

My Health Insurance Claim Was Denied: *Now What? We Can Help.*



You can appeal a health insurance company's decision to deny a claim or a decision to pay less than the amount billed. You have the right to:

- Receive an explanation of your insurance company's grievance (appeal) procedures.
- Receive an explanation for your claim denial.
- **Request appeal assistance with your health insurance claim denial from the [Iowa Insurance Division's \(IID\) Consumer Assistance Program \(CAP\) at 877-955-1212 \(toll-free\) or \[insuranceca@iid.iowa.gov\]\(mailto:insuranceca@iid.iowa.gov\)](#)**

The Iowa Consumer Assistance Program (CAP) May Be Able To Help By:

- Contacting your insurance company to obtain the procedure to file an appeal on your behalf;
- Assisting you in obtaining documentation from your insurance company and health care providers to support your appeal;
- Writing a letter on your behalf disputing your claim denial, submitting the appeal with supporting documentation; and
- Tracking the appeal and keeping you informed.

By contacting us early, you allow us more time to gather the supporting documentation to make your appeal as successful as possible.

Types of Appeals

Your first appeal, called an internal appeal, is usually through the insurance company. If your dispute is not resolved satisfactorily, your dispute may qualify for an external review by a neutral, independent review organization.



Internal Appeal

- It is important to know the timeframe you have to file an internal appeal. This timeframe can be found in your benefit booklet and on the Explanation of Benefits for the denied claim.
- Once you request an internal appeal your insurance company must make a decision and respond within 30 days.
- If your claim is still denied after your internal appeal, you may have the right to request an external review from an independent review organization.

External Review (Review by Independent Third Party)

If your insurance company continues to deny your claim after an internal appeal, you have four months from the date of your internal appeal denial to file a request for an independent external review. Denials may be eligible for external review in the following circumstances:

- The denied health care service does not meet the insurance company's requirements for medical necessity, appropriateness, health care setting, level of care, or effectiveness; or
- The insurance company has refused to pay for the service because it is experimental or investigational.

For Urgent Medical Conditions:

If you have a medical condition where the time frame for an internal appeal or an external review would seriously jeopardize your life or health, your physician may request expedited appeal with your insurance company or expedited external review with the Iowa Insurance Division. Requests can be made by telephone, email, or facsimile.

Additional CAP Services

CAP's mission is to:

- educate consumers about their health coverage options and opportunities;
- empower consumers about their health insurance rights and responsibilities;
- and provide access to accurate health insurance information.

CAP assists consumers with health complaints and appeals, educates consumers and the public at large about health coverage and the new protections available under the Affordable Care Act (ACA), and assists consumers in learning about their health insurance enrollment opportunities.

***CAP services are free to all consumers.
Translation assistance is available.***

Phone toll free: 877-955-1212

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