Provider Grievance Form
For Rhode Island Providers ONLY

Point32Health
Harvard Pilgrim Health Care TUFTS Health Plan

Complete this form and email to pscgrievance@point32health.org.

Provider information (*required field*)

*Submitter name: *Title:

*Provider name: *Email:

Address: *Street:

*City/town: State: *ZIP:

I am a contracting provider (or work for a contracting provider) for the following products: (*Check all that apply*)

- Harvard Pilgrim Health Care Commercial
- Tufts Medicare Preferred HMO
- Tufts Health Plan Senior Care Options (SCO)
- Tufts Health RITogether

***NPI #**

Grievance information (*Please indicate type of complaint or grievance.*)

Non-Behavioral Health (medical, surgical, vision, dental)

- Contracting
- Credentialing
- Customer service
- Excluded benefit
- Formulary (including tiering, ST/QL, non-formulary, frequent changes)
- Notification and/or referral process
- Prior authorization (Non-Pharmacy)
- Prior authorization (Pharmacy)
- Quality of care
- Silent/surprise/balance billing
- Transition of care/continuity of care
- Other (*specify*):

Behavioral Health/Substance Use Disorder

- Contracting
- Credentialing
- Customer service
- Excluded benefit
- Formulary (including tiering, ST/QL, non-formulary, frequent changes)
- Notification and/or referral process
- Prior authorization (Non-Pharmacy)
- Prior authorization (Pharmacy)
- Quality of care
- Silent/surprise/balance billing
- Transition of care/continuity of care
- Other (*specify*):

***Compliance/grievance details:**

CLEAR FORM