



Quality Complaint Reporting

- Requirement:** MN Statute 62.D.123 Subd.2 requires providers to report all quality complaints received at the clinic to the enrollee's health plan. 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, and appropriateness of services affecting patient safety or comfort.
- Frequency:** At a minimum, medical groups must provide a written report to Medica's Quality Improvement Department on a quarterly basis. Please submit by the second Friday following the end of each quarter. *Submit a report even if no complaints are received during a quarter.*

**Medical Group/
Care System:** _____

Provider/Clinic #: _____

Address: _____

Reporting Period: Please check what reporting quarter: Q1 Q2 Q3 Q4

Completed by (Name & Phone): _____

Total Complaints: _____

Date Received	Occurrence Date	Verbal (V) Written(W)	Clinic Site	Member Name	Pt. DOB	Issue	Date & Summary of Resolution