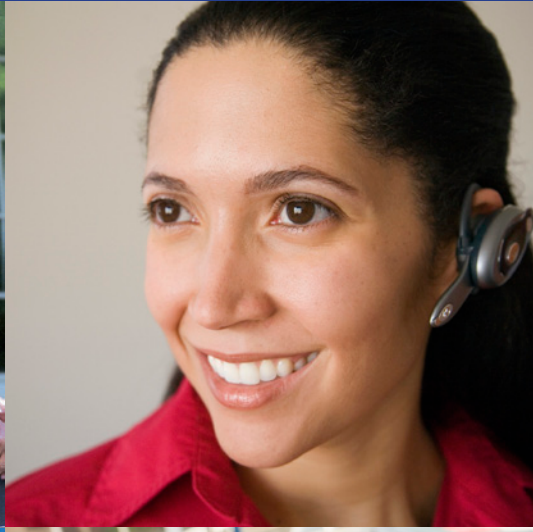


# Consumer Assistance and Outreach Services

We are here to help you!



Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance





## **Consumer Assistance Services**

The State Corporation Commission's Bureau of Insurance (the Bureau) assists thousands of consumers each year by responding to inquiries and complaints about services received from their health plans, insurance companies and agents. The Bureau also assists consumers in understanding and exercising their rights to appeal adverse determinations made by Managed Care Health Insurance Plans (MCHIPs) such as HMOs or PPOs and facilitates and coordinates requests for an independent external review of eligible adverse determinations made by health carriers, and in some cases, self-insured ERISA plans. The Bureau's consumer assistance sections provide free professional information and complaint services to all Virginia consumers. Consumer Assistance Services are provided by the Life and Health/ Property and Casualty Consumer Services Sections, Office of the Managed Care Ombudsman, Office of Independent External Review, and the Insurance Consumer Outreach sections. Consumers should try to resolve problems with their company or agent before contacting the Bureau. When it becomes necessary to contact us, you may call or write to the Bureau.

## **Life and Health/Property and Casualty Consumer Services**

If you have a general complaint or inquiry involving your insurance company or agent, whether your complaint involves life, health, auto, homeowner, or other lines of coverage, the Bureau's Consumer Services Sections will investigate your complaint, help you get a clear response to your question, cut through the red tape, and correct misunderstandings. The Bureau CANNOT, however, recommend a particular company, agent, or product, or provide legal services that are sometimes required to settle complicated problems. If we are not able to resolve your problem, we will tell you why. If the insurance laws and facts are on your side, we will work to ensure that your rights are protected and that your complaint is resolved in a satisfactory manner.

**Life & Health  
Consumer Services  
Phone: 804-371-9691  
Fax: 804-371-9944**

**Property & Casualty  
Consumer Services  
Phone: 804-371-9185  
Fax: 804-371-9349  
Toll Free: 1-877-310-6560**

## **Office of the Managed Care Ombudsman**

If you are seeking assistance in appealing an adverse determination made by your MCHIP, the Bureau's Office of the Managed Care Ombudsman (the Office) will assist you in understanding and exercising your rights of appeal. The Office will also help you to understand how your MCHIP works, answer questions about your coverage, and explain regulatory requirements that apply to your health insurance.

**804-371-9032  
Toll Free: 1-877-310-6560  
ombudsman@scc.virginia.gov**

## **Office of Independent External Review**

If you received a final adverse decision from your MCHIP made prior to July 1, 2011, the process described here will not apply to you. Please contact us at the number below if you have questions about your rights to request an external appeal for final adverse decisions rendered by your MCHIP prior to July 1, 2011.

If you receive an adverse determination made on or after July 1, 2011, and you have exhausted the internal appeal process with your health carrier, or in some cases your self-insured ERISA plan, you can request an independent external review of a denial if the denial was based on a determination that the care did not meet requirements for medical necessity, appropriateness, health care setting, level of care or effectiveness, or involved an experimental or investigational procedure. All appeals must be filed with the Bureau within 120 days of the date you receive notice of your right to an independent external review. The Bureau will randomly select an impartial Independent Review Organization (IRO) to conduct the independent external review. The IRO's decision is binding on the health carrier or self-insured ERISA plan (if applicable) and on you except to the extent you have other remedies available under state or federal law.

**Office of Independent External Review**  
**Toll Free: 1-877-310-6560**

## **Insurance Consumer Outreach**

The Bureau of Insurance offers free consumer outreach programs on a number of insurance topics and participates in exhibitions. Speakers will talk to your group or organization on the insurance topic of your choice and will try to answer any general questions you have about insurance.

**Life & Health**  
**Insurance Outreach Coordinator**  
**804-371-9092**  
**L&HOutreach@scc.virginia.gov**

**Property & Casualty**  
**Insurance Outreach Coordinator**  
**804-371-9185**  
**P&COutreach@scc.virginia.gov**

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## Help Is Available

To request assistance with a complaint or an appeal from the Bureau's Consumer Services Section or from the Office of the Managed Care Ombudsman, you may use the enclosed form for your convenience. The form is also available for downloading at the Bureau's website:

[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)

The health carrier or self-insured ERISA plan (if applicable) is required to provide you with forms and instructions for submitting a request for an independent external review, when eligible. Forms for requesting an independent external review are also available for downloading from the Bureau's website.

### Important Points to Consider

#### Know Your Rights

Insurance companies:

- are not allowed to unfairly discriminate as to premium rates charged or kinds of coverage,
- are required to pay claims promptly and fairly, and
- must give the consumer access to certain information collected by the insurance company.

#### Contact Your Agent or Company First

Many times a mistake has been made, and is easy to correct upon inquiry.

Filing a complaint by letter is best. Always keep a photocopy for your records. Keep copies of all e-mail or fax communications as well.

If you decide to file your complaint by telephone, keep a written record of:

- the date and time of your call,
- the name and title of the person you talked to, and
- what was said during the call.

### **When Contacting the Bureau of Insurance, Briefly Describe Your Complaint or Appeal**

Provide your name and the name of the insured person (if different), the name of the insurance company involved and the policy or group certificate number.

- Provide an explanation of your problem (i.e., what happened, who's involved, why you think the company/agent is wrong).
- Explain how you tried to resolve the problem.
- Explain what you think the company/agent should do to resolve the problem.

Attach copies of:

- letters or e-mails you have written to the company/agent concerning your complaint/appeal and letters or e-mails the company/agent has written to you,
- notes from telephone conversations you may have had with the company/agent,
- your insurance policy or (for group health insurance) the part of your benefits handbook concerning the disputed coverage. Mark the section you think supports your complaint,
- letters written by other persons (i.e., doctors or lawyers) concerning the problem,
- sales literature or worksheets (if this is relevant to your complaint), and
- the claim you filed with the insurance company.

### **How Soon Should I Expect a Response from the Bureau of Insurance?**

Within a week after we receive your written complaint or appeal form, we will acknowledge receipt of your letter.

### **What Contact Will Be Made With the Insurance Company/Agent?**

In most cases, a letter and a copy of your complaint/appeal will be sent to the company/agent requesting an explanation of its position. Telephone contact may be made to discuss, ask questions, or make specific requests.

After the company/agent responds, we will determine what further actions we will take.

### **How Long Will the Investigation Take?**

Normally, it takes about 45 days after we receive a complaint to provide our final response. However, it may take longer if your complaint is claim related, involves a unique or complex problem, or requires the insurer or agent to conduct extensive research.

### **Should I Call to Check on the Investigation's Progress?**

You do not need to call. We will keep you informed and advise you of the outcome of our review.

If you have additional information, send it to us in writing. (Include the file number we assigned in our letter of acknowledgment, and send it to the person investigating your complaint.)

### **Insurance Rules to Live By**

- Know the name of your insurance company and policy number.
- Read your policy.
- Be sure your agent is licensed.
- Get a receipt if you pay cash.
- Read the application before you sign it.



## **Consumer Guides and Other Information**

The Bureau of Insurance distributes consumer guides that provide important information about various lines of insurance, including **Life, Health, Long-Term Care, Medicare Supplement, Auto, Homeowners, Renters and Title Insurance. Teen Auto Insurance, Credit Scoring and Disaster guides** are also available. In addition, a number of brochures and tip sheets addressing specific subjects are available. We also provide lists of certain types of insurers and programs. These materials are designed to help you better understand the insurance policy you have purchased or are thinking of purchasing. You can receive, free of charge, any of the Bureau's consumer materials by simply writing or calling the Bureau of Insurance. Many of the materials are also available for viewing or downloading from the Bureau's website.

**[www.scc.virginia.gov/boi](http://www.scc.virginia.gov/boi)**



**From:** Commonwealth of Virginia  
State Corporation Commission  
Bureau of Insurance  
P.O. Box 1157  
Richmond, Virginia 23218

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**To:**