Grievance and Appeal Report
Member Issues Log - Report Specifications
(Revised 11/1/2019)

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.
InitiatedHow	Text	Email Fax Letter Phone Provider on Behalf of Member Referral from Care Manager Referral from MO HealthNet Verbal	Report InitiatedHow using only the Acceptable Values.
PlaceOfService	Text	Ambulatory Surgery Center Clinic Emergency Room FQHC Hospital Member's Home RHC Other	Report PlaceOfService using only the Acceptable Values

PlaceOfService_ExplanationOfOther	Text		A description of the place of service for any 'PlaceOfService' value of 'Other'.
ServiceType	Text	Behavioral Health – Inpatient Behavioral Health – Outpatient Dental DME Emergency Room Services Health Plan Home Health Laboratory, Radiology, and Other Diagnostic Services Medical Inpatient Medical Outpatient (Primary Care/Physician/Clinic/Urgent Care Optical Personal Care Pharmacy 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 135 Appointment Standards 145 Network Adequacy 155 Waiting Times (Office/Timeliness of Service) 165 Quality of Office Setting/Safety 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 345 Transportation 350 Other	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.
InitiatedHow	Text	Email Fax Letter Phone Provider on Behalf of Member Referral from Care Manager Referral from MO HealthNet Verbal	Report InitiatedHow using only the Acceptable Values.
PlaceOfService	Text	Ambulatory Surgery Center Clinic Emergency Room FQHC Hospital Member's Home RHC Other	Report PlaceOfService using only the Acceptable Values

PlaceOfService_ExplanationOfOther	Text		A description of the place of service for any 'PlaceOfService' value of 'Other'.
ServiceType	Text	Behavioral Health – Inpatient Behavioral Health – Outpatient Dental DME Emergency Room Health Plan Home Health Laboratory, Radiology, and Other Diagnostic Services Medical Inpatient Medical Outpatient (Primary Care/Physician/Clinic/Urgent Care) Optical Personal Care Pharmacy 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'.

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FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
MHDIssueCode	Number	100 Health Plan/Provider Policy 110 Provider Staff Behavior 120 Health Plan Staff Behavior 135 Appointment Standards 145 Network Adequacy 155 Waiting Times (Office/Timeliness of Service) 165 Quality of Office Setting/Safety 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 345 Transportation 350 Other	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.