Fidelity Health® Claims Appeal Overview



Standard claim appeal

Employees can appeal denied claims at any time. That typically occurs when an employee does not agree with the determination of a claim that was processed or a claim was not approved because there was missing information or invalid documentation provided to support the claim.

In either case, an employee would need to submit a Claim Appeal Form and any additional information if required. A different Claims Adjudicator from the Claims Tema will review the form and information to determine whether any adjustments are needed, or the claim should be approved. If the claim is approved, no further action is needed.

If the claim is denied, the Claims Team will contact the RA Services Team at <u>FidelityFSAndRA@fmr.com</u>. The RA Manager will reach out to the client regarding the denied claim and find out if they want to override the denial or not. The RA Manager will respond to the Claims team with the client decision.

If the claim should be approved, per the client, the Claims Team will approve the claim and it will be paid.

If the claim should be denied, per the client, the employee will be instructed to call the Reimbursement Accounts Call Center if they want to submit a claims appeal to an Independent Review Organization (IRO). The Reimbursement Accounts Call Center will provide the employee with the External Claim Appeal Form. The employee has 180 days from the denial date to request the independent review.

External claim appeal

If the employee's standard claim appeal is denied, they can appeal through an Independent Review Organization (IRO). The employee can request an External Claim Appeal Form from the Reimbursement Accounts Call Center. The employee completes the form, and then submits it to Fidelity Reimbursement Accounts Services, PO Box 2703, Fargo, ND, 58108. All the appeal-related information will be sent to the IRO (currently we work with 3 IRO entities). The IRO will make their decision within 45 days of receipt of the information and the Claims Team will process the claim accordingly. A letter will be sent to the employee via U.S. mail to make them aware of the determination of the appeal.

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