



HEALTH INSURER GRIEVANCE & EXTERNAL APPEAL REPORT

All health insurers with fully-insured business in Montana are required to report their grievance procedure/appeal activities to the Office of the Montana State Auditor, Commissioner of Securities and Insurance. Mont. Code Ann. §§ 33-32-306 and 33-32-421. The annual reporting deadline is March 1st. Insurers shall submit completed reports via the System for Electronic Rate and Form Filing (SERFF) as an informational filing.

Contact Information

Insurer Name: _____

NAIC Number: _____

Mailing Address: _____

City/State/Zip: _____

Contact Name: _____ Title: _____

Telephone Number: _____ Email: _____

Report for Year: _____



406.444.2040



csi@mt.gov



csimt.gov



840 Helena Avenue
Helena MT 59601

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Grievance Statistics

Number of Fully Insured Covered Lives on January 1 st of the Reporting Year	
Total Number of Grievances Received in the Reporting Year	
Number of Grievances Resolves Upholding Insurer's Original Determination	
Number of Grievances Resolved Reversing or Modifying Insurer's Original Determination	
Number Still Pending at the End of the Year	
Number of Grievances Insurer was Informed were Appealed to the CSI	
Number of Grievances Either Referred to an Alternative Dispute Resolution Process or Resulted in Litigation	

On a separate document, identify any issues adversely affecting the efficacy of the company's grievance procedures or compliance with them, and actions taken to remedy those issues. Relevant issues include but are not limited to circumstances impacting timeliness of grievance reviews and accuracy of review determinations.



External Review Statistics

Complete this page separately for each IRO for which performed external review for Montana residents.

IRO: _____

Total Number of External Review (ER) Requests Referred in Reporting Year	
Number of ER Requests Determined Eligible for External Review	
Number of ER Requests Resolved	
Number of ER Requests Resolved Upholding Insurer's Determination	
Number of ER Requests Resolved Reversing Insurer's Determination	
Number of ER Requests Still Pending at End of Reporting Year	
Average Number of Days for IRO to Complete a Non-Expedited Review	
Average Number of Days for IRO to Complete an Expedited Review	
Number of Cases Terminated Because Insurer Reversed its Decision (MCA § 33-32-410(17))	
Number of Reviews Terminated for Failure to Provide Information (MCA § 33-32-412(15))	



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List the top five services/issues that were most commonly the subject of external review:

1. _____
2. _____
3. _____
4. _____
5. _____

Certification

I certify that the information contained in this report is true, accurate and complete to the best of my knowledge; and that I possess the authority to complete this certification on behalf of the Company. I further certify that the Company has established and maintains, for each of its health plans, a set of grievance procedures that fully comply with Mont. Code Ann. Title 33, Chapter 32, Part 3.

Signature

Name of Officer or Representative

Date

