

WHAT IF I'M DENIED AGAIN?

Escalation paths most people never find

When internal appeals fail, these are the next steps — including state regulators, external review, and ombudsman programs.

This guide is for informational purposes only and does not constitute legal, medical, or financial advice.

NITI LOGIC · DECISION SYSTEMS, DECODED. · nitilogic.com

The Appeal Was Denied. Now What?

Most people stop when their appeal is denied. That is often the biggest mistake because the most effective escalation paths are the ones that come after internal appeals fail.

An internal appeal decision is not final. External review decisions are legally binding on your insurer. Regulatory complaints can trigger formal investigations. These tools exist precisely for situations where the plan has denied your appeal.

External Independent Review

If your internal appeal has been denied, you typically have the right to an independent external review conducted by an organization with no affiliation to your health plan.

- External review is free under the ACA for most plans.
- The reviewer's decision is binding on the insurer.
- You do not need a lawyer to request external review.
- File through the process described in your appeal denial letter, or contact your state Department of Insurance.
- For Medicare plans, file through the Medicare appeals process.

State Department of Insurance (DOI)

Your state's Department of Insurance regulates fully insured commercial health plans. If your plan is state-regulated and has violated insurance law or its own procedures, the DOI can investigate.

File a complaint when:

- The plan failed to respond within required timeframes
- The denial violates state step therapy override laws
- You received inadequate explanation of the denial reason
- The plan is not following its own coverage documents
- You suspect a pattern of improper denials

Self-insured employer plans (ERISA plans) are governed by federal law. The state DOI typically has limited authority over them. For these plans, escalate to the Department of Labor's EBSA division.

Medicare and Medicaid Escalation Paths

For Medicare Advantage Plans (Part C):

- Medicare plan complaints: medicare.gov or 1-800-MEDICARE
- Quality of Care complaints: contact your state's Quality Improvement Organization (QIO)
- For Medicaid, contact your state Medicaid agency

Book a human expert calendly.com/niti-logic

Use code TAKEOFF10 for 10% off PRISM-qualified analysis of your specific denial at nitilogic.com

For ERISA / Self-Insured Employer Plans:

- File online at dol.gov/agencies/ebsa
- EBSA can intervene when plans violate ERISA requirements
- Your state DOI cannot help for self-insured plans — DOL is the correct path

Patient Advocacy and Ombudsman Programs

- State Insurance Commissioner offices often have consumer assistance programs
- Many hospitals have patient advocates who can intervene directly with payers
- The Patient Advocate Foundation offers case management services
- Some states have independent insurance ombudsman programs

When to Consider Legal Counsel

Consider consulting an attorney if:

- The denied treatment involves a life-threatening condition
- You have been denied coverage for care you already received
- You believe the plan has acted in bad faith
- The monetary value of the denial is significant

Patient rights attorneys often work on contingency for insurance cases. Your state bar association's referral service can connect you with one.

Quick Reference: Which Path Is Right for You?

Plan Type	Regulator / Path	When to Use
Commercial (fully insured)	State DOI	Plan not following state law, no response
Self-insured / ERISA	DOL EBSA	Federal ERISA violations, plan misconduct
Medicare Advantage	CMS / 1-800-MEDICARE	Unsafe denials, appeal process not followed
Medicaid	State Medicaid agency	Coverage violations, managed care issues
Any plan	External Independent Review	After internal appeals exhausted

A Denial Is Not the End of the Process

Many denials can still be addressed by:

- Providing additional documentation
- Correcting errors or missing information
- Demonstrating prior treatment history
- Submitting a formal appeal
- Requesting peer-to-peer review
- Filing for external review when available
- Escalating to state or federal regulators

This guide is for informational purposes only and does not constitute legal, medical, or financial advice. © 2026 Niti Logic · nitilogic.com

Book a human expert calendly.com/niti-logic
Use code TAKEOFF10 for 10% off PRISM-qualified analysis of your specific denial at nitilogic.com