

Reporting  
Period:   Q  

(Enter 1Q,2Q,3Q OR 4Q and year)

PROVIDE YOUR COMPANY'S NAIC NUMBER IN THE BOX ABOVE

## REPORTING FORM FOR MARYLAND INSURANCE CODE §15-10A-06

**AGGREGATE STATISTICS**

MONTHS REPORTED: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE PERSON RESPONSIBLE FOR PROVIDING THIS GRIEVANCE INFORMATION:**

STAFF TITLE: \_\_\_\_\_

STAFF CONTACT: \_\_\_\_\_

CONTACT MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

WORK PHONE/EXTENSION: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

NAME OF AUTHORIZED STAFF SUBMITTING REPORT \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**IF YOUR COMPANY HAS NO ADVERSE DECISIONS OR GRIEVANCES TO REPORT FOR THIS FILING PERIOD, AND/OR IS EXEMPT FROM FILING A REPORT WITH THE MARYLAND INSURANCE ADMINISTRATION, PLEASE RESPOND APPROPRIATELY, DATE AND SIGN BELOW AND RETURN ONLY THIS FIRST PAGE OF THE FORM & DOCUMENTS TO THE ADDRESS BELOW:**

\_\_\_\_\_ Our Company has **NO ADVERSE DECISIONS OR GRIEVANCES** to report for this filing period.

\_\_\_\_\_ Our Company is exempt from filing a Report of Grievances.

RETURN TO: Louis Butler

Maryland Insurance Administration

200 St. Paul Place Suite 2700

Baltimore MD 21202

Phone: 410-468-2271 FAX: 410-468-2270

RECVD:

DUPX:

TO HEAU:

DE/PM:

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**#1.**

Please provide the aggregate number of adverse decisions issued **AND** grievances filed (and resolved) with your company during the period for which you are reporting:

TOTAL ADVERSE DECISIONS

TOTAL  
GRIEVANCES

**#2.**

Please breakdown the aggregate number provided in your answer to Question 1 into the following categories:

**DO NOT REPORT PENDING CASES - REPORT ONLY THOSE RESOLVED**  
**DO NOT ADD CATEGORIES - ONLY USE THOSE LISTED BELOW**

MIA CATEGORY	TYPE OF SERVICE	ADVERSE DECISIONS		GRIEVANCES FILED & OUTCOME			
		TOTAL	Administrative Reversals	TOTAL	UPHELD	OVERTURNED	MODIFIED
A	Inpatient Hospital Services						
B	Emergency Room Services						
C	Mental Health Services						
D	Physician Services						
E	Laboratory, Radiology Services						
F	Pharmacy Services						
G	PT, OT, ST Services (including inpatient rehabilitation service)						
H	Skilled Nursing, Sub Acute Facility, Nursing Home Services						
I	Durable Medical Equipment						
J	Podiatry, Dental, Optometry, Chiropractic Services						
K	Home Health Services						
L	Other						
DO NOT ADD CATEGORIES!	<b>TOTAL</b>						













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**#6.**

Statistical Time for Resolution: For both grievances considered to be emergency cases and those that were not emergency cases, please provide the average time within which your company made a grievance decision. For non-emergency cases, please express time in *calendar days* only.

Resolution Time for:  
EMERGENCY CASES

HOURS

Resolution Time for:  
NON-EMERGENCY CASES

DAYS\*

\*calendar days