



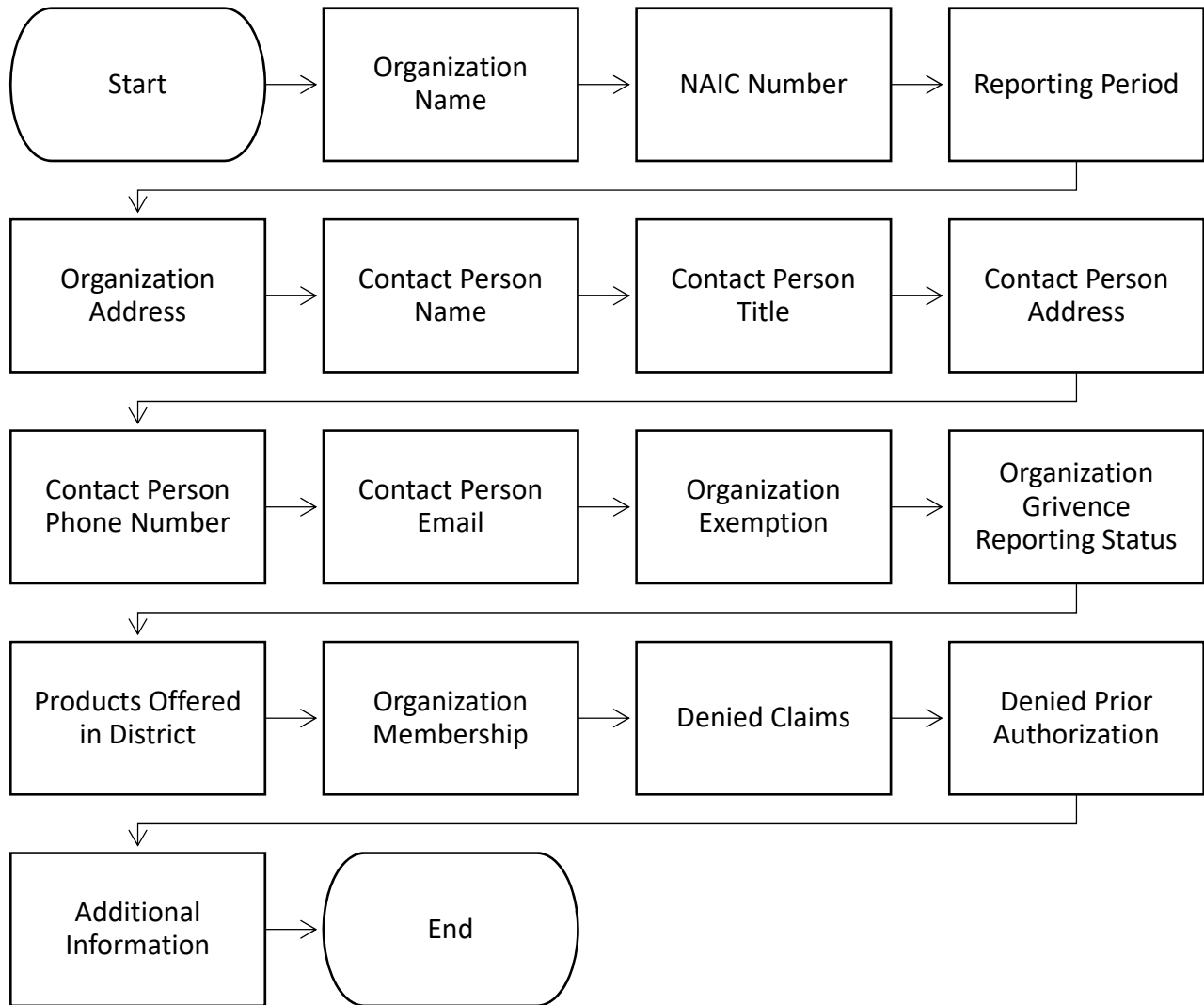
Data Collection Flowcharts

Grievances and Appeals Commercial Insurers Annual Reporting

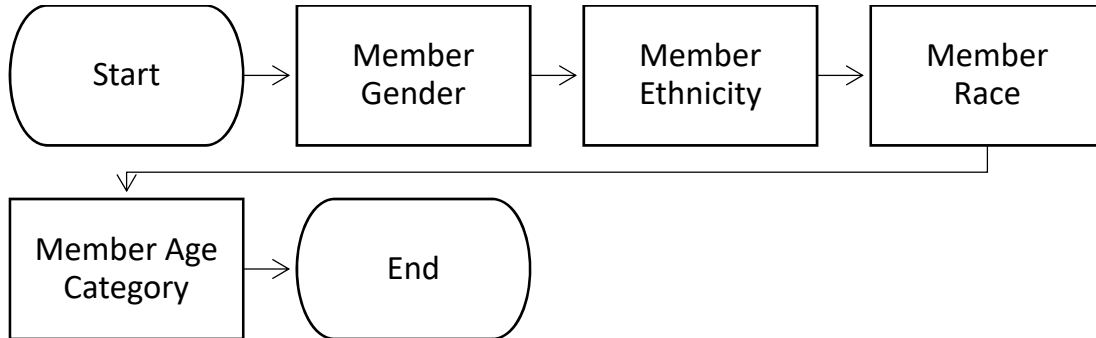
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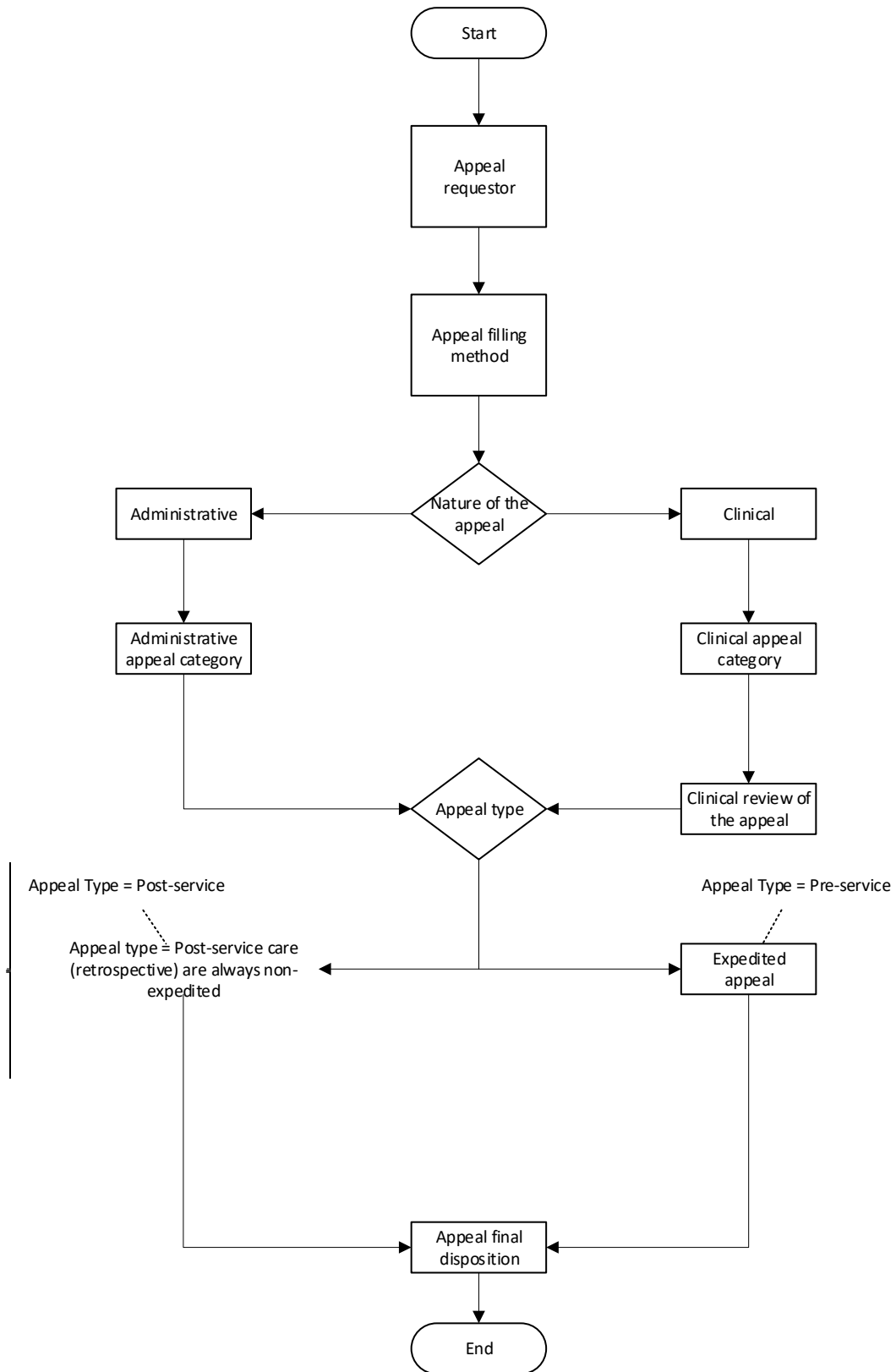
Organization Information Flowchart



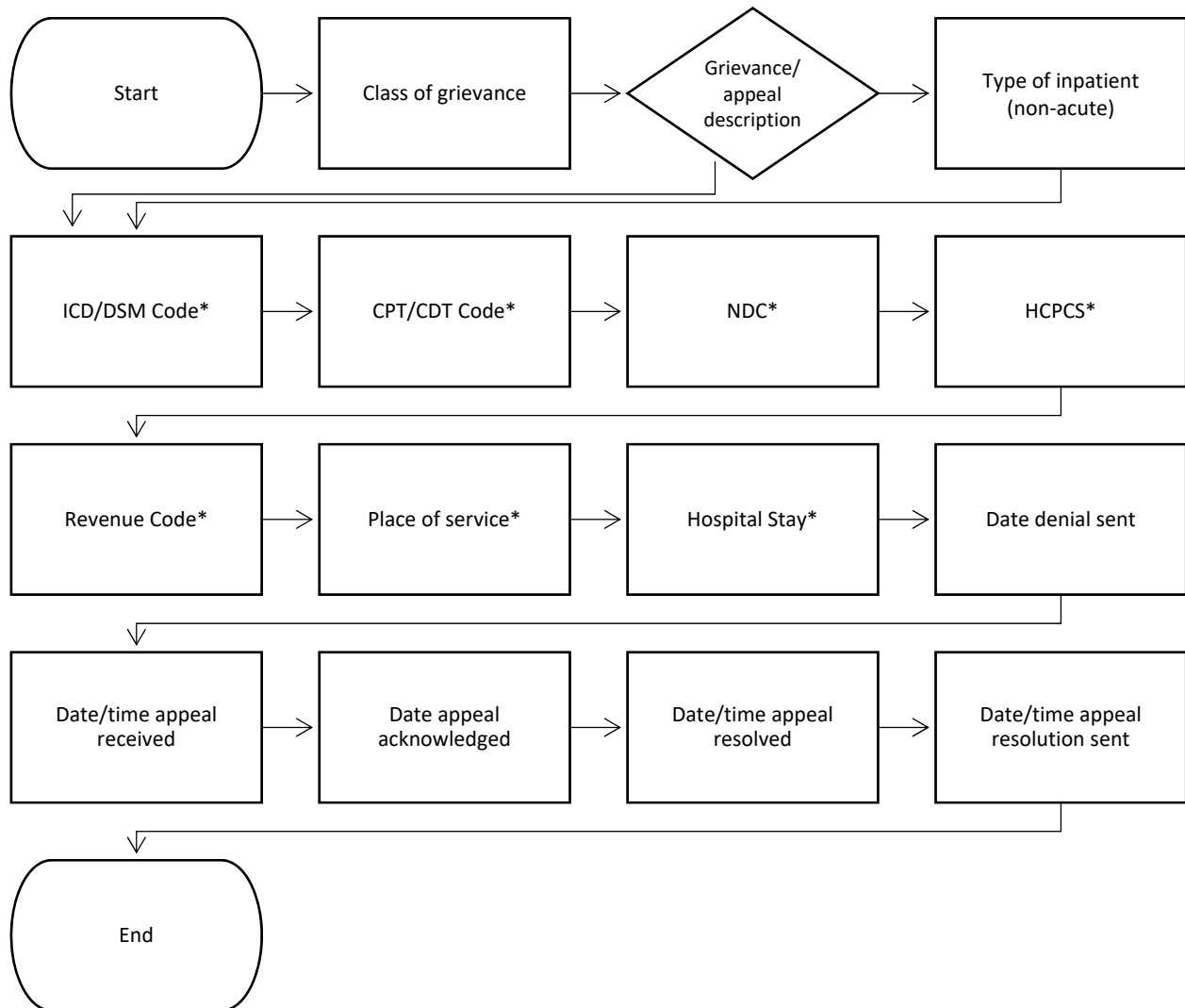
Member Information Flowchart



Grievances and Appeal Information Flowchart



Grievances and Appeal Background Information Flowchart



Fields identified with asterisks () are required to be completed based on the *Grievance/appeal Description* selected (e.g., if the *Grievance/appeal Description* = Pharmacy, the NDC code should be included).

Provider Information Flowchart

