

Attachment B

Grievance File
& Submission Specifications

Ohio Department of Medicaid
Bureau of Managed Care

July 2013
Version 2.1

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1. Introduction

This document describes the file layout and submission procedures to be used for the MCP's reporting of certain grievance categories received on and after March 1, 2013. All information regarding grievances is reported to the Ohio Department of Medicaid (ODM) monthly either through an aggregate report or this file. For records reported using this file, one record is required for each grievance for which information is being reported.

2. Secure File Transfer Protocol

Security

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the Grievance file submitted to ODM via file transfer protocol (FTP) and the subsequent activity files generated by ODM, must be protected through a secure, encrypted transmission system. FTP client software capable of 128 bit encryption is required to connect to the server.

3. File Name

The file name for each grievance file must be unique and include characters which identify the file type, submitter's ID, month and year of submission. The format is as follows:

gxxxmmyy.t99

The following table identifies and describes each of these elements in the file name:

Position	Symbol	Description
1	g	>g= Indicates Grievance file
2-4	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t >t= represents a text file 00 >00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with >00', the next >01', etc.

Example: File name for the first file submitted in March 2013:
gxxx0313.t00

If necessary, the file name for a second file submitted in March would be:
gxxx0313.t01

File name for the first file submitted in April 2013 would be named:
gxxx0413.t00

4. Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
	Bar	End of a label field
~	Tilde	End of a data field
,	Comma	Separates multiple values within a data field

5.0 Fields/Records

5.1 Label Fields

Label fields are fields that identify the data in the following field. A label field precedes each data field (see sample record in section 5). Label fields are standard for delimited files.

Note: All label fields must be included in the record, even if the corresponding data fields contain no data.

5.2 Data Fields

Data fields are fields that contain the value for each data item.

If no data is available for a data field:

Insert a tilde character (~) immediately after the field label and bar character (|).

Then, continue with the next field. For example, the format of a record with no date resolved code is as follows:

DATERESOLVED|~

5.3 Records

A carriage return or line feed is required at the end of each record.

6. File Layout: maximum record length 4000

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	GRIEVANCEID	R	
Data	Grievance ID	R	0 to 9 and/or A to Z. This identification is assigned by the MCP and must be unique to each grievance and start with a "G". Grievances submitted with an identification previously used is assumed to be a resubmission (correction) or an update and will over write the first grievance in its entirety (i.e., grievance IDs must not be duplicated from month to month or year to year).. (Maximum Length 16)
Label	MEDRECIPIENTID	R	
Data	Medicaid Recipient ID	R	12 digit Medicaid recipient ID of grievant.
Label	NARRATIVE	R	
Data	Problem and Resolution Description	R	Written description of problem and once resolved, written description of resolution. (length open)
Label	DATERECEIVED	R	
Data	Date Grievance Received	R	mm/dd/yyyy This field is protected and cannot be changed. In the rare situation that an incorrect date is reported, contact BMC.
Label	DATERESOLVED	R	
Data	Date Grievance Resolved	C	mm/dd/yyyy Required if resolved. This field determines whether a grievance is resolved/resolved timely.
Label	DATEHEARINGLETTER	R	
Data	Date Right to State Hearing Notification Sent	C	mm/dd/yyyy Required if right to state hearing notification sent: 1) JFS 04043, Notice of

Field Type	Field Name	Required, Optional, or Conditional	Description
			Denial of Medical Services By Your Managed Care Plan and 2) JFS 04066, Notice of Reduction, Suspension, or Termination of Medical Services By Your Managed Care Plan.
Label	PROBLEMCAT	R	
Data	Problem Category Code	R	Choose one of the following codes: 102- Enrollment Verification 103- MCP Administrative 105- Dissatisfaction with Provider 106- Non-Panel 107- PCP Access 108- Dental Access 109- Panel Access 111- Other
Label	CLARIFYPROBLEM	R	
Data	Clarify “Other” Problem Category	C	Required if Problem Category is 111 Written description of “other” problem. (length open)
Label	TYPEOFSERVICE	R	
Data	Type of Service	C	Required if Problem Category is: 109, 101- PCP 102- Dental 103- OB/Gyn 104- Emergency 105- Hospital 106- Vision 107- Specialists 108- Pharmacy 109- Therapies 110- Behavioral Health 111- Other
Label	CLARIFYTYPEOFSERVICE	R	
Data	Clarify “Other” Type of Service	C	Required if Type of Service Category is 111. Written description of “other” type of service. (length open)
Label	RESOLUTIONCAT	R	
Data	Resolution Category Code	C	Required when resolved. Choose only one of the following codes: 104 – Enrollee Information regarding health home services (i.e., grievance issue is related to Health Home/Health Home

Field Type	Field Name	Required, Optional, or Conditional	Description
			Services) 105 - Enrollee Information for grievance issues not related to Health Home/Health Home Services 106 – Other
Label	CLARIFYRESOLUTION	R	
Data	Clarify “Other” Resolution Category	C	Required if Resolution Category is 106. Written description of “other” resolution. (length open)
Label	GRIEVANCESUBSTANTIATED	R	
Data	Grievance Substantiated	C	Required if resolved 1- True 2- False Substantiated/true if the grievance is the result of the MCP, or its providers, being non-compliant with applicable program requirements and/or operational procedures or the member’s grievance issue was at least partially validated.
Label	RECEIVEDRIGHTTOHEARING	R	
Data	Member Received Right to State Hearing Notification	C	Required in situations where grievant should have received a right to state hearing notification. 1- True 2- False
Label	CONFIDENTIALITY	R	
Data	Confidentiality Breached	R	1- Confidential medical information was shared without member’s consent 2- Grievance was not related to confidential medical information being shared without member’s consent

7. Sample Record

GRIEVANCEID|G123456789123456~MEDRECIPIENTID|010101010101~NARRATIVE|
Request PCP change, assigned PCP discharged as patient. Changed to requested provider and issued new
ID
card.~DATERECEIVED|03/28/2013~DATERESOLVED|03/28/2013~DATEHEARINGLETTER|~PRO
BLEMCAT|107~CLARIFYPROBLEM|~TYPEOFSERVICE|~CLARIFYTYPEOFSERVICE|~RESOLU
TIONCAT|105~CLARIFYRESOLUTION|~GRIEVANCESUBSTANTIATED|1~RECEIVEDRIGHTTO
HEARING|2~ CONFIDENTIALITY|2~

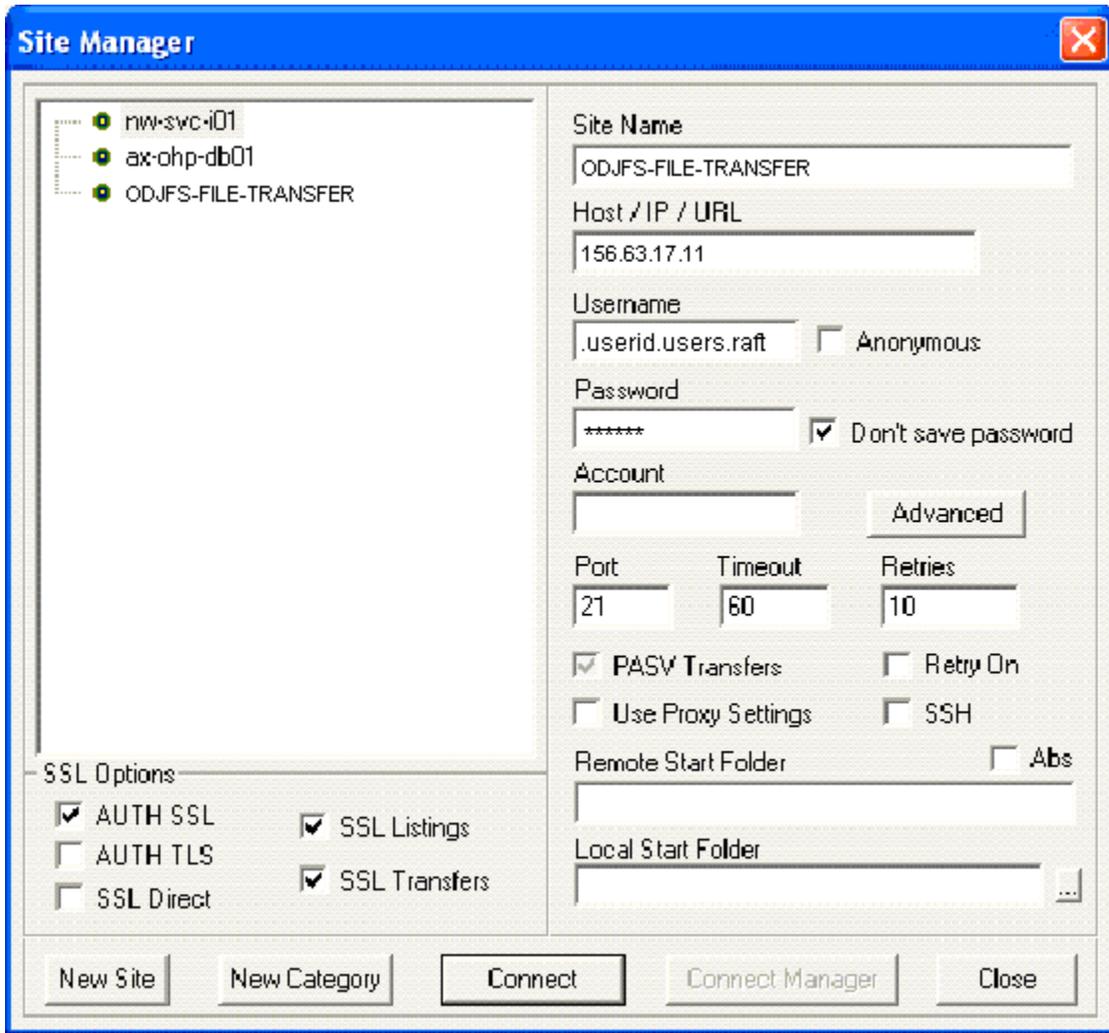
8. File Submission

Each MCP must submit data through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODM's SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

Appendix A

ODM MCP Submitter ID Table

MCP Submitter ID	MCP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	UnitedHealthcare