



State of Your Health:

How the Ohio Department of Insurance Can Help You

Are you having trouble with your health coverage? The Department of Insurance protects consumers by oversight of the insurance industry. For example, extreme delays in response to a prior authorization request or surprise billing from your insurer.

Why is it important to contact the Department? The Department learns about insurance problems because of consumer complaints. If you have any questions about actions by your insurance company, the Department can be a resource for you!

MEET THE INSURANCE DIRECTOR

Jillian Froment was reappointed Director of the Ohio Department of Insurance in 2019 by Ohio Governor Mike DeWine. She serves as a member of the Governor's cabinet and is responsible for the overall leadership and direction of the Department of Insurance.

WHY SHOULD YOU CONTACT THE DEPARTMENT OF INSURANCE?

- ▼ You've already talked with your insurance company and aren't satisfied with the results.
 - Remember when you talk with your insurance company, document your phone calls by noting the name of the person you speak to, the date of the call and a brief summary of the conversation.
- ▼ The Department of Insurance wants to hear from you, the consumer. They can be extremely helpful if you are having trouble filing an appeal with your insurance company or experiencing a prior authorization that is taking too long.
 - You can file a complaint online <https://gateway.insurance.ohio.gov/UI/ODI.CS.Public.UI/Complaint.mvc/DisplayConsumerComplaintForm>
 - You can also contact the Department:
 - By email at <https://gateway.insurance.ohio.gov/UI/ODI.CS.Public.UI/Comment.mvc/DisplayCommentSubmission>
 - By fax to (614) 644-3744
 - By mail to OH Dept of Insurance, Consumer Services Division, 50 West Town Street, Third Floor/Suite 300, Columbus, OH 43215
 - Keep your originals and send only copies of information. For a printed copy of the Department's complaint form, contact (800) 686-1526.
- ▼ By receiving consumer complaints, the Department will investigate and make sure that insurance companies are obeying state insurance laws*. If they don't receive written consumer complaints, they are not able to act.

WHAT HAPPENS WHEN YOUR COMPLAINT IS RECEIVED?

- ▼ You should receive a letter within 2 weeks confirming receipt of complaint.
- ▼ The letter will provide analyst's name, explanation of action that the Department is taking and tell you how long it may take to conclude the process.
- ▼ An investigation usually takes approximately 30 days but can take much longer if your complaint involves a unique or complex problem.
- ▼ The Department will send the company a copy of your complaint and ask for an explanation if its position.
- ▼ Your analyst will review the company's response to make sure it has correctly addressed your problem.
- ▼ Your analyst will send you a letter that explains the results of the investigation.

HOW TO REQUEST MORE INFORMATION

- ▼ Call the Ohio Department of Insurance at (800) 686-1526 or visit <http://insurance.ohio.gov/pages/consumers.aspx>

HOW TO ENSURE YOUR VOICE IS BEING HEARD

- ▼ Get involved with the Arthritis Foundation's Advocacy Program. For more information, visit: arthritis.org/advocate/ or email advocacy@arthritis.org.

*Please note: The Department does not have jurisdiction over self-insured employers and health & welfare benefit plans, Medicare or Medicaid. If you are unsure of the type of plan that you have, please refer to your member handbook on how to file an appeal.