

## How to File an Appeal or Complaint with Your Insurance Company

If you enroll in a Marketplace plan and you do not agree with a decision your insurance company makes about your coverage, you have options. The Department of Insurance Office of Consumer Health Insurance (OCHI) can help you file an appeal and answer your questions.

### How do I file an appeal with my insurance company?

To file an internal appeal with your insurance company, you must submit the appeal in writing within 180 days of learning that your insurance will not pay for the health care service or doctor visit. You can also file an urgent appeal over the phone if a written request is filed within three days of that phone call.

To file an internal appeal you must:

- **Complete all forms** your health insurance company asks you to complete or write your insurance company with your name, claim number and health insurance ID number.
- **Submit other information you want the insurance company to consider** when evaluating your appeal, like a letter from your doctor.

If your life or health is at immediate risk, you can request an expedited appeal to speed up the process. Your provider may also file an appeal, but this is different from the internal appeal you file on your own and it will not give you extra time to file your own internal appeal.

Your insurance company will only have a limited time to make a final decision on your internal appeal. Depending on your situation, the insurance company must send you a written decision within:

- **60 days** if you have already received the service.
- **30 days** if the appeal is for a standard pre-service authorization request.
- **48 hours** if the appeal is expedited for urgent medical care.

Remember, appeal requirements for multi-state plans are slightly different. If you have a Marketplace multi-state plan, call OCHI at (877) 527-9431 for help with the different appeals process.

### How do I request a review by the Illinois Department of Insurance?

If you disagree with the decision your insurance company gives you after filing the internal appeal, you can request an external review from the Illinois Department of Insurance (DOI). This request must be made within four months of the final internal appeal decision. You may also request an expedited external review before you complete the internal appeal process if you have an urgent medical need.

External reviews are only available for certain situations, like denial due to medical necessity, denial for experimental or investigational services, cancellation of coverage, and a pre-existing condition denial.

For other claim denials or cancellation issues, you should file a complaint with OCHI.

If you are unable to make the request or want to have someone act on your behalf, you may appoint an authorized representative to request the external review for you. This can be a health care provider, like your doctor, or someone close to you, like a family member or friend.

Three forms you may need to fill out to request an external review include:

- **External Review Request** - Required for all external review requests.
- **Health Care Provider Certification** - Required to request an expedited external review or to appeal a denial for an experimental drug or health care service. This form must be completed by your doctor.
- **Appointment of Authorized Representative** - Required if you want to appoint an authorized representative to act on your behalf during the external review process.

You can mail, fax or email the forms to:

Illinois Department of Insurance/Office of Consumer Health Insurance  
External Review Request  
320 W. Washington Street  
Springfield, IL 62767  
(217) 557-8495 (fax)

[DOI.externalreview@illinois.gov](mailto:DOI.externalreview@illinois.gov)

You will receive a final written notice of the decision from DOI within 45 days of submitting your request for an external review. Your insurance company must comply with the decision.

## How do I file a complaint against my insurance company?

A complaint can be filed at any time, even if you have already filed an internal appeal or requested an external review. Filing a complaint allows DOI to look into your issue and make sure your insurance company is following the rules.

There are four ways to file a complaint:

- Go online at <https://mc.insurance.illinois.gov/messagecenter.nsf>.
- Send an email to [consumer\\_complaints@ins.state.il.us](mailto:consumer_complaints@ins.state.il.us).
- Fax your complaint to (217) 558-2083.
- Mail your complaint to the Illinois Department of Insurance/Office of Consumer Health Insurance, 320 W. Washington Street, Springfield, IL 62767

Your insurance company must respond to the complaint within 21 days and DOI will send you written confirmation of the results of your complaint.

## How do I get help with my internal appeal, external review, or complaint?

- **Contact the Office of Consumer Health Insurance** at (877) 527-9431. OCHI can help you file internal appeals, external reviews, and complaints.
- **Call your insurance company's consumer hotline** for internal appeal information.
- Visit [GetCoveredIllinois.gov](http://GetCoveredIllinois.gov) or call the help desk at (866) 311-1119 for a list phone numbers from the top insurance companies in the state.