

Instructions for

Grievance and Appeal Log

Table of Contents

[Background 2](#_Toc178696956)

[Instructions for Grievance and Appeal Log 2](#_Toc178696957)

[Grievance Log: 2](#_Toc178696958)

[Prior Authorization (PA) Log 7](#_Toc178696959)

[Notices of Adverse Benefit Determination (NOABD) Log 10](#_Toc178696960)

[Appeal Log 16](#_Toc178696961)

# Background

42 CFR 438.402 and 438.228 requires Coordinated Care Organizations (CCOs) have a grievance and appeal system in place for enrollees that meets the requirements in 42 CFR Part 438 Subpart F. 42 CFR 438.66 requires the State monitor CCO performance through data collected in grievance and appeal logs.

In addition, the Oregon Health Plan 1115 Medicaid Demonstration requires OHA to submit quarterly reports about CCO grievances and appeals to the Centers for Medicare & Medicaid Services (CMS). OHA posts these reports on the [OHA website](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Quarterly-Annual-Reports.aspx). Consistent and timely reporting of grievances, prior authorizations, service denials, and appeals is important to identify trends and implement interventions to address problem areas.

# Instructions for Grievance and Appeal Log

For CY 2025, CCOs must submit Grievance and Appeal Log information 45 days after the end of the quarter on the following due dates:

* Q1 – May 15, 2025
* Q2 – August 14, 2025
* Q3 – November 14, 2025
* Q4 – February 14, 2026

Grievance and Appeal Log data files may be submitted in any of the following file formats:

* ASCII text file\*
* Comma-separated values file (CSV)\*
* Spreadsheet file (e.g., see MS Excel Grievance and Appeals Log 2025)
* Other file types as coordinated with OHA

**\*OHA prefers large data submissions via ASCII text file or Comma-separated values file (CSV).**

The report templates are located on the [CCO Contract Forms page](https://www.oregon.gov/oha/hsd/ohp/pages/cco-contract-forms.aspx). Quarterly submissions should be sent via the [Contract Deliverables portal](https://oha-cco.powerappsportals.us/). (The submitter must have an OHA account to access the portal.)

If you have questions or concerns about completion of the templates or submitting to the OHA, please email HSD.QualityAssurance@odhsoha.oregon.gov for technical assistance.

# Grievance Log:

List all oral and written grievances/complaints received during the quarter and any unresolved grievances from previous quarters that were resolved this quarter. A grievance is an expression of dissatisfaction about any matter other than an adverse benefit determination. This includes all grievance/complaints collected from CCOs and their sub-contractors for all Medicaid members enrolled in a plan, regardless of other insurance coverage (Medicare, Private Insurance, etc.). Any data from delegates performing the grievance function on behalf of the CCO must be included in the grievance log.

Record each unique grievance/complaint on a separate line with a unique Grievance ID. Use ‘Grievance and Appeal System Code Tables’[[1]](#footnote-2) document to find the appropriate codes for the Grievance/Complaint Category, Type, and Service Type fields. Grievances can have more than one Category. Grievances can apply to more than one service type. Reporting is based on the date the grievance/complaint was received. “Resolved” means when all aspects of the complaint have been resolved and the member has been notified.

Citations: OAR 410-141-3875 (1)(b), 410-141-3515, 410-141-3885, 42 CFR 438.400(b), 42 CFR 438.408, 438.416.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Field Name** | **Data Field Description**  | **Data Field Instructions**  | **Required** |
| **Grievance ID**  | Unique ID for each grievance being reported.  | Enter one of the following:1. CCO unique internal identification number. Or;
2. Sequential number with “G”, Year and Quarter listed in front such as: G\_YYYYQ#\_#. (e.g., G\_2025Q1\_1, G\_2025Q1\_2, G\_2025Q1\_3…)

Each quarter, the numbering will start over and begin with 1 again. **Format/Value:** alphanumeric characters, spaces, special characters associated with ID #s. | Yes |
| **Client ID** | Member’s 8-digit alphanumeric Oregon Health Plan ID number | Enter the Member’s 8-digit alphanumeric Oregon Health Plan ID number. Do not enter an CCO or Provider ID number.**Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X). | Yes |
| **Receipt Date** | Date Grievance/Complaint received | Enter date the CCO received the grievance/complaint (either orally or in writing)**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes |
| **Category+GrievanceTypeID** | Category of Grievance/Complaint received + Type of Grievance/Complaint received | Category: Enter the appropriate letter from the ‘Grievance’ tab of the ‘Grievance System Code Tables’ document, ‘Category’ column corresponding to the grievance/complaint received.Grievance Type ID: Enter the appropriate letter from the ‘Grievance’ tab of the ‘Grievance System Code Tables’ document, ‘Grievance Type’ column corresponding to the grievance/complaint received.Note: If any member has two or more category + Grievance type id assigned to them, then please add them in same line separated by ‘;’**Format/Value:** 1 to 2-digit alphabetic characters / present in ‘Grievance’ code table, ‘Category’ column with period between. Ex: A.a; A.c; IP.c. | Yes |
| **Service Type** | Service Type for Grievance/Complaint received | Enter the appropriate number from the ‘Service Type’ tab of the ‘Grievance System Code Tables’ document, ‘Service Type’ column corresponding to the grievance/complaint received.For grievances with multiple service types, enter each ‘Service Type’ on separate lines making sure to use the same unique grievance ID.**Format/Value:** 1 to 2-digit numeric character / present ‘Service Type’ code table, ‘Service Type’ column. |  |
| **Resolved** | Resolution status of Complaint | Enter resolution status of Grievance/Complaint by indicating Yes (Y) if resolved or No (N) if not resolved.**Format/Value**: 1-digit alphabetic character (Y or N). | Yes |
| **Date of Resolution** | Date the CCO resolved the Grievance/Complaint | Enter the date the CCO resolved the grievance/complaint.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A or other conventions. | Yes, if Resolved = Y |
| **Complaint Against** | Indicates who the complaint is directed towards | Clarify if the complaint is against the provider, NEMT or another Subcontractor/ Delegated entityP = ProviderC = CCON = NEMTS = Other Subcontractor/ Delegated Entity (Non- NEMT) | Yes |
| **NPI** | The NPI is a unique identification number for covered health care providers | If specific individual, include their NPI;if facility/agency complaint, include the facility/agency NPI. (Can cross reference NPI to taxonomy via DSN specialty matrix). **Format/Value:** 10 digit numeric identifier active in [NPPES Registry](https://npiregistry.cms.hhs.gov/) **Null Value:** Blank – do not use NA, N/A | Yes if ‘Complaint Against’ = P or N. NPI is not needed for complaints against CCO and subcontracted/ delegated entities.  |
| **TIN** | Individual Provider’s Taxpayer Identification Number (TIN) | This data field must be populated with the Individual Provider’s TIN. **Format/Value:** 9- or 10-digit numeric value**Null Value:** Blank – do not use NA, N/A | Yes if “Complaint Against” =P, N, and S. TIN is not needed for CCO.  |
| **Received by – Contractor Type** | Select the contractor type who has been delegated this work | "Clarify if complaint was received by CCO, Subcontractor or Downstream Entity.C=CCON=NEMTS= other Subcontractor / Downstream Entity (non-NEMT)"**Format/Value:** 1-digit alphabetic character **Null Value:** Blank – do not use NA, N/A . | Yes, when Applicable |

# Prior Authorization (PA) Log

CCOs must report each Prior Authorization (PA) received during the quarter and any PAs reported in prior quarter logs as pending that were resolved this quarter, for all benefit types, including but not limited to medical, behavioral health, pharmacy, dental, and non-emergent medical transportation. This includes all PAs from CCOs and their sub-contractors for all Medicaid members enrolled in a plan, regardless of other insurance coverage (Medicare, Private Insurance, etc.) or whether the PA was approved automatically. Any data from delegates performing the PA function on behalf of the CCO must be included in the reporting log.

Record each Prior Authorization on a separate line that can be identified by a Service Type code. Use ‘Grievance and Appeal System Code Tables’[[2]](#footnote-3) document to find the appropriate codes for the Service Type field. Prior Authorizations can have more than one Category. Prior Authorizations can apply to more than one service type. Reporting is based on the date the PA was received.

Citations: OAR 410-141-3875 (1)(b), 410-141-3515, 410-141-3885.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Field Name** | **Data Field Description**  | **Date Field Instructions**  | **Required** |
| PA ID | Prior Authorization Identification Number | Enter one of the following:1. CCO unique internal identification number. Or;
2. Sequential number with “PA”, Year and Quarter listed in front such as: PA\_YYYYQ#\_#. (e.g., PA\_2025Q1\_1, PA\_2025Q1\_2, PA\_2025Q1\_3…)

Each quarter, the numbering will start over and begin with 1 again. **Format/Value:** alphanumeric characters, spaces, special characters associated with ID #s. | Yes |
| Client ID | Member’s 8-digit alphanumeric Oregon Health Plan ID number | Enter the Member’s 8-digit alphanumeric Oregon Health Plan ID number. Do not enter an CCO or Provider ID number.**Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X). | Yes |
| Date of Request | Date the PA request was made | Enter the date the CCO received the Prior Authorization request.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes |
| Outcome | Outcome of PA decision (Approved, Denied, Cancelled, Pending) | Enter outcome of PA decision using single letter identifier described below.*Note re: cancellations: Report CCO cancellations only. Do not include provider cancellations.*Partial Approvals/Denials: Please use same PA ID and report the Approved and Denied services on separate lines with corresponding procedure codes. **Format/Value:** 1-digit alphabetic character / ‘A’ = Approved, ‘D’ = Denied, ‘C’ = CCO Cancellation, ‘P’ = Pending. | Yes |
| Service Type | Service Type for PA received | Enter the appropriate number from the ‘Service Type’ tab of the ‘Grievance and Appeal System Code Table’ document[[3]](#footnote-4), ‘Service Type’ column corresponding to the prior authorization request received.**Format/Value:** 1 to 2-digit numeric character / present in ‘Service Type’ code table, ‘Service Type’ column. | Yes |
| Diagnosis Code(s) | Diagnosis code(s) submitted with PA request | Enter the Diagnosis (ICD-10) code(s) that are submitted with the PA request. If multiple codes, separate each with a semi-colon. Reminder that ICD-10 codes are alphanumeric and contain 3-7 digits. For Partial Approvals/Denials: Diagnosis codes associated with multiple outcomes (i.e., approved and denied) need to be duplicated across all rows associated with the same PA ID.**Format/Value**: Alpha/Numeric characters with special characters associated with Diagnosis codes (e.g., R91.8).**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes |
| Procedure Code(s) | Procedure code(s) submitted with PA request | Enter the Procedure (CDT/CPT/HCPC) code(s) that are submitted with the PA request. If multiple codes, separate each with a semi-colon. **Format/Value:** 4–5-digit Alpha/ Numeric characters associated with Procedure codes. (e.g., D3347 or 72148).**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when procedure code is available |
| Authorizing contractor Name | Indicates the Name of the contractor | **Format/Value:** Alpha/Numeric characters **Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when applicable |

# Notices of Adverse Benefit Determination (NOABD) Log

CCOs must report the TOTAL number of pre- and post-service denials issued during the quarter. This means every time the CCO, a delegated contractor, or a subcontractor sends an NOABD letter to a Medicaid member it must be included in the TOTAL for the quarter. This includes all NOABDs from CCOs, delegated contractors and their subcontractors for all Medicaid members enrolled in a plan, regardless of other insurance coverage (Medicare, Private Insurance, etc.). NOABDs can have more than one Category. NOABDs can apply to more than one service type.

Citations: OAR 410-141-3875 (1)(b), 410-141-3515, 410-141-3885, 42 CFR 438.402, 42 CFR 438.404.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Field Name**  | **Data Field Description**  | **Date Field Instructions**  | **Required** |
| NOABD ID | Notice of Adverse Benefit Determination Identification Number | Enter one of the following:1. CCO unique internal identification number. Or;
2. Sequential number with “NOABD”, Year and Quarter listed in front such as: NOABD\_YYYYQ#\_#. (e.g., NOABD\_2025Q1\_1, NOABD\_2025Q1\_2, NOABD\_2025Q1\_3…)

Each quarter, the numbering will start over and begin with 1 again. *Note: NOABD IDs must be unique for each individual client.* **Format/Value:** alphanumeric characters, spaces, special characters associated with ID #s. | Yes |
| PA ID | Prior Authorization Identification Number | Enter one of the following: 1. CCO unique internal identification number. Or;
2. Corresponding ID from PA Log.

*Note: for instances where there is no PA associated with the service (i.e., dental services), leave this field blank.**Note: All PA IDs reported in the NOABD log should be included in the PA log within this quarterly submission (or in previous quarterly submissions for PAs outside of this current reporting period).* **Format/Value:** alphanumeric characters, spaces, special characters associated with ID #s.**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when applicable.  |
| Claim ID | Claim Identification Number | Enter CCO unique internal identification number for single claim.Do not enter multiple claims in a single cell. If multiple claims are associated with single NOABD, list each claim on separate line and repeat NOABD ID on each.**Format/Value:** alphanumeric characters associated with claims.**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when applicable.  |
| Client ID | Member’s 8-digit alphanumeric Oregon Health Plan ID number | Enter the Member’s 8-digit alphanumeric Oregon Health Plan ID number. Do not enter an CCO or Provider ID number.**Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X). | Yes |
| Date Service Provided | Date Service Provided to Member | Enter the Date the service was provided to member. Note: This column pertains to claims only, not PAs.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes, for claims only |
| Date of NOABD  | Date of the Notice of Adverse Benefit Determination (NOABD)  | Enter the date of the NOABD.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes |
| Action Category | Action Category based on the denial reason | Enter the appropriate letter from the ‘Action Category’ tab of the ‘Grievance and Appeal System Code Tables’ document[[4]](#footnote-5), ‘Action Category’ column to capture the denial reason.**Format/Value**: 1-digit alphabetic character / present in ‘Action Category’ code table, ‘Action Category’ column. | Yes |
| Sub- Category | Sub-Category based on the denial reason | Note: Sub-Category is only required if Action Category = A, C, or F.Enter the appropriate number from the ‘Sub- Category’ tab of the ‘Grievance System Code Tables’ document[[5]](#footnote-6), ‘Sub-Category’ column to capture the denial reason with additional detail.There should only be one sub-category listed.**Format/Value**: 1 or 2-digit numeric character / present in ‘Sub-Category’ code table, ‘Sub- Category’ column. | Yes, if Action Category = A, C, or F |
| Service Type | Service Type for PA/Claim received | Enter the appropriate number from the ‘Service Type’ tab of the ‘Grievance System Code Table’ document[[6]](#footnote-7), ‘Service Type’ column corresponding to the prior authorization request/claim received.**Format/Value:** 1 to 2-digit numeric character / present in ‘Service Type’ tab, ‘Service Type’ column, within the ‘Grievance System Code Tables’ document. | Yes |
| Diagnosis code | Indicate the diagnosis code associated with the service submitted by the provider | Enter the Diagnosis (ICD-10) code(s) that are submitted with the **post service denial**. If multiple codes, separate each with a semi-colon. Reminder that ICD-10 codes are alphanumeric and contain 3-7 digits. For Partial Approvals/Denials: Diagnosis codes associated with multiple outcomes (i.e., approved and denied) need to be duplicated across all rows associated with the same NOABD ID. Diagnosis codes do not need to be submitted for NEMT services. **Note: Populate only for claim denials****Format/Value**: Alpha/Numeric characters with special characters associated with Diagnosis codes (e.g., R91.8).**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, for claim denials |
| Procedure code | Indicate the procedure code associated with the service submitted by the provider | Enter the Procedure (CDT/CPT/HCPC/ADA) code(s) that are submitted with the post service denial. If multiple codes, separate each with a semi-colon. Procedure codes do not need to be submitted for NEMT services. **Note: Populate only for claim denials****Format/Value:** 4-5 digit Alpha/Numeric characters associated with Procedure codes. (e.g., D3347 or 72148).**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when procedure code is available |
| CCO Extension | Indicate if timeframe for CCO benefit determination was extended | Enter a ‘Y’ if there was an extension; or enter ‘N’ if there was not an extension.**Format/Value:** 1-digit alphabetic character / ‘Y’ = Yes, ‘N’ = No. | Yes |
| Services Previously Authorized | Indicate if Services were Previously Authorized | Enter a ‘Y’ if services were previously authorized; Enter a ‘N’ if not. Note: If Services were Previously Authorized this means a 10-day notice is required prior to services being reduced, terminated, or suspended.**Format/Value:** 1-digit alphabetic character / ‘Y’ = Yes, ‘N’ = No. | Yes |
| Expedited Granted | Indicate whether the NOABD was Expedited | Enter a ‘Y’ if the NOABD was Expedited; Enter a ‘N’ if not. Enter ‘NR’ when expedition was not requested (for standard appeals).**Format/Value:** 1-2 digit alphabetic character / ‘Y’ = Yes, ‘N’ = No, ‘NR’ = Not Requested. | Yes |
| Date Member Notified of Expedited NOABD  | Indicates the date member was notified of expedited NOABD decision | Enter the date the member was notified of the decision for the expedited service authorization request.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025).**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes if “Expedited Granted” =Y.  |
| Time Member Notified of Expedited NOABD  | Indicates the time member was notified of expedited NOABD decision | Enter the time the member was notified of the decision for the expedited service authorization request.**Format/Value:** HH:MM AM/PM - (e.g., 12:15 PM)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes if “Expedited Granted” =Y. |
| Issuing contractor Name | Indicates the Name of the contractor | **Format/Value:** Alpha/Numeric characters **Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when applicable |
| NOABD in non-English language  | Indicates if NOABD was sent to member in a non-English language | Enter a ‘Y’ if the NOABD was sent to member in a non-English language or enter ‘N’ if it was not.**Format/Value:** 1-digit alphabetic character / ‘Y’ = Yes, ‘N’ = No. | Yes |
| Date of NOABD in non-English language  | Date the non-English language NOABD was sent to member | Enter the date of the NOABD.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes, when NOABD in non-English language = Y |

# Appeal Log

Enter all appeals that were received in the quarter (date of appeal request – column C must fall within the reporting quarter) and all NOABDs associated with the appeal. This means, the appeal dates in column C are dates within the current reporting quarter. We expect to have final data on all appeals received during the quarter by the reporting deadline. Note: If you are honoring an appeal for a denial outside the standard appeal timeline, please report it. All appeals must be reported.

Citations: OAR 410-141-3875 (1)(b), 410-141-3515, 410-141-3885, 42 CFR 438.416.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Field Name** | **Data Field Description**  | **Date Field Instructions**  | **Required** |
| NOABD ID | Notice of Adverse Benefit Determination Identification Number | Enter one of the following:1. CCO unique internal identification number. Or;
2. Corresponding ID from NOABD log.

Each NOABD ID should be unique to the NOABD letter. This number should not be used for multiple denial letters.*Note: All NOABD IDs reported in the appeal log should be included in the NOABD log within this quarterly submission (or in previous quarterly submissions for NOABDs outside of this current reporting period).* **Format/Value:** alphanumeric characters, spaces, special characters associated with ID #s. | Yes |
| Client ID | Member’s 8-digit alphanumeric Oregon Health Plan ID number | Enter the Member’s 8-digit alphanumeric Oregon Health Plan ID number. Do not enter an CCO or Provider ID number.**Format/Value:** 8-digit alphanumeric value (e.g., AZ19936X). | Yes |
| Date of Appeal Request | Date of Appeal Request | Enter the date the standard appeal or expedited appeal request was received. **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025). | Yes |
| CCO Extension | Indicate if timeframe for appeal was extended  | Enter a ‘Y’ if the timeframe for this appeal was extended or enter ‘N’ if not.**Format/Value:** 1-digit alphabetic character / ‘Y’ = Yes, ‘N’ = No. | Yes |
| Expedited Granted | Indicate if the request to expedite the appeal process was granted. | Enter a ‘Y’ if the request to expedite the appeal process was granted or enter ‘N’ if not. Enter ‘NR’ when expedited was not requested (for standard appeals).**Format/Value:** 1-2 digit alphabetic character / ‘Y’ = Yes, ‘N’ = No, ‘NR’ = Not Requested (Populate this only for the Standard Appeals).  | Yes |
| Appeal Outcome | Indicate outcome of Appeal | Enter outcome of appeal using one of the following letters:Enter ‘U’ for ‘Upheld’Enter ‘O’ for ‘Overturned’Enter ‘P’ for ‘Partially Approved/Denied’Enter ‘W’ for ‘Withdrawn’Enter ‘D’ for ‘Dismissed’**Format/Value:** 1-digit alphabetic character – see list above. | Yes |
| Date Denial Decision Overturned by Appeal | Date denial decision is Overturned by Appeal | Enter date service denial decision is overturned during the appeal process.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Outcome = ‘O’  |
| Time Denial Decision Overturned by Appeal  | Time denial decision is Overturned by Appeal | Enter time service denial decision is overturned during the appeal process.**Format/Value:** HH:MM AM/PM - alpha/numeric characters, special characters associated with time (e.g., 12:15 PM).**Null Value:** Blank – do not use NA, N/A, or other conventions.  | Yes, if Appeal Outcome = ‘O’  |
| Date Expedited Appeal Requested | Date member requested expedited appeal. | Enter the date the expedited appeal request was received. **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if expedited granted = ‘Y’ or ‘N’ |
| Time Expedited Appeal Requested | Time Member Requested Expedited Appeal | Enter the time the expedited appeal request was received.**Format/Value:** HH:MM AM/PM - (e.g., 12:15 PM)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if expedited granted = ‘Y’ or ‘N’ |
| Date Member Notified of Expedited Appeal Resolution  | Date Member Notified by CCO of Expedited Appeal Resolution  | Enter the date Member was notified by CCO of Expedited Appeal Resolution **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Expedited Granted = ‘Y’  |
| Time Member Notified of Expedited Appeal Resolution  | Time Member Notified of Expedited Appeal Resolution  | Enter time Member notified by CCO of expedited appeal resolution.**Format/Value:** HH:MM AM/PM - (e.g., 12:15 PM)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Expedited Granted = ‘Y’  |
| Time Provider Notified of Expedited Appeal Resolution  | Time Provider Notified of Expedited Appeal Resolution | Enter time Provider notified by CCO of expedited appeal resolution.**Format/Value:** HH:MM AM/PM - (e.g., 12:15 PM)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if expedited Granted = ‘Y’ |
| Date Provider Notified of Denial Decision Overturned by Appeal | Date Provider Notified by CCO of Denial Decision Overturned by Appeal | Enter date Provider notified by CCO of denial decision overturned by appeal.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Outcome = ‘O’ |
| Time Provider Notified of Denial Decision Overturned by Appeal | Time Provider Notified by CCO of Denial Decision Overturned by Appeal | Enter time Provider notified by CCO of denial decision overturned by appeal.**Format/Value:** HH:MM AM/PM - (e.g., 12:15 PM)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Outcome = ‘O’ |
| Date Member Withdrew Appeal | Date the Member withdrew the appeal | Enter the date the Member withdrew the appeal.**Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, when Appeal Outcome = ‘W’  |
| Dismissed Late Filing | Indicate if the appeal was dismissed due to the Member filing past the required timeframe | Enter a ‘Y’ if the appeal was dismissed due to the Member filing past the required timeframe or ‘N’ if not.**Format/Value:** 1-digit alphabetic character – ‘Y’ or ‘N.’  | Yes |
| Invalid Waiver | Indicate if the Provider did not have the Member sign an approved Waiver | Enter a ‘Y’ if the Provider did not have the Member sign an approved Waiver, or agreement similar to form OHP 3165, as described in OAR 410-141-3540(6.b), 410-141-3565 (5) and 410-120-1280 (5.h).  Enter ‘N’ for 'No’ if the provider did have them sign the waiver or agreement in similar form.**Format/Value:** 1-digit alphabetic character – ‘Y’ or ‘N.’ | Yes |
| Continuing Benefits Provided | Indicate if benefits were continued during the appeal process | Enter a ‘Y’ if benefits were continued during the appeal process or ‘N’ if not**Format/Value:** 1-digit alphabetic character – ‘Y’ or ‘N.’ | Yes |
| Date of NOAR | Date of Notice of Appeal Resolution (NOAR) | Enter the date the Notice of Appeal Resolution was sent to the member. **Format/Value:** MM/DD/YYYY (e.g., 01/01/2025)**Null Value:** Blank – do not use NA, N/A, or other conventions. | Yes, if Appeal Outcome = ‘U,’ ‘O’, or ‘P’  |

1. ‘Grievance and Appeal System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-2)
2. ‘Grievance System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-3)
3. ‘Grievance and Appeal System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-4)
4. ‘Grievance and Appeal System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-5)
5. ‘Grievance and Appeal System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-6)
6. ‘Grievance and Appeal System Code Tables’ document located on the CCO Contract Forms webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx [↑](#footnote-ref-7)