How do I appeal a health plan decision?

The federal health care reform law, known as the Affordable Care Act (ACA), ensures you have certain rights if your health insurer denies your claim. These rights make the process of appealing the insurer's decision more transparent, accountable, and fair.

There are two stages of appeals you can choose to pursue if your claim is denied: an internal appeal through Blue Cross Blue Shield of Michigan and an external review through the State of Michigan. In most cases, you must request an internal appeal before you can request an external review.

What does ACA require?

For adverse benefit determinations, enrollees have the option of appealing the decision first through their health plan (Blue Cross Blue Shield of Michigan), and then externally through an independent party if their internal appeal is denied. In Michigan, the external appeals for self-funded non-ERISA group enrollees (e.g., the NMU health plan), is coordinated through the Michigan Office of Financial and Insurance Regulation (OFIR). The health plan or carrier must comply with notice requirements, include and explain diagnosis and treatment codes, include details about the benefit determination, and describe the appeals process.

State Process for Appeals:

Since you are enrolled for coverage in a self-funded non-ERISA group health plan, you are eligible to appeal under the state process. The following link will direct you to the step-by-step instructions for the state process through Blue Cross Blue Shield of Michigan. The instructions include information on how to expedite both an internal grievance and an external review.

http://www.bcbsm.com/index/common/important-information/resolving-problems/for-ppo-and-traditional-members.html

You may also want to visit HealthCare.gov for further information related appealing a health plan decision: https://www.healthcare.gov/how-do-i-appeal-a-health-insurance-companys-decision/

Final Determination:

The result of the external review shall be final.