Complaint, Grievance, and Appeal Report: Member Issues Log INSTRUCTIONS

1. 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.)

2. For reporting purposes, use field names EXACTLY as shown in the specifications. Do NOT change spelling or add spaces to field names.

3. 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.

4. Any field with a data type of "Text" is limited to a maximum of 255 characters. Any characters beyond that will be truncated. (It is very unlikely that you will ever need that many characters for the fields requested for this report. Most Text fields are limited to an Acceptable Values list anyway.)

5. Submit report in a pipe-delimited file format.

6. The first row of the pipe-delimited file MUST contain the field names.

Revised June 2016

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
IssueYear	Number		The year that the issue was resolved. Report the 4-digit calendar year.
IssueQuarter	Text	Jan-Mar Apr-Jun Jul-Sep Oct-Dec	Report the quarter that the issue was resolved using only the Acceptable Values.
HealthPlanName	Text	AetnaBetterHealth HomeState MissouriCare	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 Closed	Indicate whether the case being reported has been closed, or is still open. Use only the Acceptable Values.
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.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
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.
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'.

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 340 Prior Authorization Timeliness 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 ExpiditedReview using only the Acceptable Values.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
SummaryOfIssue	Text		Provide a short summary of the issue, including a clear understanding of why the member brought forward the issue.
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.