

Health Insurance Complaints & Appeals

You have health insurance to help pay for health care services that you need and to protect you from high medical bills. Sometimes, you and your insurance company may disagree on what you should pay and what they should pay. If your health insurer will not pay for something that you think is covered, you have the right to appeal. Insurers have to tell you why they have denied your claim or ended your coverage. The following information will help you file an appeal with your insurer or file a complaint against them.



Claim is filed to your health insurance company

When you go to the doctor or get medicine from the pharmacy, you or your doctor files a **claim** to your health insurance company. Often, your doctor or pharmacist does this automatically. Sometimes, you will have to file the claim by filling out a form and sending it to your insurer.



Insurance will pay the claim

Most of the time, your insurance company will pay the claim. This means that they will send money to the doctor if they filed the claim, or send money to you if you paid for your medical care already. The end! You don't have to do anything more.

Insurance says "No"

Sometimes, your health insurance company will say "No" to a claim or only pay for part it. If that is the case, you have the right to **appeal**. There are two kinds of appeals—**internal appeal** and **external review**.



Filing an Internal Appeal

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CLAIM

A claim is the formal process of asking your insurance company to pay for a health care service that you received.

APPEAL

"Appeal" means you ask the insurance company to reconsider its decision.



Filing an Internal Appeal

If your insurance company will not pay your claim or cancels your insurance coverage, you can file an **internal appeal**.

First, ask your insurance company how to file an internal appeal. Follow the instructions that your insurer gives you. Or you can write a letter to the company. If you write a letter, include your name, claim number, and health insurance ID number. With your forms or letter, include any extra information you want the insurance company to know, like a letter from your doctor.



Insurance changes its mind and pays claim

If your insurer changes its mind and pays the claim, then you don't have to do anything more. Your appeal was successful!

Insurance still says "No"

If your insurance company still says "No" to your claim, you can ask for an external review. If you have an urgent health need, you can ask for an external review at the same time as your internal appeal.



Ask Georgia Department of Insurance (DOI) to do an External Review

You have to ask for a review within 60 days of getting the results of your internal appeal. (Some insurance companies allow you to have more time. Your internal appeal notice should tell you this information.)

To ask for an external review, go to:
www.oci.ga.gov/consumerservice/complaintprocess.aspx.



Georgia Department of Insurance will make a decision

DOI will make a final decision. The decision will either:

1. Support the health insurance company's denial.
If that is the case, you must pay for the claim;

OR

2. Support you and make the company pay your claim.
Your insurer is required by law to accept DOI's decision.

INTERNAL APPEAL

During an internal appeal, your insurance company will review its decision in a fair and complete way. You have up to 6 months (180 days) from finding out your claim was denied to file an internal appeal.

EXTERNAL APPEAL

An external review means that the Georgia Department of Insurance (DOI) looks at your claim and decides if the insurance company should pay for it.

You have other options

File a complaint

It is the job of the Georgia Department of Insurance (DOI) to protect insured Georgians by working with people like you and insurance companies. You can file a complaint with the Department of Insurance (DOI) if you think your insurer is doing something wrong. You may also file a complaint if:

- You are having a problem with your premiums (ex: your premium goes up by a lot very quickly)
- You cannot find a doctor that accepts your insurance
- You think your coverage has been cancelled without reason

If you want to file a complaint, go to oci.ga.gov/ConsumerService/complaintprocess.aspx. After you fill out the online form, here's what will happen:

1. DOI will send a copy of your complaint to the insurance company. DOI will ask for the company to respond to the complaint. The company will have to provide documents and details about your complaint.
2. DOI will look at the documents that the insurance company gives them, and then decide if the insurer acted correctly.
3. DOI will also figure out if the insurance company broke any laws. If so, they will make sure the insurance company fixes the problem.

Here are some tips to help you settle your health insurance issues:

- * Be an active partner in your health insurance claim processing process. Insurance companies often need more medical information or information from you to process a claim. If your insurer asks you for information, send what they ask for. Also, keep a copy of the information that you sent.
- * If your health insurer refuses to pay for a recommended or ongoing treatment because the insurer determined that the treatment was not medically necessary or appropriate, your health insurance policy outlines the appeal process you can follow.
- * It's important when deciding on a health insurance plan to really understand what medical services the plan covers. When you are shopping for insurance, check to make sure the plan covers what you think you will need during the year.

Call us if you need help

If you have questions about how to appeal or file a complaint, you can contact Georgians for Healthy Future to get help. Pranay Rana, Consumer Education and Enrollment Specialist, can be reached at prana@healthyfuturega.org or 404-567-5016, Ext 4.

