Other Sources:

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
www.dol.gov/ebsa

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
www.dol.gov/cobra

Medicare:

800-MEDICARE or 800-633-4227
www.medicare.gov

Workers' Compensation Claims:

Department of Licensing and Regulatory Affairs:
Workers' Compensation Agency
P.O. Box 30016
Lansing, MI 48909
888-396-5041
www.michigan.gov/wca

Affordable Care Act:

www.healthcare.gov
www.michigan.gov/healthinsurance

Michigan Department of Insurance and Financial Services

DIFS is an equal opportunity employer/program.

Auxiliary aids, services and other reasonable accommodations are available upon request to the individuals with disabilities.

Visit DIFS online at: Michigan.gov/DIFS or call DIFS toll-free at 877-999-6442.

Department of Insurance and Financial Services
Office of Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Guide to Resolving Health Insurance Problems

DIFS DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES

Rev. 01/2021

When You Have a Dispute with a Health Insurer or Agent:

Use the attached form to file a complaint with the Department of Insurance and Financial Services (DIFS) if you are in a dispute with a health insurer 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.

You may also file a complaint online at michigan.gov/DIFScomplaints.

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

First Contact the Health Insurer or Agent:

If you disagree with your health insurer or agent, contact them directly

- Speak with a company representative or agent 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 insurer or agent, 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 DIFS Can Help:

If you are still dissatisfied after contacting the health insurer or the agent, contact DIFS' Office of Consumer Services to ask questions or to file a written complaint by completion of this form. You may also file a complaint online at michigan.gov/DIFScomplaints.

Your complaint is based on the documents you submit. Be sure to include all pertinent information, such as:

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

Always send copies. Please do not send original documents.

Once you file a complaint, DIFS will respond to your complaint by doing the following:

- Contacting the health insurer, insurance agency and/or insurance agent to obtain a written response.
- Confirming the licensees named in your complaint are performing as required under your policy and the law.
- Helping you understand options that may be available to you.

You will receive a copy of all correspondence received during DIFS' review of your complaint as well as a letter explaining our findings.

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

Please understand that our complaints are thoroughly reviewed; however, we may not be able to provide the exact results you desire. We hope through our complaint process we can help you understand the options available to you and the policy language or laws that may apply.

If Your Complaint Involves a Health Coverage Claim Denial:

Internal Formal Grievance Process

Each health insurer must establish an Internal Formal Grievance Process. You are eligible to appeal through the health insurer's Internal Formal 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.

The grievance process is initiated by submitting a written grievance to your health insurer.

If DIFS receives your complaint regarding an adverse determination, we will forward it to the health insurer, ask them to begin the Internal Formal Grievance Process, and require the insurer to provide our department with a copy of its final decision.

As part of the Internal Formal Grievance Process, your health insurer 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 insurer 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 insurer must complete all steps of the Internal Formal Grievance Process within 30 calendar days after a grievance is submitted for pre-service claims and 60 calendar days after a grievance is submitted for post-service claims. The health insurer can request an additional 10 business days if the insurer has not received requested medical information from a health care facility or doctor.

External Review Process

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

Additional External Review appeal information and the External Review request form is available on our website at michigan.gov/DIFScomplaints.

What DIFS Cannot Do:

Our authority is limited to the companies and agents DIFS 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 DIFS. However, DIFS has authority over the administrators of these plans. DIFS has no authority over Workers' Compensation claim issues. Helpful contact information is included at the end of this brochure.

DIFS regulates the business of insurance transacted in Michigan; therefore, our authority pertains to insurance 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.

Provider Complaints:

DIFS generally only accepts complaints from parties involved in the contract, such as the insured, policyholder, or certificate holder. Since a health care provider is not a party to the health care contract, we typically do not accept complaints from providers. Public Act 316 of 2002 allows health care providers to submit a clean claim to DIFS if they do not receive timely payment from an insurer for a claim submitted without any errors.

For more information, or to obtain a Clean Claim Report, health care providers can visit our website michigan.gov/DIFScomplaints.

FIS 2257 (1/20) Department of Insurance and Financial Services

Health Insurance Complaint Form

Michigan law, including PA 218 of 1956 and PA 350 of 1980, as amended, authorizes the review of consumer complaints involving insurance and similar products. Completion of this form is voluntary and helps us review your complaint.

My Name	Name of Health Carrier May also be an HMO or other company ***Please include a copy of the front and back of insurance card**
Address	Name of AGENT or AGENCY (if applicable)
City / State / Zip Code	Name of INSURED person on insurance card
My Email Address (By providing your email address you consent to receive DIFS correspondence via email)	Date of healthcare service
Daytime phone number ( ) / Alternate phone number ( )	**Type of Plan** ❑ Individual plan Policy # _____ ❑ Group Plan Name of group/employer _____ Group Contract # _____

Type of coverage my complaint is about:

❑ Health Insurance ❑ HMO ❑ Vision ❑ Dental ❑ COBRA
❑ Medicare Supplement ❑ Medicare Advantage ❑ Medicare RX Part D ❑ Other_____

Reason for complaint: (Check all that apply)

❑ Claims Issue ❑ Rate Issue ❑ Premium Billing ❑ Customer Service
❑ Dependent Coverage ❑ Coverage for Health Service ❑ Cancellation ❑ Pre-Existing Condition
❑ Misrepresentation of Coverage ❑ Refusal to Insure ❑ Other _____

Have you hired an attorney to represent you in this matter? ◯ *Yes* ◯ *No*

Have you filed a lawsuit in this matter? ◯ *Yes* ◯ *No*

Please list events in the order they happened. Attach additional pages if needed. If possible please use letter size paper (8 ½ 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:
DIFS – Office of Consumer Services
P.O. Box 30220
Lansing, MI 48909-7720

Or fax to: 517-284-8837
Or email to:difs-hicap@michigan.gov

I authorize the Department of Insurance and Financial Services (DIFS) 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 DIFS in order to resolve this complaint. I represent that I have the proper authority to execute this release.

Signature Date signed