

Mi Via Grievance Escalation Form

Complete all relevant fields below for your request. **This form should only be completed for Mi Via Waiver concerns after contacting the Consolidated Customer Service Center (CCSC) at 1-800-283-4465 and you have not received a response after 6 or more business days of contacting the CCSC.** Once your request is submitted, it will be reviewed by HSD within 48 business hours and sent to Conduent to address. Conduent will review the information provided and conduct research and provide an outcome within 3-5 business days. **Submit the completed document to ConduentGrievance@hsd.nm.gov.**

INFORMATION OF PERSON SUBMITTING THE GRIEVANCE
FULL NAME:
RELATIONSHIP TO PARTICIPANT:
HOW WOULD YOU LIKE TO BE CONTACTED?
MI VIA PARTICIPANT INFORMATION
FULL NAME:
MEDICAID ID (OPTIONAL):
DOB:
IS THIS ISSUE/PROBLEM BEING REVIEWED MORE THAN ONCE? (Yes or No)
DATE THE ISSUE/PROBLEM OCCURRED:
DESCRIPTION OF ISSUE: <i>Include details regarding the issue. Who is involved in this request? What occurred? When did this issue occur?</i>
CONSOLIDATED CALL CENTER (CCSC) INFORMATION
CCSC TICKET NUMBER(S) & DATE CALLED IN TO CCSC:
CCSC GUIDANCE OR RESOLUTION PROVIDED:

Please provide any supporting documentation related to this request. Example: Vendor Payment Requests (VPR), Invoices, Claims, etc.

Instructions for Grievance Escalation Form

Below are instructions for completing each section on the Grievance Intake form. [The Grievance Intake form is available on the Medicaid Portal at nmedicaid.portal.conduent.com.](https://nmedicaid.portal.conduent.com)

Please note: This form should only be completed for Mi Via Waver concerns after contacting the Consolidated Customer Service Center (CCSC) at 1-800-283-4465 and you have not received a response after 6 or more business days of contacting the CCSC.

Information of person submitting the grievance:

- Include the full name of individual submitting the grievance.
- The relationship to the Participant must be provided. Example: EOR, family member, etc
- The preferred method of contact. Example: email or phone
- **Participant Information:**
 - Include the full name of the Participant.
 - Include the Participants Medicaid Identification Number (ID)
 - Include the Participants date of birth (DOB).
- **Is this issue/problem being reviewed more than once?**
 - Indicate “Yes” or “No” if the issue has had to be escalated more than once.
- **Consolidated Call Center (CCSC) Information:**
 - Include all Salesforce tickets provided by CCSC that are associated to this request.
 - Include any guidance or resolution provided by CCSC regarding this request.
 - Provide supporting documentation be provided to assist with the research.
Example: VPRs, Invoices, Claims, etc.
- **Description of the Issue:**
 - Describe the problem/issue in detail.
 - Include the date(s) when the issue occurred.
 - Include names of anyone involved in this request?
 - Describe what happened regarding the complaint.
- **Submitting Form for review:** Submit the completed form along with supporting documentation to ConduentGrievance@hsd.nm.gov
- **Timeframe:**
 - Can take from 24 – 48 hours to get to Conduent, depending on the nature of the request.
 - Once Conduent receives the grievance, they will have 3 – 5 business days to resolve the issue.