eocco EASTERN OREGON COORDINATED CARE ORGANIZATION		Policy & Procedure	
Company:	EOCCO	**Department Name:**	Medicaid Services
Subject:	EOCCO Complaint Procedure		
Division:	Medicaid		

I. What are grievances (or complaints)?

A complaint is letting us know when a member is not satisfied. A dispute is when a member does not agree with EOCCO or a provider. A grievance is a complaint a member can make if they are not happy with EOCCO, a healthcare services, or a provider, any member can complain or file a grievance.

EOCCO members have a right to make a complaint if they are not satisfied with any part of their care. EOCCO will try to make things better. Members can make a complaint over the phone or in writing. To make a complaint over the phone, members can call EOCCO Customer Service at 888-788-9821 (TTY/OREGON RELAY users, please call 711). EOCCO Customer Service can help members with making a complaint.

EOCCO members can also make a complaint with OHA or Ombuds. They can reach OHA at 1-800-273-0557 (TTY/OREGON RELAY users, please call 711) or Ombuds at 1-877-642-0450 (TTY/OREGON RELAY users, please call 711).

or

Write:

EOCCO
Attn: Appeal Unit
601 S.W. Second Ave
Portland, OR 97204

Members may also find our complaint form online: Complaint form | formulario de quejas

EOCCO members can file a complaint about any matter other than a denial for service or benefits and at any time orally or in writing. If a member files a complaint with OHA it will be sent to EOCCO.

II. EOCCO's complaint procedure

A. Timely filing of complaints

EOCCO members can submit complaints at any time.

B. Receiving complaints

EOCCO can get complaints in the following ways:

a. Written/US Postal service: Complaints received through the mail are processed daily

b. In person at all physical, behavioral, oral health, and administrative offices that have agreements with EOCCO. All offices have the following forms available in English and in the prevalent non-English languages in the service area: OHP Complaint Form (OHP 3001), Hearing request form (MSC 443), and Notice of Hearing Rights (OHP 3030); or The Health Systems Division Service Denial Appeal and Hearing Request form (OHP 3302).
c. Email: Complaints that are sent to the Oregon Health Authority (OHA) or another CCO are forwarded to EOCCO via secure email.
d. Telephone:
    a. When a member calls when they are not satisfied with any part of their care, the EOCCO representative, attempts to resolve the issue at the first contact. If the EOCCO representative solves the issue to the member's satisfaction, the EOCCO representative documents the issue and outcome. The documentation is sent to the appeal staff for complaint tracking and review. The appeal staff send a letter to the member that explains the solution.
    b. If the EOCCO representative is unable to solve the member's complaint at the first contact, the EOCCO representative documents the member's complaint and sends it to the appeal staff for processing. The appeal staff works to resolve the issue and send a letter to the member that explains the solution.
e. Members can write or send in a complaint orally. If they need a form, an EOCCO representative can mail them a complaint for if requested. EOCCO also accepts complaints on the OHP Complaint Form 3001.
f. EOCCO can help members fill out a complaint form. They can also help members with providing a free Certified or Qualified Health Care Interpreter.
    a. Help from qualified community health workers, qualified peer wellness specialists, or personal health navigators to participate in processes affecting the member's care and services;
    b. Free interpreter services or other services to meet language access requirements where required in 42CFR §438.10;
    c. Providing auxiliary aids and services upon request including but not limited to toll-free phone numbers that have adequate TTY/TTD and interpreter capabilities; and
    d. Reasonable accommodation or policy and procedure modifications as required by any disability of the member.
    e. When CCO identifies that a member has an Authorized Representative, the CCO should assist the member with completion of the Authorized Representative form.
g. If the appeal or grievance is filed by any representative besides the member, written consent is needed to respond to the representative. Written consent will be stored with the file.
h. EOCCO will review and report to OHA complaints that raise issues related to racial or ethnic background, gender identity, sexual orientation, socioeconomic status, cultural or linguistically appropriate service requests, disability status, and other identity factors for consideration in improving services for health equity.

C. Notification of receiving a complaint

1. EOCCO sends the member an acknowledgement letter within five business days of getting the complaint.

2. The letter says the following:

   a. Lets the member know that a decision on the complaint has been made and what the decision is; or
   b. The complaint has been received and is being reviewed;
   c. A delay is needed to resolve the complaint. That the member will get a written decision within 30 calendar days from the date of getting the complaint. The letter will say the reason for the delay.
   d. The member may be asked to complete an extra form if it is needed to further review the complaint.

If an EOCCO member is unhappy with how we handled a complaint, they can share that with the OHP Client Services Unit at 1-800-273-0557 (TTY/OREGON RELAY users, please call 711) or reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email OHA.OmbudsOffice@odhsoha.oregon.gov or leave a message at 877-642-0450 (TTY/OREGON RELAY users, please call 711).