

PLEASE READ BEFORE SUBMITTING A COMPLAINT

The Arkansas Insurance Department has no jurisdiction over self-funded employer health plans. If your patient's health plan ID card contains the terms, "self-funded" or "self-insured" your complaint must be addressed by the Federal Department of Labor. Similarly, the Arkansas Insurance Department has no jurisdiction over federal programs such as Medicare or Medicaid.

Plans the Department does not regulate:

Health Plan	Organization	Contact information
Federal Employees	United States Office of Personnel Management (OPM)	OPM.gov
Health Share ministries	Arkansas Attorney General	Arkansasag.org
Medicaid/Medicare	Centers for Medicare & Medicaid Services	CMS.gov
Military Servicemembers	TRICARE	Tricare.mil/complaint
Self-Funded plans	Federal Department of Labor	Dol.gov
State employees	Employee Benefits Division	SAS.arkansas.gov

Please send copies of the following:

1. The front of the patient's health plan ID card.
2. All correspondence with the insurance carrier regarding the issue described in the complaint.
3. All other documentation supporting your complaint.

When your complaint is received at the Department it will be assigned a case number and you will receive an acknowledgement letter. You should refer to the case number when contacting the Department about the case. Your complaint will be assigned to an Investigator who will review it and forward to the appropriate insurance company for their response. Once the insurance company receives your complaint, they will have fifteen (15) business days to respond. Once we receive all information, we will review your complaint for violations of Arkansas insurance laws.

If you have any questions, please contact us at (501) 371-2640.