

NOTE: Due to the State of Minnesota's legislation, coverage for General Assistance Medical Care (GAMC) is switching from Health Plan coverage to Fee-For-Service coverage on April 1, 2010.

Chapter 9

Complaint Reporting

Overview

Member complaints are highly regulated by federal and state regulations. This chapter outlines important procedures and responsibilities regarding handling of member complaints at the clinic level for all medical groups.

This procedure applies to all SCHA products.

This Chapter Includes:

- Clinic Responsibilities: Complaints
- Quality Complaint Reporting Form

Definitions

The Minnesota Department of Health requires providers to report all written and verbal quality complaints that originate at the provider group level to the enrollee's health plan on a quarterly basis. Minnesota Rule requires each health plan to conduct ongoing evaluation of all of their enrollee complaints including those from participating providers (Minnesota Rule 4685.1110 Subpart 9). Complaints directed to the medical group are to be investigated and resolved by the provider group, whenever possible.

Quality complaints are defined as follows:

- **Access Complaints:** Complaints about referral process, service timeliness, appointment scheduling, wait times, access to medical information, availability of handicap services, geographic options and access to culturally diverse providers.
- **Communication/Behavior Complaints:** Complaints about provider/clinic a communication/behavior that is rude, inappropriate, uncooperative, rushed, unresponsive, uncaring, culturally insensitive, or other similar behavior.
- **Coordination of Care Complaints:** Complaints about failure to follow-up, information not provided/available at time of care, providers not communicating with each other, lack of coordination of care, or delay in a referral.
- **Technical Competence/Appropriateness Complaints:** Complaints about failure to diagnose, inappropriate treatment, incorrect diagnosis, ordering of wrong test, procedural errors, performing procedure/service outside scope of practice/expertise, or failure to refer.
- **Facilities/Environment Complaints:** Complaints about physical

accommodation of patient needs, room temperature, uneven sidewalks, uncomfortable environment, equipment malfunctions, infection control, or cleanliness.

Process

SCHA Responsibility:

1. SCHA will provide a template to the medical groups for the routine reporting of complaints that originate at the medical group level to SCHA on a quarterly basis.
2. SCHA will monitor compliance with the reporting requirement.
3. SCHA Grievance and Appeal Coordinator reviews the complaint data and follows up on concerns or trends as appropriate.

Medical Group Responsibility:

1. Designate a person with appropriate skills and authority to be responsible for handling and resolving complaints.
2. Have an internal complaint policies and procedures that outline the clinic's process for receipt, documentation, investigation, and resolution of complaints. In addition, the clinic will have a system to review trends in complaints for possible quality improvement activities. Improvement activities must be initiated if trends are noted.
3. Determine if the enrollee's concern is an appeal or a complaint. Please see the definition of complaint as above. The appeal definition can be found in the Member Grievances and Appeals Process Chapter.
 - If the enrollee's concern is an appeal, direct the enrollee to call: SCHA Customer Services Monday – Friday 8:00 A.M. – 8:00 P.M. 507-440-7770 or 1-866-567-7242 (toll-free). SCHA's Grievance and Appeal Coordinator can also be reached at these numbers.
 - This information is available in other forms to people with disabilities by calling customer service: 1-866-567-7242 (voice-toll free) or 1-877-824-5611 (TTY) or 711, or through the Minnesota Relay Service at 1-877-313-9745 (speech-to-speech relay service).
 - The enrollee can fax their request for an appeal to SCHA Grievances and Appeals at 507-444-7444.
 - For a State Fair Hearing: Contact DHS at 651-491-2660 or 1-800-657-3729.

4. Document written or verbal complaints expressing dissatisfaction about a practitioner, clinic, services process, etc. as defined above.
5. Investigate, resolve, and communicate the outcome or resolution to the enrollee or their representative.
6. Timeliness for resolution, as defined by Minnesota Statutes, are:
 - 10 calendar days for a verbal complaint, and
 - 30 calendar days for written complaint.
7. If the enrollee is not satisfied with the outcome or resolution, they should be given options for further consideration of the complaint. The enrollee can be directed to call SCHA Customer Services, or other resources such as MDH or DHS.
8. Log all complaints from SCHA members on the Quality Complaint Reporting form. If another form or a computerized tracking system is used, the report must include:
 - Date complaint received,
 - Occurrence date,
 - Type of complaint (written or verbal),
 - Clinic Site,
 - Member Name,
 - Member date of birth,
 - Issue,
 - Date and Summary of Resolution.

Submit the Quality Complaint Report within 30 days after the end of each quarter to the SCHA Grievance and Appeal Coordinator. The report can be mailed or faxed to:

*Grievance and Appeal Coordinator
South Country Health Alliance
110 West Fremont Street
Owatonna, MN 55060
Fax: 507-444-7774 – Attention: Grievance and Appeal Coordinator*

If there are no complaints for the quarter in question, a Quality Complaint Form must still be submitted within the designated timeframe. Please indicate on the form that there were no complaints.

Failure to comply with this procedure is considered a breach in contractual responsibilities.

Contact SCHA at 507-444-7770 with further questions.