

Complaint Intake Report regarding the Ballad Health Certificate of Public Advantage (COPA)

To report a potential violation of the Terms of Certification (TOC) please indicate, by marking the related box(es) below, which section of the TOC may have been violated.

For reference, the Terms of Certification can be accessed here:

<http://www.tn.gov/content/dam/tn/health/documents/copa/TOC-Ballad-Health-1.31.18.pdf>

- | | |
|---|--|
| <input type="checkbox"/> Section 3.02 – Access | <input type="checkbox"/> Section 4.03 – Access to Healthcare |
| <input type="checkbox"/> Section 3.03 – Health Research/Graduate GME | <input type="checkbox"/> Section 4.04 – Board Governance |
| <input type="checkbox"/> Section 3.04 – Population Health | <input type="checkbox"/> Section 4.05 – Bond Matters |
| <input type="checkbox"/> Section 3.05 – Health Information Exchange | <input type="checkbox"/> Section 4.06 – Plan of Separation |
| <input type="checkbox"/> Section 3.06 – Ballad Plans | <input type="checkbox"/> Section 5.02 and 5.03 – Health Insurance Plan Matters |
| <input type="checkbox"/> Section 3.07 – Facility Capital Expenses | <input type="checkbox"/> Section 5.04 – Competing Services |
| <input type="checkbox"/> Section 3.08 – Employee Benefits/Protections (e.g., pay, benefits) | <input type="checkbox"/> Section 5.05 – Physician Services |
| <input type="checkbox"/> Section 4.02 – Quality of Care (see below) | <input type="checkbox"/> Section 5.06 – Vendor Contracts |
| | <input type="checkbox"/> Exhibit E – Essential Services |

Facility (if applicable):	Date of Event:
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Section 4.02 – **Quality of Care**, covers patient care standards, compliance standards and regulations, reporting standards and regulations, etc. The Tennessee Board for Licensing Health Care Facilities handles these types of complaints. Please report those concerns at www.tn.gov/health/health-professionals/hcf-main/filing-a-complaint.html.

Summary of Allegation/Complaint (detail how it specifically violates the Terms of Certification):

(Please submit additional pages if your complaint description requires more room.)

Person Making Complaint/Report:			
Home Address:		Home Phone: ()	
City:	State:	Zip:	
Email Address:		Date/Time Report Completed:	

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