



Complaint Processing Procedure

Version 1.1

12/22/2017

Revision History

Version	Date	Modified By	Description
1.0	September 1, 2017	Alan J. Schmitz	Consolidation and implementation of written procedures for complaint processing in response to audit recommendations and consistent with Board Policy.
1.1	December 22, 2017	Arba Robinson	Add the PDF complaint form and the process document to the Procedures.

Reference

Sources referenced below should be used in conjunction with these procedures:

- Complaint Management Policy

1. Board Policy, Background and Purpose

C4HCO's Board adopted a "Complaint Management Policy" effective in August of 2012 in anticipation of the operation of the Exchange. C4HCO's Board identified that in keeping with the mission to increase access, affordability and choice there needed to be a process to provide "fair, timely responses to legitimate complaints by consumers." The Board broadly defined a complaint as a "grievance that is formally expressed," while attempting to distinguish a complaint from "clarification questions or expressing need for assistance...handled by the call center." Further, the Board recognized that an appeal of an eligibility determination and the accuracy of an applied subsidy (APTC / CSR) should not be characterized as a complaint. Finally, the Board set forth recommended guiding principles to facilitate complaint management:

- A formal process for accepting complaints through a standardized form
- A formal process for reviewing and addressing complaints
- Review and address complaints in a timely manner
- Act as a liaison to other organizations when another party can address the grievance more effectively
- Record complaints submitted
- Conduct analytics on complaints received
- Provide staff with complaint management training

A review of C4HCO's complaint processing as it existed in 2016 recommended that C4HCO should improve its processes for tracking, analyzing and resolving complaints in a timely manner by:

- Making it easier for consumers to submit a complaint
- Accurately tracking and logging complaints received by consumers
- Categorizing the general nature of a complaint to help identify trends and systemic issues
- Creating a mechanism for Board reporting

The Board's guiding principles established in 2012 set forth the policy of C4HCO with respect to complaint management and are consistent with the recommendations received by C4HCO in 2017. Accordingly, the purpose of these procedures is to:

- Codify processes to manage complaints
- Distinguish complaints from other inquiries
- Standardize intake, tracking and logging complaints
- Document timely resolution of complaints
- Conduct analytics to identify issues and trends
- Facilitate meaningful Board reporting
- Provide training to staff and vendors

2. Complaint Defined

A complaint shall be a grievance that is formally expressed. A grievance expressed with respect to a participating marketplace carrier or a certified broker shall be logged by C4HCO, but may be referred as circumstances warrant to the Colorado Division of Insurance for disposition.

C4HCO is obligated to provide a referral to any applicable office of health insurance consumer assistance for any enrollee with a grievance, complaint, or question regarding their health plan, coverage, or a determination under such plan or coverage.¹

Inquiries and requests for clarification/assistance under the jurisdiction of C4HCO's service center staff resulting in a tracking ticket do not constitute a complaint for purposes of this procedure.

An appeal under the jurisdiction of the Office of Conflict Resolution and Appeals does not constitute a complaint for purposes of these procedures.

A request for information under Colorado's Open Records Act shall not be considered a complaint.

3. Consumer Access

To facilitate a consumer's ability to submit a complaint C4HCO shall provide a prominent and easy to find link on its website for: (i) the submission of a complaint; (ii) directing consumers where to obtain assistance about the application process; and (iii) the submission of a formal appeal.

A complaint made by a consumer through an email inquiry, telephone call, in-person visit, letter or any other means shall be identified as a complaint and logged as such.

As administratively feasible, C4HCO shall commit to a final disposition with respect to a complaint within ninety (90) business days from receipt but should strive to resolve complaints as expeditiously as possible.

4. Complaint Intake

The system of record for complaints shall be Atlas CRM. All information shall be complete and accurate, capturing the following data fields:

- Date Received
- Identity of Input Staff
- Customer Contact Information
- Description of Grievance
- Category
- Responsible Party/Unit
- Notes
- Disposition

¹ 45 CFR 155.205(d)(2)

- Date Closed

5. Monitoring

Monthly the Internal Audit and Compliance Manager in conjunction with General Counsel shall obtain and review an Atlas Complaint Intake Report to assess:

- The completeness and accuracy of the information maintained.
- Whether a complaint has been resolved or otherwise handled in a timely fashion considering the nature of the complaint, unique factual circumstances and the ability of C4HCO to facilitate a resolution.²

The Internal Audit and Compliance Manager in conjunction with General Counsel shall provide such feedback and supervision to staff and vendors (as applicable) as is necessary to meet the intended purposes of the complaint management policy and procedures.

6. Training

C4HCO staff shall be provided with periodic training with respect to complaint management processes and obligations, including the publication of these procedures. The completion and manner of such training shall be documented by C4HCO's human resource/training manager.

The Board shall be informed of the procedures and made aware of the complaint management process to allow any consumer grievance directed to a Board member to be appropriately logged and tracked.

Vendors, as applicable, shall conform to the complaint logging and tracking process.

7. Reporting

The Board shall receive a report in such format and with such frequency as the Board determines is prudent and reasonable in identifying trends, systemic issues or other material circumstances which should be addressed at a Board level consistent with Board fiduciary obligations.

C4HCO shall further provide periodic complaint reporting to CMS as may be required in conjunction with the operation of C4HCO as a state-based marketplace.

² In some circumstances C4HCO may lack the authority to act proactively if other state and federal entities maintain jurisdiction or control outside the purview of C4HCO. In these matters, referral to any applicable office of health insurance consumer assistance may be considered a final disposition pursuant to 45 CFR 155.205(d)(2).



General Complaint Form

Account Number (optional)		
First Name	Last Name	Suffix
Phone Number	Email Address	
Street Address		Apt./Ste. #
City	State	Zip Code

Complaint category (please check all that apply)

- Broker/Insurance Agent Community Based Assister Customer Service Carrier/Insurance Company
- Other _____

Comments (use extra paper if you need more space to write)

Mail this form to:
Connect for Health Colorado
P.O. Box 35681
Colorado Springs, CO 80935

Email this form to:
complaints@sc.connectforhealthco.com

What happens next: We will be in touch with you via phone or e-mail to discuss your complaint

