



Quality Complaint Reporting

Requirement: MN Rules 4685.1110, subpart 9. requires providers to report verbal and/or written complaints which originate at the provider level to the enrollee’s health plan. Quality of care and service complaints directed to the medical group are to be investigated and resolved by the medical group.

Definition: Quality complaints are defined as concerns regarding access to services, communication/behavior, coordination of care, technical competence, appropriateness of services and facilities/environmental concerns affecting patient safety or comfort.

Frequency: At a minimum, medical groups must provide a written report to HealthPartners on a quarterly basis.

Medical Group/Care System: _____ **Reporting Period: Quarter** _____ **Year** _____

Completed By: _____ **Completion Date:** _____

Date Received	Occurrence Date	<u>Clinic Site</u>	<u>Member Identifier</u>	Date of Birth	Category of Complaint <i>(category list page 2)</i>	Date and Summary of Resolution

Please return completed form to: HealthPartners, Quality Improvement and Compliance dept, Mail Stop: 21108X, P.O. Box 1309, Minneapolis, MN 55440-1309
Confidential Fax (952) 853-8735 Email quality@healthpartners.com

QUALITY CONCERN CATEGORIES**Access**

- Inability to obtain referral
- Delay in obtaining service
- Delays in appointment scheduling
- Excessive wait times
- Inability to access or obtain medical information
- Lack of availability of special services
- Inadequate geographic options

Communications/Behavior (Provider → Member communication)

- Rude, uncaring, disrespectful
- Rushed, did not listen, amount of time spent was inadequate
- Inadequate education/failure to provide complete explanation
- Breach in confidentiality
- Delay in communicating test results
- Inappropriate behavior, culturally insensitive, inadequate privacy
- Inappropriate behavior between professionals

Coordination of care (Provider → Provider communication)

- Failure to follow-up
- Information not provided or available at time of care
- Multiple providers, lack of overall coordination of treatment
- Treatment delay due to lack of communication between providers
- Delay in referral

Facilities/Environment

- Facility does not physically accommodate patient needs
- Environment not comfortable
- Equipment malfunction
- Cleanliness, infection control procedures
- Unsafe physical conditions

Technical Competence/Appropriateness

- Delayed or incorrect diagnosis
- Inappropriate treatment
- Wrong test ordered or performed
- Procedural error
- Failure to refer, performing procedure or services outside scope of practice or expertise