



HOME AND COMMUNITY- BASED SERVICES

WYOMING MEDICAID
DIVISION OF HEALTHCARE FINANCING

Provider Complaint Process Guidance Manual

Created 02.23.2022

Last Updated 04.01.2022

Table of Contents

To Begin	1
WHP Complaint Submission	2
Submit a New Complaint	3
Enter Complaint Information	5
Status History and Complaint Submission	6
Public Complaint Submission	7
Begin Complaint Submission	7
Enter Reporter Information	8
Enter Complaint Information	9
Submitted Complaints	11

To Begin

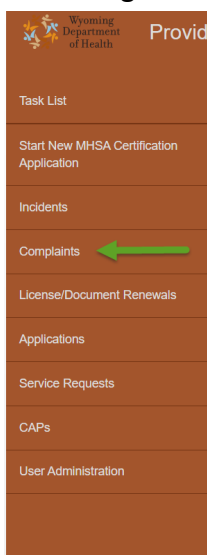
All users must request access to the Wyoming Health Provider Portal (WHP). This guidance manual assumes the user has gone through the Auth0 login process and has gone through the steps to get approval or denial in the WHP. If not, they will need to follow the steps outlined in this document

<https://docs.google.com/document/d/1gy9v9s8YRG2ECgD6rL4emrG6Ktg9rl6s426OSzQnzhQ/edit?usp=sharing>.

User requests are checked at least once a day but may be checked periodically throughout the day. At the present time there is no notification functionality for user requests.

WHP Complaint Submission

When on the 'Task List' screen, the left hand navigation will display a link to Complaints



After clicking on 'Complaints' a new window will appear. This is where all complaints are stored and are identified by complaint submission number, participant name (if applicable), event date, and the current status of the complaint. The Complaints window includes both open complaints and closed complaints. Any complaint submitted through the WHP will be located here. Complaints that are not in a closed status will continue to display on the task list, as well as in this window.

1 Submit a New Complaint

2 Open Complaint Submissions

Complaint	Participant	Event Date	Current Status
Complaint Submission 1027	C [REDACTED] C [REDACTED]		Pending initial entry by reporter

3 Closed Complaint Submissions

No closed complaint submissions found

1. **‘Submit a New Complaint’ button** – by clicking this button a user will open a new page to enter details of the new complaint
2. **Open Complaint Submissions** – this is where all complaints that haven’t been processed by Home and Community-Based Services (HCBS) Section staff will be located. Each complaint will display one of the following statuses:
 - a. *Pending initial entry by reporter* – complaints in these statuses are complaints that need the provider to submit for review. These complaints will show on the task list
 - b. *Submit complaint for review* – complaints in these statuses are complaints that are waiting for HCBS Section staff to review and process. These complaints will not show on the task list
 - c. *Requesting additional information from reporter to complete complaint submission review* – complaints in these statuses are complaints that require the provider to do something additional. These complaints will also show on the task list
3. **Closed Complaint Submissions** – this is where complaints that have been reviewed, researched and closed by HCBS Section staff are located. These complaints will not show on the task list.

Submit a New Complaint

After clicking on the 'Submit a New Complaint', a new window will display.

The screenshot shows the 'Complaint Submission' page for Wyoming Waivers Providers. The header includes the Wyoming Department of Health logo, 'Provider Portal', and user information: 'Current User Email: colleen.noon1@wyo.gov' and 'Current Role: Provider'. There are links for 'User Agreement', 'Change Password', and 'Logout'. A left sidebar contains a 'Task List' with items: 'Start New MHSA Certification Application', 'Incidents', 'Complaints', 'License/Document Renewals', 'Applications', 'Service Requests', 'CAPs', and 'User Administration'. The main content area is titled 'Complaint Submission' and 'Wyoming Waivers Provider'. It features a 'Complaint Type' section with three radio buttons: 'Unknown or Anonymous', 'Known participant', and 'Not a participant'. Below this is a 'Provider' dropdown menu currently showing 'Marilynn Sue Rodgers'. A blue button labeled 'Save and Begin Complaint' is at the bottom of the form.

To proceed:

- **Select a Complaint Type**
 - *Unknown or Anonymous* – This option is for participant-centered complaints. Participant –centered complaints can be submitted by participants, on behalf of, about a participant, or concerning care of a participant. Use this option when the participant is unknown or the reporting provider wants to keep the participant anonymous. This option can also be used when the participant is not served directly by the reporting provider. When this option is selected, no additional participant information is needed, users may continue with the steps to [Enter complaint information](#).
 - *Known participant* – Use this option when the complaint is participant-centered. Participant –centered complaints can be submitted by participants, on behalf of, about a participant, or concerning care of a participant. Use this option when the participant can be identified and is receiving a service from the reporting provider. When using this option the reporting provider will need to search for the participant.

To search for the participant, you will need to enter:

- Last name,
- First name, **AND**
- **One** of the following:
 - DOB
 - Last 4 of participant's SSN

- Medicaid ID

First Name: Last Name:
 DOB:  Last Four SSN: Medicaid ID:

- *Not a participant* – Use this option when the complaint is not participant-centered. These complaints may be about HCBS Section processes, policies, or other concerns not related to participant care. When using this option the reporting provider will enter a subject matter in the text field box

Subject Matter

For example: Provider Name is Not Listed on Public Listing

- **Provider** – when going through the WHP to submit an application, the provider the user is linked to will pop up by default. This provider will be listed as the reporting provider on the complaint.

Once the choice of complaint type is provided and any additional information is supplied, the reporting provider can click on the ‘Save and Begin Complaint’ button.

Enter Complaint Information

After clicking on the ‘Save and Begin Complaint’ button, additional fields will appear to enter complaint information. Beginning with the reporting provider's information. This is the information related to the user submitting the complaint. All information is pre-populated unless the reporting provider has multiple locations. Then the reporting provider can pick the location that is most appropriate.

Reporter Information

First Name: Last Name:
 Phone: Email: Relationship to Participant:
 Primary Address County:

The next several fields will collect the details of the complaint. All of these fields are optional, but the more information provided, the more efficiently HCBS Section staff can complete their review.

Location description:

Date:

Summary:

Upload Documents (if applicable) : No file chosen

No documents have been uploaded for this Complaint.

- **Location description** – Enter a description of the location where the event prompting the complaint occurred. This can be an address, a general description such as ‘the park near the gas station on Elm Street’, or some other description that indicates where the reporting provider saw the complaint to occur.
- **Date** – Enter the date the event prompting the complaint occurred
- **Summary** – Provide a descriptive summary of the complaint. Include as much detail as possible to assist HCBS Section staff in their review
- **Upload Documents** – If the user has documentation they’d like to provide, they can upload it here. To do so:
 - *Choose file* – click this button to get a window to choose the document file to be uploaded
 - *‘Upload’ button* – once the document has been chosen, you MUST click the ‘Upload’ button for the document to be uploaded. Once uploaded the document will appear below

Upload Documents (if applicable) : No file chosen

View	Document Name
	test 4.png

- **‘Save Complaint’ button** – While not mandatory to use, clicking this button will save the complaint data. Clicking this button will save your current submission. You will need to use this option if you do not submit the complaint and want to keep the information entered.

Status History and Complaint Submission

The next section of the complaint page is the status history. This shows the status of the complaint cycle through completion. This section is automatically populated and will only update when the status changes.

Status History

Current Status: Pending Initial Entry

Complaint Status	Status Username	Status Date	Notes
Pending Initial Entry		2/22/2022 2:01:27 PM	

Notes:

Status:

Update Status

Below the status table, there is a text box for notes. In addition to the Summary field of the complaint, this box allows the reporting provider to enter any notes they would like HCBS Section staff to be aware of. This additional information may include, but is not limited to, information about how to contact the reporting provider directly, or that the reporting provider may be waiting on additional information.

The final step for complaint submission in the WHP is updating the status. Before you can click on the 'Update Status' button you must update the status field first. There are only 2 options;

- 1. Canceled by reporter** - This status will store the complaint to the Reporting provider's history, but will not be routed to Incident Management Specialist (IMS) for review.
- 2. Submit Complaint for review** - This status will submit the complaint to be processed by the assigned Incident Management Specialist (IMS).

Status:

Cancelled by reporter

Submit Complaint for review

Update Status

Once the option is selected, click 'Update Status' to submit the complaint. Once submitted, you are able to click 'Complaints' in the left hand navigation and reopen the complaint. There is a 'Save Copy of Report' button inside the complaint window.

Current Status: Review Complaint Submission

Complaint Status	Status Username	Status Date	Notes
Review Complaint Submission	colleen.noon	2/24/2022 10:23:42 AM	
Pending Initial Entry		2/22/2022 2:01:27 PM	

Notes:

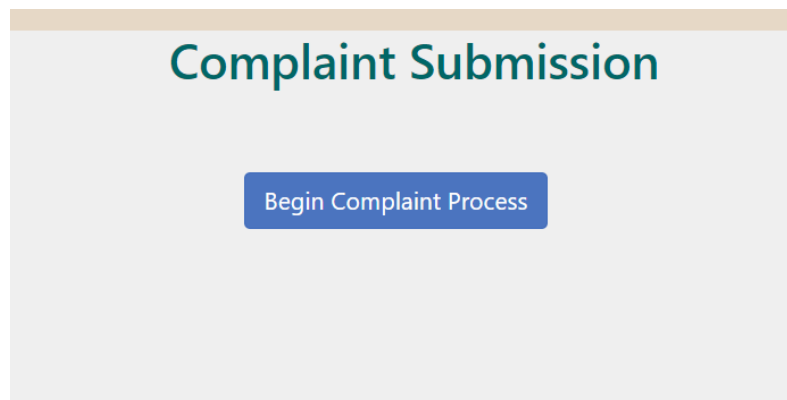
Save Copy of Report

By clicking the button you can download a PDF version of the complaint for your records.

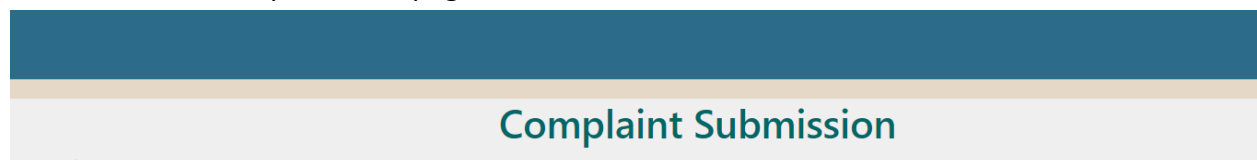
Public Complaint Submission

Begin Complaint Submission

The public complaint submission is for complaints that are not being reported by a provider. This submission option is available for family members of participants, concerned citizens, or any persons not registered in the WHP. Located on the homepage of the HCBS Section website, <https://health.wyo.gov/healthcarefin/hcbs/>, there is a button to submit a complaint for both CCW and DD.



Once clicked it will open a new page, as seen below:



For public complaint submissions, the required fields are:

- Complaint type,
- Location,

- Date,
- Summary

However, it is important to note that the more information provided the more efficiently HCBS Section staff can complete their review.

Enter Reporter Information

Complaint Submission

Reporter Information

Name			
Address	Enter a location		
City		State	
Zip			
Email		Phone	
Relationship to Participant	▼		
County	▼		

Complete as many of the fields as possible

- Name – Enter the your name as the reporting party
- Address – Enter the address of the reporting party
- City – Enter the city s of the reporting party
- State - Enter the state of the reporting party
- Zip - Enter the zip code of the reporting party
- Email - Enter the email the reporting party
- Phone - Enter the phone number the reporting party
- Relationship to Participant – Choose the relationship to the participant from the drop down, if applicable. It could be a provider, family member or community member
- County - Enter the county in which the reporting party is located

Enter Complaint Information

Complaint Information

Complaint Type

☐

Participant unknown or anonymous

☐

Known participant

☐

Not involving a participant

Location description:

Event Date:

mm/dd/yyyy

Summary:

Choose File

No file chosen

Upload File

No documents have been uploaded for this Complaint Submission.

Submit

- **Complaint Type**

- *Unknown or Anonymous* – This option is for participant-centered complaints. Participant –centered complaints can be submitted by participants, on behalf of, about a participant, or concerning care of a participant. Use this option when the participant is unknown or the reporting party wants to keep the participant anonymous. When this option is selected, no additional participant information is needed, users may continue to enter the complaint summary information
- *Known participant* – Use this option when the complaint is participant-centered. Participant –centered complaints can be submitted by participants, on behalf of, about a participant, or concerning care of a participant. Use this option when the participant can be identified and is receiving a service from a Waiver provider. When using this option the user will enter the participants name in the text box

Participant Name:

- *Not a participant* – Use this option when the complaint is not participant-centered. These complaints may be about HCBS Section processes, policies, or other concerns not related to participant care. When using this option the reporting party will enter a subject matter in the text field box

Subject Matter

For example: Provider repeatedly late for Medical appointments

The next several fields will collect the details of the complaint. All of these fields are optional, but the more information provided the more efficiently HCBS staff can complete their review.

Location description:

Date:

Summary:

Upload Documents (if applicable) : No file chosen

No documents have been uploaded for this Complaint.

- **Location description** – Enter a description of the location where the event prompting the complaint occurred. This can be an address, a general description such as ‘the park near the gas station on Elm Street’, or some other description that indicates where the user saw the complaint to occur.
- **Date** – Enter the date the event prompting the complaint occurred.
- **Summary** – Provide a descriptive summary of the complaint. Include as much detail as possible to assist HCBS Section staff in their review
- **Upload Documents** – If the reporting party has documentation they’d like to provide, they can upload it here
 - *Choose file* – click this button to get a window to choose the document to be uploaded
 - *‘Upload’ button* – once the document has been chosen, you MUST click the ‘Upload’ button for the document to be uploaded. Once uploaded the document will appear below

Upload Documents (if applicable) : No file chosen

View	Document Name
	test 4.png

Once the information has been entered as needed, click the submit button

Submitted Complaints

Complaint Submission Confirmation

You have successfully submitted a complaint report to the Wyoming Department of Health.

The report number assigned to this complaint submission is: 1040 1

[Save Copy of Report](#) 2

After the complaint is submitted, a confirmation page will appear. This page allows two things:

1. This is the complaint number. If you need to reference the complaint with the IMS, this will be the number to use
2. The 'Save Copy of Report' button allows the user to download a PDF copy of the completed complaint. The complaint number is part of the downloaded file name as well