

Filing formal complaint with your insurer

INSTRUCTIONS:

Below are guidelines for telling an insurer customer service rep that you want to file a formal complaint, as well as a template letter for confirming the complaint in writing.

It is suggested that the formal complaint be made both orally to a customer service rep AND in writing.

Additional background regarding steps to take BEFORE filing a formal complaint should be consulted at www.covermymentalhealth.org.

THE FOUR THINGS TO SAY TO AN INSURER CUSTOMER SERVICE REP:

1. "I want to file a formal complaint." (As noted above, this is NOT an appeal.)
 - Be sure to ask the name of the customer service rep, as well as their badge or identification number.
 - Take notes from your conversation; these notes will be used in the written formal complaint.
 - If asked about whether you want to file an appeal, respond with "No, thanks. This is not an appeal."
2. "This formal complaint is for a quality-of-care failure and a potential breach of contract."
3. "The quality-of-care failure is [explain your issue here]"; here are a few examples of the way you might explain the failure:
 - In-network provider issue – "I'm trying to schedule an appointment with a therapist near my home/work within the next week. There are no available in-network therapists. I have called five providers in the online directory and none offers appointments near me or soon."
 - Medical necessity denial / level of care – "My son/daughter requires residential care for a mental health condition that their doctor has determined is medically necessary. Your denial has ignored the doctor's determination. I have provided a medical necessity letter from my psychiatrist supporting the required care."
 - Medication denial – "My doctor prescribed a medication for me and the pharmacy says my insurer won't cover it. Step therapy ignores my doctor's determination of the right prescription for me."
 - Telehealth denial – "My coverage should include access to telehealth, but it's been denied."
 - Unclear communication – "I can not get a clear answer from my insurer about this care (or this claim or this denial)."
4. "I expect resolution of this formal complaint within 3 business days or 72 hours. Absent resolution, I may file a complaint with the state insurance regulator."
 - A short deadline is a reasonable expectation.
 - Your written submission of the formal complaint does not need to delay their response. A written response from the insurer should be expected.

TEMPLATE LETTER for FORMAL COMPLAINT:

This template letter will repeat the same points from the discussion with a customer service rep, as prompted below. The letter can be mailed to the insurer at the address on the back of your insurance card. Keep a copy for your records.

Date

Member: [patient]

Member DOB: [...]

To Whom It May Concern:

This is a formal complaint for a quality-of-care failure. This complaint was submitted in a discussion with [customer service rep] on [date].

I experienced a "quality-of-care" failure as follows:

- Describe the care you require and the result you expect from the formal complaint
- Describe the obstacles you have encountered
- Describe what you have done to overcome the obstacles
- Report the deadline

Thank you.