



## **IMS Process for Handling Complaints Regarding IMS Accredited Providers**

### **A. Complaint Status and Statute of Limitation**

1. IMS will review all complaints of non-compliance brought against IMS accredited CME providers. Complaints are written notifications to the Iowa Medical Society (IMS) by a third party which claim that an IMS accredited provider is not in compliance with IMS/ACCME rules (defined herein as IMS Policies, ACCME Standards for Commercial Support, Essential Areas and Elements<sup>SM</sup> and accreditation criteria required by IMS) with regard to one or more of its activities. A complaint may refer to an individual activity/series or the accredited CME program as a whole.
2. To receive status as a complaint, the written notification must identify the accredited provider, identify the CME activity in question (if applicable) and confirm the name, U.S. Postal Service address and contact information of the person making the complaint.
3. The statute of limitation of the length of time during which an accredited provider must be accountable for any complaint received by IMS is 12 months from the date a live activity ended, or in the case of a series, 12 months from the date of the session which is in question. Providers are accountable for an enduring material during the period of time it is being offered for CME, and 12 months thereafter.
4. IMS may initiate a complaint against an accredited provider.

### **B. Procedure for Complaint Review and Provider Response**

1. The co-chairs of the IMS Committee on CME Accreditation will review the complaint to determine whether it relates to the manner in which the provider complies with IMS' rules.
2. To the extent feasible, IMS will not disclose the identity of the complainant during the complaint process; however, the identity of a complainant may be evident due to the circumstances of the complaint, and the complainant's identity may be revealed in a legal proceeding.

3. If the complaint is deemed to not relate to the provider's compliance with IMS rules, the complainant will be notified of IMS' position in writing. The complaint process will be closed.
4. Complaints deemed as relating to the provider's compliance with IMS rules, IMS staff will issue a letter of inquiry to the provider via certified mail, describing the nature of the complaint. The letter will request a response in which the provider may offer its interpretation of how it complies with IMS rules. IMS will provide a redacted copy of the written complaint to the notice. The identity of the complainant will be deleted from the complaint.
5. The provider will submit a letter to IMS within 45 days of receiving the notice of a complaint, admitting to the allegations of the complaint or a rebuttal disputing the allegations. Providers submitting a rebuttal are asked to provide evidence to support their claims with a letter to IMS. The provider's failure to provide information requested by IMS within the 45 day time limit may contribute to a finding of non-compliance. The IMS Committee on CME Accreditation may require an immediate full or focused on-site survey and/or change in the provider's accreditation status to probation. The provider will be informed in writing of such action and that a change of status to non-accreditation may occur if the provider has failed to respond to the request for information in the manner stipulated by IMS.

### **C. IMS Findings and Decisions**

1. Upon receipt of the provider's response, the co-chairs of the IMS Committee on CME Accreditation shall determine whether additional information is necessary and may request such information from the provider. Once the co-chairs determine that the information submitted is adequate, the provider will be found in compliance or in non-compliance for that activity. The completed process and the findings will be kept confidential by IMS, with the exception of IMS' response to a lawful subpoena or other legal process; provided, however, that IMS reserves the right to make public the non-compliance issue without naming the provider which was in non-compliance.
2. A provider found in compliance will receive written notice from IMS regarding the judgment. The materials submitted during the inquiry will not be referenced during the reaccreditation process.
3. A provider found in non-compliance will receive a decision letter from IMS. The areas of non-compliance will be enumerated in the decision letter to the provider.
  - a. If an activity is found to be in noncompliance with the ACCME Standard for Commercial Support<sup>SM</sup> 1 (Independence), Standard for Commercial Support 5 (Content and Format without Commercial Bias), or the Content

Validation Value Statement, the accredited provider is required to provide corrective information to the learners, faculty and planners. The provider will submit to IMS a report describing the action that was taken and the information that was transmitted. Providers will determine how to communicate the corrective information and are under no obligation to communicate that the activity was found in noncompliance with IMS/ACCME requirements.

4. IMS may require the provider found in non-compliance to submit documentation of corrective action within 30 days of receipt of the notice they were found in non-compliance. The provider will be notified that failure to correct the deficiencies may result in immediate resurvey, which may affect the provider's accreditation status.
  - a. IMS staff will review the notice of corrective action for adequacy and will summarize, and present the notices to the IMS Committee on CME Accreditation. If the response is adequate, it will be kept in the provider's file to be included in the reaccreditation process. In the event that the response is found to be inadequate, the IMS Committee on CME Accreditation may request additional information or an immediate resurvey and/or change in accreditation status to probation.
  - b. Should a provider fail to respond to a request for a notice of corrective action, the IMS Committee on CME Accreditation may request an immediate on-site survey and/or change in accreditation status to probation.
  - c. Change of status to probation may automatically occur 15 days after the due date indicated by IMS in the written request for corrective action, if the provider fails to submit the required documentation or corrective action.
5. The provider may be asked to submit a monitoring progress report at a time determined by IMS Committee on CME Accreditation, and will be notified that failure to respond or to correct the deficiencies may result in an immediate resurvey, which may affect the provider's accreditation status.
  - a. The co-chairs of the IMS Committee on CME Accreditation will review the provider's monitoring report and determine its adequacy.
  - b. If the monitoring progress report adequately describes and documents compliance, it will be accepted.
  - c. If the monitoring progress report does not adequately describe and/or document compliance, it will not be accepted.

- d. Change of status to probation may automatically occur 30 days after the due date set by IMS in the written request for a monitoring progress report, if the provider fails to submit the required report. Each instance of a failure by a provider to respond described in this paragraph shall be considered a “failure to submit.”
6. If the provider is found in non-compliance, documents related to the complaint review (such as notice of a complaint, the complaint, provider’s response, documentation of corrective action, or monitoring progress report) will be placed in provider’s file and made available to the survey team and IMS Committee on CME Accreditation as part of the IMS re-accreditation process.
7. At any point in the complaint process, IMS reserves the right to require an immediate full or focused accreditation survey, including a full or focused self-study report and interview.
  - a. Change of status to probation may automatically occur 45 days from the time the provider receives a request for information/response from IMS if the provider has failed to provide a response or provide the requested information.
8. IMS may change the provider’s accreditation status to probation or non-accreditation; if the provider fails to convert non-compliance to compliance via documentation of corrective action, monitoring progress report, or other remedial measures. IMS reserves the right to change the provider’s accreditation status to probation or non-accreditation. Notice of any action taken by the IMS Committee on CME Accreditation will be communicated in writing to the provider and the party that submitted the complaint.
9. Change of status to non-accreditation may occur 30 days from the date a provider was placed on probation for failure to submit information or a response, documentation of corrective action or a monitoring progress report, if the provider has still failed to submit the required information and/or documentation. Change of status to probation or non-accreditation for failure to submit does not require committee action.
10. IMS will send a notice to the provider of a change of status in a manner that confirms receipt (e.g., e-mail, USPS certified mail, FedEx-type courier).
11. Except for an automatic change in status due to a provider’s “failure to submit” a provider’s compliance must be reviewed by the IMS Committee on CME Accreditation in order to either: a) change the provider’s accreditation status to probation or non accreditation or: b) proceed with a full or focused accreditation survey, including a full or focused self-study report and interview.