

PENNSYLVANIA INSURANCE DEPARTMENT
Bureau of Consumer Services

Written Claim Complaint Handling

Why is a written complaint needed?

It is imperative that PID receive written and signed complaints as they also act as authorization for the insurer to release protected information. Claim complaints investigated by the Pennsylvania Insurance Department (PID) begin with a written expression of concern from either the policyholder himself, or designated representative. The complaint should generally include member identification; insurer, producer, or other licensee information; relevant documentation and details regarding the area of concern including the desired outcome, if appropriate. Consumers are discouraged from preparing lengthy submissions and sending medical records or photographs.

How can I file my complaint?

Consumers are encouraged to use the Department's consumer portal, *Consumer Services Online (CSO)* to file a complaint. It is a fast and secure online customer service tool that requires initial registration. Consumers are then able to upload documents; track submission(s) with an actual PID file number; and communicate with PID staff through portal emails. Complaints may also be made by downloading a PID complaint form, or writing a letter and then mailing or faxing the submission.

Regardless of transmission method chosen all complainants receive an acknowledgement letter with Department file number; the name of the investigator assigned; and contact information. CSO complainants have the added bonus of continued portal communication with assigned PID staff.

What happens once the complaint is received?

Complaint submissions are received by the Bureau's Intake Unit where submissions are triaged, assigned to staff, and inquiries accompanied by the complaint submission are transmitted to the licensees for response. Since PA law provides insurers with 15 working days to respond to a PID inquiry, complaints are typically concluded 45 – 60 days from the date of receipt. However, we strive for 30 days.

Urgent matters such as claims involving pre-service authorization; medication or treatment denials; and appeals are immediately brought to the attention of management who will determine the best and most expedient complaint handling approach. In most cases, staff engages the insurer and reaches out to the consumer with guidance, on these issues, within one business day of identifying the urgency. Complaints determined to fall within the jurisdiction of another Department, Regulatory etc. are forwarded, accordingly.

What is the role of the investigator?

The investigator reviews and evaluates the complaint and licensee response for compliance with the applicable insurance law and regulation and makes every attempt to bring about amicable resolution. PID may also assist the claim complainant by making sure he is educated regarding his rights and protections. Any suspected or actual violation is referred to the Department's Bureau of Enforcement and/or Bureau of Market Conduct for further investigation and potential sanctions.