

MEM – Member Complaints

Purpose:

This procedure explains how Member Services handles Member Complaints. There are two types of complaints: Complaints against providers and Complaints against Member Services.

Identification of Roles:

Customer Service Representatives (CSR)

Unit Lead (UL)

Operations Manager (OM)

Account Manager (AM)

Performance Standards:

Member Services is required to answer 80% of all calls within 30 seconds.

Path of Business Procedure:

Step 1: Calls are routed by an Automated Call Distributor (ACD) into an enrollment queue and answered by the next available CSR.

Step 2: CSR access the member's file and will verify that the caller is Health Insurance Portability and Accountability Act of 1996 (HIPPA) authorized to obtain information and make changes to the member's file.

- a. Verify the person calling is listed as the member, the case name or the name in Social Services Number information (SSNI).
- b. Verify the mailing address on file.
- c. Request the caller's current phone number.

Step 3: CSR will determine the caller wants to make a complaint. CSR will then determine if the complaint is against a provider or against Member Services.

- a. If the complaint is against the provider, CSR will give the information in the Member Services Reference Manual, Complaints Against Providers procedure.
- b. If the complaint is against Member Services, CSR will take a supervisor callback using the Supervisor Callback procedure in the Member Services Reference Manual.

Step 4: The Unit Lead (UL) will return the call to the member to discuss the complaint.

- a. If the UL is able to resolve the issue, UL will note the Contact Log and complete the call.
- b. If the UL is unable to resolve the issue, the complaint will be forwarded to the Operations Manager (OM).

Step 5: The (OM) will return the call to the member to discuss the complaint.

- a. If the OM is able to resolve the issue, OM will note the Contact Log and complete the call.
- b. If the OM is unable to resolve the issue, the complaint will be forwarded to the Account Manager (AM).

Step 6: The AM will return the call to the member to discuss the complaint and will resolve in accordance with state policies.

Forms/Reports:

None

RFP References:

Interfaces:

MMIS RECIPIENT ELIGIBILITY SUBSYSTEM
OnBase Workview

Attachments:

None