

Consumer Counselor

Insurance Information for Michigan Consumers

How to Appeal a Decision Made by Your Health Insurer

If you disagree with a decision your health insurer made with regard to your health care claim, you have the right to appeal that decision. There are two levels of appeal – an internal appeal with your health insurer and then an external review with the Department of Insurance and Financial Services (DIFS).

Internal Appeal Process

Michigan law provides you the right to file an internal appeal if you disagree with a written decision (adverse determination) from your health insurer. An adverse determination results from an admission, availability of care, continued stay, or other health care service being denied, reduced, or terminated by your health insurer. It is also considered an adverse determination if your health insurer does not respond to your appeal request.

When you receive notice of an adverse determination, you must notify your health insurer in writing that you want to appeal their decision. The timeframes you are required to meet to appeal a decision by your health insurer are identified in the adverse determination notice. Once you file an appeal, the health insurer is required to review your request through their internal process within:

- 30 calendar days for a preservice denial
- 60 calendar days for a post service denial

External Review

If you do not agree with the health insurer's final determination, you have 127 days to file an external review under the Patient's Right to Independent Review Act (PRIRA) with DIFS.

To request an external review, you or your authorized representative must complete the *Health Care Request for External Review* form. In addition to the form, the external review request should include a copy of the adverse determination from your health insurer, the reason(s) why you are appealing the decision, and any documentation to support your position.

If the external review concerns a denial based on an experimental and/or investigational service, your treating provider must complete the *Treating Provider Certification for Experimental/Investigational Denials* form and submit it with your request. Both forms can be found at www.michigan.gov/difs and submitted either online or as paper forms. You may also contact DIFS at 877-999-6442 to have the forms sent to you.

DIFS will examine your external review request to determine if it meets the requirements under PRIRA. If your request is accepted and involves a contractual dispute, the external review is conducted by DIFS. If your request is accepted and involves issues of medical necessity or clinical review, it is referred for review to an independent review organization. In both instances, the Director of DIFS will issue an order with the decision of the review.

Expedited External Review

You have the right to request an expedited external review in situations where the normal PRIRA review timeframe would seriously jeopardize your life, health, or ability to regain maximum function. An expedited external review is conducted within 72 hours and requires your treating provider to verify, orally or in writing, the necessity of an expedited review. You are not eligible for an expedited external review if it concerns a health care service that has already been received.

About DIFS

The mission of the Michigan Department of Insurance and Financial Services is to ensure that the insurance and financial services industries are safe, sound, and entitled to public confidence, while providing a business climate that promotes economic growth. In addition, the Department provides consumer protection, outreach, and financial literacy and education services to Michigan citizens. For more information please contact DIFS at 877-999-6442 or visit www.michigan.gov/DIFS.

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