RHODE ISLAND DEPARTMENT OF HEALTH
OFFICE OF MANAGED CARE REGULATION
HEALTH PLAN DATA REPORTING FORM INSTRUCTIONS
FOR ANNUAL REPORTS

(updated April 2015)

Reporting requirements are establishing pursuant to section 8.0 the Rules and Regulations for the Certification of Health Plans (R23-17.13-CHP):
http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/7049.pdf

REPORTING/NOTIFICATION REQUIREMENT: All limited enrollment health plans (with less than 5,000 enrollees) must file an annual report. A separate annual report must be filed per each certified limited enrollment health plan. Limited enrollment health plans that have no enrollees and no data to report may instead submit a letter of attestation to such effect identifying with the HP certificate number, and the year.

If enrollment for a health plan certified as a limited enrollment health plan increases to 5,000, the Office of Managed Care Regulation must be notified and the health plan will be required to meet additional requirements for full health plan certification. Non compliance subjects the organization to penalties and/or other actions (section 9 of R23-17.13-HP).

TIMEFRAMES: Annual reports forms are due 90 days after the end of each calendar year by 4/1.

NON-COMPLIANCE: Failure to submit an annual report in accordance with the timeframe will result in a fine (see section 8.1.4 of R23-17.13-CHP).

FORMAT:

- Annual report form must be notarized
- Annual report form must contain correct HP certificate number

HOW TO SUBMIT: Please e-mail a pdf copy of the annual report form to DOH.ManagedCare@health.ri.gov Please include 'HP Annual Report' along with your certificate number in the e-mail subject line.

CONTACT INFORMATION: To contact the Office of Managed Care Regulation, please e-mail DOH.ManagedCare@health.ri.gov or call (401) 222-6015.

Rhode Island Department of Health
HEALTH PLAN DATA REPORTING FORM
[Annual Report for Health Plans with Total Rhode Island Enrollment of Less than 5,000]
Health Care Accessibility & Quality Assurance Act

Entity*: _____

Health Plan Certificate #: _____ Report for Calendar Year: _____

Contact Name: _____ Phone #: (____) _____

Contact E-mail: _____

Please attest to the following:

"*I state that all the information contained in this report is complete, accurate, and correct to the best of my knowledge and belief.*"

_____ Date: _____
Signed and dated by one of the following:
President, CEO, COO, CMO, CIO

_____ Date: _____
Signed and dated by Notary Public

*If the health plan has enrollees in <u>more than one</u> of the following categories -- required data elements shall be submitted in separate reports for each. Check the category to which this report applies {choose only one}:

☐ **Commercial** ☐ **RIte Care/Medicaid** ☐ **Medicare**

<u>NOTE:</u> This report shall be due to the Department by April 1st of each calendar year with data corresponding to the previous calendar year. Please refer to the definitions on page 3 when completing this form.

I. Rhode Island Plan Enrollment (Member Months): Please report the data separately for each certified limited enrollment health plan:

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Total Rhode Island Enrollment				

II. Consumer and Provider Complaints Received (By Service Category) for Total Rhode Island Resident Enrollment*

	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter	
	Consumer Drive	Provider Driven	Consumer Drive	Provider Driven	Consumer Drive	Provider Driven	Consumer Drive	Provider Driven
Network Complaint								
Hospital Inpatient								
Hospital Emergency Dept.								
Other Hospital Outpatient								
Subacute Inpatient								
Physician								
Other Professional								
Pharmaceutical Supplies								
Substance Abuse								
Mental Health								
Health Education								
All Other Complaints								
Total Complaints Received								
Average Number of Days from Receipt of Complaint to Final Response								

*If multiple service areas are mentioned in a single complaint, record only the primary service area involved.

DEFINITIONS

All Other Complaints include all complaints, which have not been reported in the above categories.

Complaints are contacts made by an enrollee, their representative, or a provider whereby they express dissatisfaction with the quality of the health care the enrollee received, or with any other activity related to the management of the delivery of health care in one of the listed categories of services by the health plan. This does not include denials or appeals related to utilization review as defined by Section 23-17.12 of RI General Laws and sections IV, V, and VI of this document.

Consumer Driven Complaints are complaints reported by a member or consumer.

Entity is defined by Rhode Island General Laws 23-17.13-2 as a licensed insurance company, hospital, dental or medical service plan, health maintenance organization, or contractor that operates a health plan.

Health Education Services includes services for enrollee health education including provision to the general public or groups of enrollees of information about health risks, the importance of preventive services, lifestyle modifications, patient compliance with treatment regimens, avoidance of questionable medical interventions. It also includes subsidies for enrollees to join health clubs and exercise groups or other programs which may reasonably be expected to reduce risks of disease or injury and improve general health. This does not include individual provider-patient advice and counseling.

Health Plan is defined by Rhode Island General Laws 23-17.13-2 as:

(H) "Health plan" means a plan operated by a health care entity as described in subparagraph (F) that provides for the delivery of care services to persons enrolled in such plan through:
(1) Arrangements with selected providers to furnish health care services; and/or (2) Financial incentives for persons enrolled in the plan to use the participating providers and procedures provided for by the plan. . . .

(F) "Health care entity" means a licensed insurance company, or hospital, or dental or medical service plan or health maintenance organization, or a contractor as described in subparagraph (B), that operates a health plan. . . .

(B) "Contractor" means a person/entity that:
(1) Establishes, operates or maintains a network of participating providers; and/or
(2) Contracts with an insurance company, a hospital or medical or dental service plan, an employer, whether under written or self insured, an employee organization, or any other entity providing coverage for health care services to administer a plan and/or
(3) Conducts or arranges for utilization review activities pursuant to chapter 17.12 of this title.

Hospital Emergency Department Services includes those provided and billed for by the hospital for services in its accident room, emergency room, or emergency department. This includes ancillary services such as lab tests and radiology. Physician services that are billed for by the hospital are included. Services reported as inpatient services should not be included here.

Hospital Inpatient Services includes inpatient services provided by institutions licensed as hospitals. This includes routine and ancillary services. Routine services include room and board (including intensive care units, coronary care units, and other special units), dietary and nursing services, medical-surgical supplies, and other facilities for which the provider does not normally make a separate charge. Ancillary services include laboratory, radiology, drugs, delivery room, and physical therapy services. Substance abuse services and mental health services provided by specialty hospitals should be reported as Substance Abuse or Mental Health Services below. Services provided in independent rehabilitation units of hospitals should be reported as Subacute Inpatient Services.

Mental Health Services includes inpatient and outpatient services, supplies, and medications for treatment of mental health problems to the extent that these services can be determined. Inpatient services of specialty hospitals are included. Outpatient services of qualified mental health service providers are included here.

Network Complaint are complaints related to network access or any inability to obtain a service due to limitations or restrictions of a carrier's network.

Other Hospital Outpatient Services includes all other services and supplies provided and billed for by hospitals, which are not included in the above accounts.

Other Professional Services includes services of dentists, optometrists, nurses, clinical personnel such as technicians and technologists, therapists, those involved in vocational and physical rehabilitation, and other paraprofessional health care providers which are not reported in the above accounts or substance abuse/mental health professionals services reported below.

Pharmaceutical Services and Supplies include prescription drugs and proprietary medications except those included in above service categories.

Physician Services includes services provided and billed for by physicians and physician practices. This includes physician extender services, community health center physician services, and ambulatory surgical services provided in freestanding facilities. Staff model HMOs should report physician services and support services for physicians similar to that, which would be provided in physician office practices in so far as, is reasonable.
Plan Enrollment member months include insured months within the reporting year including all lags known at reporting time.

Provider Driven Complaints are complaints reported by a participating or non-participating provider.

Subacute Inpatient Services includes inpatient services that are not included in the hospital or substance abuse/mental health categories such as skilled nursing homes, intermediate care facilities, and independent rehabilitation units.

Substance Abuse Services includes inpatient and outpatient services, supplies, and medications for treatment of chemical dependency to the extent that these services can be determined. Inpatient services for specialty hospitals and units are included. Outpatient services of chemical dependency psychologists and counselors are included here.

Total Complaints is the sum of all complaints received including consumer driven and provider driven complaints.