

July 2009

Disease Processing Changes

Some of you may have already received written or verbal communication about the processing changes for Review of Additional Information and Option 2 Discretionary reviews. Please read the statements below carefully as these processing changes will affect how your claim is reviewed.

Review of Additional Information (RAI reviews)

Pursuant to Section 7.09 (b) (iii) of Annex A to the Settlement Agreement, the Claims Office may establish regulations relating to the submission of medical documentation and set reasonable periods during which to conduct the evaluation or reevaluation of a Claimant's eligibility and benefits based on supplemental submissions and for submission of supplemental documentation after notice of deficiencies. Generally, the Claims Office will not review a Claimant's submissions in response to a deficiency notice more than twice however, the Claims Administrator may conduct a third review after the completion of the review of all other Claims for Disease.

In order to manage the volume of requests for additional claim reviews, the Settlement Facility will only review submissions of additional information twice. If you submit duplicate information or information that does not address the deficiencies in your claim, on the second re-review, we will (1) not review your claim again, and (2) we will process your claim for the payment you are eligible for at the time of the second review, even though your cure deadline may not have expired. Therefore, we encourage you to read your notification of Status letter carefully and make sure you understand the deficiencies in your claim. If you do not understand your deficiencies, we strongly encourage you to call Claims Assistance and make an appointment to speak with the Disease Call Specialist. You should also review the Disease Guidelines posted on the SFDCT website to assist you in fixing the problems with your claim. To avoid any confusion and possibly another review of your claim before you are ready, please do not send your records until you are sure you understand the deficiencies in your claim and you have collected all of the documentation needed to cure the deficiencies in your claim.

Discretionary Reviews

In an effort to expedite processing Option 2 claims and to allow your Option 2 and ACTD Discretionary reviews their own cure deadline dates, these reviews will no longer be done at the same time. If you are unable to cure your Option 2 deficiencies by the one year cure deadline date, and your claim was not approved for any level of compensation, or you did not request a lower level payment, we will automatically place your ACTD claim in line for review. You will have one year from the date of the ACTD Notification of Status letter to cure the deficiencies in your claim. However, you may request an ACTD review at any time while your Option 2 review is in progress. If you choose this option, you will have two cure deadline dates running that could expire at or around the same time.