

Other Sources for Answers to Health Insurance Related Questions

Self-Funded health benefit plans and union health and welfare plans

United States Department of Labor Employee Benefits Security Administration
1885 Dixie Highway, Ste. 210
Fort Wright, KY 41011
(859) 578-4680 or (866) 444-3272

COBRA (Consolidated Omnibus Budget Reconciliation Act)

United States Department of Labor Pension and Welfare Benefits
200 Constitution Avenue, NW, Room N-5658
Washington, DC 20210
(866) 444-3272

Medicare

Healthcare Service Corp.
Edison Plaza Building
660 Plaza Drive
Detroit, MI 48226-1207
(800) 638-6833

Workers' Compensation Claims

Department of Licensing and Regulatory Affairs
Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909
(888) 396-5041

Affordable Care Act

www.healthcare.gov

LARA Michigan Department of
Licensing & Regulatory Affairs
LICENSING AND REGULATORY AFFAIRS Visit OFIR at: www.michigan.gov/ofir
CUSTOMER DRIVEN. BUSINESS MINDED Phone OFIR toll-free: 1-877-999-6442

LARA is an equal opportunity employer/program.
Auxiliary aids, services and other reasonable accommodations
are available upon request to individuals with disabilities.

Office of Financial and Insurance Regulation
Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720
LARA LICENSING AND REGULATORY AFFAIRS
CUSTOMER DRIVEN. BUSINESS MINDED.

GUIDE TO RESOLVING HEALTH INSURANCE PROBLEMS



State of Michigan
Rick Snyder, Governor

When You Have a Dispute with a Health Carrier or Agent

Use the attached form to file a complaint with the Office of Financial and Insurance Regulation (OFIR) if you are in a dispute with a health carrier or insurance agent, and you disagree with the outcome of a health claim, determination of your eligibility for health coverage, or any other issue involving your health coverage.

Read further to find out how OFIR can help and what your appeal rights are with regard to health claim disputes.

First Contact the Company or Agent

If you disagree with your health carrier or agent, first contact the company and/or agent.

- Speak with a company representative to try to find a solution.
- Explain the problem in a calm, courteous manner.
- Provide dates, amounts, and as many related facts as you can.

If you still do not agree with the company or agent's position, ask them to provide a written response. Ask them to list the specific rules or language in the policy that allow them to deny or exclude coverage, or to include copies of documents you signed when you applied for insurance to support their actions.

How OFIR Can Help

If you are still dissatisfied after contacting the company or the agent, you may wish to contact OFIR to ask questions or file a written complaint by completion of this form.

When you file a complaint, OFIR acts as a link between you and the company or agent. We try to resolve the complaint and see that your questions are answered. Your complaint is based on the documents you submit. Be sure to include all pertinent information. Include:

- Name of the health carrier and/or agent involved in the dispute.
- Policy and claim numbers and name of employer for group plans.
- Details of any previous contact regarding the matter.
- Copies of documents that help verify or explain the problem.

When we receive your complaint, we will review your concerns and determine if the complaint involves a claim denial or other issue concerning your health carrier.

Always send copies. Please do not send original documents.

If Your Complaint Involves a Health Coverage Claim Denial

Internal Grievance Process:

You are eligible to appeal through the health carrier's Internal Grievance Process if your complaint involves an adverse determination. An adverse determination can be a denial of a claim, discontinuance of coverage for a health care service or refusal to provide authorization for a health care service.

Each health carrier must establish an **Internal Grievance Process** to have your complaint reviewed. The grievance process is initiated by submitting a written grievance to your health carrier.

If OFIR receives your complaint regarding an adverse determination, we will forward it to the health carrier and ask that it begin the Internal Grievance Process and provide our office with a copy of its final decision.

As part of the Internal Grievance Process your health carrier must give you the right to appear before the board of directors or designated committee or the right to a managerial-level conference to *complete* the grievance.

The health carrier must notify you of its final determination in writing and advise you of your right to an External Review pursuant to the Patient's Right to Independent Review Act (PRIRA) if you disagree with their determination.

The health carrier must complete all steps within 35 calendar days. The health carrier can request an additional 10 business days to obtain necessary medical information if the insured agrees.

External Review Process:

If you still disagree with the insurer's final decision, you can request an **External Review** through OFIR pursuant to PRIRA.

Complete External Review Appeal information and the External Review request form is available on our website at www.michigan.gov/ofir.

If Your Complaint Involves Other Health Coverage Issues

For issues other than those involving an adverse determination, we open a file and send you a notice that includes the file number we assigned to your case. We forward your complaint to the health carrier and ask that it respond to OFIR. We will review the health carrier's response to ensure that their position and actions:

- Complies with the policy language.
- Complies with Michigan Insurance Laws and other rules or directives of the Commissioner.
- Addresses the issues in your complaint, and is reasonable in light of approved and accepted business practices.

When our review is complete, we will provide you with a response detailing our findings, explaining the reason for the outcome pursuant to the policy language and pertinent laws.

If you have questions, disagree with our findings, or have additional information that was not included with your original complaint, and feel it might alter the decision, you may submit the information to us for further review.

Please understand that we strive to resolve all complaints. However, we may not be able to provide the exact results you desire, as we can only resolve disputes based on the information provided and our authority under Michigan law. However, we hope that through our complaint process you are able to gain an understanding of the situation and the policy language and laws that apply.

While we strive to give prompt, quality service a resolution may not occur immediately. Thank you for your patience during the complaint process.

What OFIR Cannot Do

Our authority is limited to the companies and agents OFIR licenses. We cannot help resolve disputes with entities we do not license. Self-funded health care plans and union health and welfare plans are generally not under the authority of OFIR. However, OFIR has authority over the administrators of these plans. OFIR has no authority over Medicare or Worker's Compensation claim issues. See contact information at the end of this brochure.

Because OFIR regulates the business of insurance transacted in Michigan, our authority pertains to contracts issued in Michigan. Complaints involving out-of-state health care plans should, in most cases, be pursued with the state insurance regulatory agency where the health care plan was issued or delivered. This includes Blue Cross Blue Shield plans from other states.

PROVIDER COMPLAINTS

OFIR generally only accepts complaints from parties involved in the contract, such as the insured, policyholder or certificate holder. Because a health care provider is usually not a party to the health care contract, **we generally do not accept complaints from providers.**

However, OFIR will pursue appropriate complaints from participating providers of Blue Cross Blue Shield **of Michigan**, HMOs, Alternative Finance and Delivery Systems and Delta Dental Plan of

Michigan when the complaints involve these entities and there are participation agreements.

OFIR will also pursue complaints from providers acting as the authorized representative of a patient covered by a Michigan licensed health carrier; however, written authorization from the patient or their legal representative must be included with the complaint.

Providers occasionally have problems with receiving timely payment for submitted claims without any errors or other issues, often referred to as "clean claims." [Public Act 316 of 2002](#) was enacted to afford provisions in handling untimely clean claim payments.

A health professional, health facility, home health care provider, durable medical equipment provider, or health plan alleging that a timely processing or payment procedure has been violated may file a complaint with OFIR on [Form FIS 0284](#) and has a right to a determination of the matter by the Commissioner or his or her designee. Information regarding this process and the form are available on the OFIR website at www.michigan.gov/ofir.

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Health Insurance Complaint Form

My Name			Name of Health Carrier		May also be an HMO or other company
Address			*Please include a copy of the front and back of insurance card Name of AGENT or AGENCY (if applicable)		
City	State	Zip Code	Name of INSURED person on insurance card		
My Email Address			Date of healthcare service		
Daytime phone number () ()		Alternate phone number () ()		Type of Plan <input type="checkbox"/> Individual plan Policy # _____ <input type="checkbox"/> Group Plan Name of group/employer _____ Group Contract # _____	
Type of coverage my complaint is about: <input type="checkbox"/> Health Insurance <input type="checkbox"/> HMO <input type="checkbox"/> BCBS of Michigan <input type="checkbox"/> Vision <input type="checkbox"/> Dental		<input type="checkbox"/> COBRA <input type="checkbox"/> Medicare Supplement <input type="checkbox"/> Medicare Advantage <input type="checkbox"/> Medicare RX Part D <input type="checkbox"/> Other _____			
Reason for complaint: (Check all that apply) <input type="checkbox"/> Claims Issue <input type="checkbox"/> Rate Issue <input type="checkbox"/> Premium Billing <input type="checkbox"/> Customer Service		<input type="checkbox"/> Dependent Coverage <input type="checkbox"/> Coverage for Health Service <input type="checkbox"/> Cancellation <input type="checkbox"/> Pre-Existing Condition		<input type="checkbox"/> Misrepresentation of Coverage <input type="checkbox"/> Refusal to Insure <input type="checkbox"/> Other _____	

Please list events in the order they happened. Attach additional pages if needed. If possible please use letter size paper (8 1/2 x 11") for all attachments.

Details of my complaint:

Documentation relating to your complaint is important. This information helps us to understand details of your complaint.

Please attach copies of letters or other documents that will help us review your complaint. This includes your insurance cards, bills, receipts, claim documents or other items that relate to your complaint.

Always send copies. Never send original documents.

Desired outcome:

Please mail your complaint to:
OFIR Consumer Services
 P.O. Box 30220
 Lansing, MI 48909-7720
 Or fax to: (517) 241-3991
 Or Email to: ofir-hicap@michigan.gov

I authorize the Office of Financial and Insurance Regulation (OFIR) to review and release any information to any company, agency or licensee involved in this matter. I authorize the health carrier to release all records (including protected health information) relating to this complaint to OFIR in order to resolve this complaint. I represent that I have the proper authority to execute this release.

Signature

Date signed



Michigan Department of Licensing and Regulatory Affairs

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