

6/10/2024

To: All Nippon Policyholders

Subject: Important Notice Regarding Appeals Processing

We are writing to inform you of an important matter concerning the submission and processing of appeals for health insurance claims and prior authorization determinations between July 26, 2022, and October 6, 2022.

During this period, Nippon's third-party administrator, Luminare Health (formerly known as Trustmark Health Benefits), experienced a service outage related to the fax number used to receive and process appeals for claims and prior authorizations submitted by or on behalf of Nippon's insured Members. Regrettably, appeals submitted to Nippon via fax were neither received nor processed due to a service disruption. This service disruption was caused by human error due to the inadvertent decommissioning of associated Luminare Health fax numbers without a replacement number being promptly assigned.

As a result of this outage, neither Luminare Health nor Nippon were able to determine which appeals and/or requests for prior authorization for medical services or outpatient prescription drugs, if any, were submitted via fax between July 26, 2022, and October 6, 2022. Consequently, we are also unable to identify which Members, if any, were affected by this disruption.

In an effort to assist our Members who may have been impacted by this error, we are providing this notice to inform Nippon policyholders that Nippon will reprocess any appeals or requests for prior authorization submitted by fax during the aforementioned period, which were not processed at the time. Members or their treating medical providers may resubmit an appeal along with proof corroborating that their initial submission was made between July 26, 2022, and October 6, 2022. Any resubmitted appeal will be reprocessed according to the member's policy and applicable law. Members whose requests for prior authorization were not responded to, or were presumptively denied, during this period may resubmit their prior authorization requests at this time. Members who requested prior authorization during this time who proceeded to obtain services without prior authorization, and whose claims for those services were rejected by Nippon for failure to obtain prior authorization, should resubmit those claims for payment.

How To Resubmit

Any Member who was affected by this service outage may resubmit an appeal for a claim or prior authorization by emailing Nippon. The email should contain the original appeal and a fax confirmation indicating that the corresponding appeal or request for prior authorization was faxed on or between July



26, 2022 and October 6, 2022. The email should indicate who the affected Member was, the treating provider, the treatment dates, and the associated claims number if any.

Emails may be sent to:

appealsprocessingresubmission@nipponlifebenefits.com

Resubmission of an appeal subject to the terms of this notice does not guarantee approval of or coverage/payment for the corresponding claim. All resubmissions will be processed according to the terms of the Member's policy.

A copy of this notice can be found on our website at the following address: https://www.nipponlifebenefits.com/member-service/ca-state-specific-requirements/

If you or any Nippon Member have questions regarding the resubmission of affected appeals, please contact a Nippon Customer Service representative at 800-374-1835 (Japanese Customer Service: 800-971-0638; Korean Customer Service: 877-827-8713).

Members with additional questions or concerns following the resubmission of an appeal or request for prior authorization may contact the California Department of Insurance at:

California Department of Insurance Consumer Services Division 300 South Spring St, South Tower Los Angeles, CA 90013 1-800-927-4357 www.insurance.ca.gov

We apologize for any inconvenience this incident may have caused and appreciate your understanding and cooperation.

Sincerely,

Aimee Averill Senior Vice President Service, IT Strategy & Project Management Nippon Life Benefits