

NAME:

SS#:

Bakers Union and FELRA Health and Welfare Fund

EMPLOYER: Safeway
DATE OF HIRE: July 3, 2013
PLAN: 2

LOCAL: 118
STATUS: Full Time

ISSUE: Hospital/Medical – Late Claim Filing

#M19/112-4984

FUND RULE:

"Claims Filing and Review Procedures"

When You File a Claim

4. Claims for benefits must be filed within two years (730 days) from the date of service, within two years from the date the disability began (for Weekly Accident and Sickness benefits), or within 20 days (or as soon as reasonably possible) from the date of injury or death for Accidental Death and Dismemberment and Life Insurance claims."

(Bakers Union and FELRA Health and Welfare Fund SPD, July 2016, Page 146, #4)

SUMMARY: Date(s) of Service: January 31, 2015 through February 1, 2015
Claim Received: N/A
Claim Denied: N/A
Appeal Received: May 7, 2019

The **participant** is appealing for payment of hospital facility and physician charges incurred at INOVA Fairfax Hospital from January 31, 2015 through February 1, 2015. The participant states, "On January 31, 2015, I was admitted to Fairfax County Hospital. At the end of my stay, I was asked for my insurance information. I was released with no issues about payment, assuming my insurance was going to cover it. Within a couple of days, I received a hospital bill. I contacted the hospital [and] they informed they had sent the info to the insurance company about my stay, and they denied coverage/payment [on] my behalf. I kept being in the middle talking to both the hospital and the insurance company, but no luck. Weeks passed [and] the hospital stopped contacting me. I no longer received bills either, so I assumed that they had received payment from my insurer. This April, I contacted the hospital about a payment for my son, whom informed me I had a \$7,000 balance from 2015 [...]. The hospital claims I never provided my insurance info, but I did." Included with the appeal are undated provider's bills in the amount of \$15,462.40 (facility charges) and \$567.10 (physician charges).

Fund records indicate INOVA Health Care Services submitted a claim for echocardiography services (CPT 93306) rendered on February 1, 2015. That charge, which is part of the \$567.10 bill submitted with the appeal, was processed and the allowed amount was applied, in full, to the participant's annual deductible. The Fund office received other ancillary charges for services incurred in connection with this hospital stay, and those charges were processed up to the limits of the Plan. The Fund office does not have any record of receiving a claim for the hospital facility charges, or the remaining physician charges, that were submitted with the appeal.

After the appeal was received, the Fund office contacted Cigna and asked if they received any portion of these charges, and whether the hospital stay was certified as medically necessary. Cigna advised the Fund office on May 21, 2019 that they have no record of receiving these hospital charges. Cigna further advised that they do not have a certification on file for this stay.

Note: The Fund office can confirm receiving a phone call from the participant on July 1, 2015 and April 16, 2019 regarding these dates of service. The participant was advised during each call that the claim(s) were not yet on file.

ACTION:

Approved

☐

Denied

☐

Tabled

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COMMENTS: