



State of Your Health:

How the Michigan Department of Insurance & Financial Services Can Help You



Are you having trouble with your health coverage? The Department of Insurance & Financial Services protects consumers by oversight of the insurance industry. For example, extreme delays in response to a prior authorization request or surprise billing from your insurer.

Why is it important to contact the Department? The Department learns about insurance problems because of consumer complaints. If you have any questions about actions by your insurance company, the Department can be a resource for you!

MEET THE INSURANCE DIRECTOR

Anita Fox was appointed Director of the Michigan Department of Insurance and Financial Services by Governor Gretchen Whitmer in December 2018. She brings more than 30 years of experience in the legal field to the role, having specialized in counseling clients on and litigating a wide range of business and insurance issues.

WHY SHOULD YOU CONTACT THE DEPARTMENT OF INSURANCE?

- ▼ You've already talked with your insurance company and aren't satisfied with the results.
 - Remember when you talk with your insurance company, document your phone calls by noting the name of the person you speak to, the date of the call and a brief summary of the conversation.
- ▼ The Department of Insurance wants to hear from you, the consumer. They can be extremely helpful if you are having trouble filing an appeal with your insurance company or experiencing a prior authorization that is taking too long.
 - You can file a complaint online: <https://difs.state.mi.us/Complaints/FileComplaint.aspx>
 - You can also contact the Department:
 - By email at difs-hicap@michigan.gov
 - By fax to (517) 284-8837
 - By mail to DIFS – Office of Consumer Services, P.O. Box 30220, Lansing, MI 48909-7720
 - Keep your originals and send only copies of information. For a printed copy of the Department's complaint form, contact (517) 284-8800 or (877) 999-6442.
- ▼ By receiving consumer complaints, the Department will investigate and make sure that insurance companies are obeying state insurance laws*. If they don't receive written consumer complaints, they are not able to act.

WHAT HAPPENS WHEN YOUR COMPLAINT IS RECEIVED?

- ▼ DIFS will forward the complaint to the health carrier and ask that it begin the Internal Grievance Process and provide a copy of its final decision.
- ▼ The health carrier 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 carrier must complete all steps of the Internal 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 carrier can request an additional 10 business days if the insurer has not received requested medical information from a health care facility or doctor.
- ▼ For more information on the complaint process, visit: https://www.michigan.gov/difs/0,5269,7-303-12902_12907---,00.html

HOW TO ENSURE YOUR VOICE IS BEING HEARD

- ▼ Get involved with the Arthritis Foundation's Advocacy Program. For more information, visit: arthritis.org/advocate/ or email advocacy@arthritis.org.

*Please note: The Department does not have jurisdiction over all plans. If you are unsure of the type of plan that you have, please refer to your member handbook on how to file an appeal.