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Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Internal Claims and Appeals and External Review Processes Under the Patient Protection and Affordable Care Act

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General Comment

This regulation needs to also be extended to private short term disability and long term disability carrier programs. Too many disabled individuals are denied their rightful benefits by insurance carriers such as CIGNA (aka LINA). Current STD/LTD Plan Documents do not provide swift decisions (up to three or more years) through their internal appeals process. It is not a fair process and many insured's (due to denial of STD/LTD benefits) do not have money to pay for their health benefits in the interim. Plan documents provide the "decision making" to internal staff rather than documented and substantiated physician reports.