

OneCare Complaints, Grievances and Appeals Report  
January-June 2021

Providers																								
	January				February				March				April				May				June			
Payer Program	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BCBSVT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MVP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0

Beneficiaries																								
	January				February				March				April				May				June			
Payer Program	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total	Complaints	Grievances	Appeals	Total
Medicaid	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medicare	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0
BCBSVT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MVP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0

Detail (if applicable)																							
Beneficiary believed they should opt in to program and not have to opt out. Was also upset with how difficult it was to contact Medicare and how long it took them to resolve her opt out.																							

Definitions

**Complaint:** A routine communication from a patient or provider that requires the ACO to take an action to resolve concerns.

**Grievance:** A complaint that is not resolved through discussion with the ACO when first presented, and is escalated to senior leadership of the ACO, the payer, and/or the Health Care Advocate.

**Appeal:** Written and formal method a Participant or Preferred Provider may invoke to address a determination, decision or action made by the ACO