

■ Protect Your Rights

You Have The Right To Complain or Appeal

- When an insurance plan will not pay for a treatment or service, you can ask the plan to change (appeal) its decision
- Your plan must explain how to appeal when it tells you that it will not pay or cover a service
- When you appeal, your plan must give you its decision within:
 - 72 hours for denials of urgent care.
 - 30 days for denials of non-urgent care you have not yet received.
 - 60 days for denials of service you have already received.
 - If the plan still denies your benefit, it must explain why and tell you how to ask for an outside review (external review).
- If you do not speak English, you may be able to get appeal information in your native language.
- We will help you file your complaint and see you through the appeals process, including review from an independent third party.

How To Complain or Appeal

1. Call Member Services – Toll Free Number is on your Health Plan's Card.

- Ask for a complaint or grievance form or in some cases you may file a complaint over the phone
- Ask your plan to send you a copy of the denial letter
- Check your plan benefits to make sure that you are being denied a service that is covered by your plan. If you don't have this list of benefits, ask your member services to send you one.

tips

- Keep a record of all letters you send or get from your health plan.
- Keep a log of all telephone calls you make or get about your denial.
- Keep a copy of the denial letter (do not assume your health plan will have it on file).

2. Get Information

- Talk with your doctor. Ask for a letter from your doctor stating why you need the service or treatment or why you were given that service or treatment.
- Ask for a copy of any letters that the doctor sent to the health plan for your case.

3. Write Your Complaint or Appeal

Your letter must have:

- Your plan identification numbers (policy number, group number, claim number)
- The reason for the denial that they explained in the denial letter
- A brief history of the illness and necessary treatment
- Why you believe the decision was wrong
- What you are asking the managed care plan to do

4. What To Do Next

- You will be told in writing of the health plan's decision, why they made that decision and what to do next.
- If your complaint or appeal has been denied, you need a copy of the second denial letter. This letter will tell you how to appeal on the next level. You may have to send new information with this second appeal that talks about the current reason for the denial.

5. External or Outside Appeals

If you have gone through all levels of the inside appeals in your health plan you may be able to file an outside appeal with the CT Department of Insurance or as arranged by your health plan.

- You must file for an external appeal within 120 days of getting written notice from your health plan that you have used all of their internal appeals.

■ You Have a Voice. Now You'll be Heard.

For Help Call the Office of the Healthcare Advocate today: 1-866-466-4446

- OHA business hours are 8:00am-5:00pm EST.
- Leave a message after hours and your call will be returned promptly.
- Visit ct.gov/OHA to get information and answers to your questions.
- Interpretive services are available.

The Office of the Healthcare Advocate:

Protecting your rights

Maintaining the respect and dignity you deserve

Resolving your healthcare issues



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

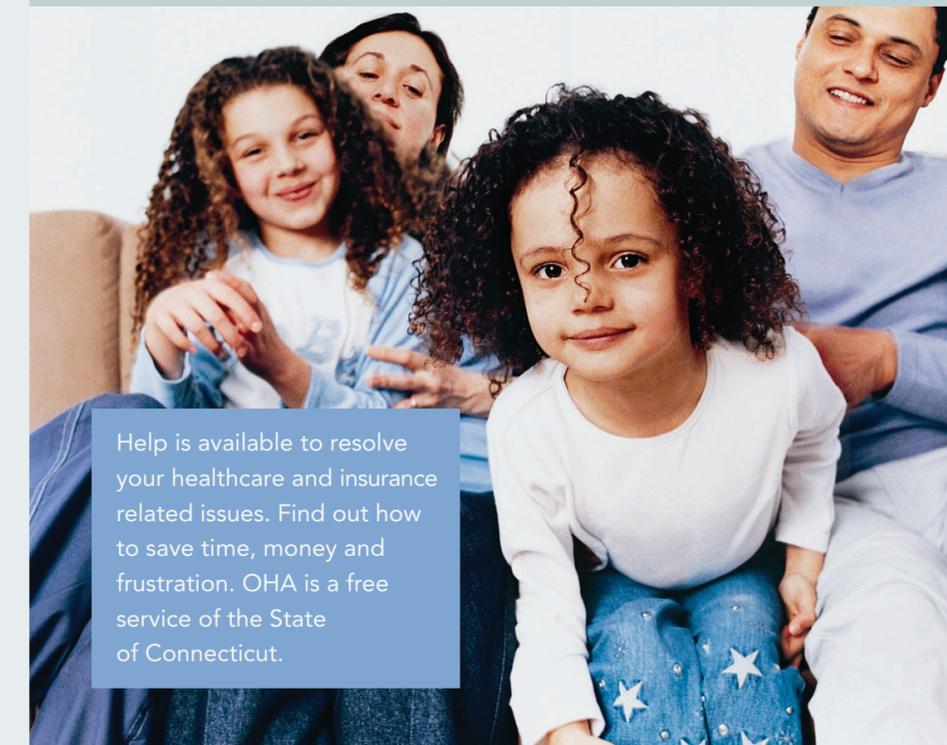
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Visit ct.gov/oha

A free service of the State of Connecticut.



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

Healthcare Can Be Confusing
The Answers Start Here



Help is available to resolve your healthcare and insurance related issues. Find out how to save time, money and frustration. OHA is a free service of the State of Connecticut.



■ Have you ever...

- Spent hours on the phone with your health insurance company trying to resolve a problem?
- Been denied service or treatment you thought was covered?
- Felt overwhelmed by medical bills?
- Lost your job and wanted to understand your health care options?
- Had trouble finding a provider to take your insurance?

OHA helps you find the answers when you need it most.

our mission

OHA is an independent state agency that provides advocacy services for Connecticut healthcare consumers. OHA does not replace your insurance. We hold insurance companies accountable to you, the consumer, and help you successfully resolve your healthcare issues.

For help, call the Office of the Healthcare Advocate 1.866.466.4446 or visit ct.gov/oha

■ Get the Most Out of Your Healthcare Plan

Know your rights

Under Connecticut law, you have rights. Coverage must include:

- Emergency treatment
- Preventive screenings
- Mental health coverage
- And more

Under federal law, you may also have rights under HIPAA, Mental Health Parity Equity and Addiction Act, COBRA and the Affordable Care Act.

We help you understand all aspects of your insurance including coverage, referrals, and Explanations of Benefits ("EOBs").

tips

- If you have a doctor, hospital, or group of physicians you prefer, you should ask them if they participate in any plan that you may consider joining.
- If you have a chronic illness or take certain medicines, ask how you can use the plan to get the care you need.

Know your options

Choosing the right health plan for you and your family is an important decision.

Before you buy health insurance or pick a plan, you should understand:

- What the insurance policy covers
- How much it covers and how much you have to pay out of pocket
- Whether you will have access to your current doctors
- Whether access to other providers you may need is enough

We help you understand what your choices are: Job-based insurance through you or your spouse, Individual Health Plans, Government or Public Health Plans.

We help you compare health plans and their services, provider networks (doctors, specialists, hospitals, pharmacies that the plan works with) and costs.

■ Get the Most Out of Your Healthcare Dollars

You will Save Time

We know the healthcare industry, including state and federal laws and regulations. We have the expertise and experience to help resolve your issue.

We will:

- **Listen** to you
- **Research** the issue
- **Determine** what course of action is best
- **Guide** and assist you directly through the process until it is resolved

You May Save Money

You are entitled to benefits and other services you may not know about or think you are entitled to.

We know:

- What you are entitled to under your plan
- How to identify billing and claims processing errors
- Successful ways to appeal a claim denial based on medical necessity or other reasons
- Ways to resolve an issue before it becomes an expensive problem
- How to recover expenses that you may have paid but did not owe

did you know?

- To date, OHA has recovered \$47.5 million for CT healthcare consumers.
- OHA has an 85% success rate in overturning insurers' denials of health insurance coverage.



■ Our services are free of charge

Call us with any problem or question related to your health insurance plan or your doctor/health care provider. No matter what type of insurance you have, you can use our services.

■ We are on your side

We do not quit on any case until we have explored every possible solution.



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