

### QUARTERLY GRIEVANCES and COMPLAINTS REPORT

	HEALTH PLAN:		Reporting Year:		Reporting Quarter:		
	Core Rlte Care	CSN	RHP	RHE (ACA)	NHP ONLY	NHP ONLY RHO	AE
Number of Grievances:							
Number of Complaints:							

DRAFT - Final templates to be provided to awarded Contractors.













Term	Definitions
<b>Complaint</b>	A complaint is an expression of dissatisfaction about general topics relating to disrespectful interactions or quality of care; the member informs the Plan of dissatisfaction but chooses not to submit a formal grievance. You have a problem calling the plan.
<b>Grievance</b>	A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to (1) quality of care or services provided (2) aspects of interpersonal relationships such as rudeness of a provider or employee (3) failure to respect the member’s rights regardless of whether remedial action is requested (4) right to dispute an extension of time proposed by the MCO to make an authorization decision (5) request for disenrollment
Grievance/Complaint	<b>Select from drop-down.</b>
Case Number	Unique number for each individual Complaint of Grievance.
Identifier	Number for each Individual. (Individuals may have multiple Complaints and/or Grievances. (May be Member ID, etc.)
Date Received	Date Complaint / Grievance received.
Date Complete	Date Complaint / Grievance resolved.
AE	Accountable Entity - <b>Select from drop-down.</b>
Grievance Reasons	<b>Select from drop-down.</b>
Comments	Additional information.
<b>Grievance Reasons</b>	
Access to Care	Access issues due to appointment setting, lack of culturally competent care, delayed treatment, access to specialized provider, delayed referrals, etc.
Balance Billing	Complaint due to provider balance billing for Medicaid service.
Customer Service	Complaint from member or family member pursuant to the customer experience from the MCO, MCO subcontractor or AE.
Complaint	A complaint is an expression of dissatisfaction about general topics relating to disrespectful interactions or quality of care; the member informs the Plan of dissatisfaction but chooses not to submit a formal grievance.
Parity	Grievance pertaining to delayed care or appointment setting, referral from PCP, or provider network or differences in level of care compared to medical/surgical care.
PCP Assignment	Any question or concern that the member has relating to PCP Assignment.
Pharmacy	Grievance relating to formulary concern, network concern, subcontractor concern or treatment at point of service.

Quality of Care

A complaint surrounding a service that the member received that was not timely or correct, long wait times getting an appointment for a test or with a specialist, long travel distance to provider, referral to incorrect type of specialist, provider staff rude to member, or lack of respect of member rights.

Request to Disenroll

Request to disenroll due to dissatisfaction with plan, change of residence, ineligibility, etc.

Other

Include description in Comments column.

DRAFT - Final templates to be provided to awarded Contractors.