							Category of the grievance/complaint (at a																4
		1	Date				minimum, categories must include each of		Y/N Flag to indicate if						Was request properly								
		1	Grieva	sce/C Time	How w	ras the	the following: Enrollment/Disenrollment;		the	Date oral	Time oral notificatio	Date written	Time written		identified as a grievance?								1
		1	ompla	nt Grievan	ce/C grievan	nce/complaint	Plan Benefits; Pharmacy Access; Customer		grievance/complaint	notification provided	provided to	notification of	notification of		If not, was it quickly and	Was request processed timely							1
		CMS	was	omplair	rt receive	ed (e.g. written	Service; Coverage		was processed under	to beneficiary (if no	beneficiary (if no	resolution	resolution		appropriately forwarded	and was enrollee appropriately	Did plan take						
Beneficiary	Beneficiary	Contract	CMS Plan Receiv	ed was	letter, a	call to Customer	Determinations/Exceptions Process; Appeals	Description of the issue (ensure text field is formatted so text			oral notification,			Description of the resolution (ensure text field is formatted so text wraps	and processed (as a CD or	notified within the required	appropriate action as a						4
Name	HICN	ID	ID Date	Receive	d Service	es, etc.)	Process; Other	wraps and the entire field is readable)	timeframe	please indicate N/A)	please indicate N/A	beneficiary	beneficiary	and the entire field is readable)	appeal)?	timeframe?	result of the grievance?	Pass/Fail	Comments	Condition	Criteria	Cause	Effect