

State of Your Health:

How the Iowa Insurance Division Can Help You



Are you having trouble with your health coverage? The Iowa Insurance Division 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 Division? The Division learns about insurance problems because of consumer complaints. If you have any questions about actions by your insurance company, the Division can be a resource for you!

MEET YOUR INSURANCE COMMISSIONER

Doug Ommen was appointed by Governor Terry Branstad as Insurance Commissioner in January 2017, after serving as Interim Commissioner since December 2016.

WHY SHOULD YOU CONTACT THE INSURANCE DIVISION?

- ▼ 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 Insurance Division 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://iid.iowa.gov/insurance-consumer-complaint>
 - You can also contact the Division:
 - By going to: <https://iid.iowa.gov/contact>
 - By mail to 601 Locust St. – 4th Floor, Des Moines, IA 50309
 - Keep your originals and send only copies of information. For a printed copy of the Department's complaint form, contact (515) 281-5705.
- ▼ If you meet certain criteria, you may be eligible for government-sponsored health coverage like Medicare or Medicaid. Information on these options is provided on their website.
- ▼ The Iowa Insurance Division also houses a Consumer Advocacy Officer whose goals include providing outreach to consumers, assisting in creation of consumer-friendly laws and regulations, administrative actions and review of complaint assistance by the Market Regulation Bureau team. If you need assistance from the Consumer Advocacy Office, please [contact them](#).

WHAT HAPPENS WHEN YOUR COMPLAINT IS RECEIVED?

- ▼ Within two weeks of filing, the Division will send you an acknowledgment letter stating your file number and the name of the investigator assigned to investigate your complaint.
- ▼ The Division will send a copy of your complaint to the party your complaint was against and ask for an explanation of the party's position.
- ▼ Your investigator will review all responses received to assure the problem has been properly addressed. This may result in more communication between the investigator and the appropriate parties.
 - Your investigator will send you a letter with the investigation results. If no evidence of a violation is found, the investigator will contact you and explain why the investigation is being closed.
 - If the investigator is unable to resolve the complaint, the investigator will try to provide you with information that will help you make an informed decision regarding the next step.
 - If your investigator is not satisfied with the appropriate party's response, the investigation will continue.
 - The complaint process takes approximately 45-60 working days.

HOW TO REQUEST MORE INFORMATION

- ▼ Should you have any further questions, please contact the Division of Insurance at 1-515-281-5705.

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 Division 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.