

[~Current Date~]

Attn: Director of Claims

[~Insurance Policy #1 Carrier~]

[~Insurance Policy #1 Address~]

Re: Patient: [~Patient Name~]
Policy: [~Insurance Policy #1 Number~]
Insured: [~Responsible Party Name~]
Treatment Dates: [~Admission Date~] - [~Discharge Date~]
Amount: [~Total Charges~]

Dear Director of Claims,

Our office recently filed an appeal related to the above referenced claim. However, no response was received from your company. It is our position that this failure to promptly respond to the issues outlined in our appeal letter is a violation of the American Accreditation Commission's URAC Health Utilization Management Standards.

As you are likely aware, URAC standards require member organizations to conduct appeal considerations according to written standards. Further, the patient, provider, or the facility rendering service may initiate the standard appeal process related to any non certification. **URAC Standard UM 36** states the following regarding appeals consideration:

The organization maintains a formal process to consider appeals of non-certifications that includes:

- (a) The availability of standard appeal and expedited appeal processes;
- (b) The right of the patient, provider, or facility rendering service to initiate the standard appeal process when the expedited appeal process does not resolve a difference of opinion regarding the non-certification; and
- (c) Written policies and procedures that:
 - (i) Clearly describe the appeal process, including the patient's, provider's, or facility rendering service's right to appeal;
 - (ii) Provide for explicit timeframes for each stage of the appeal resolution process; and
 - (iii) Are available, upon request, to any patient , provider, or facility rendering service.

Further, **Standard UM 37** states that patients, providers or facilities rendering service have at least 180 calendar days after the receipt of the notice of non-certification to initiate the appeals process by telephone or written notification.

Please accept this written request for a written response which includes the clinical rationale used in making this decision. Also, please provide the name and credentials of the reviewing physical therapist who was available at the time of this decision for peer-to-peer discussion of this case. Thank you for your assistance in this matter.

Sincerely,

Claims Analyst