**INDIANA GRIEVANCE PROCEDURES REPORT (IAC 760 1-59-14) (IAC 760 1-59-4)**

**NAME: _____**
**FOR REPORTING PERIOD: January 1, _____ through December 31, _____**

**BLOCK 1:**

**REPORTING COMPANY INFORMATION**

**NAIC # /Group Code:** **ASSUMED BUSINESS NAME (s):**

***If filing requirement is not applicable state reason below:**

**BUSINESS ADDRESS:** _____

**GENERAL BUSINESS #:** _____ **GRIEVANCE REPORTING - TOLL FREE #:** _____

**Total number of Indiana enrollees at beginning of reporting period:** _____

**Total number of Indiana enrollees at end of reporting period:** _____

**Service area (use applicable county codes; if the entire state, please indicate entire state rather than list all the county codes):**

**Contact Person for Grievance Procedures:**

**NAME:** _____

**TELEPHONE NUMBER:** _____

**E-MAIL ADDRESS:** _____

**BLOCK 2:**

**GENERAL INFORMATION ON INTERNAL GRIEVANCES & APPEALS**

| **Grievances** | | | Appeals | |
|---|---|---|---|---|
| Number of grievances filed | | | Number of appeals filed | |
| Number of grievances resolved | | | Number of appeals resolved | |
| Number of grievances resolved with Company position upheld | | | Number of appeals resolved with Company position upheld | |
| Number of grievances resolved with Company position overturned | | | Number of appeals resolved with Company position overturned | |
| Number of grievances pending | | | Number of appeals pending | |
| Time to resolve grievances (average number of days) | | | Time to resolve appeals (average number of days) | |

Revised 10/15

**BLOCK 3:**

| **INTERNAL GRIEVANCE AND APPEALS INFORMATION IC 27-13-8-2(3) & IC 27-8-28-19**<br>**NOTE: A grievance should not be recorded in more than one (1) category.** | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Basis** | **Number Filed** | **Company Position Upheld Yes (#) No(#)** | **Average Number of Days to Resolve Grievances** | | **Appealed Yes (#): No(#):** | **Company Position Upheld Yes (#) No (#)** | **Average Number of Days to Resolve Appeals** |
| Inpatient services | | | | | | | |
| Outpatient services | | | | | | | |
| Emergency services | | | | | | | |
| Mental or behavioral services | | | | | | | |
| Home health care | | | | | | | |
| Prescription drugs | | | | | | | |
| Equipment or supplies | | | | | | | |
| Laboratory services | | | | | | | |
| Experimental Services | | | | | | | |
| Other services | | | | | | | |

| HEALTH CARE PROVIDERS (for HMOs, LSHMOs and Insurers with Network plans) | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Basis** | **Number Filed** | **Company Position Upheld Yes (#) No(#)** | **Average Number of Days to Resolve Grievances** | | **Appealed Yes(#) No(#)** | **Company Position Upheld Yes (#) No (#)** | **Average Number of Days to Resolve Appeals** |
| Quality of health care services | | | | | | | |
| No referral or expired referral | | | | | | | |
| Problem with particular provider not available | | | | | | | |
| Problem with number of providers available | | | | | | | |
| Problem with type of providers available | | | | | | | |
| Problem with provider location | | | | | | | |
| Problem getting appointment | | | | | | | |

| OTHER BASIS FOR GRIEVANCE | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Basis** | **Number Filed** | **Company Position Upheld Yes (#) No(#)** | **Average Number of Days to Resolve Grievances** | | **Appealed Yes (#): No(#)** | **Company Position Upheld Yes (#) No (#)** | **Average Number of Days to Resolve Appeals** |
| Difficulty in enrolling/ other enrollment issues | | | | | | | |
| Problem with claim payment or handling | | | | | | | |
| Benefits limited or excluded | | | | | | | |
| Timeliness of decision making | | | | | | | |
| Other (attach additional sheets if necessary) | | | | | | | |

**BLOCK 4:**

| **DESCRIPTION OF GRIEVANCE PROCEDURES** |
|---|
| Please describe your appeals procedures. Attach additional sheets as necessary: |

**BLOCK 5:**

| **DESCRIPTION OF APPEALS PROCEDURES** |
|---|
| Please describe your appeals procedures. Attach additional sheets as necessary: |

**Block 6:**

**EXTERNAL REVIEWS REQUESTED**
**IC 27-13-8-2(3)(B) & IC 27-8-29-21**

| IRO NAME | DATE APPEAL ASSIGNED | REASON FOR REVIEW (SEE CODING) | COMPANY POSITION UPHELD YES; NO; OR PENDING |
|---|---|---|---|
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Coding
A- Adverse determination of appropriateness
B- Adverse determination of medical necessity
C- Determination that a proposed service is experimental or investigational
D- Insurer's decision to rescind an accident and sickness insurance policy