The following list of Frequently Asked Questions (FAQ) pertain to the 2025 version of the "Grievance and Appeals Log" located on the CCO Contract Forms Webpage: https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx

The scope is to provide OHA contractors and partners a core page with recently and frequently asked questions regarding the Exhibit I Log for reporting purposes.

Question	Document	Section	Column / Row	Question	Answer
Grievance and Appeal Log: Grievance Log Questions					
	Grievance and Appeal Log	All logs		In the previous iterations of this were separate files for Grievances, PAs, NOABDs, and Appeals. However, this version reverts to the single file format that was used in 2024 and years prior. Could we please confirm if OHA wants separate files for each log, or all to be compiled into one again?	•ASCII text file (.txt) Four separate files for each log following latest templates are available on CCO Contract Forms page •Comma-separated values file (.csv) Four separate files for each log following latest templates available on CCO Contract Forms page •Spreadsheet file (.xlsx) One single file with data for Grievance, Prior Authorization, NOABD and Appeal logs in four separate tabs. Each log/tab should follow the latest templates available on CCO Contract Forms page •OHA prefers large data submissions via ASCII text file (.txt) or Comma-separated values file (.csv) If data exceeds the number of line items a spreadsheet can contain, data can be submitted via txt or csv files following the grievance and appeal log templates available on CCO Contract Forms page
	Grievance and Appeal Log	Grievance Log		In the Grievance Log: Why are the Grievance Category and Grievance Type separated into two separate fields? The meaning of the Grievance Type field is dependent on the Grievance Category. For example, depending on the Category selected, Grievance Type of 'a' could mean: •Provider's office unresponsive, not available, difficult to contact for appointment or information •Wants to change providers; provider not a good fit •Received appropriate care, but experienced an adverse outcome, complications, misdiagnosis or concern related to provider care •Delay in receiving or concern regarding quality of materials and supplies (DME) •Co-pays We're concerned that it is potentially confusing to have all of these very different Grievance Types separated from the Category description that gives context.	OHA made this change to support a more streamlined analysis. OHA will not be analyzing Grievance Types as a standalone data element. The analysis will always look at Grievance Types as they relate to the reported Category. If this poses an issue ongoing, OHA can certainly take another look to determine if there is an alternate approach that supports the quality of the data on both the reporting and analysis-side.
	Grievance and Appeal Log	Grievance Log		What is the purpose of the "Resolved" data field, which was not included in the draft version of the Log. It would seem that if a particular grievance has been resolved, it will have an entry in the "Date of Resolution" field, and if it has not been resolved, then the "Date of Resolution" field will be blank. Thus it seems as though the "Resolved" data field is somewhat redundant. We are wondering if there is some other purpose or intent behind the "Resolved" data field which we aren't seeing.	The "Resolved" field is necessary because if the "Date of Resolution" field is left blank, it could mean it is unresolved or it could be a data quality issue. Additionally, the "Resolved" field allows us to perform data validation on the "Date of Resolution" field (if Resolved=Y, "Date of Resolution" is required).
Grievance and Appeal Log: PA Log Questions					
	Grievance and Appeal Log	PA Log		What is the expectation if we have discrepancies of a single member submitting a single PA but for more than one device. When the expectation is that any claim or encounter data that is on Ex I, also needs to show on Ex I, this scenario would reflect fewer PA's then there are claims for climate devices. We had also asked this question in our Q2 error logs response.	It is true that Members can request multiple types of climate devices (and HRSN services) on one PA. However, the PA log has entries at the service-level; therefore, even if a PA includes multiple services, the CCO needs to separate the services for the PA log so that they can individually report authorizations or denials for each service. Exhibit I PA log entries may accommodate multiple procedure codes as long as those procedure codes are from the same service type.
	Grievance and Appeal Log	PA Log		For CCO cancellations - Sometimes a PA will get loaded in error or by mistake and will be voided. Is that something we should report?	No
	Grievance and Appeal Log	PA Log		Do we need to include transition of care auths (auths that are transferring from other CCO's or open card) on the PA log?	No
	Grievance and Appeal Log	PA Log		We want to make sure we log Partial Denials correctly and would appreciate some further clarification on the two Scenarios below: Scenario 1 If a PA request is for 15 therapy sessions and only 10 sessions are approved, this is classified as a partial denial. 10 sessions were approved and 5 were denied. Based on the feedback provided, is this how the template should look? PA IDClient IDDate of Request OutcomeService TypeDiagnoses Code(s)Procedure Code(s) H1111119999991/1/2023A3M54.5097110 H1111119999991/1/2023D3M54.5097110 Scenario 2 If a PA request is requesting 2 services where one is approved and one is denied, this is also classified as a partial denial. Based on the feedback provided, is this how the template should look? PA IDClient IDDate of Request OutcomeService TypeDiagnoses Code(s)Procedure Code(s) H1111119999991/1/2023A3M54.5097110	Both of the scenario template examples you provided below are correct. Please proceed accordingly.
	Grievance and Appeal Log	PA Log	PA ID column	For the "PA ID" column, is OHA looking for CCOs to input some kind of unique internal identifier for each PA request we receive, or is the intent that we just number them sequentially, as illustrated in the template (1,2,3, etc) a. If the latter is the intent (numbering each sequentially), would we start the numbering over in each subsequent quarter, or continue the sequence? In other words, say in Q4 2022 we reported 5000 PAs, numbered 1-5000. When we submit our Q1 2023 report, would the first PA in that quarter be give the ID of "1", or "5001"?	If you have a unique internal identifier for your PA's, please use that. If you don't, please number sequentially with the year and quarter identified in front such as: "PA_2022Q4_1, PA_2022Q4_2, PA_2022Q4_3, and so on."
	Grievance and Appeal Log	PA Log; NOABD Log	PA ID column	If there is no PA ID associated with the request, should we use "year-quarter-number" as the PA ID? And if so, can we use a separate number sequence per benefit (PH, Dental, Rx), or should there be only one number sequence per CCO?	If there is no PA ID associated with the request, please use the "year-quarter-number" format as the PA ID. There should only be one number sequence per CCO (do not use a separate number sequence for each benefit)
	Grievance and Appeal Log	PA Log; NOABD Log	PA ID column	We regularly receive PA requests for services that do not require a PA. We are planning to report all PA's received, and services that do not require a PA would have the outcome "CCO Cancelled". Is this OHA's expectation? Or should we only report PA's that are not required?	Report all PA's received.
	Grievance and Appeal Log	PA ID column; NOABD Log	PA ID column; NOABD ID column	Can you clarify that on the PA log and the NOABD log the ID's can be the same?	Yes, the ID numbers may be the same, but please ensure you are using the correct prefix for each: Example: NOABD_2023Q1_1 and PA_2023Q1_1
	Grievance and Appeal Log	PA Log	PA ID column; Outcome column	Related to the PA Log: We frequently have PA's with a decision that we classify as "Modified Approval" and generate an NOABD. In these cases, part of the requested service was approved, and part was denied. Example 1: 12 office visits are requested, but only 8 are approved. Example 2: 4 months supply of a medication is requested, but a 1month trial is approved to evaluate tolerance. Example 3: 200 diabetic test strips per month are requested and 100 are approved. For these types of requests, there are not separate services to list on separate rows of the report. How should we list these?	For a partially approved PA, please use two or more separate lines to distinguish the portions of the PA that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the PA ID is the same across these rows. Example 1: Row 1 - PA_2023Q1_1, 8 office visits approved, Outcome = A Row 2- PA_2023Q1_1, 4 office visits denied, Outcome = D
	Grievance and Appeal Log	PA Log	Outcome column	What is the purpose of the "Outcome" column? How does it differ from the "Approved or Denied" column? What would be the expected data in this column?	The "Approved or Denied" column will be removed and only the "Outcome" column will remain in the report template. The "Outcome" colum is meant to encompass all "Approvals", "Denials", and "CCO Cancellations"
	Grievance and Appeal Log	PA Log	Outcome column	For the "Outcome" data field, we noted that you specified that we should only report an outcome of 'C' if the CCO cancels the PA. First, we are wondering if you meant for this to say MCE cancellations, rather then CCO cancellations. The question we have is this – are we correct in our assumption that if a provider submits a PA request but then cancels it, then we will just not report that particular request on the Log at all?	If a provider submits a PA request but then cancels it, you do not need to report that particular request at all.
	Grievance and Appeal Log	PA Log	Outcome column	Which Outcome value should we use for a "modified" or "partially approved" PA? We often have decisions where a service or item might be approved in a lesser amount or for a shorter length of time that was requested. These decisions trigger an NOABD to the member to explain what was approved and what was not approved.	For a partially approved PA, please use two or more separate lines to distinguish the portions of the PA that are denied and those that are approved and then input the proper Outcome code for each. In these situations, please ensure that the PA ID is the same across these rows.
	Grievance and Appeal Log	PA Log	Diagnoses Code column	Regarding the "Diagnoses Code(s)" column – often a PA request is submitted with more than one diagnosis code. How would OHA want us to report this on the log? Would we list all of the submitted ICD-10 codes in the same field (each code separated by a space), or would we only report the primary or first diagnosis submitted by the provider?	Please list all of the submitted ICD-10 codes in the same field and separate each with a semi-colon.
	Grievance and Appeal Log	PA Log	Diagnoses Code column; Procedure Code Column	In the Reporting Instructions (pg 13), data field instructions say we should include all diagnoses codes and procedure codes, however it also says they are not required. Can OHA clarify?	The instructions have been updated to read "Yes, when applicable". If there are associated procedure/diagnosis codes, please include, and if not, please leave the field(s) blank.
	Grievance and Appeal Log	PA Log	Procedure Code column	Question about the "Procedure Code(s)" column, since a PA might include multiple procedures. Should all of the procedure codes in a PA be listed in the field?	Yes
	Grievance and Appeal Log	PA Log	Procedure Code column	How will we report PAs for services that don't have a procedure code – for example, prescription drugs or NEMT?	Leave the procedure code field blank, but fill out all other applicable fields.
	Grievance and Appeal Log	PA Log	Procedure Code column; Outcome column	Per the instructions, we should include all procedure codes, and separate them using a comma. However, in the outcome column our choices are only Approved, Denied, or CCO Cancelled. For instances where some codes are approved and some others are partially approved/denied, how should we classify the outcome? Should we list procedure codes with same PA ID on separate lines if they have a different outcome?	Please classify the outcome as Approved, Denied, or CCO Cancelled for each procedure code associated with the same PA ID, when the outcome varies. List the procedure codes with the same PA ID on separate lines if they have a different outcome.
	Grievance and Appeal Log	PA Log		"Record each Prior Authorization on a separate line that can be identified by a Service Type code." Does this mean that if a PA has multiple CPTs that fit into different Service Types that would expect to see the same PA ID listed on different lines with different Service Type codes and the associated CPTs? Or should we list as single PA ID with all associated CPT codes and the most appropriate Service Type?	You are correct that if a PA has multiple CPTs that fit into different Service Types OHA would expect to see the same PA ID listed on different lines with different service type codes and then the associated CPTs. Prior Authorizations can have more than one service type and we would like to capture the codes associated with each separately.
Grievance and Appeal Log: NOABD Log Questions					
	Grievance and Appeal Log	NOABD Log		If a single claim has multiple service (CPT) lines (let's say 5), but 2 of the lines are denied for 2 different reasons... do we list that claim just once or do we list the claim twice but indicate the proper subcategory code for each line? If we list it just once, which subcategory do we use?	Please list the same claim ID on multiple lines, as needed, and indicate the proper subcategory code for each line.
	Grievance and Appeal Log	NOABD Log		On the NOABD tab, how is OHA tracking the turnaround time, if the received date (claims processes date) is no longer on the report?	We did remove the "# Days between Request and NOABD" column from this tab during our 1st round of revisions in November 2022 because that was a "calculation" column and no longer necessary in the body of the report. We are still able to assess timeliness of the NOABD notice using data from the remaining columns in the NOABD and PA tabs.
	Grievance and Appeal Log	NOABD Log	NOABD ID column PA ID column Claim ID column	Can the NOABD ID and PA ID/Claim ID, be the same?	No, please utilize the NOABD "Year-quarter-number" format as indicated in the instructions because one NOABD can relate to multiple PAs/claims.
	Grievance and Appeal Log	NOABD Log	NOABD ID column	Are we inputting our own unique internal identifiers for each NOABD in the NOABD ID column, or are we just numbering them sequentially as we enter them on the log (e.g. 1,2,3, etc.)?	If you have a unique identifier for NOABDs, please use that, otherwise please number sequentially with the year and quarter identified in front such as: "NOABD_2022Q4_1, NOABD_2022Q4_2, NOABD_2022Q4_3, and so on".
	Grievance and Appeal Log	NOABD Log	PA ID column	There are circumstances when a NOABD and/or grievance is generated, but there is no PA associated with the service. For example, dental services do not require a PA so these services will not show up on the PA log. For these instances, should	Yes, for these instances, the PA ID field should be left blank. The instructions have been updated to address this.
	Grievance and Appeal Log	NOABD Log	Claim ID column	Are we inputting our own unique internal identifiers for claims in the Claim ID column, or are we just numbering them sequentially as we enter them on the log (e.g.	Please input your own unique identifiers for claims in the Claims ID column.
	Grievance and Appeal Log	NOABD Log	Date Service Provided column	Are we correct in our assumption that the "Date Service Provided" column will only require an entry for a claim denial (any row with a "Claim ID" entry)?	Yes.
	Grievance and Appeal Log	NOABD Log	Date Service Provided column	For the date of service, what if the service spans several dates? For instance Inpatient says, PT or DME claims. Do we use the beginning date of the span?	Yes, please use the beginning date of the span.
	Grievance and Appeal Log	NOABD Log	CCO Extension; Services Previously Authorized; Expedited Granted	The columns for CCO Extension, Services Previously Authorized, and Expedited Granted would not apply to claims NOABDs. Should we use a "N" for No value, or should those be left blank for claims NOABDs.	Use "N" for "No" in these columns for claims NOABDs since extensions and expedited requests would not apply.
	Grievance and Appeal Log	NOABD Log	Service Authorization	New Field: "Date Member Notified of Expedited NOABD" and "Time Member Notified of Expedited NOABD". Can OHA please clarify what information they would need to populate this value? As the Date of NOABD is already being reported are you requesting the date and time of verbal notification? Is this referring to the written notification that is sent out? If the latter, would OHA expect the date of NOABD and the date member notified of expedited NOABD to match?	Related to service authorization request, not NOABD. OHA is interested in knowing when the member is notified following a service authorization decision. In many cases this may be a verbal notification. OHA expectation is the CCO is complying with the 72 hour rule, which is why OHA is requesting the information.
	Grievance and Appeal Log	NOABD Log		As there is an additional field asking for the Date of the NOABD in a non-English language, does OHA expect that we would be sending an English NOABD to members, followed by a non-English NOABD? If that is not the expectation, we are assuming that the date of NOABD and the date of non-English NOABD would match.	We agree that ideally the date of NOABD and the date of non-English NOABD match. In the instance that an NOABD was originally issued in English and was then reissued in a non-English language we would expect to see that captured here. Ideally, CCO should send out preferred language only.
Grievance and Appeal Log: Appeal Log Questions					
	Grievance and Appeal Log	Appeal Log		Should we report cases that were dismissed for reasons other than untimeliness? For example, if we receive an appeal from someone not authorized to act on behalf of a member, or if there's no member signature?	Yes.
	Grievance and Appeal Log	Appeal Log	NOABD ID	On the appeal log tab, if the PA/claim that was denied is from a previous quarter do we add an NOABD ID, even though it will not be on the NOABD Log tab?	No. Because the data was from the previous quarter, Q4 2022, and thus prior to the new requirement effective Q1 2023, we will accept blanks in the NOABD ID column for these instances. One time special case for submission template change between Q4 2022 to Q1 2023.
	Grievance and Appeal Log	Appeal Log	Time Appeal Overturned	Time Appeal Overturned – Is this the time the MD sent their decision to the QA Team, the time of Effectuation (when a previously-denied service is authorized in the system), or some other time?	Time Appeal Overturned is when the decision is made by MD or medical professional.
	Grievance and Appeal Log	Appeal Log	Time Appeal Overturned; Time Member Notified; Time Provider Notified	Will MCEs only need to report the Time in Columns H, J and L for appeals that were expedited? Can this field be left blank for standard appeals?	Please provide the time for both expedited and standard appeal decisions. We are requesting this information to ensure compliance with OAR 410-141-3890 (9).
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	For the notification fields ("Date Member Notified", "Time	Yes, please insert the date/time of your first attempt to contact the member/provider.
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	Member Notified", "Date Provider Notified", "Time Provider Notified", does this mean the date and time of an MCE's first attempt to contact the member or provider to inform them of the overturn? For example, the date and time of the first attempted phone call to a member, or the date and time an email is sent to a provider? We can imagine that depending on circumstances, an MCE might need to make more than one attempt to reach a member or provider, and possibly use multiple methods.	Yes, the member/provider still needs to be notified of the portion that's denied in this circumstance.
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	Are we required to provide dates and times for services that were partially overturned?	No, these do not only pertain to expedited appeals. These columns pertain to any/all overturned appeals and are meant to capture the dates/times your CCO subsequently notifies the pertinent member and provider of the overturn decision and current availability of service(s). These notifications should occur within 72 hours of your receipt of notice of the overturn decision as per OAR 410-141-3900 (8)(a) and CCO Contract Exhibit I (7)(a).
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified; Date Provider Notified; Time Provider Notified	Can OHA confirm on the appeal tab that they want the date and time the member and provider are notified for overturned appeals?	Yes, that is correct.
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified	Date/Time Member Notified – We plan to use the date/time the letter was mailed per our mailroom. Unless a member was initially notified by phone, this date may be the same as "Date of NOAR". Does this meet expectations or does OHA differentiate between these data values?	Yes, this meets our expectations.
	Grievance and Appeal Log	Appeal Log	Date Member Notified; Time Member Notified	Date/Time Provider Notified – We plan to use the date/time of the fax or phone call to the provider informing them that a service they requested has been fully- or partially/overturned.	This is acceptable.
	Grievance and Appeal Log	Appeal Log	Date of NOAR	To confirm, if an appeal is Dismissed or Withdrawn, we leave the Date of NOAR cell blank?	Yes, that is correct.
Grievance and Appeal Log: Grievance System Code Tables					
	Grievance System Code Tables			On the grievance system code tables under service types, there were several types that were removed or added. This leads to non-sequential numbering. Could we get confirmation that the Service Type codes should be non-sequential or should we expect new numbers to be assigned.	Correct, this is now non-sequential numbering. We are leaving it this way to minimize the impact on systems changes for the CCOs, as well as to allow us to continue to report trends over time with the types that remain.