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Insurance Commissioner Template Letter for Providers

This letter is intended as a blueprint for providers submitting complaints to their local state insurance commissioner.

Who should I send it to?

Send it to your insurance commissioner. **Keep in mind that insurance commissioners can only act on certain matters**—for example, if insurance companies are violating or inappropriately implementing a state or federal law. They can also only act if they are provided with the necessary information or evidence to understand the problem and its impact. So in order to effectively work with the insurance commissioner, providers must gather important background information before submitting a complaint:

1. If this is an inappropriate denial, providers should get a copy of the patient's full explanation of benefits policy from their plan manager (such as their employer) to show the insurer is violating the outlined plan benefits.
2. If the insurer is violating a specific law or regulation, gather references.
3. Providers/patients should collect documentation of correspondence with the insurance company to submit along with the complaint. This includes but is not limited to:
    a. Denials (with protected health information, or PHI, removed)
    b. Appeals (with PHI removed)
    c. Emails
    d. Notes of phone calls, including date and time of the call.
4. Providers should check their commissioner's website for information on how to submit a complaint and navigate the process. Find your insurance commissioner department here.
5. If providers want to submit a complaint on their patient's behalf, they need to get permission from the patient. This must be submitted with a provider complaint.

Note: As patients are often referred to as "consumers," their complaints are incredibly valuable. So they are encouraged to submit complaints on their own behalf.

The template letter below provides a blueprint for providers.

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[Date of Submission]

[Name of State Insurance Commissioner or Health Insurance Department]

Re: [Describe the nature of the complaint]

Dear [Name of Insurance Commissioner]:

As a [insert profession/title] providing services to [describe your patient population], I am writing regarding a coverage issue that directly impacts their ability to receive timely and medically necessary care. My patient's insurance company, [name of insurance company], is [describe what the insurance company is doing, such as refusing to honor the patient's coverage parameters, pay clean claims promptly, etc.]. This is resulting in [describe the result of the insurance company's actions]. [Describe the direct impact this is having on your patients, such as delaying care, increasing out-of-pocket costs, incurring higher co-pays, etc. If this is impacting a large number of patients, make sure to include that information as well.]

[Describe what the insurance plan should be doing. For example, if it is denying services that the patient's plan covers, describe what is outlined in the patient's plan policy documents and compare this to the remittance advice in the denial letter. Also indicate when this issue began. For example, indicate whether services were covered previously and when the coverage changed or ended.]

[Describe all the ways you have tried to work with the insurance company to resolve the issue.]

I need your help to ensure my patient's plan is appropriately administered by [name of insurance company]. Thank you for taking the time to consider my complaint.

Sincerely,

[Your full name]

[Any additional identifying information required by your commissioner when filing a complaint]

References:

[Include any applicable references to laws, regulations, policy documents, clinical guidelines, etc.]