Paper Online Carrier Report & Instructions

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

Maryland law requires that carriers provide to the Administration:

- Total number of enrolled members as of the last day of the quarter being reported entitled to health care benefits under a health benefit plan issued or delivered in the State of Maryland by the carrier;
- Total number of clean claims received for reimbursement processed by the carrier under a health benefit plan issued or delivered in the State of Maryland by the carrier;
- The total number of adverse decisions issued by the carrier;
- Total Grievances filed with the carrier;
- The Total Adverse Decisions issued and Grievances Filed & Outcome
- Up to the five most common procedure code for Adverse Decisions;
- Up to the five most common procedure code for Grievance Decisions;
- The number and outcome of all other cases that resulted from an adverse decision involving the length of stay for inpatient hospitalization;
- The number of grievances filed with the carrier that resulted from an adverse decision involving length of stay for inpatient hospitalization as related to the medical procedure involved;
- The number and outcomes of cases that were considered emergency cases;
- The amount of time and number of calendar days within which the carrier made a grievance decision for emergency and non-emergency cases

Before you begin completing the paper Reporting Form:

a. Know your filing dates and deadline

First Quarter (Jan. 1st – March 31st)	**Due by April 30th**
Second Quarter (Apr. 1st – June 30th)	**Due by July 30th**
Third Quarter ((July 1st – Sept. 30th)	**Due by October 30th**
Fourth Quarter (Oct, 1st – Dec. 31st)	**Due by January 30th**

b. Have the appropriate reporting data available for paper filing, OR

c. Secure your company Login (User name) and Password and visit our website for faster online filing

d. Please read the entire Reporting Form & Instructions. The reporting procedures for online filing and forms for paper filing have changed.

ONLINE CARRIER REPORT

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

Aggregate Statistics

Reporting Period: _____
Quarter/year

Company Name: _____

NAIC#: _____

Staff Contact Responsible for providing this Grievance Information

Date:

Title:

First Name*:

Middle Name:

Last Name*:

Staff Contact Mailing Address

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country:

Email Address*:

Staff Contact Phones/Faxes

Phone*/Extension

Fax:

Required fields are marked with (*).

NOTE: The Carrier is responsible for providing the Maryland Insurance Administration with the most current contact information should we need to contact you about this report.

- ○ **Need to Report**
- ○ **Need to Report Zero**

- **Exempt from Reporting**

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, DATE AND SIGN BELOW:_____

Aggregate Statistics

A. Total number of enrolled members as of the last day of the quarter being reported entitled to health care benefits under a health benefit plan issued or delivered in the State of Maryland by the carrier.

TOTAL NUMBER ENROLLED: ☐

B. Total number of clean claims received for reimbursement processed by the carrier under a health benefit plan issued or delivered in the State of Maryland by the carrier.

TOTAL NUMBER OF CLEAN CLAIMS: ☐

#1. Total Adverse Decisions issued and Grievances Filed

These fields (enter 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. Aggregate Adverse Decisions Issued and Grievances Filed & Outcome

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

NOTE: Below you must select all applicable categories for all rows which correlates with the data being entered on each row, or it will not be counted. Each row and column you select must have a value greater than zero.

Do note report pending cases. Report only closed files for the quarter that you are filing.

	Adverse Decisions		Grievances Filed & Outcome			
MIA Category/Type of Service	**Total Adverse Decisions**	**Admin. Reversals**	**Upheld**	**Overturned**	**Modified**	**Total Grievances**
(A) Inpatient Hospital Stay						
(B) Emergency Room Services (including Transportation Services)						
(C) Mental Health Services						
(D) Physician Service (including Educational Services and Outpatient Hospital)						
(E) Laboratory and Radiology Services						
(F) Pharmacy Services						
(G) PT, OT, ST Services including inpatient rehabilitation services						
(H) Skilled Nursing, Sub Acute Facility, and Nursing Home Services						
(I) Durable Medical Equipment						
(J) Dental						
(K) Home Health Services						
(L) Obesity, IVF, podiatry, hearing and vision						

#3. Services/Procedures at Issue

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

NOTE: **To meet the minimum requirement, select at least one category. Please select "Save Only" if you are entering data in the system for 30 minutes or more to avoid being timed out and risk losing your data.**

Total Adverse Decisions: ☐

Total Grievances: ☐

#3A. Adverse Decisions by Specific ICD 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 total in #3.**

Do not report pending cases. Report only closed files for the quarter that you are filing.

Adverse Decisions

MIA Category	ICD Code	Description of Procedure/Services/Item	Total Adverse Decisions	Administrative Reversals

Adverse Decisions

MIA Category	ICD Code	Description of Procedure/Services/Item	Total Adverse Decisions	Administrative Reversals

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

NOTE: Carriers reporting dental, please list the CDT, and ICD if available

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

Do not report pending cases. Report only closed files for the quarter that you are filing.

			Grievances Filed & Outcome			
MIA Category	**ICD Code**	**Description of Procedure/Services/Item**	**Upheld**	**Overturned**	**Modified**	**Total Grievances**

Grievances Filed & Outcome

MIA Category	ICD Code	Description of Procedure/Services/Item	Upheld	Overturned	Modified	Total Grievances

#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 with your company during this reporting period that involved a **Hospital Length of Stay** and/or **Denial of Hospital Days**.

Total Adverse Decisions: _____

Total Grievances: _____

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

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

Do not report pending cases. Report only closed files for the quarter that you are filing.

			Adverse Decisions	
MIA Category	**ICD Code**	**Description of Procedure/Services/Item**	**Total Adverse Decisions**	**Administrative Reversals**

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

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

Do not report pending cases. Report only closed files for the quarter that you are filing.

			Grievances Filed & Outcome			
MIA Category	**ICD Code**	**Description of Procedure/Services/Item**	**Upheld**	**Overturned**	**Modified**	**Total Grievances**

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

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

Total Adverse Decisions: ☐

Total Grievances: ☐

#5A. Emergency Cass – Most common Procedures/Services/Items for Adverse Decisions Issued

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

Do note report pending cases. Report only closed files for the quarter that you are filing.

			Adverse Decisions	
MIA Category	**ICD Code**	**Description of Procedure/Services/Item**	**Total Adverse Decisions**	**Administrative Reversals**

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

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

Grievances Filed & Outcome

MIA Category	ICD Code	Description of Procedure/Services/Item	Upheld	Overturned	Modified	Total Grievances

#6 Statistical Time for Resolution

For both grievances considered to be emergency cases and non-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'

Required fields are marked with (*).

#7. Adverse Decisions regarding Prior Authorization or Step Therapy Protocol

For Adverse decisions issued by the carrier, please provide the number of adverse decisions that involved a Prior authorization or Step therapy protocol.

Prior Authorization:	
Step therapy:	

#8. Adverse Decisions Overturned after a Reconsideration Request

Please provide the number of adverse decisions that were overturned after a reconsideration request.

Number of Reconsideration Requests:	
Number Overturned:	

#9. Non-formulary Prescription Drugs – Number of Request Made and Granted

Please provide the number of requests made and granted for non-formulary prescription drugs.

Number of Requests Made:	
Number of Requests Granted:	

#10. Adverse Decisions Aggregated by Zip code

List the top <u>five</u> zip codes with the highest percentage of adverse decisions with your company during the period for which you are reporting. The percentage shall be calculated by dividing the number of adverse decisions rendered in the zip code by the number of clean claims processed in the zip code. Zip code shall be based on the location of the proposed or delivered treatment/service/item that was the subject of the adverse decision and clean claim. **Report the zip code**, **the number of adverse decisions**, **the number of clean claims**, and the **calculated percentage**:

Zip Code	Number of Adverse Decisions	Number of Clean Claims	Calculated Percentage
			%
			%
			%
			%
			%

#11. Grievance Decisions Aggregated by Zip code

List the top <u>five</u> zip codes with the highest percentage of grievance decisions with your company during the period for which you are reporting. The percentage shall be calculated by dividing the number of grievance decisions rendered in the zip code by the number of clean claims processed in the zip code. Zip code shall be based on the location of the proposed or delivered treatment/service/item that was the subject of the grievance decision and clean claim. **Report the zip code**, **the number of grievance decisions**, **the number of clean claims**, and the **calculated percentage**:

Zip Code	Number of Grievance Decisions	Number of Clean Claims	Calculated Percentage
			%
			%
			%
			%
			%

#12. Adverse Decisions Use of Artificial Intelligence

Please provide the number of adverse decisions issued by your company where an artificial intelligence, algorithm, or other software tool was used in making the decision, during the period for which you are reporting:

#13 Post Acute Services-Skilled Nursing Facilities

Provide the total number of Adverse decisions: 0

Provide the total number of Grievance Decisions: 0

#14. Post Acute Services-Inpatient Rehabilitation Facilities

Provide the total number of Adverse Decisions: 0

Provide the total number of Grievance Decisions: 0

#15. Post Acute Services-Inpatient Mental and Behavioral Health Treatment Services

Provide the total number of Adverse Decisions: 0

Provide the total number of Grievance Decisions: 0

#16. Post Acute Services-Inpatient Substance Use Treatment Services

Provide the total number of Adverse Decisions: 0

Provide the total number of Grievance Decisions: 0

Insurance Carrier's Understanding and Accountability Statement:

As an authorized representative for this insurance carrier, I/we are agreeing that the information and arithmetic are true and accurate:

Reporting Period: _____
Quarter/year

Company Name: _____

NAIC#: _____

_____
Signature Date

_____
Print Name