2009 Health Insurer Dispute Resolution Data Call
HIDR-2009
STATISTICAL PLAN

INTRODUCTION

The following HIDR-2009 Statistical Plan contains the reporting requirements, due dates and related information needed to complete your company's reporting obligations under California Insurance Code Sections 10123.137 & 10508.6(b).

This statistical plan contains nine sections. These sections are outlined below:

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A. SCOPE OF THE STUDY

This study is being released to all insurers licensed, by the **California Department of Insurance**, to write business in health insurance.

- The HIDR-2009 Data Call specifically applies to companies that write or maintain **Health Insurance Policies as defined under California Insurance Code Section 106(b)**.

California Department of Insurance Jurisdiction:

Pursuant to California Insurance Code Sections: 10123.137

CICS 10123.137

10123.137. (a) Each contract between a health insurer and a provider shall contain provisions requiring a fast, fair, and cost-effective dispute resolution mechanism under which providers may submit disputes to the insurer, and requiring the insurer to inform its providers, upon contracting with the insurer, or upon change to these provisions, of the procedures for processing and resolving disputes, including the location and telephone number where information regarding disputes may be submitted.

(b) An insurer shall also ensure that a dispute resolution mechanism is accessible to noncontracting providers for the purpose of resolving billing and claims disputes.

(c) Disputes are to be submitted to the insurer in writing and shall include provider name, provider tax identification number, patient name, insurer's identification information, dates of service, description of dispute, and, if applicable, billed and paid amounts. The insurer shall resolve each provider dispute consistent with applicable law and issue a written determination within 45 working days after the date of receipt of the provider dispute.

(d) On and after July 1, 2007, an insurer shall annually submit a report to the department regarding its dispute resolution mechanism. The report shall be public information and include, at a minimum, information on the number of providers that utilized the dispute resolution mechanism and a summary of the disposition of those disputes. To the extent the commissioner requires detailed information disclosing emerging or established patterns of provider disputes or corrective action by the insurer, the commissioner may maintain the confidentiality of any information found to be proprietary, upon written request of the insurer. In no event shall the commissioner find the required minimum information described in this subdivision to be proprietary.

(e) If an insurer has an affiliated or subsidiary company that is licensed as a health care service plan under Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code, the insurer may use the same procedures relating to the provider dispute resolution process established by the affiliated or subsidiary entity pursuant to subdivision (h) of Section 1367 of the Health and Safety Code.

A. SCOPE OF THE STUDY (continued)

California Department of Insurance Jurisdiction:

Pursuant to California Insurance Code Sections: 10508.6(b)

CICS 10508.6(b)

(b) The commissioner may collect, compile, analyze, and report data relating to life and disability insurance, annuity contracts, and related contracts offered, issued, delivered, or renewed in this state through any method of marketing.

*

What is "Health Insurance" and what is Excluded:

For the purposes of the reporting requirements in CICS 10123.137, Health Insurance is defined in CICS 106(b).

CICS 106(b)

(b) In statutes that become effective on or after January 1, 2002, the term "health insurance" for purposes of this code shall mean an individual or group disability insurance policy that provides coverage for hospital, medical, or surgical benefits. **The term "health insurance" shall not include any of the following kinds of insurance:**
(1) Accidental death and accidental death and dismemberment.
(2) Disability insurance, including hospital indemnity, accident only, and specified disease insurance that pays benefits on a fixed benefit, cash payment only basis.
(3) Credit disability, as defined in subdivision (2) of Section 779.2.
(4) Coverage issued as a supplement to liability insurance.
(5) Disability income, as defined in subdivision (i) of Section 799.01.
(6) Insurance under which benefits are payable with or without regard to fault and that is statutorily required to be contained in any liability insurance policy or equivalent self-insurance.
(7) Insurance arising out of a workers' compensation or similar law.
(8) Long-Term Care coverage.

A. SCOPE OF THE STUDY (continued)

Definition of Hospital vs. Non-Hospital Health Providers:

For the purposes of the reporting requirements in CICS 10123.137, we are defining Hospital Health Providers and Non-Hospital Health Providers as follows:

Definition of Hospital and Non-Hospital Health Providers:

Hospital Health Providers are defined as:
Health providers holding a license to operate (from the California Department of Health Services) as a:

a. General Acute Care Hospital
b. Acute Psychiatric Hospital
c. Chemical Dependency Hospital
d. Specialty Hospital
e. District Hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, **but are not limited to**:

a. Doctors
b. Clinics
c. Laboratories
d. Physical Therapy or Occupational Therapy Providers
e. Home Health Agencies
f. Freestanding Ambulatory Surgery Centers
g. Skilled Nursing Facilities (a.k.a. Nursing Homes)
h. Hospice Programs
i. Any health care provider whose services may be covered under a California Insurance Code Section 106(b) policy.

B. GENERAL RULES

EXPERIENCE PERIOD:
Experience is to be reported for the CALENDAR YEAR PERIOD OF January 1, 2008 through December 31, 2008.

WHO MUST FILE:
The HIDR-2009 reporting requirements pertain to companies ***that currently write or have existing business in health insurance*.** For the purposes of the HIDR-2009 reporting requirements, health insurance policies are defined by California Insurance Code Section 106(b).

- If your company **currently writes or has existing business in health insurance**, as defined by CICS 106(b), your company is subject to the reporting requirements in CICS 10123.137 and must respond to the HIDR-2009 data call. Companies that have experience to report under CICS 10123.137 are required to complete the HIDR-2009 Acknowledgement Form confirming their participation in the HIDR-2009 data call. For the Reporting Due Dates, see Section D.

- If your company is licensed to transact health insurance in California **but has not written or has no existing health insurance business**, please complete the "No Experience To Report" section in the HIDR-2009 Acknowledgement Form and return this form to the California Department of Insurance by April 10, 2009.

***PENALTIES FOR NON-COMPLIANCE*:**

Companies that fail to submit a completed HIDR Acknowledgement of Receipt Form and HIDR Data Workbook (if applicable) by the due date requested will be considered in non-compliance with **California Insurance Code Sections 10123.137 and 10508.6** and will be subject to fines and penalties (up to $100,000) under **California Insurance Code Section 10508.7 and will be referred to the Department's Legal Division for further action.**

Non-compliant companies may also be referred to the **Field Rating & Underwriting Bureau** who will collect the required data and bill the time required for examination at the company's expense pursuant to **CICS 1857.4**.

B. GENERAL RULES (continued) -

- Insurers who file a **consolidated annual statement**, as a group of companies **MAY NOT SUBMIT CONSOLIDATED EXPERIENCE**. A separate company acknowledgment and data workbook must be submitted for each company required submitting experience under CICS 10123.137.

- ***RE-SUBMISSIONS:***
  Submissions that do not pass the Department's validating tests will be returned to the company for corrections. No more than **one (1)** re-submission is acceptable. The company will be allowed **10 working days** to resubmit its data to the Department.

- ***VALIDATING PROCEDURE:***
  Companies should establish their own validating programs and procedures to detect errors to POLICY FORMS, CODES and STATISTICAL DATA reported.

  All data will be tested for accuracy and reasonability. Rejected data will be returned to the company for correction and resubmission. *If the company believes that the data is correct as submitted, the company must provide an explanation in writing. Please submit your explanation via e-mail to the contact person specified in Item G below*.

C. PROPRIETARY POLICY

As a general rule, all data submitted to the California Department of Insurance (CDI) Statistical Analysis Division is deemed to be proprietary in nature and treated as confidential. Data may generally be released in the aggregate so no individual company experience is revealed, unless:

a. Mandated by California Insurance Code or California Code of Regulations.
b. Requested by other CDI Units for internal use, but continue to maintain confidentiality.
c. Ordered by the Insurance Commissioner or any legislative committee and is determined by CDI not to conflict with proprietary information rules.
d. Required for use in an enforcement action filed by the Commissioner.

D. REPORTING DUE DATES

Please observe the following due dates for the HIDR-2009 filing:

- ***HIDR-2009 Acknowledgement Form***: **DUE APRIL 10, 2009**

  IMPORTANT Regardless of your reporting experience, the **ACKNOWLEDGEMENT FORM (excel version) MUST BE ELECTRONICALLY SUBMITTED NO LATER THAN APRIL 10, 2009 TO** submissions@insurance.ca.gov. We **will not accept** scanned copies, photo copies or "pdf" documents in lieu of the original excel file format.

- ***HIDR-2009 Data Workbook***: **DUE JULY 01, 2009**

  Your HIDR-2009 Data Workbook must be received no later than July 01, 2009. Transmit the filing electronically to submissions@insurance.ca.gov.

- ***HIDR-2009 Affidavit Form***: **DUE JULY 01, 2009**

  The affidavit form must be signed and notarized to confirm the validity of the data workbook. As an alternative to mailing or faxing the Affidavit Form, you my **e-mail** it (*preferred method*). Note that if you are scanning the original, an *imprint seal* may not appear on the scanned copy. We suggest that you take a led pencil and lightly brush over the imprint seal on the original copy to allow the seal to appear on the scanned copy. If the notary's seal is visible on the scanned copy (saved in the Adobe format), you may e-mail it to submissions@insurance.ca.gov as an attachment.

- **Requests for extensions in reporting:** **BY JUNE 01, 2009**

  Requests for extensions in reporting of the HIDR-2009 Data Workbook must be received no later than June 01, 2009. All extension requests should be in writing and must be sent by e-mail to Shawn Dadah at dadahs@insurance.ca.gov.

E. RETRIEVING THE HIDR-2009 DATA CALL PACKAGE FROM THE INTERNET

To retrieve the HIDR-2009 Data Call Package (Acknowledgement Form, Statistical Plan, Data Workbook and the Affidavit Form), please follow the instructions below:

- Go to the Department of Insurance web site at http://www.insurance.ca.gov
- Click on the INSURERS link at the top portion of the webpage.
- Click on the DATA & REPORTS link, (located on the left-hand column of the page).
- Click on the STATISTICAL PLANS link and choose REPORTING YEAR 2009 STATISTICAL PLANS.
- A message will appear requesting the user name and password. Enter the following:

User Name: **GOTNUMBERS09** (case sensitive)
Password: **STAT2009** (case sensitive)

- Select "HIDR-2009" (2009 Health Insurer Dispute Resolution Data Call)
- From the HIDR-2009 site, you can retrieve:

  - **HIDR-2009 Acknowledgement Form** (due APRIL 10, 2009)
  - **HIDR-2009 Data Workbook** (due JULY 01, 2009)
  - **HIDR-2009 Statistical Plan** – Contains Detailed Instructions On How To Complete The HIDR-2009 Data Workbook.
  - **HIDR-2009 Affidavit Form** (due JULY 01, 2009)

F. METHOD OF REPORTING

The HIDR Data Workbook is available on the Internet (see Section E for retrieval instructions).

The **Acknowledgment Form** and **Data Workbook** may be submitted two ways *(CHOOSE ONLY ONE):*

1. Via **e-mail attachment** (***preferred method***) to e-mail address: **submissions@insurance.ca.gov**
   DO NOT SUBMIT YOUR ACKNOWLEDGEMENT FORM(S) OR DATA WORKBOOK(S) TO SHAWN DADAH UNLESS REQUESTED TO DO SO.

IMPORTANT NOTES:

Although the HIDR-2009 Acknowledgement Form and Data Workbook can be completed and transmitted to this Department via the CDI Internet, it is advisable to save a copy of each to your local directory. There are macro buttons on both forms for saving and transmitting the data.

After saving the Acknowledgement Form and Data Workbook (if required) to your local directory, it is preferable that you submit these forms via e-mail using the links/buttons contained in each form, which will electronically transmit the filing to submissions@insurance.ca.gov.

2. Via **mail on a CD-ROM**. If the company is unable to e-mail the data workbook, as preferred in option 1, you may save the data on CD-ROM and mail it to the Statistical Analysis Division of the California Department of Insurance at the address provided below:

   CALIFORNIA DEPARTMENT OF INSURANCE
   Statistical Analysis Division
   Attn: HIDR-2009
   300 South Spring St., S. Tower, 14th Floor
   Los Angeles, CA 90013

Note: What about Hardcopies?

Hardcopies of the Excel Acknowledgement Form and Data Workbook are NOT required and are discouraged from being submitted. We collect, download and store all data electronically and do not store or retain hardcopies of these submissions to maintain an environmentally friendly paperless work environment. Do not submit these two forms in the Adobe format.

G. CDI CONTACT INFORMATION

Should you have an ***extension request***, and/or ***questions related to the statistical plan or the HIDR data workbook***, please address your inquiries to the contact person indicated below.

Shawn Dadah
HIDR Team Leader
California Department of Insurance
Statistical Analysis Division
Tel: (213) 346-6317
Fax: (213) 897-6571
Correspondence E-mail: dadahs@insurance.ca.gov
Data Submission E-mail: submissions@insurance.ca.gov

Should you have a question regarding **substantive matters, or legal requirements**, please contact.

Andrea Rosen
Staff Counsel
California Department of Insurance
Legal Division
300 Capitol Mall
Sacramento, California 95814
E-mail: RosenA@insurance.ca.gov

H. INSTRUCTIONS FOR COMPLETING THE HIDR-2009 DATA WORKBOOK

The purpose of this section is to provide you with the reporting instructions necessary for completing the HIDR-2009 Data Workbook. Submission of a completed data workbook is required to fulfill your company's reporting obligation under California Insurance Code Section 10123.137. Within the workbook, you will find two worksheets. These worksheets are as follows:

- Company Contact Worksheet
- Count of Health Providers Worksheet
- Claims Payment Provider Dispute Worksheet
- All Other Provider Dispute Worksheet

Upon accessing the data workbook on the Department's Internet website (see Section E), you can move from worksheet to worksheet by clicking the worksheet "tabs" at the bottom of your screen. Complete all the worksheets provided. If your company cannot read or load the MS Excel 97 workbook, please contact the Department of Insurance contact person listed in Section G of this statistical plan.

H. INSTRUCTIONS FOR COMPLETING THE HIDR-2009 DATA WORKBOOK (continued)

SYSTEMS REQUIREMENTS

In order to complete this filing:

1. You will first need to retrieve the data workbook *(2009HIDRDATA.xls)*, from the Internet, requiring:
   - **Internet Explorer Version 5** or
   - **Netscape Navigator**

   See the section below entitled, **Opening File From Department Website**, which outlines some of the varying messages and/or procedures you may encounter when using ***Internet Explorer*** as opposed to ***Netscape Navigator***.

2. Secondly, you will also need to complete this form in:
   - **Microsoft Excel 2002 or higher** – The data workbook will only run on Microsoft Excel 2002 or higher. If you are experiencing difficulty in opening the data workbook, please contact Shawn Dadah at (213) 346-6317.

OPENING FILE FROM DEPARTMENT WEB SITE

Upon entering the Health Insurer Dispute Resolution Data Call web site (as discussed in Section E), click on the HIDR Data Workbook link to bring up the data workbook(*2009HIDRDATA.xls*).

You may see different messages appear when using ***Internet Explorer*** or ***Netscape Navigator*** to access the file. **Please refer to the appropriate sections below to SAVE the data workbook to a local drive (e.g. – "C:\My Documents") before starting your data entry**.

1. **If You Are Using Internet Explorer** –
   - A message will be displayed…***Microsoft Excel…The Workbook you are opening contains Macros…***
   - Select **Yes**. *Enables the **macros** that are needed to run the workbook. Calculations have been programmed and are automatic once data are provided.*

   To ***save*** the file to your local drive after retrieving file from the Department web site, as indicated in Section E.
   - At the **TOP LEFT-HAND** corner of the HIDR-2009 data workbook, **CLICK** on the button labeled "DOWNLOAD WORKBOOK".
   - Select the ***path*** where you wish to save file.
   - Under **FILE NAME** type ***2009HIDRDATA.xls***
   - Select **SAVE**.
   - Go to STEP 3 below and begin entering data.

H. INSTRUCTIONS FOR COMPLETING THE HIDR-2009 DATA WORKBOOK (continued)

2. **If You Are Using <u>Netscape Navigator</u>** –
   - A message will be displayed…
   - Select **SAVE TO DISK** and choose the path where you would like to save your file.
   - Under **FILE NAME** type ***2009HIDRDATA.xls***.
   - Select **SAVE**.
   - **EXIT** Internet.
   - Proceed to STEP 3 below.

3. **AFTER YOU HAVE DOWNLOADED FILE - Retrieve file by Using Microsoft Excel (97 or higher versions) and Proceed with Data Entry**
   - **OPEN** MS Excel (version 2002 or higher).
   - From Excel, **RETRIEVE** and **OPEN** the file (***2009HIDRDATA.xls***) from where you have saved it. When opening the file, a dialog box will appear on the screen asking if you wish to ***enable macros***.
   - Select ***Enable Macros.***
   - Complete the form using Microsoft Excel.
   - Submit as an Excel attachment to the e-mail address listed in Section -F, Method of Reporting.

ENTERING DATA: As stated in the beginning of Section H, the Excel workbook has four (4) worksheets. The macro will automatically bring you to the Company Contact Worksheet. If not, simply click on the worksheet entitled, "COMPANY CONTACT WORKSHEET". **<u>IMPORTANT: Be sure that your company's Contact Information is filled out completely</u>**.

Continue entering the appropriate data, as requested by each worksheet. To move from worksheet to worksheet, click the worksheet tabs at the bottom of your screen.

VALIDATE and confirm your entries.

SAVE: Save the entire workbook on <u>diskette</u> or on your <u>hard drive</u>. If unable to submit data to this Department via the desired e-mail method, you may save data onto 3.5" Diskette and remit the completed diskette to the address provided in Section F above.

SUBMISSION OF DATA: Submit your completed HIDR data workbook filing to the California Department of Insurance as explained under Method of Reporting in Section F of this statistical plan. A completed HIDR filing consists of a completed HIDR data workbook and a signed HIDR affidavit.

<u>**IMPORTANT:** A completed and signed AFFIDAVIT FORM must be submitted after you have e-mailed your data workbook. As noted above, the affidavit form must be signed and notarized to confirm the validity of the data workbook. As an alternative to mailing or faxing the Affidavit Form, you my e-mail it (*preferred method*). Note that if you are scanning the original, an *imprint seal* may not appear on the scanned copy. We suggest that you take a led pencil and lightly brush over the imprint seal on the original copy to allow the seal to appear on the scanned copy. If the notary's seal is visible on the scanned copy (saved in the Adobe format), you may e-mail it to submissions@insurance.ca.gov as an attachment.</u>

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET

Company Contact Worksheet: This worksheet will contain your company name and contact information. This will include company's NAIC number and mailing address, as well as detailed contact information such as e-mail address and fax number.

Count of Health Providers Worksheet

TABLE A - Count of Health Providers Using Dispute Resolution Mechanism

The purpose of Table A is to collect the total number of health providers that utilized your company's health insurance dispute resolution process**. Please note that the data reported in Table A must include contracting and non-contracting health providers for Calendar Year 2008.**

Directions - For Calendar Year 2008, enter the total number of Hospital & Non-Hospital health providers (contracting and non-contracting) that utilized your company's health insurance dispute resolution mechanism.

IMPORTANT: Report only the **total number of health providers that utilized your company's health insurance dispute resolution mechanism for the period covering January 1, 2008 to December 31, 2008**. DO NOT report the total number of disputes filed by each health provider.

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

Claims Payment Provider Dispute Worksheet

The purpose of this worksheet is to collect your company's annual experience pertaining to claims payment disputes from contracted and non-contracted providers. This worksheet has three (3) tables:

TABLE B - Claims Payment Disputes From Contracted Providers

The purpose of Table B is to collect your company's dispute resolution experience covering claims payment disputes submitted by your company's contracted health care providers.

For Calendar Year 2008, enter the total number of claims payment disputes submitted by your company's contracted health providers into the following categories:

- Total number of **claims payment disputes filed by contracted providers**;
- Total number of **claims payment disputes resolved in Provider's favor***;
- Total number of **claims payment disputes resolved in Insurer's favor***;
- Total number of **claims payment disputes that have not been resolved and are still pending resolution** (**as of December 31, 2008**).

Directions - For Calendar Year 2008, provide a breakdown of the Table-B data into two groups: Hospital & Non-Hospital health providers (**contracted providers only**)

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

* ***Provider's Favor*** *- In the Provider's favor generally means that additional sums were paid or owed on a claim or set of claims disputed by the Provider.*

* **Insurer*'s Favor*** *- In the Insurer's favor generally means that first EOB and claim payment(s) made by the insurer were 100% accurate.*

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

Claims Payment Provider Dispute Worksheet

TABLE C - Claims Payment Disputes From Non-Contracted Providers

The purpose of Table C is to collect your company's dispute resolution experience covering claims payment disputes submitted by your company's non-contracted health care providers.

For Calendar Year 2008, enter the total number of claims payment disputes submitted by your company's non-contracted health providers into the following categories:

- Total number of **claims payment disputes filed by non-contracted providers**;
- Total number of **claims payment disputes resolved in Provider's favor**;
- Total number of **claims payment disputes resolved in Insurer's favor**;
- Total number of **claims payment disputes that have not been resolved and are still pending resolution** (**as of December 31, 2008**).

Directions - For Calendar Year 2008, provide a breakdown of the Table-C data into two groups: Hospital & Non-Hospital health providers (**non-contracted providers only**)

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

Claims Payment Provider Dispute Worksheet

TABLE D - Count of Claims Payment Disputes Resolved Within 45 Days

The purpose of Table D is to collect the total number of claims payment disputes resolved within 45 working days (after receipt of provider dispute) pursuant to California Insurance Code Section 10123.137 (c).

For Calendar Year 2008, enter the total number of claims payment disputes that were resolved within 45 days (after the date of receipt) into the following categories:

- Total number of **claims payment disputes resolved in Provider's favor**;
- Total number of **claims payment disputes resolved in Insurer's favor**.

Directions - For Calendar Year 2008, provide a breakdown of the Table-D data into four (4) groups:

- Contracted Hospital;
- Contracted Non-Hospital;
- Non-Contracted Hospital
- Non-Contracted Non-Hospital

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

All Other Provider Dispute Worksheet

The purpose of this worksheet is to collect data pertaining to All Other Provider Disputes.
All Other Provider Disputes are defined as:
Provider disputes that do not involve individual claims that have been submitted to the insurer. (e.g. - disputes regarding contract language, *administrative manual terms**, information requirements imposed as condition of claims payment, health information privacy, coverage issues and investigational/experimental exclusions, etc.)

The purpose of this worksheet is to collect your company's annual experience pertaining to all other provider disputes from contracted and non-contracted providers. This worksheet has three (3) tables:

TABLE E - All Other Provider Disputes from Contracted Providers

The purpose of Table E is to collect your company's dispute resolution experience covering all other provider disputes submitted by your company's contracted health care providers.

For Calendar Year 2008, enter the total number of all other provider disputes submitted by your company's contracted health providers into the following categories:

- Total number of **all other provider disputes filed by contracted providers**;
- Total number of **all other provider disputes resolved in Provider's favor**;
- Total number of **all other provider disputes resolved in Insurer's favor**;
- Total number of **all other provider disputes that have not been resolved and are still pending resolution** (**as of December 31, 2008**).

Directions - For Calendar Year 2008, provide a breakdown of the Table-E data into two groups: Hospital & Non-Hospital health providers (**contracted providers only**)

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

* ***Administrative Manual Terms*** *- Most health insurers use PPO Networks as part of their health insurance products. Most health insurers provide some kind of administrative manual to guide their PPO Network providers regarding claims submission, pre-certification, notification of admissions, prior authorization, verification of eligibility, contract management and the like. Some companies refer to such documents as "provider relations" manuals or something similar. These manuals cover business interactions between the network provider and the health insurer in more detail typically than is found in the actual PPO contract; they are more administrative in nature. Sometimes there are disputes between a company and a network provider that center around changes that a health insurer makes in this manual.*

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

All Other Provider Dispute Worksheet

TABLE F - All Other Provider Disputes from Non-Contracted Providers

The purpose of Table F is to collect your company's dispute resolution experience covering all other provider disputes submitted by your company's non-contracted health care providers.

For Calendar Year 2008, enter the total number of all other provider disputes submitted by your company's contracted health providers into the following categories:

- Total number of **all other provider disputes filed by non-contracted providers**;
- Total number of **all other provider disputes resolved in Provider's favor**;
- Total number of **all other provider disputes resolved in Insurer's favor**;
- Total number of **all other provider disputes that have not been resolved and are still pending resolution** (**as of December 31, 2008**).

Directions - For Calendar Year 2008, provide a breakdown of the Table-F data into two groups: Hospital & Non-Hospital health providers (**non-contracted providers only**)

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.

I. EXPLANATIONS OF EACH HIDR-2009 WORKSHEET (continued)

All Other Provider Dispute Worksheet

TABLE G - Count of All Other Provider Disputes Resolved Within 45 Days

The purpose of Table G is to collect the total number of all other provider disputes resolved within 45 working days (after receipt of provider dispute) pursuant to California Insurance Code Section 10123.137 (c).

For Calendar Year 2008, enter the total number of all other provider disputes that were resolved within 45 days (after the date of receipt) into the following categories:

- Total number of **all other provider disputes resolved in Provider's favor**;
- Total number of **all other provider disputes resolved in Insurer's favor**.

Directions - For **Calendar Year 2008**, provide a breakdown of the Table-G data into four (4) groups:

- Contracted Hospital;
- Contracted Non-Hospital;
- Non-Contracted Hospital
- Non-Contracted Non-Hospital

Hospital Health Providers are defined as:
Hospital Health Providers are defined as those holding a license to operate (from Calif. Dept. of Health Services) as a general acute care hospital, acute psychiatric hospital, chemical dependency hospital, specialty hospital or district hospital.

Non-Hospital Health Providers are defined as:
Health providers that are not defined as a hospital provider will include, but are not limited to doctors, clinics, laboratories, physical therapy or occupational therapy groups, home health agencies, freestanding ambulatory surgery centers, skilled nursing facilities (a.k.a. nursing homes), hospice programs, etc.