



**RHODE ISLAND DEPARTMENT OF HEALTH  
OFFICE OF MANAGED CARE REGULATION  
HEALTH PLAN DATA REPORTING FORM INSTRUCTIONS  
FOR QUARTERLY 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 REQUIREMENT:** All health plans (with 5,000 or more enrollees) must file quarterly reports. Please submit a separate quarterly report for each certified health plan.

**TIMEFRAMES:** Quarterly reports forms are due by 3/1, 6/1, 9/1, and 12/1 of each year with the data for the previous quarter.

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

**FORMAT:**

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

**HOW TO SUBMIT:** Please e-mail a pdf copy of the quarterly report form to [DOH.ManagedCare@health.ri.gov](mailto:DOH.ManagedCare@health.ri.gov) Please include 'Quarterly HP 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](mailto:DOH.ManagedCare@health.ri.gov) or call (401) 222-6015.

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Rhode Island Department of Health  
**HEALTH PLAN DATA REPORTING FORM**

[Quarterly Report for Health Plans with Total Rhode Island Enrollment of 5,000 or more]  
**Health Care Accessibility & Quality Assurance Act**

Entity\*: \_\_\_\_\_

Health Plan Certificate #: \_\_\_\_\_ Report for Quarter: \_\_\_\_\_, for Year: \_\_\_\_\_

Contact: \_\_\_\_\_ 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 more than one 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**

**NOTE:** This report shall be due to the Department by 3/1, 6/1, 9/1, and 12/1 of each year and correspond to the previous quarter. 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 health plan:

	Male	Female
<b>Rhode Island Resident Enrollment by Age Category:</b>		
Enrollees Aged <20 years		
Enrollees Aged 20 – 44		
Enrollees Aged 45 – 64		
Enrollees Aged 65 and Over		
Total Rhode Island Enrollment		

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

	Consumer Driven	Provider Driven	Total Complaints
Network Complaint			
Hospital Inpatient			
Hospital Emergency Department			
Other Hospital Outpatient			
Subacute Inpatient			
Physician			
Other Professional			
Pharmaceutical Supplies			
Substance Abuse			
Mental Health			
Health Education			
All Other Complaints			
Total Complaints Received			

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

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## 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.