



**Title:** Member Complaints and Reportable Incidents Policy

**Date Created:** December 16, 2024

**Date Modified:** February 27, 2025

**Date Approved by CCC Board of Directors:** January 28, 2025

**Policy #** CC19

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**Purpose:**

To provide and describe a mechanism for managing Member Complaints, Grievances, and Reportable Incidents regarding care and services received through Care Compass Collaborative's ("CCC") Social Care Network ("SCN").

**Definitions:**

**Complaint:** Dissatisfaction expressed verbally or in writing by or on behalf of a Member. Complaints can include, but are not limited to:

- Any violation of rights
- Availability of service or ability to receive service
- Quality of care received and/or whether services are meeting the member's needs
- Afforded choice of HRSN service providers
- Program eligibility and/or qualifications
- Whether health and welfare are being maintained
- Dissatisfaction with services or providers of services

**Enhanced HRSN(s):** Services reimbursed by the New York State Office of Health Insurance Programs ("OHIP") for eligible Members.

**Grievance:** A wrong or hardship suffered (real or perceived), which is the grounds of a Complaint.

**Member:** An Medicaid beneficiary screened for unmet Health Related Social Needs (HRSNs), eligible to receive Enhanced HRSN Services, and/or receiving or having received Enhanced HRSN Services through Care Compass Collaborative's Social Care Network.

**Navigation:** The process by which eligible Members are referred to the appropriate HRSN service providers or existing federal, state, and/or local resources.

**Reportable Incident:** An event involving a Member which has, or may have, an adverse effect on the life, health, or welfare of the Member.

**Social Care Network (SCN) Staff:** Employees, contractors, agents, and others who act on the SCN's behalf.

**Screening:** The process of identifying the unmet HRSNs of Members.

**Policy:**

It is the Policy of CCC to recognize the rights of each Member to report concerns about the quality of care or service received and provide a process for prompt review and, when possible, resolution. CCC

allows Members to voice Complaints freely and without being subject to coercion, discrimination, reprisal, or unreasonable interruption of care.

**I. Filing Complaints.** Grievances may be filed verbally or in writing in the form of a Complaint by a Member, their parent(s) or legal guardian, their provider, or anyone else on their behalf regarding the provision of services, activities, or benefits by the SCN program.

- a. Filing a Complaint will not jeopardize a Member's participation in the SCN program.
- b. The SCN will receive all Complaints related to SCN operations and service delivery, including but not limited to dissatisfaction with Screening, Navigation, and Enhanced HRSN service delivery (i.e., care management, housing, nutrition, transportation), SCN capacity and access, and denial of services.
- c. The SCN will ensure Members are informed of the methods available to file Complaints at any time, including the following:
  - i. Filing a verbal or written Complaint with SCN Staff.
    1. Members may submit written Complaints by using CCC's SCN Member Complaint Form, included as Attachment A to the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.
  - ii. Contacting the SCN via phone @ 607-352-5264.
  - iii. Submitting the SCN's electronic complaint form through CCC's SCN website @ [www.carecompasscollaborative.org](http://www.carecompasscollaborative.org).
  - iv. Contacting the SCN through CCC's SCN website at <https://care-compass.org/contact-us/>.
  - v. Consistent with and following existing Managed Care Organization ("MCO") and Office of Health Insurance Programs ("OHIP") processes, Members may submit Complaints directly to the Member's MCO or to OHIP. CCC's SCN will provide relevant information to the MCO or OHIP regarding Member Complaints it receives, upon request.
  - vi. As appropriate (e.g., when the SCN cannot resolve the Complaint on its own), CCC's SCN may escalate Complaints to the Member's MCO or OHIP Bureau of Consumer Services (BCS).
- d. Member Complaints received verbally or in writing to SCN Staff through the SCN's Member Complaint Form, electronic complaint forms, the SCN website, or any other method will be reported to the Director of Compliance or assigned SCN Staff immediately upon receipt and in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.

**II. Reviewing and Investigating Complaints.** CCC will review and investigate Member Complaints in a timely manner.

- a. The Compliance Department or assigned SCN Staff will review and contact the Member within 72 hours of receiving a Complaint.
- b. Member Complaints will be documented upon receipt and in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.
- c. Investigating Complaints may include but not be limited to the following:
  - i. Reviewing the details of the Complaint,
  - ii. Meeting with the Member regarding their Complaint,
  - iii. Meeting with SCN Staff receiving Member Complaints.

- d. Member satisfaction survey responses with unsatisfactory scores will be investigated to determine if the response rises to the level of a Complaint.

**III. Resolving Complaints.** CCC will resolve Member Complaints in a timely manner.

- a. CCC's SCN will respond to and resolve Member Complaints within 45 calendar days of receipt of a Complaint.
- b. Member Complaint resolutions will be documented in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.
- c. Upon resolution, the Compliance Department or assigned SCN Staff will share the resolution with the Member in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.
- d. If a Member is not satisfied with the resolution, the SCN will refer the Member to their MCO and notify the MCO of the referral due to an unresolved Complaint.

**IV. Reporting Complaints to OHIP.** CCC will report Member Complaints, as required.

- a. CCC's SCN will report a summary of Member Complaints received on a quarterly basis to OHIP and applicable MCOs in accordance with current OHIP reporting requirements and SCN reporting processes.

**V. Reportable Incidents.** In the event a Member experiences a Reportable Incident, the SCN will take additional steps beyond its Complaints process to account for the Member's adverse experience to reach a resolution.

- a. An SCN service provider must inform the SCN of a Reportable Incident immediately upon its discovery.
- b. Reportable Incidents will be reported to the Director of Compliance immediately upon notification and in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure
- c. The SCN will inform OHIP of the Reportable Incident within 24 hours of being informed of the Reportable Incident via email to [SDH@health.ny.gov](mailto:SDH@health.ny.gov) and include "Reportable Incident" as the email subject line.
  - i. The SCN will work with OHIP to resolve and communicate the resolution to relevant stakeholders, including the Member and SCN Staff or SCN service provider, as appropriate.
- d. The SCN will inform the applicable MCO of a Reportable Incident within 24 hours of being informed of the Reportable Incident and in accordance with the processes outlined in the CCC\_CC19-1 Member Complaints and Reportable Incidents Procedure.

**CCC Board Approval History:** 1/28/2025

**Committee Review History:**

**Policy Revisions:**

Date	Revision Log	Updated By
12/16/2024	Original Creation	C. Petrak

2/27/2025	Updated reporting, investigating, and resolution processes to include assigned SCN staff responsibilities	C. Petrak
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**This Policy shall be reviewed periodically, but not less than once every 12 months, and updated consistent with the requirements established by the Board of Directors, Care Compass Network’s Leadership Team, Federal and State law(s) and regulations, and applicable accrediting and review organizations.**