

Complaint Triage Guidelines

1. Upon receipt of a complaint, BHS determines authority to investigate. Factors that may affect this determination include:
 - Licensure status (Medicare beds in an unlicensed hospital requires Centers for Medicare and Medicaid Services' (CMS) review and approval).
 - Accreditation status, deemed or non-deemed:
 - a. All deemed hospital complaints, if of a regulatory nature with a possible condition out of compliance, are forwarded to CMS for review and approval.
 - b. Non-deemed hospital complaints are under the authority of BHS for review and final approval.
 - Nature of the complaint: If a complaint is not regulatory, a referral is made to the appropriate agency (e.g. complaints regarding billing fraud are referred to the Office of the Attorney General).

2. For deemed hospitals and Medicare beds in unlicensed hospitals, complaints are sent to CMS for review. CMS will determine if an investigation is to be performed, as well as the priority. The following may be considered in the determination:
 - Which of the Medicare regulations apply?
 - Does the allegation meet the definition of Immediate Jeopardy?
 - Does the allegation indicate noncompliance with EMTALA regulations?
 - Did the allegation of fire result in serious injury or death?
 - Do the allegations of death related to restraint/seclusion involve behavior management?
 - Did the alleged noncompliance cause or have the potential to cause harm, including allegations of abuse or neglect?
 - Does the alleged noncompliance have the potential to negatively impact patient care for most or all patients in the facility?
 - If CMS authorizes an investigation, BHS will conduct an investigation of the specific Condition(s) of Participation (COP) alleged in the complaint. Time frames for investigation completion are as follows:
 - Immediate Jeopardy (IJ) – two (2) working days to begin investigation
 - Non-IJ – forty-five (45) calendar days to begin investigation
 - EMTALA – five (5) working days to finish the investigation
 - If CMS does not authorize an investigation, BHS will triage the complaint and establish priority for investigating the complaint.

3. Hospital Self Reports
 - Triage activities are the same as the complaint guidelines based upon the facility's internal investigation and final report provided to the BHS.