



# Michigan's Health Insurance Appeals Outreach

Laura Hall, Director of  
Communications

**DIFS**  DEPARTMENT OF  
INSURANCE AND  
FINANCIAL SERVICES

# Old Website Challenges:

- Information was hard to find
- Poor accessibility

The screenshot shows the old website for the Department of Insurance and Financial Services (DIFS). At the top, there is a navigation bar with links for "DIFS Home", "Contact Information", "Online Services", "News", and "MI.gov". The main header features the DIFS logo and the text "Department of Insurance and Financial Services". Below the header is a search bar with a magnifying glass icon. The left sidebar contains a vertical menu with the following items: "About DIFS", "Consumers", "Industry", "Insurance Fraud", "Licensing - Insurance", "Licensing - Consumer Finance and Mortgage", "Statutes, Rules and Regulations", "Hearings and Decisions", "Bulletins", "Forms", "FAQs", "FOIA", "Auto Insurance Reform", and a "Report Fraud" button. The main content area has several sections: a banner for "Michigan's New Auto Insurance Law" with a "Click Here to Learn More About" link; a "COVID-19" section with the text "Information relating to Insurance and Financial Services"; two columns of links under "Consumers" and "Industry"; a "Locate" section with buttons for "Insurance Agent", "Insurance Agency", "Insurance Company", "Other Insurance Locators", "Consumer Finance", and "Mortgage"; and a "Quick Links" section with a list of various links. At the bottom left, there is a "BE COUNTED" banner for the 2020 Census and a "Sign up for email from DIFS" button.

DIFS Home Contact Information Online Services News MI.gov

**DIFS** Department of Insurance and Financial Services

Search

About DIFS  
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Licensing - Insurance  
Licensing - Consumer Finance and Mortgage  
Statutes, Rules and Regulations  
Hearings and Decisions  
Bulletins  
Forms  
FAQs  
FOIA  
Auto Insurance Reform

Click Here to Learn More About  
**Michigan's New Auto Insurance Law**

**COVID-19**  
Information relating to Insurance and Financial Services

**Consumers**

- How to File a Complaint
- Information for Incoming Economic Impact Payments (Stimulus Checks)
- Medicare Supplement Policies
- Securing Mi Financial Future
- Purchasing Auto Insurance
- Publications
- Rate Filing Search
- Health Insurance Information
- DIFS Consumer Education Program
- Financial Literacy
- More Consumer Information

**Industry**

- Insurance
- Consumer Finance and Mortgage
- Credit Unions
- Banking
- Licensing
- Receiverships

**Locate**

Insurance Agent Insurance Agency Insurance Company  
Other Insurance Locators Consumer Finance Mortgage

**Need to talk to DIFS now?**  
Call us toll free at 1-877-999-6442

Contact the Department of Insurance and Financial Services

**Quick Links**

- About DIFS
- Who We Regulate
- Employment Opportunities at DIFS
- Doing Business with DIFS
- DIFS Biographies and Public Officials
- Statutes, Rules & Regulations
- Related Links
- Prior Authorization Request Form for Prescription Drugs
- Service of Process (Insurance)
- Service of Process (Banks)
- Organization Chart
- Press Releases

**BE COUNTED**  
2020 CENSUS  
Sign up for email from DIFS.

**Report Fraud**

# Old Website Challenges:

- Information was hard to find
- Poor accessibility
- Technical language - 12th grade reading level

The screenshot shows the DIFS (Department of Insurance and Financial Services) website. The top navigation bar includes links for DIFS Home, Contact Information, Online Services, News, and MI.gov. The main header features the DIFS logo and the department name. Below the header is a search bar and a row of four small images: a stethoscope, a calculator, a house, and a document. A sidebar on the left lists various categories: Consumers, Industry, Insurance Fraud, Licensing - Insurance, Licensing - Consumer Finance and Mortgage, Statutes, Rules and Regulations, Hearings and Decisions, Bulletins, Forms, FAQs, Auto Insurance Reform, Sign up for email from DIFS, Report Insurance Fraud, Find us on Facebook, and Follow us. The main content area is titled 'DIFS / CONSUMERS / HICAP' and features an article titled 'Appealing a Decision Made by Your Health Insurer'. The article text discusses the right to appeal a health care claim decision and lists two conditions for an external review: 1. The covered person has exhausted the health carrier's internal grievance process. 2. The health carrier fails to provide a determination within the timeframe dictated by law. Below the article is a section titled 'What You Should Know' with sub-sections for 'Internal Appeal Process' and 'External Review Process'. A green arrow points from the 'External Review Process' sub-section to the text: 'If you do not agree with the health insurer's final adverse determination, you have 127 days to file an external review under the Patient's Right to Independent Review Act (PRIRA)'. The right sidebar, titled 'Next Topics', lists several related articles: Employer Group Coverage, Individual Coverage, Shopping for a Health Plan, Costs of Individual Health Plans, Comprehensive Health Plans - Minimum Essential Coverage, Limited Benefit Insurance Plans, Medical Expense Reimbursement Accounts, Required Coverage, Paying Medical Bills, Switching Health Plans, and Filing a Complaint With DIFS.

DIFS Home Contact Information Online Services News MI.gov

**DIFS** Department of Insurance and Financial Services

Search

Consumers

Industry

Insurance Fraud

Licensing - Insurance

Licensing - Consumer Finance and Mortgage

Statutes, Rules and Regulations

Hearings and Decisions

Bulletins

Forms

FAQs

Auto Insurance Reform

Sign up for email from DIFS.

Report Insurance Fraud

Find us on Facebook

Follow us

DIFS / CONSUMERS / HICAP

### Appealing a Decision Made by Your Health Insurer

If you disagree with a decision your health insurer made regarding your health care claim, you have the right to appeal the decision. There are two levels of appeal – an internal appeal with your health insurer and an external review with the Department of Insurance and Financial Services (DIFS).

An external review process should only be initiated if:

1. The covered person has exhausted the health carrier's internal grievance process.
2. The health carrier fails to provide a determination within the timeframe dictated by law.

### What You Should Know

#### Internal Appeal Process

#### External Review Process

If you do not agree with the health insurer's final adverse determination, you have 127 days to file an external review under the Patient's Right to Independent Review Act (PRIRA).

To request an external review, you or your authorized representative must complete the Health Care Request for External Review form. In addition to the form, the external review request should include a copy of the final adverse determination from your health insurer, the reason(s) why you are appealing the decision, and any documentation to support your position.

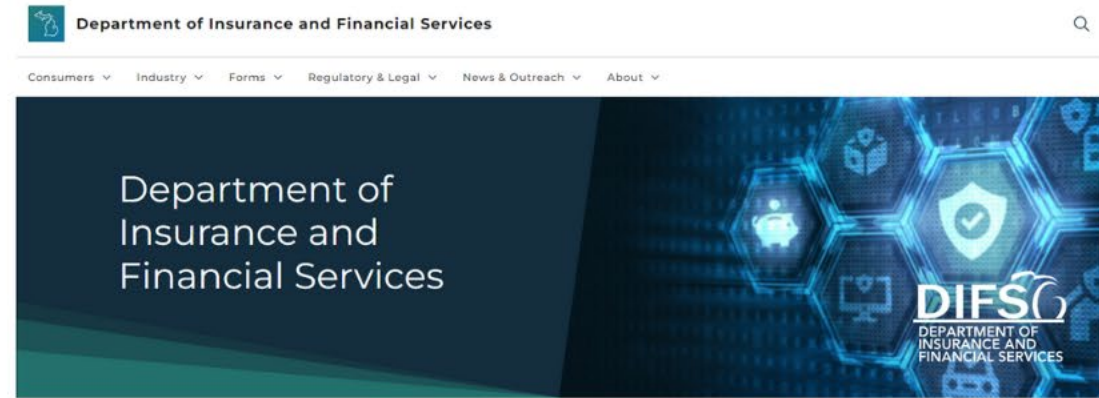
If the external review concerns a denial based on an experimental and/or investigational service, your treating provider must complete the Treating Provider Certification for

#### Next Topics

- Employer Group Coverage
- Individual Coverage
- Shopping for a Health Plan
- Costs of Individual Health Plans
- Comprehensive Health Plans - Minimum Essential Coverage
- Limited Benefit Insurance Plans
- Medical Expense Reimbursement Accounts
- Required Coverage
- Paying Medical Bills
- Switching Health Plans
- Filing a Complaint With DIFS

# New Website:

- Modern look and feel
- Mobile friendly



The mission of the Michigan Department of Insurance and Financial Services (DIFS) is to ensure access to safe and secure insurance and financial services fundamental for the opportunity, security, and success of Michigan residents, while fostering economic growth and sustainability in both industries. In addition, the Department provides consumer protection, outreach, and financial empowerment and education services to Michigan residents. DIFS regulates banks, credit unions, insurance companies, insurance agents, insurance agencies, mortgage licensees, and consumer finance-related entities. [Learn more about DIFS.](#)

## Highlights



Medicaid Redetermination



Michigan Open Account Coalition



Spring Weather Insurance Tips



Report Fraud

## License Search

The DIFS Locator helps you find information about companies and professionals in insurance and financial services industries who do business in Michigan.

[License Search](#) >



# New Website:

- Step-by-step instructions
- More clear visually
- Links to forms are easy to find
- 7th grade reading level

The screenshot shows the Department of Insurance and Financial Services website. The header includes the department name and a search icon. A navigation menu lists: Consumers, Industry, Forms, Regulatory & Legal, News & Outreach, and About. The main heading is "Appealing a Decision Made by Your Health Insurer". A breadcrumb trail reads: Home > Consumers > Insurance > Health Insurance > Appealing a Decision Made by Your Health Insurer. The content area starts with an introductory paragraph about claims, followed by a link to an expedited external appeal section. It then details "Step 1: Internal Appeal to your insurer" and "Step 2: External Appeal to DIFS", each with a list of instructions and requirements. The final section is "Expedited Appeals", which explains the process for urgent cases.

Department of Insurance and Financial Services

Consumers Industry Forms Regulatory & Legal News & Outreach About

## Appealing a Decision Made by Your Health Insurer

Home > Consumers > Insurance > Health Insurance > Appealing a Decision Made by Your Health Insurer

When you receive a medical service, like a check-up with a doctor or an emergency room visit, you or your health care provider will submit a request for payment to your health insurer. This request is known as a **claim**.

If your claim is initially denied, you may be able to get the claim paid by taking the following steps. **If you need care immediately, view the [expedited external appeal](#) section.**

### Step 1: Internal Appeal to your insurer

Ask your insurer to conduct a full and fair review of its initial decision. This is called an **internal appeal**.

- The denial notice you received will tell you the process you must follow, including how long you have to submit the internal appeal to your health insurer. Failure to submit your appeal within the timeframe listed in the notice may invalidate your claim. Call your health insurer if you do not understand how to submit an internal appeal.
- After you submit your internal appeal, your health insurer is required to tell you its final decision within:
  - 30 calendar days for a health care service that has been scheduled but you have not yet received (a **pre-service denial**).
  - 60 calendar days for a health care service you have already received (a **post-service denial**).

### Step 2: External Appeal to DIFS

If you disagree with your insurer's final decision, you may submit an appeal to DIFS. This is called an **external appeal**.

- The appeal must be submitted within 127 days of the final decision.
- External appeals can be filed with DIFS using either the [online form](#) or the [paper form \(PDF\)](#).
- You may file your own appeal or you may authorize another person, such as a doctor, attorney, parent, or spouse, to represent you.
- Be sure to include the following with your appeal:
  - A copy of the final denial from your health insurer;
  - The reason(s) why you are appealing the decision; and
  - Any documentation you have to support your appeal.
- When the DIFS external appeal process is completed, both you and the insurer will receive [written notice](#) of DIFS' decision.

### Expedited Appeals

**If your claim has been denied and you need care immediately** to protect your life, health, or ability to regain maximum function, you may be able to file a **DIFS expedited external appeal**.

- An expedited external appeal is conducted by DIFS within 72 hours.
- Expedited external appeals can be requested using either the [online form](#) or the [paper form \(PDF\)](#).
- Your appeal must include a letter from your treating physician verifying the necessity of an expedited review.
- You can only request an expedited external appeal for pre-service denial. Post-service denials are not eligible for an expedited appeal.

# Proactive Outreach:



Department of Insurance and Financial Services

Consumers ▾ Industry ▾ Forms ▾ Regulatory & Legal ▾ News & Outreach ▾ About ▾

## DIFS Launches Updated Website to Help Consumers Appeal Health Insurer Denials

June 27, 2023

**Media Contact:** Laura Hall, 517-290-3779, [DIFS-press@michigan.gov](mailto:DIFS-press@michigan.gov)  
**Consumer Hotline:** 877-999-6442, [Michigan.gov/DIFScomplaints](https://www.Michigan.gov/DIFScomplaints)

**FOR IMMEDIATE RELEASE:** June 27, 2023

(LANSING, MICH) The Michigan Department of Insurance and Financial Services (DIFS) is reminding consumers that they have the right to appeal a denial of a health insurance claim to DIFS after attempting resolution through the insurer's appeal process. To assist Michiganders with these appeals, the state has launched a [newly updated consumer website](#) that offers more information and answers to frequently asked questions.

"Getting a denial from a health insurance company can be frustrating and, in some cases, harmful to a patient's health and wellbeing, but Michiganders can file an appeal request with DIFS if they disagree with their health insurer's final denial," said **DIFS Director Anita Fox**. "DIFS is first and foremost a consumer protection agency and we are committed to ensuring that Michiganders are able to get the health care services to which they are entitled under their policies and the law."

When a health insurer denies coverage for a health care service, the consumer has the right to appeal if they disagree with that decision. The appeal process consists of:

- an **internal appeal**: If a claim is denied, consumers have the right to ask the insurance company to conduct a full and fair review of its decision, then;
- an **external appeal with DIFS**: External appeals may be requested after the consumer has gone through the internal appeal process or if the insurer failed to provide a final decision within the required timeline.
  - Consumers have up to 127 days after they receive the health insurer's final denial to [file a request for external appeal with DIFS](#) and may authorize another person, such as a doctor or spouse, to represent them during this process.
  - Consumers may request an expedited appeal when resolving their appeal if the normal appeal timeline could seriously jeopardize their life, health, or ability to regain maximum function.

**Michigan Department of Insurance and Financial Services**  
1,311 followers  
1d • 🌐

DIFS is reminding consumers that they have the right to appeal a denial of a health insurance claim to DIFS after attempting resolution through the insurer's appeal process. A newly updated consumer website has been launched to assist v...see more

"Getting a denial from a health insurance company can be frustrating and, in some cases, harmful to a patient's health and wellbeing, but Michiganders can file an appeal request with DIFS if they disagree with their health insurer's final denial."

DIFS Director Anita Fox  
[www.Michigan.gov/DIFS](https://www.Michigan.gov/DIFS)

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**DIFS** @MIDIFS · 5h

Health insurance claim denied? You have the right to appeal to DIFS after attempting resolution through the insurer's appeal process. Our newly updated website offers more information and answers to frequently asked questions.  
[bit.ly/3CIVpuN](https://bit.ly/3CIVpuN)

**Health insurance claim denied?**

**You have the right to appeal!**

[www.Michigan.gov/DIFS](https://www.Michigan.gov/DIFS)

ALT

## Next Steps:

- Continued social media outreach
- Sharing information with stakeholders
- PSA
- And more

