HealthPartners

## **Quality Complaint Reporting** \_\_\_\_\_ (year)

•	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	 Completed by	 Date	
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Reporting Period 1<sup>st</sup> Qtr\_\_ 2<sup>nd</sup> Qtr\_\_ 3<sup>rd</sup> Qtr\_\_ 4<sup>th</sup> Qtr\_\_

Date Received	Occurrence Date	Clinic Site	Member Identifier	Date of Birth	Category of Complaint (see definition)	Date and Summary of Resolution

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