

# Semi Annual Report of Clean Claims Data – Due twice a year pursuant to COMAR 31.10.11

Please either email to [mc\\_filings.mia@maryland.gov](mailto:mc_filings.mia@maryland.gov) or Fax to 410-468-2245

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## Clean Claim Report, Part 1 — Contact/Payor/Company Information

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### Reporting Period

<b>Reporting Period:</b>	<input type="radio"/> 01/01 – 06/30/ _____ <input type="radio"/> 07/01 – 12/31/ _____
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### Staff Contact Responsible for Filing

<b>First Name:</b>	
<b>Middle Initial:</b>	
<b>Last Name:</b>	

### Mailing Address

<b>Address Line 1:</b>	
<b>Address Line 2:</b>	
<b>City, State and Zip Code:</b>	
<b>Email Address:</b>	
<b>Phone / Ext:</b>	

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## Payor Information

<b>Company Name:</b>	
<b>NAIC/License/FEIN#:</b>	
<b>Payor Type:</b>	<input type="radio"/> Insurer (includes all payors except those listed below) <input type="radio"/> Health Maintenance Organization (HMO) <input type="radio"/> Managed Care Organization (MCO) <input type="radio"/> TPA/Delegated Agent (submitting data for another entity) <input type="radio"/> Vision Service Plan (VSP) <input type="radio"/> Dental Benefit Plan Organization (DPO) <input type="radio"/> Pharmacy Benefit Manager (PBM)
<b>User Login:</b>	MIA_____
<b>Date Created:</b>	
<b>Created By:</b>	
<b>Date Modified:</b>	
<b>Modified By:</b>	

**What data elements are required on the CMS Form 1500 and/or Form UB 92 uniform claim forms for the Payor to determine Clean Claims?**

- All of the essential data elements specified by COMAR 31.10.11
- Fewer than all of the essential data elements specified by COMAR 31.10.11
- Not Applicable

## Company Report is About

<b>Company Name:</b>	
<b>NAIC #:</b>	
<b>FEIN #:</b>	
<b>NAIC Group #:</b>	

**Do you have data to report? (Select No if reporting all zeroes or nothing to report.)**

Yes  No

**NOTE:** If you select "No", you do not have to fill in any other data. Go to the certification on the last page to complete your report.

### **Additional Comments**

Optional - enter any brief explanatory comments concerning the completion and filing of this report (500 character limit)

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## **Clean Claim Report, Part 2 — Claims/Data Information**

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### **Section I - Claims Information**

<b>1A.</b>	Enter the number of Clean Claims received (on CMS Form 1500/UB 92 claim forms only and having the required data elements).	
<b>1B.</b>	Enter the number of Clean Claims paid (include paid and partially paid claims). Enter "0" if no paid claims reportable.	
<b>1C.</b>	Enter the number of the received claims that were denied because CMS Form 1500/UB 92 data were incomplete or missing. Enter "0" if no denied claims reportable.	
<b>1D.</b>	Enter the number of received claims that were denied because an attachment to the corresponding CMS Form 1500 or UB 92 was incomplete or missing. Enter "0" if no denied claims reportable.	

## Section II - Adjudicated Claims and Denial Reasons

<b>2A.</b>	Enter the total number of adjudicated claims received for this period. (Note: 2A must = 2B + 2C)	
<b>2B.</b>	Enter the number of adjudicated claims paid (includes paid and partially paid claims).	
<b>2C.</b>	Enter the number of adjudicated claims denied payment for the report period.	
<b>2D.1.</b>	From the following list, identify the best description of the most prevalent reason (explanation) for the denial of claim payment. Enter "NOT APPLICABLE" if no denied claims for report period.	<input type="radio"/> Accident <input type="radio"/> Additional <input type="radio"/> Authorization <input type="radio"/> Bill <input type="radio"/> COB <input type="radio"/> Duplicate <input type="radio"/> EOB <input type="radio"/> Ineligible <input type="radio"/> Maximum <input type="radio"/> Medicare <input type="radio"/> Miscellaneous <input type="radio"/> Noncovered <input type="radio"/> Not Applicable <input type="radio"/> Preexisting <input type="radio"/> Provider <input type="radio"/> Terminated <input type="radio"/> UCR <input type="radio"/> Untimely
<b>2D.1.1</b>	Enter the number of claims denied for the most prevalent reason for denial. Enter "0" if no denied claims reportable.	
<b>2D.2.</b>	From the following list, identify the best description of the second most prevalent reason (explanation) for the denial of claim payment. Enter "NOT APPLICABLE" if no denied claims for report period.	<input type="radio"/> Accident <input type="radio"/> Additional <input type="radio"/> Authorization

		<input type="radio"/> Bill <input type="radio"/> COB <input type="radio"/> Duplicate <input type="radio"/> EOB <input type="radio"/> Ineligible <input type="radio"/> Maximum <input type="radio"/> Medicare <input type="radio"/> Miscellaneous <input type="radio"/> Noncovered <input type="radio"/> Not Applicable <input type="radio"/> Preexisting <input type="radio"/> Provider <input type="radio"/> Terminated <input type="radio"/> UCR <input type="radio"/> Untimely
<b>2D.2.1</b>	Enter the number of claims denied for the second most prevalent reason for denial. Enter "0" if no denied claims reportable.	
<b>2D.3.</b>	From the following list, identify the best description of the third most prevalent reason (explanation) for the denial of claim payment. Enter "NOT APPLICABLE" if no denied claims for report period.	<input type="radio"/> Accident <input type="radio"/> Additional <input type="radio"/> Authorization <input type="radio"/> Bill <input type="radio"/> COB <input type="radio"/> Duplicate <input type="radio"/> EOB <input type="radio"/> Ineligible <input type="radio"/> Maximum <input type="radio"/> Medicare <input type="radio"/> Miscellaneous <input type="radio"/> Noncovered <input type="radio"/> Not Applicable

		<input type="radio"/> Preexisting <input type="radio"/> Provider <input type="radio"/> Terminated <input type="radio"/> UCR <input type="radio"/> Untimely
<b>2D.3.1</b>	Enter the number of claims denied for the third most prevalent reason for denial. Enter "0" if no denied claims reportable.	
<b>2D.4.</b>	From the following list, identify the best description of the fourth most prevalent reason (explanation) for the denial of claim payment. Enter "NOT APPLICABLE" if no denied claims for report period.	<input type="radio"/> Accident <input type="radio"/> Additional <input type="radio"/> Authorization <input type="radio"/> Bill <input type="radio"/> COB <input type="radio"/> Duplicate <input type="radio"/> EOB <input type="radio"/> Ineligible <input type="radio"/> Maximum <input type="radio"/> Medicare <input type="radio"/> Miscellaneous <input type="radio"/> Noncovered <input type="radio"/> Not Applicable <input type="radio"/> Preexisting <input type="radio"/> Provider <input type="radio"/> Terminated <input type="radio"/> UCR <input type="radio"/> Untimely
<b>2D.4.1</b>	Enter the number of claims denied for the fourth most prevalent reason for denial. Enter "0" if no denied claims reportable.	
<b>2D.5.</b>	From the following list, identify the best description of the fifth most prevalent reason (explanation) for the denial of claim payment. Enter "NOT APPLICABLE" if no denied claims for report period.	<input type="radio"/> Accident <input type="radio"/> Additional

		<input type="radio"/> Authorization <input type="radio"/> Bill <input type="radio"/> COB <input type="radio"/> Duplicate <input type="radio"/> EOB <input type="radio"/> Ineligible <input type="radio"/> Maximum <input type="radio"/> Medicare <input type="radio"/> Miscellaneous <input type="radio"/> Noncovered <input type="radio"/> Not Applicable <input type="radio"/> Preexisting <input type="radio"/> Provider <input type="radio"/> Terminated <input type="radio"/> UCR <input type="radio"/> Untimely
<b>2D.5.1</b>	Enter the number of claims denied for the fifth most prevalent reason for denial. Enter "0" if no denied claims reportable.	

### Section III - Claims Processing Inventory

<b>3A.</b>	Enter the beginning claim processing inventory (i.e., the number of unprocessed plus pending claims at the start of the report period). This number should correspond to the ending inventory of the previous report period.	
<b>3B.</b>	Enter the number of claims pending for legitimate dispute or for additional information at the end of this report period. Enter "0" if there are no pending claims.	
<b>3C.</b>	Enter the number of claims received for adjudication during the report period, but are as yet unprocessed. Unprocessed claims have not yet been paid, denied or pended. Enter "0" if there are no unprocessed claims.	
<b>3D.</b>	Enter the ending claim processing inventory (i.e., unprocessed plus pended claims) at the end of the report period. (Note: 3D must = 3B + 3C)	

## Section IV - Claims Processed

<b>4A.</b>	Enter the total number of all claims paid, partially paid and denied for the report period. All claims processed including claims received during the report period and previously unprocessed claims. (Note: 4A must = 4B.1 + 4C.1 + 4D.1+4E.1)	
<b>4B.1.</b>	Enter the number of all claims processed in thirty (30) calendar days or less for this report period.	
<b>4B.2.</b>	Enter the dollar amount of benefits paid or partially paid for claims processed in thirty (30) calendar days or less for this report period.	
<b>4B.3.</b>	Enter the dollar amount of interest paid on any claims processed in thirty (30) calendar days or less for this report period.	
<b>4C.1.</b>	Enter the number of all claims processed in 31 to 60 calendar days for this report period.	
<b>4C.2.</b>	Enter the dollar amount of benefits paid or partially paid for claims processed in 31 to 60 calendar days for this report period.	
<b>4C.3.</b>	Enter the dollar amount of interest paid on any claims processed in 31 to 60 calendar days for this report period.	
<b>4D.1.</b>	Enter the number of all claims processed in 61 to 120 calendar days for this report period.	
<b>4D.2.</b>	Enter the dollar amount of benefits paid or partially paid for claims processed in 61 to 120 calendar days for this report period.	
<b>4D.3.</b>	Enter the dollar amount of interest paid on any claims processed in 61 to 120 calendar days for this report period.	
<b>4E.1.</b>	Enter the number of all claims processed in 121 or more calendar days for this report period.	
<b>4E.2.</b>	Enter the dollar amount of benefits paid or partially paid for claims processed in 121 or more calendar days for this report period.	
<b>4E.3.</b>	Enter the dollar amount of interest paid on any claims processed in 121 or more calendar days for this report period.	



- By submitting this form to the Insurance Commissioner, you certify, on behalf of the Payor, that all information provided is complete, true, and correct to the best of your knowledge and belief in accordance with Maryland laws and regulations.**