Carolina Behavioral Health Alliance, LLC

Complaints, Grievances & Appeals (PM-CGA) Form

Date Submitted		Provider Name	
		Phone #	
___ WFBH ___ WFU __ ATRIUM ___ Other		Re: Member ID	
		Member Name	

Medical Records Provided? _____ Yes ___ No	_____Complaint _____Grievance _____Appeal

Category

Benefits (X)
Quality of Care
Billing
Claims
Provider Service
CBHA Service
Appeal- Service Denial
Other ______________

DEFINITIONS:

Complaint: concern expressed by an enrollee or his/her representative or a provider relative to quality of care, provider services, benefits, billing/claims issues or overall satisfaction with CBHA

Grievance: concern by an enrollee or his/her representative regarding any of the following: CBHA decisions, policies or actions related to availability, delivery or quality of behavioral health care services; Claims payment or handling; or reimbursement for services; The contractual relationship between an enrollee and the insurer

Appeal: Challenge by an enrollee, representative or a provider acting on behalf of the enrollee, of a non-certification determination made by CBHA relative to an admission, availability of care, continued stay or other behavioral health service that had been reviewed and denied, reduced or terminated based upon CBHA's requirements for: Medical necessity; Appropriateness; Health care setting; Level of care or effectiveness; Rescission of coverage

Detailed Explanation of Grievance/Complaint/Appeal

Desired Resolution

Form completed by: ________________________
(Print name)

____
(Signature)

Date completed: ________________________