NEW YORK STATE | Department of Health

NY Statewide Senior Action Council

February 25, 2025

Division of Hospitals and Diagnostic & Treatment

NYS Statewide Senior Action Council
March 19, 2024
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Center’s Centralized Intake Program (CHIP)

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What facilities are under the Division?

The Division of Hospitals and Diagnostic and Treatment Centers (D&TCs) is under the regulatory authority of Article 28, Section 3401 of the Public Health Law (PHL), and Title 10 of the New York Codes of Rules and Regulations (NYCRR), Sections 405 and 751.

- The Division is responsible for the regulatory oversight of:
  - all hospitals and their off-campus sites (hospital extension clinics) and
  - diagnostic and treatment centers (D&TCs) including clinics, ambulatory surgery centers and end stage renal disease facilities (dialysis centers).

Complaint Process

- A complaint allegation is an assertion of noncompliance with Federal and/or state health and safety requirements.
- Complaints are reviewed by professional clinical staff in date order.
- The Centers for Medicare and Medicaid Services (CMS) requires the assessment of the severity (priority), urgency (timeframe) of allegations received, and frequency of complaints against a facility.
- There are three objectives during review of facilities:
  - oversight to ensure they are following regulatory requirements;
  - protecting the health and safety of patients; and
  - promoting efficiency and quality within healthcare systems.

Complaint Process Continued

- Complaints must include sufficient detail including but not limited to:
  - when did the complaint occur?
  - where did the complaint occur?
  - what occurred that lead to the filing of the complaint (i.e. detailed information about the complaint)?
- If the information provided is insufficient to make a determination, the Department may contact the complainant.
- Complaints may be forwarded to other agencies for follow-up and/or investigation if the topic is not within the purview of the Program.

Complaint Filing and Investigation

- The Department follows Section 5070 of the Centers for Medicare and Medicaid Services' (CMS) interpretive guidelines as a basis for determining how complaints will be triaged and investigated.

- CMS requires us to determine a facility's current compliance with applicable codes, rules and regulations that hospitals must abide by.

- It is not possible to determine a facility's current compliance when we are reviewing issues that occurred more than 1 year ago.

Complaint Filing and Investigation

- Complaints can be submitted using the online complaint form or submission of the complaint via letter or email.

- Not all complaints will be investigated by the Division. All complaints are reviewed by professional clinical staff using established guidelines to determine if a complaint will be assigned for investigation.

- Generally, only those complaints concerning issues that occurred within the past year will be considered (Centers for Medicare and Medicaid requirement).

Complaints Not Handled by the Division

Billing issues:

- Exceptions to this include complaints related to financial assistance: (https://profiles.health.ny.gov/hospital/pages/billing)
- Billing for sexual assault examinations: (https://ovs.ny.gov/forensic-rape-examination-fre-direct-reimbursement-program).
- All other billing issues visit: https://ag.ny.gov/bureau/health-care-bureau.
- Psychiatric care complaints about units or facilities regulated by the Office of Mental Health (OMH) visit: https://www.omh.ny.gov or 1-800-597-8481.

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Additional Complaints Not Handled by the Division

- Detoxification care complaints about units or facilities regulated by the Office of Alcoholism and Substance Abuse Services (OASAS) visit: https://www.oasas.ny.gov or 1-800-553-5790.
- Those related only to the care provided by a physician in private practice: https://www.health.ny.gov/professionals/doctors/conduct/ or 1-800-663-6114.
- Attitudes of facility or clinical staff. The patient representative at the facility can be contacted for this issue.

How do I submit a complaint?

Complaint forms can be submitted electronically to Complaints about New York State Hospitals and Diagnostic and Treatment Centers | New York State Department of Health (ny.gov).

If unable to submit electronically or print the form, or for any other questions, we can be reached at 1-800-804-5447.

Mailing address:

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237

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Tips for Completing the Complaint Form

- Before filing a complaint using the online complaint form, concern or inquiry, first review and select from the Subject Drop-down List to see if the question or concern can be directed to other offices within the Department of Health, or to another State agency.

- If there are multiple questions which relate to different subjects, a complaint can be submitted for each subject separately. For example, if the complaint is pertaining to a different individual, or facility, or reason for the complaint.

On-Line Facility Complaint form

Facility Complaint Form

Contact Information

Providing information about you will allow Department staff to contact you should additional information be needed. It is our policy to keep your name confidential. It may be necessary to share the nature of your complaint or the patient's name with the facility. Please do not attach **any additional** information such as medical records, as it will not affect the outcome of the decision.

Date
Date: Month
Jan

Date: Day
22

Date: Year
2024

First Name
Last Name

Please provide your contact information for the Department

Street Address
City
State
New York
Zip

Daytime Phone
Alternative Phone

Email Address

How are you related to the patient?

How would you like to receive a written response to your complaint? Check one:

- Encrypted Email
- Postal Mail

Do you wish to remain anonymous?

Do you wish to remain anonymous?

- No
- Yes

Patient Information

First Name
Last Name

Date of Birth (month/day/year):
Date of Birth (month/day/year):: Date

Date of Admission or Visit:
Date of Admission or Visit:: Month
Month

Date of Admission or Visit:: Day
Day

Date of Admission or Visit:: Year
Year

Reason for Admission or Visit:
Date of Discharge, if applicable (month/day/year):
Date of Discharge, if applicable (month/day/year):: Month
Month

Date of Discharge, if applicable (month/day/year):: Day
Day

Date of Discharge, if applicable (month/day/year):: Year
Year

Facility Information

Facility Name
Facility Address

Complaint Information

When did the problem occur (date and time)?
When did the problem occur (date and time)? : Year
Year

When did the problem occur (date and time)? : Month
Month

When did the problem occur (date and time)? : Day
Day

When did the problem occur (date and time)? : Hour
Hour

When did the problem occur (date and time)? : AM/PM

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On-Line Facility Complaint form

Patient Information

First Name

Last Name

Date of Birth (month/day/year):
Date of Birth (month/day/year):: Date

Date of Admission or Visit:
Date of Admission or Visit:: Month
Month

Date of Admission or Visit:: Day
Day

Date of Admission or Visit:: Year
Year

Reason for Admission or Visit:
Date of Discharge, if applicable (month/day/year):
Date of Discharge, if applicable (month/day/year):: Month
Month

Date of Discharge, if applicable (month/day/year):: Day
Day

Date of Discharge, if applicable (month/day/year):: Year
Year

Facility Information

Facility Name

Facility Address

Complaint Information
When did the problem occur (date and time)?
When did the problem occur (date and time)? : Year
Year

When did the problem occur (date and time)? : Month
Month

When did the problem occur (date and time)? : Day
Day

When did the problem occur (date and time)? : Hour
Hour

When did the problem occur (date and time)? : AM/PM

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Contact Information

- Thank you for your hard work and partnership.
- We appreciate all the work that you are doing daily to keep the communities you serve safe during these difficult times.
- Please email hospinfo@health.ny.gov if you have any questions.