

		Policy and Procedure
Name of Policy:	Provider Complaint Process	
Policy Number:	QI-045	
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton	
Primary Stakeholder:	Quality Department	
Related Stakeholder(s):	All PerformCare Departments	
Applies to:	Associates	
Original Effective Date:	10/01/01	
Last Revision Date:	12/13/19	
Last Review Date:	04/10/23	
Next Review Date:	04/01/24	

Policy: PerformCare has established a policy designed to provide meaningful review of In-Network Provider Complaints and to further quality assurance initiatives.

Purpose: To offer PerformCare In-Network Providers a means by which they can file a complaint against another PerformCare In-Network Provider or against PerformCare.

Definitions: **Department of Human Services (DHS):** Commonwealth of Pennsylvania, formerly known as Department of Public Welfare (DPW).

In-Network (INN) Provider: A Provider who is credentialed and contracted with PerformCare.

Provider Complaint: A verbal or written issue, dispute, or objection submitted by an In-Network Provider against another In-Network Provider, or against PerformCare, as a result of dissatisfaction with their operations, staff behavior, or activities. This excludes any incidents that are specific to a particular Member, as covered in the Member complaint policies. Claims payment; credentialing or contracting issues; and adverse utilization management decisions are not covered by this policy.

Acronyms: **C&G:** Complains and Grievances
DHS: Department of Human Services
INN: In-Network
QI/UM: Quality Improvement/Utilization Management
QOCC: Quality of Care Council

- Procedure:**
1. General Guidelines:
 - 1.1. For Provider-to-Provider concerns and issues, PerformCare strongly encourages its In-Network (INN) Providers to first make all efforts and attempts to resolve their concerns amongst themselves. This should be done privately, cooperatively, and collaboratively.
 - 1.2. Providers are encouraged further to document their resolution attempts by noting the name of the individual(s) contacted, the date(s) of the call(s), and a brief summary of the conversation(s). It is recommended that copies are kept of all written communications.
 - 1.3. Providers who are not satisfied with the results of their attempts to resolve provider-to-provider issues privately are advised to contact PerformCare to file a Provider Complaint.
 - 1.4. All new INN Providers receive training on the Provider Complaint Policy and Procedure from the Account Executive. Also, information specific to the Provider Complaint process is disseminated annually to all INN Providers.
 - 1.5. All PerformCare personnel receive training on the Provider Complaint Policy and Procedure during orientation with an annual refresher.
 - 1.6. The Complaint and Grievance (C&G) Department maintains a record of all Provider Complaints for tracking, trending and reporting purposes.
 - 1.7. All Provider Complaints will have written documentation of the substance of the complaint, resolution being sought, actions taken, the investigation of the substance of the complaint including any aspects of clinical care involved, proper notification to the filing and targeted Providers of the disposition and recommended follow up.
 - 1.8. Provider satisfaction with the Provider Complaint process is collected and documented for each resolved Provider Complaint. Satisfaction data is reported via the Quality Improvement/Utilization Management (QI/UM) Committee Meetings to assist in the identification of patterns of dissatisfaction with the Provider Complaint process as well as other network dissatisfaction issues.
 2. Provider Complaint Against Another INN Provider:
 - 2.1. An INN Provider may file a Provider Complaint, verbally or in writing, with the C&G Department, following any unsuccessful attempt to resolve the issue privately.
 - 2.2. All INN Provider calls expressing a desire to file a Provider Complaint should be immediately triaged to the C&G Department.

- 2.3. Upon receipt of the complaint, the C&G Department will document the details provided, as well the Filer's expectation for resolution.
- 2.4. The Filer and the Targeted Provider are notified that a formal complaint has been filed. A request is made to the Targeted Provider for a response to the Filer's complaint concerns.
- 2.5. Each Provider Complaint will be investigated thoroughly by the C&G Department, including the Director of Quality Management, and as needed consultation with a Psychologist Advisor or Physician.
- 2.6. Upon determination, written notification is sent to the Filer and the targeted Provider. Included in the notification are the information reviewed, the decision made by the reviewer, the rationale for the decision, and the details of any recommended follow-up.
- 2.7. A copy of the written notification is also sent to the appropriate primary contractor.
- 2.8. Appropriate referrals are made to Account Executives, Corporate Compliance, Clinical Care Managers or the Quality-of-Care Council (QOCC) for follow up with the target Provider.
3. Provider Complaint Against PerformCare:
 - 3.1. PerformCare is committed to maintaining a positive working relationship with Providers and will not take any punitive action against a Provider who files a complaint against PerformCare.
 - 3.2. PerformCare strongly encourages its INN Providers to first attempt to resolve issues by contacting respective PerformCare department leaders (directors, managers, supervisors) directly.
 - 3.3. This informal process may be waived if the Provider feels uncomfortable with working directly with the respective department to resolve the issue.
 - 3.4. An INN Provider may file a Provider Complaint against PerformCare verbally, or in writing, following any unsuccessful attempt or discomfort with resolving the issue directly with the respective department.
 - 3.5. All INN Provider calls expressing a desire to file a Provider Complaint against PerformCare should be immediately triaged to the C&G Department.
 - 3.6. Upon receipt of the complaint, the C&G Department will document the details provided as well the Filer's expectation for resolution.
 - 3.7. The Filer and the Targeted PerformCare Department are notified that a formal complaint has been filed. A request is

made to the Targeted PerformCare Department for a response to the Filer's complaint concerns.

- 3.8. Each Provider Complaint against PerformCare will be reviewed and investigated by one or more PerformCare's executive leaders, and as needed, a Psychologist Advisor or a Physician.
- 3.9. Upon determination, written notification is sent to the Filer and the targeted PerformCare Department. Included in the letter are the information reviewed, the decision made by the reviewer, the rationale for the decision, and the details of any recommended follow-up.
- 3.10. The Filer is also informed of their option to contact their primary contractor, should they not be satisfied with the Provider-to-Provider Complaint outcome and/or the way PerformCare processed their complaint.
- 3.11. A copy of the written notification is also sent to the appropriate primary contractor.
- 3.12. Referrals are made to the Director of the respective department for any recommended follow-up.

Related Policies: None

Related Reports: None

Source Documents

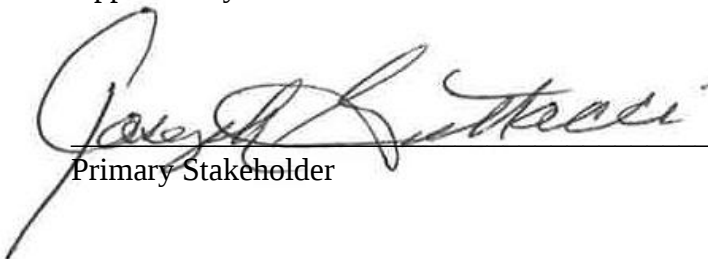
and References: *Commonwealth of Pennsylvania Department of Human Services
HealthChoices Behavioral Health Program – Program Standards and
Requirements (PSR)
PerformCare Provider Manual*

**Superseded
Policies
and/or**

Procedures: *CC-CG-002 Provider Complaint Process*

Attachments: None

Approved by:


Primary Stakeholder