



State of Michigan
Department of Labor & Economic Growth
David C. Hollister, Director



HEALTH INSURANCE & HMO GRIEVANCE PROCEDURE

Michigan Office of Financial and Insurance Services (OFIS)
Commissioner Linda A. Watters

This health insurance complaint procedure is the process for resolving problems you have with your insurance regarding a health care service.

- ➔ Health insurance policies from Health Insurers, Health Maintenance Organizations (HMOs), Alternative Finance and Delivery Systems (AFDS) and Blue Cross/Blue Shield of Michigan (BCBSM) are eligible for the review process described here.**
- ➔ If you have a Medicare supplement, disability income, hospital indemnity, specified accident, credit, ERISA self funded plan or long term care health insurance policy the external review does not apply. Please call OFIS toll free at 1-877-999-6442 and staff will direct you to the process you need to use or forward you on to the correct agency. OFIS staff can also assist you in determining what kind of policy you have.**

IF YOU RECEIVE A DENIAL AND WOULD LIKE AN EXTERNAL REVIEW, HERE ARE THE STEPS TO FOLLOW:

- ➔ PLEASE NOTE ... If your doctor thinks that this denial seriously jeopardizes your health, the entire process can be completed within 72 hours. For more information, please see the Expedited External Review section of the Health Care Request for External Review form or call OFIS toll free at 877-999-6442.**

Step 1 With any denial, your health insurance company will provide you with information on their internal grievance process. If you are denied a service that you think should be paid for, call the company that handles your health insurance and request an internal review.

Internal Review Process = The health insurance company will review the decision and get a final decision back to you within 45 days. The final decision is called a Final Adverse Determination. If the Final Adverse Determination still denies the medical service, you may request an External Review. Your health insurance company will send you information about the External Review with the Final Adverse Determination, including the OFIS Health Care Request for External Review form.

Step 2 After the internal review process is complete, the External Review portion of this process is done by OFIS staff. Fill out the external review form that your health insurance company sent with your Final Adverse Determination.

You can also get copies of the form by:

- Calling OFIS toll free (877-999-6442) and requesting a form.
- Or by clicking here to go to the OFIS Health Care Request for External Review Form (Adobe Acrobat 4.0 PDF Format).

OFIS staff will review your request to make sure you are covered for the service. You will be notified within 5 days if your request has been sent on to an Independent Review Organization.



If you are covered, your request will be forwarded on to an Independent Review Organization. The Independent Review Organization reviews your medical information and the denial from your health insurance company. OFIS staff will review the Independent Review

Organization recommendation and issue a final decision. Your request will not be sent to an Independent Review Organization if OFIS staff have determined that the service you are requesting is not covered. **If you are not covered**, the external review is over and the denial stands.

Within 35 days of your request, OFIS staff will contact you with a final decision on the denial. If you are not satisfied with the external review decision, you can take the matter to court.

[CLICK HERE TO GO TO THE OFIS HEALTH CARE REQUEST FOR EXTERNAL REVIEW FORM \(Adobe Acrobat 4.0 PDF Format\)](#)
