

File Document Check List

Last Name: _____ First Name: _____

INSYST #: _____

Staff Name Who Resolved and Credential: _____

IN ALL FILES:

_____ Documentation of Request for investigation of Grievance or Appeal from Beneficiary or Representative

_____ Authorization of Release of Information from Beneficiary

_____ Letter of Acknowledgment

_____ Provider Notice (Grievance/Appeal) Letter

_____ Investigation Notes

_____ Notice of Grievance Resolution to Beneficiary with Non Discrimination and Language Taglines enclosures.

_____ Notice of Appeal Resolution to Beneficiary with Non Discrimination, Language Tagline, and NAR Your Rights enclosures.

_____ Notification of Disposition (Provider)

ADDITIONAL INFORMATION:

_____ Supporting Documentation and additional correspondence (emails/records)

_____ Letter of Extension (if issued)

_____ NOABD (if time frame exceeded) with NOABD Your rights, Non-Discrimination, and Language Taglines attachments.

_____ Aid Paid Pending criteria met/Written notice sent to beneficiary (if applicable)

