



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## Health Care Provider Complaints

### Important Information regarding the Insurance Department's Consumer Services Unit

The Insurance Department's primary responsibility is to enforce the insurance laws and rules of the state. Consistent with that responsibility, the Department is prepared to address health care provider concerns which may be specific to individual patients – such as, denied claims and pre-authorization requests – or which may have a market-wide impact – such as unnecessary credentialing delays and carrier misapplication of accepted, medical standards (i.e., ASAM and MHPEA criteria).

In support of the Department's commitment to health care providers (HCP's), the Consumer Services Division (CSD) fulfills a threefold mission: educate providers and consumers about insurance products; assist those who request help navigating the complexities and intricacies of the health insurance industry; and investigate complaints involving the Department's licensees.

If you or one of your patients have a question, issue of concern or need assistance, please contact the Department's Consumer Services Unit at 800-852-3416 or via email at [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov). If you believe one of the Department's licensees has violated a New Hampshire insurance law or regulation or if you wish to submit a formal complaint for any reason, please submit a Health Care Provider Complaint Form.

Upon receipt of your submission, the CSO assigned to your case will investigate your concern or forward your grievance to another Insurance Department business unit for consideration. In either case, you will receive written correspondence from the Department, informing you of the outcome of the Department's consideration or investigation. Please note, while not all submissions rise to the level of a formal complaint, the Department treats all submissions as confidential matters pursuant RSA 400-A:16.

If, after submitting your complaint, you have any questions, issues or concerns, do not hesitate to contact a CSO, toll free, at 800-852-3416.



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## General Instructions for the submittal of Health Care Provider Complaints

Grievances involving Health Care Providers fall into one of two (2) categories: Provider Complaint and Marketplace Complaint.

**Health Care Provider Complaint:** A formal grievance, *related to patients or their claims*, submitted to the NHID directly by a health care provider.

1. Whereas this category of grievance relates to patients or their claims, the complainant (the provider) must also submit a "Release of Information Form" to the NHID with the requisite "Health Care Provider Complaint Form." This will permit the NHID to share information obtained about the patient's claim with the provider.
2. If the NHID receives a properly completed "Health Care Provider Complaint Form" and "Release of Information Form," the NHID will investigate the provider's grievance and shall provide the complainant (the provider) a response. The Department's response may include documents related to the patient's claim and may contain personal information, including personal health information (PHI).
3. If the requisite "Release of Information Form" is not received, the NHID will investigate the provider's grievance, but shall limit its response to the complainant (provider) to a disposition finding (e.g., "The Department has investigated your allegations of [description of allegation] and did not find any violation of New Hampshire insurance laws or regulations.").

**Marketplace Complaint:** A formal grievance, *unrelated* to patients or their claims which expresses dissatisfaction with the insurance marketplace or an NHID licensee, submitted to the NHID directly by a provider.

1. Whereas this grievance category does not relate to patients or their claims, a "Release of Information" is not required.
2. The NHID's Customer Services Unit will record all Marketplace Complaints and refer the cases to the appropriate NHID business Unit (i.e., Customer Services, Market Conduct, LAH Legal, etc.) for appropriate action.
  - If a Consumer Services investigation is conducted, the investigating Consumer Services Officer will provide the complainant (provider) a response which summarizes the disposition of the Department's findings (e.g., "The Department has investigated your allegations of



## The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

[description of allegation] and did not find any violation of New Hampshire insurance laws or regulations.”).

- If your concern is forwarded to an NHID business unit other than Consumer Services, you will be contacted by a representative of that unit only if there is a need for additional detail about the situation you describe. Be advised, however, the information you submitted will be reviewed and considered by the Department, as it identifies opportunities and priorities for regulatory action.

**Grievance Submittal:** All requisite forms shall be submitted to the New Hampshire Insurance Department, Attn: Customer Services Unit, via post, fax or email at [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov).



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## HEALTH CARE PROVIDER COMPLAINT FORM

### **Section I – Health Care Provider (HCP) Information**

Provider's Name: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Provider's NPI #: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Provider's Phone Number: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

### **Section II – Respondent or Health Carrier Information** (Who is the complaint against?)

Respondent's Name: \_\_\_\_\_

Respondent's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Respondent's Phone Number: \_\_\_\_\_

### **Have you attempted to resolve this matter with the respondent?**

Yes  No  If yes, on what date? \_\_\_\_\_

Name of individual you spoke with, if known: \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## **Section III – Insured’s Health Plan Information** (If applicable)

Insured’s Name: \_\_\_\_\_

Member ID or Policy #: \_\_\_\_\_

Claim/Reference #: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Type of Insurance:  Health     Dental     Vision     Disability

Other \_\_\_\_\_

## **Section IV – Description of Grievance**

Category of Dispute:

Carrier Administration or Service       Carrier-Provider Contract

Credentials or Licensure       Delayed or Rejected Claims

Other (Please Describe) \_\_\_\_\_



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## What is your complaint?

Please describe your issue(s) of concern. Please attach copies of relevant documents.



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

**Section V – Desired Outcome – What do you consider to be a fair resolution?**

**\*\*\*\*\* COMPLAINT INVESTIGATION DISCLOSURES \*\*\*\*\***

**This form must be complete. All documents relevant to the complaint must be submitted with this form. The New Hampshire Insurance Department will not consider material, which could have been submitted with this form, after the form has been filed.**

**The submittal of this complaint form will initiate an investigation of any Department licensee who is the subject of the identified complaint. Pursuant to RSA 400-A:16, II the New Hampshire Insurance Department will request and receive information and documentation, relevant to this investigation, from the named parties. Please note relevant information may include medical records. Also, the New Hampshire Insurance Department may share with the Department licensee any medical information and/or records provided in connection with this complaint.**



# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## RELEASE OF INFORMATION FORM

### Insured / Claimant Information

My Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.) \_\_\_\_\_

My Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

My Phone No. (\_\_\_\_\_) \_\_\_\_\_

My eMail Address: \_\_\_\_\_

### Insurance Information

Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Phone No. (\_\_\_\_) \_\_\_\_\_ Claim Number: \_\_\_\_\_

## CONSENT AND RELEASE

Must be signed by the individual who is **RELEASING** insurance information

I hereby **release** my insurance information to

\_\_\_\_\_ and I authorize

the New Hampshire Insurance Department (NHID) to provide to this individual any insurance information related to my insurance claim described below and communications received from the insurance company, its agents, or representatives. I understand that this information may include personal financial information, medical records, personal health information or other confidential information. I understand that it is possible that the person receiving this information may re-disclose this information to others. I discharge and release the NHID from any responsibility or liability related to the release of these records or any re-disclosure.

Printed Name

Signature

Date





# The State of New Hampshire Insurance Department

21 South Fruit Street, Suite 14  
Concord, NH 03301

Telephone: 603-271-2261

Fax: 603-271-7066

TDD Access: Relay NH 1-800-735-2964

Email: [consumerservices@ins.nh.gov](mailto:consumerservices@ins.nh.gov)

[nh.gov/insurance](http://nh.gov/insurance)

## ACKNOWLEDGEMENT

Must be signed by the individual who will **RECEIVE** insurance information

I acknowledge that the above Release of Information will permit me to **receive** insurance information related to a claim filed by the individual signing the Release of Information. I understand that the NHID cannot disclose insurance information, if a Release of Information is not signed. I also understand the information I may receive may contain personal financial information, medical records, personal health information, or other confidential information.

---

Printed Name

Signature

Date