Data Collection Flowcharts

Grievances and Appeals Commercial Insurers
Annual Reporting
# Table of Contents

Organization Information Flowchart ................................................................. 3  
Member Information Flowchart ........................................................................... 4  
Grievances and Appeal Information Flowchart ....................................................... 5  
Grievances and Appeal Background Information Flowchart .................................. 6  
Provider Information Flowchart .......................................................................... 7
Organization Information Flowchart

Start → Organization Name → NAIC Number → Reporting Period

Organization Address → Contact Person Name → Contact Person Title → Contact Person Address

Contact Person Phone Number → Contact Person Email → Organization Exemption → Organization Grievance Reporting Status

Products Offered in District → Organization Membership → Denied Claims → Denied Prior Authorization

Additional Information → End
Member Information Flowchart

Start → Member Gender → Member Ethnicity → Member Race

Member Age Category → End
Grievances and Appeal Information Flowchart

Start

Appeal requester

Appeal filling method

Nature of the appeal

Administrative

Clinical

Administrative appeal category

Clinical appeal category

Appeal type

Appeal type = Post-service

Appeal type = Pre-service

Appeal type = Post-service care (retrospective) are always non-expedited

Clinical review of the appeal

Expedited appeal

Appeal final disposition

End
Grievances and Appeal Background Information Flowchart

*Fields identified with asterisks (*) are required to be completed based on the Grievance/appeal Description selected (e.g., if the Grievance/appeal Description = Pharmacy, the NDC code should be included).
Provider Information Flowchart

Start → Network Indicator → Provider Taxonomy → End