

Health Insurance Appeal Process

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Mike DeWine, Governor
Judith L. French, Director, ODI
Lori Criss, Director, OhioMHAS

Are Mental Health and Substance Use Disorder Benefits Covered by My Insurance?

If you aren't sure whether your health insurance plan covers mental health and/or addiction services for you or a family member, the answer isn't always obvious. But help is available. To learn if you or a loved one is covered, start by following these simple tips:

- Contact your health insurance provider using the phone number listed on the back of your health insurance card.
- Review the benefits information provided by your health insurance company or your employer.
- Contact the human resources office of your employer.
- Contact the Ohio Department of Insurance at 1-800-686-1578.
- Contact your Medicaid managed care plan (see list on page 2) or the Medicaid hotline at 1-800-324-8680 for questions about Medicaid mental health and substance use disorder benefits.

I am covered but what should I do before utilizing benefits?

- Identify what costs (such as copays, coinsurance, deductibles) are associated with your benefits and services.
- Prior to seeking treatment, review your plan, and in-network treatment options. Contact your health insurance plan to verify the provider you would like to see for treatment is in-network.
- If you are experiencing an emergency, call 911.

What if I'm covered, but my health insurance provider denies a claim?

In most cases, you have the right to appeal a claim that was denied by letting your health insurance company or Medicaid managed care plan know that you would like to file an appeal. Different types of health insurance (e.g. insurance you purchased for yourself or your family, Medicaid, Medicare, or plans provided through your employer) have different agencies to whom you can appeal. The Ohio Department of Insurance, Ohio Department of Medicaid, and U.S. Department of Labor each has an appeals process. Most commonly, the insurer is required to review the request first, and will review your request and decide to approve or deny your appeal. If the appeal is not approved, you have the right to ask your health insurance company or Medicaid managed care plan for an independent review. If you or someone you know is experiencing an emergency, you can request that this appeal be expedited, which requires a determination to be made within 72 hours.

Learn more about your rights by reviewing your Explanation of Benefits or the Medicaid Managed Care Notice of Action for the claim that was denied. If you need assistance, contact your health insurance company by calling the toll-free number on your health insurance card or contact the agency responsible for the coverage you have. You can authorize someone to make calls on your behalf.

Private Insurance

If you disagree with a decision made by your health insurance company, contact your health insurance company to request that they review their decision. If the situation is urgent, you can request an "expedited appeal" to receive a response within 72 hours.

If you still disagree with the decision after review by your insurance plan, you have a right to an external review by the Ohio Department of Insurance. Let your insurance company know that you want the appeal reviewed by the Ohio Department of Insurance.



If you have questions about the appeals process, contact your health insurance company or the Ohio Department of Insurance at 1-800-686-1526 or visit www.insurance.ohio.gov.

Medicaid Coverage

If you disagree with the decision listed in the Notice of Action, contact the Managed Care Organization (MCO) within 60 days from the date the Notice of Action was issued, and ask that they change their decision through an appeals process.

If the MCO does not change the decision as a result of your appeal, they will notify you of your right to request a state hearing. You may only request a state hearing after you have gone through the appeal process with your MCO. If you want a state hearing, request a hearing within 120 days from the date of the adverse appeal decision.

The following table lists the contact points to request a state hearing:

Medicaid Managed Care Plan Hotlines	MyCare Ohio Plan Hotlines
Buckeye Health Plan 1-866-246-4358	Aetna Better Health of Ohio 1-855-364-0974
CareSource 1-800-488-0134	Buckeye Health Plan 1-866-549-8289
Molina HealthCare of Ohio, Inc. 1-800-642-4168	CareSource 1-855-475-3163
Paramount Advantage 1-800-462-3589	Molina HealthCare of Ohio, Inc. 1-855-665-4623
UnitedHealthcare Community Plan 1-800-895-2017	UnitedHealthcare Community Plan 1-877-542-9236

If you have questions, call the Ohio Department of Medicaid Consumer Hotline at 1-800-324-8680 or visit www.ohiomh.com.

ERISA Insurance

If your health coverage is subject to the Employee Retirement Income Security Act (ERISA) or a self-insured plan, contact your health insurance company for the appeals process. You may also contact the Department of Labor's Employee Benefits Security Administration for additional information or to file an appeal at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Additional Resources

Crisis Text Line: Text 4hope to 741 741

Suicide Prevention Hotline: 1-800-273-8255