

Alabama

I. Scope and Applicability

A. Who is subject to the state's grievance regulations? A health maintenance organization shall have an enrollee complaint process. [Ala. Admin. Code r. 420-5-6-.08\(1\)](#)

1. **HMOs?** Yes.
2. **Insurers?** No provision.
3. **Utilization Review Organization?** No provision.
4. **ACOs?** No provision.
5. **PPOs?** No provision.
6. **Third Party Administrators?** No provision.

B. What terms does the state use to refer to regulated entities? Health maintenance organization

C. What activities does the state include in its definition of grievance? The enrollee complaint process must include an informal review, a formal review, and an expedited formal review of complaints over the availability, delivery, or quality of care, claims payment, handling, or reimbursement for health care services, matters pertaining to the administrative or contractual relationship, or both, between an enrollee and the HMO. Issues which can be resolved by telephone to the enrollee's satisfaction shall not be classified as a complaint. [Ala. Admin. Code r. 420-5-6-.08\(1\)](#)

D. What exemptions are provided, if any? No provision.

II. Regulatory Information

A. Responsible State Agency (which agency oversees Grievance)?

Alabama Department of Public Health

B. Contact Information for the State Agency.

1. **Name and Title:** Managed Care Compliance, Bureau of Health Provider Standards
2. **Address:** The RSA Tower, Suite 734; Physical Address: 201 Monroe Street, Montgomery, AL 36104;

Mailing Address: P.O. Box 303017, Montgomery, AL 36130

3. Phone and Facsimile: Phone: (334) 206-5300, 1-800-ALA-1818; Facsimile: (334) 206-5219

4. Email: Click [here](#)

5. Website: <http://www.alabamapublichealth.gov/mcc/index.html>

III. Registration/Licensure Requirements

A. What entities are required to obtain a license? No provision.

B. Renewal period? No provision.

C. Licensure fees? No provision.

D. Licensure documentation when applying or upon renewal? No provision.

E. Accreditation waiver or "deemed" status? No provision.

IV. Program Requirements

A. Reporting or record keeping requirements? Yes.

a. Duration? No provision.

b. Information to be kept from each grievance? All informal, formal, and expedited complaints must be entered into a written or backed-up automated log. The log should include the nature of the complaint, date received, date action taken by the plan and date enrollee notified. [Ala. Admin. Code r. 420-5-6-.08\(4\)\(a\)](#)

c. Information for report to Commissioner? The health maintenance organization shall maintain records of all complaints and shall include in quarterly and annual reports to the Department the total number of complaints received and the number of complaints unresolved. [Ala. Admin. Code r. 420-5-6-.08\(8\)](#)

B. Grievance System Requirements? Yes.

a. General Overview. A health maintenance organization shall have an enrollee complaint process, to include an informal review a formal review and an expedited formal review for the prompt resolution of claims. [Ala. Admin. Code r. 420-5-6-.08\(1\)](#)

b. Tracking/Monitoring

Requirements? Inquiries shall be tracked and trended by issue involved to allow the health maintenance organization to identify systemic or commonly occurring areas. Inquiry means normal business operations verbally or in writing between the health maintenance organization and enrollees.

[Ala. Admin. Code r. 420-5-6-.08\(1\)\(a\)](#)
The health maintenance organization shall maintain a record which demonstrates the health maintenance organization has considered all aspects of the enrollee's complaint. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(a\)](#)

c. Notification Requirements? The complaint process, including the informal, formal, and expedited processes, must be fully described in enrollee contracts and enrollee handbooks. [Ala. Admin. Code r. 420-5-6-.08\(3\)](#)

d. Telephone Access Requirement?

A health maintenance organization shall have a designated Alabama phone number and address for the receipt of enrollee complaints. [Ala. Admin. Code r. 420-5-6-.08\(2\)](#)

e. Financial Incentives Provision?

No provision.

V. Reviewer Qualifications**A. Grievance reviewer requirements?**

The medical director for the health maintenance organization shall determine the need to consult qualified specialty consultants during the formal review process. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(e\)](#)

B. Medical director requirements? No provision specifically for grievances; however, a health maintenance organization shall identify a physician who shall serve as medical director of the Alabama health maintenance organization. [Ala. Admin. Code r. 420-5-6-.11\(2\)](#)

C. Same state licensure requirements?

Yes, for medical director.

D. Offshore reviews permitted? No provision.

VI. Grievance Process

A. General Overview. A health maintenance organization shall have an enrollee complaint process, to include an informal review a formal review and an expedited formal review for the prompt resolution of claims. [Ala. Admin. Code r. 420-5-6-.08\(1\)](#)

B. Informal Complaint Process? Yes. Informal complaints refer to those issues that are not resolved to the member's satisfaction at the inquiry level or for which the enrollee requests a written response.

[Ala. Admin. Code r. 420-5-6-.08\(1\)\(b\)](#)

1. Timeframe to File? No provision.

2. Opportunity to File Additional Information? Yes.

a. Timeframe? No provision.

b. Types of Information? No provision.

3. Timeframe for Determination? A decision regarding an informal complaint and the mailing of notice to the enrollee must take place within 45 calendar days of receipt of the informal complaint. [Ala. Admin. Code r. 420-5-6-.08\(5\)\(a\)](#)

4. Information to be Included in Decision? The notification must detail the outcome of the informal complaint and in the case of an adverse outcome, advise of the right to file a formal complaint. [Ala. Admin. Code r. 420-5-6-.08\(5\)\(a\)](#)

5. How must Notice be Communicated? Must mail a written response. [Ala. Admin. Code r. 420-5-6-.08\(5\)\(a\)](#)

C. Formal Complaint Process? Yes.

Formal complaints are the subsequent written expression by or on behalf of an enrollee regarding the resolution of an informal complaint. Discussions between a provider and the health maintenance organization during the utilization review process do not constitute a formal complaint. Authorization from the enrollee shall not be required for the provider's involvement in the utilization review process. [Ala. Admin. Code r. 420-5-6-.08\(1\)\(c\)](#)

1. Timeframe to File? A formal complaint shall be filed within 12 months of the health maintenance organization's receipt of the informal

complaint. [Ala. Admin. Code r. 420-5-6-.08\(5\)\(b\)](#)

2. Opportunity to File Additional Information? Yes.

a. Timeframe? No provision.

b. Types of Information? The enrollee and any other party of interest may provide pertinent data. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(b\)](#)

3. Timeframe for Determination?

Within 30 calendar days of receipt of the written formal complaint. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(g\)](#)

4. Information to be Included in Decision?

The enrollee must receive written notification regarding the resolution of the formal complaint within 5 working days of the decision detailing the outcome of the formal complaint. The notification shall provide notice that the enrollee may appeal to the state complaint committee through the State Health Officer or the Commissioner of the Alabama Department of Insurance. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(g\)](#)

5. How must Notice be Communicated?

Written notification.

6. Review Panel Requirements?

Yes. The enrollee shall have the right to appear before the formal complaint committee. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(d\)](#). A review of the formal complaint shall be conducted by a committee of one or more individuals, who may be employees of the health maintenance organization. Committee members representing the health maintenance organization shall be employed by the health maintenance organization and be familiar with the policies and procedures of the Alabama health maintenance organization. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(f\)](#)

D. Expedited Reviews of Grievances?

Yes.

1. Timeframe to File Grievance? No provision.

2. Plan Requirements for Urgent Grievances? The formal complaint committee will consider enrollee or provider requests for an expedited formal complaint review of an adverse medical necessity decision in the

utilization review process. The request must support the fact that a standard response time could seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(h\)](#)

3. Timeframe for Determination? As soon as possible but no later than 3 working days after receipt. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(h\)](#)

4. Information to be Included in Decision?

The notification shall provide notice that the enrollee may appeal to the state complaint committee through the State Health Officer or the Commissioner of the Alabama Department of Insurance. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(h\)](#)

5. How must the Notice be Communicated?

The provider's office will be notified either electronically or in writing on the day of the decision or on the next business day if the provider's office is closed, followed by written notification to the provider and enrollee. [Ala. Admin. Code r. 420-5-6-.08\(6\)\(h\)](#)

VII. Recognition of URAC Accreditation Status? No provision.

VIII. Adopted NAIC Health Carrier Grievance Procedure Model Act? No.

Regulator review pending.

Updated by RegQuest staff on February 12, 2018.