

Coventry Workers' Comp Network

Complaint Procedure

The Coventry Workers' Comp Network Complaint Procedure shall be available to any participating provider, employer, employee, or employee's authorized representative.

Coventry Workers' Comp Network defines a "Complainant" as: An employee, employer, a health care provider, or any other person designated to act on behalf of an employee who files a complaint.

Coventry Workers' Comp Network defines a "Complaint" as any dissatisfaction expressed orally or in writing by a complainant to a network regarding any aspect of the network's operation, including dissatisfaction related to medical fee disputes and the network's administration and the manner in which service is provided.

A complaint does not include a misunderstanding or a problem of misinformation that is resolved promptly by clearing up the misunderstanding or supplying the appropriate information to the satisfaction of the complainant; or an oral or written expression of dissatisfaction or disagreement with an adverse determination.

A complaint must be filed with the network Grievance Coordinator no later than 90 days from the date the dissatisfaction occurred.

Coventry Workers' Comp Network will not engage in any retaliatory action against an employer, employee, health care provider, or a person acting on behalf of the employer or employee that has filed a complaint against the network.

The Complaint process steps are as follows:

1. A complainant can notify the Coventry Workers' Comp Network Grievance Coordinator of a complaint orally or in writing via mail or fax. Complaints should be forwarded to:

Coventry Workers' Comp Network
Attention: Grievance Coordinator
5210 East Williams Circle, Suite 220
Tucson, Arizona 85711
Fax Line: (855) 711-7957
E-mail Address: ComplaintsandGrievances@cvty.us.com

The Grievance Coordinator is accessible through the Coventry Workers' Comp Network Customer and Provider Relations Department at (800) 937-6824. This telephone number is routinely provided to the provider via Provider Updates, Provider Manuals, and to the employer and employee through network educational materials. The toll-free telephone number provides reasonable access to the Grievance Coordinator without undue delays.

2. Upon receipt of the complaint, the Grievance Coordinator will document each complaint in a confidential database. Data recorded includes the date received, classification of the complaint, information regarding the complainant, and a description of the complaint. Prior to resolution, the status of the complaint activity will be updated on a regular basis.
3. Coventry Workers' Comp Network will confirm receipt of a complaint within 7 calendar days and notify the complainant in writing that the complaint has entered a formal resolution process. The written notification will include the date of Coventry Workers' Comp Network's receipt of the complaint. Coventry Workers' Comp Network will provide a copy of the complaint procedures and deadlines to the complainant.
4. The Grievance Coordinator will investigate and resolve the issue no later than 30 calendar days from the initial receipt and will provide a letter to the complainant that explains the resolution of the complaint; specific reasons for the resolution; and the specialization of any physician or other providers that were consulted during the resolution process.

The resolution letter will also advise the complainant that if they are dissatisfied with the resolution of the complaint or the complaint process, they may file a complaint with:

*Consumer Protection, MC 111-1A
Texas Department of Insurance
PO Box 149091
Austin, Texas 78714-9091*

5. If necessary, a copy of the resolution letter will be supplied to the appropriate agency, as designated by the state.
6. Coventry Workers' Comp Network will maintain a complaint log and categorize each complaint type as one or more of the following;
 - Quality of care or services;
 - Accessibility and availability of services or providers;
 - Utilization review, as applicable or in retrospective review;
 - Complaint procedures;
 - Health care provider contracts;
 - Bill payment, as applicable;

- Fee disputes; and
 - Miscellaneous.
7. Complaints shall be trended on a quarterly basis and the results reported to the Quality Improvement Advisory Committee for review and recommendation, as appropriate.
 8. Coventry Workers' Comp Network shall maintain records of complaints for a period of three years from the date the complaint was filed.
 9. Network providers are required to post, in the provider's office, a notice to injured employees on the process for resolving complaints with the network. This notice must include the Texas Department of Insurance's toll-free telephone number (800) 252-3439 for filing a complaint.

INTENT: The complaint procedure is intended to be self-executing and easy to use. A complainant may call the Grievance Coordinator directly without completing this form. The Grievance Coordinator may complete the form for the complainant. A review regarding the requested medical care will begin immediately, and a decision made within 30 calendar days of receipt.

The complainant participation in the complaint process is important to the resolution of medical issues. Individuals reviewing the complaint may need to speak directly with and receive input from the complainant. If the complainant is unable to participate actively in the complaint process, a patient advocate may participate on behalf of the complainant.

COVENTRY WORKERS' COMP NETWORK COMPLAINT FORM

Date Coventry Workers' Comp Network Received: _____

INITIATOR OF COMPLAINT		
Name:		
Address:		
City:	State:	Zip:
Telephone #: ()		

The initiator of the complaint is: Provider Carrier Employer Employee
 Authorized representative designated to act on behalf of the employee

Employee Name:	Employer Name:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()
SSN:	

Group Name:	Insurer:
Provider Name:	Contact:
Address:	Address:
City: State: Zip:	City: State: Zip:
Telephone #: ()	Telephone #: ()

Please describe your complaint in detail below. Include dates, names, and the specific resolutions, which you feel might remedy the situation. You have up to 90 days from the date of the dissatisfaction to file a formal complaint.

PLEASE ATTACH COPIES OF APPLICABLE MEDICAL RECORDS TO THIS FORM.

This issue involves: Service _____ Medical Care _____ Other _____

Date of Injury: _____ Date of Dissatisfaction: _____

Please describe:

If additional space is required, please use additional sheets.

Signature

Date

Mail this form to the address noted below or fax to: (855) 711-7957.

**Coventry Workers' Comp Network
Attention: Grievance Coordinator
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Tucson, Arizona 85711
(800) 937-6824**