

Guidance for Denials Beyond an Appeal

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Overview:

Being denied medications, equipment, and services is a common and unfortunate reality of the health care system and insurance world we live in. What to do when facing those denials can be a daunting question. You should work with your provider to file an appeal, but beyond that, there are other steps to secure access. Below we provide guidance on how to file a complaint with your State Insurance Commissioner. **Regardless of insurance type¹**, this is an effective way to inform Commissioners and staff about the barriers you are facing to accessing needed medications, equipment, and services.

I've received a denial and have filed an appeal, now what?

The National Association of Insurance Commissioners (NAIC) keeps an updated contact list for all 50-state insurance Commissioners. Please go [here](#) and select your state from the drop-down box.

Sample Complaint Letter to State Insurance Commissioner:

Name of State Insurance Commission

Name of Your Insurance Company

Address of Insurance Company

Telephone Number

Dear Insurance Commissioner:

On [insert date of claim submission], I filed the attached insurance claim with [insert name of your insurance company]. My physician prescribed this [therapy/procedure/drug/etc.] because it is medically necessary. However, my insurance company has denied my access to the standard of care. I have had the following specific issues with my insurance company:

- [list all of your problems, such as refusal to cover physician-prescribed therapy, claim has not been paid or has been denied, etc.]

Please accept this letter as a formal written complaint against [insert name of your insurance company].

Sincerely,

Your Name

Your Address

Your Telephone Number

CC: Medical Director, _____ [insert name of your insurance company]

CC: Your Physician

For more information on how to advocate for policies to combat barriers to care, please email The Policy & Advocacy Team at The ALS Association: advocacy@als.org.

NOTE: The ALS Association's Vice President of State Policy, Kara Nett Hinkley, sits on the National Association of Insurance Commissioner's Consumer Representatives Board (appointment 2023/2024). In this role, we bring an ALS and rare disease lens to impact model policies and recommendations that go out to all State Insurance Commissioners, including reforming denials, appeals, and prior authorization processes and protocols.

¹ Though State Insurance Commissioners are limited in the plans they oversee (State Employer, Medicaid, Commercial, ACA), you should also submit complaints for denials from plans beyond the scope of the state insurance commissioner (Medicare, Medicare Advantage, VA, Indian Health Services). They may relay that there is nothing they can do, however, this informs them of the issue and its prevalence. We've also heard of denials in Medicare Advantage plans being addressed due to complaints made to state insurance commissioners, therefore we recommend this broad approach.