**Grievance and Appeal Report**

**Member Issues Log ‐ Report Specifications**

**(Revised 5/30/2018)**

Effective July 1, 2018, all health plans must provide a log of their closed and open grievance and appeal cases. These logs were previously provided on a quarterly basis but will now be reported monthly.

MO HealthNet will utilize monthly logs to better monitor these cases. Logs will also be used to confirm the required actions have been completed by the health plan prior to considering the case for a State fair hearing.

To eliminate confusion and streamline the collection of this information, separate logs should be submitted. One log for CLOSED cases and a separate log for OPEN cases.

The following pages provide detailed specifications for both logs.

**File 1: Closed Log**

**Grievance and Appeal Report: Member Issues CLOSED Log Instructions**

* Report only CLOSED cases on this log.
* Report CLOSED grievances and appeals for your MO HealthNet membership. Review the contract to be clear on the contractual definitions for grievances and appeals. ALL of these need to be reported on this log.
* For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
* Submit report in a pipe‐delimited ASCII (or DOS) file format. DO NOT save as a Unicode file format. Your IT people will understand the distinction.
* The first row of the pipe‐delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.
* DO NOT INCLUDE THE PIPE CHARACTER (“|”) IN YOUR ACTUAL DATA. The pipe character is ONLY to be used as a delimiter between fields. If you include pipes in your descriptions of events or elsewhere in your data, your file will not import properly and will need to be corrected and resubmitted.
* It’s a good idea to search your data for pipes and replace any that are found BEFORE saving your data as a pipe‐delimited file. Good replacement characters for pipes are dashes, underscores, backslashes, and forward‐slashes. (But it’s a better idea to simply not use them in your data in the first place!)
* DO NOT USE COMMAS in your number values. For example, report 1234 and NOT 1,234.
* All Date fields must use a 4‐digit year.

**File 1: Closed Log - Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| CalYear | Number |  | The year that the issue was resolved. Report the 4‐digit calendar year. |
| CalMonth | Text | Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec | Report the month that the issue was resolved using only the Acceptable Values. |
| HealthPlanName | Text | HomeState MissouriCare UnitedHealthcare | Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list. |
| HealthPlanRegion | Text | Eastern Central Western  Southwestern | Report the Health Plan Region using only the Acceptable Values. |
| DCN | Text |  | The Health Plan member's 8‐digit MHD identification number. Format as text to retain any leading zeros. |
| OpenOrClosed | Text | Closed | The only acceptable value that should appear in this field is Closed. Open cases should not appear on this report. |
| InitiatedBy | Text | Member Provider Parent/Guardian Ombudsman  Other | Report InitiatedBy using only the Acceptable Values. |
| InitiatedBy\_ExplanationOfOther | Text |  | A description of who initiated the  issue for any 'InitiatedBy' value of 'Other'. |
| IssueType | Text | Appeal  Grievance | Report the IssueType using only the  Acceptable Values. |

**File 1: Closed Log - Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| IssueID | Text |  | This is the internal tracking ID assigned to the appeal or grievance by your Health Plan. To allow for plans that include letters in their Issue ID, this field has a "Text" data type. |
| IssueCategory | Text | Access Attitude/Service Billing/Finance Quality of Care  Quality of Practitioner Office Site  Other | Report the IssueCategory using only the Acceptable Values. |
| IssueCategory\_ExplanationOfOther | Text |  | A description of the issue category for any 'IssueCategory' value of 'Other'. |
| InitiatedHow | Text | Phone Letter Verbal Fax  Email | Report InitiatedHow using only the Acceptable Values. |
| ServiceType | Text | Dental  DME/Home Health/Personal Care Emergency Room  Health Plan Hearing Aid Inpatient  Laboratory, Radiology, and Other Diagnostic Services Mental Health/Substance Abuse  Optical Outpatient/Outpatient Clinic Pharmacy  Primary Care  Rehab Services (OT, PT, ST) Specialist Care Transportation  Other | Report the ServiceType the issue pertains to, using only the Acceptable Values. |
| ServiceType\_ExplanationOfOther | Text |  | A description of the service type for any ServiceType value of 'Other'. |

**File 1: Closed Log - Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| MHDIssueCode | Number | 100 Health Plan/Provider Policy 110 Provider Staff Behavior 120 Health Plan Staff Behavior 130 Appointment Availability  140 Network Adequacy/Availability  150 Waiting Times (office, transportation) 160 Condition of Office/Transportation 170 Treatment Plan/Diagnosis  180 Provider Competency  190 Interpreter  200 Fraud and Abuse of Services  210 Recipient receiving bills/ provider requests payment before rendering services 220 Health Plan Information  230 Provider Communication  240 Member Rights  300 Service Denial  310 Service Reduction, suspension or termination 320 Payment Denial  330 Timeliness of Service | Report the MHDIssueCode using only the Acceptable Values. For this field, we will accept the 3‐digit number alone, or the 3‐digit number in combination with the description.  The description alone is NOT acceptable. |
| MHDIssueCode\_ExplanationOfOther | Text |  | A brief description of the Issue for any 'MHDIssueCode' value of '350 (Appeal  Code) Other'. |
| DateReceived | Date |  | The date the grievance or appeal was received (either orally or in writing) by the health plan. Format date as  mm/dd/yyyy. |
| DateAcknowledgementLetterSent | Date |  | The date of the written acknowledgement of the grievance or appeal sent to the member. Format date as mm/dd/yyyy. |
| ExpeditedReview | Text | Y N  N/A | Report ExpeditedReview using only the Acceptable Values. |
| SummaryOfIssue | Text |  | Provide a short summary of the issue, including a clear understanding of why the member brought forward the issue. |

**File 1: Closed Log - Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| SummaryOfIssueResolution | Text |  | Provide a short summary of the steps the health plan took to resolve the issue, including a clear understanding of how it was resolved. |
| ExtendedReviewRequested | Text | Y – Health Plan Requested Y – Member Requested  N | Report the ExtendedReviewRequested using only the Acceptable Values. |
| ExtendedReviewRequestDate | Date |  | Indicate the date of any request to extend the grievance or appeal review period. Format date as mm/dd/yyyy. Leave blank if no extension was  requested. |
| IssueResolutionDate | Date |  | The date the issue was resolved.  Format date as mm/dd/yyyy. |
| IssueResolutionNoticeSentDate | Date |  | The date the written notice of resolution is sent to the member by the health plan. Format date as  mm/dd/yyyy. |
| IssueResolution | Text | Appeal Upheld (Denied) Appeal Overturned (Approved) Appeal Partially Overturned  Grievance Completed | Report the IssueResolution using only the Acceptable Values. |
| TimelyIssueResolution | Text | Y N | Report the TimelyIssueResolution using only the Acceptable Values. |

**File 2: Open Log**

**Grievance and Appeal Report: Member Issues OPEN Log Instructions**

* Report only OPEN cases on this log.
* Report OPEN grievances and appeals for your MO HealthNet membership. Review the contract to be clear on the contractual definitions for grievances and appeals. ALL of these need to be reported on this log.
* For fields with an Acceptable Values list, include ONLY items from that list. Be sure they are spelled EXACTLY as given in the specifications. Even minor deviations in spelling may result in your submission being rejected.
* Submit report in a pipe‐delimited ASCII (or DOS) file format. DO NOT save as a Unicode file format. Your IT people will understand the distinction.
* The first row of the pipe‐delimited file MUST contain the field names, EXACTLY as indicated in the specifications. Do NOT change spelling or add spaces to field names.
* DO NOT INCLUDE THE PIPE CHARACTER (“|”) IN YOUR ACTUAL DATA. The pipe character is ONLY to be used as a delimiter between fields. If you include pipes in your descriptions of events or elsewhere in your data, your file will not import properly and will need to be corrected and resubmitted.
* It’s a good idea to search your data for pipes and replace any that are found BEFORE saving your data as a pipe‐delimited file. Good replacement characters for pipes are dashes, underscores, backslashes, and forward‐slashes. (But it’s a better idea to simply not use them in your data in the first place!)
* DO NOT USE COMMAS in your number values. For example, report 1234 and NOT 1,234.
* All Date fields must use a 4‐digit year.

**File 2: Open Log - Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| CalYear | Number |  | The current reporting year. Report the 4‐digit calendar year. |
| CalMonth | Text | Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec | Report the month that the issue was opened using only the Acceptable Values. |
| HealthPlanName | Text | HomeState MissouriCare UnitedHealthcare | Report the Health Plan Name using only the Acceptable Values. NOTE that there are NO SPACES in the plan names in the Acceptable Values list. |
| HealthPlanRegion | Text | Eastern Central Western  Southwestern | Report the Health Plan Region using only the Acceptable Values. |
| DCN | Text |  | The Health Plan member's 8‐digit MHD identification number. Format as text to retain any leading zeros. |
| OpenOrClosed | Text | Open | The only acceptable value that should appear in this field is Open. Closed cases should not appear on this report. |
| InitiatedBy | Text | Member Provider Parent/Guardian Ombudsman  Other | Report InitiatedBy using only the Acceptable Values. |
| InitiatedBy\_ExplanationOfOther | Text |  | A description of who initiated the  issue for any 'InitiatedBy' value of 'Other'. |
| IssueType | Text | Appeal  Grievance | Report the IssueType using only the  Acceptable Values. |

**File 2: Open Log – Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| IssueID | Text |  | This is the internal tracking ID assigned to the appeal or grievance by your Health Plan. To allow for plans that include letters in their Issue ID, this field has a "Text" data type. |
| IssueCategory | Text | Access Attitude/Service Billing/Finance Quality of Care  Quality of Practitioner Office Site  Other | Report the IssueCategory using only the Acceptable Values. |
| IssueCategory\_ExplanationOfOther | Text |  | A description of the issue category for any 'IssueCategory' value of 'Other'. |
| InitiatedHow | Text | Phone Letter Verbal Fax  Email | Report InitiatedHow using only the Acceptable Values. |
| ServiceType | Text | Dental  DME/Home Health/Personal Care Emergency Room  Health Plan Hearing Aid Inpatient  Laboratory, Radiology, and Other Diagnostic Services Mental Health/Substance Abuse  Optical Outpatient/Outpatient Clinic Pharmacy  Primary Care  Rehab Services (OT, PT, ST) Specialist Care Transportation  Other | Report the ServiceType the issue pertains to, using only the Acceptable Values. |
| ServiceType\_ExplanationOfOther | Text |  | A description of the service type for any ServiceType value of 'Other'. |

**File 2: Open Log – Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| MHDIssueCode | Number | 100 Health Plan/Provider Policy 110 Provider Staff Behavior 120 Health Plan Staff Behavior 130 Appointment Availability  140 Network Adequacy/Availability  150 Waiting Times (office, transportation) 160 Condition of Office/Transportation 170 Treatment Plan/Diagnosis  180 Provider Competency  190 Interpreter  200 Fraud and Abuse of Services  210 Recipient receiving bills/ provider requests payment before rendering services 220 Health Plan Information  230 Provider Communication  240 Member Rights  300 Service Denial  310 Service Reduction, suspension or termination 320 Payment Denial  330 Timeliness of Service | Report the MHDIssueCode using only the Acceptable Values. For this field, we will accept the 3‐digit number alone, or the 3‐digit number in combination with the description.  The description alone is NOT acceptable. |
| MHDIssueCode\_ExplanationOfOther | Text |  | A brief description of the Issue for any 'MHDIssueCode' value of '350 (Appeal  Code) Other'. |
| DateReceived | Date |  | The date the grievance or appeal was received (either orally or in writing) by the health plan. Format date as  mm/dd/yyyy. |
| DateAcknowledgementLetterSent | Date |  | The date of the written acknowledgement of the grievance or appeal sent to the member. Format date as mm/dd/yyyy. |
| ExpeditedReview | Text | Y N  N/A | Report ExpeditedReview using only the Acceptable Values. |
| SummaryOfIssue | Text |  | Provide a short summary of the issue, including a clear understanding of why the member brought forward the issue. |

**File 2: Open Log – Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| FIELD NAMES | DATA TYPE | ACCEPTABLE VALUES | NOTES |
| ExtendedReviewRequested | Text | Y – Health Plan Requested Y – Member Requested  N | Report the ExtendedReviewRequested using only the Acceptable Values. |
| ExtendedReviewRequestDate | Date |  | Indicate the date of any request to extend the grievance or appeal review period. Format date as mm/dd/yyyy. Leave blank if no extension was  requested. |