



## OPERATIONAL MEMO

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<b>TITLE:</b>	<b>COUNTY AND ELIGIBILITY SITES CUSTOMER SERVICE AND COMPLAINT EXPECTATIONS</b>
<b>SUPERSEDES NUMBER:</b>	N/A
<b>EFFECTIVE DATE:</b>	<b>FEBRUARY 15, 2023</b>
<b>DIVISION AND OFFICE:</b>	<b>COMMUNICATIONS AND GOVERNMENT RELATIONS; POLICY, COMMUNICATIONS AND ADMINISTRATION OFFICE</b>
<b>PROGRAM AREA:</b>	<b>COUNTY RELATIONS AND ADMINISTRATION</b>
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*HCPF Memo Series can be accessed online: <https://www.colorado.gov/hcpf/memo-series>*

### **Purpose and Audience:**

The purpose of this Operational Memo is for the Department of Health Care Policy and Financing (HCPF or Department) to promulgate sub-regulatory requirements for customer service expectations required of county departments of human/social services (counties), Medical Assistance and Eligibility Application Partner sites, collectively referenced herein as "eligibility sites." Per 10 CCR 2505-5 1.020, counties must have internal controls particular to providing adequate customer service for applicants and members of the Medical Assistance Program. Please note that this guidance is effective February 15, 2023.

### **Information:**

As part of the Department's county administrative rules, found at 10 CCR 2505-5 1.020, counties are required to ensure that adequate internal controls particular to customer service for Medical Assistance applicants and members are implemented. In particular, 10 CCR 2505-5 1.020.3.4.a.viii requires the county director to implement internal controls to ensure that customer service is provided in a timely, respectful and culturally

appropriate manner. As part of this sub-regulatory guidance, the Department will apply these standards to all eligibility sites.

This Operational Memo (OM) details Department processes and county requirements for ensuring customer service is provided in accordance with standard of timely, respectful and culturally appropriate customer service. To ensure counties, sites and the Department have adequate data to determine whether counties and eligibility sites are complying with 10 CCR 2505-5 1.020.3.4.a.viii, the Department has revised and formalized processes specific to applicant and member complaints, escalations and customer satisfaction surveys.

### **Definitions:**

**Applicant or member complaint:** a statement received from an applicant, member or individual seeking services that their experience at the eligibility site was unsatisfactory or unacceptable, or that there was a specific situation or scenario at the eligibility site or with eligibility site staff encountered by the applicant, member or individual.

**Applicant or member escalation:** an increase in the severity or seriousness of an issue, typically tied to whether the applicant or member's case is or has been impacted by the actions taken or not taken by the eligibility site.

**Customer Relationship Management system (CRM):** the Department's Salesforce system used to report complaints and escalations to eligibility sites.

**Department:** Health Care Policy and Financing (HCPF)

**Desk Review:** The Department's non-compliance and gap analysis review that complies with regulatory requirements as set forth in the Department's administration regulation (rule), sub-regulatory guidance, HCPF Memo Series, training, and contracted program requirements. A Desk Review may review any aspect of the Eligibility Site's administration of the medical assistance program.

**Eligibility Site:** is defined in 10 CCR 2505-10 8.100 as a location outside of the Department that has been deemed by the Department as eligible to accept applications and/or determine eligibility for applicants. This includes county departments of human/social services (counties), Medical Assistance (MA) Sites and Eligibility Application Partner (EAP) Sites.

**Internal Controls:** documented processes and procedures designed to provide reasonable assurance of compliance with applicable laws, rules, regulations, contracts, policies or procedures.

**Management Evaluation (ME) Review:** The Department's non-compliance review program to evaluate eligibility sites' compliance with rules and guidance governing the administration of medical assistance programs.

### Salesforce Customer Relationship Management

The Department's Salesforce Customer Relationship Management system (CRM) will be used to report complaints and escalations to counties and sites. The CRM system creates a trackable ticket for each complaint or escalation and can attach those to an individual known to the Colorado Benefits Management System (CBMS). The CRM system also accepts information for individuals not known to CBMS. Eligibility sites are required to report back to the Department through the Salesforce ticketing system.

Counties and eligibility sites do not need access or log in information to the CRM ticketing system. The CRM ticketing system uses emails to existing eligibility site contacts to manage the ticket. Emails should always be encrypted if protected health information is included in the CRM ticket.

- Eligibility sites **must** follow instructions in the CRM ticket to ensure that the information they report back to the Department is attached to the correct trackable ticket.
  - In the eligibility site's reply to the initial CRM ticket, the eligibility site **must not** change the email's header; the email header contains the Thread ID that allows Salesforce to track the ticket.
  - In addition, the CRM ticket will likely include a request for the eligibility site to conduct research on the complaint or escalation, to contact the member regarding the results of that research and appropriately resolve the case, and report back to the Department with those results.

The County and Eligibility Site Member Complaint and Escalation Form can be found at: <https://hcpfdev.secure.force.com/CountyMemberWebform>. Eligibility sites should be aware of this link to direct applicants and members to submit state-level complaints and escalations.

### Public Posting and County/Site Staff Awareness

The eligibility site is required to publicly post, in lobby and high-traffic areas, both what the Department complaint process is and how to utilize it.

- The Department will provide informational posters and noticing for eligibility sites to use. These posters will be shared with eligibility sites prior to May 2023.
- This information must also be posted on the eligibility site's public website.

In addition, eligibility site staff must be aware of the Department's complaint process and encourage applicants and members to use such process if the applicant or member feels it is necessary. *The submission of complaints should not be discouraged, and no retaliatory action can be taken against an applicant or member for the submission of a complaint.*

### Applicant and Member Complaints

An applicant or member complaint is defined as a statement received from an applicant, member or individual seeking services that their experience at the eligibility site was unsatisfactory or unacceptable, or that there was a specific situation or scenario at the eligibility site or with eligibility site staff the applicant, member or individual encountered.

The Department monitors complaints to ensure both benefits are granted to those who are truly eligible, and that Department compliance processes to systemically address the root cause of submitted complaints is followed.

Rather than requiring each eligibility site to independently create a system to track and monitor complaints, the Department will require that applicant and member complaints are routed directly to the HCPF complaint process. Complaints can be submitted via email or an online form, as detailed in this memo under the section *Salesforce Customer Relationship Management*.

The eligibility site responsibility for applicant and member complaints include:

1. Responding to the CRM ticket, which will be emailed to the eligibility site's escalation or secondary director contact within the timeframe specified by the Department.
  - a. The CRM ticket will include instructions on whether the eligibility site must reach out and contact the applicant or member.
2. Accurately communicating in the CRM ticket response reply sent back to the Department both what the resolution to the complaint was and whether the applicant or member was contacted.
3. Documenting in the applicant or member's case in CBMS that
  - a. a state complaint was received,
  - b. what actions were taken,
  - c. what the resolution was, and

- d. whether the applicant or member was contacted.

The eligibility site will not be required to respond to every complaint. However, complaints that request specific action to be taken or where an impact to the eligibility determination or benefits has been discovered must be addressed individually by the eligibility site.

If a general complaint is received (such as those not requesting specific action), communicating a general dissatisfaction, such as on call center wait times, the complaint may not require a response.

Complaints that require action will be assigned to the eligibility site by the Department within two (2) business days. Depending on the priority of the complaint, the eligibility site will:

1. Not be required to respond, but be provided a copy of the complaint
2. Will be required to respond within three (3) business days, if a high-priority issue
3. Will be required to respond within seven (7) business days, if a standard complaint

### Applicant and Member Escalations

An applicant or member escalation is defined as an increase in the severity or seriousness of an issue, typically tied to whether the applicant or member's case is or has been impacted by the actions taken or not taken by the eligibility site. Escalations can be received directly from the applicant or member, from a partner agency such as a nursing facility or case management agency, or from another eligibility site.

The eligibility site shall follow the same process as an applicant or member complaint, including the CRM ticket process and timelines. Because an escalation is always tied to a case update or additional information the eligibility site would act on, an escalation should **always** include contact or outreach with that applicant or member.

### Customer Satisfaction Surveys

Beginning in Fiscal Year (FY) 2022-23, the Department will begin to conduct customer satisfaction surveys that will capture the applicant or member experience at the eligibility site. The Department will utilize an existing process already in place for this data collection. On a quarterly basis, the Department will send an electronic survey to all members who have an email address on file. This electronic survey will be short and capture whether the member was provided timely, respectful and culturally appropriate customer service.

Information from the customer service survey will be provided to each eligibility site. Based on the information received through its surveys, the eligibility site will be required to undertake business process changes, customer service improvements or additional trainings to address identified issues. Conversely, positive customer service feedback for counties and sites should be recognized and rewarded, and county staff encouraged to continue their good work as reported in the survey.

#### Use of Complaint, Escalation and Customer Satisfaction Surveys

The Department will provide to the eligibility site director, on a monthly basis, a Salesforce report of all complaints and escalations received through CRM.

In addition, the Department staff responsible for eligibility site oversight activities will also receive the monthly report and may use such information during the eligibility site's Management Evaluation or Desk Review. Complaints or escalations that indicate the eligibility site has not followed existing federal or state requirements can result in a Desk Review of those escalations. Findings of non-compliance may result in the issuance of a Management Decision Letter (MDL). The MDL acts as a non-compliance notice and will require the eligibility site to create an Improvement Action or Corrective Action Plan to address the root cause of complaints and escalations received. If an eligibility site is selected for a Desk Review of its complaints or escalations, the site will be notified prior to the completion of the review.

#### **Attachment(s):**

None

#### **Department Contact:**

For questions from eligibility sites regarding this Operational Memo, please complete a County Relations Request form ticket (<https://hcpfdev.secure.force.com/HCPFCountyRelations>). Please select Ticket Type "Member Complaints"