

Final ERISA Rules Published

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The Department of Labor published two final rules in November 2000 that will affect the information received and the appeals available to those receiving healthcare benefits under the Employee Retirement Income Security Act of 1974 (ERISA).

The two final rules are "Amendments to Summary Plan Description Regulations" (65FR70226) and "[ERISA] Rules and Regulations for Administration and Enforcement: Claims Procedure" (65FR70246). HIM professionals affected by the claims process, including benefit determinations and authorizations and claims and claims appeals should take note of the timetables prescribed by the new rules, which take effect for claims (including request for benefits) made after January 1, 2002. While the appeals process is more patient-friendly, it could put more demand on healthcare providers to supply information to allow employee group health plans or disability benefits plans to make decisions related to claims and appeals.

Both sets of rules will also affect HIM professionals as employees covered by ERISA group health plans and disability benefits plans. The federal government has not only required such plans to put significantly more information related to coverage and appeals in summary plan descriptions (SPD), it also set timelines and expanded appeals processes for individuals who might be denied care or coverage. These changes will also affect those who receive their healthcare from federally approved HMOs that were previously exempted from some of the requirements.

While effective January 20, 2001, the SPD requirements generally will not be applicable until the first day of the second plan year beginning on or after January 22, 2001.

The rules, published in the November 21, 2000, *Federal Register*, can be found at www.access.gpo.gov/su_docs/fedreg/a001121c.html.

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