Grievance System Actionable Items Summary Report

Contractor Name:_____**Year:** _____

Report Period: ____ **Oct-Dec** ____ **Jan-March** ____ **Apr-Jun** ____ **Jul-Sep**

Instructions: Please report the total number of items for each category and appropriate line items, along with grand totals for each column, received by the Contractor for the report period. **This report is to be submitted with documentation of the QAPI program of complaints (as noted in OAR 410-141-0200) to the OHA QI Unit not later than 60 calendar days from the end of each calendar quarter.**

Actionable Items	NOAs	Total # of NOAs Issued for this Category	Total # of NOAs Reviewed	APPEALS	Total # Appeals	Total # Appeals Upheld	Total # Appeals Overturned	Total # Appeals Modified	Total # Expedited Appeals Requested	Total # Expedited Appeals Granted	HEARINGS	Total # of Hearings	Total # of Hearings Upheld	Total # of Hearings Overturned
a) Denial of a service	↓													
b) Limited Authorization of Service														
c) Benefit not covered; member believes it is a covered benefit.	↓													
d) Benefit not covered; below the HSC funded line after co-morbidities	↓													
e) Single PHP service area, denial to obtain services outside the PHP panel														
f) Reduction of previously authorized service														
g) Suspension of previously authorized service														
h Termination of previously authorized service														
i) Failure to provide services in a														
j) Denial in whole or in part of payment for a service.														
TOTAL PER COLUMN														