



STATE OF MICHIGAN

DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

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Provider Billing Complaints Report

November 1, 2024

In its ongoing efforts to implement Michigan’s new auto insurance law, the Michigan Department of Insurance and Financial Services (DIFS) is assisting health care providers with concerns related to auto insurance billing. The Department has also issued bulletins to auto insurers to communicate expectations regarding timely payment, billing format disputes, coding disputes, and more. DIFS expects insurers to work with providers to resolve billing issues and ensure that access to care is maintained for patients. Below are statistics on complaints received by DIFS from providers about auto insurance billing.

Definitions:

Provider Billing Complaints are cases where the provider agrees to let DIFS take action on their behalf with the auto insurance company. DIFS accepts complaints from providers about denied claims, delayed payments, and disagreements over payment amounts. DIFS has authority to determine whether insurers have acted in compliance with state law and policy terms. When DIFS receives a complaint from a provider, initial contact with insurers typically occurs the same day or next business day. Insurers have 48 hours to contact the provider about the complaint and provide a contact person at the insurance company to assist them during the complaint process. Each complaint is handled on a case-by-case basis to address the specific issues brought forward by the provider in a timely and responsive manner.

Open Complaints are still in process, and resolution can take time as each provider complaint may involve billing concerns for multiple patients and dates of service.

Closed Complaints include cases where the insurer has shown it has reviewed claims in accordance with the provisions of state law and the terms of the consumer’s auto insurance policy. Some providers may still be disappointed with the results of the insurer’s review and resulting payment or denial of claims, but these complaints are closed when the insurer demonstrates compliance with state law and policy terms.

Recoveries for Providers is the total sum of payments made by auto insurers to providers following DIFS’ review and closure of a provider complaint.

Provider Complaint Statistics

Received between August 1, 2021 to November 1, 2024

Number of Providers Who Have Filed Complaints:	348
Number of Providers with Open Complaints:	13
Number of Provider Complaints Closed:	335
Recoveries for Providers (estimate):	\$13.6 million

Complaint statistics measure the number of health care providers who have filed complaints, and each complaint may represent billing concerns for multiple patients and/or multiple insurance companies.

For Assistance

Health care providers who need assistance related to auto insurance billing concerns should first try to work with auto insurers, but if they cannot resolve concerns expeditiously, DIFS can help try to resolve the issues. Contact DIFS Monday through Friday from 8 a.m. to 5 p.m. at 833-ASK-DIFS (833-275-3437), or file a complaint at [Michigan.gov/DIFScomplaints](https://www.michigan.gov/DIFScomplaints).