

INSTRUCTIONS FOR LOGGING MCO GRIEVANCES

The MCO quarterly grievance log, F-02466A, is the standard format managed care organizations (MCOs) must use to submit member grievance information to the Department of Health Services (DHS). Refer to the DHS-MCO or DHS-PO contract for the report requirements, reporting periods, due dates, and submission email address.

Personal Information

Under Wis. Stat. § 49.45(4), personally identifiable information is kept confidential and is only used for the direct administration of the Family Care, Family Care Partnership, and PACE programs.

General Instructions

1. This is an annual grievance log divided by quarters. The MCO is to enter each quarterly report on the corresponding quarter tab. **Only enter information on the 1st Quarter, 2nd Quarter, 3rd Quarter and 4th Quarter tabs.** The spreadsheet will automatically tabulate the data on the corresponding quarterly analysis tab.
2. **Do not make any changes to the spreadsheet layout or formulas except to enter grievance information.** Do not reorder the columns, change column labels, or dropdown options. Please submit any suggestions for categories or corrections to the report format to the Bureau of Quality Oversight (BQO).
3. There are several drop-down menus included in the spreadsheet. Some of these menus contain "other" as an available selection. If the MCO needs to select "other," add additional detail in the *Comments* column. **Note:** The narrative sections are limited to a maximum of 350 characters.
4. **Log every grievance the MCO becomes aware of, including:**
 - Internal MCO grievance
 - Informal complaints/grievances- log as internal MCO grievance
 - DHS/EQRO (External Quality Review Organization) grievance review
5. If a member filed a grievance, but the grievance has not been resolved by the time the MCO submits the report, select **Pending/In Process** for the applicable columns. **If there is a resolution within the 45 day period for the submission of the report, update the grievance log to reflect this.**

Instructions for Header:**1. MCO Name (cell B3)**

Enter the name of the MCO.

2. Program (cell B4)

Enter the program (Family Care, Family Care Partnership, or PACE). For MCOs offering multiple programs, complete a separate Grievance Log for each program.

3. MCO Census on Last Date of Quarter (cell G2)

Enter the total number of members enrolled on the last day of the previous quarter.

Instructions for Columns:**1. Grievance # (column A):**

Number individual grievances consecutively for ease of reference, starting with number 1 for the first grievance of the calendar year.

2. Member Name (column B):

Enter member's name using the following format: **Last name, First name, Middle initial**. If necessary, you may need to add a full middle name to distinguish members.

3. MCO ID (column C):

Enter the MCO's unique identifier. This column is optional for MCOs.

4. Medicaid ID (column D):

Enter member's Medicaid ID.

5. Target Group (column E):

Select an entry from the drop-down menu. If the person is in more than one target group, select the primary target group. Identify additional target groups in the *Comments* column.

6. Grievance Type (column F):

Select an entry from the drop-down menu. **If the member files more than one type of grievance regarding the same issue, enter information about the subsequent grievance or grievances on separate lines** and select the appropriate grievance type on each line.

- **DHS/EQRO:** DHS/EQRO grievance review
- **MCO:** Internal MCO grievance (or informal complaint)

7. Date Grievance Filed (column G):

Enter the date using the following format: MM/DD/YYYY. Record the date according to grievance type:

- **DHS/EQRO Review:** Enter the date the MCO receives the document request from the EQRO regarding the member's internal MCO grievance.
- **MCO:** Enter the date the member requests an internal MCO grievance. If a member requests an internal MCO grievance both orally and in writing, enter the earlier of those two dates. For an informal complaint, enter the date the MCO became aware of the issue.

8. Date Grievance Acknowledged (column H):

Enter the date using the following format: MM/DD/YYYY. Record the date according to grievance type:

- **DHS/EQRO:** Enter the date the MCO receives a copy of the EQRO's written acknowledgment to the member of therequest for review of an internal MCO grievance.
- **MCO:** Enter the date the MCO sent written acknowledgment to the member of the request for an internal MCO grievance. (Each MCO must send a written acknowledgment of every internal MCO grievance to the member and/or member's representative within five business days of receiving the request.)

9. Assisting Representation (column I):

Select an entry from the drop-down menu. You do not need to indicate when a family member, friend, neighbor, or provider is present with the member in this column.

- If the MCO would like to keep track of a grievance in which a provider and/or the member's legal decision maker is present, select "**Other**" and add the information in the *Comments* column.
- Acronyms:
 - BOALTC: Board on Aging and Long Term Care
 - DBS: Disability Benefit Specialist
 - DRW: Disability Rights Wisconsin
 - EBS: Elder Benefit Specialist

10. Issue Type (column J):

Select an entry from the drop-down menu. If the MCO believes there is more than one issue, select what the MCO perceives as the primary issue in this column and enter additional issues in the *Comments* column. Definitions of each Issue Type can be found in the table below:

Issue Type	Definition
Abuse, neglect, or exploitation	Grievances involving physical, emotional, or sexual abuse, treatment without consent, unreasonable confinement or restraint, neglect, or financial exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual harm to members.
Access to care	Grievances involving access to care or medically necessary services, including difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.
Denial of request for expedited appeal	Grievances related to the MCO's denial of a member's request for an expedited appeal.
Lack of timely plan response to service authorization or appeal request	Grievances related to lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).
Payment/billing issue	Grievances filed for a reason related to payment or billing issues.
Plan communications	Grievances related to MCO communications, including the clarity or accuracy of member materials or other plan communications or a member's access to or the accessibility of member materials or plan communications.

Plan or provider care management	Grievances related to plan or provider care management/case management, including complaints about the timeliness of an assessment or the member-centered plan, IDT provider care, or case management process.
Plan or provider customer service	Grievances related to MCO or provider customer services, including complaints about interactions with the MCO's Member Services department, provider offices or facilities, marketing agents, or any other MCO or provider representatives.
Provider quality of care	Grievances related to the MCO or provider quality of care, including complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a network provider or the MCO.
Suspected fraud	Grievances related to suspected cases of financial/payment fraud perpetrated by a provider, payer, or other entity.
Other	Any issue that does not fit into a category above.

11. Service Category, if applicable (column K)

Select an entry from the drop-down menu. Enter "N/A" if:

- The grievance does not involve a service; or
- The grievance involves a service, but the service is not a general inpatient service, general outpatient service, inpatient behavioral health service, or outpatient behavioral health service.
 - General Inpatient Services (FCP/ P only): Applies (only) to Family Care Partnership and PACE grievances.

12. Service Type, if applicable (column L):

Select an entry from the drop-down menu.

- If the service type is not listed in the drop-down, select "**Other**" and enter the service type into the *Summary of Issue* column.
- If the MCO believes there is more than one service type involved in the grievance, select what the MCO perceives as the primary issue and enter additional services in the *Summary of Issue* column.
- Enter "N/A" if the grievance does not involve a service.

Abbreviations:

- Acute/Primary Medical Services (FCP/P only): Applies (only) to Family Care Partnership and PACE grievances
- AODA: Alcohol and other drug abuse
- DME / DMS: Durable medical equipment / Durable medical supplies
- ONS: Oral Nutritional Supplement
- OT / PT / SLP: Occupational therapy / physical therapy / speech-language pathology
- PC: Personal care
- SHC: Supportive home care
- SNF: Skilled nursing facility

13. Summary of Issue (column M):

Briefly describe the nature of the member's grievance. Include the service type (if not already selected in column L) and a narrative description of the issue. Entries are limited to 350 words.

14. Date(s) of Formal or Informal Reviews or Meetings (column N):

Enter the date(s) using the following format: MM/DD/YYYY. Record the date(s) of any formal or informal reviews or meetings related to the member's grievance. Provide a brief summary of reviews or meetings in the *Comments* column.

15. Date of Resolution (column O):

Enter the date using the following format: MM/DD/YYYY. Record the date according to grievance type:

- **DHS/EQRO Grievance Review:** Use the date of the EQRO decision.
- **Internal MCO Grievance:** Use the date of the internal MCO **decision**. Do not use the date of the MCO Grievance and Appeal Committee **meeting** unless that happens to be the same as the date of the written decision. For an informal complaint, use the date that the MCO believes the grievance to be resolved.

Note: Leave this column blank for grievances that are Pending/In Process.

16. Date Resolution Letter Sent(column P)

Enter the date using the following format: MM/DD/YYYY. Record the date according to grievance type:

- **DHS/EQRO Grievance Review:** Use the date on the EQRO's written notice.
- **Internal MCO Grievance:** Use the date the MCO Grievance and Appeal Committee mailed or hand delivered the written notice of its grievance decision to the member. If the grievance is resolved by mediation, withdrawn, or not pursued by the member, leave this column blank.

17. Timely Resolution Provided by MCO (column Q)

Select an entry from the drop-down menu:

- Select "**yes - standard**" if written resolution of the member's grievance was provided to the member within the standard resolution timeframe.
- Select "**yes - standard-extended**" if written resolution of the member's grievance was provided to the member within the standard-extended resolution timeframe, and the MCO followed all applicable extension requirements.
- Select "**yes - expedited**" if written resolution of the member's grievance was provided to the member within the expedited resolution timeframe (FCP D-SNP only).
Select "**yes - expedited-extended**" if written resolution of the member's grievance was provided to the member within the expedited-extended resolution timeframe and the MCO followed all applicable extension requirements (FCP D-SNP only).
- Select "**no - standard**" if written resolution of the member's grievance was not provided to the member within the standard resolution timeframe.
- Select "**no - standard-extended**" if written resolution of the member's grievance was not provided to the member within the standard-extended resolution timeframe and the MCO followed all applicable extension requirements.
- Select "**no - expedited**" if written resolution of the member's grievance was not provided to the member within the expedited resolution timeframe (FCP D-SNP only).
- Select "**no - expedited-extended**" if written resolution of the member's grievance was not provided to the member within the expedited-extended resolution timeframe and the MCO followed all applicable extension requirements (FCP D-SNP only).

NOTE: Expedited grievances are only available to Partnership D-SNP members and only if the grievance involves the MCO's decision to uphold an adverse benefit determination, invoke an extension relating to an adverse benefit determination, or refusal to grant the member's request for an expedited benefit determination.

For all "no" responses, provide a brief explanation for failing to meet the applicable deadline in the *Comments* column.

Note: Select "**Pending/In Process**" if a member filed an internal MCO grievance, but a decision has not been issued by the end of the quarter being reported. The pending status should be removed, and updated information should be entered in subsequent quarterly reports. If there is a resolution within the 45 day period for the submission of the report, update the Grievance Log to reflect this.

18. Resolution Type (column R):

Select an entry from the drop-down menu.

- Select "**EQRO - Upheld MCO decision**" when the EQRO issued a resolution that agreed with or upheld the MCO decision.
- Select "**EQRO - Overturned MCO decision**" when the EQRO issued a resolution that overturned the MCO decision.
- Select "**EQRO - partially upheld MCO decision**" when the EQRO issued a resolution that partially upheld the MCO's grievance decision.
 - For example - A MCO Committee makes a grievance decision that partially satisfies the member's desired response to the grievance.
- Select "**MCO Committee - unfounded**" if the MCO Committee finds that the member's grievance is unfounded or unsubstantiated. This is a decision that is adverse to the member in its entirety.
- Select "**MCO Committee - founded**" if the MCO Committee finds that the member's grievance is founded or substantiated. This is a decision that is wholly in favor of the member.
- Select "**MCO Committee - partially founded**" when MCO Committee finds that the member's grievance is partially founded or partially substantiated. This is a decision that is partially in favor of the member. .
- Select "**Member withdrew**" when a member chooses to withdraw or not participate in the grievance review process after the MCO Grievance and Appeal Committee review or EQRO grievance review has been requested, such as in the following types of situations:
 - The member formally requested a withdrawal of the DHS/ERQO grievance review or MCO internal grievance.
 - The MCO was unable to contact the member to process a request for internal grievance (for example, unable to reach a member to schedule a time with the MCO Grievance and Appeal Committee meeting).
- Select "**Member Did Not Pursue**" if the member did not pursue the MCO Grievance and Appeal Committee review and the grievance was not otherwise resolved. Select this option when:
 - The member chooses not to request a review of the grievance by the MCO Grievance and Appeal Committee after dissatisfaction with mediation attempts.
 - If known, include information in the *Comments* column to briefly explain why the member chose this option.
- Select "**Disenrolled**" if the member disenrolled during the course of the grievance review. If known, include information in the *Reason for Disenrollment* column to briefly explain why the member disenrolled.

- Select "**Mediation - resolved**" when the grievance is resolved informally through compromise or negotiation without a formal decision by the MCO Grievance and Appeal Committee.

Note: Select "**Pending/In Process**" from the drop-down menu if a member filed a grievance (i.e., internal MCO grievance or DHS review), but the grievance has not been resolved by the end of the quarter being reported. The pending status should be removed, and updated information should be entered in subsequent quarterly reports. If there is a resolution within the 45 day period for the submission of the report, update the Grievance Log to reflect this.

19. Summary of Resolution / Reason for withdrawal (column S):

Briefly describe the resolution of the member's grievance. This should be brief but provide sufficient information to be meaningful.

- **When a written formal resolution** is made by the MCO Grievance and Appeal Committee or DHS Contractor, please include a brief synopsis of the decision maker's (or reviewer's) ruling and the reasoning.
- **When the member withdraws the grievance request**, and the MCO knows the reason, please include a brief description of how the MCO responded to the member's grievance.
- **When a grievance is resolved by informal mediation or negotiation**, describe the terms of the compromise or solution. Be specific in describing how the MCO responded or compromised with the member rather than making a general statement like, "Member agreed with explanation of policy."

Note: Select "**Pending/In Process**" from the drop-down menu if a member filed a grievance (i.e., internal MCO grievance or DHS review), but the grievance has not been resolved by the end of the quarter being reported. The pending status should be removed, and updated information should be entered in subsequent quarterly reports. If there is a resolution within the 45 day period for the submission of the report, update the Grievance Log to reflect this.

20. Did Member Disenroll? (column T)

Select an entry from the drop-down menu:

- Select "**yes**" if the member disenrolled during the course of the grievance or within fourteen calendar days of receipt of a decision from the MCO Grievance and Appeal Committee or the EQRO.
- Select "**no**" if the member did not disenroll during the course of the grievance or within fourteen calendar days of receipt of a decision from the MCO Grievance and Appeal Committee or the EQRO.

21. Reason for Disenrollment, if applicable (column U):

If the answer to the previous column was "yes," briefly state to the best of your knowledge, the reason the member disenrolled.

22. Comments (column V):

Comments are only mandatory when applicable to the situation, requested on this form, or when requested after the MCO selects "other." Examples of information to include in the *Comments* column:

- Any additional services if the member's grievance relates to more than one service.
- Additional target groups if a person is in more than one target group.
- Relevant notes for a pending/in process grievance.
- Relevant notes on formal or informal reviews or meetings.

- Explanation of why a member's grievance was not acknowledged within 5 business days of receipt.
- Explanation of why a member's standard or expedited grievance was not timely resolved.
- The reason for a member not following through with the grievance process.
- Any other information the MCO would like to report to BQO or would like to track.