

POLICY & PROCEDURE

Policy Title: Complaint Policy and Procedure

Origination Date: Sep 1, 1997

Policy No.: GA0002

Effective Date: March 20, 2015

Section: Grievance and Appeals – Complaints

Revision Date: March 20, 2013

Approved By: Gail Doran Approved Date: January 15, 2016

Review Date: January 11, 2023

Purpose

To ensure all complaints including Indiana Department of Insurance (IDOI) complaints are handled in a consistent manner in accordance with all state and federal laws.

Policy

It is the Policy of Physicians Health Plan of Northern Indiana, Inc. (PHP), PHP Management Systems, Inc. (PHPMSI), and all other affiliated companies values input from its consumers to help ensure they provide the best quality services. PHP maintains a formal process to address consumer complaints, responds in a timely manner, and utilizes this information to promote organization improvement.

Procedure(s)

DEFINITIONS (Contract language may vary based upon line of business.)

Complaint – Any expression of dissatisfaction led by a consumer, ordering physician, or prescriber that cannot be resolved to the complaint's satisfaction in the moment.

Procedure

I. The Complaint Process [Core 35 (a)]

- A. Any PHP staff can receive a complaint verbally or in writing. Staff will attempt to satisfy the consumer in the moment, but if this is not possible staff will engage the formal complaint process.
- B. The staff who receives the complaint will document the following information:
 1. Date complaint received
 2. Complainant's name and contact information
 3. Relationship to the consumer (*if not the consumer*)
 4. Brief description of the nature of the complaint
- C. This information is then immediately sent to the Grievance and Appeal Coordinator.
- D. The Grievance and Appeal Coordinator reviews the information upon receipt and takes the following actions:
 1. Provides verbal or written acknowledgement of the complaint within five (5) business days of receipt.
 2. Investigates the complaint and includes organization leadership as needed
 3. Provides a written complaint resolution letter within thirty (30) calendar days of receipt of the complaint. The resolution letter will include: [Core 35 (b)]
 - a. The nature of the complaint

POLICY & PROCEDURE

- b. Summary of investigation and findings
- c. Steps taken by the organization to resolve the complaint
- d. Instructions to contact the organization for clarification or appeal the complaint resolution. [\[Core 35 \(c\)\]](#)

II. Complaint Appeals

See Grievance Policy and Procedure Appeal Policy and Procedure for what falls under the definition of a grievance and/or appeal.

III. Complaint Tracking and Reporting

- a. PHP tracks and reports all complaint activity, including:
 - i. Compliance with established timeliness standards surrounding the complaint/grievance/appeal resolution processes. [\[Core 35 \(d\)\]](#)
 - ii. Types of Complaints
 - iii. Involved Providers
 - iv. Analysis of complaints to identify trends and ensure the root causes that led to the complaint are identified and quality improvement activities are developed to correct deficiencies.
- b. Complaints are analyzed and reported at least quarterly by PHP's Quality Improvement Committee (QIC). [\[Core 35 \(e\)\]](#)
- c. The QIC reviews the complaint data and provides direction on potential quality improvement activities.

Members are informed of their rights to the complaint process in the Member Handbook, in the Certificate of Coverage, or on the PHP website (www.phpni.com).

References:

Consumer Communication Plan CUS0266
Appeal Workflow GA0024

Standard / Regulation #:

Accreditation Standard:

Reviewed By

Gail Doran Chief Operating Officer

Revision Dates History: (only required first time entered into C360)