

"Grievance Type" list to be used with Grievance Summary Log and Grievance Summary Report

ACCESS-"A"
a)Provider's office not available to contact for appointment or information
b)Plan not available to contact for appointment or information
c)Provider's office too far away, not convenient
d)Unable to schedule appointment in a timely manner
e)Provider's office closed to new patients
f)Referral denied/refused by provider
g)Unable to be seen in a timely manner for urgent/emergent care
h)Provider not available to give necessary care
i)Eligibility issues
j)Client fired by provider
k)Availability of (Right click on **drop down for selection)
INTERACTION WITH PROVIDER/PLAN/STAFF-"IP"
a) Provider rude or inappropriate comments or behavior
b) Plan rude or inappropriate comments or behavior
c) Provider explanation/instruction inadequate/incomplete
d) Plan explanation/instruction inadequate/incomplete
e) Provider unresponsive (unreturned phone calls)
f) Plan unresponsive (unreturned phone calls)
g) Wait too long in office before receiving care
h)Disagreement with treatment plan or staff or clinician response
i) Provider's office difficult to contact for appointment or information (on hold, numerous transfers)
j)Planoffice difficult to contact for appointment or information (on hold, numerous transfers)
k)Lack of cultural sensitivity
l)Lack of cultural sensitivity
CONSUMER RIGHTS-"CR"
a) Provider's office has a physical barrier
b) Fraud/Abuse: physical, mental, psychological
c)Provider's office has language or cultural barriers
d)Plan office has language or cultural barriers
e)Concern over confidentiality
f)Client not involved with treatment plan
g)No choice of clinician
h)Fraud and abuse of the system
i) Provider bias barrier, (e.g., Age, race, religion, sexual orientation, mental/physical health status)
j) Plan bias barrier, (e.g., Age, race, religion, sexual orientation, mental/physical health status)
k) Lack of cultural sensitivity in provider office
l) Lack of cultural sensitivity in Plan office
m) Differential treatment for Medicaid clients
n) Lack of adequate or understandable Notice of Action (NOA)
CLINICAL CARE-"CC"

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a) Adverse Outcome. Complications. Misdiagnosis
b) Testing/assessment insufficient, inadequate or omitted
c) Medical record documentation issues
d) Concern about prescriber or medication or medication management issues
e) Unsanitary environment or equipment
f) Lack of appropriate individualized setting in treatment
QUALITY OF SERVICE-"QS"
a) Provider office unsafe/uncomfortable
b) Delay, quality of materials and supplies (DME) or dental
c) Lack of access to ENCC or plan case management services
c) Benefits not covered (Right click on **drop down for selection)
CLIENT BILLING ISSUES-"CB"
a) Co-Pays,
b) Premiums
c) Billing OHP clients for services