

CSA - Receiving, Documenting and Responding to Complaints

Purpose:

It is the policy of CSA to document and follow-up on any complaint received from an external entity. A complaint is defined as a verbal or written expression of dissatisfaction with or a perceived lapse in quality of care resulting from actions by members, staff members, payers, providers, or other entities affecting the CSA review process and services.

CSA staff acknowledges complaints are an opportunity to evaluate processes, to enhance procedures and improve customer service. All staff members are expected to provide excellent customer service when interacting with Medicaid members, providers, Iowa Medicaid vendors, HHS, and other external stakeholders who are expressing concerns.

Staff will gather enough information to ensure an accurate understanding of the issue is available to review. If staff is unable to resolve the complaint, staff will consult with their manager prior to completing the complaint form.

Identification of Roles:

All Staff Members – Receives complaint, gathers information, documents complaint, notifies manager of complaint.

Manager – Consults with staff regarding documentation if required; ensures appropriate follow up to complaints.

Director – Reviews complaints, consults with staff regarding documentation if required.

Communications Triage Team - Manages and processes incoming complaints through the centralized JIRA Service Management platform (IA CSA Service Desk) and submits to manager for review.

Performance Standards:

To maintain records of complaints and other related communications.

Path of Business Procedure:

Step 1: When a complaint is received, the staff member receiving the complaint will forward the complaint to their supervisor within one (1) business day of receipt of the complaint for documentation in the Issues Log located in Microsoft Teams in the Iowa CSA Leadership team files folder.

Documentation will include date the complaint was received, category, member name/SID, client name (FFS/MCO), the issue, and resolution.

Step 2: The staff member or manager may contact the complainant to obtain additional information or clarification within one (1) business day of the receipt of the complaint.

Step 3: If the manager is unable to resolve the complaint to the satisfaction of the affected party(s), the matter will be referred to the director.

Step 4: The director may provide assistance with client notification and determination of resolution.

Step 5: Complaints must be resolved within five (5) business days from the date the complaint was received. The manager will provide notification of the resolution verbally unless otherwise requested. The manager will provide written response upon the request of the complaining party.

Step 6: All complainants will be offered the information necessary for appeal to the Agency Policy Staff if their issue is not resolved to their satisfaction by CSA. Instructions for filing formal appeals of adverse decisions and requesting exceptions to policy can be found at <https://hhs.iowa.gov/programs/appeals/how-appeal>.

Step 7: The Manager and/or Director will complete the Issues Log entry with the resolution status, resolution details, date of resolution, and initial the entry.

Step 8: Complaints are discussed at the CSA management and staff meetings for educational purposes.

Step 9: Complaints will be provided to HHS, clients, or other authorities upon request.

Step 10: Satisfaction Surveys are provided to customers following assessments to collect data on the assessment process, including their interactions with the Assessor and Scheduler. Any comments/complaints are shared with the appropriate employee.

Forms/Reports:

Issue Log

RFP Reference: N/A

Interfaces:

Microsoft Teams

JIRA

Talkdesk

Attachments: N/A