

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

Provider complaints must be submitted using the [Provider Complaint Form](#) via either the [Consumer Complaint Portal](#) or email at: LHprovidercomplaints@scc.virginia.gov.

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 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 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 a 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 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.