
TITLE: Provider Complaint System

PURPOSE: To provide a mechanism for Providers to file a Provider complaint and address Provider claims resolution.

PROCEDURE: First Coast Advantage will:

1. **Revised 07/23/08: Establish a provider complaint system that permits a provider to dispute the Plan's policies, procedures, or any aspect of the Plan's administrative functions, including proposed Actions and allow providers forty-five (45) Calendar Days to file a written complaint.**
2. Customer Service staff is dedicated for providers to contact via telephone, electronic mail, or in person, to ask questions, file a **Revised 1/1/08: Provider** complaint and resolve claims/other problems.
3. Revised 09/01/06: Contract management staff will work with Customer Service to ultimately be designated to receive and process provider complaints and process complex claims problems not resolved by Customer Service that do not involve a quality issue.
4. Thoroughly investigate each provider complaint using applicable statutory, regulatory, Contractual and Provider contract provisions, collecting all pertinent facts from all parties and applying First Coast Advantage's written policies and procedures.
5. Revised 09/01/06: Ensure that First Coast Advantage Contract Manager has fully researched and appropriately escalated to executives with the authority to require corrective action are involved in the provider complaint/claims resolution process. If there is a Provider Grievance that involves a quality of care issue, Medical Management/Clinical Professional would be involved and would be processed accordingly.
6. In the event the outcome of the review of the provider complaint is adverse to the provider, First Coast Advantage will provide a written notice of adverse action to the provider.
7. Provide information to Providers on how to file a complaint or request assistance with claims in the Provider Handbook. Copies of this policy will be made available free of charge to a Provider upon request.