

Instructions for Filing a Health Care Provider Complaint

Independent Health Care Provider Complaint

Pursuant to 24-A MRSA §4329, the Maine Bureau of Insurance has established a liaison program to provide assistance to independent health care providers.

Beginning August 9, 2024, if you are an independent health care practitioner or group of independent health care practitioners with 6 or fewer health care practitioners, that are not employed by a hospital or health system or group of health care practitioners that is owned and operated, in whole or in part, by a hospital or health, you can file a complaint with the Bureau.

Attention: Complaints involving a consumer who has been harmed should be filed by the consumer only. Consumers can contact the Bureau if they need help determining next steps.

If you have any questions on this process, please contact Kim E. Davis at kim.e.davis@maine.gov for assistance.

1. Complete the complaint form:

- Tell us what happened, who was involved, and why you think the company is wrong.
- Have you tried to resolve this problem? If so, please provide us with details of the efforts you have made.
- What do you want the company to do?

The signed complaint form authorizes the Bureau to investigate your complaint.

Electronic Option*: You can file the complaint form electronically using the link below. The complaint form, signed by the health care provider, health care provider representative (i.e. billing clerk, office manager, or other office staff), authorizes the Bureau to investigate your complaint and provides basic information that we will use.

- Independent Health Care Provider Electronic Form (**Online Form**)

Mailing Option: If you do not wish to submit the complaint form online, you may use the printable form below. If additional space is needed, please use a separate sheet of paper. Please complete both sides of the last two pages of the complaint form. The

complaint form, signed by the health care provider, health care provider representative (i.e. billing clerk or other office staff), authorizes the Bureau to investigate your complaint and provides basic information that we will use. If additional space is needed, please use a separate sheet of paper.

- Independent Health Care Provider PDF (**Printable Form**)

Once completed, detach the complaint form and mail to:

Maine Bureau of Insurance
Attn: Health Care Provider Complaints
34 State House Station
Augusta ME 04333

2. Send supporting documentation:

When filing your complaint, please be sure to attach any copies (not originals) you have of documents related to the issue, such as:

- Letters, e-mails and other communications between you and the company concerning your complaint.
- Records explaining how the carrier provider submission and payment system works.
- Records explaining how claim payments were calculated.
- A copy of your provider contract with the carrier.
- Any additional information related to the complaint that you think we should know.

Supporting documents can be sent by one of the following methods:

Fax Option: (207) 624-8599 - Please include your name and the words: "Health Care Provider Complaint" on the fax cover page.

Email Option:* insurance.pfr@maine.gov - Please include your name and the words "Health Care Provider Complaint" on the subject line.

Mailing Option: Use the mailing address above.

- Please include your name and the words "Health Care Provider Complaint" on the envelope, or on its own page as the first page of the contents you are mailing.
- Supporting documentation sent by mail should be copies; PLEASE DO NOT SEND ORIGINALS.

If you need assistance, please call (800)-300-5000 or (207) 624-8475.

*If you choose to send an electronic form, or documents by e-mail, the Bureau cannot guarantee the confidentiality of your complaint during electronic transmission. Once received by the Bureau your file will be confidential.

How the Bureau Handles Your Complaint

When we receive your completed complaint form, your complaint will be reviewed and assigned to an investigator who will contact you by mail or by email. We will write to the company summarizing your complaint. We will ask the company to send us a written response to the issues you raised and to any supporting documentation you submitted to us.

By law, any person or company we license must respond to us within 10 business days. (We allow the company an additional three days for mailing time.) If we don't receive a timely response, we send out a follow-up letter by certified mail. However, the company may ask for an extension if its response requires additional investigation.

The length of our investigation into your complaint depends on how complicated the issues are. The investigation may require follow-up letters, emails, and phone calls. The investigator assigned to your complaint will advise you of our conclusions once the investigation has been completed.

We are committed to conducting a thorough investigation on your behalf. Our duty is to enforce the insurance laws and regulations of this state.

We Cannot:

- Force the company to satisfy you if no laws have been broken.
- Act as your lawyer or give you legal advice.
- Make contractual decisions.

Independent Health Care Provider Tips:

- Read your provider contract. Make sure that you understand your contractual obligations and call the carrier if you have any questions.
- Read and understand all instructions regarding billing, coding, and credentialing.

- Keep a file with all your contractual records, including updates to instructions on claim submissions, payments, and other contractual services.
- Take notes when you talk to the company; write down the date, time, and name of the person you talk to whenever you call the insurance company with a question or a complaint about claim processing or other carrier servicing.