



Advocacy Priorities on Health Care Consumer Complaints

In nearly every state, advocacy is needed to improve the processes the state set up to collect, resolve, and report on complaints that consumers have about their health insurance. Consumer complaints are an [underutilized tool](#), in part because the process of filing a complaint is complex and inaccessible to many consumers. Consumer complaints help more than the individual consumers who file them. They provide more complete information about consumers' experiences and can fuel policy change that supports the needs of health consumers. In cases where health insurers are out of compliance with federal and state laws and regulations, or are engaging in discrimination against certain consumers— racial or ethnic minorities, LGBT consumers, or those with behavioral health needs—complaints data can illustrate the extent of the problem and make the case that stronger enforcement of these laws is needed.

Below are four advocacy priorities that will make the consumer complaints process simpler, more accessible to consumers and more useful for policymakers:

Priority 1: Educate consumers and health system stakeholders about consumer complaints

Most consumers are not aware that they have the right to file a complaint against their health insurance company. Or, if they think they might be able to file such a complaint, [they do not know how to do so](#). Organizations and individuals that work with consumers should share information about how to file a consumer complaint, encourage consumers to make complaints when necessary, and [provide support to the consumer](#) throughout the complaints process, including assurance that filing a grievance will not impact her/his current coverage.

Other health system stakeholders, such as health care providers, Navigators, and other enrollment assisters, may have varying levels of knowledge about consumer complaints. Stakeholders can educate themselves about the consumer complaints process, share information with each other and with consumers, and prepare to support consumers as they file complaints. There is a particular need for education about consumer complaints among health system players who work closely with populations facing challenges related to health equity: people of color, immigrants, LGBT consumers, linguistic minorities, and/or people who are low-income. Consumers in these populations are especially vulnerable to health plan discrimination and may face particular barriers in the process of filing a complaint, such as limited literacy and language skills or lack of internet access to file complaints online.

Priority 2: Make it easier for consumers to file a complaint

[Filing a complaint](#) can enable a consumer to get the coverage they are entitled to. The complaints process should be broadly accessible to the public and easy to use. But instead it is often complex,

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difficult for consumers to navigate, and may require internet and/or phone access, obstacles that can be difficult for low-income low-literacy or non-native English speaking consumers. When consumers recognize a problem with their health insurance it is usually because they can't get the health care they need. Most consumers will not have the specialized knowledge necessary to identify the legal or regulatory violations that resulted in that lack of care. They also may not have the writing skills to document their concerns formally.

States should set up toll-free hotlines for consumers to report health insurance problems. If written forms are used, they should be simple, requiring no more than a fifth grade reading level to understand and complete. Consumers should be able to submit a complaint in plain, non-legal language and without identifying particular state or federal violations. When possible, states should make available to consumers a complaints liaison that can walk the consumer through the complaints filing process.

Priority 3: Collect and use consumer complaints data effectively

The primary purpose of consumer complaints is to resolve individuals' issues with their health insurance if the problem cannot be resolved using [internal appeals](#). However, consumer complaints data has the potential to spark large-scale change as well. For example, aggregate complaints data can help identify patterns of problems over time, particularly if officials categorize complaints by type (e.g. behavioral health, parity, etc.) using “complaint codes.”

States can adopt policies mandating the systemic analysis of complaints data across state agencies and requiring the results of the analysis be made public. For example, California's Office of the Patient Advocate has [recently begun collecting and analyzing consumer health complaints data](#) across multiple departments that receive such complaints. Consumer complaints data could thus become an impetus for state and federal officials to better enforce compliance with health and nondiscrimination laws.

Priority 4: Identify new areas of health policy where action is needed

Health advocates around the country have shared their concerns about the problems health care consumers are facing with their insurance coverage, but there may be problems that have not yet been identified. A joint strategy of encouraging more consumers to file complaints and analyzing those complaints can pinpoint areas that need improvement, ultimately helping the health care system to function better.

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Supported by a grant from the Open Society Foundations