

Step by Step Guide to Filing Health Insurance Complaint with SC Department of Insurance

SCAND Reimbursement Team

Background:

As a health insurance subscriber, you pay for access to health care providers as part of your monthly policy subscription. MOST health insurance policies cover nutrition counseling if you need this service. The Affordable Care Act has a clause stating how insurance policies must cover nutrition services as a preventative benefit with \$0 copay and \$0 deductible. However, those benefits are only available to you if your nutrition provider is “in-network” (like many other services).

This means there is robust coverage for nutrition services across insurance carriers IF you can access an “in-network” provider.

However, in South Carolina there are currently several health insurance providers with a policy of either a) keeping their networks closed to Registered Dietitians (United Healthcare and Cigna) OR refusing to credential them as a recognized provider for any service (Blue Cross Blue Shield of SC).

Consequently, as a health insurance subscriber, YOU are not being allowed to use benefits you pay for as part of your premium. We have created this guide to help you advocate for your benefits and make your voice heard to the proper decision makers who can make nutrition counseling more accessible for you.

If you have Blue Cross Blue Shield of South Carolina:

Blue Cross Blue Shield of SC provides nutrition counseling for many policies across the state and serves as a gateway to access coverage for any out-of-state BCBS/Anthem policy held by a resident of South Carolina.

If you have United Healthcare or Cigna:

United HealthCare and Cigna have excellent coverage for nutrition counseling, but as a policy they have kept their networks “closed” to new enrollments for registered dietitians to be in-network in SC.

Grounds for Complaint:

BCBS of SC:

1. Currently, BCBS of SC does NOT credential registered dietitians for any reason, despite registered dietitians being the most qualified clinician to provide nutrition counseling and Medical Nutrition Therapy. Because of this unfortunate policy, registered dietitians are BLOCKED from enrolling as a network provider with BCBS of SC.

2. Consequently, **BCBS of SC does NOT have a network of contracted providers in the state of South Carolina that consumers can access**, effectively creating an **empty network** for nutrition services in the state.
3. The closest providers are over the border in Charlotte, NC (except for 3-5 providers randomly scattered among hospitals in Florence, Charleston, and one in Greenville). This means most subscribers must travel >75-100 miles to access a nutrition provider for nutrition counseling. **This is considered unreasonable and inaccessible by insurance standards who use the radius of 50 miles as a “cut-off” for your “geographical area”.**
4. **As such, you, and thousands of other BCBS of SC subscribers have what is called a “gap in coverage” because no nutrition provider exists in your geographical area.**
5. **This results in benefits you PAY for, but cannot access. Per BCBS, they have a “physician network” that provides these services, but no physicians currently provide these services per the BCBS provider search inquiry on SC BCBS website. This is what is called a “dead” benefit.**

United Healthcare, Cigna, Tricare:

1. These providers HAVE a network of registered dietitians but the number of in-network providers is not enough to provide adequate coverage for the geographical area in the state of SC.
2. For example: United Healthcare has a large network of “in-network” registered dietitians in their provider search, but they “pad” this network with registered dietitians who provide inpatient services in large organizations like Prisma Health and Lexington Medical Center. In other words, “all” organization registered dietitians are included in the network—including inpatient dietitians of every kind and specialists who don’t see individuals in an office or outpatient setting. In fact, < 1 in 10 registered dietitians in their network list actually see individuals in an outpatient setting.
3. These insurance providers nevertheless use this “large” network pool to deny contracts to registered dietitians who DO work in outpatient settings.
4. **This means that most registered dietitians you will try and see for nutrition counseling will be turned down when requesting “in-network” contracts because the insurance company will say “our network is full” or “our network is closed”. This greatly reduces your chances of seeing an in-network nutrition provider in your geographical area.**

ACTION STEPS YOU CAN TAKE:

Notify SC regulators about the lack of an in-network nutrition provider pool for health insurance subscribers and the refusal to offer credentialing and contracting to registered dietitians as nutrition providers. Do this by filing a complaint with the SC Department of Insurance to voice your disagreement and disenfranchisement as a consumer of healthcare insurance to a) **allow registered dietitians to be credentialed in South Carolina** and b) **provide you, as a health insurance subscriber with a network of nutrition providers in your geographic area.**

Step by Step Process to File a Complaint Online:

1. Go to: <https://www.doi.sc.gov/> ☺ Navigate to “CONSUMERS” tab at TOP LEFT – “CLICK” the tab
2. On the CONSUMERS home page, scroll down to middle under “FILE A COMPLAINT” and click “Online Consumer Complaint Form”
3. Proceed as highlighted below:

Step 1:

**South Carolina Department of Insurance
Office of Consumer Services**
Street Address: 1201 Main Street, Suite 1000, Columbia, SC 29201
Mailing Address: P.O. Box 100105, Columbia, SC 29202-3105
Telephone: (803) 737-6180 or 1 (800) 768-3467
Fax: (803) 737-6231 Email: consumers@doi.sc.gov

Consumer Complaint

Required Fields are marked with an asterisk.*

Insured's Information

Are you the insured?
 Yes No

What is your relationship to the insured?
Select One

Attorney's Information

Are you currently represented by an attorney for this matter?
 Yes No

Click “Yes”

Click “No”

Select “Self”, “Spouse”, “Child” or “Other as appropriate:”

Type here to search

12:10 PM
3/19/2020

STEP 2:

*First Name:	Middle Name:	*Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>
*Address Line 1:	<input type="text"/>	
Address Line 2:	<input type="text"/>	
Address Line 3:	<input type="text"/>	
Address Line 4:	<input type="text"/>	
Address Line 5:	<input type="text"/>	
Address Line 6:	<input type="text"/>	
*City:	*State:	*ZIP:
<input type="text"/>	<input type="text" value="South Carolina"/>	<input type="text"/>
County:	*Country:	International Zip:
<input type="text" value="Select One"/>	<input type="text" value="United States"/>	<input type="text"/>
Email Address	Reenter Email:	
<input type="text"/>	<input type="text"/>	
*Phone Number:	EXT:	
<input type="text"/>	<input type="text"/>	
Alternate Phone Number:	EXT:	
<input type="text"/>	<input type="text"/>	
How do you prefer to be contacted? :	<input type="text" value="Select One"/>	

Fill in your personal contact information and address, and note how you would prefer to be contacted by the insurance commission.

IF the subscriber who needs nutrition counseling is your child or spouse, etc, but YOU are filling out the form, please note THEIR name here:

STEP 3:

Insured's Information(If different than above)

First Name:	Middle Name:	Last Name:
<input type="text"/>	<input type="text"/>	<input type="text"/>

STEP 4:

Other Parties involved in this problem

First Name:	Last Name:	Description:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	Last Name:	Description:
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name:	Last Name:	Description:
<input type="text"/>	<input type="text"/>	<input type="text"/>

You can skip this unless you are involving a doctor, dietitian, representative, lawyer or some other party in the complaint:

STEP 5:

Insurance Information

*Who is the Complaint Against? Provide the name of one or more of the parties you are complaining against.

a. Name of Insurance Company

b. Name of Insurance Agency

c. Name of Agent, Adjuster, Appraiser

First Name: Last Name:

Have you litigated your claim? Yes No

If you answered "Yes" what was the court's decision?:

Policy Number: Certificate Number: Claim Number:

Put name of insurance company (Blue Cross Blue Shield, Aetna, Cigna, United Healthcare, etc) with whom you are a subscriber and filing a complaint:

Leave these blank

Select "No" UNLESS you hired a lawyer to file litigation on your claim

Only fill in if "Yes" to litigation

Put your insurance Subscriber ID# here (or your child's, spouse's etc for whom you are filing the complaint):

ONLY IF you had a claim filed already, and you were denied nutrition coverage for a particular visit, put the claim number here (found on your insurance statement from your insurance company under "provider claim")

STEP 6:

Date of Loss/Service: Date of Purchase: Date Of Cancellation:

Insured Age Group:

Amount in Dispute:

*Type of Insurance:

*Reason For Complaint:

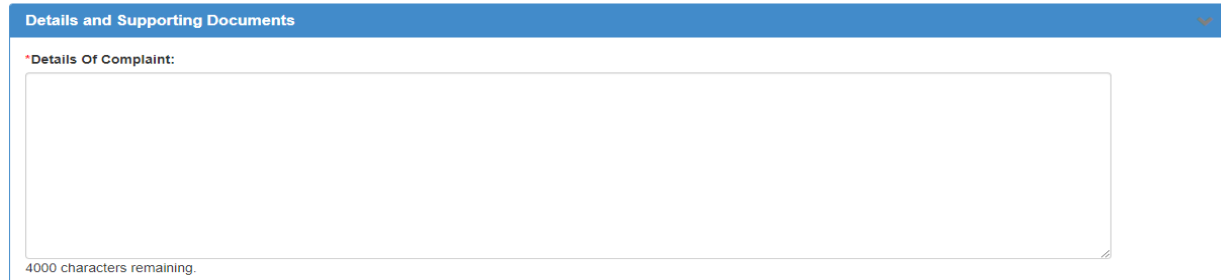
Other Desc:

Leave these blank, unless you want to note the "amount in dispute" from a "Claim number" referenced above, indicating the \$\$ amount not covered in your claim

Select "Claim denial" if you are referencing a claim as noted above; otherwise select "Other"

Select "Group Health" if you have an employer based plan; select "Individual Health" if you have a self-purchased or "marketplace" plan

STEP 7:



The screenshot shows a web interface with a blue header bar containing the text "Details and Supporting Documents". Below the header is a section titled "Details Of Complaint:" followed by a large, empty text input box. At the bottom left of the text box, it says "4000 characters remaining." There is a small icon in the bottom right corner of the text box.

In this section, **copy and paste the following** – and **PLEASE TWEAK THIS to write it in your own words:**

For PEBA BCBS State Plan ONLY:

Reason for complaint should be “Other” (general complaint):

“I am filing a complaint regarding my inability to access nutrition counseling services as a PEBA employee

I was referred to a registered dietitian for nutrition counseling by my primary care provider to improve my health and wellbeing. Upon checking benefits however, I was informed that nutrition counseling is NOT covered under my plan. This is unfortunate for a state employee to not receive coverage for such a needed benefit as nutrition therapy! Particularly in the present time with COVID and high rates of obesity and diabetes, I am dismayed that our state has decided not to cover such an important part of our healthcare. I would like to have insurance pay for my nutrition care just as it pays for diabetes care, primary care, therapy and other disciplines. It is vital to my ability to take care of myself.”

For ALL OTHER BCBS Plans: (complaint reason = “other” if you do have nutrition coverage in your plan)

“I am filing a complaint because I am unable to access the nutrition counseling coverage that is provided by my current health insurance policy.

My physician recommended I get nutrition counseling to improve my health and wellbeing. After inquiring about my eligibility and benefits, I found out that I do have nutrition counseling as a benefit covered under my plan, when provided by a network provider.

When I checked my network of providers however, I was extremely disappointed to learn that the closest registered dietitian in my network is in another state! When I asked why, I was told BCBS of SC does NOT credential registered dietitians, even though they are licensed by the state and are the most qualified to provide me with nutrition counseling!

I am filing this complaint because I cannot access a network provider for nutrition – it is unreasonable and unacceptable for me to have to travel over 75 miles to another state just to access a nutrition provider, and I am unable to get an exception for the out-of-network registered dietitians near me, because BCBS of SC is refusing to credential them as a nutrition provider. I am paying for a service that I cannot access! I look forward to a response regarding this matter.”

For United Healthcare, Cigna, Tricare and other commercial plans:

IF reason for complaint is “Other” and you have existing In-network nutrition coverage with your plan:

“I am filing a complaint because I am unable to access the nutrition counseling services that are provided by my current health insurance policy.

My physician recommended I seek out nutrition counseling services to improve my health and wellbeing. After inquiring about my eligibility and benefits, I found out that I do have nutrition counseling as a benefit covered under my plan, when provided by a network provider.

However, the nutrition provider I was referred to is out of network; when I checked my network of providers, I was unable to find an outpatient dietitian within my geographical radius that is reasonable to access. I need my insurance provider to expand their network of registered dietitians to include someone within my geographical area of 50 miles so I can reasonably access a network provider.

STEP 8:

*What do you consider to be a fair resolution?:

4000 characters remaining.

In this section, copy and paste the following (feel free to put in your own words):

For PEBA/State Plan ONLY:

“A fair resolution would be for BCBS of SC to

- a) Provide nutrition counseling as a covered service with my plan
- b) Allow registered dietitians near me to be credentialed as in-network nutrition providers with BCBS of SC and provide me with providers within my geographical area of 50 miles”

For other BCBS plans ONLY:

“A fair resolution would be for BCBS of SC to

- a) Allow registered dietitians near me to be credentialed as nutrition providers with BCBS of SC and stop blocking registered dietitians from being credentialed when they are the MOST qualified to provide this service
- b) Provide me with qualified nutrition providers (registered dietitians) IN the BCBS network WITHIN my geographical area of 50 miles”

For OTHER commercial insurers (UHC, Cigna, Aetna, Tricare, etc):

“A fair resolution would be for my insurance provider to enable me to access my existing nutrition benefits by:

- a) Opening the network in my area to contracted, in-network nutrition providers
- b) Provide me with qualified nutrition providers (registered dietitians) in-network WITHIN a reasonable geographical area of 50 miles”

STEP 9:

Note: After final submission of this form you will be provided with an opportunity to attach supporting documents

Yes No

IF you have documents you would like to submit to back up your complaint, you can choose to select “YES” to upload documents. Otherwise just select “No”.

STEP 10:

Email Confirmation

*Do you wish to receive email confirmation?

Yes No

Select whether you want email confirmation here:

Authorization

I declare that the information I have provided is true and accurate to the best of my knowledge. This information will be forwarded to the insurance company (and/or other party that is the subject of your complaint) for the investigation of this matter. I understand that, under South Carolina’s Freedom of Information Act, this complaint becomes a public record once my file is closed (medical and personal records will remain confidential). By submitting this form, I am authorizing the SC Department of Insurance to pursue an investigation into my complaint and the party(ies) complained against to release all relevant information, documents, and records to the SC Department of Insurance.

* Authorization

Yes No

Click “Yes” to note that you are filing a truthful complaint and authorize this to be public record once filed

Check this off and then “Submit”:

I’m not a robot

reCAPTCHA Privacy - Terms

Submit Complaint

Print Only

Thank You for helping bring this attention to this!