Print Reset Form

Life & Health Consumer Services Section (CSS) Procedures to Handle Provider Complaints

Provider complaints must be submitted to the Bureau of Insurance by completing the form below and including any supporting documents. The information can be submitted in several ways as noted on the form.

Step 1:

Within two business days of receiving the provider complaint, the CSS Representative will acknowledge the complaint, verifying the complaint is complete and properly filed.

- **If the provider complaint is related to an individual complainant,** the CSS Representative will request patient authorization. Complaint will be closed until authorization is received.
- **If a provider files an Ethics and Fairness (E&F) complaint under Section 38.2-3407.15 of the Code of Virginia (the Code).** The CSS Representative will request the provider contract, if not submitted with the complaint. The complaint will be closed until the contract is received.
- **If a provider files a complaint under Section 38.2-237 of the Code** and fails to include documentation of non-compliance or details of a potential general business practice, the CSS Representative will request that the provider supply this information/ documentation. The complaint will be closed until further information is received.

Step 2:

Within two business days of receiving a complete and properly filed complaint, the CSS Representative will contact the carrier, asking the carrier for the following:

1) A response within 15 calendar days. An extension of 15 calendar days may be allowed when the carrier provides sufficient reason for the extension;
2) A spreadsheet of impacted claims with applicable interest for Virginia fully-insured members; and
3) A response to the issues noted in the complaint.

Review of the carrier's response and documentation

CSS Representative will:

1) Review the case for potential violations of § 38.2-3407.15 of the Code (E&F complaints) or other Virginia insurance laws/regulations (§ 38.2-237 complaints), as applicable.
2) Update the provider every **20 business days** during the complaint investigation.
3) When the investigation is completed, respond to the provider with results of the investigation and elements that involve Virginia fully-insured claims, and explain steps taken to deter the issues from reoccurring.

Date Created: December 19, 2023

PROVIDER COMPLAINT FORM
(For use by health care providers only)
Please return this form and supporting documents via one of the following methods:

Mail:	Fax:	Email:	
Bureau of Insurance Life and Health Division P.O. Box 1157 Richmond, VA 23218	(804) 371-9944	LHprovidercomplaints@scc.virginia.gov	Consumer Complaint Portal

For more information: **Visit: scc.virginia.gov/pages/Insurance**
Toll free: 1-877-310-6560

The Bureau of Insurance (BOI) can investigate complaints from health care providers involving health plans that are subject to our oversight if the health carrier's actions constitute a pattern of potential violations of:

☐ *Ethics and fairness in a health carrier's practices with contracted providers (§ 38.2-3407.15 of the Code of Virginia);* ***If this box is checked, provide the contract and supporting documentation.***

OR:

☐ *Other insurance laws, regulations; or orders of the Virginia State Corporation Commission (the "Commission") (§38.2-237 of the Code of Virginia)*
If this box is checked, provide details and evidence of non-compliance with insurance laws, regulations or orders of the Commission.

I am filing a complaint against:

Please complete a separate form for each insurance company involved in your complaint.

Insurance Company: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Zip Code: _____ Business Telephone No.: (___) _____

Provider Contact Information:

Provider Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Telephone Number: (__) _____ Fax No.: (__) _____

Email: _____

Describe the details of your complaint below:

Please note: The Commission has no jurisdiction to adjudicate individual controversies arising out of §§ 38.2-3407.15 or 38.2-237 of the Code of Virginia. In addition, the Commission has no jurisdiction to adjudicate, as between two parties, matters of contractual dispute unrelated to Virginia's insurance laws, regulations, or Commission orders.

Provider Authorization:

I have enclosed copies of provider correspondence related to this complaint and authorize the BOI to send a copy of this form and any or all enclosed documents to the insurance company, other regulated entities, or the appropriate state or federal agency. I authorize the release of all providers' medical records related to this complaint to the BOI and insurance company. I also authorize the BOI to obtain any information required to assist in the investigation of this complaint.

Signature:_____ Date: _____

Failure to Pay Claims – Required Attestation

Pursuant to §38.2-3407.15 C of the Code of Virginia, a participating provider shall make reasonable efforts to resolve issues related to all disputed claims by first discussing the matter with the person named in the provider contract and including supporting documentation sufficient for the carrier to identify the claims in question. Before filing this form, at least 30 calendar days shall have passed from the date of provider's contract with the carrier, provided that the carrier has been responsive to the provider's request to discuss the claims in question. If, in the judgement of the provider, the carrier has not been responsive to their requests, the provider does not have wait the 30 calendar days to file a complaint. In accordance with the above statute, the undersigned hereby attests that as of the date executed below:

_____ has complied with the above-stated requirements of the Code.
[Provider name]

_____, affirms that the declarations contained in this attestation are true and correct.
[Name of representative]

_____ _____
Signature of Representative Date