

Name: _____

Date: _____

CMS Business

N V O J Q J F K Z A L Y P R O V I D E R F F Q E
A A I Z Z N O H W C K F E E L L O R N E S S O W
L D N A I U E I T C C H E A L T H Y K I D S L J
P G N V T X Y L G P B X E R A C I D E M S L G U
N M E P I B T N I A L P M O C D E V L O S E R N
A Q T R D K J Z N R U H I H Q Y L C U V H O X R
G A W O R N S A O Q D O N X R X M K I L Y Y Z E
I B O V Q S J Y I N K G T F Y F E F N T A W P S
H M R I C U J X T F H M E E Z G D O Q T C N L O
C O K D A I S M U W L O R K X Q I C U G Q M N L
I J N E P P O P L I O X N O X B G U I L M E C V
M M D R P U S S O L U Y A D B W O S R N T D B E
Y M K O E L C N S Z V M L E B H L E Y V G I I D
H C W U A D M J E W Z M A D Y K D D J R X C I C
T O S T L C F C R U W X U D U W F R I W D A Y O
L M Q R S F J C L R B R D E U Q X E E Y Q I K M
A P T E D Q Q G L P H V I B U F V V K B U D R P
E L Q A D E C N A H N E T M J A Q I T B M Q S L
H I S C U N I J C Z H S M E N V R E P L I E V A
U A T H D Y V R T U Y O D C M P T W T V J L M I
T N E X C E T K S K E K E P V R O K B J T V P N
A C O K N U B N R Y E D I V F V Y E C R G B K T
O E R D S Q I T I O T X Z T N I A L P M O C W L
K K H R Z W L V F S T I D U A L A N R E T X E O

First Call Resolution
Resolved Complaint
Focused Review
In Network
Grievance
Enrollee
Medicare
Member

Healthy Michigan Plan
Provider Outreach
Internal Audit
Compliance
Enhanced
MediGold
Provider
Appeal

Unresolved Complaint
External Audits
Healthy Kids
Complaint
Embedded
Medicaid
Inquiry
DSNP