



How to File a Health Insurance Complaint with DISB

What Happens When DISB Receives a Health Insurance Complaint?

The complaint is logged into the database, and assigned for review by a Consumer Services specialist. You will be sent an acknowledgement letter, informing you of which specialist will handle your complaint. The specialist may request more information, and may make inquiries of the health insurer.

DISB's goal is to review and resolve complaints within 45 days. However, in some cases, it may take a little longer to resolve; for instance, if a complaint involves a complex issue or unique problem; a claim-related matter; or if there is extensive research by the health insurer or producer.

If you want to send DISB additional information, or check on the status of your complaint, make sure you use the identification number given to you on your acknowledgement letter to identify your complaint.

The D.C. Department of Insurance, Securities and Banking (DISB) regulates most financial-services businesses in the District by administering the District's insurance, securities and banking laws, rules and regulations. You may file your health insurance complaint with DISB, which works to protect consumers' financial interests.

There are three ways to submit health insurance complaints: (1) file a complaint on-line (visit DISB's Web site at www.disb.dc.gov), (2) download the forms and complete it by hand, and (3) submit a written letter with signature.

Health Insurance Complaints Must Be In Writing With The Following Information:

- ❖ Your name, address and name of the insured person, if different
- ❖ Name and address of the health insurer, producer or agency
- ❖ Policy or certificate number
- ❖ Claim number and date of injury or service provided
- ❖ Type of insurance—health, disability etc.
 - ❖ Facts surrounding your situation—what happened to you?
 - ❖ Ways you tried to resolve the matter
 - ❖ What you think should be done to resolve the matter and
 - ❖ Include any supporting documentation

What Can DISB Do About Your Complaint

- ❖ Investigate your health insurance complaint.
- ❖ Step in your place and obtain information and explanations from the health insurance company.
- ❖ Review your health insurance complaint, the health insurer's response, your policy provisions (where appropriate) and District of Columbia laws and regulations pertaining to health insurance.
- ❖ DISB will make a determination based on the facts supported by written documentation submitted by you and the health insurer or producer, along with the District of Columbia laws

and regulations on point. If the actions of a health insurer are determined to be in violation of the

health insurance laws and regulations of the District, DISB will direct the insurer to act on your complaint in a manner that complies with the law. You will be notified in writing of DISB's determination with a detailed explanation of our position. We will explain your policy provision, the facts and the law that is used in making the determination.

Know Your Rights

- ❖ Health insurers cannot refuse to renew your health insurance coverage except for your failure to pay premiums in a timely manner; or you commit fraud or intentional misrepresentation in reference to your policy or certificate; or the insurer ceases to sell health products; or discontinues a particular type of health insurance coverage (DC

law has specific standards the health insurer must meet in this area).

- ❖ Health insurers are required to pay claims for covered services **within 30 days** of receiving a clean claim.
- ❖ Consumers have a right to have written information of disputed health insurance claims or denials

Types of Health Insurance

- ❖ Group Health Insurance
- ❖ Individual Health Insurance
- ❖ Basic Expense Insurance (Hospital & Medical/Surgical)
- ❖ Major Medical Insurance
- ❖ Limited Benefit Policies
- ❖ Hospital Confinement Indemnity Insurance
- ❖ Cancer & Other Specific Disease Insurance
- ❖ Skilled Nursing Home Insurance
- ❖ Accident & Sickness Insurance
- ❖ Dental Insurance
- ❖ Disability Income Insurance
- ❖ Health Maintenance Organizations (HMOs)
- ❖ Medicare Supplement Insurance (Medigap)

Common Complaints Filed With DISB:

Whenever a consumer has a problem with an insurance company, a complaint should be written and filed with DISB. The agency suggests that you document your efforts in attempting to resolve the problem prior to contacting the agency.

- ❖ Denial or Delay of health insurance claims by an insurance company or plan administrator
- ❖ Refusal to pay all or part of a valid claim
- ❖ Cancellation or Unfairly decline to continue coverage
- ❖ Rate/Premium increases
- ❖ Inadequate customer service
- ❖ Inability to obtain individual health insurance coverage

Where to Send Your Complaint Form

Telephone
(202) 727-8000

Address
DISB
810 First, St., NE, Suite 701
Washington, D.C. 20002

E-mail
DISBCOMPLAINTS@DC.GOV

Fax
(202) 354-1085

Internet
[www.disb.dc.gov/
Services and Information/
File a Complaint or Report Fraud](http://www.disb.dc.gov/Services%20and%20Information/File%20a%20Complaint%20or%20Report%20Fraud)

PROTECTING YOUR FINANCIAL INTERESTS