

**EXHIBIT F
Member Complaints / Appeals Report**

Contractor Name: _____ **Year:** _____

Report Period: Oct – Dec Jan – Mar Apr – Jun Jul - Sep

Instructions: Please report the total number of Complaints and Appeals (as defined in OAR 410-141-0000), received by the Contractor in each of the following categories for the report period. This report is to be submitted with documentation of the QI program of complaints (as noted in OAR 410-141-0200) to the Analysis and Evaluation Unit not later than 60 calendar days from the end of each calendar quarter.

| | Categorically (Plus | Eligible Population) | Expansion Population (Standard Population) |
|--|-----------------------------------|---------------------------------|---|
| | Special Needs Phase II | Other | |
| COMPLAINTS | | | |
| Access | | | |
| Quality of Clinical Care | | | |
| Interpersonal Care/Quality of Service | | | |
| Other | | | |
| COMPLAINTS TOTALS | | | |

| | | | |
|--|--|--|--|
| APPEALS | | | |
| Payment for services denied | | | |
| Authorization for services denied | | | |
| APPEALS TOTALS | | | |

| | | | |
|-----------------------|--|--|--|
| OVERALL TOTALS | | | |
|-----------------------|--|--|--|

Attach documentation to indicate specifically how the Contractor analyzed Complaints and Appeals for trends, identified persistent or significant Complaints and Appeals, and conducted follow-up actions for this report quarter.

Exhibit F

Member Complaints / Appeals Report

Report Definitions

- * In order to obtain consistent and comparative data, DMAP is requesting that the following examples be used as guidelines for capturing both Complaints and Appeals submitted to plans.
- * ALL member expressions of dissatisfaction must be categorized as a complaint. NO filters.
- * There is NO timeline for submission of member complaints.

| COMPLAINT RESOLUTIONS TRACKED | APPEALS |
|---|---|
| Access | Plan's Payment of Services Denied |
| Provider's office difficult to contact for appointment or information | Payment for emergency services denied |
| Provider's office has physical barrier | Payment to non-participating provider denied |
| Provider's office too far away, not convenient | |
| Unable to schedule appointment in timely manner | Plan's Authorization for Services Denied/Limited |
| Provider's office closed to new patients | Benefit not covered |
| Referral denied / refused by provider | Urgent / emergent care not provided |
| Unable to be seen in timely manner for urgent / emergent care | Specialty / referral denied |
| Provider(s) not available to give necessary care | Service denied as not medically necessary |
| Provider's office has language or cultural barriers | DME equipment not covered |
| | Cosmetic |
| Quality of Clinical Care | Pain Management |
| Adverse outcome, Complications, Misdiagnosis | Pharmacy |
| Testing / assessment insufficient, inadequate or omitted | Physical Therapy / OT denied or reduced |
| Disagreement / member not involved with treatment plan | Other |
| Medical record documentation issues | |
| Medication management issues | |
| Unsanitary environment or equipment | |
| Allegation of abuse | |
| | |
| Interpersonal Care / Quality of Service | |
| Provider staff rude or inappropriate comments / behavior | |
| Provider explanation / instruction inadequate, incomplete | |
| Provider / staff unresponsive (unreturned phone calls) | |
| Wait too long in office before receiving care | |
| Concern over confidentiality | |
| Provider office unsafe / uncomfortable | |
| | |
| Other | |
| Pharmacy related issues | |
| Benefits, rights and/or financial responsibilities of member | |
| Claims and billing related issues | |
| Availability, delay, quality of materials and supplies (DME) | |
| | |

NOTE: Inquiries **NOT** considered as a complaint. Eligibility question **NOT** considered a complaint.