

**Complaint, Grievance, and Appeal Report: Provider Issues Log INSTRUCTIONS**

- Report BOTH open and closed cases. (We had originally thought that we could exclude open cases, but we're required to monitor those as well.)
- Report ALL complaints and appeals for your MO HealthNet providers. Review the contract to be clear on the contractual definitions for complaints 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.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
CalYear	Number		The year that the issue was resolved (or the year of the current reporting quarter, if an issue is still open at the end of the reporting quarter). Report the 4-digit calendar year.
CalQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter that the issue was resolved using only the Acceptable Values. Use the reporting quarter if the issue is still open at the end of that quarter.
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.
ProviderNPI	Text		Report the 10-digit NPI of the provider making the complaint. Format as text to preserve leading zeros.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
ProviderType	Text	Advance Practice Nurse Audiologist/Hearing Aid Dentist DME/Home Health/Personal Care FQHC/RHC Hospital Local Public Health Agency Mental Health/Substance Abuse Optical Pharmacy Physician Rehab Services (PT, ST, OT) Transportation Other	Report the ProviderType using only the Acceptable Values.
ProviderType_ExplanationOfOther	Text		A description of the provider type for any ProviderType of 'Other'.
NetworkStatus	Text	In Out	Report the NetworkStatus 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 Closed	Indicate whether the case being reported has been closed, or is still open. Use only the Acceptable Values.
TypeOfIssue	Text	Appeal Complaint	Report the TypeOfIssue using only the Acceptable Values.
IssueID	Text		This is the internal tracking ID assigned to the appeal or complaint by your Health Plan. To allow for plans that include letters in their Issue ID, this field has a "Text" data type.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
TypeOfService	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 TypeOfService using only the Acceptable Values.
TypeOfService_ExplanationOfOther	Text		A description of the type of service for any TypeOfService of 'Other'.
MHDIssueCode	Text	500 Claim Denial 510 Health Plan Policy 520 Health Plan Information Systems 530 Network Adequacy/Availability 540 Health Plan Staff Behavior 550 Interpreter Services 560 Member Behavior 570 Member Compliance with Treatment Plan 580 Member Missed/Late Appointments 590 Member Communication 600 Referral Process 610 Service Denial 620 Health Plan PA Process 630 Timeliness of Payment 640 Fraud and Abuse of Services 650 Transportation 660 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.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
MHDIssueCode_ExplanationOfOther	Text		A description of any '660 Other' MHD Codes.
DateIssueReceived	Date		The date the appeal or complaint was received. Format date as mm/dd/yyyy.
SummaryOfIssue	Text		Provide a short summary of the issue, including a clear understanding of why the provider brought forward the issue.
SummaryOfResolution	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.
DateIssueResolved	Date		The date the issue was resolved. Format date as mm/dd/yyyy.
TypeOfResolution	Text	Appeal Upheld (Denied) Appeal Overturned (Approved) Appeal Partial Overturn Complaint Completed	Report the TypeOfResolution using only the Acceptable Values.
DaysToCompletion	Number		The number of days from opening the issue until it is resolved.
ResolvedInTimeFrame	Text	Y N	Report ResolvedInTimeFrame using only the Acceptable Values.