

MEDICA®

Quality Complaint Reporting

Requirement: MN Statute 62D.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 Health Plans Quality Improvement Department on a quarterly basis. Please submit by the second Friday following the end of each quarter. *Reporting is required even if no complaints are received during the 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 |
|---------------|-----------------|--------------------------|-------------|-------------|--------|-------|------------------------------|
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