Filing a Consumer Complaint About Health Insurance: A Step by Step Guide

Filing a complaint about health insurance can be a daunting process for consumers. Each state has a slightly different way of collecting these consumer complaints, but there are also similarities in their processes. Consumers may need support as they collect the information needed to file and with the filing process. Some consumers, such as those with disabilities, who do not speak English as a first language, or who experience discrimination due to their status as racial or ethnic minorities, may need additional support.

Health stakeholders including health advocates, health care providers, and enrollment assisters can help consumers file a consumer complaint. Below is a brief summary of the six key steps that consumers will take when filing a complaint. For more detailed instructions for filing a consumer complaint in your state, contact the Department of Insurance (DOI) or Attorney General's office (AG) for more information.

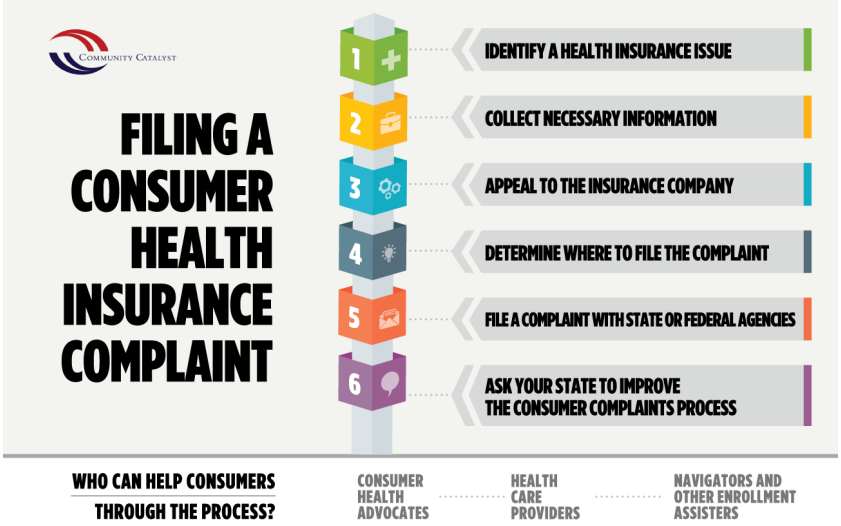
Step 1: Identify a health insurance issue

Consumers having issues with their health insurance coverage will need to pinpoint and describe what they have experienced. Health advocates and others can help the consumer explain the problems they are having in greater detail. Consumers may not know that filing a consumer complaint is possible. Advocates can share information about complaints and the complaints process to help consumers determine whether they should file a complaint.

Step 2: Collect necessary information

Consumers will need several documents to support a complaint about health insurance coverage, including copies of the insurance explanation of benefits book, bills and other health records related to their treatment, and an official denial letter. Health plans are required to provide information to the consumer about why their health coverage claim has been denied. A denial of higher level services recommended by a health provider and approval of a lower level of services still constitutes a denial for the purposes of filing an appeal or complaint. If the insurer does not provide a denial letter, the consumer can request it. Consumers should be able to articulate a clear timeline of events: what medical services they were seeking, what issue they are having with their plan, and what resolution they are hoping for.

Step 3: Exhaust other appeals mechanisms



Typically consumers have an obligation to exhaust their health plan's appeals process before filing a consumer complaint with a state regulatory agency. The insurer should provide information to the consumer about how the appeals process functions. The health appeals process has two main layers: internal and external appeals. Internal appeals are filed directly with the insurance company. External appeals are directed to an entity beyond the insurer, such as a third party reviewer.

The appeals process is complex and varies from state to state. Consumers may need advice and support from someone who has familiarity with the process and with health care laws and regulations. Advocates, providers, health lawyers, and other experts may be able to help.

In the absence of support organizations to assist them, consumers may want to contact the state regulatory agency to report their problems. Some states have established a consumer protection or consumer assistance unit within the DOI or the AG's office. Consumers may want to contact these agencies for help filing an internal appeal. Information used in an appeal can be the basis of a consumer complaint if the appeal is not resolved by the health plan to the consumer's satisfaction.

Step 4: Determine where to file the complaint

Complaints about health plans should be directed to the state agency that oversees health plans. For private insurance plans, this agency is the Department of Insurance (DOI). In the case of Medicaid plans, consumers should contact the state Medicaid office with complaints. In some cases, such as complaints related to behavioral health coverage or behavioral health parity, a complaint can also be filed with the AG's office. The AG is tasked with enforcing state and federal laws governing the fair treatment of consumers with behavioral health needs.

Step 5: File the complaint

Each state has slightly different procedures for filing consumer complaints. For more detailed information about a state's DOI and complaints process, visit the DOI website. A full map of

DOIs and links to DOI webpages is located on the National Association of Insurance Commissioners website. If you wish to file a complaint about behavioral health coverage or behavioral health parity, visit the website of your state AG for consumer complaints directions. The National Association of Attorneys General keeps a list of all Attorneys General and links to state websites.

Step 6: Ask your state to improve the consumer complaints process

There is a growing movement of advocates asking states to make the consumer complaints process more simple, accessible, and productive. Please see our consumer complaints advocacy priorities for more ideas about how to get involved.

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