

**Subject: THA Complaints or Grievances** **Page 1 of 4**

**Goal:**

- I. To ensure that all Tuality Health Alliance (THA) members are afforded, at all times, the right to submit a complaint/grievance.
- II. To ensure THA members receive a timely response to any inquiry via phone call, written correspondence or other appropriate means of communication.
- III. To ensure THA members the right to discuss informally or to submit a formal written complaint, grievance or administrative hearing request and shall have such methods described to them upon enrollment through the orientation process and in their member handbook.
- IV. To ensure the THA member's confidentiality in the complaint, appeal and administrative hearing process.

**Definition of complaint:**

A complaint/grievance is a member's expression of dissatisfaction to THA, provider or a practitioner about any matter other than an action.

**Policy:**

- I. THA provides written material in the THA Welcome Packet and Member Handbook describing THA's confidential Complaint and Appeal process and how to file a complaint, appeal or ask for an Administrative Hearing.
- II. A complaint/grievance may be oral or written communication that addresses issues with any aspect of THA's operations, activities, or behavior that pertains to the availability, delivery or quality of care including utilization review decisions that are believed to be adverse to the member.
- III. THA takes member complaints/grievances seriously and will respond in a timely manner to them. THA is prepared to respond to member's concerns about any decision they find unacceptable regarding their care and service.

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- IV. Members who have complaints/grievances for services received from any of THA's contracted health plans should be entered into the Complaint Database.
  
- V. A THA member or member representative with member's permission may file a complaint and an appeal orally or in writing, and may request an Administrative Hearing. The THA member or member's representative may also withdraw an appeal or Administrative Hearing request at any time.
  - A. THA shall keep all information concerning a member's complaint or appeal confidential.
  
  - B. THA will assist the member with any reasonable assistance in completing forms and taking other procedural steps related to filing and disposition of a complaint.
  
  - C. When necessary THA will provide interpreter services and toll free phone numbers that have adequate TTY/TTD capabilities will be provided.
  
- VI. When a THA member files a complaint/grievance, THA will conduct a new review of the complaint/grievance. This will include the following:
  - A. Consistent with THA's confidentiality requirements, the appropriate THA employee will begin to obtain documentation of the facts concerning the complaint upon receipt.
  
  - B. Documentation of the substance of the complaint and actions taken
  
  - C. Investigation of the substance of the complaint, including any aspects of clinical care involved.
  
  - D. Notification to the member of the disposition of the complaint and the right to appeal, as appropriate.
  
  - E. The following standards will be followed for timeliness in responding to complaints that accommodate the clinical urgency of the situation
    1. A decision/resolution must be made within 5 working days from the date of receipt of complaint.
    2. If unable to make a decision/resolution a letter to the member will be sent informing them that there is a delay and the reason

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for the delay in the decision/resolution for up to 30 days from the receipt of the complaint.

- VII. THA handles all member complaints/grievances in strict confidence according to established THA Policy and ORS 411.320, 42 CFR 431.300 et seq, and HIPAA Privacy Rules. The member must authorize disclosure or release of information if there is a need to discuss the complaint with other providers that are not involved with the complaint to resolve the issue. The State of Oregon Medical Insurance Pool (OMIP) has a right of access to DMAP member information.
- VIII A member's authorization to release information related to the complaint/grievance does not constitute authorization to disclose medical information unrelated to the complaint/grievance.
- IX. If the complaint is alleged to be a quality of care issue, THA has the right to use this information for purposes of resolving the complaint and for health oversight purposes without a signed release from the Member.
- X. Complaints/grievances concerning denial of service or service coverage shall be handled according to THA Policy V-9 Denials; THA Policy V-10 DMAP Appeals; Addendums Denial of Services letter; Notice of Hearing Rights (DMAP 3030); and the Administrative Hearing Request (AFS 443).
- XI. For THA-OHP members, this right includes the right to file a hearings request and the right to have help in filing such request.
- XII. Complaint/grievance resolution
  - A. Appropriate THA staff reviews the complaint and if necessary forwards the complaint/grievance to the Medical Services Manager for further review.
  - B. DMAP Members who are dissatisfied with the disposition of a complaint may present their complaint to the Governor's Advocacy Office.
  - C. Notification to the member may be verbally or in writing; dependent upon the method the original complaint/grievance was initiated. If the complaint/grievance was received in writing, the resolution must be in writing. The written resolution on the complaint/grievance shall review each element of the member's complaint/grievance

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and address each of those concerns specifically, including the reasons for THA's decision.

- D. Verbal resolutions shall address each aspect of the member's complaint and explain the reason for the decision verbally.
- XIII. Complaints/grievances are a source of information that may be used to evaluate the quality of access, provider service, clinical care, or THA service to members.
- XIV. Complaints will be reported to DMAP within 60 days of the end of the quarter.

Addendum: Exhibit N Oregon Health Plan Complaint Report

Refer: OAR 410-141-0260 through OAR 410-141-0266  
42 CFR 431.300  
42 CFR 438.10  
42 CFR 438.400 through 438.424  
45 CFR 164.501  
ORS 192.519

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**THA Plan Director**

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**THA Medical Director**