

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

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:

NAME: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER: _____

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)

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 copy of grievance procedures approved by the IDOI. Include instructions for the consumer on how to file a grievance by telephone, on-line, or by mail. Procedures will be posted to the IDOI website.

BLOCK 5:**DESCRIPTION OF APPEALS PROCEDURES**

Attach a copy of appeal procedures approved by the IDOI. Include instructions for the consumer on how to request an appeal or request an external review by telephone, on-line, or by mail. Procedures will be posted to the IDOI website.

BLOCK 6:**EXTERNAL REVIEWS REQUESTED**

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

IRO NAME	INSURED ID	DATE APPEAL ASSIGNED	EXPEDITED OR STANDARD	REASON FOR REVIEW (SEE CODING)	COMPANY POSITION UPHELD YES; NO; PENDING

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