Exhibit J - Attachment 1
Grievance/Appeals/ Hearings Log

CONTRACTOR :_____ CONTRACT YEAR: _____

REPORT PERIOD: ____ OCT-DEC ____ JAN-MAR _____APR-JUN ____ JUL-SEP

Instructions: Include all oral and written complaints, grievances, appeals and hearings received by the Contractor for each category. Provide a written quarterly review and analysis of all complaints and appeals to the OHA Quality Improvement Program. Pr

CLIENT ID	DATE REC'D	GRIEVANCE SECTION	GRIEVANCE TYPE - See Attachment 1.2 for listing	HOW REC'D ORAL/IN WRITING	RESOLUTION	Date of Request	DATE OF RESOLUTION	# OF DAYS TO RESOLUTION	HOW RESOLUTION RESPONSE COMMUNICATED?	APPEAL SECTION	DATE OF NOA	DATE OF APPEAL	TYPE OF APPEAL See Attachemt 1.3 for listing	Date of Request	CONTINUATION OF BENEFITS PROVIDED Y/N	RESOLUTION	DATE OF RESOLUTION	ADMINISTRATIVE HEARING SECTION	ADMINISTRATIVE HEARING PROVIDED Y/N	Date of Request	DATE OF HEARING	CONTINUATION OF BENEFITS PROVIDED	EFFECT OF FINAL ORDER- IN FAVOR OF MEMBER/ ADVERSE