

Tuality Health Alliance Procedure #THA VI-2

Subject: Complaint/Grievance **Page 1 of 4**

Objective:

- I. To ensure that all Tuality Health Alliance (THA) members shall be afforded, at all times, the right to submit a complaint/grievance.
- II. To ensure THA members receive a timely response to any 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 and shall have such methods described to them upon enrollment through the orientation process and in their appropriate member handbook.

Procedure:

- I. Receiving Oral or Written Complaints
 - A. All Tuality Health Alliance (THA) staff are responsible for entering a member complaint into the Complaint Log.
 - B. THA Member Services Representative, Referral and Authorization Specialists, Care Coordination Specialists or Case Managers, (defined as appropriate THA staff), shall determine the name, health plan and identification number, provider involved, and nature of the complaint in addition to any actions taken from the person filing a complaint. This information will be entered into the Access Complaint Log.
 1. Entry into the Complaint Log documents date and time of the complaint.
 2. When a Member makes a complaint, THA staff shall ask the Member to consent verbally to the release of information regarding the complaint to individuals who are not directly involved in the complaint. THA staff shall ensure the confidentiality of the complaint unless the member provides consent for release of information.
 - a. If a verbal release of information is given, it shall be documented in the Access Complaint Log.
 - b. When a Member refuses to give consent, the complaint will still be entered in the Access Complaint Log and will be used only for trending purposes.

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- c. A written release of information must follow a verbal consent and be placed in the member's record when there is a need to discuss the complaint with other providers that are not directly involved with the complaint to resolve the issue.
- II. Resolving Oral or Written Complaints
 - A. Appropriate THA staff shall confirm from the member or member representative the complaint is in need of resolution.
 - B. If the Member or member representative does not wish to attempt to resolve the complaint through the THA Complaint process, the member will be informed of his/her right to seek resolution through another process within their respective plan or through a state process if it is a DMAP member.
 - C. ***THA DMAP Members only:***
 - 1. If the Member or member representative chooses to utilize the THA Complaint & Grievance process, THA will make a decision on the complaint within 5 working days from the date the complaint was received.
 - 2. Appropriate THA staff will begin to establish the facts concerning the complaint regardless of whether the Member wishes to seek an Administrative Hearing.
 - a. The THA staff person who received the complaint should resolve the complaint or grievance if at all possible. If the complaint requires further investigation, it is referred to the appropriate staff that can resolve the complaint.
 - b. The appropriate staff will not have been involved in any previous level of review or decision-making;
 - c. Medical Management complaints will be referred to the appropriate Nurse Case Manager.
 - d. Quality of care complaints, after initial investigation by Nurse Case Manager, may be forwarded to the Medical Services Manager or Medical Director for review and, if appropriate, the complaint may be reviewed at the Quality Management Committee level.
 - 3. If THA is unable to respond with a decision within 5 working days, THA shall notify the Member or member representative in writing that a delay of the decision for up to 30 calendar days may be necessary to resolve the complaint. THA will document the reasons for the delay.

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4. If the initial complaint was received in writing, resolution of the complaint must also be provided to the member in writing and will address each of the concerns specifically, including THA's reasons for the decision.
- III. Additional Review of DMAP Oral or Written Complaints
- A. If the Member or member representative indicates dissatisfaction with the decision or resolution from appropriate THA staff, the DMAP Member or member representative has the opportunity for another review.
 - B. This would be with the **Governor's Advocacy Office.**
- IV. Monitoring of Oral or Written Complaints
- A. The THA Complaint log documents the Member, the date of the complaint, the nature of the complaint, the resolution of the complaint, and the date of the resolution.
 - B. When necessary, a file will be maintained with the review of the complaint, investigation, and resolution. This will include all written decisions and copies of correspondence with the Member or member representative.
 - C. For DMAP members, documentation shall be retained for seven years.
 - D. The THA Medical Services Manager will review the THA Complaint log quarterly for receipt, disposition, and documentation of complaints.
 1. Information included in the review will contain the following as needed:
 - a. Evidence that there was a 5 day notice to member or member representative of the complaint resolution or
 - b. Documentation in writing to the member that a delay of up to 30 days from the date the grievance was received is necessary to resolve the grievance.
 - c. Documentation that specifies the reasons the additional time is necessary
 - d. Documentation that if the complaint is made in writing a response to the member will be in writing.
 - e. Any DMAP Hearing Requests in relation to the complaint

Comment [jlm1]: is this correct? DMAP has it's own ombudsman now

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- E. Providers will receive information about the nature of member complaints when prior release of information has been given. This is for information and improving patient care.

- F. **For DMAP Members**
 - 1. THA monitors the completeness and accuracy of the written log on a monthly basis and includes timeliness of documentation, and compliance with written procedures for receipt, disposition, and documentation of complaints and appeals, and compliance with Oregon Health Plan rules.
 - 2. A report will be submitted to the Analysis and Evaluation, Quality Improvement Coordinator within 60 calendar days of the end of the calendar quarter which includes analysis and trending of complaints and grievances.
 - 3. The quarterly reports submitted to DMAP are also reviewed quarterly at the bi-monthly QMC meeting.

- V. As necessary, THA will assist members with completing the complaint, provide interpreter services to assist in completing the complaint and provide toll free numbers that have TTY/TTD and interpreter capabilities.

Addendum: Exhibit N Oregon Health Plan Complaint Report

Formulated: October 1993
Revised: May 1995
January 2000
February 2002
May 2004
September 2006
February 2011

THA Plan Director

THA Medical Director