

How to Appeal a Health Insurance Denial

If you receive a denial from your health plan there are processes in place to help. You should review the denial letter to determine why the request was denied, what manners of appeals are available, and if there are timelines in which the appeal must be received. Most health plans require that you complete their internal appeals process prior to requesting assistance from a regulatory agency.

Step 1: File an appeal with your health plan

- Generally health insurance appeals can be submitted over the phone by contacting your health plan's member/customer service department, in writing by mail or by submitting your appeal online at your health plan's website.
- Your appeal should be concise and include the reasons why you believe you need the requested service and your desired outcome. If your condition is serious, request the health plan review your appeal on an urgent/expedited basis.
- If applicable, include any relevant supporting documentation. This may include a copy of the denial letter, medical records and physician letters of support. Send copies of your documentation, not the originals, as these are not likely to be returned.
- Keep copies/records of your appeal documentation and any health plan correspondence, including letters, phone calls, dates and names.
- If you mail your appeal you may want to consider sending it by certified mail return receipt requested. If you submit your appeal online, print a confirmation of your submission.

Step 2: File an appeal with the health insurance regulator

If your health plan denies your appeal you should contact the applicable regulatory agency for assistance. Most health plans are regulated by a federal and/or state agency. These regulatory agencies accept complaints, appeals, and external/independent medical review requests and objectively review health care disputes between a consumer and their health plan. These agencies are in place to ensure health plans follow applicable state and/or federal law and provide enrollee's the health care treatment or services to which they are entitled to through their health plan contract.

It should be noted that each state regulatory agency has different mechanisms and timelines for filing an appeal. For specific information contact your states regulatory agency. A list of these agencies is provided on the HHT insurance resources page (<http://www.hht.org/resources/insurance-resources/>).