

Exhibit P 05 Report - PIHP - Medicaid Funded Individuals Only

PIHP Name _____ Contact Name: _____
 Contact Phone #: _____

Reporting Period: _____
 (Month and Year)

Total Unduplicated Number of Adult Cases

Occurrence	CMHA Grievances	PRSN Grievances	Fair Hearings	Outstanding	Denials
Adult (21 Yrs. and over)					
Access to Outpatient					
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					
Violation of Confidentiality					
Participation in Treatment					
Other					
Total	0	0	0	0	0

Total Unduplicated Number of Children Cases

Occurrence	CMHA Grievances	PRSN Grievances	Fair Hearing	Outstanding	Denials
Children (0-20 Yrs.)					
Access to Outpatient					
Dignity and Respect					
Quality/ Appropriateness					
Phone calls not returned					
Service -- Intensity, Not Available, Coordination					
Consumer Rights					
Physicians & Medications					
Financial & Admin Svs					
Transportation					
Emergency Services					
Access to Inpatient					
Violation of Confidentiality					
Participation in Treatment					
Other					
Total	0	0	0	0	0

Resolutions	CMHA Grievances	PRSN Grievances	Fair Hearings	Outstanding from Last Period
Adult (21 Yrs. and over)				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
Total	0	0	0	0

Resolutions	CMHA Grievances	PRSN Grievances	Fair Hearing	Outstanding from Last Period
Children (0-20 Yrs.)				
Info/Referral				
Referral to QRT				
Conciliation/Mediation				
Arbitration				
Fair Hearing				
Other				
Not Pursued				
Total	0	0	0	0