

Attachment II-A  
Grievances

Beneficiary Name	Beneficiary ID#	CMS Contract ID	CMS Plan ID	Date Grievance/Complaint was Received	Time Grievance/Complaint was Received	How was the grievance/complaint received (e.g., written letter, call to Customer Service, etc.)	Category of the grievance/complaint (see a minimum, categories must include each of the following: Enrollment/Disenrollment; Plan Benefits; Pharmacy Access; Customer Service; Coverage Determination/Exception Process; Appeals Process; Other)	Description of the issue (ensure text field is formatted as text wrap and the entire field is readable)	Y/N Flag to indicate if the grievance/complaint was processed under the expedited timeframe	Date oral notification provided to beneficiary (if no oral notification, please indicate N/A)	Time oral notification provided to beneficiary (if no oral notification, please indicate N/A)	Date written notification of resolution provided to beneficiary	Time written notification of resolution provided to beneficiary	Description of the resolution (ensure text field is formatted as text wrap and the entire field is readable)	Was request properly identified as a grievance? (If not, was it timely and appropriately forwarded and processed (as a CD or appeal)?	Was request processed timely and was resolve appropriately notified within the required timeframe?	Did plan take appropriate action as a result of the grievance?	Final/Ad	Comments	Condition	Critera	Case	Effect
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