

How to Use the DFS Provider Complaint Forms Portal

<https://myportal.dfs.ny.gov/>

In order to use the online Provider Complaint Forms application on the Department of Financial Services (DFS) portal, healthcare providers or their staff need to set up an account in the DFS portal.

Healthcare providers should use the Provider Complaint Forms application to file a complaint with DFS about health, no fault, or workers' compensation/paid family leave claims. Filing in the portal will allow the provider to obtain a file number immediately upon submitting the complaint. You will have the option to include supporting documents when you file the complaint, and additional information can be added to an existing complaint any time after filing the initial online complaint. Providers can view open and closed complaint files in the portal. Closed complaints will be available for 6 months after the file is closed. Providers must not use the Consumer Complaint application to submit complaints.

Before Filing

You must first attempt to resolve this issue with the insurer before filing a complaint with DFS. You will need to provide details (dates, times, contacts, etc.) about how you attempted to resolve this with the insurer. Otherwise, the case will be closed upon receipt.

- ❖ TIP: If you have more than one complaint against an insurer, it saves time to enter all of them consecutively. This is because the Insurer information will stay populated until you indicate you want to switch to a different insurer.

Starting a new complaint

After selecting Provider Complaint Forms under My Applications, click "File a Provider Complaint".

Once you start to enter a complaint, you will have 30 minutes to submit it. See below for the information required for each complaint. We recommend that you have this information available prior to starting the process. If the complaint is not submitted within 30 minutes, the information will be lost, and you will need to restart the complaint.

When completing the complaint form, any field in the portal with an asterick (*) is a required field. You will not be able to advance to the next screen until all required fields are completed.

There are five tabs to complete for each complaint:

- Provider
- Complaint Details
- Patient
- Supporting Documentation
- Review/Submit

Provider Tab

Information on the Provider tab will pre-populate from the user's account. You can change any of the information that pre-populates. This is information about the provider or provider's business. You should not enter information about the patient or insurance company on this screen.

Complaint Details Tab (three types)

For What is your Complaint Type? (this relates to the type of insurance) , use the drop down box to select the type of complaint you are filing:

- No Fault
- Workers' Compensation/Paid Family Leave
- Prompt Pay (this is used for health insurance complaints)

Complaint Details Tab – No Fault

- Who is the person/entity you are complaining about? – Use the Insurance Company drop down box to select the name of the insurance company about which you are submitting the complaint. If the company you are complaining about is not listed, check the box and then enter all of the available information about the insurance company.
- Policy Holder Name is the person to whom the no fault policy was issued.
- Policy Number is the no fault policy holder's number against which you submitted a claim.
- Case Number is the number provided by the insurance company for this claim.
- Date of Accident is the date of the no fault accident related to this claim.
- Have you attempted to resolve this with the insurer? and Comments - provide the details (dates, times, contacts, etc.) of how you attempted to resolve this with the insurer.
- Date(s) of Service (DOS) and Billing Code – you can enter multiple dates of service for the patient even if the dates were entered on separate claims. Do not file multiple complaints with this Department for additional dates of service for the same patient. Use the "Add Additional DOS" button to add additional dates of service. You can enter more than one billing code per date of service by clicking "Add Billing Code".

Complaint Details Tab – Workers' Compensation/Paid Family Leave (WC/PFL)

- Who is the person/entity you are complaining about? – Use the Insurance Company drop down box to select the name of the insurance company about which you are submitting the complaint. If the company you are complaining about is not listed, check the box and then enter all of the available information about the insurance company.
- Policy Number is the WC/PFL policy holder's number against which you submitted a claim.
- Date of Accident is the date of the WC/PFL accident/instance related to this claim.
- Employer Name is the name of the policy holder's employer.
- WCB Case Number is the number provided by the Workers' Compensation Board for this claim.
- Have you attempted to resolve this with the insurer? and Comments - provide the details (dates, times, contacts, etc.) of how you attempted to resolve this with the insurer.
- Date(s) of Service (DOS) and Billing Code – you can enter multiple dates of service for the patient even if the dates were entered on separate claims. Do not file multiple complaints with this Department for additional dates of service for the same patient. Use the "Add Additional

DOS” button to add more than one date of service. You can enter more than one billing code per date of service by clicking “Add Billing Code”.

Complaint Details Tab – Prompt Pay

Use this option to file a complaint regarding health insurance claims.

- Who is the person/entity you are complaining about? – Use the Insurance Company drop down box to select the name of the insurance company about which you are submitting the complaint. If the company you are complaining about is not listed, check the box and then enter all of the available information about the insurance company.
- Are you a participating provider with the health plan? – Indicate if you have a provider agreement with the insurance company indicated above.
- Does this matter involve a health claim denied as not medically necessary, or that the services are experimental or investigational? – Indicate if you or the patient received an Initial Adverse Determination or Final Adverse Determination that denied the claim as not medically necessary or experimental or investigational.
- Have you attempted to resolve this with the insurer? and Comments - provide the details (dates, times, contacts, etc.) of how you attempted to resolve this with the insurer.
- Date(s) of Service (DOS) and Billing Code – you can enter multiple dates of service for the patient even if the dates were entered on separate claims. Do not file multiple complaints with this Department for additional dates of service for the same patient. Use the “Add Additional DOS” button to add more than one date of service. You can enter more than one billing code per date of service by clicking Add Billing Code.

Patient Tab

- Enter the name and address of the patient related to the claim listed on the Complaint Details tab.
- Patient ID – the insurance company’s identification number for this patient

Supporting Documentation Tab

Uploaded documents must be in Word or PDF format. If you want to upload an image, please copy the image to a word document and save the word document as PDF and then upload it. You also have the option to upload documents, after you submit the complaint. The maximum file size that can be uploaded with this system is 30,000,000 bytes (30 Mb). Uploading large files may delay the processing of your complaint.

Do NOT upload medical records.

Review/Submit Tab

You have the ability to review your complaint before submitting it to DFS. Use the Back button on the bottom of the screen to edit information on any previous screens. You must click the box next to “I

Agree”, before you can submit the complaint. The system will assign a file number once you submit the complaint. You can print your submission for your records. Additional information or documents can be added to the complaint after you submit it.