

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

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

FOR REPORTING PERIOD: January 1, \_\_\_\_\_ through December 31, \_\_\_\_\_

### BLOCK 1:

#### REPORTING COMPANY INFORMATION

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

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 Report:

NAME: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

### BLOCK 2:

#### GENERAL INFORMATION ON INTERNAL GRIEVANCES & APPEALS

HMOs – Refer to 760 IAC 1-59-3(2)(A) for grievance definition

Insurers – Refer to 760 IAC 1-59-3(2)(B) for grievance definition

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)	

**BLOCK 3:**

INTERNAL GRIEVANCE AND APPEALS INFORMATION IC 27-13-8-2(3) & IC 27-8-28-19							
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:**

Attach a document explaining the grievance procedures with instructions on how the consumer can file a grievance. This document should be in a consumer-friendly, concise format similar to the IDOI approved language in the policy or certificate. The document will be posted to the IDOI website in compliance with IC 27-1-3-33.

**BLOCK 5:****DESCRIPTION OF APPEALS PROCEDURES:**

Attach a document explaining the appeal procedures with instructions on how the consumer can file an appeal. This document should be in a consumer-friendly, concise format similar to the IDOI approved language in the policy or certificate. The document will be posted to the IDOI website in compliance with IC 27-1-3-33.

**BLOCK 6:****EXTERNAL REVIEWS REQUESTED**

**IC 27-13-8-2(3) & IC 27-8-29-21**

**Report external reviews requested on the attached Excel spreadsheet.**