

### **Complaint, Grievance, and Appeal Report: Provider 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.

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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.
ProviderNPI	Text		Report the 10-digit NPI of the provider making the complaint. Format as text to preserve leading zeros.
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'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
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.
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 (PT, ST, OT) 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'.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
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.
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.

FIELD NAMES	DATA TYPE	ACCEPTABLE VALUES	NOTES
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.

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