AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Greater Akron

HAHN LOESER
attorneys at law
The art of creative, sophisticated legal counsel

Getting Health Insurance to Pay for ABA Therapy

Eric Gaum

Learning Objectives

Understand the basis for health insurance coverage of ABA therapy for children in Ohio

Learn how to tender claims for ABA therapy coverage to health insurance carriers

Understand how to advocate for the broadest reimbursement for ABA therapy from health insurance carriers

How is ABA therapy covered by health insurance in Ohio?

JOHN R. KASICH
GOVERNOR
STATE OF OHIO

December 26, 2012

Director Gary Cohen
Centers for Medicare and Medicaid Services Center for Consumer Information and Insurance Oversight
200 Independence Avenue, SW, Suite 739H
Washington, D.C. 20201
Electronically submitted via www.regulations.gov

Dear Director Cohen,

This letter is to provide you with comments on the Proposed Rule 45 CFR Part 156 – Health Insurance Issuer Standards Under the Affordable Care Act, Including Standards Related to Exchanges.

As a preliminary matter, please note that Appendix A of this rule incorrectly describes the proposed benchmark plan for the state of Ohio as providing habilitative services. A review of the plan contract documents for the benchmark plan you selected for Ohio indicates that the plan does not provide for habilitative services and, as such, the Appendix A should indicate "No" in the "Habilitative services" column. This information was previously communicated to your office on December 12, 2012.

Since the benchmark plan you selected for Ohio does not provide for habilitative services, the State of Ohio intends to exercise the authority provided by 45 CFR §156.110(f) to determine habilitative services as the following:

"Habilitative services benefits shall be determined by the individual plans and must include, but shall not be limited to, Habilitative Services to children (0 to 21) with a medical diagnosis of Autism Spectrum disorder which at a minimum shall include:
(1) Out-Patient Physical Rehabilitation Services including
(a) Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and
(b) Clinical Therapeutic Intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week;
(2) Mental/Behavioral Health Outpatient Services performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total."

Sincerely,

John Kasich
Governor

77 SOUTH HIGH STREET • 30TH FLOOR • COLUMBUS, OHIO 43215-6117 • 614.466.3555

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"Habilitative services benefits shall be determined by the individual plans and must include, but shall not be limited to, Habilitative Services to children (0 to 21) with a medical diagnosis of Autism Spectrum disorder which at a minimum shall include:

Children from birth to 21 years of age are eligible

Must have a medical diagnosis of Autism Spectrum disorder

(1) Out-Patient Physical Rehabilitation Services including
(a) Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and

Speech and Language therapy; Occupation therapy

Performed by licensed therapists

Limited to 20 visits per year of each service

What is a visit?

The Money Shot

(b) Clinical Therapeutic Intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week;

"Clinical Therapeutic intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis..."

Coverage is not limited to ABA therapy

The key is that is it supported by "empirical evidence," i.e., scientifically based research

"Clinical Therapeutic intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis..."

Examples include:

Applied Behavior Analysis (ABA)
Discrete Trial Training (DTT)
Functional Communication Training (FCT)
Pivotal Response Training (PRT)
Cognitive-Behavioral Therapy

"Clinical Therapeutic intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, **provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan**..."

Insurance covers up to 20 hours per week

An average school day from 9 to 2:30 = 5.5 hours a day

Five days a week x 5.5 hours = 27.5 hours a week

Subtract out 1 hour a day for lunch = 22.5 hours a week

(2) Mental/Behavioral Health Outpatient Services performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total."

Limited to 30 visits per year of each service

What is a visit?

20. What is the practical implication of the Governor's Habilitative Services letter?

Ohio will require coverage for certain individuals with a diagnosis of autism spectrum disorder by all plans that are mandated to meet Essential Health Benefit (EHB) requirements. Generally, all new plans sold to small employer groups (between 2 and 50 employees) and to individuals, both inside and outside of the exchange, are required to meet EHB requirements. For more information about EHB, click here.

http://ohiohealthbenefits.net/ODI_FederalHealthReformFAQs.pdf

New health insurance plans sold to individuals

New health insurance plans sold to small employer groups (between 2 and 50 employees)

Not all health insurance plans are required to provide coverage for ABA therapy

Grandfathered plans, those that have existed continuously since before March 23, 2010 without significant changes, are not required to contain or comply with the Essential Health Benefits package and certain other ACA requirements

Be sure to check with your health insurance carrier to make sure it provides coverage!

How do you actually get insurance to pay for ABA therapy?

21. What does the Habilitative Services definition encompass?

Habilitative Services benefits will be determined by the individual plans and must include, but shall not be limited to, Habilitative Services to children (0 to 21) with a medical diagnosis of Autism Spectrum disorder.

http://ohiohealthbenefits.net/ODI_FederalHealthReformFAQs.pdf

You will need a medical diagnosis of autism spectrum disorder

Developmental Pediatrician - MD

Developmental Pediatrician

Also have him/her provide a written prescription for ABA therapy so you can write off on your taxes whatever costs are not covered by insurance as a medical expense

* Insurance is unlikely to cover all expenses

How do you actually get insurance to pay for ABA therapy?

Get your insurance carrier to authorize the treatment in advance

DO EVERYTHING IN WRITING!!!

How do you actually get insurance to pay for ABA therapy?

Is your ABA provider in-network or out-of-network?

If in-network, your life is easy...

It's just like going to any other doctor:

- Show your health insurance card
- Pay a small co-pay
- Provider writes off portion of its fees
- Provider handles submission of claim to carrier

What happens if the ABA provider is out-of-network?

YOU have to handle more paper work

YOU will be reimbursed less by the insurance company

TIP to help save money:

Get the insurance company to treat your out-of-network provider as if it were in-network

Anthem (and presumably others) will do an In Network (INN) override if comparable services cannot be found within 30 miles of your zip code

If granted, then reimbursement for Out of Network (ONN) provider will be at INN rate (and INN deductibles, etc.)

2016 Year-to-date information — *To learn more about what's covered, see your benefits booklet.*
It's important to know how close you are to meeting your plan's deductible and out-of-pocket maximum.

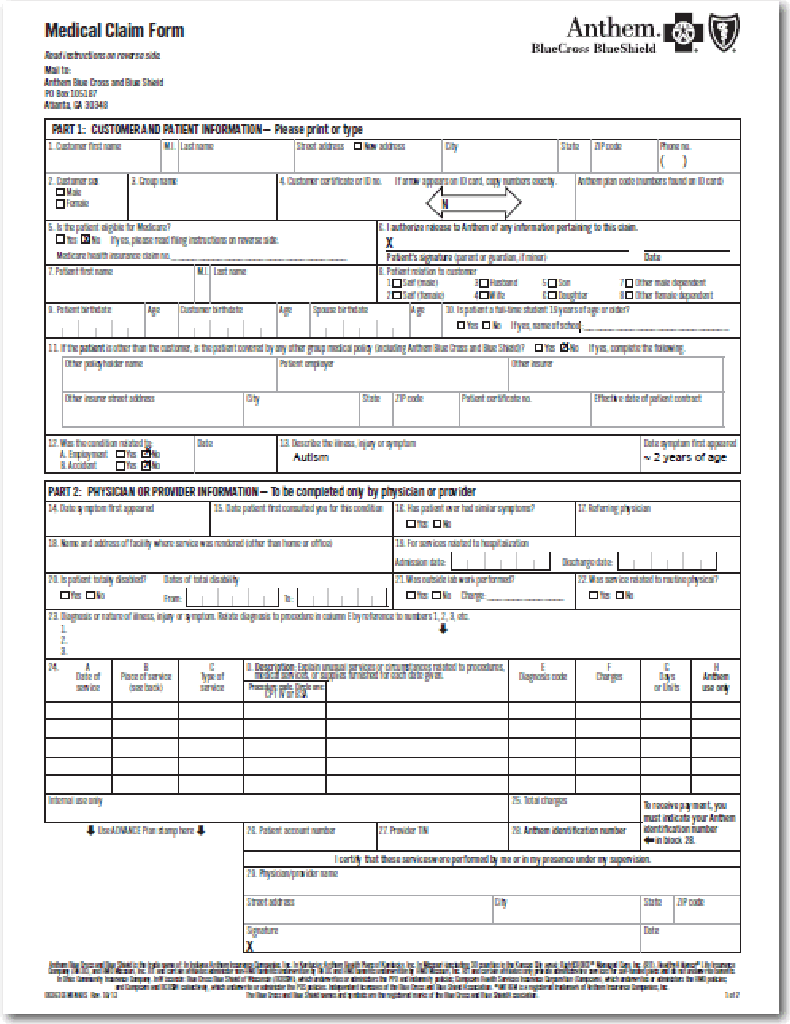
Plan deductible

	In-network maximum	Applied to date	Remaining deductible	Out-of-network maximum	Applied to date	Remaining deductible
Individual	$1,250.00	$1,250.00	$0.00	$3,750.00	$1,691.32	$2,058.68
An individual deductible may be different than your deductible for all covered family members combined.						
Family	$2,500.00	$2,500.00	$0.00	$7,500.00	$1,691.32	$5,808.68

Submitting a claim for ABA therapy to your insurance company

Steps for submitting a claim to Anthem, my carrier:

Medical Claim Form



Medical Claim Form

Read instructions on reverse side

Mail to:
Anthem Blue Cross and Blue Shield
PO Box 105187
Atlanta, GA 30348

Anthem. BlueCross BlueShield

PART 1: CUSTOMER AND PATIENT INFORMATION – Please print or type

1. Customer first name | M.I. | Last name | Street address ☐ New address | City | State | ZIP code | Phone no. ( )

2. Customer sex ☐ Male ☐ Female | 3. Group name | 4. Customer certificate or ID no. If arrow appears on ID card, copy numbers exactly. N | Anthem plan code (numbers found on ID card)

5. Is the patient eligible for Medicare? ☐ Yes ☒ No If yes, please read filing instructions on reverse side. Medicare health insurance claim no. ______

6. I authorize release to Anthem of any information pertaining to this claim.
X ______ Patient's signature (parent or guardian, if minor) ______ Date

7. Patient first name | M.I. | Last name

8. Patient relation to customer: 1 ☐ Self (male) 2 ☐ Self (female) 3 ☐ Husband 4 ☐ Wife 5 ☐ Son 6 ☐ Daughter 7 ☐ Other male dependent 8 ☐ Other female dependent

9. Patient birthdate | Age | Customer birthdate | Age | Spouse birthdate | Age | 10. Is patient a full-time student 19 years of age or older? ☐ Yes ☐ No If yes, name of school ______

11. If the patient is other than the customer, is the patient covered by any other group medical policy (including Anthem Blue Cross and Blue Shield)? ☐ Yes ☒ No If yes, complete the following.
Other policyholder name | Patient employer | Other insurer
Other insurer street address | City | State | ZIP code | Patient certificate no. | Effective date of patient contract

12. Was the condition related to: A. Employment ☐ Yes ☒ No B. Accident ☐ Yes ☒ No | Date | 13. Describe the illness, injury or symptom: Autism | Date symptom first appeared: ~ 2 years of age

PART 2: PHYSICIAN OR PROVIDER INFORMATION – To be completed only by physician or provider

14. Date symptom first appeared | 15. Date patient first consulted you for this condition | 16. Has patient ever had similar symptoms? ☐ Yes ☐ No | 17. Referring physician

18. Name and address of facility where service was rendered (other than home or office) | 19. For services related to hospitalization: Admission date: Discharge date:

20. Is patient totally disabled? ☐ Yes ☐ No Dates of total disability From: To: | 21. Was outside lab work performed? ☐ Yes ☐ No Charge ______ | 22. Was service related to routine physical? ☐ Yes ☐ No

23. Diagnosis or nature of illness, injury or symptom. Relate diagnosis to procedure in column E by reference to numbers 1, 2, 3, etc.
1.
2.
3.

24. A Date of service	B Place of service (see back)	C Type of service	D Description: Explain unusual services or circumstances related to procedures, medical services, or supplies furnished for each date given. Procedure code (Circle one: CPT IV or ESA)		E Diagnosis code	F Charges	G Days or Units	H Anthem use only

Internal use only | 25. Total charges | To receive payment, you must indicate your Anthem identification number in block 28.

Use ADVANCE Plan stamp here | 26. Patient account number | 27. Provider TIN | 28. Anthem identification number

I certify that these services were performed by me or in my presence under my supervision.

29. Physician/provider name
Street address | City | State | ZIP code
Signature X | Date

1 of 2

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Medical Claim Form

Anthem BlueCross BlueShield

Read instructions on reverse side.

Mail to:
Anthem Blue Cross and Blue Shield
PO Box 105187
Atlanta, GA 30348

PART 1: CUSTOMER AND PATIENT INFORMATION – Please print or type

1. Customer first name	M.I.	Last name	Street address ☐ New address	City	State	ZIP code	Phone no. ( )

2. Customer sex ☐ Male ☐ Female	3. Group name	4. Customer certificate or ID no. If arrow appears on ID card, copy numbers exactly. N	Anthem plan code (numbers found on ID card)

5. Is the patient eligible for Medicare? ☐ Yes ☒ No If yes, please read filing instructions on reverse side. Medicare health insurance claim no. _____	6. I authorize release to Anthem of any information pertaining to this claim. X _____ Patient's signature (parent or guardian, if minor) _____ Date

7. Patient first name	M.I.	Last name	8. Patient relation to customer 1 ☐ Self (male) 2 ☐ Self (female) 3 ☐ Husband 4 ☐ Wife 5 ☐ Son 6 ☐ Daughter 7 ☐ Other male dependent 8 ☐ Other female dependent

9. Patient birthdate	Age	Customer birthdate	Age	Spouse birthdate	Age	10. Is patient a full-time student 19 years of age or older? ☐ Yes ☐ No If yes, name of school: _____

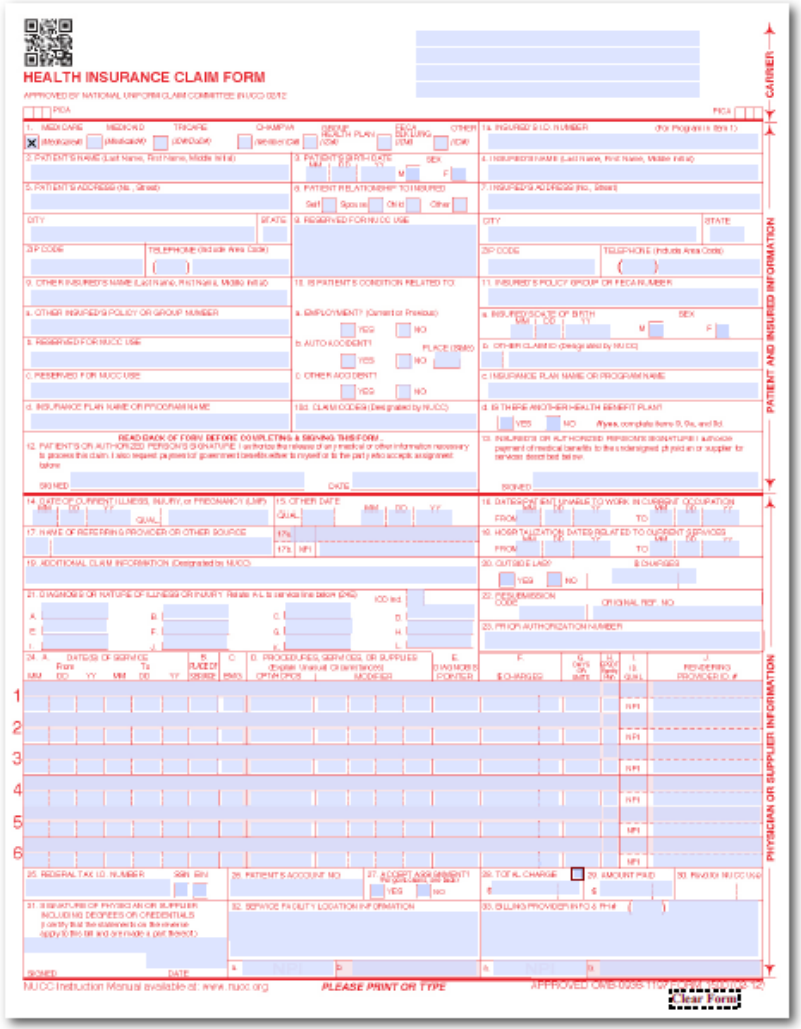
11. If the **patient** is other than the customer, is the patient covered by any other group medical policy (including Anthem Blue Cross and Blue Shield)? ☐ Yes ☒ No If yes, complete the following.

Other policyholder name	Patient employer	Other insurer

Other insurer street address	City	State	ZIP code	Patient certificate no.	Effective date of patient contract

12. Was the condition related to: A. Employment ☐ Yes ☐ No B. Accident ☐ Yes ☐ No	Date	13. Describe the illness, injury or symptom	Date symptom first appeared

Health Insurance Claim Form



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PLEASE PRINT OR TYPE

Clear Form

Health Insurance Claim Form

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#)	MEDICAID (Medicaid#)	TRICARE (ID#/DoD#)	CHAMPVA (Member ID#)	GROUP HEALTH PLAN (ID#)	FECA BLK LUNG (ID#)	OTHER (ID#)	1a. INSURED'S I.D. NUMBER (For Program in Item 1)
X							

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY SEX M F	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other	7. INSURED'S ADDRESS (No., Street)
CITY / STATE	8. RESERVED FOR NUCC USE	CITY / STATE
ZIP CODE / TELEPHONE (Include Area Code)		ZIP CODE / TELEPHONE (Include Area Code)
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)	10. IS PATIENT'S CONDITION RELATED TO:	11. INSURED'S POLICY GROUP OR FECA NUMBER
a. OTHER INSURED'S POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous) YES NO	a. INSURED'S DATE OF BIRTH MM DD YY SEX M F
b. RESERVED FOR NUCC USE	b. AUTO ACCIDENT? YES NO PLACE (State)	b. OTHER CLAIM ID (Designated by NUCC)
c. RESERVED FOR NUCC USE	c. OTHER ACCIDENT? YES NO	c. INSURANCE PLAN NAME OR PROGRAM NAME
d. INSURANCE PLAN NAME OR PROGRAM NAME	10d. CLAIM CODES (Designated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED _____ DATE _____

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED _____

CARRIER

PATIENT AND INSURED INFORMATION

AUTISM SOCIETY
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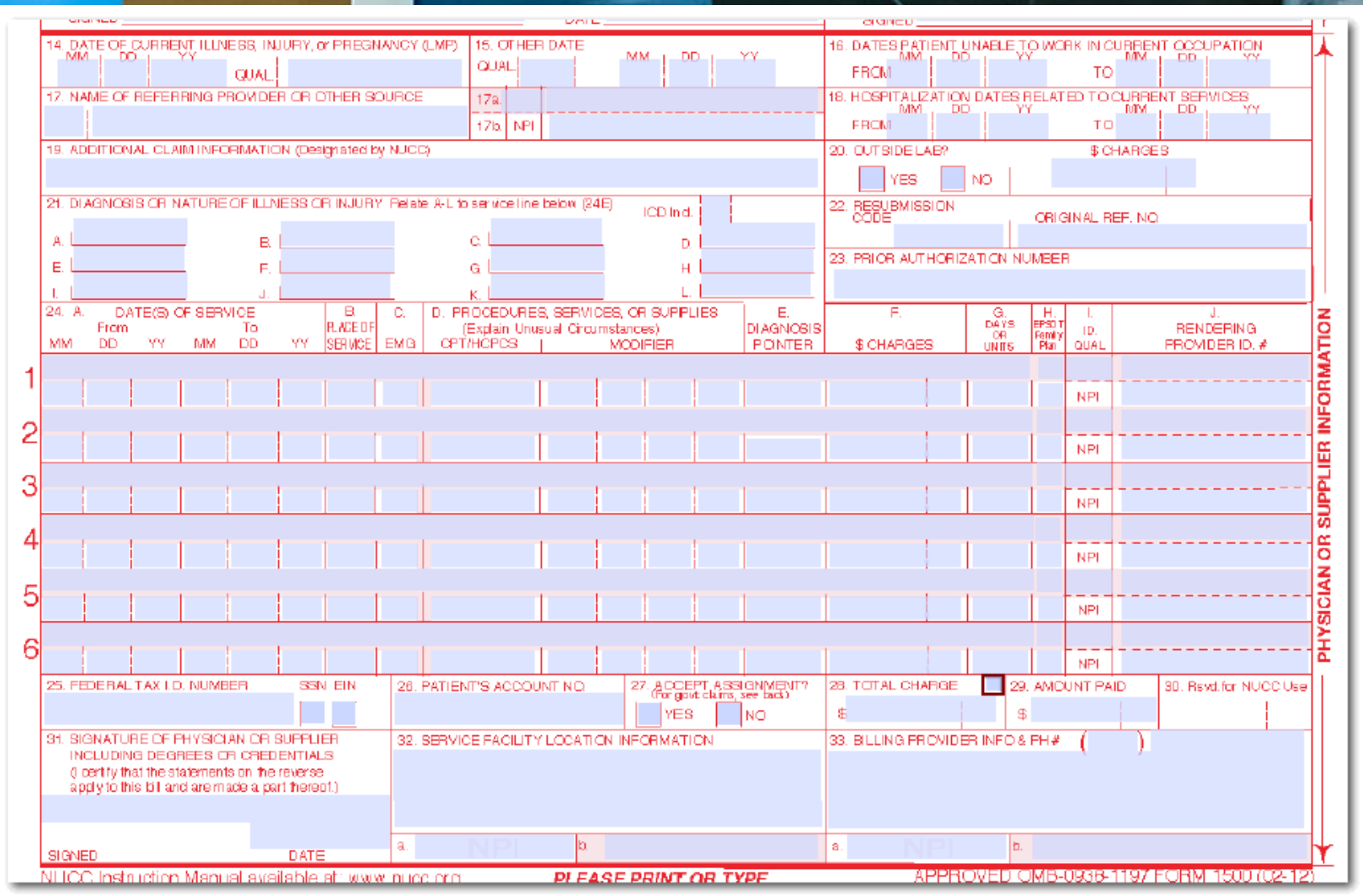
Greater Akron

HAHN LOESER
attorneys at law


14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL
15. OTHER DATE QUAL MM DD YY
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
17a.
17b. NPI
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. B. C. D. E. F. G. H. I. J. K. L.
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. #
1 NPI
2 NPI
3 NPI
4 NPI
5 NPI
6 NPI
25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES NO
28. TOTAL CHARGE $
29. AMOUNT PAID $
30. Rsvd. for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)
SIGNED DATE
32. SERVICE FACILITY LOCATION INFORMATION
a. NPI b.
33. BILLING PROVIDER INFO & PH # ( )
a. NPI b.
PHYSICIAN OR SUPPLIER INFORMATION
NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

Health Insurance Claim Form

AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Greater Akron

HAHN LOESER
attorneys at law

I. J. K. L.

24. A. DATE(S) OF SERVICE From MM	DD	YY	To MM	DD	YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	09	07	16	09	07	16	11		0364T		A	16 26	1		NPI	
2	09	07	16	09	07	16	11		0365T		A	162 50	10		NPI	
3	09	09	16	09	09	16	11		0364T		A	16 26	1		NPI	
4	09	09	16	09	09	16	11		0365T		A	162 50	10		NPI	
5	09	12	16	09	12	16	11		0364T		A	16 26	1		NPI	
6	09	12	16	09	12	16	11		0365T		A	162 50	10		NPI	

PHYSICIAN OR SUPPLIER INFORMATION

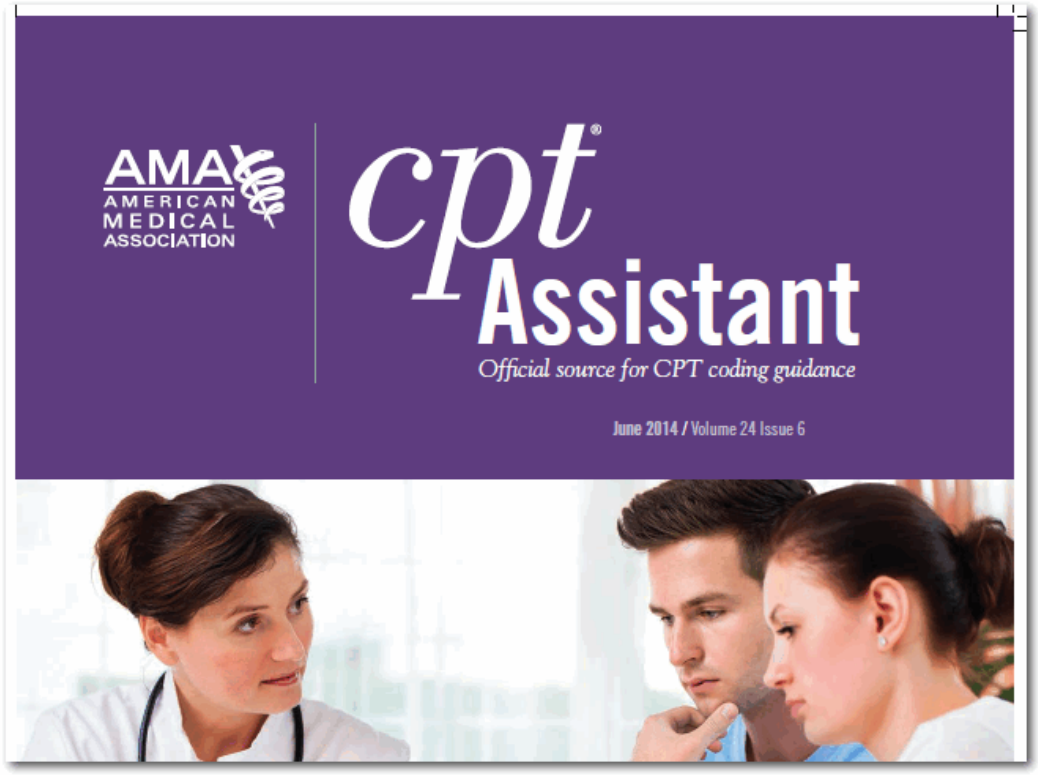
25. FEDERAL TAX I.D. NUMBER	SSN	EIN	26. PATIENT'S ACCOUNT NO.	27. ACCEPT ASSIGNMENT? (For govt. claims, see back)	28. TOTAL CHARGE	29. AMOUNT PAID	30. Rsvd for NUCC use
		X		YES X NO	$ 536 28	$ 536 28	

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)	32. SERVICE FACILITY LOCATION INFORMATION	33. BILLING PROVIDER INFO & PH. #
Signature on File		
SIGNED 09/30/16 DATE	a. NPI b.	a. NPI b.

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB 0938-1197 FORM 1500 (02-12)

Health Insurance Claim Form

Current Procedural Terminology (CPT®) Codes



Adaptive Behavior Assessments and Treatment Descriptors for July 1, 2014 Reporting

The Category III codes for adaptive behavior assessment and treatment are applicable to patients of any age with autism spectrum disorders (ASDs) or other diagnoses or conditions (eg, developmental disabilities, head trauma) associated with deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). These codes were developed by a CPT Editorial Panel workgroup consisting of members representing psychiatry, psychology, speech-language and hearing, clinical social workers, neurology, occupational therapy, behavioral analysts, pediatrics, and payers.

Adaptive Behavior Treatment

The adaptive behavior treatment codes (0364T, 0365T, 0366T, 0367T, 0368T, 0369T, 0373T, 0374T) are used to report services for patients diagnosed with ASD or other diagnoses or conditions (eg, developmental disabilities, head trauma) associated with deficient adaptive or maladaptive behaviors (eg, impaired social skills and communication, destructive behaviors, or additional functional limitations secondary to maladaptive behaviors). These services are face-to-face with a patient or patient's family alone or in a group. The majority of these services are provided by technician(s) under the direction of a behavior analyst.

Adaptive Behavior Treatment Codes

Adaptive Behavior Treatment by Protocol

Adaptive behavior treatment by protocol (0364T, 0365T, 0366T, 0367T) is administered by a single technician under the direction (on-site or off-site) of the physician or other qualified health care professional by adhering to the protocols that have been designed by the physician or other qualified health care professional. This treatment is delivered to a patient alone (0364T, 0365T) or while attending a group session (0366T, 0367T).

Adaptive Behavior Treatment Codes

●0364T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time

+●0365T each additional 30 minutes of technician time (List separately in addition to code for primary procedure)

▶(Use 0365T in conjunction with 0364T)◀

Adaptive Behavior Treatment Codes

Adaptive Behavior Treatment by Protocol Modification

Unlike the adaptive behavior treatment by protocol, adaptive behavior treatment with protocol modification (0368T, 0369T) is not administered by a technician, but rather the physician or other qualified health care professional, who is face-to-face with a single patient, delivers the service. The

Adaptive Behavior Treatment Codes

●0368T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of patient face-to-face time

+●0369T each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)

►(Use 0369T in conjunction with 0368T)◄

Adaptive Behavior Treatment Codes

Insurance Reimbursement (Anthem)

CPT Code	Charge	Reimbursement
0364T	$16.26	$14.63
0365T	$16.26	$14.63
0368T	$82.50	$34.76
0369T	$82.50	$34.76

Insurance Reimbursement (Anthem)

<u>September 2016 – ABA Therapy Claim</u>

Tendered bill to Anthem for $3,809.66

Anthem reimbursed $2,717.83

71.3% of the tendered claim was reimbursed

Paying for a full time ABA program

Full time ABA programs in Northeast Ohio

All cost over $70K per year

Combination of ABA health insurance coverage and Ohio Autism Scholarship covers most of program

Ohio Autism Scholarship is $27K per year

Currently getting approximately 82% of cost covered

Submitting a claim for ABA therapy to your insurance company

At the end of each month (or after services have been rendered) I send Anthem the following:

- Medical Claim Form
- Health Insurance Claim Form(s)
- Proof of payment (cashed check or credit card receipt)
- Copy of my daughter's health insurance card
- Cover letter describing exactly what I'm sending

Submitting a claim for ABA therapy to your insurance company

Anthem.
BlueCross BlueShield

MEMBERS: When submitting inquiries always include your Identification Number from the front of this card. Possession or use of this card does not guarantee payment.

PROVIDERS: Please submit claims to your local Blue Cross and/or Blue Shield plan. To ensure prompt claims processing, include the 3-digit alpha prefix that precedes the Identification Number listed on the front of this card.

File medical claims to:
P.O. Box 105187 Atlanta, GA 30348-5187
File dental claims to:
P.O. Box 1115 Minneapolis, MN 55440-1115

anthem.com

Member Service	(855) 330-1106
Provider Service	(855) 854-1438
Pharmacist Questions	(800) 824-0898
Pre Authorization	(800) 752-1182
24/7 Nurseline	(800) 249-3617
Coverage while traveling	(800) 810-BLUE
Ped Dental/GRID Services	(877) 604-2156
Pediatric Blue View Vision	(866) 723-0515

Pediatric Vision Claims:
PO Box 8504, Mason, OH 45040-7111
livehealthonline.com

What do you do if you have problems with the insurance company?

Home | About ODI | Contact | Secured Logon

ODI
Ohio Department of Insurance

Ohio.gov State Agencies | Online Services

Search this site...

Consumer Affairs | Medicare Services | Agent/Agency Services | ODI Services | Newsroom | Policy & Legislation

Consumer Complaint Form

The Consumer Services Division of the Ohio Department of Insurance provides consumer information and investigates complaints involving insurance companies and agents. Pharmacists filing complaints against PBMs can use the PBM form here.

The Department cannot:

- Act as your legal representative, or give you legal advice
- Recommend insurance companies or HMOs
- Force a company to give you what you want if no laws have been broken
- Make determinations about medical necessity
- Address problems with your employer's self-funded health plan, unless the plan involves an insurance company, an HMO or an independent administrator that is licensed with the Department

Do you have a health insurance complaint because your health care service or treatment was denied, reduced, or terminated by your health plan? If yes, it may be too early for you to file a complaint, however you may have appeal rights. You may find information about your appeal rights by consulting your policy or contacting your insurance company or agent.

Click here for important information on How to File a Consumer Complaint.

To file a complaint about an insurance company or agent, click here for the Consumer Complaint Form.

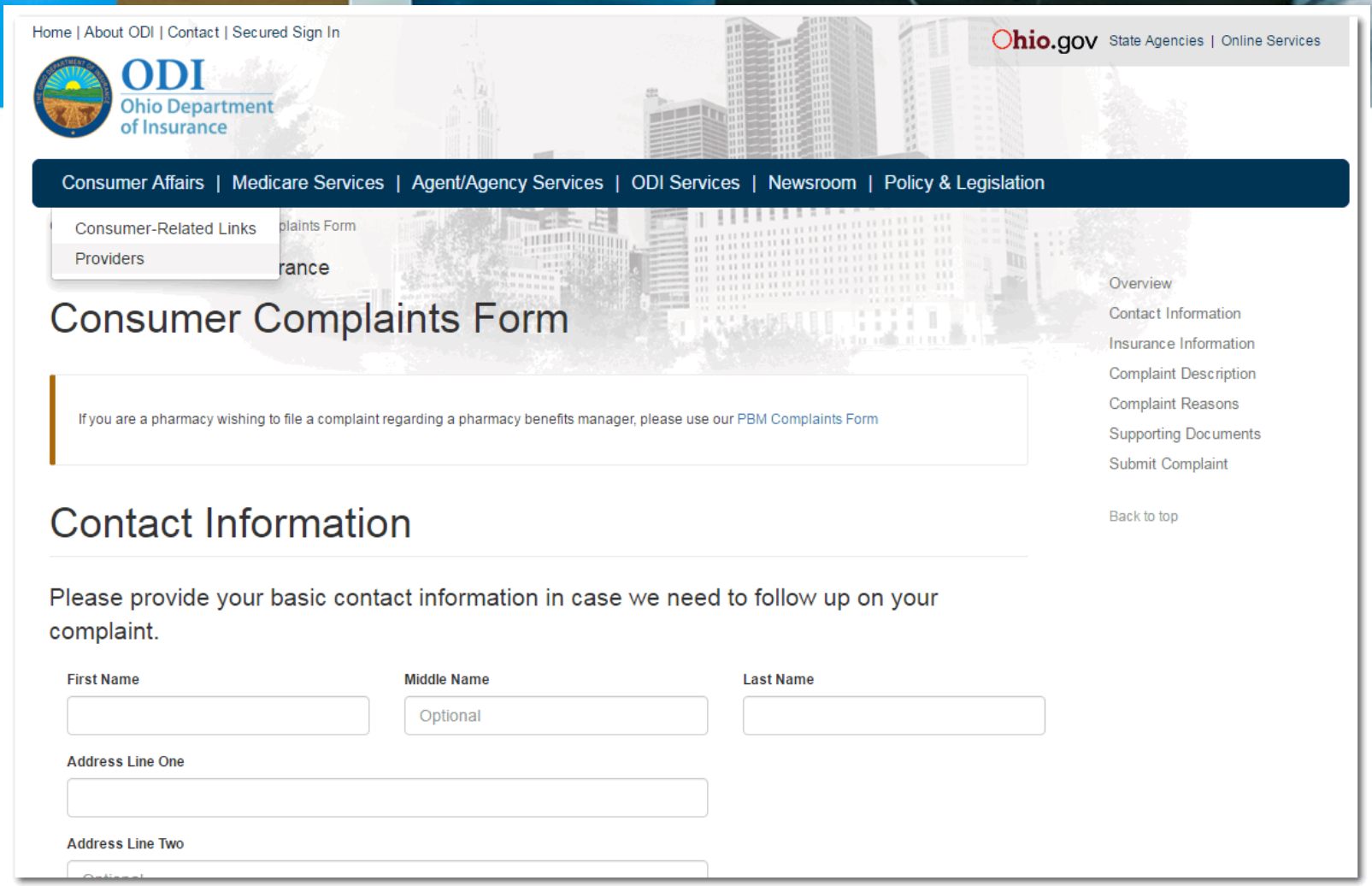
Top Consumer Links

- Federal Medical Loss Ratio Rebate FAQs
- Consumer Questions or Comments
- Military Personnel
- Insurance Company Information
- Online Public Records Request
- Company Premiums/Complaint Ratios
- Market Share Reports

Quick Links

- Administrative Actions
- Agent/Agency Locator
- Authorized Companies
- Consumer Publications
- File a Complaint With ODI
- ODI Ombudsman
- ODI Forms

https://www.insurance.ohio.gov/Consumer/OCS/Pages/ConsCompl.aspx



https://gateway.insurance.ohio.gov/UI/ODI.CS.Public.UI/Complaint.mvc/DisplayConsumerComplaintForm

How To File An Insurance Complaint With The State Of Ohio

Consumers 1-800-686-1526 • OSHIIP 1-800-686-1578 • Fraud & Enforcement 1-800-686-1527

The Ohio Department of Insurance Complaint Process

Ohio law gives insurance consumers the right to file a complaint against insurance companies, health maintenance organizations (HMOs), insurance agents and adjusters.

The Ohio Department of Insurance, one of the largest consumer protection agencies in the state, regulates automobile, homeowner's, renter's, certain health, life, annuities, nursing home, credit life, credit disability and pet insurance.

Annually, the Department saves consumers millions by reviewing different types of insurance complaints received from Ohioans related to cancellations, refunds, sales practices, misrepresentation, claim and benefit disputes, and more.

https://www.insurance.ohio.gov/Consumer/OCS/Documents/HowtoComplain.pdf

How soon will I hear from Consumer Services?

- You should receive a letter within two weeks confirming that we have received your complaint.
- Our letter will give your analyst's name, explain what action we are taking, and tell you how long it may take to conclude the process.

How long will the investigaton take?

- An investigation usually takes approximately 30 days but can take much longer if your complaint involves a unique or complex problem.

https://www.insurance.ohio.gov/Consumer/OCS/Documents/HowtoComplain.pdf

What will the investigaton involve?

- The Department will send the company a copy of your complaint and ask for an explanation of its position.
- Your analyst will review the company's response to make sure it has correctly addressed your problem— this may result in more letters or phone calls between the analyst and the company.
- Your analyst will send you a letter that explains the results of the investigation.

What happens if the company refuses to correct my problem?

- If there is no evidence of violations, the analyst's letter will say so and explain why we are closing the investigation.
- If the analyst is not satisfied with the company's response, we will continue to work on the case.
- If it is determined that the company or agent violated insurance laws, your complaint will be referred to the Department's Market Conduct Division or Enforcement Division for further action.

https://www.insurance.ohio.gov/Consumer/OCS/Documents/HowtoComplain.pdf

https://www.insurance.ohio.gov/Consumer/Pages/InsPrmpt.aspx

[§ 3901.38.1] § 3901.381. Time limits for third-party payer processing of health care provider claims; provider and beneficiary to be notified of denial.

(A) Except as provided in sections 3901.382 [3901.38.2], 3901.383 [3901.38.3], 3901.384 [3901.38.4], and 3901.386 [3901.38.6] of the Revised Code, a third-party payer shall process a claim for payment for health care services rendered by a provider to a beneficiary in accordance with this section.

(B) (1) Unless division (B)(2) or (3) of this section applies, when a third-party payer receives from a provider or beneficiary a claim on the standard claim form prescribed in rules adopted by the superintendent of insurance under section 3902.22 of the Revised Code, the third-party payer shall pay or deny the claim not later than thirty days after receipt of the claim. When a third-party payer denies a claim, the third-party payer shall notify the provider and the beneficiary. The notice shall state, with specificity, why the third-party payer denied the claim.

https://www.insurance.ohio.gov/Consumer/Documents/PPLaws.pdf

[§ 3901.38.9] § 3901.389. Liability for interest.

(A) Any third-party payer that fails to comply with section 3901.381 [3901.38.1] of the Revised Code, or any contractual payment arrangement entered into under section 3901.383 [3901.38.3] of the Revised Code, shall pay interest in accordance with this section.

(B) Interest shall be computed based upon the number of days that have elapsed between the date payment is due in accordance with section 3901.381 [3901.38.1] of the Revised Code or the contractual payment arrangement entered into under section 3901.383 [3901.38.3] of the Revised Code, and the date payment is made. The interest rate for determining the amount of interest due shall be equal to an annual percentage rate of eighteen per cent.

https://www.insurance.ohio.gov/Consumer/Documents/PPLaws.pdf

AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Greater Akron

HAHN LOESER
attorneys at law
Relentlessly working on behalf of our clients

Thank You!

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