internal and external that must be taken by all parties to resolve a disputed claim.

## Plan Member Interactions with AppealAClaim – The Claim

The vast majority of interactions that a Plan Member will have with the AAC system will occur on the “Claim View”.

This is an interactive representation of a single Claim in the AAC System



The screenshot displays the 'Claim View' interface for a specific claim. The header includes the 'AppealAClaim.com' logo and a user profile for 'Frank Federovich'. A breadcrumb trail shows the navigation path: 'Dashboard » Pending » Dashboard » Pending » Claim ..'. The main title is 'Claim L38555111223333001'. Below this, there are tabs for 'Claim Details', 'Claim Feed', 'Add Information', 'Member', 'Provider', and 'Policy Text'. The 'Claim Details' tab is active, showing a form with the following fields:

- Claim Number:** L38555111223333001
- Date of Initial Claim:** 01/17/2016
- Insured Name:** FRANKLIN FEDEROVICH
- Member ID:** 111223330
- Provider:** DR. JAMES KILDARE
- Denial Code:** 4545
- Denial Reason:** NOT ELIGIBLE
- Class of Service:** PRE

Below the form, there is a checkbox labeled 'Resend a Paper Denial Letter' with the text: 'When this box is checked, a paper copy of a denial letter will be sent to the Plan Member.'


The 'Plan Administrator Information' section shows:


- Employee Not Yet Assigned:** Plan Employee Assignment
- No Assigned IRO:** IRO Assignment

The left sidebar contains a 'Plan Member Access' section with a 'Local 38555 A 90 Second Logo Design' button and a list of navigation links: Home, Appeal, Pending Claims, Resolved Claims, Denied Claims, Active Appeals, Closed Appeals, Add Letter, and Appeals Process.

## Plan Member Interactions with AppealAClaim – The Claim


The “Claim View” is a tabbed layout of a Plan Members Claim, broken into logical segments


AppealAClaim.com


Local 38555  
A 00 Second  
Logo Design

[Plan Member Access](#)  
[Home](#)  
[Appeal](#)  
[Pending Claims](#)  
[Resolved Claims](#)  
[Denied Claims](#)  
[Active Appeals](#)  
[Closed Appeals](#)  
[Add Letter](#)  
[Appeals Process](#)

[Dashboard](#) » [Pending](#) » [Dashboard](#) » [Pending](#) » [Claim ...](#)

 **Claim L38555111223333001**

Claim Details

Claim Feed


Add Information

Member


Provider

Policy Text


Claim Details

 L38555111223333001


Claim Number

 01/17/2016


Date of Initial Claim

 FRANKLIN FEDEROVICH


Insured Name

 111223330

Member ID


 DR. JAMES KILDARE

Provider

 4545

Denial Code


Denial Reason: *NOT ELIGIBLE*

 Class of Service: PRE


When this box is checked, a paper copy of a denial letter will be sent to the Plan Member.

☐ **Resend a Paper Denial Letter**

Plan Administrator Information

 Employee Not Yet Assigned

Plan Employee Assignment

 No Assigned IRO

IRO Assignment

## Plan Member Interactions with AppealAClaim – The Claim

“Claim Details” contain the items of information AAC received about the claim from the HIO.

This includes the

- Date of Service

- Date of the Claim

- Date of the Denial or Pending

- A complete copy of the Insurance Policy under which the claim was made.

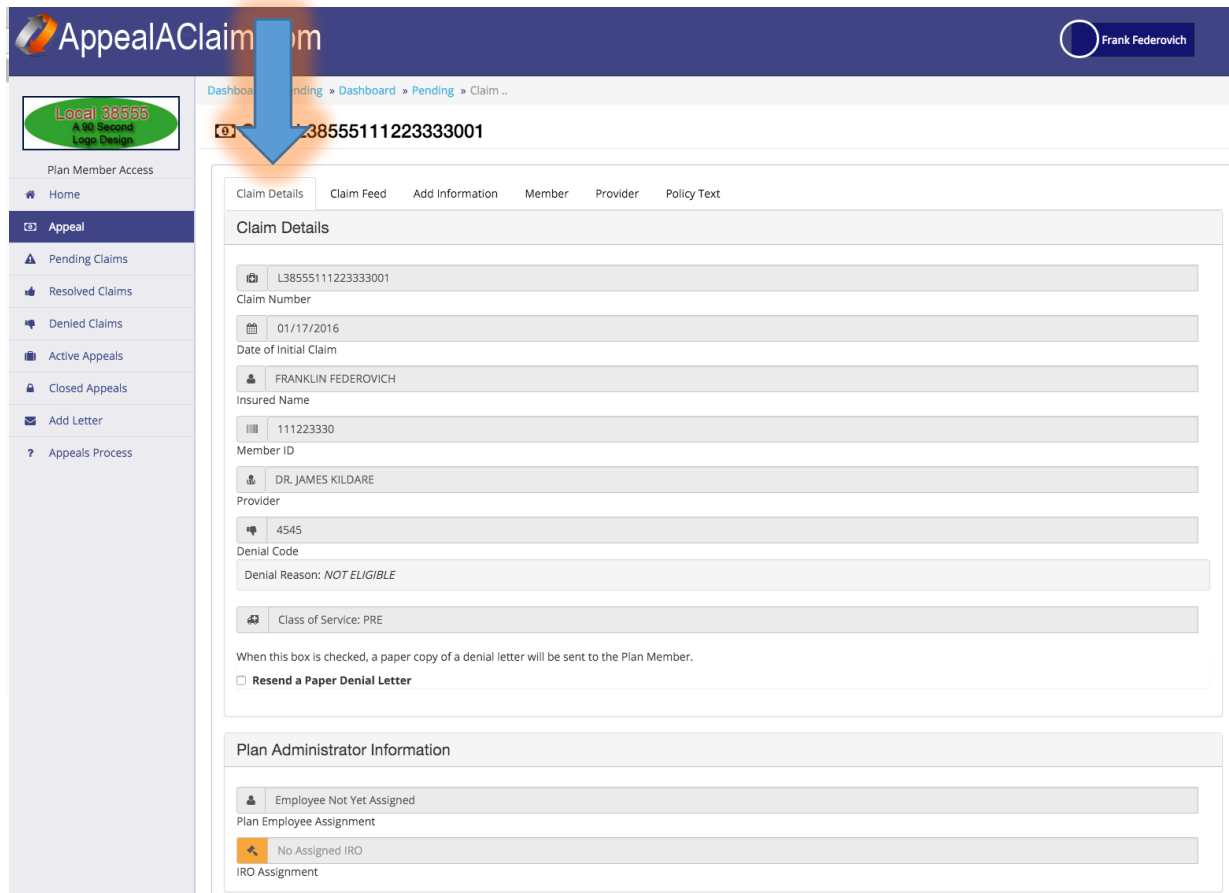
- Reason for Denial or Pending

- Amount of the claim and the amount being denied (if applicable)

- Information about the Healthcare Provider

- Information about the Member and Claimant

- Any other Dates concerning the claim



The screenshot displays the AppealAClaim.com interface. A blue arrow points to the 'Claim Details' tab in the top navigation bar. The left sidebar shows a menu with options like 'Home', 'Appeal', 'Pending Claims', 'Resolved Claims', 'Denied Claims', 'Active Appeals', 'Closed Appeals', 'Add Letter', and 'Appeals Process'. The main content area shows the 'Claim Details' for claim number L3855511223333001. The details include: Claim Number (L3855511223333001), Date of Initial Claim (01/17/2016), Insured Name (FRANKLIN FEDEROVICH), Member ID (111223330), Provider (DR. JAMES KILDARE), Denial Code (4545), Denial Reason (NOT ELIGIBLE), and Class of Service (PRE). There is a checkbox for 'Resend a Paper Denial Letter' which is currently unchecked. Below the claim details is a section for 'Plan Administrator Information' showing 'Employee Not Yet Assigned' and 'No Assigned IRO'.

AppealAClaim.com


Frank Federovich


Dashboard » Pending » Dashboard » Pending » Claim ..


L3855511223333001


Claim Details Claim Feed Add Information Member Provider Policy Text


Claim Details


 L3855511223333001  
Claim Number

 01/17/2016  
Date of Initial Claim


 FRANKLIN FEDEROVICH  
Insured Name

 111223330  
Member ID

 DR. JAMES KILDARE  
Provider

 4545  
Denial Code


Denial Reason: NOT ELIGIBLE


 Class of Service: PRE

When this box is checked, a paper copy of a denial letter will be sent to the Plan Member.

☐ Resend a Paper Denial Letter

Plan Administrator Information

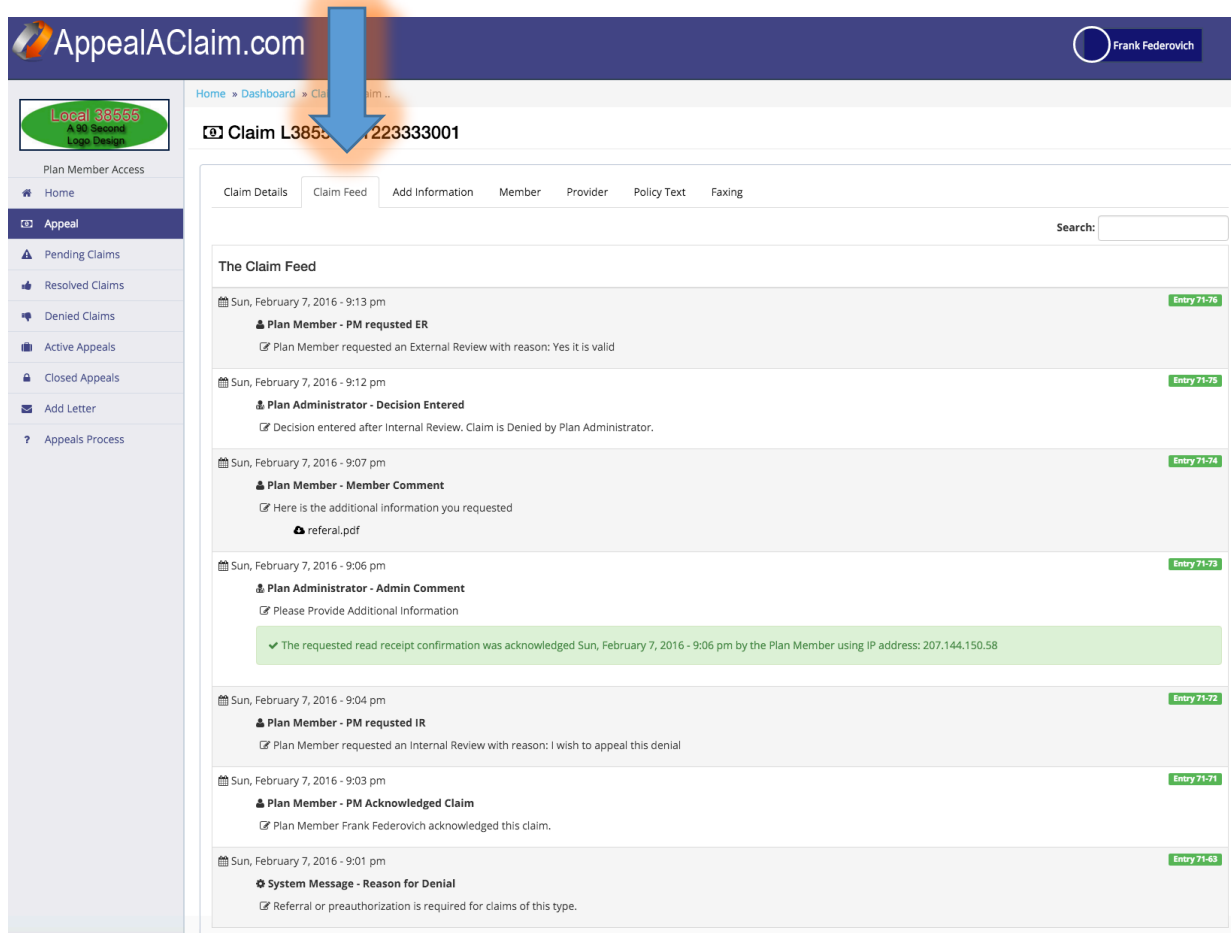
 Employee Not Yet Assigned  
Plan Employee Assignment

 No Assigned IRO  
IRO Assignment

## Plan Member Interactions with AppealAClaim – The Claim

The “Claim Feed” is the primary means by which interactions concerning a claim are done.

1. The Feed is a running dialog of all communications from all parties concerning the claim.
2. Entries are written (text) communications, but can also contain file attachments. The Feed uses a “message board” model rather than a “Chat” model. It is not intended for real-time communication.
3. Entries are marked as to who made them: Member, Health Insurance Organization, Healthcare Provider, or External Review Organization.



The screenshot shows the AppealAClaim.com interface. A blue arrow points to the 'Claim Feed' tab in the top navigation bar. The left sidebar contains a 'Plan Member Access' section with links to Home, Appeal, Pending Claims, Resolved Claims, Denied Claims, Active Appeals, Closed Appeals, Add Letter, and Appeals Process. The main content area displays the 'Claim Feed' for Claim L385555223333001. The feed shows a series of entries with timestamps and user avatars, including a Plan Member request for an External Review, a Plan Administrator decision, a Plan Member comment, a Plan Administrator admin comment, a Plan Member request for an Internal Review, a Plan Member acknowledgment, and a System Message regarding denial reasons.

**Claim L385555223333001**

Claim Details | **Claim Feed** | Add Information | Member | Provider | Policy Text | Faxing

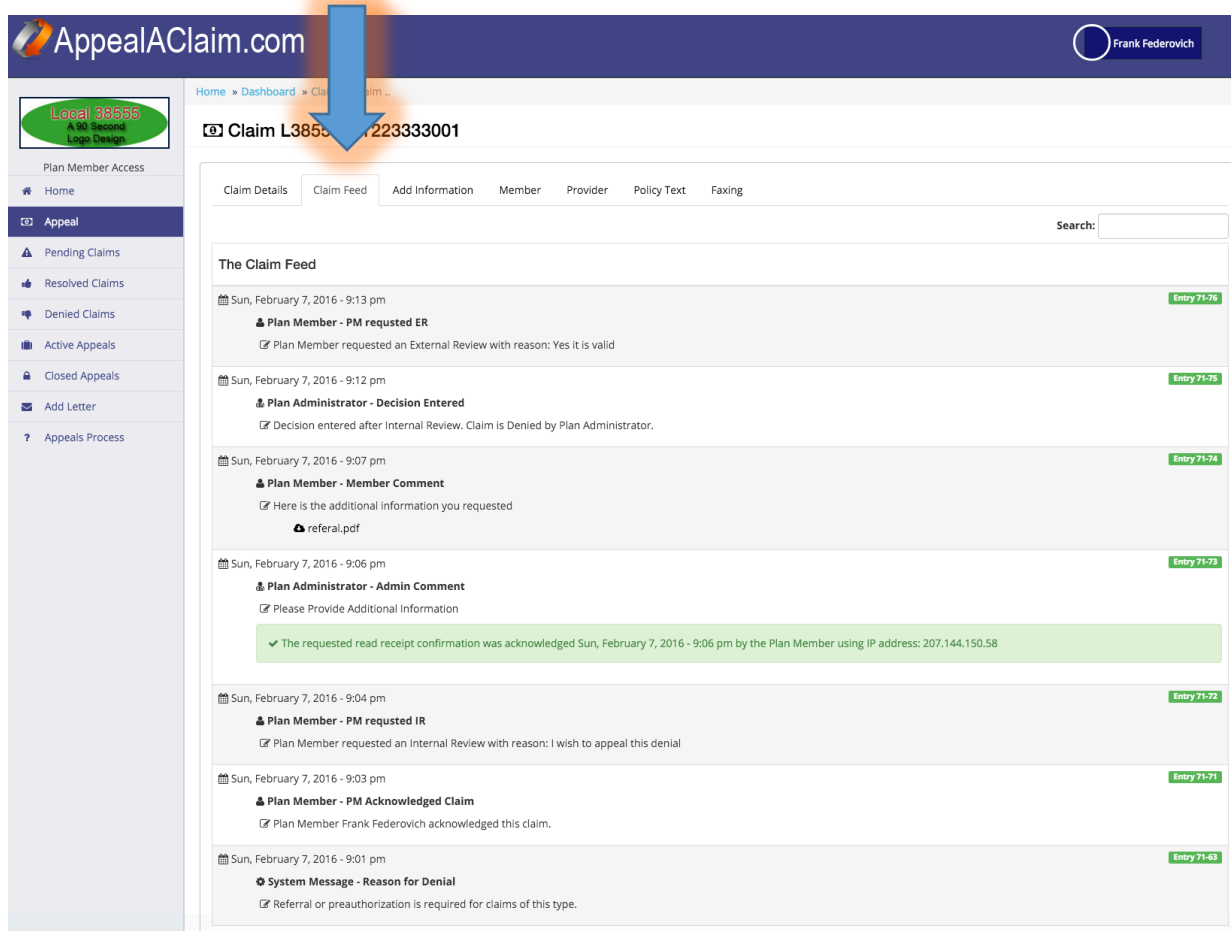
**The Claim Feed**

- Sun, February 7, 2016 - 9:13 pm Entry 71-76  
**Plan Member - PM requested ER**  
 ☑ Plan Member requested an External Review with reason: Yes it is valid
- Sun, February 7, 2016 - 9:12 pm Entry 71-75  
**Plan Administrator - Decision Entered**  
 ☑ Decision entered after Internal Review. Claim is Denied by Plan Administrator.
- Sun, February 7, 2016 - 9:07 pm Entry 71-74  
**Plan Member - Member Comment**  
 ☑ Here is the additional information you requested  
 📎 referral.pdf
- Sun, February 7, 2016 - 9:06 pm Entry 71-73  
**Plan Administrator - Admin Comment**  
 ☑ Please Provide Additional Information  
 ✓ The requested read receipt confirmation was acknowledged Sun, February 7, 2016 - 9:06 pm by the Plan Member using IP address: 207.144.150.58
- Sun, February 7, 2016 - 9:04 pm Entry 71-72  
**Plan Member - PM requested IR**  
 ☑ Plan Member requested an Internal Review with reason: I wish to appeal this denial
- Sun, February 7, 2016 - 9:03 pm Entry 71-71  
**Plan Member - PM Acknowledged Claim**  
 ☑ Plan Member Frank Federovich acknowledged this claim.
- Sun, February 7, 2016 - 9:01 pm Entry 71-63  
**System Message - Reason for Denial**  
 ☑ Referral or preauthorization is required for claims of this type.

## Plan Member Interactions with AppealAClaim – The Claim

The “Claim Feed” is the primary means by which interactions concerning a claim are done.

4. Each item is time and location stamped showing the exact time the entry was made and also the IP address of the Member at the time it was made.
5. There is no limit on number of entries that can be made into the Claim Feed.
6. When an entry is made, the other parties to the claim receive an email notification. These notifications do not contain any information about the entry. They are indented to act as alerts to the parties prompting them to log into AppealAClaim and see the Feed item there.



The screenshot shows the AppealAClaim.com interface. A blue arrow points to the 'Claim Feed' tab in the 'Claim Details' section. The claim number is L385555223333001. The left sidebar shows navigation options: Home, Appeal, Pending Claims, Resolved Claims, Denied Claims, Active Appeals, Closed Appeals, Add Letter, and Appeals Process. The main content area displays the 'Claim Feed' with a search bar and a list of entries. Each entry includes a timestamp, a user icon, a title, and a description. The entries are as follows:

Timestamp	User	Title	Description	Entry ID
Sun, February 7, 2016 - 9:13 pm	Plan Member	PM requested ER	Plan Member requested an External Review with reason: Yes it is valid	Entry 71-76
Sun, February 7, 2016 - 9:12 pm	Plan Administrator	Decision Entered	Decision entered after Internal Review. Claim is Denied by Plan Administrator.	Entry 71-75
Sun, February 7, 2016 - 9:07 pm	Plan Member	Member Comment	Here is the additional information you requested referral.pdf	Entry 71-74
Sun, February 7, 2016 - 9:06 pm	Plan Administrator	Admin Comment	Please Provide Additional Information The requested read receipt confirmation was acknowledged Sun, February 7, 2016 - 9:06 pm by the Plan Member using IP address: 207.144.150.58	Entry 71-73
Sun, February 7, 2016 - 9:04 pm	Plan Member	PM requested IR	Plan Member requested an Internal Review with reason: I wish to appeal this denial	Entry 71-72
Sun, February 7, 2016 - 9:03 pm	Plan Member	PM Acknowledged Claim	Plan Member Frank Federovich acknowledged this claim.	Entry 71-71
Sun, February 7, 2016 - 9:01 pm	System Message	Reason for Denial	Referral or preauthorization is required for claims of this type.	Entry 71-63

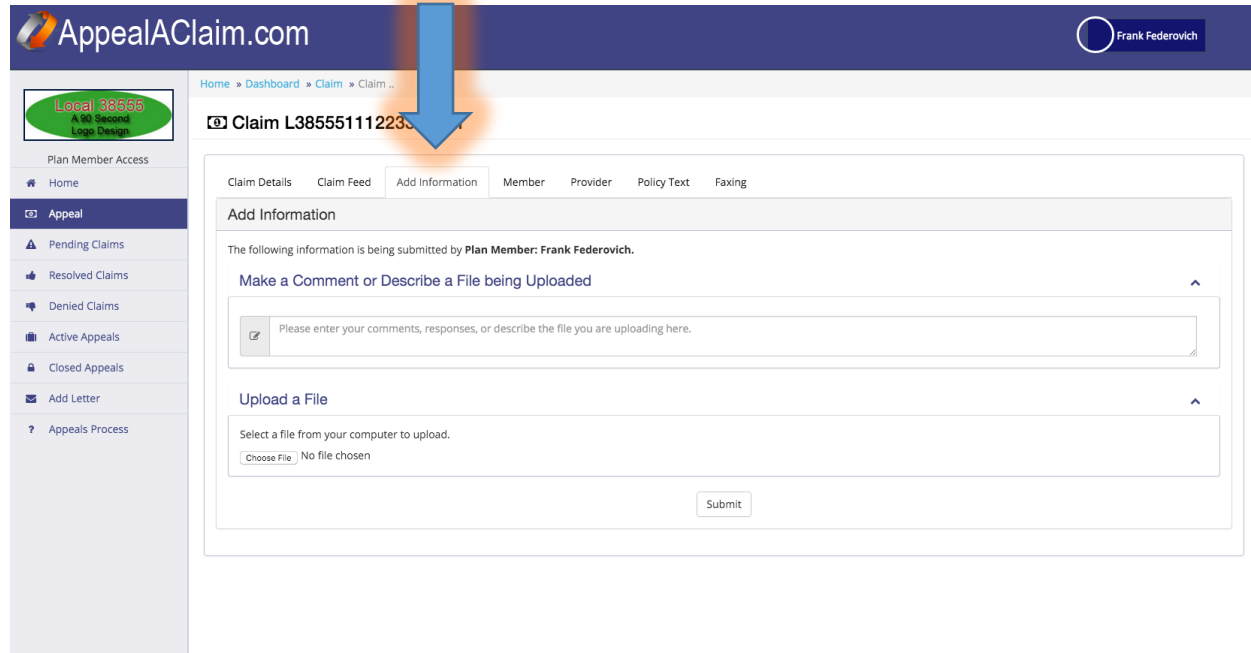


## Plan Member Interactions with AppealAClaim – The Claim

The “Add Information” tab allows parties to the claim to add items to the “Claim Feed.”

These Items can be text based questions, or answers to questions.

In many cases, parties to the Claim will need to provide copies of physical documents. The “Add Information” provides this functionality by allowing parties to “attach” scanned documents. These scanned documents reside in the Claim Feed throughout the process.



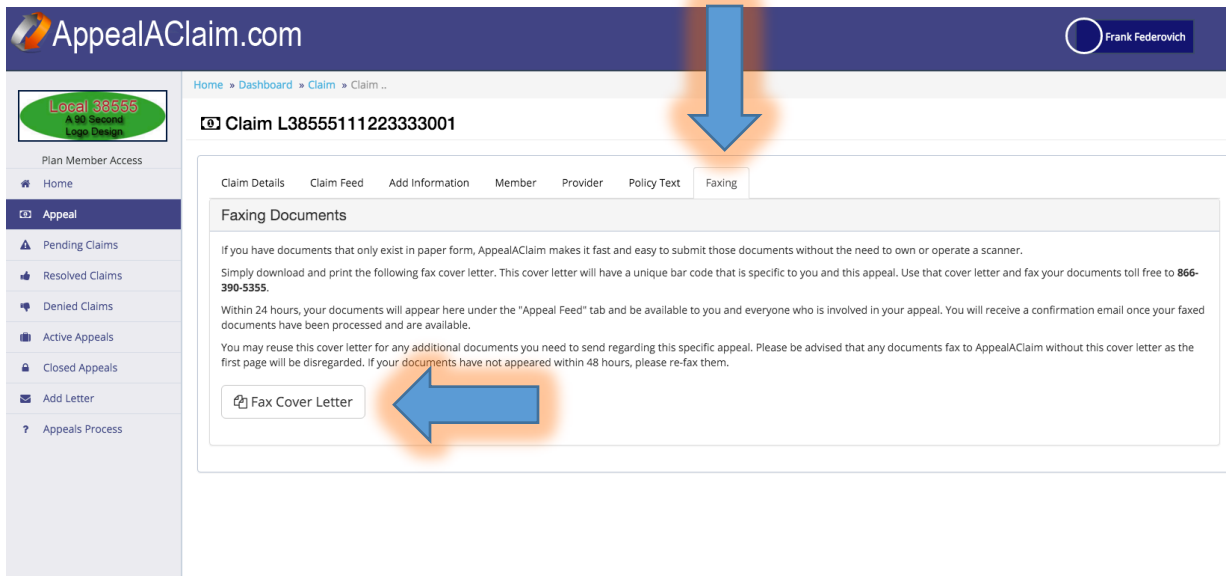
The screenshot shows the AppealAClaim.com interface. The top navigation bar includes the logo and the user name 'Frank Federovich'. The left sidebar lists 'Plan Member Access' and 'Appeal' with sub-items: 'Home', 'Pending Claims', 'Resolved Claims', 'Denied Claims', 'Active Appeals', 'Closed Appeals', 'Add Letter', and 'Appeals Process'. The main content area is titled 'Claim L385551112233' and has tabs for 'Claim Details', 'Claim Feed', 'Add Information' (highlighted with a blue arrow), 'Member', 'Provider', 'Policy Text', and 'Faxing'. The 'Add Information' tab contains a section 'Add Information' with a message: 'The following information is being submitted by Plan Member: Frank Federovich.' Below this is a text input field with the placeholder 'Please enter your comments, responses, or describe the file you are uploading here.' and a section 'Upload a File' with a message 'Select a file from your computer to upload.' and a 'Choose File' button. A 'Submit' button is at the bottom right.

## Plan Member Interactions with AppealAClaim – The Claim

The reality however is that most Plan Members either may not own a scanner, or not be fully versed in it's use.

AppealAClaim provides unique functionality that allows parties who are unable to “scan” a physical document the ability to “Fax” a document directly into the “Claim Feed”.

Each party to a claim can download and print a Fax Cover Letter.



The screenshot displays the AppealAClaim.com interface. At the top, the logo and user name 'Frank Federovich' are visible. The navigation bar includes links for Home, Dashboard, Claim, and Claim .. The main content area shows 'Claim L38555111223333001' with tabs for Claim Details, Claim Feed, Add Information, Member, Provider, Policy Text, and Faxing. The 'Faxing' tab is active, displaying the 'Faxing Documents' section. This section contains instructions on how to fax documents and a button labeled 'Fax Cover Letter'. A blue arrow points down to the 'Faxing' tab, and another blue arrow points left to the 'Fax Cover Letter' button.



## Plan Member Interactions with AppealAClaim – The Fax Cover Letter

Each party to a claim can download and print a Fax Cover Letter that contains a unique 2d barcode for that party and claim.

Documents can then be faxed to AppealAClaim via a toll free number using this Fax Cover Letter.

Any pages following the Fax Cover Letter are automatically converted into a digital document and attached to the Claim Feed as coming from that party.

The Fax Cover Letter can be reused for any additional documents from that party.

This functionality means that AppealAClaim can provide meaningful support and usability even to Plan Members who do not own a computer.



**FAX COVER LETTER  
for PLAN MEMBER**

FROM: FRANKLIN PEDEROVICH P.O. BOX 1234 INDIANAPOLIS, IN 3254561234  FRANK@SANDROGREEN.COM  8005551313	TO: AppealAClaim 22540 Clartown Dearborn, MI 48124  www.appealclaim.com  866-396-5355 (FAX)
--	---

**RE: Claim/Appeal:  
L38555111223333001**



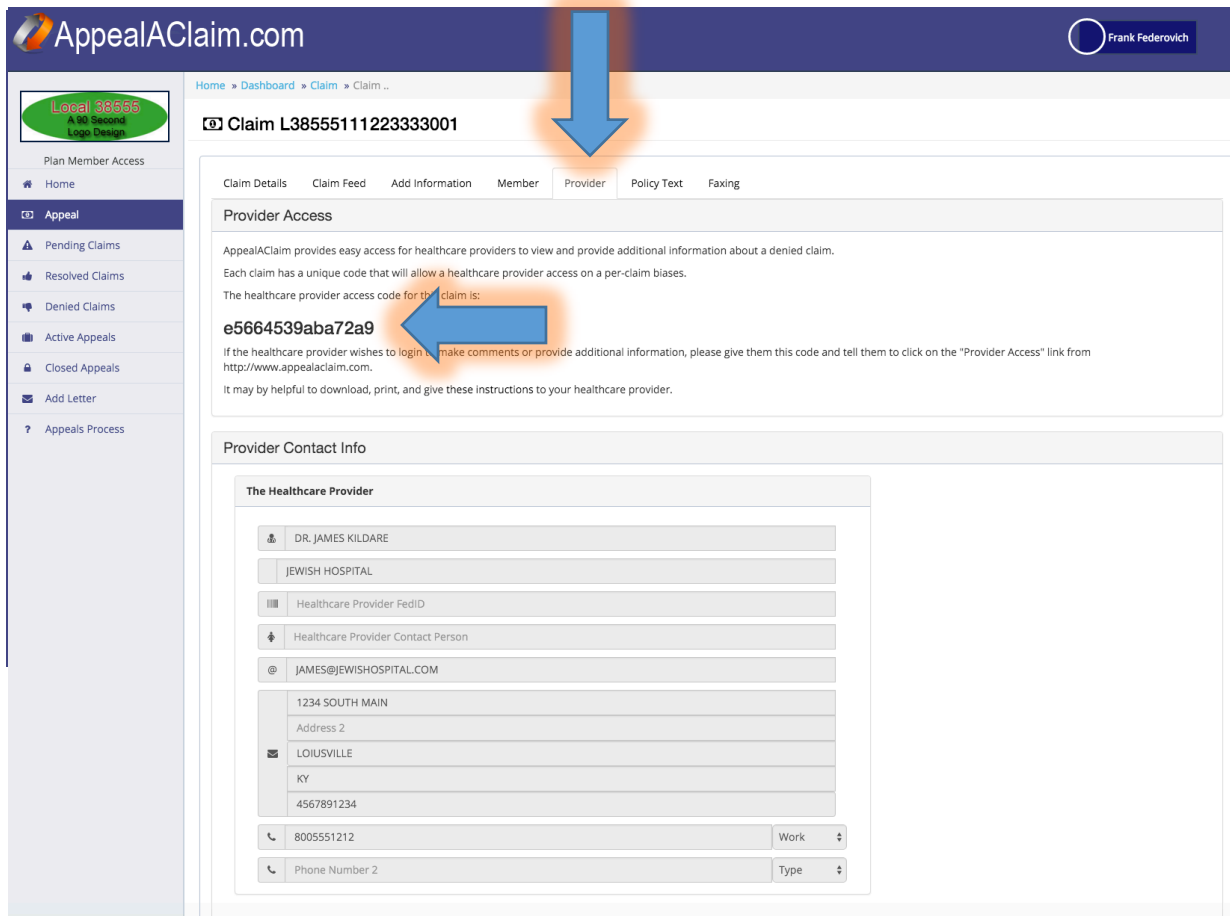
**Instructions:** Use this cover letter as the first page of your fax. No other identification is needed. Send your fax toll free to 866-396-5355. You must use this cover letter for all fax communications with AppealAClaim. Any Fax communications without this cover letter WILL be disregarded. You may reuse this same cover letter for any future communications regarding this specific Claim/Appeal. Once faxed it may take up to 24 hours for this document to appear in the feed for your Appeal. You will receive an email confirmation when your fax has been processed.

If your fax has not appeared within 48 hours, please re-send it.

## Plan Member Interactions with AppealAClaim – The Claim

The “Provider” tab provides a unique code that a provider can use to Login to AppealAClaim, view this (and only this) claim, and make comments into the “Claim Fee”.

This code can be provided to the Provider by the Plan Member, the HIO, or AAC.



AppealAClaim.com

Home » Dashboard » Claim » Claim ..

Claim L3855511223333001

Claim Details Claim Feed Add Information Member **Provider** Policy Text Faxing

**Provider Access**

AppealAClaim provides easy access for healthcare providers to view and provide additional information about a denied claim. Each claim has a unique code that will allow a healthcare provider access on a per-claim basis. The healthcare provider access code for this claim is:

**e5664539aba72a9**

If the healthcare provider wishes to login to make comments or provide additional information, please give them this code and tell them to click on the "Provider Access" link from <http://www.appealclaim.com>. It may be helpful to download, print, and give these instructions to your healthcare provider.

**Provider Contact Info**

**The Healthcare Provider**

DR. JAMES KILDARE

JEWISH HOSPITAL

Healthcare Provider FedID

Healthcare Provider Contact Person

JAMES@JEWISHHOSPITAL.COM

1234 SOUTH MAIN

Address 2

LOUISVILLE

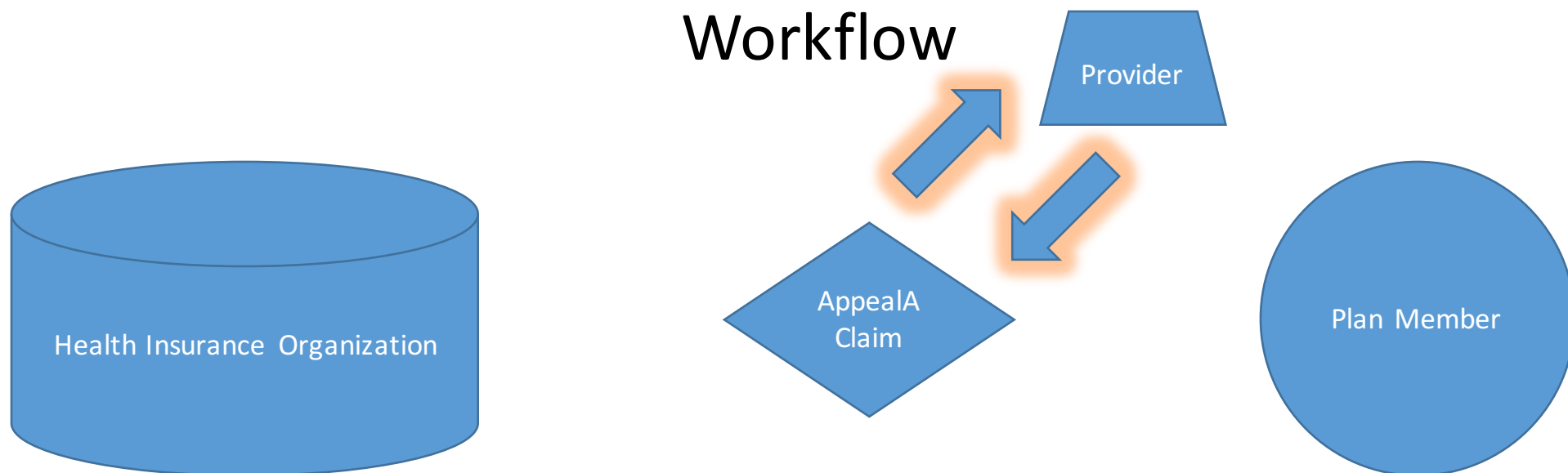
KY

4567891234

8005551212 Work

Phone Number 2 Type

## Workflow

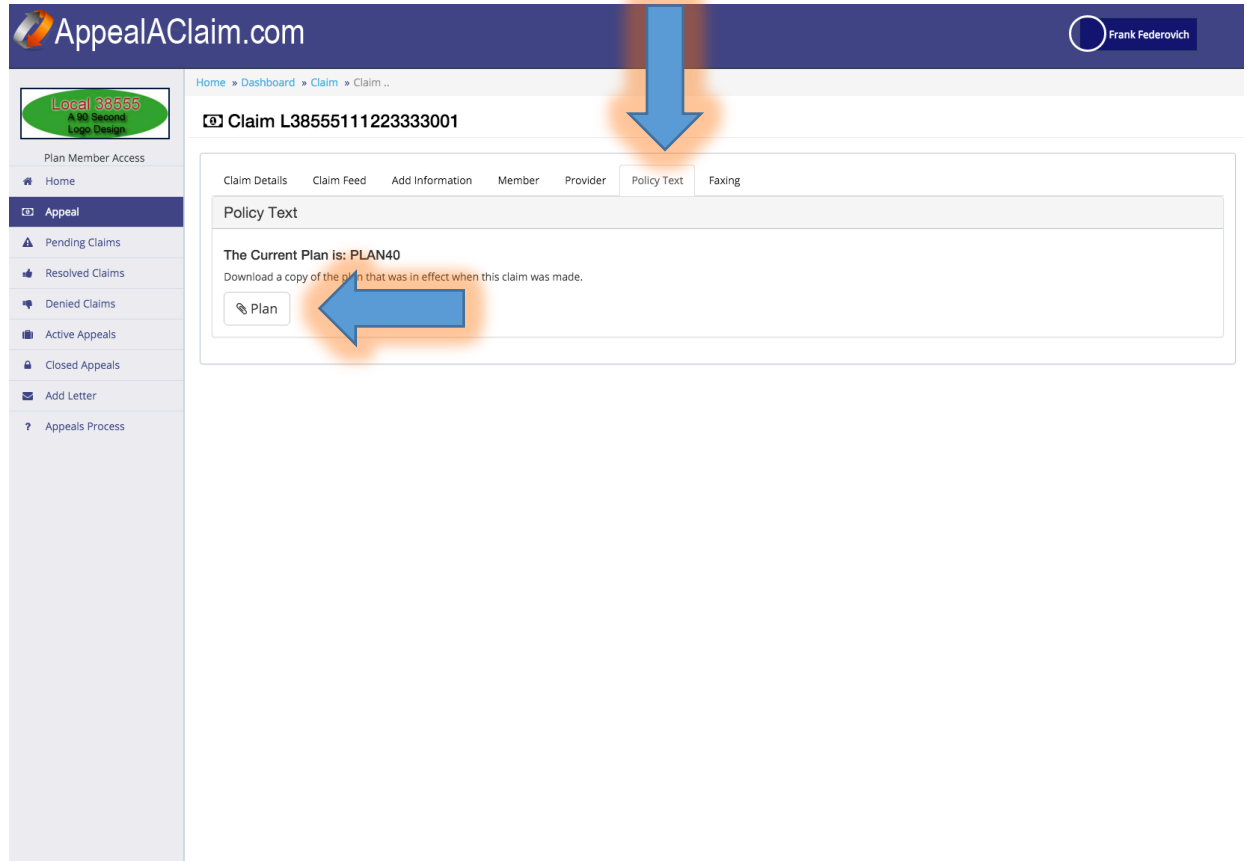


With the Provider Code, a Healthcare Provider can interact with AAC just as the Plan Member does. All entries into the Claim Feed are marked as having been made by the Healthcare Provider.

## Plan Member Interactions with AppealAClaim – The Claim

The “Policy Text” tab allows a Plan Member to access to the complete text of the policy that was in effect when this claim was made.

A PDF copy of the complete Plan Document is stored with each Claim.



The screenshot displays the AppealAClaim.com web application. The top navigation bar includes the logo and the user name 'Frank Federovich'. The left sidebar contains a menu with options like 'Home', 'Appeal', 'Pending Claims', 'Resolved Claims', 'Denied Claims', 'Active Appeals', 'Closed Appeals', 'Add Letter', and 'Appeals Process'. The main content area shows the 'Claim L38555111223333001' page. A large blue arrow points down to the 'Policy Text' tab, which is highlighted. Below the tab, the text reads 'The Current Plan is: PLAN40' and 'Download a copy of the plan that was in effect when this claim was made.' A smaller blue arrow points to a 'Plan' button with a download icon.



## Plan Member Interactions with AppealAClaim – The Claim

Depending on the type of Claim, the Plan Member may have the option to Appeal the HIO decision to Deny payment of that claim.

The “Appeal” tab gives the Plan Member instructions on starting an internal appeal of this denied claim. The Text and Terms of the request for the Appeal are customizable to the needs of the HIO

When requesting an Internal Review of this denied claim, the Plan Member is required to make a statement as to why they believe the claim should be played.

The Plan Member is also required to provide a digital signature to start the Internal Review.

The screenshot displays the AppealAClaim website interface. On the left is a sidebar with a logo for 'Local 38555 A 90 Second Logo Design' and a menu for 'Plan Member Access' including Home, Appeal (selected), Pending Claims, Resolved Claims, Denied Claims, Active Appeals, Closed Appeals, Add Letter, and Appeals Process. The main content area is titled 'Claim L3855511223333001' and has tabs for Claim Details, Appeal (selected), Claim Feed, Member, Provider, and Policy Text. The 'Appeal This Decision' section is active, showing 'Appealing a Denied Claim' with text explaining the denial and the appeal process. Below this is 'Additional Information from Your Plan Administrator' and 'Authorize Appeal' which includes a text area for a statement and a digital signature line with a 'Sign' button. A large blue arrow points to the 'Appeal' tab.

Local 38555  
A 90 Second  
Logo Design

Plan Member Access

- Home
- Appeal**
- Pending Claims
- Resolved Claims
- Denied Claims
- Active Appeals
- Closed Appeals
- Add Letter
- Appeals Process

Claim L3855511223333001

Claim Details Appeal Claim Feed Member Provider Policy Text

**Appeal This Decision**

**Appealing a Denied Claim**

Your medical insurance plan administrator, Local 38555, has chosen to deny your claim for services rendered by DR. JAMES KILDARE on 2016-01-15. This claim was originally made on 2016-01-17 and was denied by your plan administrator on 2016-01-18.

The claim was for \$2000.00 and of that, your insurance plan administrator is denying \$2000.00.

By law you have the right to request an appeal of this decision within 180 days from 2016-01-18.

If you choose to appeal this decision your appeal will first be given to your plan administrator to conduct an "Internal Review". During the Internal Review you may be required to submit additional information and documentation. Your plan administrator has 30 days to conduct this Internal Review from the time you request it.

If after this Internal Review your claim is still denied, you have the right to request that your claim be reviewed by a third party Independent Review Organization. During this third party review the Independent Review Organization you may be required to submit additional information and documentation.

During the entire review process the healthcare provider who billed for the services under this claim, DR. JAMES KILDARE, will have the ability to view your claim, make comments, and submit documentation.

If you wish to appeal this decision and request an Internal Review, please type your full legal name in the box below and click the "sign" button.

**Additional Information from Your Plan Administrator**

Administrator Text for the Internal Appeal default for this pa

**Authorize Appeal**

By entering your full legal name below you are requesting that your Insurance Plan Administrator, Local 38555, undertake a review of claim number L3855511223333001 on which payment was denied on 2016-01-18. By entering your full legal name below you are reaffirming your previous commitments to be bound by the process of appealing denied claims as detailed in your insurance plan documents. By entering your full legal name below you are agreeing to use AppealAClaim for all non-verbal communications with your Plan Administrator, and to be bound by the terms of service of AppealAClaim for the duration of the appeals process.

You must give a brief statement as to why you believe this claim should be paid by your Insurance Plan Administrator. This will provide your Plan Administrator a basis by which to begin investigating your appeal.

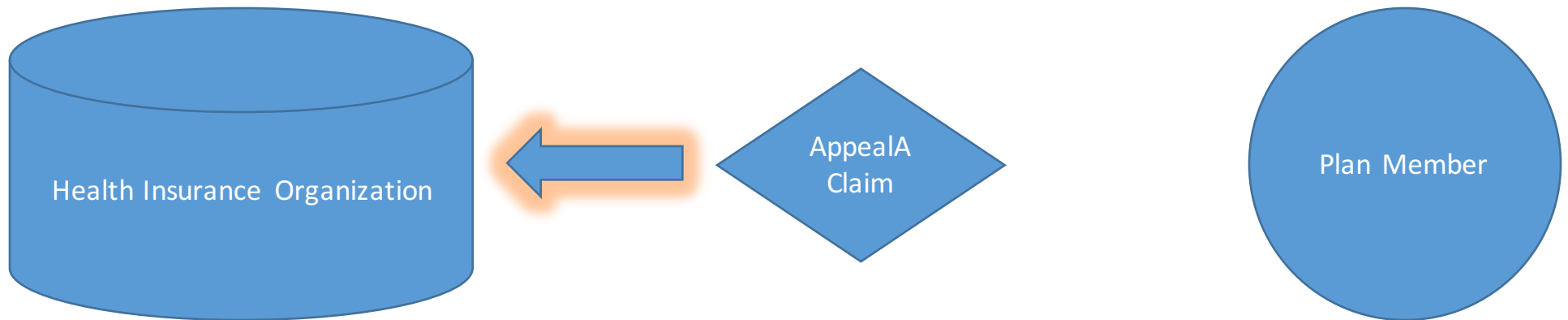
Please Type Here

I FRANKLIN FEDEROVICH hereby request an appeal. I attest that the information provided on this form is true and accurate to the best of my knowledge. I authorize my treating physician, healthcare provider and/or Health plan is sure to release all relevant medical or treatment records to the Plan Administrator, or investigators working on their behalf. I understand that the Plan Administrator will use this information to make a determination on my appeal and that the information will be kept confidential and not be released anyone else. This release is valid for one year. I understand that I or my authorized representative is entitled to receive a copy of this authorization.

If you agree to these terms, enter your full legal name and click sign.

Sign Here Sign

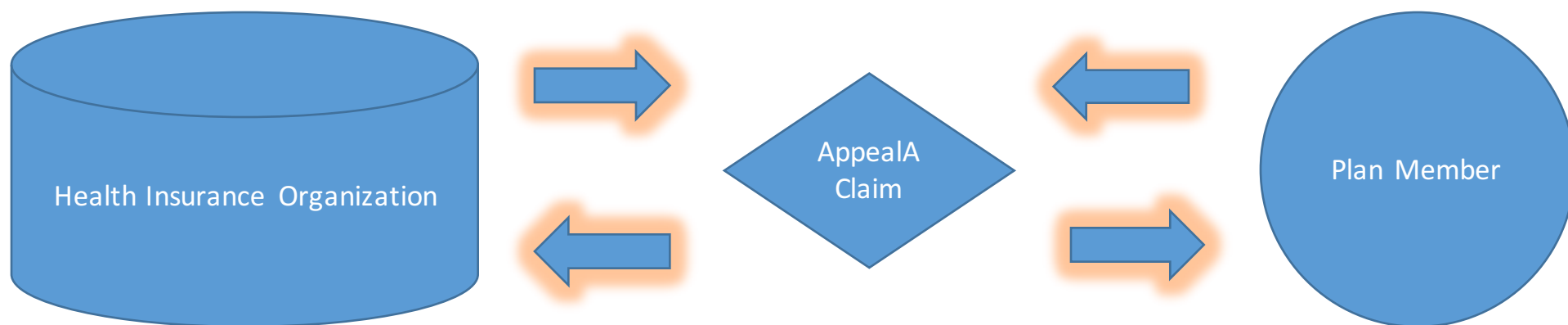
## Workflow



9. Immediately after the request for an Internal Review, the Health Insurance Organization is notified.
10. Government regulations allow a Health Insurance Organization 30 days to complete an Internal Review of a denied claim.

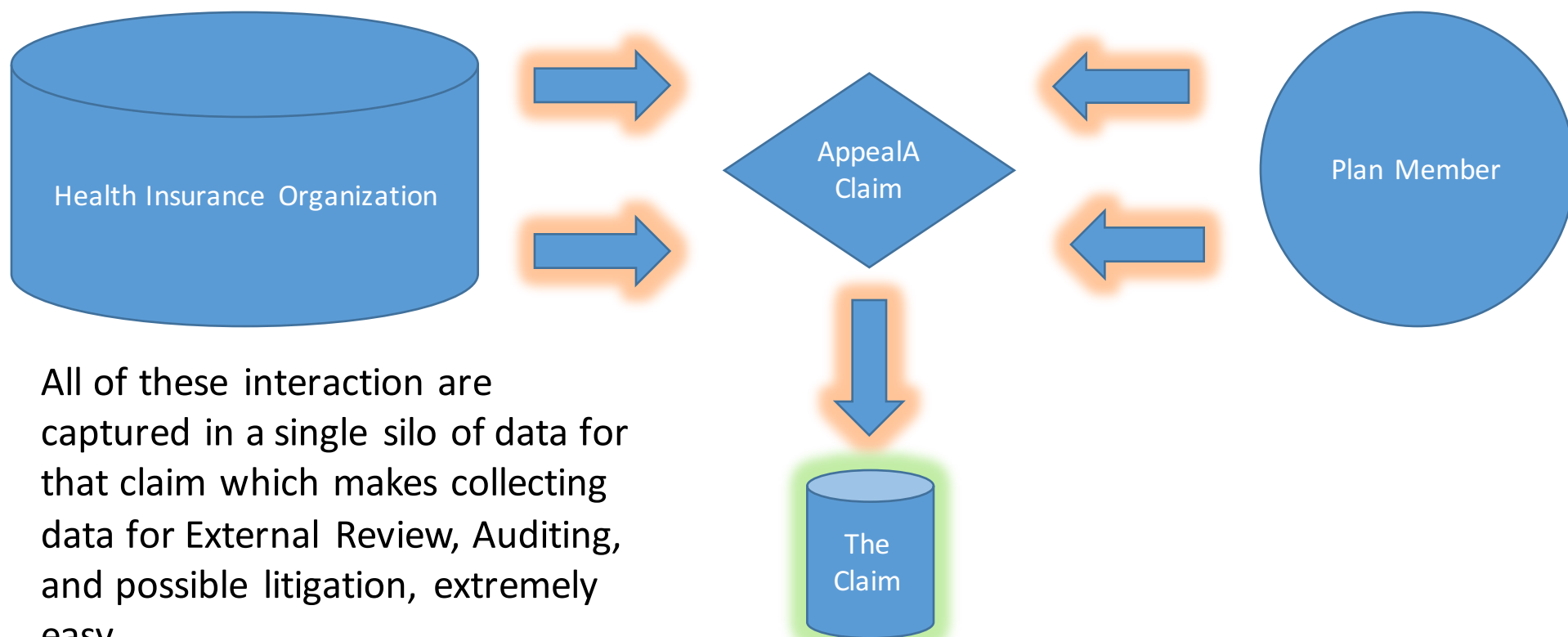


## Workflow

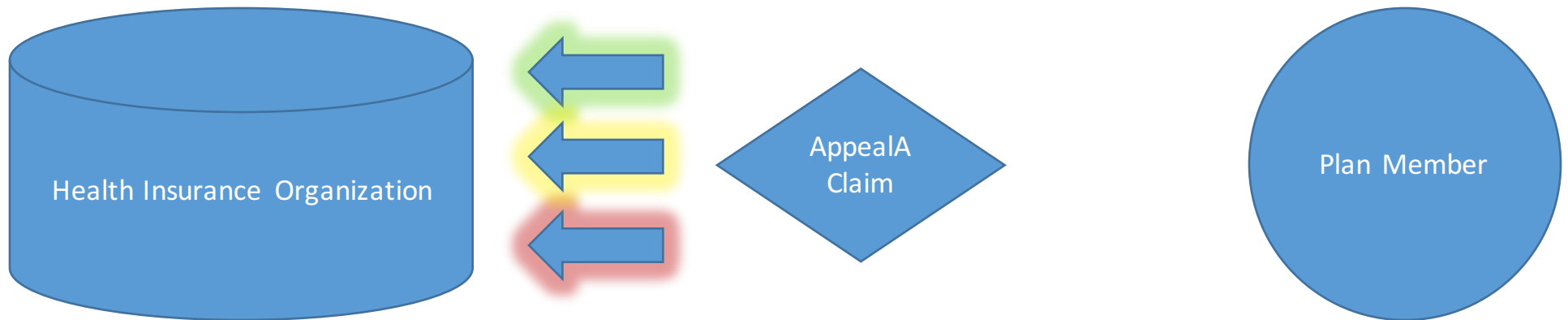


11. Interactions between the Plan Member and the HIO will flow through AppealAClaim “Claim Fee” with AAC recording requests for information, documents, responses, and critical date and time stamps.

## Workflow

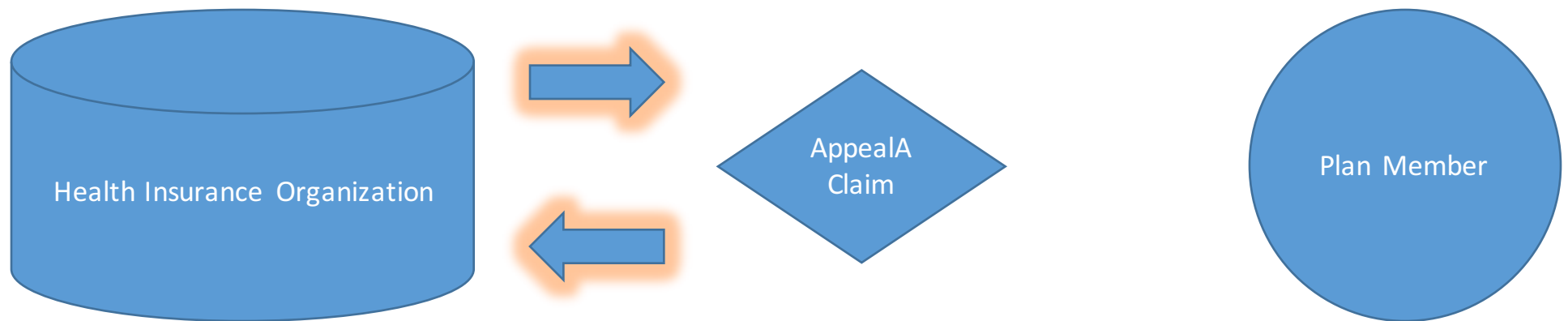


## Workflow



AppealAClaim assists Health Insurance Organization by keeping track of all open appeals. The software sends ever more persistent notifications to the Health Insurance Organization to help insure that deadlines are not missed and the Organization is not penalized.

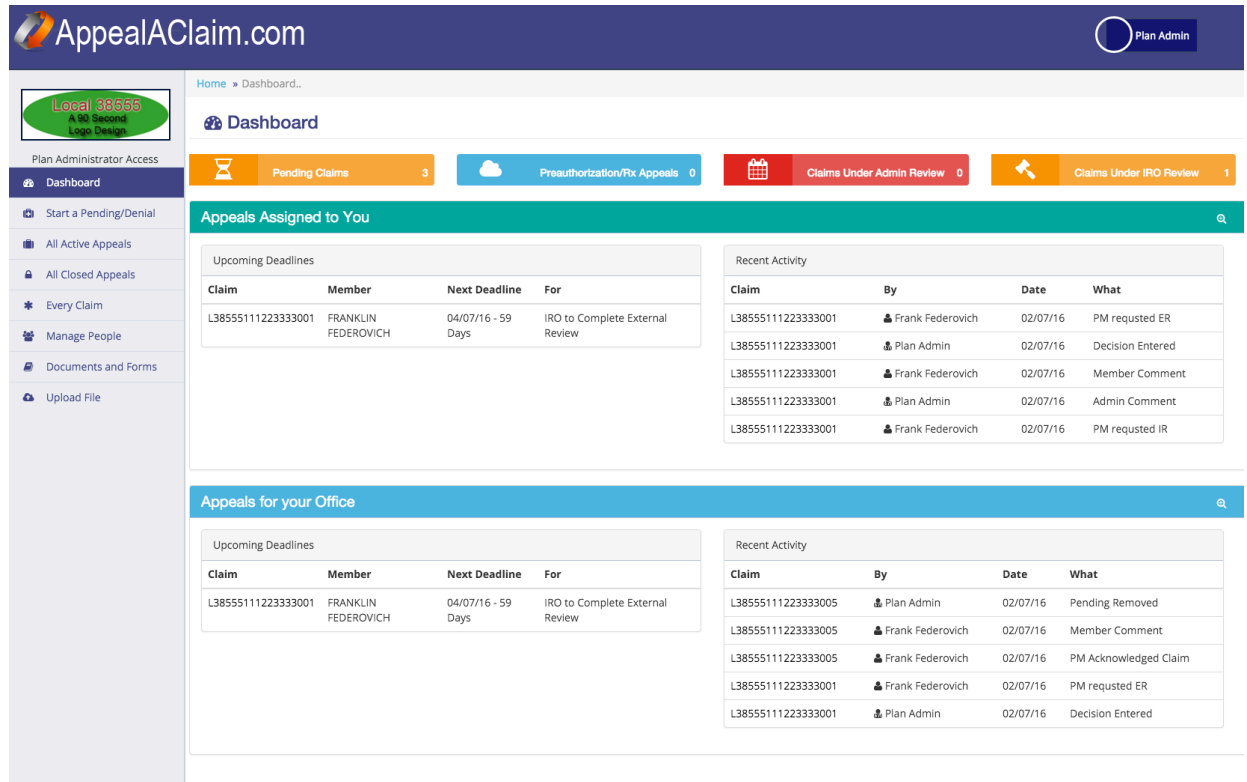
## Workflow



12. There are several additional options for HIO interactions with AAC and individual claims.

## HIO Interactions with AppealAClaim – The Dashboard

The HIO Dashboard gives users quick access to information about in-process claims and appeals.



The screenshot shows the AppealAClaim.com dashboard for a Plan Administrator. The interface includes a sidebar with navigation options, a top navigation bar, and a main content area with several sections.

**Plan Administrator Access**

- Dashboard
- Start a Pending/Denial
- All Active Appeals
- All Closed Appeals
- Every Claim
- Manage People
- Documents and Forms
- Upload File

**Dashboard**

Home » Dashboard..

**Dashboard Summary:**

- Pending Claims: 3
- Preauthorization/Rx Appeals: 0
- Claims Under Admin Review: 0
- Claims Under IRO Review: 1

**Appeals Assigned to You**

**Upcoming Deadlines**

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

**Recent Activity**

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

**Upcoming Deadlines**

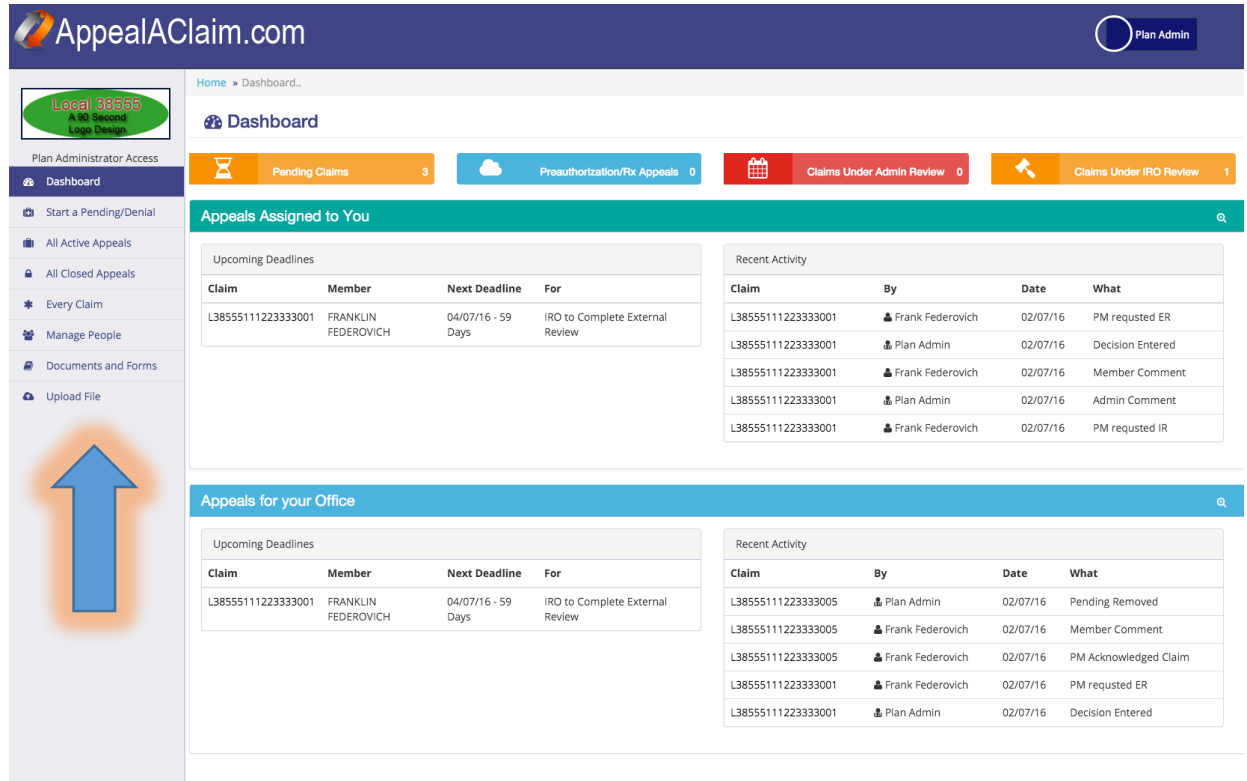
Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

**Recent Activity**

Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

The Navigation Menu give quick access to view claims at their various status levels.



**AppealAClaim.com** Plan Admin

Home » Dashboard..

**Dashboard**

Pending Claims 3 Preauthorization/Rx Appeals 0 Claims Under Admin Review 0 Claims Under IRO Review 1

**Appeals Assigned to You**

Upcoming Deadlines			
Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

Recent Activity			
Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

Upcoming Deadlines			
Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

Recent Activity			
Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

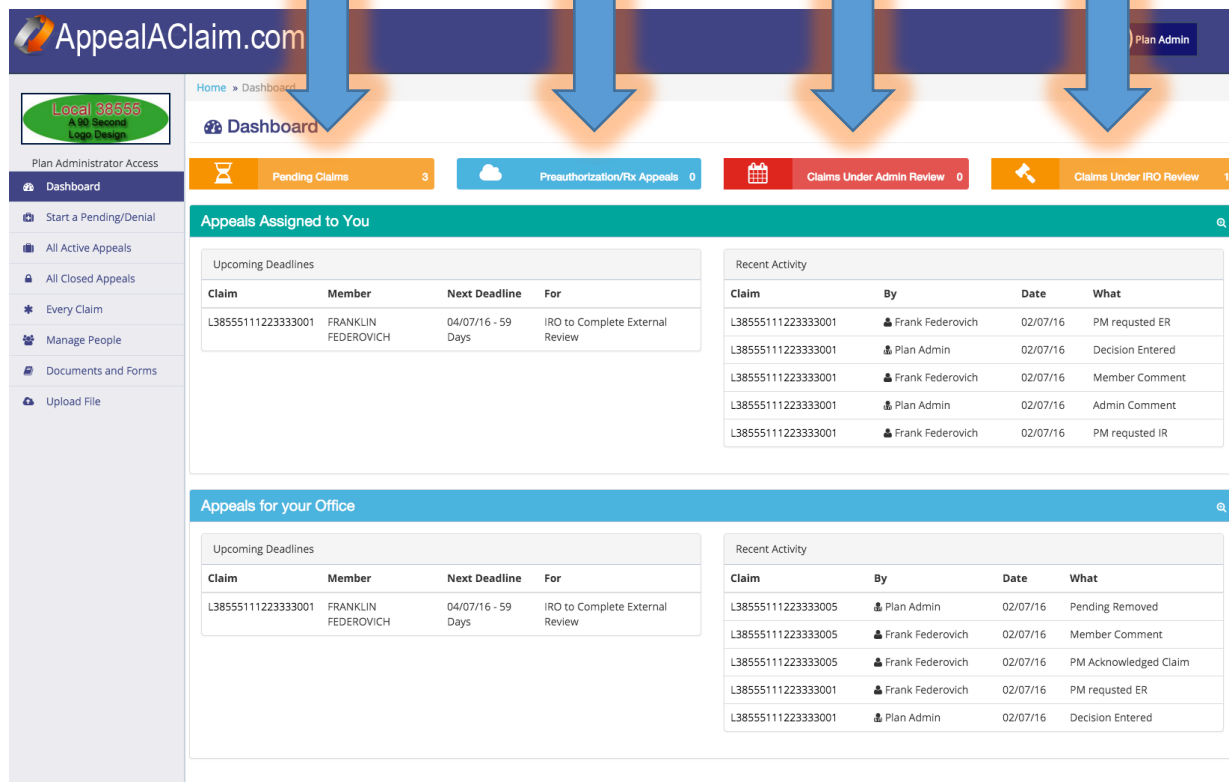
These boxes show the number of claims in the system that may need action on the part of the HIO.

These are “Pending Claims” – Claims that have been marked as Pending by the HIO and are waiting for the Plan Member to Respond.

“Preauthorization/RX” – Requests from a PM for Preauthorization of a procedure or prescription.

“Internal Review” – Claims for which a Plan Member has Requested and Internal Review

“IRO Review” – Claims for which the Plan Member has requested an External Review



The dashboard shows the following metrics:

- Pending Claims:** 3
- Preauthorization/Rx Appeals:** 0
- Claims Under Admin Review:** 0
- Claims Under IRO Review:** 1

**Appeals Assigned to You**

Claim	Member	Next Deadline	For
L3855511223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

**Recent Activity**

Claim	By	Date	What
L3855511223333001	Frank Federovich	02/07/16	PM requested ER
L3855511223333001	Plan Admin	02/07/16	Decision Entered
L3855511223333001	Frank Federovich	02/07/16	Member Comment
L3855511223333001	Plan Admin	02/07/16	Admin Comment
L3855511223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

Claim	Member	Next Deadline	For
L3855511223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

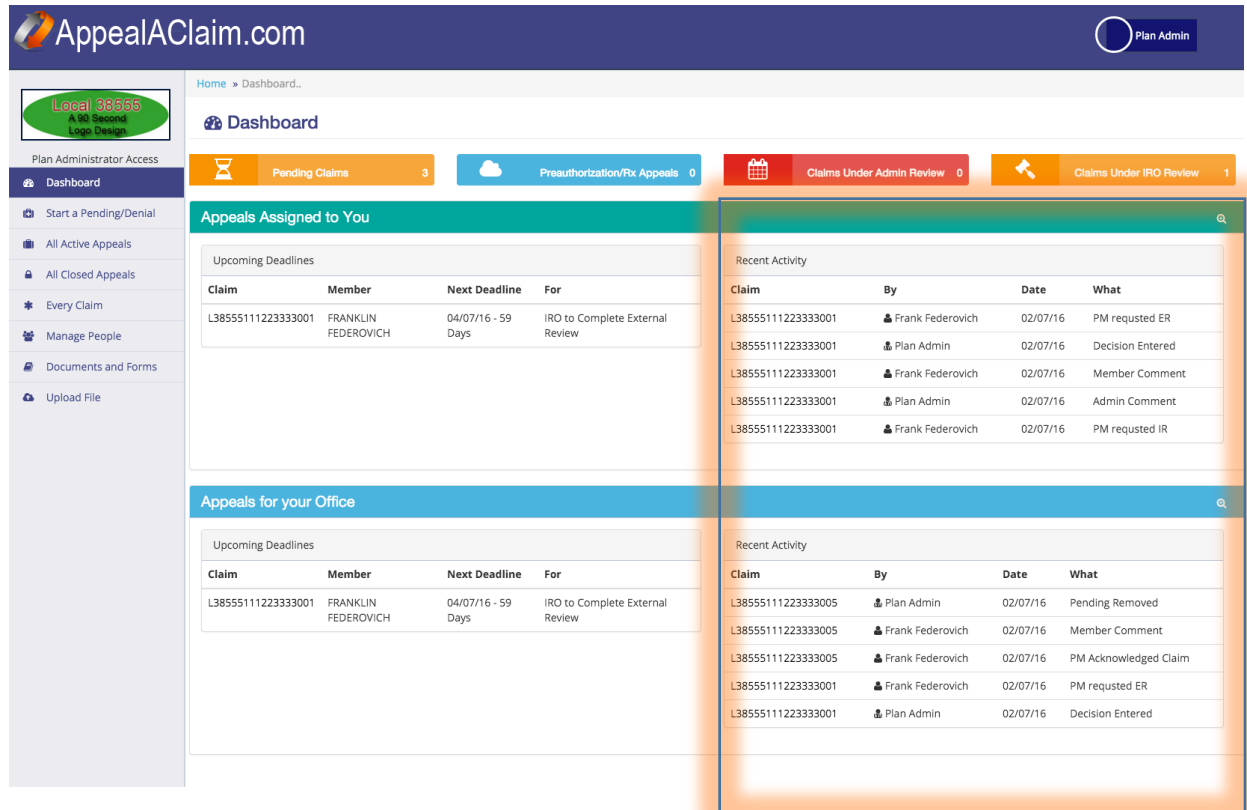
**Recent Activity**

Claim	By	Date	What
L3855511223333005	Plan Admin	02/07/16	Pending Removed
L3855511223333005	Frank Federovich	02/07/16	Member Comment
L3855511223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L3855511223333001	Frank Federovich	02/07/16	PM requested ER
L3855511223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

These two sections give information about Claim Deadlines and Claim Actives.

This section shows recent activity on claims, such as Decisions, or Claim Feed entries.



The screenshot displays the AppealAClaim.com dashboard interface. At the top, there's a navigation bar with the logo and a 'Plan Admin' button. Below this, a sidebar on the left lists navigation options: Dashboard, Start a Pending/Denial, All Active Appeals, All Closed Appeals, Every Claim, Manage People, Documents and Forms, and Upload File. The main content area is divided into several sections:

- Dashboard:** A summary bar showing 'Pending Claims' (3), 'Preauthorization/Rx Appeals' (0), 'Claims Under Admin Review' (0), and 'Claims Under IRO Review' (1).
- Appeals Assigned to You:** A section with a table of upcoming deadlines.
 

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review
- Appeals for your Office:** Another section with a similar table of upcoming deadlines.
 

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review
- Recent Activity:** Two tables showing recent claim activity.
 

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

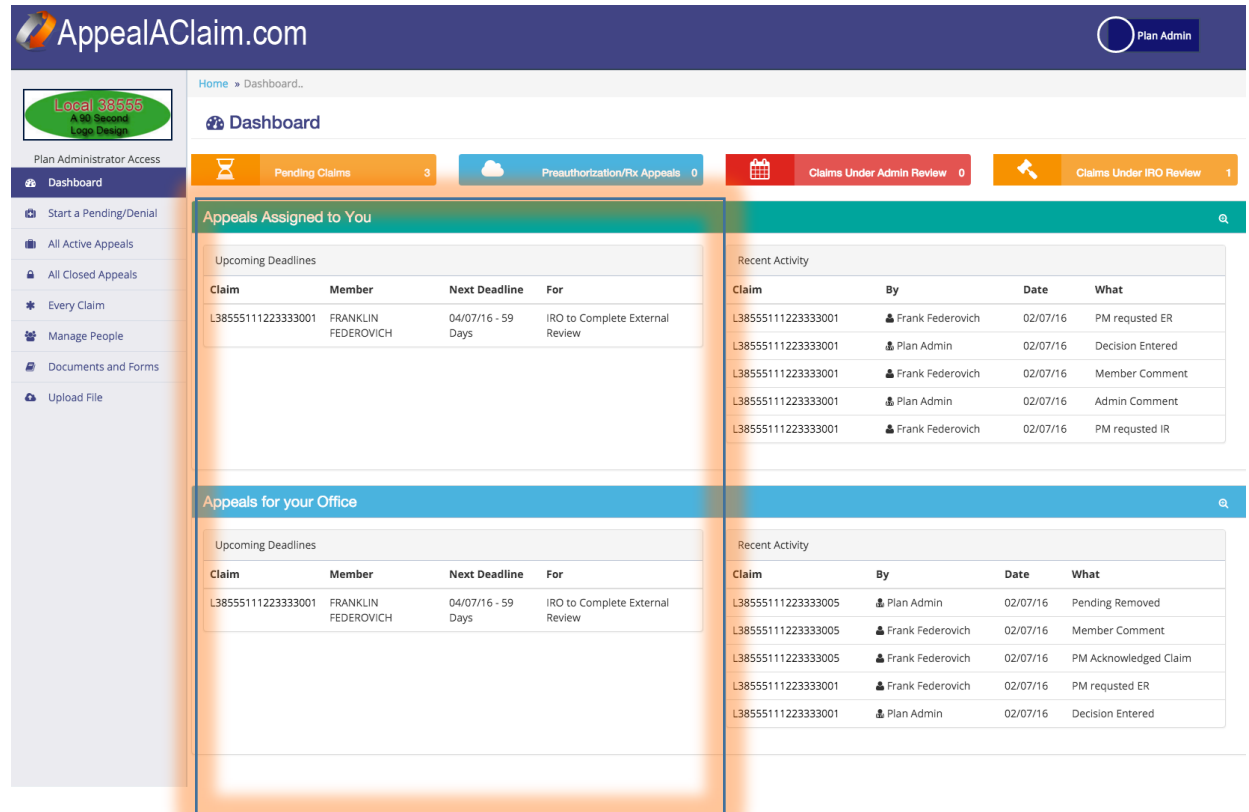
Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered



## HIO Interactions with AppealAClaim – The Dashboard

These two sections give information about Claim Deadlines and Claim Actives.

This section shows upcoming deadlines based on the claim clock.



**AppealAClaim.com** Plan Admin

Home » Dashboard..

**Dashboard**

Pending Claims 3 Preauthorization/Rx Appeals 0 Claims Under Admin Review 0 Claims Under IRO Review 1

**Appeals Assigned to You**

Upcoming Deadlines

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

Recent Activity

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

Upcoming Deadlines

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

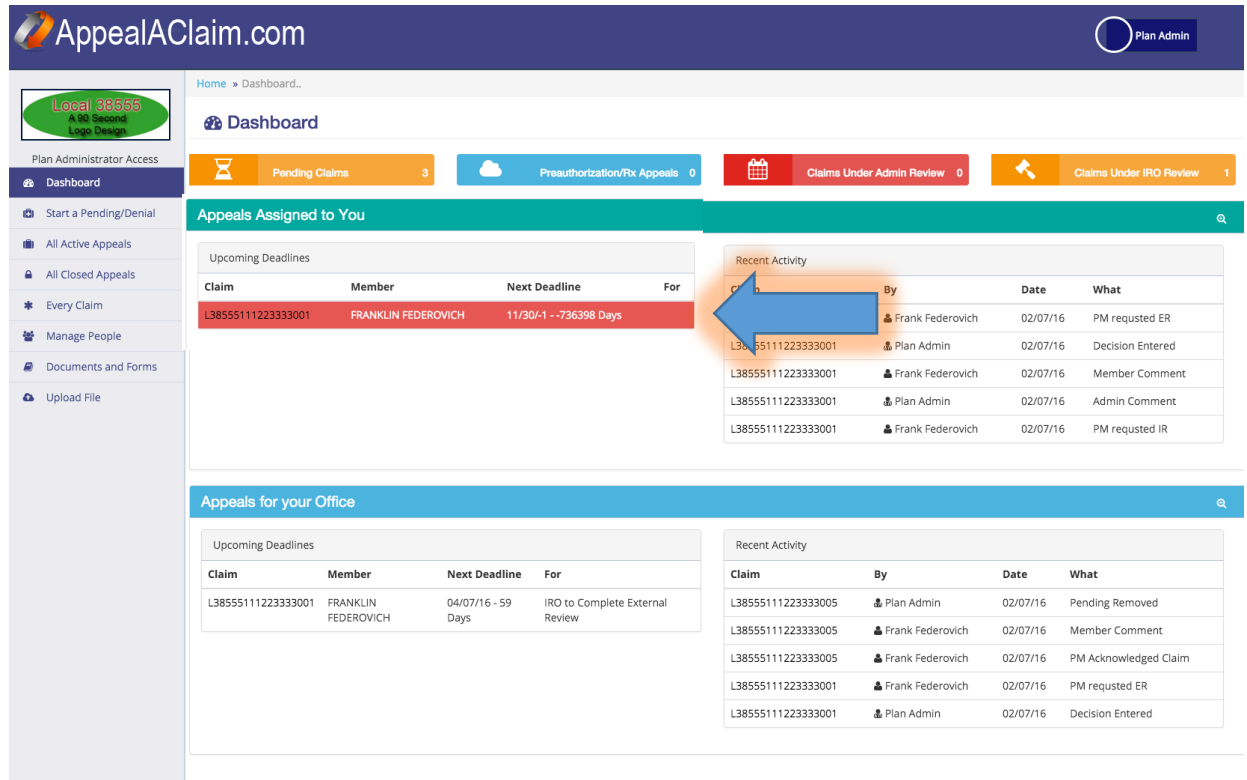
Recent Activity

Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

These two sections give information about Claim Deadlines and Claim Actives.

Based on the Claim Clock, items that are close to their deadline will be highlighted in first orange, then red.



The screenshot shows the AppealAClaim.com dashboard. The top navigation bar includes the logo and a 'Plan Admin' button. Below the navigation bar, there's a 'Dashboard' section with a 'Local 38555' logo and a 'Plan Administrator Access' link. The main content area is divided into two sections: 'Appeals Assigned to You' and 'Appeals for your Office'.

**Appeals Assigned to You**

Upcoming Deadlines:

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	11/30/1 - -736398 Days	

Recent Activity:

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

Upcoming Deadlines:

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

Recent Activity:

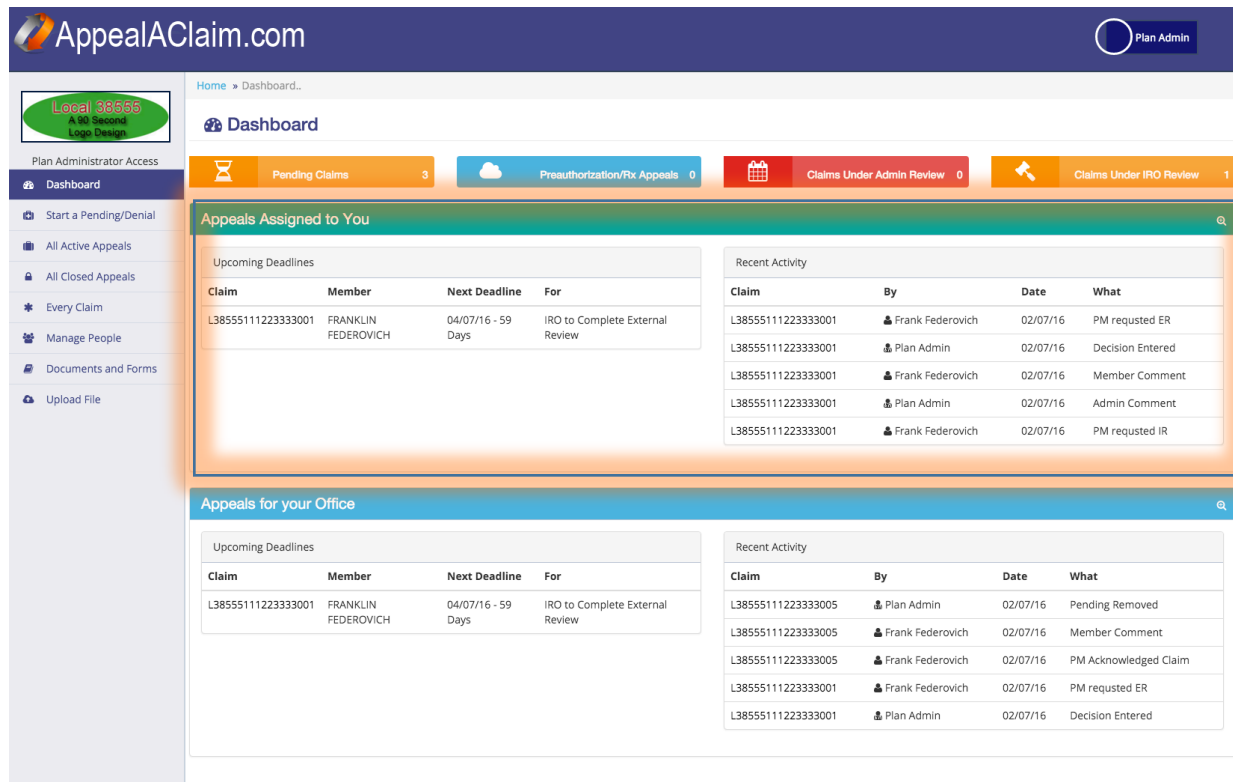
Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

For HIOs, AppealAClaim is a multi-user/employee system.

Individual claims can be assigned a responsible party (employee) who will receive all communication concerning that claim. This assignment can be done at the time the claim is transmitted to AAC, or at the time a Plan Member decides to initiate an appeal of a denied claim.

Deadlines and Activities for all claims assigned to a specific Employee are displayed here.



**AppealAClaim.com** Plan Admin

Home » Dashboard..

**Dashboard**

Pending Claims 3 Preauthorization/Rx Appeals 0 Claims Under Admin Review 0 Claims Under IRO Review 1

**Appeals Assigned to You**

Upcoming Deadlines

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

Recent Activity

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office**

Upcoming Deadlines

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

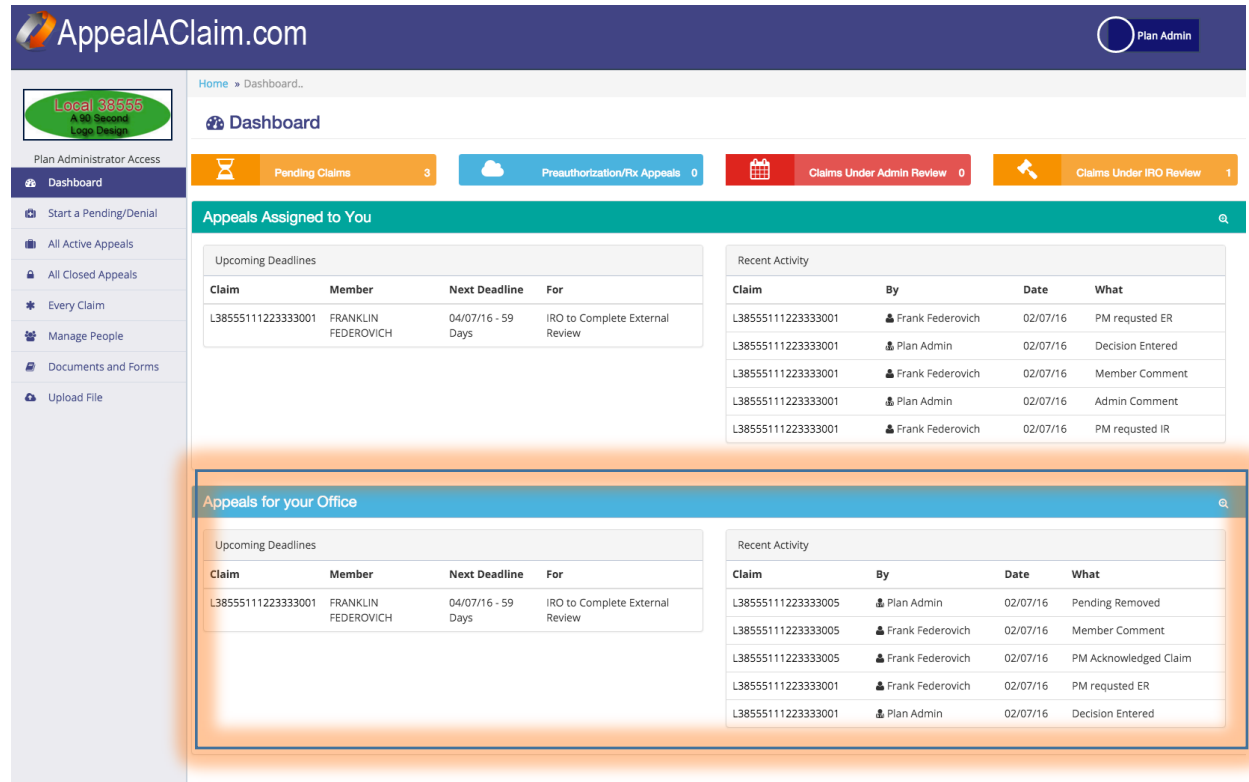
Recent Activity

Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Dashboard

While Deadlines and Activities for all claims for an HIO are located here.

This visual system allows Managers and other employees to stay on top of claims so that the HIO does not miss critical deadlines.



The screenshot displays the AppealAClaim.com dashboard interface. At the top, the logo and a 'Plan Admin' button are visible. Below the header, a navigation sidebar on the left includes links for 'Local 38555 A 40 Second Logo Design', 'Plan Administrator Access', 'Dashboard', 'Start a Pending/Denial', 'All Active Appeals', 'All Closed Appeals', 'Every Claim', 'Manage People', 'Documents and Forms', and 'Upload File'. The main content area features a 'Dashboard' title and a row of status bars: 'Pending Claims' (3), 'Preauthorization/Rx Appeals' (0), 'Claims Under Admin Review' (0), and 'Claims Under IRO Review' (1). Below these are two sections: 'Appeals Assigned to You' and 'Appeals for your Office'. Each section contains an 'Upcoming Deadlines' table and a 'Recent Activity' table.

**Appeals Assigned to You - Upcoming Deadlines**

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

**Appeals Assigned to You - Recent Activity**

Claim	By	Date	What
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered
L38555111223333001	Frank Federovich	02/07/16	Member Comment
L38555111223333001	Plan Admin	02/07/16	Admin Comment
L38555111223333001	Frank Federovich	02/07/16	PM requested IR

**Appeals for your Office - Upcoming Deadlines**

Claim	Member	Next Deadline	For
L38555111223333001	FRANKLIN FEDEROVICH	04/07/16 - 59 Days	IRO to Complete External Review

**Appeals for your Office - Recent Activity**

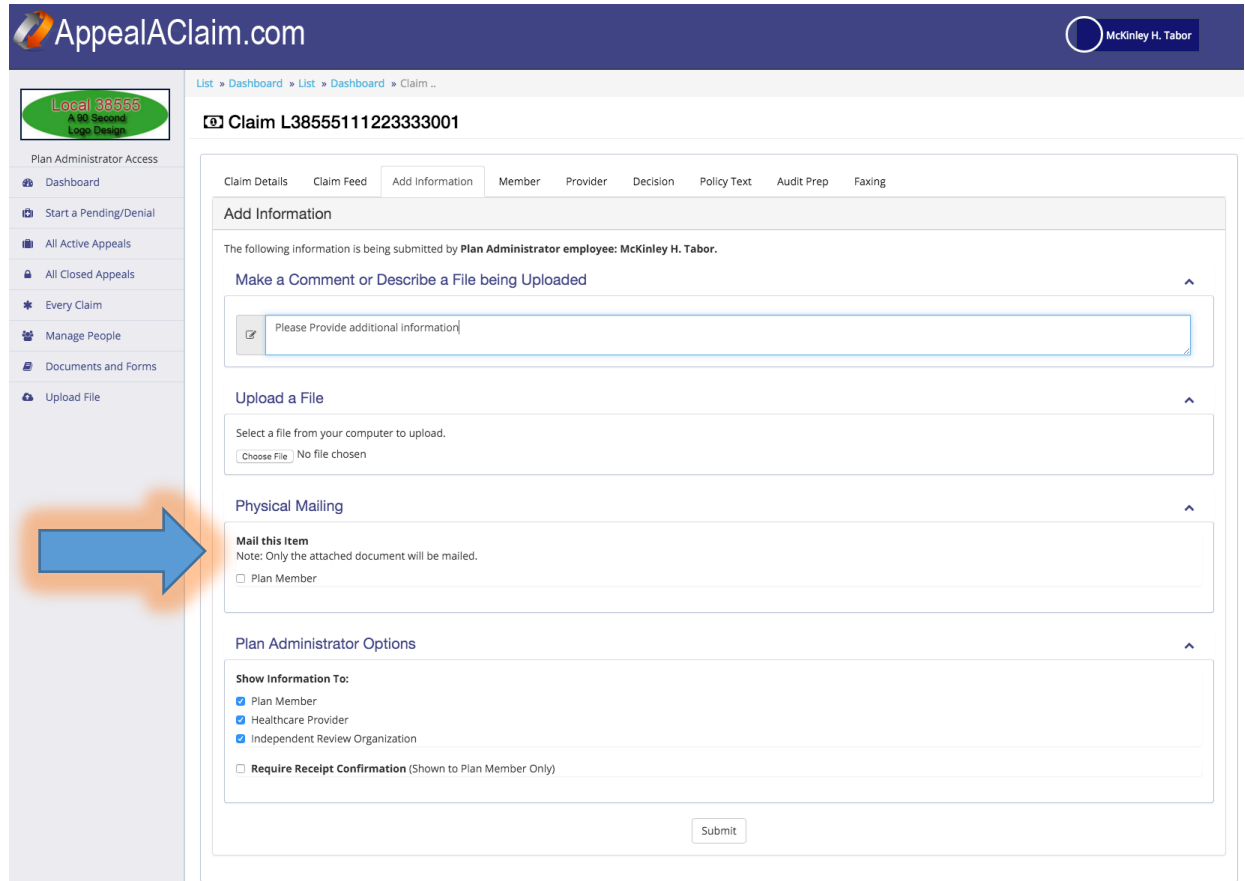
Claim	By	Date	What
L38555111223333005	Plan Admin	02/07/16	Pending Removed
L38555111223333005	Frank Federovich	02/07/16	Member Comment
L38555111223333005	Frank Federovich	02/07/16	PM Acknowledged Claim
L38555111223333001	Frank Federovich	02/07/16	PM requested ER
L38555111223333001	Plan Admin	02/07/16	Decision Entered

## HIO Interactions with AppealAClaim – The Claim Feed

HIOs also have several additional options for posting information into the Claim Feed.

HIOs can post text messages and documents as any party to the claim can.

But HIOs also have the option to elect that a Posted Feed Item be physically mailed to the Plan Member.



The screenshot shows the AppealAClaim.com interface. The left sidebar contains a menu with the following items: Plan Administrator Access, Dashboard, Start a Pending/Denial, All Active Appeals, All Closed Appeals, Every Claim, Manage People, Documents and Forms, and Upload File. The main content area is titled 'Claim L3855511223333001' and has tabs for Claim Details, Claim Feed, Add Information, Member, Provider, Decision, Policy Text, Audit Prep, and Faxing. The 'Add Information' tab is active, showing a form for adding information to the claim feed. The form includes a text area for 'Make a Comment or Describe a File being Uploaded', an 'Upload a File' section with a 'Choose File' button, a 'Physical Mailing' section with a 'Mail this Item' checkbox, and a 'Plan Administrator Options' section with checkboxes for 'Show Information To:' (Plan Member, Healthcare Provider, Independent Review Organization) and 'Require Receipt Confirmation'.

Local 38555  
A 10 Second  
Logo Design

Plan Administrator Access

- Dashboard
- Start a Pending/Denial
- All Active Appeals
- All Closed Appeals
- Every Claim
- Manage People
- Documents and Forms
- Upload File

AppealAClaim.com

List » Dashboard » List » Dashboard » Claim ..

Claim L3855511223333001

Claim Details Claim Feed Add Information Member Provider Decision Policy Text Audit Prep Faxing

Add Information

The following information is being submitted by Plan Administrator employee: McKinley H. Tabor.

Make a Comment or Describe a File being Uploaded

Please Provide additional information

Upload a File

Select a file from your computer to upload.

Choose File No file chosen

Physical Mailing

Mail this Item

Note: Only the attached document will be mailed.

☐ Plan Member

Plan Administrator Options

Show Information To:

- ☒ Plan Member
- ☒ Healthcare Provider
- ☒ Independent Review Organization

☐ Require Receipt Confirmation (Shown to Plan Member Only)

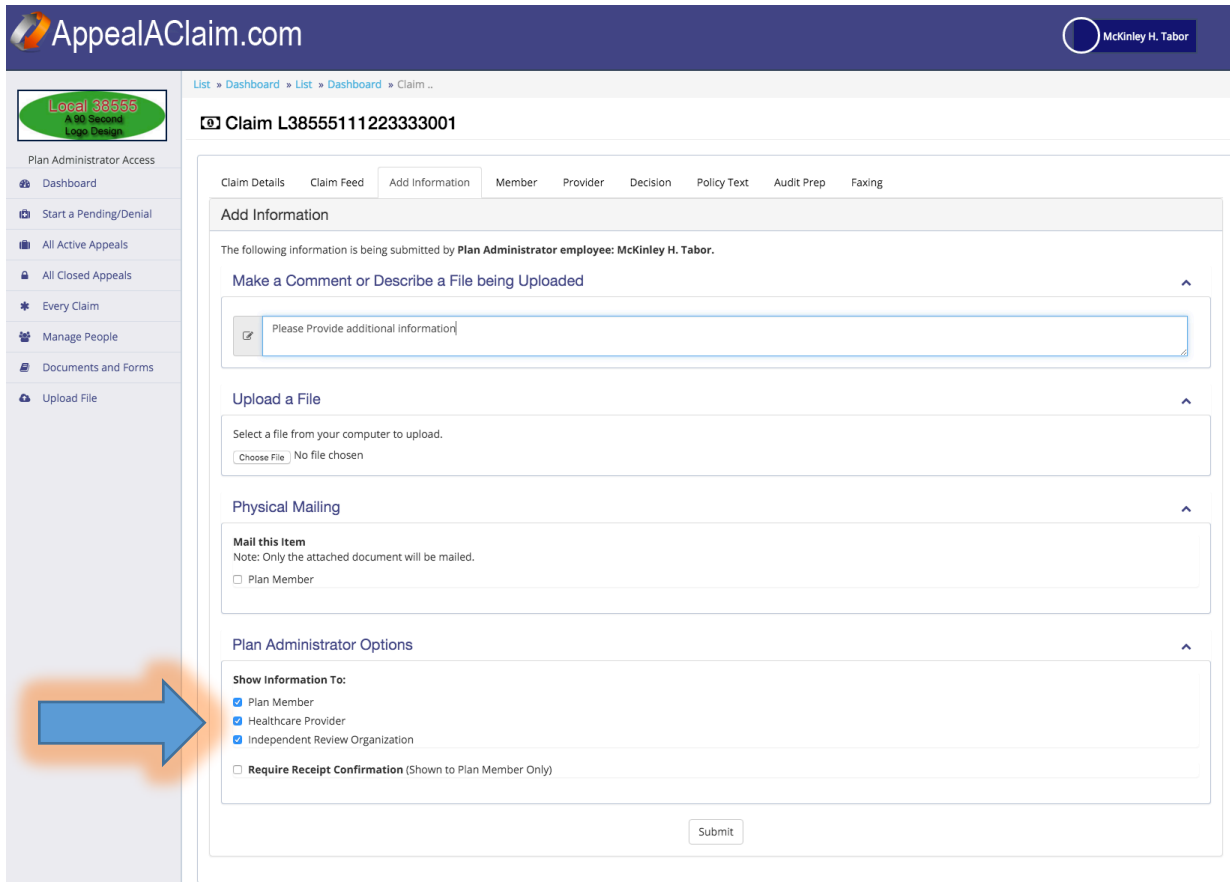
Submit

## HIO Interactions with AppealAClaim – The Claim Feed

HIOs may also change who can view a specific Claim Feed post.

Claim Feed Items can be displayed to any combination of the Plan Member, Healthcare Provider, or Independent Review Organization.

The option is useful for discussing matters with a Plan Member for which the Healthcare Provider may be not privileged to, such as premium payment. Or for the HIO to make comments to the IRO, such as suspected Healthcare Provider fraud.



AppealAClaim.com

McKinley H. Tabor

List » Dashboard » List » Dashboard » Claim ..

**Claim L3855511223333001**

Claim Details Claim Feed Add Information Member Provider Decision Policy Text Audit Prep Faxing

**Add Information**

The following information is being submitted by **Plan Administrator employee: McKinley H. Tabor.**

**Make a Comment or Describe a File being Uploaded**

Please Provide additional information

**Upload a File**

Select a file from your computer to upload.  
Choose File No file chosen

**Physical Mailing**

**Mail this item**  
Note: Only the attached document will be mailed.  
☐ Plan Member

**Plan Administrator Options**

**Show Information To:**

☒ Plan Member  
☒ Healthcare Provider  
☒ Independent Review Organization

☐ Require Receipt Confirmation (Shown to Plan Member Only)

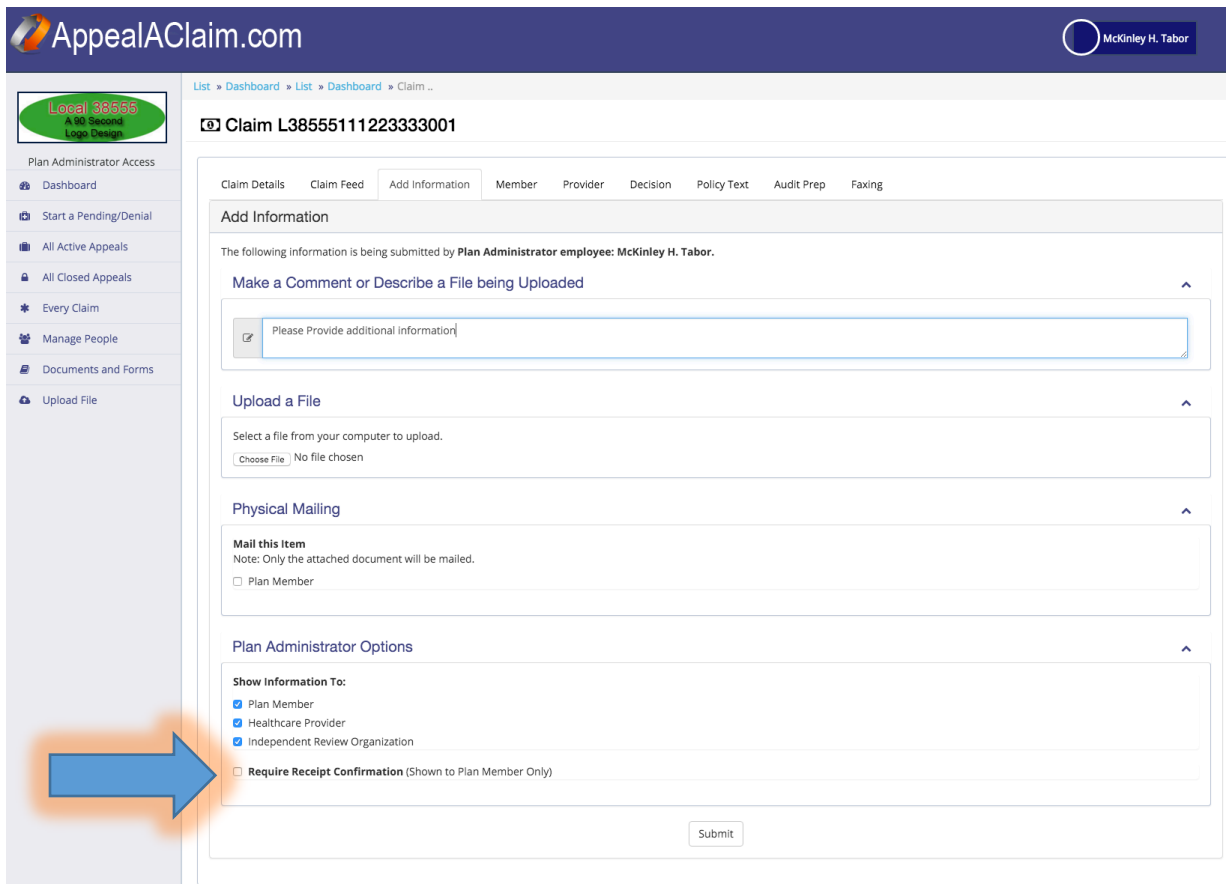
Submit

## HIO Interactions with AppealAClaim – The Claim Feed

Finally, HIOs have the option to mark a Claim Feed Item as “Require Receipt Confirmation”.

This option mimics the functionality of the US Postal Service certified mail return receipt requested.

When this item is checked, the Plan Member is required to read and acknowledge this feed item before proceeding with any use of the AAC system.



The screenshot displays the AppealAClaim.com web application. The top navigation bar includes the logo and the user name 'McKinley H. Tabor'. The left sidebar lists various administrative functions. The main content area shows the 'Claim L3855511223333001' page with tabs for 'Claim Details', 'Claim Feed', 'Add Information', 'Member', 'Provider', 'Decision', 'Policy Text', 'Audit Prep', and 'Faxing'. The 'Add Information' tab is active, showing a form for submitting information. A blue arrow points to the 'Require Receipt Confirmation' checkbox under the 'Plan Administrator Options' section.

Local 38555  
A 10 Second  
Logo Design

Plan Administrator Access

- Dashboard
- Start a Pending/Denial
- All Active Appeals
- All Closed Appeals
- Every Claim
- Manage People
- Documents and Forms
- Upload File

Claim L3855511223333001

Claim Details Claim Feed Add Information Member Provider Decision Policy Text Audit Prep Faxing

Add Information

The following information is being submitted by Plan Administrator employee: McKinley H. Tabor.

Make a Comment or Describe a File being Uploaded

Please Provide additional information

Upload a File

Select a file from your computer to upload.

Choose File No file chosen

Physical Mailing

Mail this Item

Note: Only the attached document will be mailed.

☐ Plan Member

Plan Administrator Options

Show Information To:

- ☒ Plan Member
- ☒ Healthcare Provider
- ☒ Independent Review Organization
- ☐ Require Receipt Confirmation (Shown to Plan Member Only)

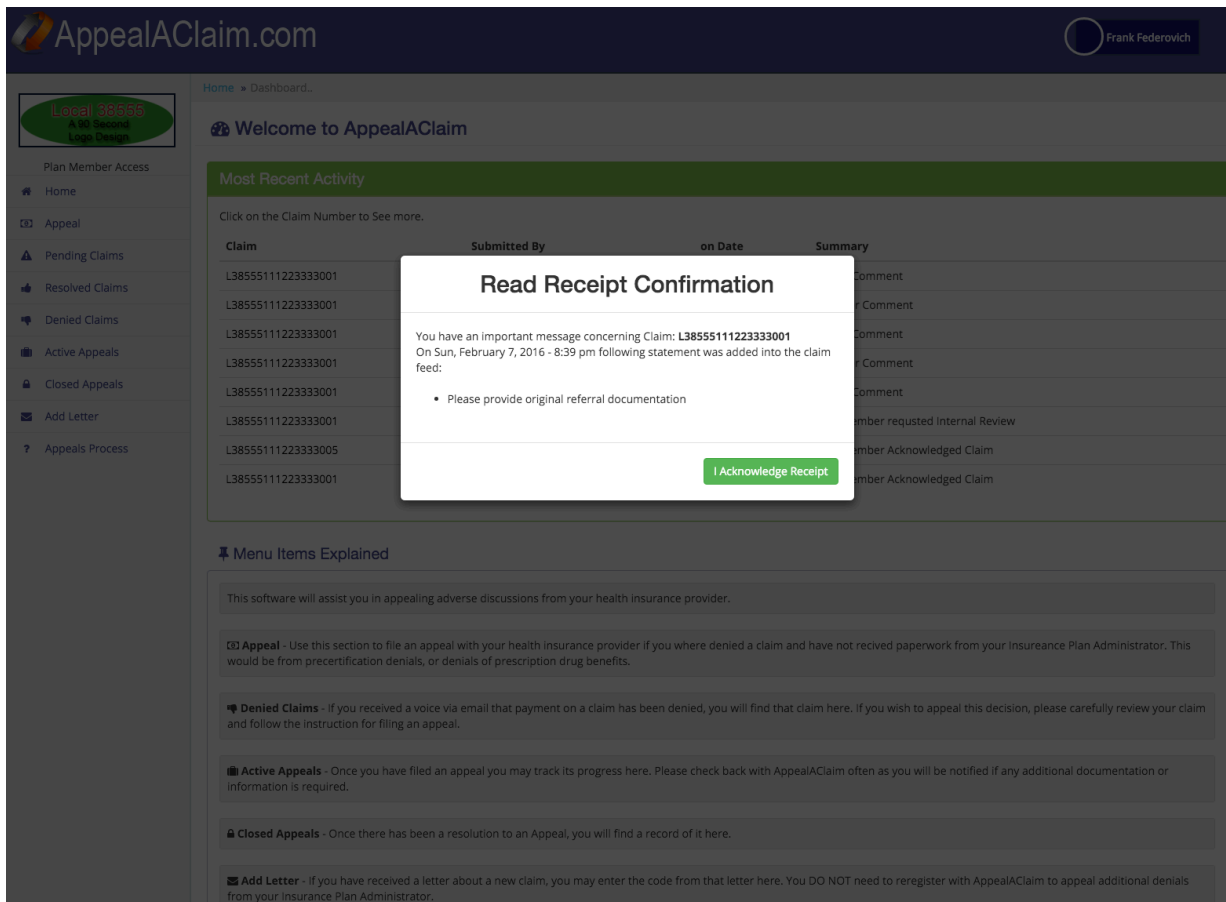
Submit

## HIO Interactions with AppealAClaim – The Claim Feed

From the point of view of the Plan Member, the “Require Receipt Confirmation” is pervasive. Their only options are to Acknowledge Receipt of the Feed item, or close the web browser window.

If the Plan Members chooses to close the browser window, the Read Receipt Confirmation dialog reappears on the next login.

Even if the user chooses to abandon the AAC all together rather than Acknowledging Receipt, the AAC system still records the date, time, and IP address of the Plan Member when they view the Read Receipt Confirmation dialog.



The screenshot displays the AppealAClaim.com interface. A modal dialog titled "Read Receipt Confirmation" is centered on the screen. The dialog contains the following text:

**Read Receipt Confirmation**

You have an important message concerning Claim: **L38555111223333001**  
 On Sun, February 7, 2016 - 8:39 pm following statement was added into the claim feed:

- Please provide original referral documentation

At the bottom of the dialog is a green button labeled "I Acknowledge Receipt".

In the background, the "Most Recent Activity" table is visible, showing a list of claims with columns: Claim, Submitted By, on Date, and Summary. The table contains several rows of data, all with the same claim number: L38555111223333001.


Below the table, there is a section titled "Menu Items Explained" with several items:

- Appeal** - Use this section to file an appeal with your health insurance provider if you were denied a claim and have not received paperwork from your Insurance Plan Administrator. This would be from pre-certification denials, or denials of prescription drug benefits.
- Denied Claims** - If you received a voice via email that payment on a claim has been denied, you will find that claim here. If you wish to appeal this decision, please carefully review your claim and follow the instruction for filing an appeal.
- Active Appeals** - Once you have filed an appeal you may track its progress here. Please check back with AppealAClaim often as you will be notified if any additional documentation or information is required.
- Closed Appeals** - Once there has been a resolution to an Appeal, you will find a record of it here.
- Add Letter** - If you have received a letter about a new claim, you may enter the code from that letter here. You DO NOT need to reregister with AppealAClaim to appeal additional denials from your Insurance Plan Administrator.



## HIO Interactions with AppealAClaim – The Claim Feed

“Require Receipt Confirmation” Feed Items appear in the Claim Feed with additional information showing the date and time of the receipt as well as the IP address of the Plan Member.



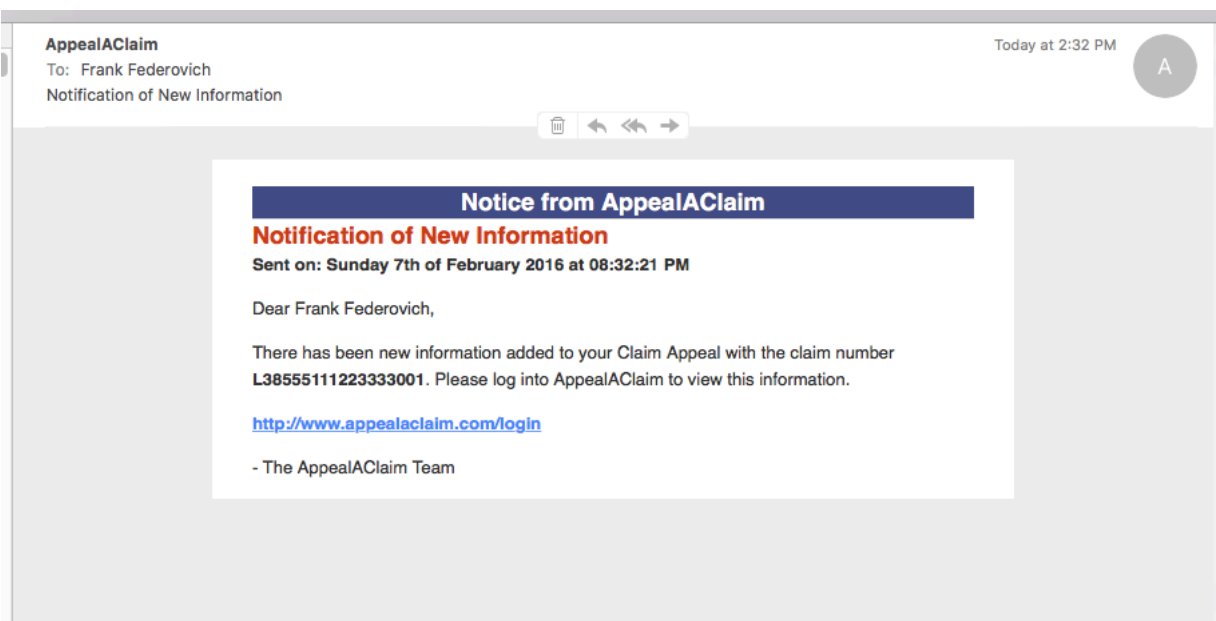
The screenshot displays two entries from the Claim Feed. The top entry, labeled 'Entry 71-74', is dated 'Sun, February 7, 2016 - 9:07 pm' and is a 'Plan Member - Member Comment'. It includes a checkmark icon and the text 'Here is the additional information you requested', followed by a PDF icon and the filename 'referral.pdf'. The bottom entry, labeled 'Entry 71-73', is dated 'Sun, February 7, 2016 - 9:06 pm' and is a 'Plan Administrator - Admin Comment'. It includes a checkmark icon and the text 'Please Provide Additional Information'. Below this, a green bar contains a checkmark icon and the text: 'The requested read receipt confirmation was acknowledged Sun, February 7, 2016 - 9:06 pm by the Plan Member using IP address: 207.144.150.58'. Both entries have 'Plan Administrator Options' at the bottom right, including 'Change Viewership' and 'Archive Item' buttons.

## HIO Interactions with AppealAClaim – The Claim Feed - Notifications

While all parties to a claim can log into the AAC system to see claim activity at any time, email notifications are sent out new new information is added.

No personally identifiable health care data is ever sent over email.

Instead Plan Members, IROs, Healthcare Providers, and the HIO receive simple email messages indicating that there is activity on a specific claim.









## HIO Interactions with AppealAClaim – Claim Details

For Claim Details, HIO have the option to manually advice the claim clock and set future deadlines for a claim.

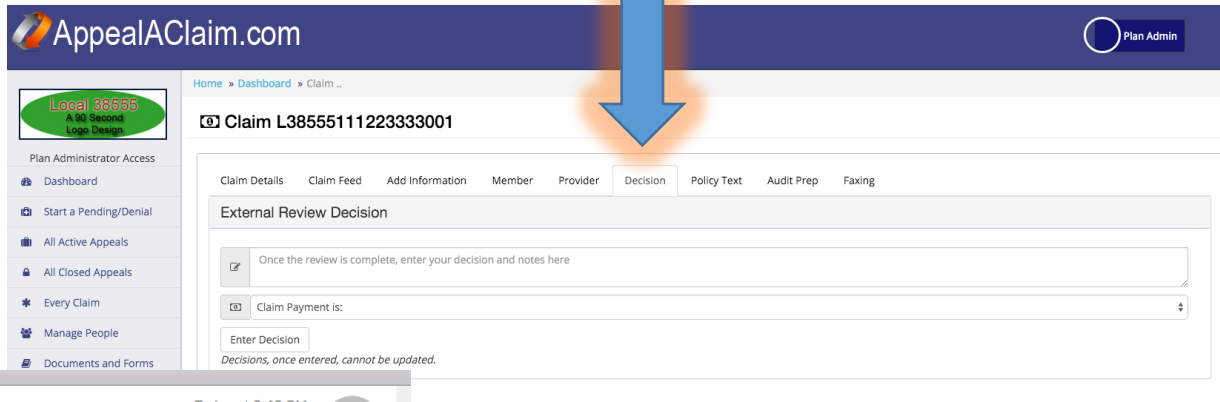
HIOs also can manually adjust pervious date entries if needed.

Other details such as Member Information and Provider Information can also be modified by the HIO.

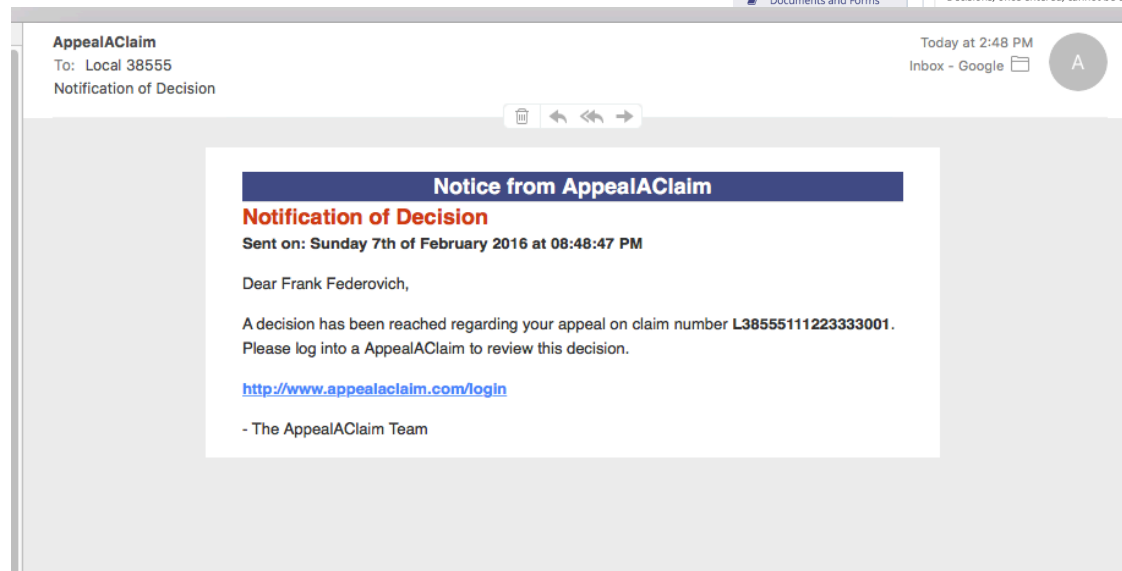
Important Events for this Claim	
	Services were provided by DR. JAMES KILDARE starting on <b>Fri, January 15, 2016</b> .
	This claim was originally submitted to the Plan Administrator on <b>Sun, January 17, 2016</b> .
	This claim was initially denied by the Plan Administrator on <b>Mon, January 18, 2016</b> .
	A notification letter was sent to Plan Member on <b>Sun, February 7, 2016 - 9:04 pm</b> .
	Plan Member responded to the notification letter and appealed this claim on <b>Sun, February 7, 2016 - 9:03 pm</b> with IP address 207.144.150.58.
	Plan Member requested an Internal Appeal on <b>Sun, February 7, 2016</b> Appeal Reason: <i>I wish to appeal this denial</i>
	Plan Administrator completed Internal Review on <b>Sun, February 7, 2016</b> <b>Claim was Denied</b> Finding Decision Details: <i>The referral you have provided is not valid</i>
	Plan Member requested an External Appeal on <b>Sun, February 7, 2016</b> Appeal Reason: <i>Yes it is valid</i>
	01/17/2016 Date Claim was Submitted
	01/18/2016 Date of Initial Denial
	02/07/2016 Date of Internal Review Request (Appeal 1)
	02/07/2016 Date of Internal Review Findings
	02/07/2016 Date of External Review Request (Appeal 2)
	mm/dd/yyyy Date of External Review Findings
<input type="button" value="Update"/>	

## HIO Interactions with AppealAClaim – Claim Decisions

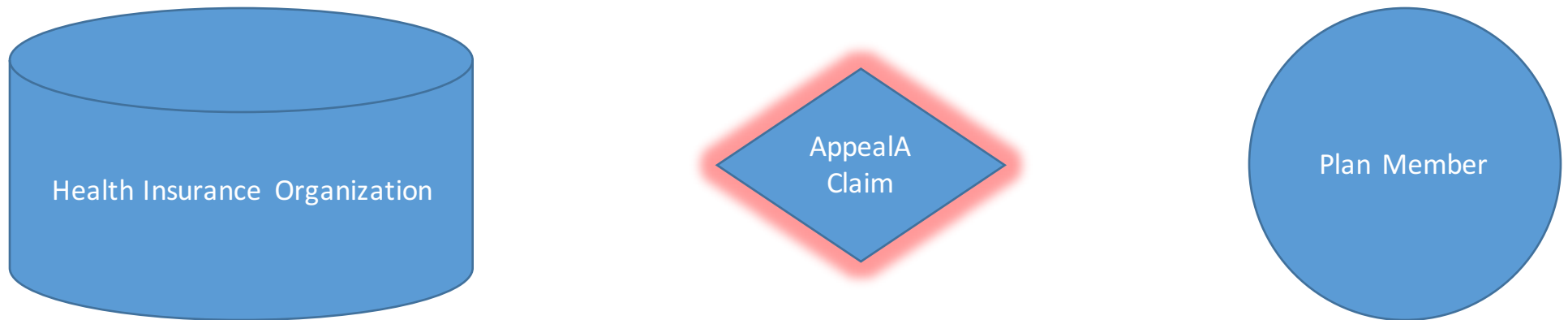
After the Internal Review is complete, the HIO may enter their decision to the claim, and the Plan Member will be notified.



The screenshot shows the AppealAClaim.com dashboard. The top navigation bar includes the logo and a 'Plan Admin' button. The left sidebar lists various functions: Plan Administrator Access, Dashboard, Start a Pending/Denial, All Active Appeals, All Closed Appeals, Every Claim, Manage People, and Documents and Forms. The main content area displays 'Claim L38555111223333001' with tabs for Claim Details, Claim Feed, Add Information, Member, Provider, Decision (highlighted by a blue arrow), Policy Text, Audit Prep, and Faxing. The 'Decision' tab shows an 'External Review Decision' section with a text area for notes, a 'Claim Payment is:' dropdown, and an 'Enter Decision' button. A note states: 'Decisions, once entered, cannot be updated.'

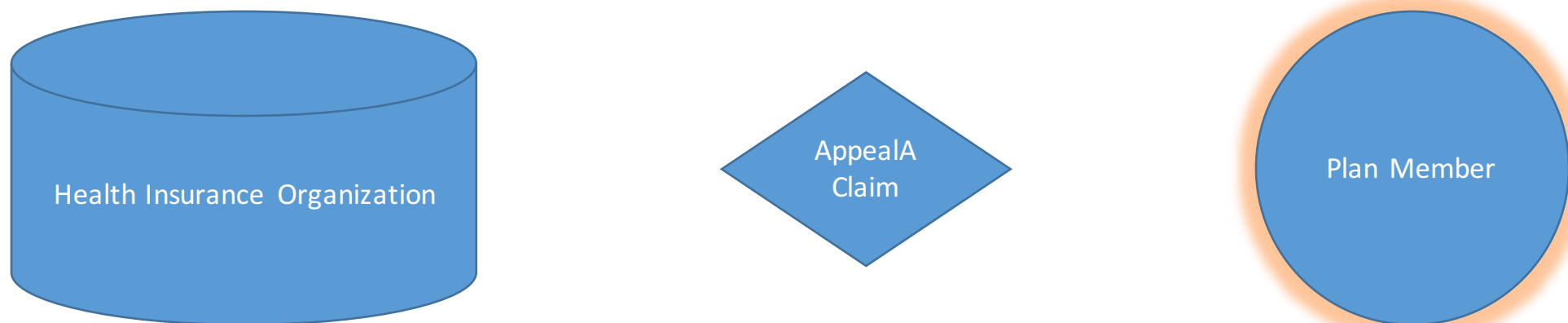


## Workflow



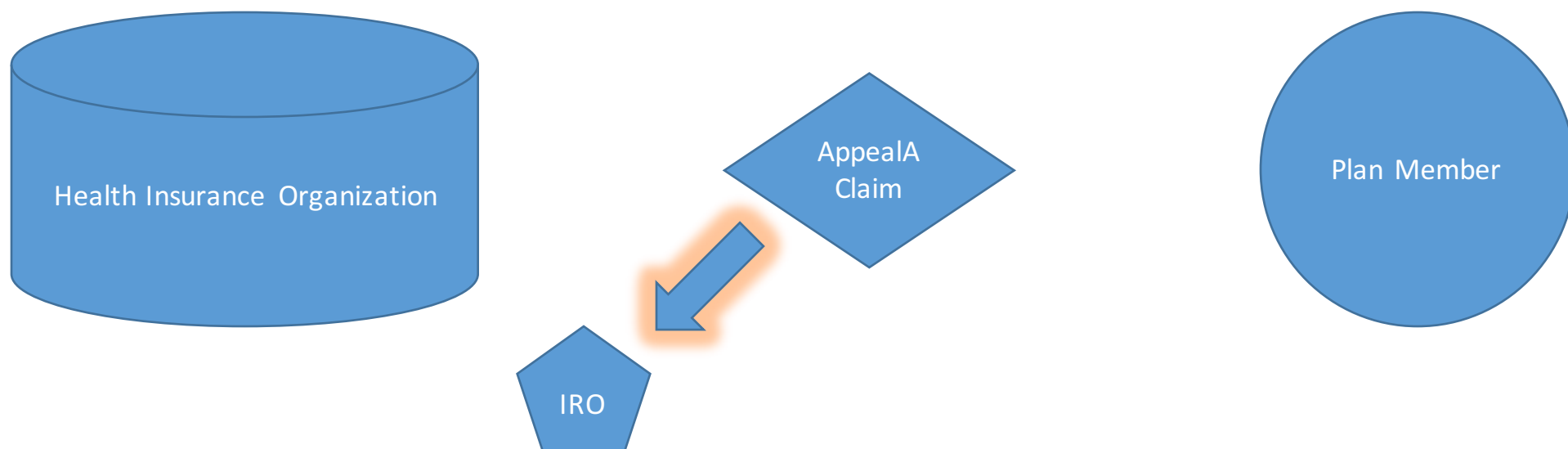
13. After the Internal Review process is complete the claim is either paid by the HIO, or their decision to deny payment is upheld.
14. If the HIO chooses to pay the claim, then that claim is locked in AAC. Nether the Plan Member or Healthcare Provider can make Claim Feed entries, however the claim is still viewable for 7 years.

## Workflow



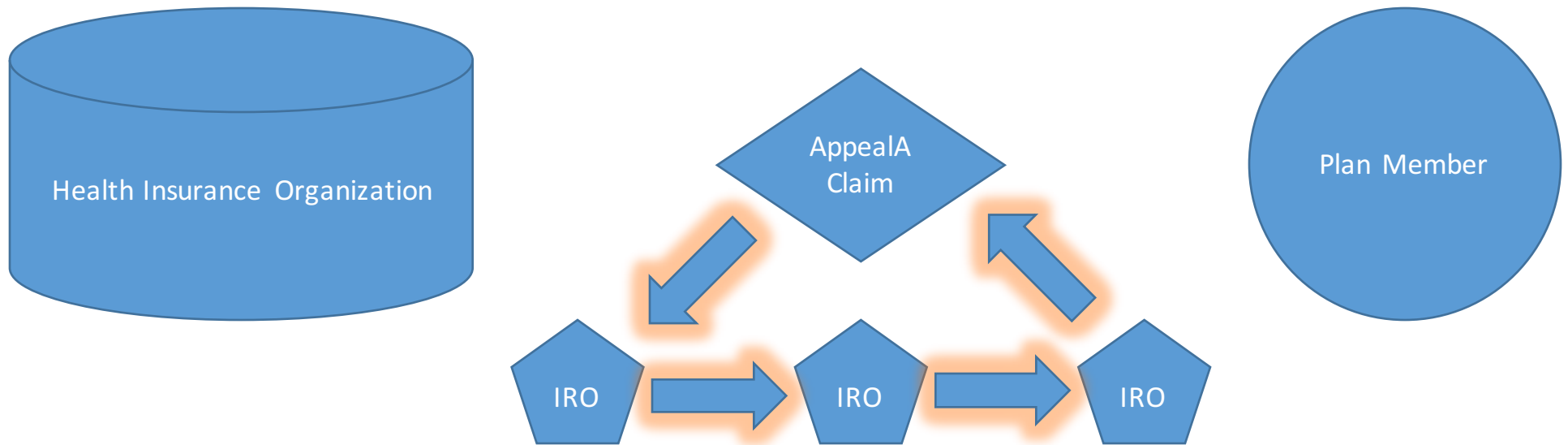
15. If the HIO chooses to uphold the decision to deny payment, the Plan Member has 30 days from end of the Internal Review to request an External Review

## Workflow



16. If the Plan Member choose to request an External Review, the Independent Review Organization is automatically selected by AAC and they are notified that there is a claim awaiting their review.

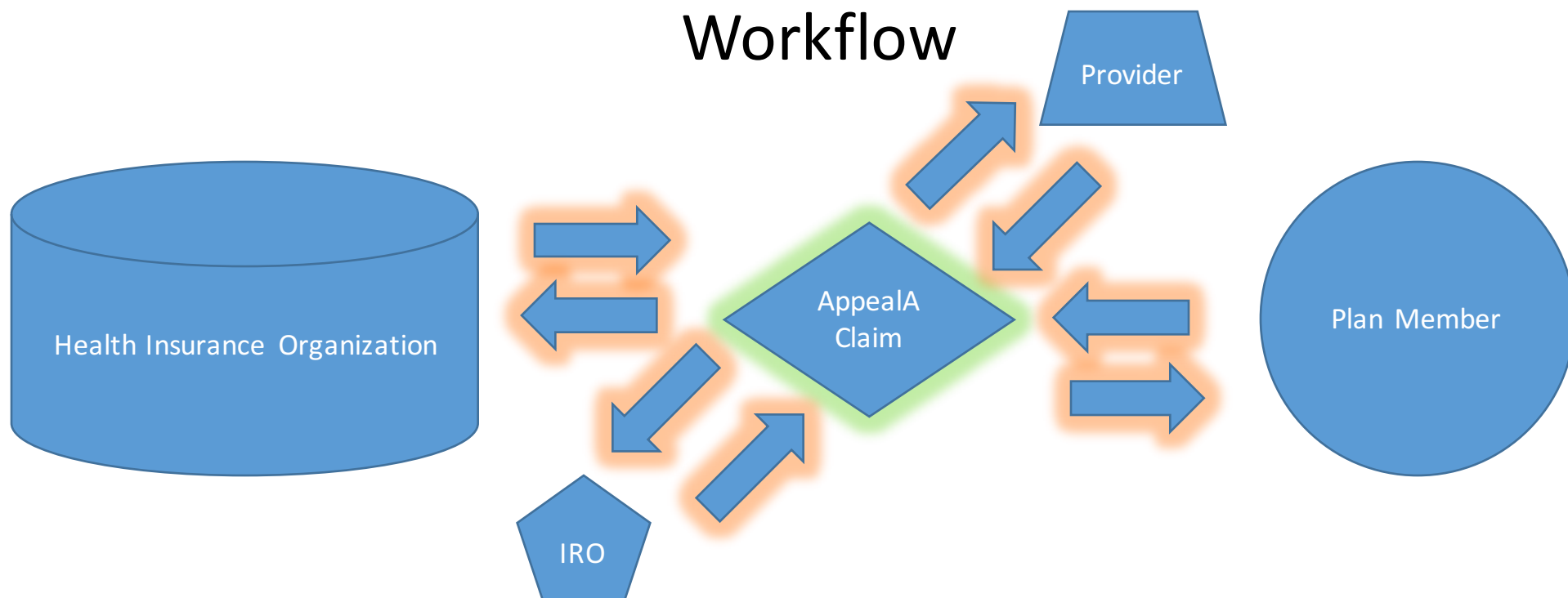
## Workflow



17. Selection of an IRO is does based on the HIO's existing agreements. In most cases this is done either based on a "round-robin" selection system scheme, or the IRO is specifically selected by the HIO based on the type of claim.



## Workflow

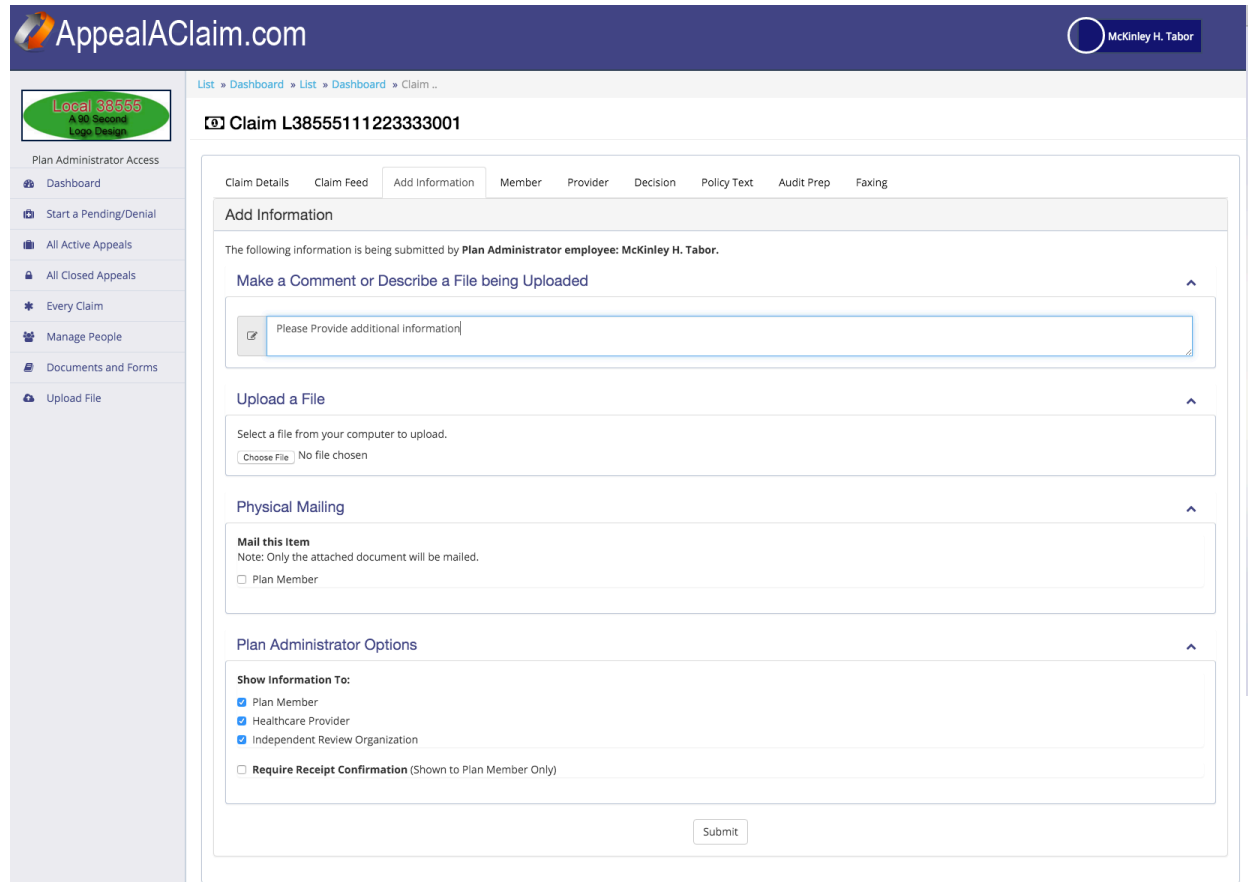


18. Once an IRO is selected, they have 30 days to complete their External Review of the claim. During that time the IRO can post questions in the Claim Feed, and all parties to the claim have an opportunity to make comments.

## IRO Interactions with AppealAClaim – The Claim

The IRO has similar access to the claim as the HIO. IROs can post questions into the Claim Feed and mark those items as “Require Receipt Conformation” or limit which parties may view a Feed Item.

IROs are not able to manually set the claim clock, nor are they allowed to edit details about the claim.



The screenshot displays the AppealAClaim.com web application interface. The top navigation bar includes the logo and the name 'McKinley H. Tabor'. The left sidebar lists various menu items: Plan Administrator Access, Dashboard, Start a Pending/Denial, All Active Appeals, All Closed Appeals, Every Claim, Manage People, Documents and Forms, and Upload File. The main content area shows the 'Add Information' section for a specific claim, 'Claim L38555111223333001'. This section includes tabs for Claim Details, Claim Feed, Add Information (selected), Member, Provider, Decision, Policy Text, Audit Prep, and Faxing. The 'Add Information' section contains a text area for 'Make a Comment or Describe a File being Uploaded', an 'Upload a File' section with a 'Choose File' button, a 'Physical Mailing' section with a 'Mail this Item' checkbox, and a 'Plan Administrator Options' section with checkboxes for 'Show Information To:' (Plan Member, Healthcare Provider, Independent Review Organization) and 'Require Receipt Confirmation'.

AppealAClaim.com

McKinley H. Tabor

List » Dashboard » List » Dashboard » Claim ..

Claim L38555111223333001

Claim Details Claim Feed Add Information Member Provider Decision Policy Text Audit Prep Faxing

**Add Information**

The following information is being submitted by **Plan Administrator employee: McKinley H. Tabor.**

**Make a Comment or Describe a File being Uploaded**

Please Provide additional information

**Upload a File**

Select a file from your computer to upload.

Choose File No file chosen

**Physical Mailing**

**Mail this Item**  
Note: Only the attached document will be mailed.

☐ Plan Member

**Plan Administrator Options**

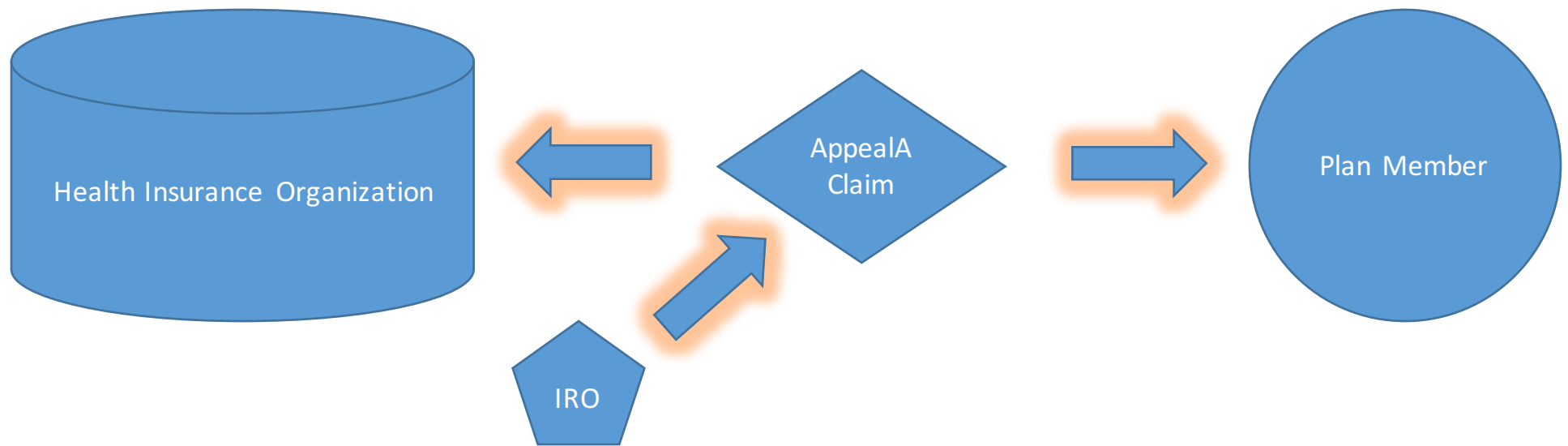
**Show Information To:**

☒ Plan Member  
☒ Healthcare Provider  
☒ Independent Review Organization

☐ **Require Receipt Confirmation** (Shown to Plan Member Only)

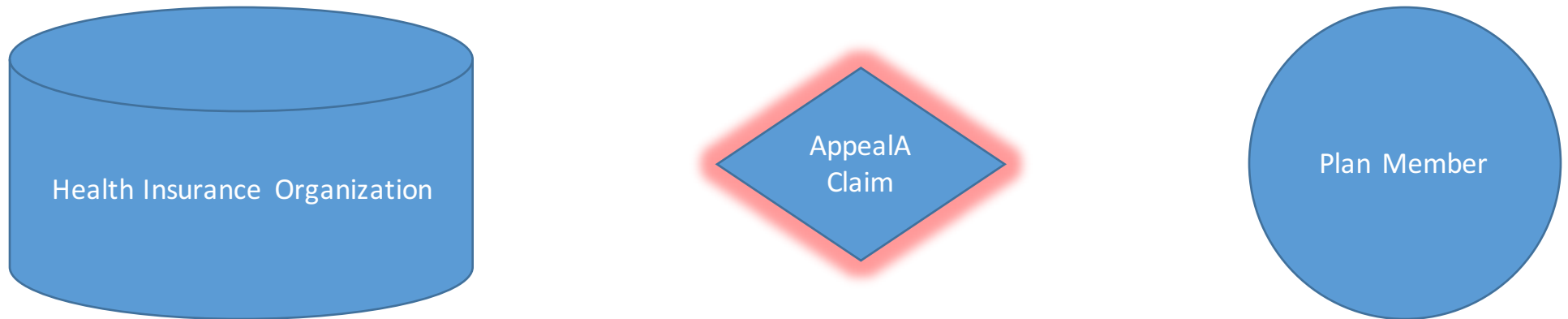
Submit

## Workflow



19. After the IRO has reached a decision, the HIO and Plan Member are notified.

## Workflow



20. After the External Review process is complete no other modifications to the claim, the Claim Feed, or the dates may be made.

21. The claim is still viewable for 7 years, however the HIO may choose to remove the claim from the view of the Plan Member. Data about the claim is still retained in the AAC System.

## Features and Benefits of the Software For Everyone

1. Easy to use Web Interface, utilizing modern design critical that can be used on desktops, laptops, and tablets.
2. Ground Up security, utilizing multiple levels of encryption and data protection.
3. Fast and scalable servers running in multiple secure data centers.
4. The ability to fax into the Claim Feed. This opens up the software to a wider audience including people who may have difficulty with computer technology.

## Features and Benefits of the Software For Plan Members

1. The ability to have a single online point to access information about claims
2. The ability to confirm that information they send has been received by the Health Insurance Organization and the External Independent Review Organization
3. A feeling of quicker access and more availability to the Health Insurance Organization

## Features and Benefits of the Software For Health Insurance Organizations

1. Dashboard that allows Health Insurance Organization to see all Claims currently under Appeal or Pending. Claims are categorized, sorted, and color coded to bring attention to critical matters first.
2. The ability to assign specific claims to specific Health Insurance Organization employees.
3. The ability for managers to get a global view of the status of all claims, with emphasis on claims currently under Appeal or Pending.
4. Capturing all communications between the Health Insurance Organization and the Member, allowing easy creation of records that can be given to regulators, auditors, or External Independent Review Organizations.
5. The ability to confirm that a Member has been a communication and has acknowledged its receipt. ("Return Receipt Requested" feature)
6. Provide better customer service with fewer employees
7. Help avoid costly penalties by keeping track of review deadlines.
8. Saves time in preparing for any External Reviews because all information and communications are stored together.

## Features and Benefits of the Software For Healthcare Providers

1. The ability to access denied claims and easily provide information that may be required of them
2. The ability to quickly see decisions about claims



## Features and Benefits of the Software For Independent Review Organizations

1. Instate access to all information about a claim.
2. Easy and trackable communications with the Health Insurance Organization and or Plan Member.
3. Incentives the External Independent Review Organization for a quicker turnaround time of their own decisions because of easy of use.

## Services AppealAClaim will provide

1. To act as the communications point between the Health Insurance Organization and the Plan Member
2. Facilitate those communications by providing mailing services for paper notifications of new Denied or Pending Claims as well as any Claim Feed Items that the Health Insurance Organization request be mail.
3. Act as technical support for Plan Members who are having difficulty using the AppealAClaim system.