



Quality Improvement Member Grievance Report Form

The Quality Improvement (QI) Member Grievance Report Form is for use by Care Managers to report CarePartners of Connecticut Member grievances to the Tufts Health Plan Quality Management Department for review and investigation.

To report a Member grievance, please complete the form in its entirety and submit the form, and any pertinent clinical information/documentation, to Clinical_Member_Grievance_Submission@tufts-health.com.

MEMBER CARE AND MANAGER INFORMATION

Member name:		Member ID:	
Name of Care Manager:		Date of report submission:	
Phone number:		Email address:	

DESCRIPTION OF MEMBER GRIEVANCE, INCLUDING PROVIDERS INVOLVED AND IMPACT TO MEMBER

Date grievance discussed with Care Manager:	
Provider(s) involved in QI occurrence event: <i>(e.g., physicians, facilities, etc.)</i>	
Is this a Member-generated concern?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Explanation of Member's grievance: <i>(Include as much detail as possible, including date(s) of issue of concern, time and names of individuals involved. Please attach additional documentation, as necessary)</i>	
Immediate action taken by Care Manager:	
Outcome: <i>(Impact or adverse effect to member. Please attach additional documentation, as necessary)</i>	

The Patient Care Assessment/Quality Improvement Committee of Tufts Health Plans and its affiliates designates this letter/document(s) and any accompanying materials as minimum necessary protected health information for proceedings, reports, and records of a medical peer review committee, quality assurance program, professional competence committee or peer review board under applicable state law and, as such, all letters and accompanying materials shall be kept strictly confidential.