

# Chapter 9

## Clinic Complaint Reporting Process

### Overview

Member complaints are highly regulated by federal and state agencies. The Minnesota Department of Health requires each health plan to conduct ongoing evaluation of all of their member complaints, including Quality of Care (QOC) grievances received and investigated by participating providers (Minnesota Rule 4685.1110 Subpart 9 (A)). Member grievances directed to the participating provider should be investigated and resolved by the participating provider.

The Minnesota Department of Health (Statute 62D.123, Subd 2) requires participating providers to comply with South Country's dispute resolution process. Participating providers are required to report South Country member QOC complaints data that originates at the provider level to South Country on a quarterly basis (Minnesota Rule 4685.1110 Subpart 9(C)).

This chapter outlines important procedures and responsibilities regarding South Country member complaints that are received and handled by the participating provider.

This process applies to all South Country Programs. Failure to comply with this reporting process may be considered a breach in contractual responsibilities.

Please see Chapters 14 and 15 for information on South Country's Grievance System, which includes QOC complaints.

### Definitions

- **Grievance:** An expression of dissatisfaction about any matter other than an Action, including but not limited to the quality of care or services provided or failure to respect the member's rights. (A QOC grievance may include allegations that appropriate care was not provided, care was not given in an appropriate setting or the care did not meet professionally recognized standards of care).
- **Action:** 1) The denial or limited authorization of a requested service, including the type or level of service; 2) the reduction, suspension, or termination of a previously authorized service; 3) the denial, in whole or in part of payment for a service; 4) the failure to provide services in a timely manner; 5) the failure of the health plan to act within the timeframes defined in Article 8 of the DHS Families and Children Contract; or, 6) for a resident of a rural area with only one health plan, the denial of a member's request to exercise his or her right to obtain services outside the network.

## Grievance Categories and Examples:

- **Access:** Inability to obtain referrals, delays in obtaining service, delays in appointment scheduling, excessive wait times, inability to obtain medical information, lack of availability of special services or inadequate geographic options.
- **Communication/Behavior:** Rude/uncaring/disrespectful, rushed/didn't listen/inadequate amount of time spent, inadequate education/failure to provide complete explanation, delay in communicating test results or inappropriate behavior/culturally insensitive/inadequate privacy.
- **Coordination of Care:** Failure to follow-up, information not provided/available at time of care, multiple providers/lack of overall coordination of treatment, treatment delay due to lack of communication between providers or delay in a referral.
- **Facilities/Environment:** Facility does not physically accommodate patient needs, uncomfortable environment, equipment malfunctions, cleanliness/infection control procedures, or unsafe physical conditions.
- **MCO (Managed Care Organization) Administration:** Complaints about member materials, ID cards, benefit set dissatisfaction, MCO member process issues, non-appealable claims or billing process issues (i.e. provider charging too much for service).
- **Technical Competence/Appropriateness:** Inappropriate treatment, delayed or incorrect diagnosis, wrong test ordered or performed, procedural error, performing procedure/service outside scope of practice/expertise or failure to refer.

## Process

### South Country Responsibility:

1. South Country will provide a means for the participating provider to submit quarterly QOC member grievance data (e.g. a grievance log/form that can be submitted via fax or other agreed upon method).
2. South Country will review the complaint data and provide any necessary follow-up with the provider. This review will be conducted by key South Country departmental staff, and may include the Grievance & Appeals Manager, Director of Quality and Provider Network Management and Chief Operating Officer.
3. South Country will monitor participating provider compliance with this process.

### Participating Provider Responsibility:

1. Designate a person with appropriate skills and authority to be responsible for handling and resolving member grievances.
2. Have internal complaint policies and procedures that outline the provider's process for receipt, documentation, investigation, and resolution of grievances. In addition, the participating provider will have a system to review grievance trends for consideration of necessary quality improvement activities.
3. For each member grievance, ensure a thorough investigation, appropriate resolution and timely completion. You may refer to Chapter 15 to reference regulatory timeframes followed by South Country when a member grievance is filed directly with the health plan.
4. If the member is not satisfied with the outcome or resolution, they should be given options for further consideration of the complaint. The member can be directed to:
  - Call South Country Member Services, Monday – Friday 8:00 A.M. – 8:00 P.M. 507-444-7770 or 1-866-567-7242 (toll-free).
  - Or contact other resources such as:  
Minnesota Department of Health  
Managed Care Section  
PO Box 64882  
St. Paul, MN 55164-0882  
Telephone: 651-201-5100 (Twin Cities metro) or toll free 1-800-657-3916 (toll free greater Minnesota).

Or

  - Minnesota Department of Human Services  
Ombudsman for Public Managed Health Care Programs  
PO Box 64249  
St. Paul, MN 55164-0249  
Telephone: 651-431-2660 or 1-800-657-3729 (toll free greater Minnesota).
5. Log all QOC complaints from South Country members on the Quality Complaint Reporting form. If another form or electronic tracking system is used, the report must include:
  - Grievance Receipt Date
  - Facility Location
  - Member First and Last Name
  - Member Date of Birth
  - Member Allegation (please note the specific allegation)

- Outcome (Substantiated, Not Substantiated or Inconclusive)
- Summary of Resolution and any Action Steps taken

Submit the Quality Complaint Report no later than 30 days after the end of each quarter to the South Country Grievance and Appeals Department. The report can be mailed or faxed to:

*South Country Health Alliance  
Grievance and Appeals Department  
2300 Park Drive Suite 100  
Owatonna, MN 55060*

*Fax: 507-444-7774*

**If you have zero QOC complaints for the reporting quarter, you will NOT be required to submit a Quality Complaint Report form.**

You may call South Country (507-444-7770 or 1-866-567-7242) and request to speak to South Country's Grievance & Appeals Manager for any questions regarding this process.