Parity complaint steps

- 1. Go to https://mn.gov/commerce/consumers/file-a-complaint/
- 2. Click health insurance
 - a window will appear telling you that you will need to set up an account.
- 3. Set up an account to login to the Consumer Portal. You will need to provide your email address and a password, name, address, and phone number.
- 4. You will automatically be taken back to the Consumer Complaint Portal to login.
- 5. Login
- 6. You will be in the Consumer Complaints Workspace
- 7. Click Submit a Complaint

You will be logged in on the Minnesota Complaint Submission screen. If you check the <mark>Use the "Previous" and "Next" ARROWS to go between pages. DO NOT USE THE ARROW ON YOUR BROWSER OR YOU WILL HAVE TO LOGIN AGAIN</mark>.

• Complainant Information

Select the "*If complainant information is the same as account information*," box, and your information will autofill.

Click "Next" to go to the next step.

Insured Information

If you are the insured, click the "Are you the insured?" box to autofill the page. If not, describe your relationship to the insured or covered person, and add their name.

Click "Next" to go to the next step.

- Complaint Against
 - Click the box to choose "My Insurance Company"
 - Insert your insurance company's name.

Click "Next" to go to the next step.

Insurance Information

- Policy
 - **Type of Policy choose "Group," "Individual," or "Unknown**" from the dropdowns.
 - Enter your policy number
 - **Type of Insurance choose "Health Insurance"** from the dropdowns.
- Claim
 - Claim Number (from your denial paperwork)
 - Date of Loss this is the date the services were provided / date services were denied / date services were delayed

Click "Next" to go to the next step.

• Complaint Details

- Type of Problem Choose from the dropdowns:
 - Billing/Premium Dispute
 - Cancellation/Non-Renewal
 - Claim Handling
 - Other If other, start with INSURANCE DISCRIMINATION: Mental Health Parity or INSURANCE DISCRIMINATION: Substance Use Disorder Parity
- Detail of Complaint Describe your complaint

Click "Next" to go to the next step.

- Documentation and Declaration
 - Documentation You can choose how you will share your documents here:

- Upload* Fax Mail None *Accepted file type to upload are: doc, docx, gif, jpg, pdf, xls, and xlsx. If you select "Upload," you will be taken to the document upload screen <u>after you submit</u> your complaint.
- Declaration/Authorization/Release Review the authorization statement and click the box.

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Click "Next" to go to the next step.
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- **Review Complaint** Your information will appear for you to review.
 - If everything is correct, click the Submit button near the bottom of the page.
 - If changes or corrections are needed, click the section header to go back to that section. Click on the "Review Complaint" header to get back to review again.

Minnesota Complaint Submission									
					Log	ged in as	_	<u>logout</u>	
			R	Review Complain	nt				
	the information yo					to correct information	on before subm	itting it.	
	<u>Complainant</u> Information	Insured Information	<u>Complaint</u> Against	<u>Insurance</u> Information	<u>Complaint</u> Details	<u>Documentation</u> and Declaration	Review Complaint		

You can also click the "Previous" box until you get to that information, make the correction, and click "Next" to go the next correction or until you get to review again.

When you are sure everything is ready, click the "Submit" button.

- **Upload documents** If you indicate that you would upload documents in the "Documentation and Declaration" Section, the "Add Document" section will show.
 - Simply choose the files you want to upload to help explain your complaint.

Documentati	ion and Declaration
Documentat	ion
and a second	upporting documents? If
Declaration/	Authorization/Release
complaint an including me federal agen	thorization Jeclare that I am authorized to make this complaint. I further declare that all of the information submitted in this id attachments is true and accurate to the best of my knowledge. I authorize release of any submitted information, dical records, if applicable, to the party complained against, other regulated entities, or an appropriate state or cy, where such release will aid the Department's investigative process, or assist other state or federal agencies to ne facts contained in this complaint. I authorize this release, notwithstanding any statytory provisions to the contrary. Your complaint has been successfully submitted.
Comments	Related Documents
	sing option below to select the document you Wash to upload
//	es include: .jpeg, .jpg, .pdf, .png, .tif, .tiff and Microsoft Word, Excel, Powerpoint
File*	Choose File No file chosen
Descriptio	n*
Clear At	Documents
A 00 P	4B of maximum allowed 50 MB is currently used by existing documents. 50.00 MB remaining.