Centennial Care Reporting Instructions
Grievances and Appeals – Report #37

Report Objective

To monitor member and provider grievances, appeals and fair hearings, and to track adherence to contractual timeframes.

General Instructions

The managed care organization (MCO) is required to submit the Grievances and Appeals report on a monthly basis. This report is due on the 15th day of the month following the end of the reporting month. If a report due date falls on a weekend or a State of New Mexico holiday, receipt of the report the next business day is acceptable. Please adhere to the following reporting periods and due dates.

Month	Reporting Period	Report Due Date
1	January 1 – January 31	February 15
2	February 1 – February 28/29	March 15
3	March 1 – March 31	April 15
4	April 1 – April 30	May 15
5	May 1 – May 31	June 15
6	June 1 – June 30	July 15
7	July 1 – July 31	August 15
8	August 1 – August 31	September 15
9	September 1 – September 30	October 15
10	October 1 – October 31	November 15
11	November 1 – November 30	December 15
12	December 1 – December 31	January 15

An Excel workbook is provided as a separate attachment for submission. Quantitative data and any qualitative data **must** be entered in the Excel workbook. The MCO must ensure that data is entered in all fields. The report will be considered incomplete if any field is left blank. Use "ND" if there is no data available to report. Use "N/A" if the data field is not applicable. Formulas provided in the workbook shall not be altered by the MCO. An electronic version of the report in Excel must be submitted to the New Mexico Human Services Department (HSD) by the report due date listed above. The report shall be submitted via the State's secure DMZ FTP site. The date of receipt of the electronic version will serve as the date of receipt for the report.

Each time the report is submitted, the MCO shall use the same template that was submitted in previous months. For example, the report due on March 15th will include data for the 1st and 2nd months. The reporting period for the report would be 1/1/22 through 2/28/22. The MCO shall not alter data that was previously submitted, unless stated explicitly in the instructions for each section.

The MCO shall submit the electronic version of the report using the following file labeling format: MCO Name.HSD37.M#CY##.v#. The "MCO" part of the labeling should be the MCO's acronym for its business name. With each report submission, change the month reference (M# - e.g., M1), the calendar year (CY## - e.g., CY22), and the version number (v# - e.g., v1), as appropriate. The version number should be "1" unless the MCO is required to resubmit a report for a specified month. In those instances, the MCO will use "2" and so on for each resubmission.

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The MCO's name, the reporting period, and the report run date must be entered on the top portion of the first worksheet in the report. The report run date refers to the date that the data was retrieved from the MCO's system. The data entered on the top of the first worksheet will automatically appear on the top of all other worksheets of the report. The start and end of the reporting period must be entered as illustrated below.

Reporting Period	1/1/2022	through	1/31/2022
MCO Name	MCO A		
Report Run Date	2/1/2022		

Attestation and Penalties

The MCO shall ensure that all data is accurate and appropriately formatted in the workbook prior to submitting the Report. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit accurate reports and/or failure to submit properly formatted reports may result in monetary penalties of $5,000 per report, per occurrence.

The MCO shall include a signed Centennial Care Report Attestation Form with each Report submitted. Failure to submit a signed attestation form by the Report due date will result in the entire Report being late. Per Sections 4.21 and 7.3 of the Centennial Care contract, failure to submit timely reports may result in monetary penalties of $1,000 per report, per calendar day. The $1,000 per calendar day damage amounts will double every ten calendar days.

Related Contract Requirements

1. Section 4.21 – Reporting Requirements
2. Section 7.3 – Failure to Meet Agreement Requirements
3. Section 4.16 – Grievances and Appeals
4. 42 C.F.R. Part 438, Subpart F – Grievance System

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Definitions

Action	In the case of the MCO: 1. The denial or limited authorization of a requested service, including the type or level of service 2. The reduction, suspension, or termination of a previously authorized service 3. The denial, in whole or in part, of a payment for a service 4. The failure to provide services in a timely manner, as defined by the State 5. The failure of an MCO to act within the timeframes provided in CFR 438.408(b)
Appeal	A request by a member or provider for a review of an MCO action.
Business Days	For the purposes of this report all references to "business days" should be considered the same as "working days" as referenced in 42 CFR §§ 438.408.
Expedited Review of Appeal	An expedited review by the MCO of an MCO action. The MCO shall establish and maintain an expedited review process for appeals when the MCO determines that allowing the time for a standard resolution could seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function.
Grievance	An expression of dissatisfaction about any matter or operation other than an MCO action.
Partial Overturned	The service was approved at a lesser amount than requested or previously authorized.
State Fair Hearing	An administrative hearing to review the evidence of the MCO appeal determination. All members must exhaust the MCO appeal process prior to requesting a state fair hearing.
Resolution	Detailed information noting the outcome of the appeal.

Section I: Summary

Before entering data in the workbook, ensure that the "Summary" tab is selected. This section of the report provides a high-level summary of data captured in Sections III to VIII of the report. The MCO is required to update this section of the report each time the report is submitted for each reporting period.

Member Grievances, Appeals, and Fair Hearings

This section of the report captures summary information on member grievances, appeals, and fair hearings. For each row, enter the monthly total as of the last day of reporting period in Columns B through M. Column N collects year-to-date information and does not require input from the MCO.

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Row Header	Row	Description
Member Grievances	7	This is a row header; data entry is not required in this field.
Total Number of Member Grievances Filed During the Reporting Period	8	The total number of member grievances that were filed with the MCO during the reporting period.
Total Number of Member Grievances Carried Over from Previous Reporting Periods	9	The total number of member grievances that were carried over from previous reporting periods that were unresolved on the first day of the current reporting period.
Total Number of Grievances Resolved within 30 Days	10	The total number of grievances resolved within 30 days from the date of receipt by the MCO.
Total Number of Grievances Resolved 31 Days or More	11	The total number of grievances resolved over 30 days from the date of receipt by the MCO.
Total Number of Member Grievances Pending	12	The total number of member grievances that remain pending as of the last day of the reporting period.
Total Number of Acknowledgment Notices Mailed on Time	13	The total number of acknowledgment notices that were mailed to members within 5 business days of receipt of the grievance that confirm receipt of the grievance and an expected date of resolution.
Total Number of Acknowledgment Notices Mailed Late	14	The total number of acknowledgment notices that were mailed to members after 5 business days of receipt of the grievance that confirm receipt of the grievance and an expected date of resolution.
Total Number of Resolution Notices Mailed on Time	15	The total number of resolution notices that were mailed to members within 30 calendar days of receipt of the grievance notifying members of the resolution of their grievance.
Total Number of Resolution Notices Mailed Late	16	The total number of resolution notices that were mailed to members after 30 calendar days of receipt of the grievance notifying members of the resolution of their grievance.
Total Number of Extension Requests	17	The total number of extension requests made by the MCO to extend the time allowed to resolve a member grievance.
Total Number of Extension Notices Mailed on Time	18	The total number of extension notices mailed to members within 2 business days following an approved extension.
Total Number of Extension Notices Mailed Late	19	The total number of extension notices mailed to members after 2 business days of an approved extension.
Total Number of Grievances Resolved on Time with Extension	20	The total number of member grievances that were resolved on time after the MCO requested a 14 calendar day extension to resolve the member grievance.
Total Number of Grievances Resolved Late with Extension	21	The total number of member grievances that were resolved late after the MCO requested a 14 calendar day extension to resolve the member grievance.
Member Appeals	22	This is a row header; data entry is not required in this field.
Total Number of Standard Member Appeals Filed During the Reporting Period	23	The total number of standard member appeals that were filed during the reporting period.

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Row Header	Row	Description
Total Number of Expedited Appeals Filed During the Reporting Period	24	The total number of expedited member appeals that were filed during the current reporting period.
Total Number of Member Appeals Carried Over from Previous Reporting Periods	25	The total number of member appeals that were carried over from previous reporting periods that were unresolved on the first day of the current reporting period.
Total Number of Appeals Upheld	26	The total number of appeal decisions upheld during the current reporting period. (The original MCO decision remains unchanged.)
Total Number of Appeals Partially Overturned	27	The total number of appeal decisions in which the MCO partially changed the outcome of the original decision during the current reporting period.
Total Number of Appeals Overturned	28	The total number of appeal decisions in which the MCO changed the outcome of the original decision during the current reporting period.
Total Number of Appeals Pending	29	The total number of appeal decisions in which the MCO has not determined the outcome at the end of the current reporting period.
Total Number of Acknowledgment Notices Mailed on Time	30	The total number of acknowledgment notices mailed to members within 5 business days of receiving a member appeal.
Total Number of Acknowledgment Notices Mailed Late	31	The total number of acknowledgment notices mailed to members after 5 business days of receiving a member appeal.
Total Number of Standard Appeal Resolutions on Time	32	The total number of member appeals that were resolved within 30 calendar days of receiving the appeal.
Total Number of Standard Appeal Resolutions Late	33	The total number of member appeals that were resolved after 30 calendar days of receiving the appeal.
Total Number of Standard Resolution Notices Mailed on Time	34	The total number of resolution notices mailed to members within 30 calendar days of receiving a member appeal.
Total Number of Standard Resolution Notices Mailed Late	35	The total number of resolution notices mailed to members after 30 calendar days of receiving a member appeal.
Total Number of Expedited Member Appeal Resolutions on Time	36	The total number of expedited member appeals that were resolved within 3 business days of the MCO's receipt of the appeal.
Total Number of Expedited Member Appeal Resolutions Late	37	The total number of expedited member appeals that were resolved after 3 business days of the MCO's receipt of the appeal.
Total Number of Extension Requests by MCO	38	The total number of extension requests made by the MCO to allow for more time to review a member appeal.
Total Number of Extension Notices Mailed on Time	39	The total number of extension notices mailed from the MCO to members within 2 business days of the decision to extend the timeframe.
Total Number of Extension Notices Mailed Late	40	The total number of extension notices mailed from the MCO to members after 2 business days of the decision to extend the timeframe.

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Row Header	Row	Description
Total Number of Standard Appeals Resolved on Time with Extension	41	The total number of standard member appeals that were resolved on time after the MCO requested a 14 calendar day extension to resolve the member grievance.
Total Number of Standard Appeals Resolved Late with Extension	42	The total number of standard member appeals that were resolved late after the MCO requested a 14 calendar day extension to resolve the member grievance.
Member State Fair Hearing	43	This is a row header; data entry is not required in this field. Note: If a fair hearing is requested prematurely (i.e., before all internal processes are exhausted) please include the fair hearing in the count below.
Total Number of Member Requests for a State Fair Hearing	44	The total number of requests made by members for a State Fair Hearing after exhausting the MCO grievance and appeals process. This includes requests for dismissal as SOE submissions.
Total Number of Fair Hearings Partially Overturned	45	The total number of fair hearings outcomes in which the original decision or action was partially overturned as a result of the fair hearing during the reporting period.
Total Number of Fair Hearings Overturned	46	The total number of fair hearings outcomes in which the original decision or action was overturned as a result of the fair hearing during the reporting period.
Total Number of Fair Hearings Upheld	47	The total number of fair hearings outcomes in which the original decision or action was upheld during the current reporting period. (The original MCO decision remains unchanged.)
Total Number of Fair Hearings Pending	48	The total number of fair hearings that remain undetermined as of the last day of the reporting period.
Total Number of Fair Hearings Carried-Over	49	The total number of fair hearings that were carried over from any previous reporting period.
Total Number of SOE Submitted on Time	50	The total number of Summary of Evidence (SOE) submitted within 7 calendar days of receipt of a member request for a State Fair Hearing. This includes requests for dismissal as SOE submissions.
Total Number of SOE Submitted Late	51	The total number of SOE submitted after 7 calendar days of receipt of a member request for a State Fair Hearing. This includes requests for dismissal as SOE submissions.
Total Number of State Fair Hearings Completed	52	The total number of State Fair Hearings completed for members during the reporting period.
Total Number of State Fair Hearings Dismissed	53	The total number of State Fair Hearings dismissed for members during the reporting period.

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Provider Grievances and Appeals

This section of report captures summary information on provider grievances and appeals. For each row, enter the monthly total as of the last day of reporting period in Columns B through M. Column N collects year-to-date information and does not require input from the MCO.

Row Header	Row	Description
Provider Grievances	56	This row is a row header. Data entry is not required for this field.
Total Number of Provider Grievances Filed During the Reporting Period	57	The total number of provider grievances that were filed with the MCO during the reporting period.
Total Number of Provider Grievances Carried Over from Previous Reporting Periods	58	The total number of provider grievances that were carried over from previous reporting periods that were unresolved on the first day of the current reporting period.
Total Number of Provider Grievances Resolved on Time	59	The total number of provider grievances that were resolved within 30 calendar days of receipt of a provider grievance.
Total Number of Provider Grievances Resolved Late	60	The total number of provider grievances that were resolved after 30 calendar days of receipt of a provider grievance.
Total Number of Provider Grievances Pending	61	The total number of provider grievances that remain pending as of the last day of the reporting period.
Total Number of Extension Requests	62	The total number of extension requests made by the MCO to extend the time allowed to resolve a provider grievance.
Total Number of Provider Grievances Resolved on Time with Extension	63	The total number of provider grievances that were resolved within 14 calendar days after the MCO was granted an extension to resolve the grievance.
Total Number of Provider Grievances Resolved Late with Extension	64	The total number of provider grievances that were resolved after 14 calendar days of the MCO was granted an extension to resolve the grievance.
Provider Appeals	65	This is a row header; data entry is not required in this field.
Total Number of Provider Appeals Filed During the Reporting Period	66	The total number of provider appeals that were filed with the MCO during the reporting period.
Total Number of Provider Appeals Carried Over from Previous Reporting Periods	67	The total number of provider appeals that were carried over from previous reporting periods that were unresolved at on the first day of the current reporting period.
Total Number of Provider Appeals Resolved on Time	68	The total number of provider appeals that were resolved within 30 calendar days of receipt of the provider appeal.
Total Number of Provider Appeals Resolved Late	69	The total number of provider appeals that were resolved after 30 calendar days of receipt of the provider appeal.
Total Number of Provider Appeals Pending	70	The total number of provider appeals that remain pending as of the last day of the reporting period.
Total Number of Extension Requests	71	The total number of extension requests made by the MCO to extend the time allowed to resolve a provider appeal.

Row Header	Row	Description
Total Number of Provider Appeals Pending with Extension	72	The total number of provider appeals with extensions that remain pending as of the last day of the reporting period.
Total Number of Provider Appeals Resolved on Time with Extension	73	The total number of provider appeals that were resolved on time after the MCO requested a 14 calendar day extension to resolve the provider appeal.
Total Number of Provider Appeals Resolved Late with Extension	74	The total number of provider appeals that were resolved late after the MCO requested a 14 calendar day extension to resolve the provider appeal.

Section II: Analysis

Before entering data in the workbook, ensure that the "Analysis" tab is selected. This section of the report collects qualitative analysis regarding member and provider grievances and appeals. Please respond to the following question in the analysis worksheet, taking into consideration the data reported for the reporting period. For each question, identify any changes compared to previous reporting periods and trends over time and provide an explanation of the identified changes. Additionally, describe any action plans or performance improvement activities addressing any negative changes found during the current reporting period or previous reporting periods.

1. What were the top three primary and secondary grievance reason codes filed by members during the reporting period? Indicate how many member grievances were filed for each of the top three codes. How does this compare to previous reporting periods?

2. What were the top three primary and secondary grievance reason codes filed by providers during the reporting period? Indicate how many provider grievances were filed for each of the top three codes. How does this compare to previous reporting periods?

3. What were the top three primary appeal reasons for members for the reporting period? Indicate how many member appeals were filed for each of the top three reasons. How does this compare to previous reporting periods?

4. What were the top three primary appeal reasons for providers for the reporting period? Indicate how many provider appeals were filed for each of the top three reasons. How does this compare to previous reporting periods?

5. What were the top three primary and secondary fair hearing reasons filed by the member for the reporting period? How does this compare to previous reporting periods?

6. What MCO actions have been taken this month to decrease the top three primary and secondary reason codes for member grievances and fair hearings? How do the actions taken this reporting period compare to previous reporting periods?

7. What MCO actions have been taken this month to decrease the top three primary and secondary provider grievances codes? How do the actions taken this reporting period compare to previous reporting periods?

8. What steps have the MCO taken to ensure grievances and appeals are resolved in a timely manner? Provide a concise description for each case that was not resolved within timeframes mandated by federal regulations. If not resolved within the timeframes and an extension was not requested, explain why for each case.

9. Provide an explanation of why an extension was requested for each case.

10. Please include the percent of member grievances, appeals, and fair hearings that increased or decreased from the last reporting period.

11. Please include the percent of provider grievances and appeals that increased or decreased from the last reporting period.

12. What were the top three member grievances secondary codes that were resolved within 30 days this reporting period? How does this compare to previous reporting periods?

13. What were the top three member grievance codes that remain pending this reporting period? How does this compare to previous reporting periods?

14. How many summary of evidences (SOE) were submitted late to the fair hearings bureau and to HSD? Why were SOEs not submitted timely? What is the MCO doing to prevent late SOE from being submitted?

Section III: Member Resolutions

Before entering data in the workbook, ensure that the "Member Resolutions" tab is selected. This section of the report captures the timeliness of resolutions of member grievances and expedited member appeals. Ensure when entering data that members are unduplicated and each case is only counted once.

Note: For member cases that remain open at the end of the reporting period, enter the total number of open cases in the "pending" column.

Expedited Appeal Resolution - Timeliness

This section captures resolution timeliness of expedited appeals and expedited appeals with extensions that were resolved during the reporting period. Row 8 captures the number of expedited appeal resolutions. Row 9 captures the number of expedited appeal resolutions with a 14 day extension.

This section only captures expedited appeal requests for appeals that meet the criteria for an expedited appeal.

Column Header	Column	Description
Member Resolution Timeframes	A	Expedited Appeal Resolutions Expedited Appeal Resolutions with 14 Day Extension
1 - 3 Days	B	The number of expedited appeals that reached a resolution during the reporting period in 1 to 3 business days from the date the MCO received the expedited appeal.

Column Header	Column	Description
4 - 14 Days	C	The number of expedited appeals that reached a resolution during the reporting period in 4 to 14 business days from the date the MCO received the expedited appeal.
15+ Days	D	The number of expedited appeals that reached a resolution during the reporting period in 15 or more business days from the date the MCO received the expedited appeal.
Pending	E	The number of expedited appeals that did not reach a resolution during the reporting period. These expedited appeals will be reported in the following reporting period.

Member Grievance Resolution Timeliness

This section captures resolution timeliness for member grievances during the reporting period. Row 13 captures the total member grievances for Column C (1-30 calendar days), Column D (31+ calendar days), Column E (Pending) and Column F (Monthly Total of Resolutions). Data entry is not required in this field.

Column Header	Column	Description
Secondary Codes Description	A	A description of each member grievance secondary code.
Secondary Grievance Code	B	The secondary grievance code for the member grievance in Column A. The grievance codes provided is a complete list of secondary grievance codes. The MCO may utilize category headers if required that were assigned to cases.
1 - 30 Days	C	The number of member grievances in Column A that reached a resolution in 1 to 30 calendar days from the MCO receipt of the grievance.
31+ Days	D	The number of member grievances in Column A that reached a resolution in 31 or more calendar days from the MCO receipt of the grievance.
Pending	E	The number of member grievances that have not reached a resolution as of the last day of the reporting period. These members will be reported in the following reporting period.
Monthly Total of Resolutions	F	The total number of member grievances that reached a resolution during the reporting period, calculated by adding the data in Columns C and D. Data entry is not required in this field.

Section IV: Member Grievances

Before entering data in the workbook, ensure that the “Member Grievances” tab is selected. This section of the report provides a detailed overview of member grievances based on primary and secondary grievance codes for the reporting period. This section collects information from Section VII of the report. Data entry is not required in this section of the report.

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Section V: Provider Grievances

Before entering data in the workbook, ensure that the "Provider Grievances" tab is selected. This section of the report provides a detailed overview of provider grievances based on primary and secondary grievance codes for the reporting period. This section collects information from Section X of the report. Data entry is not required in this section of the report.

Section VI: Appeals

Before entering data in the workbook, ensure that the "Appeals" tab is selected. This section of the report provides a detailed overview of member and provider appeals based on primary appeal codes for the reporting period. This section collects information from Sections VIII and Section XI of the report. Data entry is not required in this section of the report.

Section VII: Detailed Member Grievances

Before entering data in the workbook, ensure that the "Detailed Member Grievances" tab is selected. This section of the report captures detailed information on members who filed a grievance with the MCO for the reporting period. The MCO is required to report all grievances on this list until they are resolved. The section requires the MCO to indicate in Column B if the member grievance was "carried over" from a previous reporting period, or if the member grievance was filed during the "current reporting period".

For members who filed multiple grievances, enter each grievance on a separate row and provide all the relevant information for each grievance.

This section of the report contains drop-down lists and formulas for several columns. When adding additional rows, please copy and paste rows that include the formulas and drop-down lists. Not doing so will affect the data in other sections of the report. Columns AA through AD are unlocked to allow the MCO to add additional rows. Please do not alter the formulas/data in these columns.

Note: For all columns in this section, enter "ND" if data is unavailable at the time of this report.

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the grievance.
Carried Over (Y/N)	B	If the grievance remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the grievance was filed during the current reporting period, select No (N).
Last Name	C	The last name of the member filing a grievance.
First Name	D	The first name of the member filing a grievance.
Member Medicaid ID Number	E	The Medicaid identification number of the member.
Member DOB	F	The date of birth of the member (e.g., 1/1/13).
City	G	The city of residence of the member.
County	H	The county of residence of the member.
Provider Name	I	In the event that a grievance is filed against a provider, enter the name of the provider. For issues regarding providers that are not paid through the Health Plan (providers with no NPI such as dental and BH providers), please provide the agency/facility name.

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Column Header	Column	Description
Provider NPI	J	In the event that a grievance is filed against a provider, enter the national provider identifier number of the provider. All providers are required to have a NPI. Otherwise enter "N/A."
State Log ID Number	K	The complaint number provided by HSD to the MCO. Please note: not all cases will have a State Log ID number. HSD may also assign a State Log ID Number to grievances that were first received and logged by HSD.
Member Representation	L	Identify if the member is filing a grievance on their own behalf or if the grievance is filed by a representative of the member. Enter "Member" if member files the grievance, "Representative" if the grievance is filed by the member's representative or "Provider" if the grievance is being filed by a provider on the behalf of a member.
Verbal or Written	M	Indicate whether the member filed a verbal grievance or written grievance with the MCO. Enter "W" for written or "V" for verbal.
Category of Eligibility	N	The category of eligibility of the member filing a grievance. HSD provides the MCO with the member's category of eligibility during the member's enrollment process.
Care Coordination Level Identifier	O	The member's care coordination identifier as assigned by the MCO. Please select the appropriate care coordination level from the drop down list. A description of each care coordination level is provided in the Reference tab within the report template.
Code: Primary	P	The primary code of the filed grievance. Please select from the drop-down list of primary grievance codes.
Code: Secondary	Q	The secondary code of the filed grievance, if any. Please select from the drop-down list of secondary grievance codes. If there is no secondary code, select "N/A."
Nature of Grievance	R	Provide a short, concise description of the grievance filed by the member. Do not restate the primary and secondary grievance code. See example of nature of grievance: *Member complained about the transportation vendor not showing up and that not notification of cancellation was issued.*
Resolution	S	Provide a short and concise description providing details of the outcome of the grievance filed by the member.
Date: Grievance Received	T	The date the MCO received the grievance at a New Mexico location. Not specific to a grievance/appeals department.
Date: Acknowledgment Notice Mailed	U	The date the MCO mailed an acknowledgement notice informing the member that the grievance has been received and the expected date of resolution. The MCO is required to provide the member written notice within 5 business days of receiving the grievance.

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Column Header	Column	Description
Date: Resolution	V	The date the MCO reaches final resolution of the member's grievance. If the grievance has not been resolved, enter "ND." The MCO is required to process the grievance within 30 calendar days from the date the grievance was received.
Date: Resolution Notice Mailed	W	The date the notice of resolution was mailed to the member. If the notice has not been mailed, enter "ND." The resolution notice must be mailed to the member no later than 30 calendar days after the grievance was received.
MCO Extension Request	X	Indicate if the MCO requested an extension to resolve the member's grievance. Enter "Y" for yes, and "N" for no.
Date: HSD Approval of Extension	Y	The date HSD approved the extension request from the MCO. If an extension was not requested or if the request for extension was denied, enter "N/A."
Date: Notice of Extension Mailed	Z	The date the MCO mailed an extension notice to the member. If an extension was not requested or if the request for extension was denied, enter "N/A." The MCO is required to provide the member written notice of the reason for the extension within 2 business days of the decision to extend the timeframe.
Number of Days to Mail Acknowledgement Notice	AA	The net business days between the date the MCO received a grievance (Column T) and the date the MCO mailed an acknowledgment notice in receipt of a member grievance (Column U). Data entry is not required in this field.
Number of Days to Resolution	AB	The net calendar days between the date the MCO received a grievance (Column T) and the date the MCO reached a resolution for the grievance (Column V). Data entry is not required in this field.
Number of Days to Mail Resolution Notice	AC	The net calendar days between the date the MCO received a grievance (Column T) and the date the MCO mailed a resolution notice for the grievance (Column W). Data entry is not required in this field.
Number of Days to Mail Extension Letter	AD	The net business days between the date the MCO received approval of an extension request (Column Y) and the date the MCO mailed an extension notice for a member grievance (Column Z). Data entry is not required in this field.

Column Header	Column	Description
Code Validation	AE	This column validates code entry for primary (Column P) and secondary (Column Q) member grievance codes. The column will return a "No Error" code for codes that are entered correctly and will return a "Data Error!" code for codes that are incorrect. The MCO is responsible for ensuring all data submitted is entered correctly and that there are no data errors. Data entry is not required in this field.

Section VIII: Detailed Member Appeals

Before entering data in the workbook, ensure that the "Detailed Member Appeals" tab is selected. This section of the report captures detailed information on members who filed an appeal with the MCO for the reporting period. The MCO is required to report all appeals on this list until they are resolved. The section requires the MCO to indicate in Column B if the member appeal was "carried over" from a previous reporting period, or if the member appeal was filed during the "current reporting period".

This section of the report contains drop-down lists and formulas for several columns. When adding additional rows, please copy and paste rows that include the formulas and drop-down lists. Not doing so will affect the data in other sections of the report. Columns AF through AL are unlocked to allow the MCO to add additional rows. Please do not alter the formulas/data in these columns.

For members who filed multiple appeals, enter each appeal (including level 1 and level 2 appeals) on a separate row and provide all the relevant information for each appeal.

Note: For all columns in this section, enter "ND" if data is unavailable at the time of this report.

Member Appeals

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the appeal.
Carried Over (Y/N)	B	If the appeal remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the appeal was filed during the current reporting period, select No (N).
Last Name	C	The last name of the member filing an appeal.
First Name	D	The first name of the member filing an appeal.
Member Medicaid ID Number	E	The Medicaid identification number of the member.
Member DOB	F	The date of birth of the member (e.g., 1/1/13).
City	G	The city of residence for the member.
County	H	The county of residence for the member.

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Column Header	Column	Description
Provider Name	I	In the event that an appeal involves a provider, enter the name of the provider. For issues regarding providers that are not paid through the Health Plan (providers with no NPI such as dental and BH providers), please provide the agency/facility name.
Provider NPI	J	In the event that an appeal involves a provider, enter the national provider identifier number of the provider. All providers are required to have a NPI. Otherwise enter "N/A."
State Log ID Number	K	The complaint number provided by HSD to the MCO. Please note: not all cases will have a State Log ID number. HSD may also assign a State Log ID Number to appeals that were first received and logged by HSD.
Member Representation	L	Identify if the member is filing an appeal on their own behalf or if the appeal is filed by a representative of the member. Enter "Member" if member files the appeal, "Representative" if the appeal is filed by the member's representative or "Provider" if the appeal is being filed by a provider on the behalf of a member.
Verbal or Written	M	Indicate whether the appeal was filed verbally or in writing. Enter "W" for written or "V" for verbal.
Category of Eligibility	N	The category of eligibility of the member filing an appeal. HSD provides the MCO with the member's category of eligibility during the member's enrollment process.
Care Coordination Level Identifier	O	The member's care coordination identifier level as assigned by the MCO. Please select the appropriate care coordination level from the drop down list. A description of each care coordination level is provided in the Reference tab within the report template.
Primary Appeal Code	P	The primary code of the filed appeal. Please select from the drop-down list of appeal codes. Appeal codes (MA-002, MA-003, and MA-004) can address un-expired authorizations for which coverage determinations have been change and or they can address renewals of existing authorizations.
Service Being Appealed	Q	Provide a short, concise description of the notice of action for which the member filed an appeal.
Resolution	R	Provide a short and concise description of the resolution of the appeal of the MCO's action.
Upheld or Overturned	S	Enter "U" for upheld. Enter "O" for overturned. Enter "P" for partial overturned.
Date: Notice of Action Mailed	T	The date the MCO mailed the notice of action to the member.

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Column Header	Column	Description
Date: Appeal Filed	U	The date the member filed an appeal that was received by the MCO at a New Mexico location. Not specific to a grievance/appeals department. The member may file an appeal verbally or in writing 90 calendar days from receiving the notice of action from the MCO.
Date: Written Appeal Received	V	The date the MCO received a written appeal following an initial verbal appeal. If the initial appeal was a written appeal, enter "N/A." If the timeframe for following-up in writing regarding an oral appeal has not elapsed, enter "ND." The member is required to file a written appeal within 13 calendar days of filing a verbal appeal.
Date: Written Notice of Receipt of Appeal Mailed	W	The date the MCO mails a written notice regarding the receipt of the appeal being. If the notice has not been mailed, enter "ND." The MCO is required to provide a receipt of appeal to the member within 5 business days of receiving the appeal.
Expedited Appeal Request	X	Identify if the member requested an expedited appeal. Enter "Y" for yes or "N" for no.
Expedited Appeal Approval	Y	Identify if the expedited appeal was approved or denied. Enter "Y" for approved or "N" for denied. If an expedited appeal was not requested, enter "N/A."
Date: Expedited Appeal Resolution	Z	The date of the expedited appeal resolution. If an expedited appeal was not requested or if the request for expedited appeal was denied, enter "N/A." If the expedited appeal has not been resolved, enter "ND." The MCO is required to reach a resolution and notify the member within 3 business days of receiving the appeal.
Date: Standard Appeal Resolution	AA	The date the resolution of the member's appeal was filed. If the member filed an expedited appeal, enter "N/A." If the appeal has not been resolved, enter "ND." The MCO is required to process the appeal within 30 calendar days from the date the appeal was received.
Date: Resolution Notice Mailed	AB	The date the MCO provided written notice to the member of the resolution of the appeal. If the notice has not been mailed, enter "ND." The MCO is required to notify the member of the resolution of an appeal within 30 calendar days of the receipt of the appeal.

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Column Header	Column	Description
MCO Extension Request	AC	Identify if the MCO requested an extension to resolve the appeal. Enter "Y" for yes, and "N" for no.
Date: Extension Request	AD	The date the MCO approved an extension to resolve an appeal. If an extension was not requested or if the request for extension was denied, enter "N/A." If the extension has not been approved, enter "ND." For any extension not requested by the member, the MCO must give the member written notice of the extension.
Date: Notice of Extension Mailed	AE	The date the MCO mailed an extension notice to the member extending the timeframe to complete a resolution. If an extension was not requested or if the request for extension was denied, enter "N/A." If the extension notice has not been mailed, enter "ND." The MCO is required to provide written notice to the member within 2 business days of the decision to extend the timeframe.
Number of Days to File Appeal After Receiving Notice of Action from MCO	AF	The net calendar days between the dates the member was mailed a Notice of Action from MCO (Column T) and the date a member filed an appeal for the notice of action (Column U). Data entry is not required in this field.
Number of Days to Receive Written Appeal	AG	The net calendar days between the dates the member filed a verbal appeal (Column U) and the date the member mailed a written appeal to the MCO (column V). Data entry is not required in this field.
Number of Days to Mail Written Notice for Receipt of an Appeal	AH	The net business days between the date the MCO received an appeal (Column U) and the date the MCO mailed a written notice in receipt of a member appeal (Column W). Data entry is not required in this field.
Number of Days to Resolution for Expedited Appeal	AI	The net business days between the date the MCO received an expedited appeal (Column U) and the date the MCO resolved the member's appeal (Column Z). Data entry is not required in this field.
Number of Days to Resolution for Standard Appeal	AJ	The net calendar days between the date the MCO received a standard appeal (Column U) and the date the MCO resolved the member's appeal (Column AA). Data entry is not required in this field.

Column Header	Column	Description
Number of Days to Mail Resolution Notice	AK	The net calendar days between the date the MCO received a standard appeal (Column U) and the date the MCO mailed a resolution notice to the member (Column AB). Data entry is not required in this field.
Number of Days to Mail Extension Notice	AL	The net business days between the date the MCO approved an extension request (Column AD) and the date the MCO mailed written notice of the extension to the member (Column AE). Data entry is not required in this field.

Section IX: Detailed Member State Fair Hearing

Before entering data in the workbook, ensure that the "Detailed Member Fair Hearing" tab is selected. This section of the report captures detailed information on members who requested a State Fair Hearing after exhausting either the grievances or appeals process for the reporting period.

The MCO is required to report all member fair hearings on this list until they are resolved. The section requires the MCO to indicate in Column B if the member fair hearing process remained unresolved at the end of the previous reporting period and was "carried over". If the fair hearing took place during the current reporting period, indicate that the fair hearing was not carried over.

This section of the report contains drop-down lists and formulas for several columns. When adding additional rows, please copy and paste rows that include the formulas and drop-down lists. Not doing so will affect the data in other sections of the report. Columns W through Y are unlocked to allow the MCO to add additional rows. Please do not alter the formulas/data in these columns.

If members request multiple State Fair Hearings, enter each State Fair Hearing on a separate row and provide all the relevant information for each State Fair Hearing.

Note: For all columns in this section, enter "ND" if data is unavailable at the time of this report.

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the appeal.
Carried Over (Y/N)	B	If the state fair hearing remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the state fair hearing was filed during the current reporting period, select No (N).
Last Name	C	The last name of the member who requested a fair hearing.
First Name	D	The first name of the member who requested a fair hearing.
Member Medicaid ID Number	E	The Medicaid identification number of the member.
Member DOB	F	The date of birth of the member (e.g., 1/1/13).
City	G	The city of residence for the member.
County	H	The county of residence for the member.

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Column Header	Column	Description
Provider Name	I	In the event that a fair hearing is filed against a provider, enter the name of the provider. Otherwise enter "N/A."
Provider NPI	J	In the event that a fair hearing is filed against a provider, enter the national provider identifier number of the provider. All providers are required to have a NPI. Otherwise enter "N/A."
State Fair Hearing ID Number	K	HSD assigned State Fair Hearing ID Number.
Category of Eligibility	L	The category of eligibility of the member filing a fair hearing request. HSD provides the MCO with the member's category of eligibility during the member's enrollment process.
Care Coordination Level Identifier	M	The member's care coordination identifier level as assigned by the MCO. Please select the appropriate care coordination level from the drop down list. A description of each care coordination level is provided in the Reference tab within the report template.
Grievance or Appeal	N	Identify whether the fairing hearing requested by the member is due to grievance or an appeal. Please select from the drop down list.
Code: Primary	O	The primary code of the filed grievance/appeal. Please select from the drop down list. The list contains both primary grievance codes and appeal codes.
Code: Secondary	P	The secondary code of the filed grievance/appeal. Please select from the drop down list. If a secondary code is not valid, please select N/A (not applicable) from the drop down list.
Nature of Grievance/Appeal	Q	Provide a short, concise description of the grievance or appeal resolution the member filed a fair hearing request for.
Fair Hearing Resolution	R	The resolution of the fair hearing. Provide a short and concise description of the resolution of the fair hearing.
Date: Final Decision of Grievance or Appeal	S	The date of resolution of a grievance or appeal the member has requested a fair hearing to review.
Date: Member Request for Fair Hearing	T	The date the MCO received receipt of a member request for a fair hearing. The member may request a fair hearing after exhausting the MCO grievance/appeal process within 30 calendar days of the final decision of the MCO.
Date: SOE Mailed	U	The date the MCO mailed a summary of evidence (SOE) to the member. If the SOE has not been mailed, enter "ND." The MCO is required to provide the SOE within 7 calendar days after receipt of a request for a fair hearing.
Date: Fair Hearing	V	The date of the fair hearing. If the hearing has not been scheduled, enter "ND."

Column Header	Column	Description
Number of Days to Request Fair Hearing	W	The net calendar days between the date the member requested a fair hearing (Column T) and the date a final decision was made for a member grievance or appeal (Column S). Data entry is not required in this field.
Number of Days to Send SOE	X	The net calendar days between the date the member requested a fair hearing (Column T) and the date the MCO mailed the SOE (Column U). Data entry is not required in this field.
Number of Days to Fair Hearing	Y	The net calendar days between the date the member requested a fair hearing (Column T) and the date of the fair hearing (Column V). Data entry is not required in this field.

Section X: Detailed Provider Grievances

Before entering data in the workbook, ensure that the "Detailed Provider Grievances" tab is selected. This section of the report captures detailed information on providers who filed a grievance for the reporting period. The MCO is required to report all grievances on this list until they are resolved. The section requires the MCO to indicate in Column B if the provider grievance was "carried over" from a previous reporting period, or if the provider grievance was filed during the current reporting period.

This section of the report contains drop-down lists and formulas for several columns. When adding additional rows, please copy and paste rows that include the formulas and drop-down lists. Not doing so will affect the data in other sections of the report. Columns P and Q are unlocked to allow the MCO to add additional rows. Please do not alter the formulas/data in these columns.

For providers who filed multiple grievances, enter each grievance on a separate row and provide all the relevant information for each grievance.

Note: For all columns in this section, enter "ND" if data is unavailable at the time of this report.

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the provider grievance or appeal.
Carried Over (Y/N)	B	If the grievance remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the grievance was filed during the current reporting period, select No (N).
Provider Name	C	The name of the provider.
Provider NPI	D	The national provider identifier number (NPI) of the provider. All providers are required to have a NPI.
City	E	The city the provider offers services.
County	F	The county in which the provider offer services.

Column Header	Column	Description
State Log ID Number	G	The complaint number provided by HSD to the MCO. Please note, not all cases will have a State Log ID number. HSD may assign a State Log ID Number to provider grievances or appeals that were first received and logged by HSD.
Code: Primary	H	The primary code of the filed grievance. Please select from the drop-down list of primary grievance codes. Note: Providers may only file an appeal for payment issues or utilization management issues.
Code: Secondary	I	The secondary code of the filed grievance. Please select from the drop-down list of secondary grievance codes. If there is no secondary code, select "N/A."
Nature of Grievance	J	If the provider filed a grievance against the MCO. Provide a short and concise description of the grievance of the provider. Do not restate the primary and secondary grievance code. See example of nature of grievance: *Provider complained about the transportation vendor not being timely for members.*
Resolution	K	Provide a short and concise description of the resolution for the provider's filed grievance or appeal.
Date: Grievance Received	L	The date the grievance was received by the MCO.
Date: Grievance Resolution	M	The date the MCO reaches final resolution for the provider's grievance. If the grievance has not been resolved, enter "ND."
MCO Extension Request	N	Identify if the MCO requested an extension to resolve the grievance. Enter "Y" for yes, and "N" for no.
Date: Approval of Extension from MCO	O	The date the extension request from the MCO to the provider was approved. If an extension was not requested or if the request for extension was denied, enter "N/A."
Number of Days to Resolution	P	The net calendar days between the date the provider filed a grievance (Column L) and the date the MCO reached a resolution for the provider grievance (Column M). Data entry is not required in this field.
Code Validation	Q	This column validates code entry for primary (Column H) and secondary (Column I) provider grievance codes. The column will return a "No Error" code for codes that are entered correctly and will return a "Data Error!" code for codes that are incorrect. The MCO is responsible for ensuring all data submitted is entered correctly and that there are no data errors. Data entry is not required in this field.

Section XI: Provider Appeals

Before entering data in the workbook, ensure that the "Detailed Provider Appeals" tab is selected. This section of the report captures detailed information on providers who filed an appeal for the reporting period. The MCO is required to report all appeals on this list until they are resolved. The section requires the MCO to indicate in Column B if the provider appeal was "carried over" from a previous reporting period, or if the provider appeal was filed during the current reporting period.

This section of the report contains drop-down lists and formulas for several columns. When adding additional rows, please copy and paste rows that include the formulas and drop-down lists. Not doing so will affect the data in other sections of the report. Columns AF through AL are unlocked to allow the MCO to add additional rows. Please do not alter the formulas/data in these columns.

Providers may file an appeal with the MCO regarding payment issues and/or Utilization Management decisions.

For all columns in this section enter "ND" if data is unavailable at the time of this report.

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the provider grievance or appeal.
Carried Over (Y/N)	B	If the appeal remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the appeal was filed during the current reporting period, select No (N).
Provider Name	C	The name of the provider.
Provider NPI	D	The national provider identifier number (NPI) of the provider. All providers are required to have a NPI.
City	E	The city the provider offers services.
County	F	The county the county the provider offer services.
State Log ID Number	G	The complaint number provided by HSD to the MCO. Please note, not all cases will have a State Log ID number. HSD may assign a State Log ID Number to provider grievances or appeals that were first received and logged by HSD.
Code: Appeal	H	The primary code of the filed appeal. Please select from the drop-down list of appeal codes. Note: Providers may only file an appeal for payment issues or utilization management issues.
Service Being Appealed	I	Provide a short, concise description of the notice of action the provider appealed.
Resolution	J	Provide a short and concise description of the resolution for the provider's appeal.
Upheld or Overturned	K	Enter "U" for upheld. Enter "O" for overturned. Enter "P" for partial overturned.
Date: Notice of Action Mailed	L	The date the MCO mailed a notice of action to the provider.

Column Header	Column	Description
Date: Appeal Filed	M	The date the provider filed an appeal against the MCO notice of action.
Date: Written Notice of Receipt of Appeal Mailed	N	The date the MCO mails a receipt of the appeal being received from the provider and the expected date of resolution. If the notice has not been mailed, enter "ND."
Date: Appeal Resolution	O	The date the MCO notifies the provider of the resolution of the provider's appeal. If the appeal has not been resolved, enter "ND."
MCO Extension Requested	P	Identify if the provider or MCO requested an extension of 14 calendar days to reach a resolution of the provider's appeal. Enter "Y" for yes, and "N" for no.
Date: Approval of Extension Request from MCO	Q	The date the extension request from the MCO to the provider was approved. If an extension was not requested or if the request for extension was denied, enter "N/A." If the extension has not been approved, enter "ND."
Number of Days to Resolution	R	The net calendar days between the date the provider filed an appeal (Column M) and the date the MCO reached a resolution for the provider appeal (Column O). Data entry is not required in this field.

Section XII: Follow-up On Quality Grievances

Before entering data in the workbook, ensure that the "Follow-up On Quality Grievances" tab is selected. This section of the report is to be completed by the MCO when a grievance has been sent to the MCO's Quality Committee or equivalent entity during the reporting period.

The MCO is required to report all grievances on this list until they are resolved. The section requires the MCO to indicate in Column B if the grievance was "carried over" from a previous reporting period, or if the grievance was filed during the current reporting period.

Note: For all columns in this section, enter "ND" if data is unavailable at the time of this report.

Column Header	Column	Description
MCO File Number	A	The MCO's internal identification number for the grievance.
Carried Over (Y/N)	B	If the grievance remained unresolved at the end of the previous reporting period, select Yes (Y) for Carried Over. If the grievance was filed during the current reporting period, select No (N).
Date Received by MCO	C	The date the MCO received the grievance at New Mexico location Not specific to a grievance/appeals department.
Date Received by Quality Committee	D	The date the Quality Committee or equivalent received the grievance.
Status of Case	E	The current status of the case.

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Column Header	Column	Description
Date Closed by Quality Committee	F	The date the grievance is closed by the Quality Committee. If the case is not yet closed, enter "ND."
Severity Code	G	The severity code of the grievance. Identify the severity of the grievance by the following codes: 0. No additional action taken 1. MCO will track/trend 2. Contract has been terminated 3. Other