

Understanding the Plan's Member Complaint Policy

What is the Plan's member complaint policy?

Every six months, Passport Health Plan (PHP) reviews member complaint data. Providers exceeding the Plan's complaint threshold of 20 or more complaints per 1000 member months (mm) receive written notification stating they have fallen out of the threshold.

Primary care practitioners (PCP) who continue to fall outside the Plan's complaint threshold after three reporting cycles are referred to the Credentialing Committee for further review and intervention, as appropriate.

What is member complaint data?

Member complaint data is a compilation of the Plan's member complaints received through the Member Services department. Member complaints are documented in accordance with categories defined by the Kentucky Department for Medicaid Services (DMS) and are reported to providers on a semi-annual basis.

The Plan recognizes member complaints are based solely on the perception of the member.

How is complaint data organized for comparison?

A sample Member Complaints Report is detailed on page 2 of this Medical Office Note. It depicts how a provider's member complaint data is compared to its peers within the PCP network. Three peer groups, based on the PCP practice and panel size, have been established for comparative purposes and are defined as follows:

- Peer Group 1 = Panel size greater than 259 members
- Peer Group 2 = Panel size between 110 and 259 members
- Peer Group 3 = Panel size less than 110 members

How does the Member Complaints Report help you?

Although member complaints only reflect members' perception of specific events, we believe a thorough review of this information can be used to help your practice identify opportunities for improvement.

Member Complaints Report

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Your office HAS NOT exceeded the Plan's complaint threshold of 20 or more complaints per 1000 MMs.

Measure	July - December 2007
Member Complaints Against Provider / 1000 Member Months (MM)	1.52 Per 1000 MM

Broad Category	Specific Contact Service Form Category *	July	Aug	Sept	Oct	Nov	Dec	Totals
Services	Communication Unclear/Untimely		1			1		2
Services	Diagnosis-Treatment Slow/Incomplete/Unclear	1		1	1			3
Services	Provider-Unprofessional Communication		1	1	1			3
Access	Appointment Not Timely						1	1
TOTALS BY MONTH		1	2	2	2	1	1	9

* Please note the Contact Service Form Categories are defined by Department for Medicaid Services and are selected based upon the members' perceptions and not the views of Passport Health Plan.

Six-month Complaints Sum: 9

Six-month Panel Sum: 5,927

Current Peer Group: 260+

Avg Panel Size: 988