



912 Health & Welfare Building, 7th and Forster St  
Harrisburg, PA 17120



1311 Strawberry Square  
Harrisburg, PA 17120

Quarter/Year:	
Name of plan:	

**I. MEMBERSHIP**

Source of Enrollment	(A) Total Members at Close of Last Quarter	(B) Additions During Quarter	(C) Terminations During Quarter	(D) Net Change for Quarter	(E) Total Members at Close of Quarter	(F) Cumulative Member Months for Quarter
<b>HMO</b>						
1. Private Sector Insured						
a. Traditional Product						
b. Point of Service (P.O.S.)						
2. Private Sector Self-funded						
a. Traditional Product						
b. Point of Service						
3. Medicare Advantage						
4. HealthChoices (Medicaid)						
5. SUBTOTALS						
<b>GPPO</b>						
6. Private Sector Insured						
a. Traditional Product						
b. Point of Service						
7. Private Sector Self-funded						
a. Traditional Product						
b. Point of Service						
8. SUBTOTALS						
9. TOTALS						

PA MANAGED CARE PLANS QUARTERLY REPORT

PLAN NAME: \_\_\_\_\_

Quarter: \_\_\_\_\_

**II. UTILIZATION DATA**

Source of Enrollment	Annualized Member Ambulatory Encounters				(E) Total Patient Days Incurred	(F) Annualized Hospital Days/1,000	(G) Average Length of Stay
	(A) Primary Care Physician	(B) Specialty Care Physician	(C) Non- physician	(D) Total			
1. Private Sector a. Traditional Product							
b. Point of Service							
2. Medicare Advantage							
3. HealthChoices (Medicaid)							
4. TOTAL							

(H) In-Area Emergency Claims		(I) Out-of-Area Emergency Claims		(J) Out-of-Plan Authorized Referrals	
6. Received		Received		Ambulatory	
7. Paid		Paid		Inpatient	
8. Pending		Pending			
9. Rejected		Rejected			

**III. PERSONNEL/PROVIDER DATA**

A. Provide the following information regarding number of primary care physicians:

(a) + (b) - (c) = (d)

(a) = physicians at the close of the last quarter	(b) = physicians added this quarter	(c) = physicians terminated this quarter	(d) = physicians at the close of the quarter

PA MANAGED CARE PLANS QUARTERLY REPORT

PLAN NAME: \_\_\_\_\_ Quarter: \_\_\_\_\_

B. Number of full-time equivalent primary care physicians (Group and Staff models only )		
C. Number of primary care delivery sites		
D. Have the standard contractual arrangements for providers been changed or amended this quarter? Indicate by placing an (X) in the appropriate box. If the answer is yes, then attach a listing of all such changes.	YES	NO
E. Have any significant personnel changes occurred in the plan this quarter? Indicate by placing an "X" in the box. If the answer is yes, then attach a listing of all such changes.	YES	NO

**IV. COMPLAINT AND GRIEVANCE DATA**

**A.**

COMPLAINTS	First Level	Second Level	External Level	
			DOH	DOI
1. Pending From Previous Quarter				
2. Filed This Quarter				
3. TOTALS				
4. Withdrawn this Quarter				
5. Initiated This Quarter by Member				
6. Total # Of Decisions Made This Quarter				
a) In Favor Of Member				
b) In Favor Of MCO				
7. Pending This Quarter				



## PA MANAGED CARE PLANS QUARTERLY REPORT

PLAN NAME: \_\_\_\_\_ Quarter: \_\_\_\_\_

*Comp or Griev* – identify the case as:

- Complaint Level 1 (C1)
- Complaint Level 2 (C2)
- Grievance Level 1 (G1)
- Grievance Level 2 (G2)

*Case Number* – The Plan assigned case code or chronological numbering. **Do NOT include social security numbers.**

*Date Case Filed* – The date the Plan received the case.

*Category Code* – Use one of the following designations in parentheses:

- Commercial (HMO), (POS), (CHIP)
- HealthChoices Medical Assistance (HC)
- HealthChoices Behavioral Health (HCBH)
- Medicare (MC)
- Self-funded / PEBTF (SF)

*Disposition Code* – Case was decided:

- For Member
- For Plan
- Mixed
- Pending
- Withdrawn by member
- Withdrawn by Plan

*Decision Date* – Date the decision was made for the case

PLEASE NOTE:

**Sort the data** by Complaint Level 1, Complaint Level 2, Grievance Level 1, and Grievance Level 2, so that all the first level complaints are together, all the 2nd level complaints are together, etc.

Include cases that were submitted in the previous quarter but not decided until this quarter. If a case is started this quarter, but not decided prior to the end of the quarter, identify it as Pending.

PA MANAGED CARE PLANS QUARTERLY REPORT

PLAN NAME: \_\_\_\_\_ Quarter: \_\_\_\_\_

C. Decisions made by the independent external utilization review entity (URE)

GRIEVANCES to URE	Disposition
1. Pending From Previous Quarter	
2. Filed This Quarter	
3. TOTALS	
4. Withdrawn This Quarter	
5. Initiated This Quarter by	
a) Member	
b) Provider	
6. Total # Of Decisions Made This Quarter	
a) In Favor Of Member	
b) In Favor Of MCO	
7. Pending This Quarter	

V. STATEMENT OF REVENUE AND EXPENSES

Attach a completed copy of the Pennsylvania Insurance Department Report #2, Statement of Revenue,

VI. CERTIFICATION

To the best of my knowledge and belief, all information contained herein is accurate and true.

\_\_\_\_\_  
(Signature of Person Completing Report)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Medical Director's Signature)

\_\_\_\_\_  
Date