

---

# Quick Reference Guide Online Carrier Report

**APPEALS AND GRIEVANCE LAW §15-10A-06**

*Online Carrier Reporting purports to provide an efficient means of reporting Aggregate Statistics for Adverse and Grievance Decisions, pursuant to the Maryland Insurance Annotated Code §15-10A-06.*

## Log In

1. Before you begin – (Have ID and Password)
2. Go to the website: <http://www.mdinsurance.state.md.us/sa/home-page/carrier-report-filing.html>
3. Log In
4. ID (USER NAME) and Password (PASSWORD)
5. Log In

### 1) Staff Contact Information

- a) Enter Staff Contact Information

**Staff Contact Responsible for providing this Grievance Information**

Date: 2/10/2015

Title:

First Name: \*

Middle Name:

Last Name: \*

**Staff Contact Mailing Address**

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country: USA - United States of America

Email Address: \*

Confirm Email: \*

**Staff Contact Phones**

Phone \* / Ext:

Fax:

- b) How to maneuver from section to section
  - i) Log In on the Home Page
  - ii) "Previous" button – Go back to previous page
  - iii) "Save & Continue" - Save current page and go to the next page
  - iv) "Save Only" - Save current page only
  - v) "Reset" – Reset to start over

vi) "Logout" – Logout system

vii) Please choose one of the options that apply and click "Save & Continue"

### No Adverse Decisions or Grievances / Exempt from Filing Requirement

Need to Report

Need to Report Zeros

Exempt from Reporting

Save & Continue>> Save Only Reset Logout

\* Required Fields

## 2) Part 1

a) #1 - Total Adverse Decisions Issued and Grievances Filed

### Online Carrier Report, Part 1

Reporting Form for Adverse Decisions and Grievances Pursuant to Maryland Insurance Article §15-10A-06

**Aggregate Statistics**

Adverse/Grievances Breakdown	Services/Procedures	Hospital Length of Stay	Emergency Cases	Resolution Time
------------------------------	---------------------	-------------------------	-----------------	-----------------

Reporting Period: 4<sup>th</sup> Quarter 2014

**Company Information**

Company Name:

NAIC #:

NOTE: Please make the necessary changes if any of the information below is incorrect or incomplete. Required fields are marked with (\*).

#### #1. Total Adverse Decisions Issued and Grievances Filed

These fields (aggregate number of adverse decisions issued **AND** grievances filed [and resolved] with your company during the period for which you are reporting) will be automatically tallied as you fill out Question 2:

Total Adverse Decisions:

Total Grievances:

b) #2 - Aggregate Decisions Issued and Grievances Filed & Outcome

## #2. Aggregate Adverse Decisions Issued and Grievances Filed & Outcome

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.**

**NOTE:** You must select a category for all rows with data or it will not be counted. Also, each row must have at least one column with a value greater than zero.

MIA Category / Type of Service	Adverse Decisions		Grievances Filed & Outcome			Total Grievances
	Total Adverse Decisions	Administrative Reversals	Upheld	Overtured	Modified	
(1) (A) - Inpatient Hospital Stay	1	0	1	0	0	1
(2)						
<b>Total:</b>	1	0	1	0	0	1

<<Previous

Save & Continue>>

Save Only

Reset

Logout

\* Required Fields

### 3) Part 2

- a) #3 - Services/Procedures at Issue  
 Total Adverse Decisions  
 Total Grievance Decisions

## Online Carrier Report, Part 2

Reporting Form for Adverse Decisions and Grievances Pursuant to Maryland Insurance Article §15-10A-06

### Aggregate Statistics

Adverse/Grievances Breakdown	Services/Procedures	Hospital Length of Stay	Emergency Cases	Resolution Time
------------------------------	---------------------	-------------------------	-----------------	-----------------

Reporting Period: 4<sup>th</sup> Quarter 2014

### Company Information

Company Name:

NAIC #:

**NOTE:** Please make the necessary changes if any of the information below is incorrect or incomplete. Required fields are marked with (\*).

### #3. Services/Procedures at Issue

This section provides descriptions of the type of services/procedures that were at issue. There is a separate reporting table for (3A) Adverse Decisions and for (3B) Grievances Filed & Outcome.

Total Adverse Decisions: 1

Total Grievances: 1

- b) #3A – Adverse Decisions by Specific ICD-9 Code & Description - Up to the five most common
- c) #3B – Grievances Filed by Specific ICD-9 Code & Description - Up to the five most common

### #3A. Adverse Decisions by Specific ICD-9 Code & Description

For each category identified in **Question 2**, please list up to the **five most common** procedures/services/items per Category that were at issue in the adverse decisions. **The five most common should not exceed the totals in #3.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Adverse Decisions	
			Total Adverse Decisions	Administrative Reversals
(1) (A) - Inpatient Hospital Stay	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### #3B. Grievances Filed by Specific ICD-9 Code & Description

For each category identified in **Question 2**, please list up to the **five most common** procedures/services/items per Category that were at issue in the grievances filed. **The five most common should not exceed the totals in #3.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Grievance Filed & Outcome			Total Grievances
			Upheld	Overturned	Modified	
(1) (A) - Inpatient Hospital Stay	<input type="text"/>	<input type="text"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
(2) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 4) Part 3

a) #4 – Hospital Length of Stay/Denial of Hospital Days – Aggregate Number of Adverse Decisions Issued

Total Adverse Decisions

Total Grievance Decisions

### Online Carrier Report, Part 3

Reporting Form for Adverse Decisions and Grievances Pursuant to Maryland Insurance Article §15-10A-06

#### Aggregate Statistics

Adverse/Grievances Breakdown	Services/Procedures	Hospital Length of Stay	Emergency Cases	Resolution Time
------------------------------	---------------------	-------------------------	-----------------	-----------------

Reporting Period: 4<sup>rd</sup> Quarter 2014

#### Company Information

Company Name:

NAIC #:

**NOTE:** Please make the necessary changes if any of the information below is incorrect or incomplete. Required fields are marked with (\*).

#### #4. Hospital Length of Stay/Denial of Hospital Days - Aggregate Number of Adverse Decisions Issued

Please provide the aggregate number of adverse decisions issued by your company and grievances filed by member during this reporting period that involved a **Hospital Length of Stay** and/or **Denial of Hospital Days**.

Adverse Decisions: \*

Total Grievances: \*

- b) #4A – Hospital Length of Stay/Denial of Hospital Days – Up to the five most common Procedures/Services/Items for Adverse Decisions issued
- c) #4B – Hospital Length of Stay/Denial of Hospital days – Up to the five most common Procedures/Services/Items for the Grievances Reported

**#4A. Hospital Length of Stay/Denial of Hospital Days - Most common Procedures/Services/Items for Adverse Decisions Issued**

For the adverse decisions reported in **Question #4**, please list up to the **five most common** procedures/services/items that were at issue in the adverse decisions. **The five most common should not exceed the totals in #4.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Adverse Decisions	
			Total Adverse Decisions	Administrative Reversals
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**#4B. Hospital Length of Stay/Denial of Hospital Days - Most Common Procedures/Services /Items for the Grievances Reported.**

For the grievances reported in **Question #4**, please list up to the **five most common** procedures/services/items that were at issue in the grievances filed. **The five most common should not exceed the totals in #4.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Grievance Filed & Outcome			Total Grievances
			Upheld	Overturned	Modified	
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5) Part 4

### #5 – Emergency Cases – Aggregate Number of Adverse Decisions Issued

Total Adverse Decisions

Total Grievance Decisions

## Online Carrier Report, Part 4

### Reporting Form for Adverse Decisions and Grievances Pursuant to Maryland Insurance Article §15-10A-06

#### Aggregate Statistics

Adverse/Grievances Breakdown	Services/Procedures	Hospital Length of Stay	Emergency Cases	Resolution Time
------------------------------	---------------------	-------------------------	-----------------	-----------------

Reporting Period: 4<sup>th</sup> Quarter 2014

#### Company Information

Company Name:

NAIC #:

**NOTE:** Please make the necessary changes if any of the information below is incorrect or incomplete. Required fields are marked with (\*).

### #5. Emergency Cases - Aggregate Number of Adverse Decisions Issued

Please provide the aggregate number of adverse decisions issued by your company and grievances filed by member during this reporting period that are considered **Emergency Cases**.

Adverse Decisions: \*

Total Grievances: \*

---

- a) #5A – Emergency Cases – Up to the five most common Procedures/Services/Items for Adverse Decisions Issued
- b) #5B – Emergency Cases – Up to the five most common Procedures/Services/Items for Grievances Reported

### #5A. Emergency Cases - Most common Procedures/Services/Items for Adverse Decisions Issued

For the adverse decisions reported in **Question #5**, please list up to the **five most common** procedures/services /items that were at issue in the adverse decisions. **The five most common should not exceed the totals in #5.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Adverse Decisions	
			Total Adverse Decisions	Administrative Reversals
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### #5B. Emergency Cases - Most common Procedures/Services/Items for Grievances Reported

For the grievances reported in **Question #5**, please list up to the **five most common** procedures/services/items that were at issue in the grievances filed. **The five most common should not exceed the totals in #5.**

**Do not report pending cases. Report only those resolved.**

MIA Category	ICD-9 Code	Description of Procedure/Services/Item	Grievance Filed & Outcome			Total Grievances
			Upheld	Overturned	Modified	
(1) <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 6) Resolution Time

### #6 - Statistical Time for Resolution

- a) Resolution Time for Emergency Cases in hours and/or calendar days
- b) Resolution Time for Non-Emergency Cases in hours and/or calendar days

## Online Carrier Report, Final

### Reporting Form for Adverse Decisions and Grievances Pursuant to Maryland Insurance Article §15-10A-06

#### Aggregate Statistics

Adverse/Grievances Breakdown	Services/Procedures	Hospital Length of Stay	Emergency Cases	Resolution Time
------------------------------	---------------------	-------------------------	-----------------	-----------------

Reporting Period: 4<sup>th</sup> Quarter 2014

#### Company Information

Company Name:   
NAIC #:

**NOTE:** Please make the necessary changes if any of the information below is incorrect or incomplete. Required fields are marked with (\*).

### #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: \*  calendar days

**Note:** Resolution time for Emergency / Non-Emergency Cases cannot be greater than ' 99999.9 '

<<Previous

Save & Continue>>

Save Only

Reset

Logout

## 7) Final Review Before Submission

Final Review/Summary page before submission

- a) Clicking and/or signing the Accountability and Understanding Statement (*Once you click on the "Complete Report" button, your report will be submitted and complete. You will not be able to make any changes to your report*).
- b) View Carrier Report Data - Confirmation (Please print this confirmation screen for your records. You can also use your browser's print button).

### #6. Statistical Time for Resolution

Resolution Time for Emergency Cases (hours):	2.1
Resolution Time for Non-Emergency Cases (days):	3.0

### **Insurance Carrier's Understanding and Accountability Statement:**

**By clicking into this box you are agreeing that as an authorized representative for this insurance carrier the information and arithmetic are true and accurate.**

[Complete Report](#)

[Make Modifications](#)

**NOTE:** Once you click on the "Complete Report" button, your report will be submitted and complete. You will not be able to make any changes to your report.