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|  | <b>The Johns Hopkins Health System</b> | <i>Policy Number</i>  | CUS001   |
|   | <b>Policy &amp; Procedure</b>          | <i>Effective Date</i> | 6/30/01  |
|   | <i>Subject</i>                         | <i>Page</i>           | 1 of 2   |
|   | <b>Processing Patient Complaints</b>   | <i>Revised</i>        | 10/28/08 |

## POLICY

This policy applies to the Johns Hopkins Health System (JHHS) Patient Financial Services (PFS) Division and the following entities: The Johns Hopkins Hospital (JHH), Johns Hopkins Bayview Medical Center (JHBMC), and Howard County General Hospital (HCGH).

## PURPOSE

To describe the process for receiving, registering, resolving, and responding to patient complaints.

## REFERENCES

### **JHHS Finance Policies and Procedures**

Policy No. CUS002 – Patient Correspondence

Policy No. CUS005 – HIPAA: Verifying Identification

## RESPONSIBILITIES

The Patient Financial Services Representative will safeguard patients' protected health information (PHI) and manage the complaint-resolution process, communicating with appropriate departments to provide a response to each complaint/grievance within three to five business days of the date it is received.


## PROCEDURE

- a. Receive patient issue/complaint from patient, family member, or authorized patient representative directly or through referral.

Determine if the complaint will reveal protected health information (PHI).

If the complaint reveals PHI, and a HIPAA authorization form is not on file, obtain a HIPAA authorization form signed by the patient or the patient's legally authorized representative before processing the complaint.

- All PFS staff will follow HIPAA verification procedures when determining if the individual on the telephone is a patient, the parent of a minor-child patient, a spouse/domestic partner of a patient, or the personal representative of the patient. (See Policy No. CUS005 – HIPAA: Verifying Identification)
- b. Record the complaint in Administrative Complaint Log. (If it is determined that the complaint is a physician-billing issue, provide the patient/ authorized person lodging the complaint with phone number and/or address of the appropriate physician's office.)
- c. Review patient account to determine the appropriate action necessary to resolve the issue.
- d. Contact the appropriate department via high-priority Email to request that they investigate and take appropriate action to resolve the issue within the JHHS corporate standard of 3-5 business days.
- e. Document patient account with receipt of complaint and action(s) taken.

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- f. Forward any complaints concerning legal issues to PFS attorney for review and resolution with Risk Management.
- g. Customer Service will respond with written communication regarding the resolution of the complaint/grievance within 3-5 business days. Copies of written responses will be sent to all authorized parties.



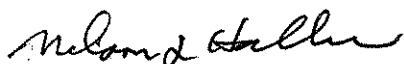
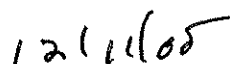
**SPONSOR**

Senior Director, Patient Financial Services, JHHS

**REVIEW CYCLE**

Three (3) years

**APPROVAL**

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| <b>Senior Director, JHHS</b>   | <b>Date</b>   |
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| <b>Director, PFS Operations, JHHS</b>  | <b>Date</b>   |