

MARYLAND

2004 REPORT ON THE HEALTH CARE APPEALS & GRIEVANCE LAW

ISSUED OCTOBER 2005



INSURANCE
ADMINISTRATION

525 St. Paul Place
Baltimore, MD 21202
410-468-2000
1-800-492-6116
1-800-735-2258 TTY
www.mdinsurance.state.md.us

Robert L. Ehrlich, Jr., Governor

Michael S. Steele, Lt. Governor

James V. McMahan, III, Acting Commissioner

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I. EXECUTIVE SUMMARY

The medical coverage provided by health maintenance organization (HMOs), insurers, and nonprofit health service plans (sometimes referred to as “carriers” or “health plans”) generally extends only to treatment that is “medically necessary.” The question of whether a particular treatment is medically necessary involves medical expertise and judgment and a carrier’s decision that treatment is not medically necessary may conflict with the opinion of the treating provider that recommended the treatment.

In 1998, the Appeals & Grievance Law was enacted by the General Assembly to establish a mechanism for determining whether, among other things, a treatment is medically necessary by providing a mechanism for ensuring coordination between health care providers and carriers during utilization review. This law, which took effect on January 1, 1999 and which is codified at Title 15, Subtitle 10A of the Insurance Article, is a required term of every policy or plan issued by a carrier in Maryland. The mechanism for determining the medical necessity of a proposed treatment includes a carrier's internal review process and the Administration's review of a complaint that the insured individual may trigger whenever coverage for a treatment has been denied on that ground. In addition, the Appeals and Grievance Law gave the Maryland Insurance Administration (the "Administration") authority over private review agents and established a new statutory process to certify medical directors of HMOs. Regulatory oversight of private review agents and medical directors is codified at Title 15, Subtitle 10B and Subtitle 10C, respectively.

The Appeals & Grievance Law was revised in 2000 to: 1) clarify that carriers must send written notice of the adverse decision to the member and the member’s healthcare provider within five working days of the carrier rendering the adverse decision; 2) require that the written notice inform the member that the Health Education and Advocacy Unit of the Consumer Protection Division of the Office of the Attorney General (“HEAU”) is available to assist the member; 3) establish the authority of the Commissioner to conduct market conduct examinations of private review agents; and 4) clarify the private review agent law so that the Commissioner could implement the private review agent statute in accordance with the provisions established by the enactment of Chapter 112, Acts of 1998.

In 2001 the law was amended to: 1) require carriers to allow members or healthcare providers acting on behalf of members to file a grievance 180 days after the member receives the adverse decision for a retrospective denial; 2) allow a member or healthcare provider on behalf of a member 30 working days after the receipt of a grievance decision to file a complaint with the Commissioner to review the grievance decision; and 3) require all carriers to report the number of adverse decisions issued by the carriers to the Commissioner on a form required by the Commissioner. In addition, the law was amended to provide that Title 15, Subtitles 10B and 10D of the Insurance Article apply to health maintenance organizations (HMOs), and that under certain

circumstances a private review agent's grievance decision must be based upon the professional judgment of a board certified or eligible physician.

This report summarizes the data reported to the Administration by the carriers for calendar year 2004 as required by § 15-10A-06 of the Insurance Article. This report also summarizes complaint information and the enforcement activity of the Administration for calendar year 2004. Reports have been submitted each year since 1999.

Pursuant to § 15-10A-08 of the Insurance Article, the HEAU is also required to submit a report in November of each year. The HEAU report is based on a fiscal year and as such, the data contained in the Administration's report and HEAU's report do not measure activity for comparable periods of time.

II. MARYLAND'S APPEALS & GRIEVANCE LAW

The process is divided into two parts: a) the internal grievance process, which is conducted by the carrier; and b) the Administration's review, which may include the use of a medical expert if the member is dissatisfied with the carrier's decision at the internal level and submits a complaint to the Administration.

A. The Carrier's Internal Grievance Process

The Appeals & Grievance Law requires that if the carrier denies services based on lack of medical necessity, the carrier must provide the member a written "adverse decision" within five (5) working days of the decision.

The written adverse decision must:

- State in clear and understandable language the specific factual bases for the decision.
- Reference the specific medical criteria relied on to make the decision.
- State the name, address and phone number of the person responsible for the decision.
- Explain in detail the carrier's internal grievance process.
- Inform the member that the HEAU can assist him.
- Provide the address and telephone number, facsimile number and e-mail address of the HEAU.
- Inform the member that they have a right to submit a complaint to the Commissioner within 30 working days after receipt of a carrier's grievance decision if the member is dissatisfied with the outcome.
- Inform the member that a complaint may be submitted without first filing a grievance with the carrier if there is a compelling reason.
- Provide the Commissioner's address, telephone number and facsimile number.

If the member, or a provider acting on behalf of the member, challenges the adverse decision of the carrier, the member must go through an internal grievance process which is established by the carrier. However, if the case involves a compelling reason, the member may complain directly to the Administration, triggering an investigation.

This internal grievance process must provide:

- An expedited procedure for use in an emergency case for purposes of rendering a grievance decision within 24 hours of the date a grievance is filed with the carrier.
- That a carrier render a final decision in writing on a grievance within 30 working days after the date the grievance is filed. If the grievance involves a retrospective denial, the carrier has 45 working days to render a decision.

The grievance decision shall:

- State in clear language the specific factual bases for the decision.
- Reference the specific criteria relied on to make the decision.
- State the name, business address and business telephone number of the person making the decision.
- Inform the member that he has a right to file a complaint with the Commissioner within 30 working days after receipt of a carrier's decision if the member is dissatisfied with the decision.
- Provide the Commissioner's address, telephone number and facsimile number.

Consumers may receive assistance through the internal grievance process from the HEAU. The HEAU will attempt to mediate disputes between the member and the carrier or, in the appropriate case, help the member prepare a grievance.

B. Appeals & Grievance Complaint Process at the Insurance Administration

If the complainant is dissatisfied with the grievance decision, the complainant may submit a written complaint to the Administration. (Appendix A provides a chart of the complaint process.) The Administration will then facilitate an independent review of the medical necessity of the treatment at issue by obtaining all information relevant to the issue, including the patient's medical records and information from the Carrier.

Once the carrier's response and all relevant information are received, the case is reviewed to determine if it will be referred to an Independent Review Organization

("IRO") for medical review. Under certain circumstances, such as the absence of jurisdiction by the Administration, or because the carrier has decided to provide the services in question, the Administration will not refer a case to a medical expert. It may be determined that a complaint is not within the jurisdiction of the Administration either because of ERISA, which preempts the application of State laws to self-insured health plans, or because the complaint involves government plans; such as the Medicare or Medicaid programs, etc. If so, the complainant is notified of this determination by mail, and the complaint is transferred to the appropriate agency. Complaints that relate to quality of care are referred to the Department of Health & Mental Hygiene ("DHMH") for review. (Refer to Appendix A for a chart on how complaints are handled.) If a complaint has a medical necessity component and a quality of care component, then both the DHMH and the Administration will investigate the portions of the case over which these respective agencies have jurisdiction.

If the Administration determines it has jurisdiction and the complaint involves a denial based on an asserted lack of medical necessity (as opposed to denials based on specific contractual exclusions), the case will be referred to the IRO. When complaints are referred to an IRO, the IRO is requested to examine the utilization review criteria applied in the case, as well as the specific judgment of the medical director made under the utilization review criteria. If the IRO concludes that the treatment at issue is medically necessary, the MIA issues an Order against the carrier. The Order is forwarded to the carrier and accompanied by a notice that the carrier has the right to request a hearing. At the same time, the complainant is notified of the outcome. Orders may also be issued as a result of failure to comply with the procedural requirements of the law, i.e., failure to issue a written notice of adverse or grievance decision.

If the IRO agrees that the treatment is not medically necessary, the complainant is notified by mail and informed that he or she has the right to request a hearing. The carrier is also informed of this decision.

Complainants may withdraw their complaints during the Administration's review process. Also, some complaints are closed because the complainant fails to respond to a request for information. This only occurs after at least one written warning is issued to the members stating that the file will be closed unless additional information is provided. In addition, carriers may reverse their original denials for a number of reasons, including following a review of information submitted during the review process. Maryland law allows health care providers to file complaints on behalf of the patients being treated.

III. ERISA PREEMPTION OF STATE MEDICAL NECESSITY REVIEW LAWS

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that regulates certain employee welfare benefit plans, including plans that provide health and disability benefits. ERISA generally preempts state laws that "relate to" such plans. ERISA's preemption clause does not, however, "exempt or relieve any person

from any law of any State which regulates insurance” Thus, state laws that would otherwise be preempted because they “relate” to an employee benefit plan generally are “saved” from preemption if they regulate insurance.

The Maryland Court of Appeals has held that Maryland’s medical necessity review laws, as well as those sections of the Maryland Unfair Claim Settlement Practices Act that apply to the payment of health and disability claims, are not preempted by ERISA. Similar legislation from other states also has withstood preemption challenges before the United States Supreme Court.

In *Connecticut Gen. Life Ins. Co. v. Ins. Comm’r for the State of Maryland*, 371 Md. 455 (2002), the Maryland Court of Appeals held that Maryland’s Appeals and Grievance law (codified as Subtitles 10A and 10B of Title 15 of the Insurance Article) and Maryland’s Unfair Claim Settlement Practices Act (codified as Title 27 of the Insurance Article) are not preempted by ERISA. Those laws require health insurers to establish an internal grievance process for insurers to challenge denials of coverage, permit the insured to seek review by the Insurance Commissioner, outline procedural and substantial requirements for entities performing utilization review, and define violations of those requirements as unfair claims settlement practices.

In *Connecticut General*, the Court concluded that the Appeals and Grievance and Unfair Claims Settlement laws are laws that regulate insurance, because they are directed at the business of insurance in a manner similar to the Illinois law upheld by the United States Supreme Court in *Rush*. In addition, the *Connecticut General* Court found that the Maryland enforcement mechanism was entirely consistent with, and not in conflict with, ERISA or its associated federal regulations. Hence, those laws are not subject to preemption under ordinary conflict analysis. The Petition for certiorari, filed in the United States Supreme Court by the insurers who lost their preemption challenge in *Connecticut General*, was subsequently dismissed.

Connecticut General relied primarily on the decision of the U.S. Supreme Court in *Rush Prudential HMO, Inc. v. Moran*, 536 U.S. 355 (2002). In that case, the Supreme Court rejected a challenge to an Illinois statute that required an external review by an independent medical expert of a health maintenance organizations denial of coverage of a medical service on the ground that it was not medically necessary. Under the Illinois law, if the independent expert found that the service was medically necessary, the HMO was required to pay for the services.

The Supreme Court concluded that the Illinois statute did relate to the operation of employee welfare benefit plans and, thus, fell within the ambit of the ERISA preemption statute. However, the Court also found that the Illinois statute was saved from preemption as a law that regulates insurance, because the law was directed at the insurance industry. In reaching that result, the Court expressly found that while HMOs may be health care providers, they are also health care insurers, because they bear risk - a defining characteristic of an insurer.

In *Kentucky Assoc. of Health Plan, Inc. v. Miller*, 123 S.Ct. 1471 (2003), the Supreme Court jettisoned its traditional analysis under the savings clause and adopted a simpler, two-prong test for determining when a state law is a law that “regulates insurance.” First, the state law must be specifically directed toward entities engaged in insurance. Second, the state law must substantially affect the risk pooling arrangement between the insurer and the insured. *Miller* concludes that a law effects the risk pooling arrangement if it alters or controls the actual terms of policies issued or otherwise alters the “scope of permissible bargains between insurers and insureds” The preemption analysis adopted by *Miller* provides substantial additional support for the conclusion reached by the Court of Appeals in *Connecticut General*.

IV. CERTIFICATION AND OVERSIGHT OF MEDICAL DIRECTORS OF HEALTH MAINTENANCE ORGANIZATIONS AND PRIVATE REVIEW AGENTS

Every health maintenance organization licensed to do business in Maryland is required to have certified medical directors. A medical director must hold a certificate from the Commissioner that authorizes the physician to act as a medical director for the health maintenance organization. Medical directors are responsible for utilization review decisions and the establishment and maintenance of quality assurance and utilization management policies and procedures for the health maintenance organization. Certification by the Commissioner ensures that all medical directors meet particular qualifications to perform their duties.

Any entity or person performing utilization review on behalf of a Maryland business entity, or a third party that pays for, provides or administers health care services to citizens of this State is required to submit an application to the Commissioner for approval by the Commissioner prior to conducting utilization review in this State. This entity or person is called a private review agent.

The Medical Director/Private Review Agent Oversight Unit (MD/PRA Oversight Unit) reviews applications for certification of private review agents to determine whether the utilization review policies, procedures and criteria of private review agents are compliant with Maryland law and regulations. The MD/PRA Oversight Unit is also responsible for ensuring that medical directors of health maintenance organizations licensed to do business in Maryland meet the requirements for certification. In 2004, the unit issued certificates to 15 new medical directors and renewed the certificates of 26 medical directors. There were 11 new private review agents certified in 2004 and 42 private review agents renewed their certificates. Currently, there are 85 certified medical directors working for HMOs in Maryland and 103 private review agents with certificates of registration from the Commissioner.

V. SUMMARY OF CARRIER DATA ON GRIEVANCES REPORTED TO THE ADMINISTRATION BY CARRIER

Section 15-10A-06 of the Insurance Article requires carriers to submit quarterly reports which provide:

- The number of adverse decisions issued by the carrier;
- The outcome of each grievance filed with the carrier;
- The number and outcomes of cases that were considered emergency cases under §15-10A-02(b)(2)(i) of Subtitle 10A;
- The time within which the carrier made a grievance decision on each emergency case;
- The time within which the carrier made a grievance decision on all other cases that were not considered emergency cases; and
- The number of grievances filed with the carrier that resulted from an adverse decision involving length of stay for inpatient hospitalization as related to the medical procedure involved; and
- The number and outcome of all other cases that resulted from an adverse decision involving the length of stay for inpatient hospitalization as related to the medical procedure involved.

The largest volume of adverse decisions and grievances by far involved denials of hospital days (See Appendices B1 and B3). The Administration has seen this as a consistent trend since this data has been collected. It should be noted that some dental plan organizations (DPOs) also report very high numbers of grievances. The Insurance Administration has questioned the DPOs regarding their reported numbers of adverse and grievance decisions, but the DPOs maintain that the reports are correct. The Insurance Administration has no evidence to indicate that consumers are receiving this number of denials, as complaints regarding this type of service are not being filed with the Insurance Administration in any significance. Due to the questionable value of the DPOs' reports and in an effort not to incorrectly skew results, the Insurance Administration has listed the DPO responses in a separate Appendix (Appendices B11 and B12).

The carriers also report the number of internal decisions where they overturn themselves (Appendix B5). The data reveals that in year 2000, the majority of these reversals involved lab services, home health services, emergency room services, and pharmacy services (Appendix B6). In 2001, the largest number of internal reversals was for laboratory and radiological services (Appendix B7). The carriers also reported that in 2001 the fewest reversals occurred where mental health services were at issue. This was also the case in 2000, 2003 and 2004. In 2002, the majority of the internal reversals were in the areas of emergency room services, physician services, laboratory services and the category which includes podiatry, dental and optometry (Appendix B8). In 2003, the majority of such reversals were for physician services, laboratory services, podiatry, dental, optometry services and home health services (Appendix B9). In 2004, the majority of the carrier reversals were for "Other" services and for laboratory, radiology services and physician services (Appendix B10).

VI. SUMMARY OF STATISTICAL DATA BASED ON COMPLAINTS FILED WITH THE ADMINISTRATION

A. Number Of Complaints Filed

The Appeals & Grievance Unit received a total of 1192 complaints asserting a denial of care or coverage based on the lack of medical necessity (Appendix C1). As a point of comparison, in 2004 the Administration received 4331 complaints in its Life & Health Unit involving non-medical necessity disputes. These complaints include disputes over whether a benefit is covered under a contract, the amount of reimbursement, as well as payments under health, disability, long-term care, life, annuities, and credit insurance policies. Complaints may be filed by providers on behalf of complainants. This includes individual doctors as well as facilities, such as hospitals.

B. Jurisdictional Issues

As indicated above, in 2004 the Unit received a total of 1192 complaints that dealt with or alleged medical necessity denials (Appendix C1). Of these, 783 were not sent to a medical expert by the MIA for review for the following reasons.

- In 311 cases, the Administration concluded that it did not have jurisdiction over the matter presented by the complaint. Of those:
 - 182 cases were referred to DOL because the medical necessity decision was made in connection with benefits provided through a self-funded arrangement made by an employee welfare benefit plan and not through a fully insured product purchased by the plan.
 - 47 cases were referred to OPM (Federal Employees)
 - 14 cases were referred to Medicaid
 - 4 cases were referred to Medicare
 - 61 cases were referred to Insurance Departments in Other States
 - 3 cases were referred to other state agencies including DHMH and the Workers Compensation Commission
- In 243 cases, the Administration concluded that the member had not exhausted the internal grievance procedure and forwarded the matter to HEAU.
- In 12 cases, the member withdrew their complaint to the Commissioner.
- In 119 cases, the MIA closed the case because the member failed to provide information necessary to complete the investigation. For example, in some cases the member would not provide a consent form for the MIA to secure medical records or the patient or provider otherwise refused to provide access to necessary medical information.

- In 98 cases, the MIA concluded that the complaint did not involve medical necessity determinations and referred the matter to the Life and Health Complaint Unit, that the complaint was a duplicate of an existing complaint, or that the complaint was submitted in error.

C. Synopsis of Complaints Reviewed by the Administration

The outcome of the remaining 409 complaints was as follows:

<u>CARRIER REVERSED ITSELF DURING INVESTIGATION</u>	132
<u>CARRIER DETERMINATION SUSTAINED</u>	225
<u>CARRIER DETERMINATION NOT SUSTAINED</u>	36
<u>CARRIER DETERMINATION SUBJECT TO MODIFICATION</u>	16

The carrier reversals occurred for several reasons including receipt of more information by the carrier or an administrative decision to provide care. As indicated in Appendix C5 and C6, the majority of the complaints investigated by the Administration fell into three categories: Physician Services, Hospital Denials and Mental Health/Substance Abuse Inpatient Services.

VII. CONSUMER SURVEY

As shown in Appendix E2, surveys were sent to individuals who had filed complaints with the Unit; the Administration received 55 responses. The surveys revealed that, overall, consumers were satisfied with the assistance they received from the HEAU and the Administration, although most did not feel that the carrier's internal process was fair. The consumers who responded indicated that they would use the process again if the need arose.

VIII. ENFORCEMENT ACTIVITIES

The statutory authority for the Commissioner to enforce the Appeals & Grievance law is found in Title 15, Subtitles 10A, 10B, and 10C; §4-113; and §27-303 of the Insurance Article and §19-729 and §19-730 of the Health General Article. Carriers who issue health insurance products in the State are required, as a condition of maintaining a certificate of authority to do business in the State, to comply with all State licensing and regulatory laws, including those laws that require carriers to fulfill their contractual obligations to their members. Consequently, a carrier who fails to pay for a medically necessary service covered under a policy is subject to sanctions by the Commissioner, including an order of restitution that requires the carrier to pay for such a service in accordance with the carrier's contractual obligation. The Commissioner also has authority to fine a carrier for sending an adverse or grievance decision letter that did not comply with the law; failure to timely authorize medically necessary services; and failure

to have the appropriate physician conduct the utilization review. Enforcement actions are taken by the Appeals & Grievance Complaint Unit and the Life & Health Market Conduct Unit.

A. Appeals & Grievance Complaint Unit

The Administration issued 43 Orders and Consent Orders based on the complaints which it received. These Orders were issued based on: the carrier's inappropriate denial of medically necessary services; the carrier's failure to send statutory complaint notices when services are denied as not medically necessary; and the carriers' failure to timely authorize services. The services that are the subject of these Orders include mental health treatment, pharmacy services, and durable medical equipment. Administrative penalties of \$70,000 have been imposed.

A summary of the Orders and Consent Orders are found at Appendix D.

B. Life and Health Market Conduct Unit

The Life and Health Market Conduct Unit performed six market conduct examinations during 2004 that included compliance with laws and regulations regarding adverse decisions and coverage decisions. Four of those examinations are completed and therefore are public documents. The remaining two are still in process and therefore the information regarding the examinations is confidential pursuant to Maryland statute.

The completed examinations are:

- 1) Magellan Behavioral Health
- 2) MAMSI Life and Health Insurance Company
- 3) Companion Life Insurance Company
- 4) Coventry HealthCare of Delaware, Inc.

The examinations found various areas of non-compliance with various laws and regulations. A summary of the violations regarding adverse decisions or coverage decisions is as follows:

1) Magellan Behavioral Health (MBH)

A target market conduct examination of this PRA's procedures and practices was conducted regarding denials of behavioral health benefit claims or denials of requested pre-authorization of behavioral health care services based on decisions of medical necessity.

The focus was to determine whether the PRA was complying with Subtitles 10A, 10B and 10D of the Insurance Article and COMAR 31.10.18 and 31.10.21.

The examination revealed that the PRA failed to comply with the following:

- a. Section 15-10B-05(b)(2) for failure to submit to the Commissioner at least 10 days before conducting utilization review of proposed or delivered services, the criteria used in determination of such services.
- b. Section 15-10B-05(b)(2) for making modifications of criteria prior to the submission to the Commissioner for approval.

The PRA and the Administration entered into a Consent Order whereby the PRA agreed to take corrective action.

2) MAMSI Life and Health Insurance Company

A comprehensive market conduct examination was conducted of the Company, which included compliance with Subtitles 10A, 10B and 10D of the Insurance Article and COMAR 31.10.18 and 31.10.21.

The examination revealed that the Company failed to comply with the following:

- a. Section 15-10B-08(a)(1) for failing to make initial determinations within 2 working days of receipt of necessary information to make a determination.
- b. Section 15-10A-02(i)(1)(i) failure to document the grievance decision in writing after providing oral communication of the decision to the member/provider.
- c. Section 15-10A-02(b)(2)(ii) failure to give written notice of the grievance decision within 30 working days after the grievance is filed.

3) Companion Life Insurance Company

- a. Section 15-10D-02(e)(1)(2) failure to send written notice to the member/provider within 30 days of a coverage decision.

4) Coventry HealthCare of Delaware, Inc.

- a. Section 15-10A-02(b) failure to render final decision in writing to member/provider within 45 working days after the date of the grievance decision.
- b. Section 15-10D-02(e)
 - (i) Failure to send written notice to the member/provider within 45 working days.
 - (ii) Failure to send notice at all
 - (iii) Sending of a non-compliant notice

IX. CONCLUSIONS

The MD/PRA Oversight Unit, Life & Health Market Conduct Section, and Appeals & Grievance Complaint Unit work collectively to ensure regulatory compliance and protection of Maryland citizens. This is accomplished by:

- Regular joint meetings of the members of these units to discuss the activity of regulated entities including private review agents, carriers and medical directors who make utilization review determinations.
- Monitoring the implementation of utilization management policies and procedures via consumer complaint management and market conduct examinations.
- Effective and efficient oversight of regulated entities and handling consumer complaints.
- Consistent review of utilization management policies and procedures and review criteria that medical directors approve.

It is evident that this law has had a positive effect on the ability of consumers to promptly obtain appropriate medically necessary services.

APPENDICES

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HEALTH CARE COMPLAINTS UNDER STATE LAW – Appendix A

1. Medical Necessity

A. Individual receives an adverse decision from carrier concerning whether treatment is medically necessary.

B. Individual must exhaust carrier's internal grievance process unless emergency or compelling reason exists. If it is a compelling reason, file the complaint with Insurance Administration.

C. Health Advocacy Unit of the Attorney General's Office can help with the Grievance Process.

- I. Gather information
- II. Prepare Grievance (410) 528-1840
www.oag.state.md.us

D. If your grievance is not appropriately resolved then you can submit a written complaint with the:

Maryland Insurance Administration
525 St. Paul Place
Baltimore, MD 21202
1-800-492-6116

- I. Gather Information
- II. Consult with medical experts
- III. Render a Final Decision.

2. Contract Issues

A. Individual informed by carrier that services not covered by contract.

B. Individual must exhaust carrier's internal appeal process unless an urgent medical condition exists. If it is an urgent medical condition, the complaint may be submitted to the Insurance Administration.

C. Submit a complaint in writing with the:
Maryland Insurance Administration
525 St. Paul Place
Baltimore, MD 21202
1-800-492-6116

D. Maryland Insurance Administration will conduct investigation and render a decision.

3. Quality of Care

A. Individual believes services or treatment received from physician improper.

B. Submit a complaint in writing with the:
Maryland Insurance Administration
525 St. Paul Place
Baltimore, MD 21202
1-800-492-6116

C. Complaint referred to the Department of Health & Mental Hygiene for investigation.

4. No Jurisdiction

A. Category of cases the Maryland Insurance Administration does not have jurisdiction over:

- ERISA
- Medicare
- Medicaid
- Federal Employee
- Not a Maryland Resident and contract issued in another state.

B. These cases are referred to appropriate Agency for investigation.

Explanatory Material for Appendices B1 – B14

All carrier data is divided into categories A-L. The MIA's data is more specific in nature. All charts which compare Carrier and MIA data have combined the MIA categories to fit within the carrier's A-L categories. The letters above identify which MIA category corresponds to the carrier code.

A. Inpatient Hospital Services
Denial of Hospital Days
Hospital Length of Stay
Inpatient Hospital Stay
B. Emergency Room Services
Emergency Treatment
C. Mental Health Services
Mental Health (Inpatient) Services
Mental Health (Outpatient) Services
Substance Abuse (Inpatient) Services
Substance Abuse (Outpatient) Services
D. Physician Services
Acupuncture
Breast Reduction
Clinical Trial
Cosmetic
Experimental
Physician Services
Quality of Care
E. Laboratory, Radiology Services
Lab, Imaging, Testing
F. Pharmacy Services
Pharmacy
G. PT, OT, ST Services (incl inpt rehab)
Inpatient Rehabilitation
Out Patient Rehab
Physical Therapy
PT, OT, Speech Therapy
Rehabilitation Services
Speech Therapy
H. Skilled Nurs-Sub Acute Fac, Nurs Home
Assisted Living
Skilled Nursing
I. Durable Medical Equipment
Durable Medical Equipment
J. Podiatry, Dental Optometry, Chiropractic
Dental
K. Home Health Services
Home Health Care
L. Other
Claim Payment
Coordination of Benefits
Denial of Claim
Educational Services
Policy Coverages
Review Carrier's Criteria
Transportation Services
Other

APPEALS AND GRIEVANCES - CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY-2004-APPENDIX B1

		ADVERSE DECISIONS		A. INPATIENT		B. EMERGENCY		C. MENTAL HEALTH	
	COMPANY	COMPANY	% OF ALL	HOSPITAL SERVICES		ROOM SERVICES		SERVICES	
NAIC #	NAME	TOTAL	COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	3750	10.17%	462	12.3%	19	0.5%	0	0.0%
60054	Aetna Life Insurance Company	405	1.10%	20	4.9%	16	4.0%	0	0.0%
61301	Ameritas Life Ins Co	14	0.04%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	7736	20.97%	4030	52.1%	32	0.4%	302	3.9%
47058	CareFirst of Maryland, Inc.	10037	27.21%	6098	60.8%	2	0.0%	424	4.2%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	573	1.55%	90	15.7%	15	2.6%	3	0.5%
77828	Companion Life Insurance Co	48	0.13%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	1037	2.81%	277	26.7%	17	1.6%	6	0.6%
62413	Continental Assurance Co	29	0.08%	1	3.4%	3	10.3%	2	6.9%
96460	Coventry Health Care of Delaware, Inc.	339	0.92%	212	62.5%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	234	0.63%	54	23.1%	128	54.7%	2	0.9%
70408	Fortis Benefits Ins Co	17	0.05%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	13	0.04%	0	0.0%	0	0.0%	2	15.4%
95572	Freestate Health Plan, Inc.	12	0.03%	9	75.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	5	0.01%	4	80.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	2639	7.15%	797	30.2%	9	0.3%	111	4.2%
64246	Guardian Life Ins Co Of America	860	2.33%	58	6.7%	0	0.0%	7	0.8%
70254	Jefferson Pilot Financial Insurance Company	24	0.07%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	662	1.79%	40	6.0%	0	0.0%	19	2.9%
60321	MAMSI Life & Health Ins Co	2267	6.15%	786	34.7%	609	26.9%	76	3.4%
96310	MD-Individual Practive Assoc.	889	2.41%	409	46.0%	186	20.9%	2	0.2%
66869	Nationwide Life Ins Co	2	0.01%	0	0.0%	0	0.0%	0	0.0%
66915	New York Life Insurance Company	1	0.00%	1	100.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	4529	12.28%	1926	42.5%	1484	32.8%	61	1.3%
95641	Preferred Health Network	129	0.35%	16	12.4%	0	0.0%	4	3.1%
68381	Reliance Standard Life Ins Co	3	0.01%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	5	0.01%	0	0.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co	4	0.01%	3	75.0%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins Co	169	0.46%	16	9.5%	0	0.0%	0	0.0%
91529	Unimerica Insurance Company	11	0.03%	0	0.0%	0	0.0%	0	0.0%
69744	Union Labor Life Ins Co	11	0.03%	1	9.1%	0	0.0%	0	0.0%
79413	United HealthCare Ins Co	196	0.53%	20	10.2%	0	0.0%	46	23.5%
95025	United HealthCare of the Mid-Atl	183	0.50%	40	21.9%	0	0.0%	19	10.4%
69868	United of Omaha Life Ins Co	11	0.03%	0	0.0%	0	0.0%	0	0.0%
97179	United Wisconsin Life Ins Co	41	0.11%	0	0.0%	0	0.0%	0	0.0%
	Total	36885		15370	41.7%	2520	6.8%	1086	2.9%

APPEALS AND GRIEVANCES - CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY-2004-APPENDIX B1

	COMPANY	D. PHYSICIAN		E. LABORATORY,		F. PHARMACY		G. PT, OT, ST Services	
NAIC #	NAME	SERVICES		RADIOLOGY SERV		SERVICES		(incl INPAT REHAB)	
		NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	66	1.8%	1636	43.6%	1465	39.1%	49	1.3%
60054	Aetna Life Insurance Company	32	7.9%	15	3.7%	264	65.2%	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	1563	20.2%	71	0.9%	1253	16.2%	116	1.5%
47058	CareFirst of Maryland, Inc.	1003	10.0%	449	4.5%	709	7.1%	145	1.4%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	72	12.6%	178	31.1%	163	28.4%	6	1.0%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	68	6.6%	144	13.9%	79	7.6%	6	0.6%
62413	Continental Assurance Co	13	44.8%	8	27.6%	0	0.0%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	36	10.6%	36	10.6%	6	1.8%	13	3.8%
43010	Fidelity Ins Co of MD	28	12.0%	1	0.4%	1	0.4%	5	2.1%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	1	7.7%	0	0.0%	0	0.0%	4	30.8%
95572	Freestate Health Plan, Inc.	3	25.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	742	28.1%	34	1.3%	585	22.2%	172	6.5%
64246	Guardian Life Ins Co Of America	20	2.3%	13	1.5%	2	0.2%	104	12.1%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	221	33.4%	37	5.6%	0	0.0%	86	13.0%
60321	MAMSI Life & Health Ins Co	169	7.5%	0	0.0%	50	2.2%	105	4.6%
96310	MD-Individual Practive Assoc.	63	7.1%	0	0.0%	23	2.6%	62	7.0%
66869	Nationwide Life Ins Co	0	0.0%	1	50.0%	1	50.0%	0	0.0%
66915	New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	306	6.8%	0	0.0%	88	1.9%	207	4.6%
95641	Preferred Health Network	4	3.1%	5	3.9%	42	32.6%	19	14.7%
68381	Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins Co	33	19.5%	22	13.0%	89	52.7%	2	1.2%
91529	Unimerica Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69744	Union Labor Life Ins Co	0	0.0%	0	0.0%	1	9.1%	0	0.0%
79413	United HealthCare Ins Co	54	27.6%	1	0.5%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	63	34.4%	0	0.0%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
97179	United Wisconsin Life Ins Co	4	9.8%	20	48.8%	0	0.0%	0	0.0%
	Total	4564	12.4%	2671	7.2%	4821	13.1%	1101	3.0%

APPEALS AND GRIEVANCES - CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY-2004-APPENDIX B1

		<i>H. SKILLED NURS FAC, Sub Acute, Nurs Home</i>		<i>I. DURABLE MEDICAL EQUIPMENT Services</i>		<i>J. PODIATRY, DENTAL, OPTOMETRY, CHIRO</i>		<i>K. HOME HEALTH SERVICES</i>	
<i>NAIC #</i>	<i>COMPANY NAME</i>	<i>NUMBER</i>	<i>% TOTAL</i>	<i>NUMBER</i>	<i>% TOTAL</i>	<i>NUMBER</i>	<i>% TOTAL</i>	<i>NUMBER</i>	<i>% TOTAL</i>
95590	Aetna Health Inc.	27	0.7%	15	0.4%	7	0.2%	4	0.1%
60054	Aetna Life Insurance Company	19	4.7%	23	5.7%	14	3.5%	2	0.5%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	14	100.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	59	0.8%	222	2.9%	60	0.8%	21	0.3%
47058	CareFirst of Maryland, Inc.	101	1.0%	935	9.3%	139	1.4%	30	0.3%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%	28	4.9%	14	2.4%	4	0.7%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	48	100.0%	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%	25	2.4%	406	39.2%	9	0.9%
62413	Continental Assurance Co	0	0.0%	0	0.0%	2	6.9%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	9	2.7%	23	6.8%	4	1.2%	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%	8	3.4%	5	2.1%	2	0.9%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	17	100.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%	1	7.7%	5	38.5%	0	0.0%
95572	Freestate Health Plan, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	19	0.7%	47	1.8%	110	4.2%	10	0.4%
64246	Guardian Life Ins Co Of America	0	0.0%	7	0.8%	649	75.5%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	24	100.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	5	0.8%	148	22.4%	55	8.3%	8	1.2%
60321	MAMSI Life & Health Ins Co	88	3.9%	294	13.0%	90	4.0%	0	0.0%
96310	MD-Individual Practive Assoc.	33	3.7%	59	6.6%	52	5.8%	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
66915	New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	104	2.3%	268	5.9%	85	1.9%	0	0.0%
95641	Preferred Health Network	2	1.6%	30	23.3%	0	0.0%	0	0.0%
68381	Reliance Standard Life Ins Co	0	0.0%	0	0.0%	3	100.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	5	100.0%	0	0.0%
61425	Trustmark Insurance Co	0	0.0%	1	25.0%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%	3	1.8%	2	1.2%	2	1.2%
91529	Unimerica Insurance Company	0	0.0%	0	0.0%	11	100.0%	0	0.0%
69744	Union Labor Life Ins Co	0	0.0%	3	27.3%	2	18.2%	0	0.0%
79413	United HealthCare Ins Co	0	0.0%	14	7.1%	0	0.0%	1	0.5%
95025	United HealthCare of the Mid-Atl	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins Co	0	0.0%	0	0.0%	11	100.0%	0	0.0%
97179	United Wisconsin Life Ins Co	0	0.0%	5	12.2%	12	29.3%	0	0.0%
	Total	466	1.3%	2159	5.9%	1846	5.0%	93	0.3%

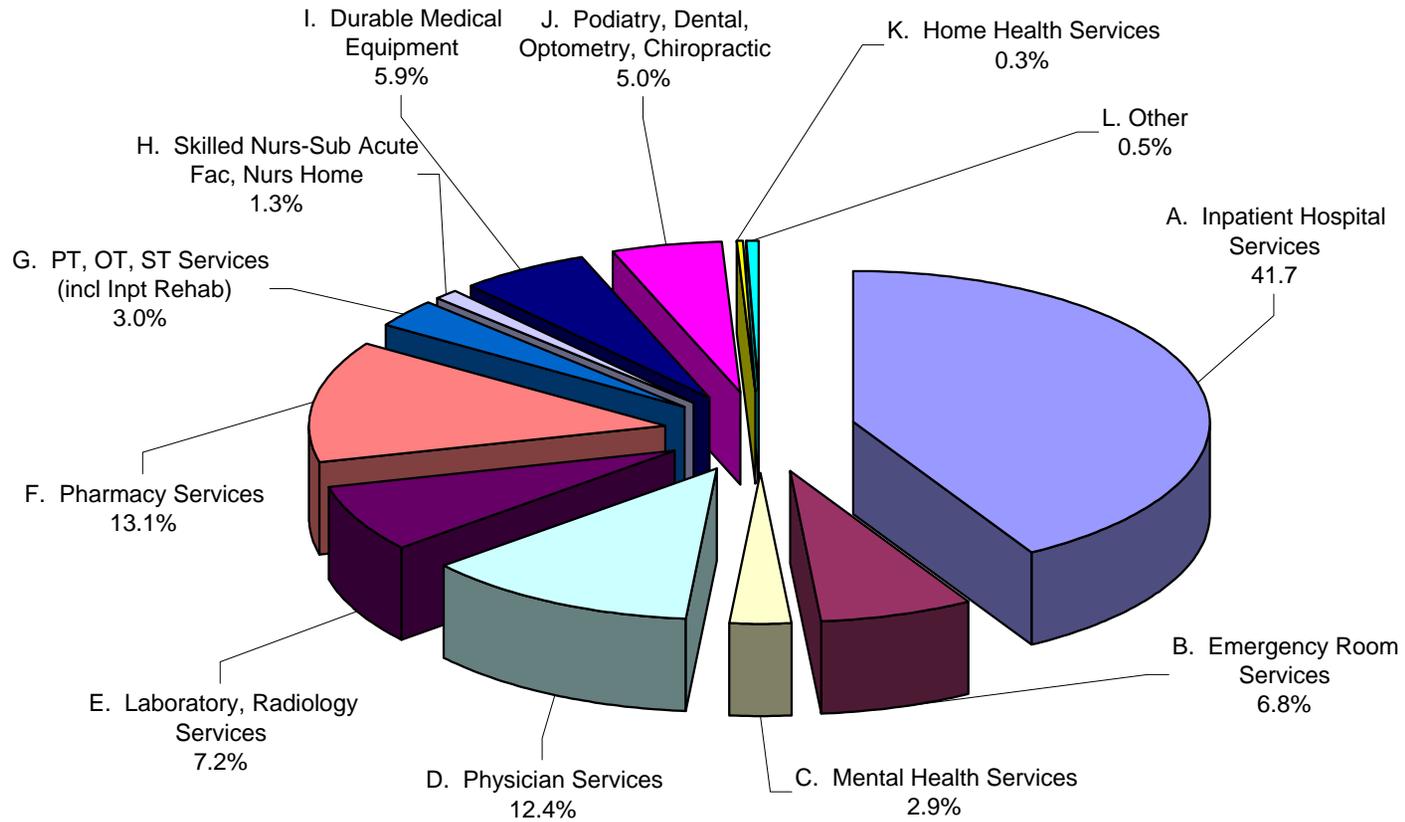
APPEALS AND GRIEVANCES - CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY-2004-APPENDIX B1

		*L. OTHER	
	COMPANY		
NAIC #	NAME	NUMBER	% TOTAL
95590	Aetna Health Inc.	0	0.0%
60054	Aetna Life Insurance Company	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%
96202	CareFirst BlueChoice, Inc	7	0.1%
47058	CareFirst of Maryland, Inc.	2	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%
77828	Companion Life Insurance Co	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%
62413	Continental Assurance Co	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%
70408	Fortis Benefits Ins Co	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%
95572	Freestate Health Plan, Inc.	0	0.0%
62286	Golden Rule Insurance Co	1	20.0%
53007	Group Hosp & MedServ, Inc.	3	0.1%
64246	Guardian Life Ins Co Of America	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	43	6.5%
60321	MAMSI Life & Health Ins Co	0	0.0%
96310	MD-Individual Practive Assoc.	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%
66915	New York Life Insurance Company	0	0.0%
96940	Optimum Choice, Inc.	0	0.0%
95641	Preferred Health Network	7	5.4%
68381	Reliance Standard Life Ins Co	0	0.0%
69019	Standard Insurance Company	0	0.0%
61425	Trustmark Insurance Co	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%
91529	Unimerica Insurance Company	0	0.0%
69744	Union Labor Life Ins Co	4	36.4%
79413	United HealthCare Ins Co	60	30.6%
95025	United HealthCare of the Mid-Atl	61	33.3%
69868	United of Omaha Life Ins Co	0	0.0%
97179	United Wisconsin Life Ins Co	0	0.0%
	Total	188	0.5%

*L=Outpatient Hospital Services, Education Services, and Transportation

CARRIER'S INTERNAL ADVERSE DECISIONS REPORTED BY CATEGORY – 2004 – PIE CHART

APPENDIX B2



**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE-2004 - APPENDIX B3**

NAIC #	COMPANY NAME	GRIEVANCES FILED		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES		C. MENTAL HEALTH SERVICES	
		COMPANY	% OF ALL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
		TOTAL	COMPANIES						
95590	Aetna Healthcare Inc.	305	5.4%	30	9.8%	0	0.0%	5	1.6%
60054	Aetna Life Insurance Company	8	0.1%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Insurance Corp.	5	0.1%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc.	1112	19.6%	489	44.0%	70	6.3%	113	10.2%
47058	CareFirst of Maryland, Inc.	901	15.8%	401	44.5%	3	0.3%	166	18.4%
80799	Celtic Ins. Co.	3	0.1%	2	66.7%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	159	2.8%	39	24.5%	5	3.1%	2	1.3%
77828	Companion Life Insurance Co.	16	0.3%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	226	4.0%	107	47.3%	2	0.9%	2	0.9%
62413	Continental Assurance Co.	31	0.5%	1	3.2%	3	9.7%	2	6.5%
96460	Coventry Health Care of Delaware, Inc.	43	0.8%	2	4.7%	18	41.9%	0	0.0%
43010	Fidelity Ins. Co. of MD	214	3.8%	52	24.3%	113	52.8%	2	0.9%
70408	Fortis Benefits Ins. Co.	15	0.3%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co. (Fortis Health)	6	0.1%	0	0.0%	0	0.0%	1	16.7%
62286	Golden Rule Insurance Co.	5	0.1%	4	80.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	389	6.8%	89	22.9%	14	3.6%	44	11.3%
64246	Guardian Life Ins. Co. Of America	230	4.0%	19	8.3%	1	0.4%	3	1.3%
73288	Humana Insurance Company	4	0.1%	0	0.0%	0	0.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Co.	7	0.1%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	141	2.5%	6	4.3%	4	2.8%	4	2.8%
60321	MAMSI Life & Health Ins. Co.	473	8.3%	337	71.2%	5	1.1%	23	4.9%
96310	MD-Individual Practive Assoc.	206	3.6%	154	74.8%	4	1.9%	0	0.0%
97055	Mega Life & Health Ins. Co.	17	0.3%	1	5.9%	4	23.5%	1	5.9%
66915	New York Life Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	1050	18.5%	812	77.3%	28	2.7%	12	1.1%
95641	Preferred Health Network	22	0.4%	2	9.1%	0	0.0%	4	18.2%
68381	Reliance Standard Life Insurance Co.	1	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	2	0.0%	0	0.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co.	3	0.1%	2	66.7%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins. Co.	8	0.1%	1	12.5%	0	0.0%	1	12.5%
69744	Union Labor Life Ins. Co.	8	0.1%	1	12.5%	0	0.0%	0	0.0%
79413	United HealthCare Ins. Co.	37	0.7%	8	21.6%	0	0.0%	16	43.2%
95025	United HealthCare of the Mid-Atl	28	0.5%	15	53.6%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins. Co.	11	0.2%	0	0.0%	0	0.0%	0	0.0%
	Total	5687		2575	45.3%	274	4.8%	401	7.1%

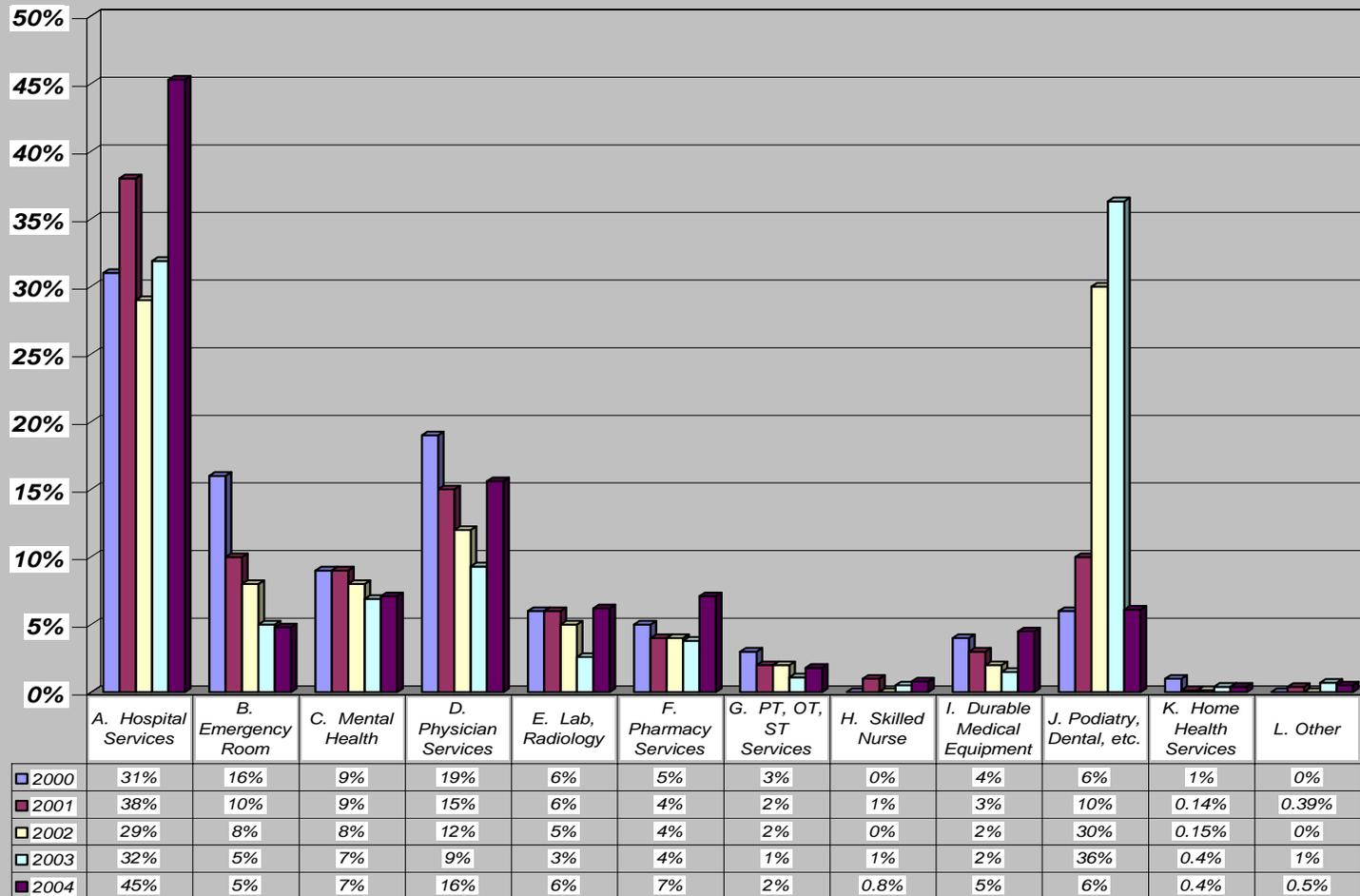
		D. PHYSICIAN		E. LABORATORY,		F. PHARMACY		G. PT, OT, ST Services	
	COMPANY	SERVICES		RADIOLOGY SERV		SERVICES		(incl INPAT REHAB)	
NAIC #	NAME	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Healthcare Inc.	33	10.8%	194	63.6%	33	10.8%	3	1.0%
60054	Aetna Life Insurance Company	3	37.5%	2	25.0%	3	37.5%	0	0.0%
61301	Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc.	206	18.5%	20	1.8%	132	11.9%	6	0.5%
47058	CareFirst of Maryland, Inc.	141	15.6%	38	4.2%	89	9.9%	6	0.7%
80799	Celtic Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	53	33.3%	9	5.7%	29	18.2%	2	1.3%
77828	Companion Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	31	13.7%	27	11.9%	20	8.8%	5	2.2%
62413	Continental Assurance Co.	14	45.2%	9	29.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	7	16.3%	4	9.3%	0	0.0%	3	7.0%
43010	Fidelity Ins. Co. of MD	28	13.1%	1	0.5%	1	0.5%	3	1.4%
70408	Fortis Benefits Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co. (Fortis Health)	0	0.0%	0	0.0%	0	0.0%	2	33.3%
62286	Golden Rule Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	99	25.4%	17	4.4%	79	20.3%	10	2.6%
64246	Guardian Life Ins. Co. Of America	4	1.7%	0	0.0%	0	0.0%	4	1.7%
73288	Humana Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	76	53.9%	15	10.6%	0	0.0%	8	5.7%
60321	MAMSI Life & Health Ins. Co.	53	11.2%	0	0.0%	4	0.8%	10	2.1%
96310	MD-Individual Practive Assoc.	21	10.2%	0	0.0%	0	0.0%	9	4.4%
97055	Mega Life & Health Ins. Co.	5	29.4%	1	5.9%	0	0.0%	2	11.8%
66915	New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	100	9.5%	0	0.0%	6	0.6%	27	2.6%
95641	Preferred Health Network	2	9.1%	2	9.1%	2	9.1%	0	0.0%
68381	Reliance Standard Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins. Co.	1	12.5%	0	0.0%	3	37.5%	0	0.0%
69744	Union Labor Life Ins. Co.	0	0.0%	0	0.0%	1	12.5%	0	0.0%
79413	United HealthCare Ins. Co.	4	10.8%	7	18.9%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	8	28.6%	5	17.9%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	Total	889	15.6%	351	6.2%	402	7.1%	100	1.8%

	COMPANY	H. SKILLED NURS FAC,		I. DURABLE MEDICAL		J. PODIATRY, DENTAL,		K. HOME HEALTH	
NAIC #	NAME	Sub Acute, Nurs Home		EQUIPMENT SERVICES		OPTOMETRY, CHIRO		SERVICES	
		NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Healthcare Inc.	0	0.0%	6	2.0%	0	0.0%	1	0.3%
60054	Aetna Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	5	100.0%	0	0.0%
96202	CareFirst BlueChoice, Inc.	6	0.5%	54	4.9%	12	1.1%	3	0.3%
47058	CareFirst of Maryland, Inc.	15	1.7%	22	2.4%	18	2.0%	2	0.2%
80799	Celtic Ins. Co.	0	0.0%	0	0.0%	1	33.3%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%	12	7.5%	1	0.6%	7	4.4%
77828	Companion Life Insurance Co.	0	0.0%	0	0.0%	16	100.0%	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%	15	6.6%	16	7.1%	1	0.4%
62413	Continental Assurance Co.	0	0.0%	0	0.0%	2	6.5%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	0	0.0%	3	7.0%	0	0.0%	2	4.7%
43010	Fidelity Ins. Co. of MD	0	0.0%	8	3.7%	4	1.9%	2	0.9%
70408	Fortis Benefits Ins. Co.	0	0.0%	0	0.0%	10	66.7%	0	0.0%
69477	Fortis Insurance Co. (Fortis Health)	0	0.0%	0	0.0%	2	33.3%	1	16.7%
62286	Golden Rule Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	2	0.5%	25	6.4%	8	2.1%	0	0.0%
64246	Guardian Life Ins. Co. Of America	0	0.0%	1	0.4%	198	86.1%	0	0.0%
73288	Humana Insurance Company	0	0.0%	0	0.0%	4	100.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Co.	0	0.0%	0	0.0%	7	100.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	4	2.8%	16	11.3%	1	0.7%	0	0.0%
60321	MAMSI Life & Health Ins. Co.	7	1.5%	28	5.9%	6	1.3%	0	0.0%
96310	MD-Individual Practive Assoc.	2	1.0%	10	4.9%	6	2.9%	0	0.0%
97055	Mega Life & Health Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
66915	New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	9	0.9%	44	4.2%	12	1.1%	0	0.0%
95641	Preferred Health Network	0	0.0%	9	40.9%	0	0.0%	0	0.0%
68381	Reliance Standard Life Insurance Co.	0	0.0%	0	0.0%	1	100.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	2	100.0%	0	0.0%
61425	Trustmark Insurance Co.	0	0.0%	1	33.3%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins. Co.	0	0.0%	0	0.0%	1	12.5%	1	12.5%
69744	Union Labor Life Ins. Co.	0	0.0%	2	25.0%	2	25.0%	0	0.0%
79413	United HealthCare Ins. Co.	0	0.0%	2	5.4%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins. Co.	0	0.0%	0	0.0%	11	100.0%	0	0.0%
	Total	45	0.8%	258	4.5%	346	6.1%	20	0.4%

NAIC #	COMPANY	*L. OTHER	
	NAME	NUMBER	% TOTAL
95590	Aetna Healthcare Inc.	0	0.0%
60054	Aetna Life Insurance Company	0	0.0%
61301	Ameritas Life Insurance Corp.	0	0.0%
96202	CareFirst BlueChoice, Inc.	1	0.1%
47058	CareFirst of Maryland, Inc.	0	0.0%
80799	Celtic Ins. Co.	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%
77828	Companion Life Insurance Co.	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%
62413	Continental Assurance Co.	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	4	9.3%
43010	Fidelity Ins. Co. of MD	0	0.0%
70408	Fortis Benefits Ins. Co.	5	33.3%
69477	Fortis Insurance Co. (Fortis Health)	0	0.0%
62286	Golden Rule Insurance Co.	1	20.0%
53007	Group Hosp & MedServ, Inc.	2	0.5%
64246	Guardian Life Ins. Co. Of America	0	0.0%
73288	Humana Insurance Company	0	0.0%
70254	Jefferson Pilot Financial Insurance Co.	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	7	5.0%
60321	MAMSI Life & Health Ins. Co.	0	0.0%
96310	MD-Individual Practive Assoc.	0	0.0%
97055	Mega Life & Health Ins. Co.	3	17.6%
66915	New York Life Insurance Company	0	0.0%
96940	Optimum Choice, Inc.	0	0.0%
95641	Preferred Health Network	1	4.5%
68381	Reliance Standard Life Insurance Company	0	0.0%
69019	Standard Insurance Company	0	0.0%
61425	Trustmark Insurance Co.	0	0.0%
80314	UNICARE Life & Health Ins. Co.	0	0.0%
69744	Union Labor Life Ins. Co.	2	25.0%
79413	United HealthCare Ins. Co.	0	0.0%
95025	United HealthCare of the Mid-Atl	0	0.0%
69868	United of Omaha Life Ins. Co.	0	0.0%
	Total	26	0.5%

*L=Outpatient Hospital Services, Education Services, and Transportation

**GRIEVANCES REPORTED BY CARRIERS TYPE OF SERVICES AS A PERCENTAGE OF
TOTAL GRIEVANCES FOR THE PAST FIVE YEARS
APPENDIX B4**

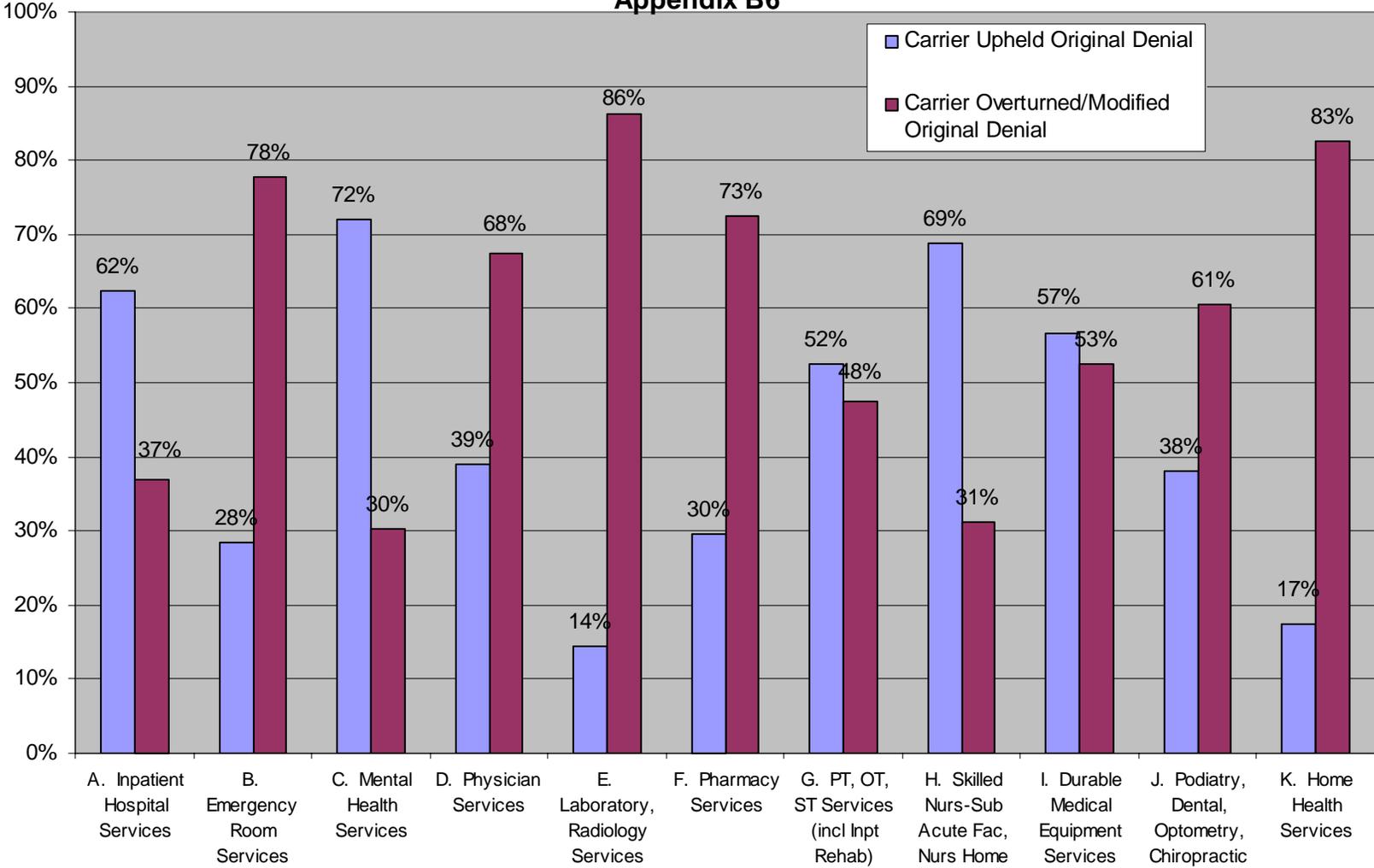


**APPEALS AND GRIEVANCES
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES – 2004 – APPENDIX B5**

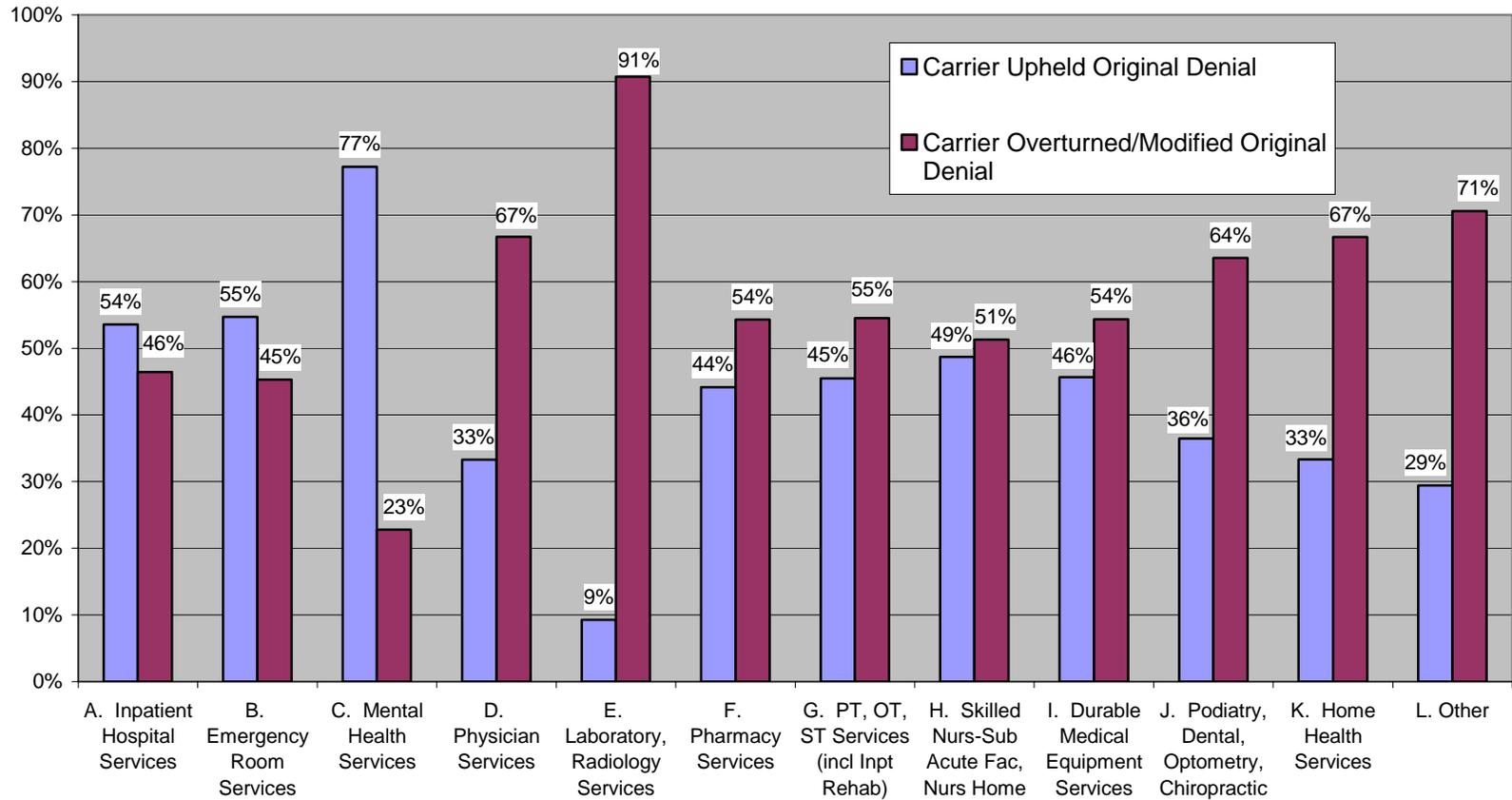
NAIC #	COMPANY	COMPANY	% OF ALL	UPHELD		OVERTURNED		MODIFIED		
	NAME	TOTAL	COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	
95590	Aetna Health Inc.	305	5.4%	109	35.7%	184	60.3%	12	3.9%	305
60054	Aetna Life Ins. Co.	8	0.1%	6	75.0%	2	25.0%	0	0.0%	8
61301	Ameritas Life Insurance Corp.	5	0.1%	5	100.0%	0	0.0%	0	0.0%	5
96202	CareFirst BlueChoice, Inc.	1112	19.6%	474	42.6%	552	49.6%	86	7.7%	1112
47058	CareFirst of Maryland, Inc.	901	15.8%	468	51.9%	354	39.3%	79	8.8%	901
80799	Celtic Insurance Company	3	0.1%	0	0.0%	3	100.0%	0	0.0%	3
95599	CIGNA Healthcare Mid-Atlantic, Inc.	159	2.8%	63	39.6%	85	53.5%	11	6.9%	159
77828	Companion Life Insurance Co.	16	0.3%	3	18.8%	13	81.3%	0	0.0%	16
62308	Connecticut General Life Insurance	226	4.0%	88	38.9%	130	57.5%	8	3.5%	226
62413	Continental Assurance Co.	31	0.5%	24	77.4%	7	22.6%	0	0.0%	31
96460	Coventry Health Care of Maryland, Inc.	43	0.8%	34	79.1%	9	20.9%	0	0.0%	43
43010	Fidelity Ins. Co. of MD	214	3.8%	133	62.1%	79	36.9%	2	0.9%	214
70408	Fortis Benefits Ins. Co.	15	0.3%	4	26.7%	10	66.7%	1	6.7%	15
69477	Fortis Insurance Co. (Fortis Health)	6	0.1%	3	50.0%	3	50.0%	0	0.0%	6
62286	Golden Rule Insurance Co.	5	0.1%	4	80.0%	1	20.0%	0	0.0%	5
53007	Group Hosp & MedServ, Inc.	389	6.8%	182	46.8%	189	48.6%	18	4.6%	389
64246	Guardian Life Ins. Co. Of America	230	4.0%	92	40.0%	127	55.2%	11	4.8%	230
73288	Humana Insurance Company	4	0.1%	0	0.0%	3	75.0%	1	25.0%	4
70254	Jefferson Pilot Financial Insurance Company	7	0.1%	7	100.0%	0	0.0%	0	0.0%	7
95639	Kaiser Fndtn Health Plan-Mid-Atl	141	2.5%	54	38.3%	87	61.7%	0	0.0%	141
60321	MAMSI Life & Health Ins. Co.	473	8.3%	270	57.1%	150	31.7%	53	11.2%	473
96310	MD-Individual Practice Assoc.	206	3.6%	122	59.2%	58	28.2%	26	12.6%	206
97055	Mega Life & Health Ins. Co.	17	0.3%	10	58.8%	5	29.4%	2	11.8%	17
66915	New York Life and Health Ins. Co.	1	0.0%	0	0.0%	1	100.0%	0	0.0%	1
96940	Optimum Choice, Inc.	1050	18.5%	651	62.0%	279	26.6%	120	11.4%	1050
95641	Preferred Health Network	22	0.4%	13	59.1%	9	40.9%	0	0.0%	22
68381	Reliance Standard Life Ins. Co.	1	0.0%	1	100.0%	0	0.0%	0	0.0%	1
69019	Standard Insurance Company	2	0.0%	1	50.0%	1	50.0%	0	0.0%	2
61425	Trustmark Insurance Company	3	0.1%	2	66.7%	1	33.3%	0	0.0%	3
80314	UNICARE Life & Health Ins. Co.	8	0.1%	7	87.5%	1	12.5%	0	0.0%	8
69744	Union Labor Life Ins. Co.	8	0.1%	4	50.0%	4	50.0%	0	0.0%	8
79413	United HealthCare Ins. Co.	37	0.7%	27	73.0%	10	27.0%	0	0.0%	37
95025	United Healthcare of the Mid-Atl	28	0.5%	27	96.4%	1	3.6%	0	0.0%	28
69868	United of Omaha Life Ins. Co.	11	0.2%	2	18.2%	9	81.8%	0	0.0%	11
	Total	5687		2890	50.8%	2367	41.6%	430	7.6%	5687

INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2000

Appendix B6

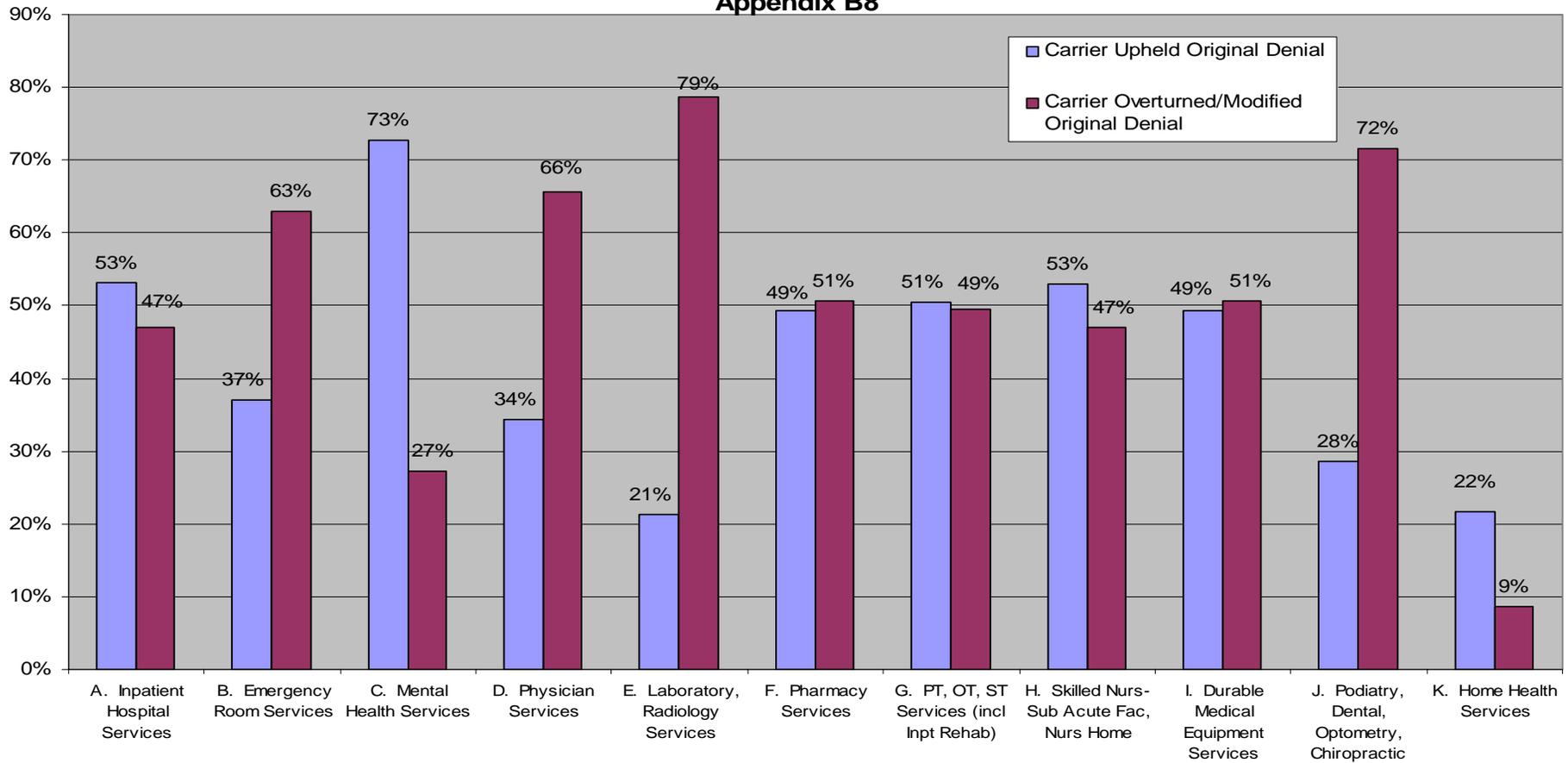


INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2001
Appendix B7



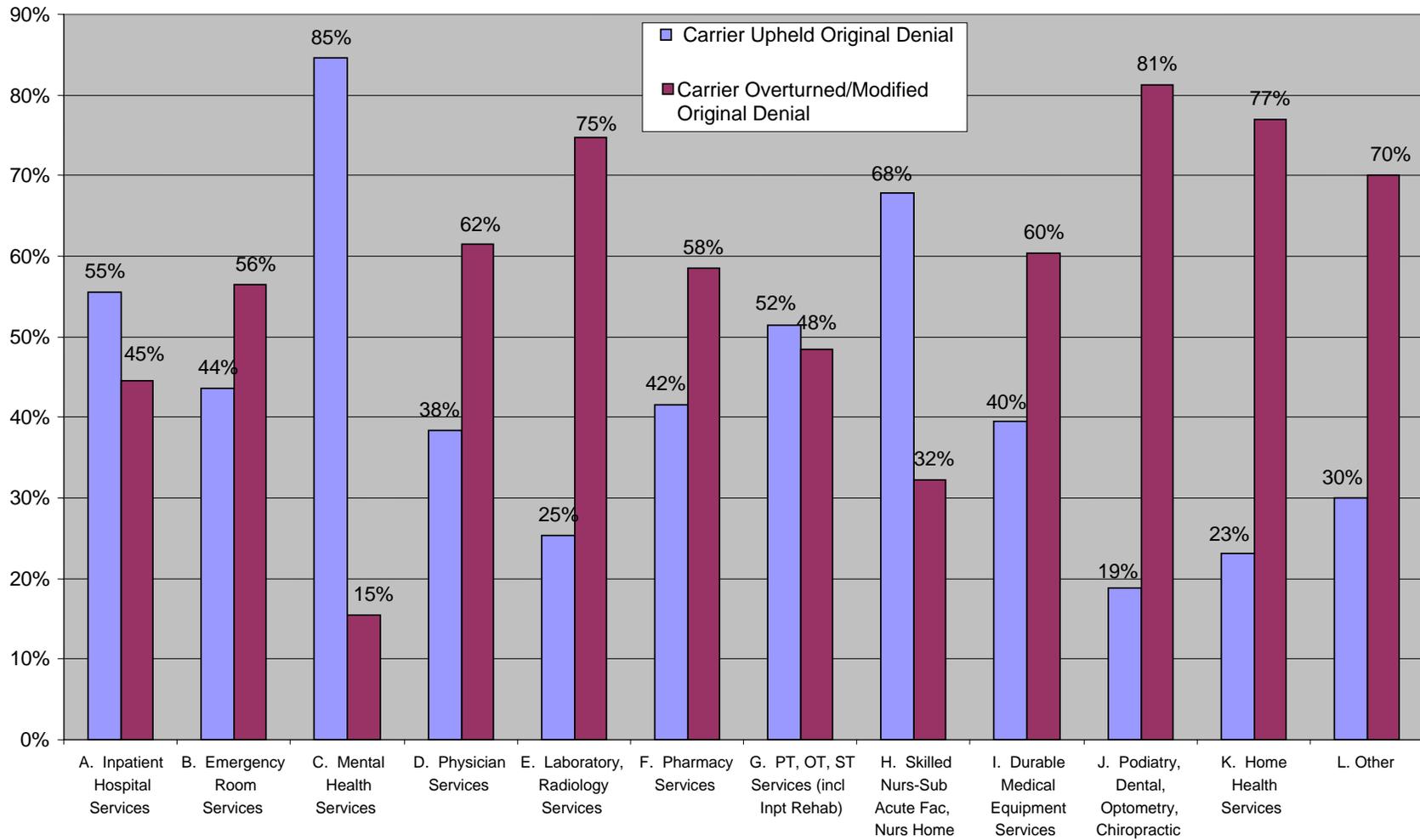
*L=Outpatient Hospital Services, Education Services, and Transportation

INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2002
Appendix B8

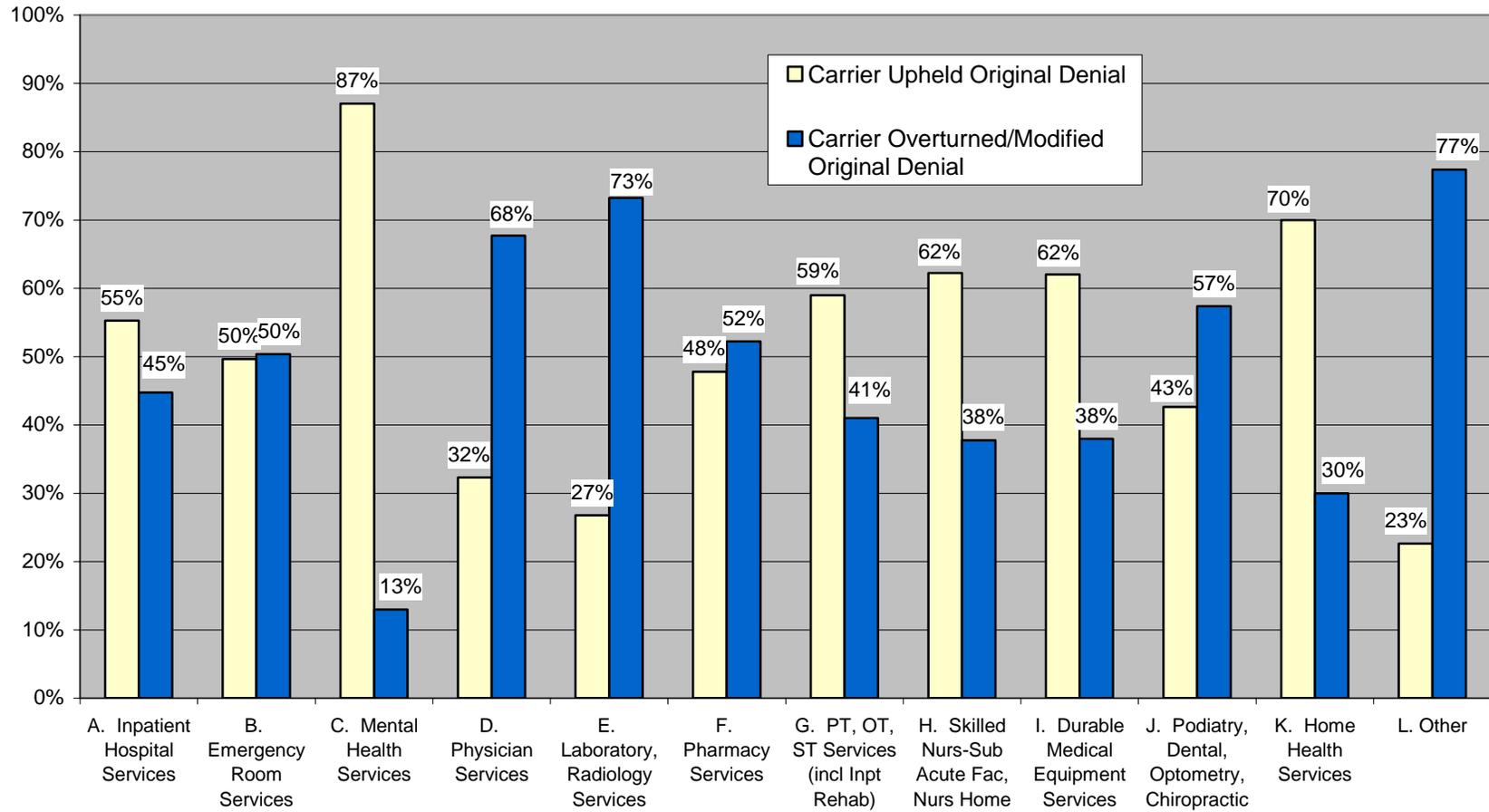


Appendix B9

INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2003



INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2004
Appendix B10



**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL ADVERSE DECISIONS
STATISTICS BY SERVICE
2004 DENTAL ONLY
APPENDIX B11**

		<i>ADVERSE DECISIONS FILED</i>	
	<i>COMPANY</i>	<i>COMPANY</i>	<i>% OF ALL</i>
<i>NAIC #</i>	<i>NAME</i>	<i>TOTAL</i>	<i>COMPANIES</i>
48119	CIGNA Dental Health of MD, Inc.	993	13.1%
47040	Dental Benefit Providers of MD, Inc.	1881	24.7%
95846	Group Dental Service of Maryland, Inc.	4731	62.2%
70580	HumanaDental Insurance Company	2	0.0%
	Total	7607	

**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE –
2004 DENTAL ONLY
APPENDIX B12**

<i>NAIC #</i>	<i>COMPANY NAME</i>	<i>GRIEVANCES FILED</i>	
		<i>COMPANY TOTAL</i>	<i>% OF ALL COMPANIES</i>
48119	CIGNA Dental Health of MD, Inc.	12	5.2%
47040	Dental Benefit Providers of MD, Inc.	206	88.8%
95846	Group Dental Service of Maryland, Inc.	5	2.2%
70580	HumanaDental Insurance Company	9	3.9%
	Total	232	

**APPEALS AND GRIEVANCES
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES - 2004 DENTAL ONLY
APPENDIX B13**

NAIC #	COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
		COMPANY	% OF ALL	UPHELD		OVERTURNED		MODIFIED	
		TOTAL	COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
48119	CIGNA Dental Health of MD, Inc.	12	5.2%	5	41.7%	7	58.3%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	206	88.8%	69	33.5%	98	47.6%	39	18.9%
95846	Group Dental Service of Maryland, Inc.	5	2.2%	0	0.0%	5	100.0%	0	0.0%
70580	HumanaDental Insurance Company	9	3.9%	4	44.4%	5	55.6%	0	0.0%
	Total	232		78		115		39	

APPEALS AND GRIEVANCES
GRIEVANCES FILED INVOLVING HOSPITAL LENGTH OF STAY/DENIAL OF HOSPITAL DAYS – 2004
APPENDIX B14

NAIC #	COMPANY* NAME	HOSPITAL LOS	HOSPITAL LOS	UPHELD		OVERTURNED		MODIFIED	
		TOTAL**	OUTCOME**	Number	Percent	Number	Percent	Number	Percent
95590	Aetna Health, Inc.	32	30	20	66.67%	6	20.00%	4	13.33%
96202	CareFirst BlueChoice, Inc	434	162	105	64.81%	40	24.69%	17	10.49%
47058	CareFirst of Maryland, Inc.	516	197	163	82.74%	23	11.68%	11	5.58%
95599	CIGNA Healthcare Mid-Atlantic, Inc	27	24	5	20.83%	15	62.50%	4	16.67%
62308	Connecticut General Life Insurance	28	25	6	24.00%	12	48.00%	7	28.00%
62413	Continental Assurance Company	1	1	1	100.00%	0	0.00%	0	0.00%
96460	Coventry Health Care of Maryland, Inc.	2	2	2	100.00%	0	0.00%	0	0.00%
43010	Fidelity Insurance Co of MD	47	21	13	61.90%	7	33.33%	1	4.76%
69477	Fortis Insurance Co (Fortis Health)	1	1	0	0.00%	1	100.00%	0	0.00%
62286	Golden Rule Insurance Co	4	4	3	75.00%	1	25.00%	0	0.00%
53007	Group Hosp & MedServ, Inc.	112	59	46	77.97%	10	16.95%	3	5.08%
64246	Guardian Life Ins Co Of America	21	17	7	41.18%	10	58.82%	0	0.00%
95639	Kaiser Fndtn Health Plan-Mid-Atl	6	6	0	0.00%	6	100.00%	0	0.00%
60321	MAMSI Life & Health Ins Co	337	85	63	74.12%	10	11.76%	12	14.12%
96310	MD-Individual Practive Assoc.	154	26	20	76.92%	5	19.23%	1	3.85%
66915	New York Life Insurance Company	1	1	0	0.00%	1	100.00%	0	0.00%
96940	Optimum Choice, Inc.	812	132	90	68.18%	24	18.18%	18	13.64%
95641	Preferred Health Network	8	8	6	75.00%	2	25.00%	0	0.00%
61425	Trustmark Insurance Co	2	2	1	50.00%	1	50.00%	0	0.00%
80314	UNICARE Life & Health Ins Co	2	2	2	100.00%	0	0.00%	0	0.00%
69744	Union Labor Life Insurance Company	1	1	1	100.00%	0	0.00%	0	0.00%
79413	United HealthCare Insurance Company	8	8	5	62.50%	3	37.50%	0	0.00%
95025	United Healthcare of the Mid-Atl	14	14	14	100.00%	0	0.00%	0	0.00%

*This chart only includes those carriers who had grievances involving hospital length of stay during calendar year 2004.

**Outcome of the five most common procedures, services and items.

APPEALS AND GRIEVANCES

INTERNAL GRIEVANCES FILED CONSIDERED EMERGENCY CASES AS REPORTED BY CARRIER - 2004

Appendice B15

NAIC #	COMPANY* NAME	**TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES" OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
				Number	Percent	Number	Percent	Number	Percent
96202	CareFirst BlueChoice, Inc.	79	63	62	98.4%	1	1.6%	0	0.0%
47058	CareFirst of Maryland, Inc.	106	98	91	92.9%	6	6.1%	1	1.0%
95599	Cigna Healthcare Mid-Atl Inc.	2	2	2	100.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	2	2	0	0.0%	0	0.0%	2	100.0%
96460	Coventry Health Care of Delaware, Inc.	4	4	3	75.0%	1	25.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	28	27	26	96.3%	1	3.7%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	9	9	6	66.7%	3	33.3%	0	0.0%
95641	Preferred Health Network	2	2	2	100.0%	0	0.0%	0	0.0%
79414	United HealthCare Insurance Company	8	8	5	62.5%	3	37.5%	0	0.0%
95025	United HealthCare of the Mid Atlantic	14	14	14	100.0%	0	0.0%	0	0.0%
	Total	254	229	211	92.14%	15	6.55%	3	1.31%

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2004.

** Outcome of the five most common emergency procedures, services and items.

**APPEALS AND GRIEVANCES
EMERGENCY CASES - RESOLUTION TIME* - 2004 - Appendice B16**

NAIC #	COMPANY** NAME	EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
96202	CareFirst BlueChoice, Inc.	24	22.6	24	24
47058	Carefirst of Maryland, Inc.	24	24	24	24
95599	Cigna Healthcare Mid-Atlantic, Incorporated	96	48	0	0
62308	Connecticut General Life Insurance	25.7	25.7	0	0
96460	Coventry Health Care of Delaware, Inc.	24	0	0	0
47040	Dental Benefit Providers of Maryland, Inc.	24	4	4	0
95846	Group Dental Service of MD Inc.	0	1	1	1
53007	Group Hosp & MedServ, Inc.	0	24	24	24
95639	Kaiser Fndtn Health Plan-Mid-Atl	7	22.5	32	8
95641	Preferred Health Network	0	8	24	0
91529	Unimerica Insurance Company	24	4	4	0
79413	United HealthCare Insurance Company	24	24	24	24
95025	UnitedHealthcare of the Mid-Atlantic, Inc.	24	24	24	24

**This report only includes carriers who had grievances which were considered emergency cases during calendar year 2004

*Reported as hours

**APPEALS AND GRIEVANCES
NON - EMERGENCY CASES - RESOLUTION TIME* - 2004
Appendice B17**

NAIC #	COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
95590	Aetna Health Inc.	16	12.7	13	13
60054	Aetna Life Ins. Co.	15	0	26	14
61301	Ameritas Life Ins. Co.	7.5	7.5	7.5	13.5
96202	CareFirst BlueChoice, Inc.	37.8	37.9	31.1	26.5
47058	CareFirst of Maryland, Inc.	28.6	39.2	32.9	27.4
80799	Celtic Insurance Company	6	6	0	0
48119	CIGNA Dental Health of MD, Inc.	9	0	26	7
95599	CIGNA Healthcare Mid-Atlantic, Inc.	50	26.2	35.6	25
77828	Companion Life Insurance Co.	18	15	14	29.4
62308	Connecticut General Life Insurance	25.9	21.3	25.4	17.6
62413	Continental Assurance Co.	7.6	10.2	0	0
96460	Coventry Health Care of Delaware, Inc.	5	5	24.7	27.4
47040	Dental Benefit Providers of MD, Inc.	10	10	3	12
43010	Fidelity Ins. Co. of MD	26	19	15	16
70408	Fortis Benefits Ins. Co.	19.6	36.1	34.2	16
69477	Fortis Insurance Co. (Fortis Health)	24.5	25	0	27.5
62286	Golden Rule Insurance Co.	5	0	6	8
95846	Group Dental Service of Maryland, Inc.	1	2	1	1
53007	Group Hosp & MedServ, Inc.	35.3	34.2	24	31.7
64246	Guardian Life Ins. Co. Of America	18.5	28	22	9
73288	Humana Insurance Company	3	7	17	0
70580	HumanaDental Insurance Company	6	15	12	0
70254	Jefferson Pilot Financial Ins. Co.	3.3	12	20	12
95639	Kaiser Fndtn Health Plan-Mid-Atl	29.9	38	33.6	29.4
60321	MAMSI Life & Health Ins. Co.	30	32.8	64.4	24.2
96310	MD-Individual Practive Assoc.	29	32.3	33.1	24.1
97055	Mega Life & Health Ins. Co.	13	23	52	41
66869	Nationwide Life Ins. Co.	4	0	0	0
96940	Optimum Choice, Inc.	30	30.9	31.8	26.5
95641	Preferred Health Network	10	20	14	0
68381	Reliance Standard Life Ins. Co.	23	0	0	0
61425	Trustmark Insurance Co.	24	2	0	0
80314	UNICARE Life & Health Ins. Co.	52	16	16	24
91529	Unimerica Insurance Company	5	10	3	0
69744	Union Labor Life Ins. Co.	2	18	5	0
79413	United HealthCare Ins. Co.	29	27	27.5	30
95025	United Healthcare of the Mid-Atl	34	33	25.8	30
69868	United of Omaha Life Ins. Co.	14	6	5	20

*Reported as Calendar Days

Appeals and Grievance Statistics
Totals for Complaints Filed
January 1, 2004 - December 31, 2004

Appendix C1

COMPLAINTS FILED

1192

NO JURISDICTION **311**

Referred to DOL (<i>ERISA</i>)	182
Referred to OPM (<i>FEHBP</i>)	47
Referred to Medicaid	14
Referred to Medicare	4
Referred to Insurance Department in Another State	61
Referred to Other*	3

*Includes complaints referred to Workers
Compensation Commission and Other State Agencies

COMPLAINT WITHDRAWN **12**

INSUFFICIENT INFORMATION **119**

No Action Required **98**

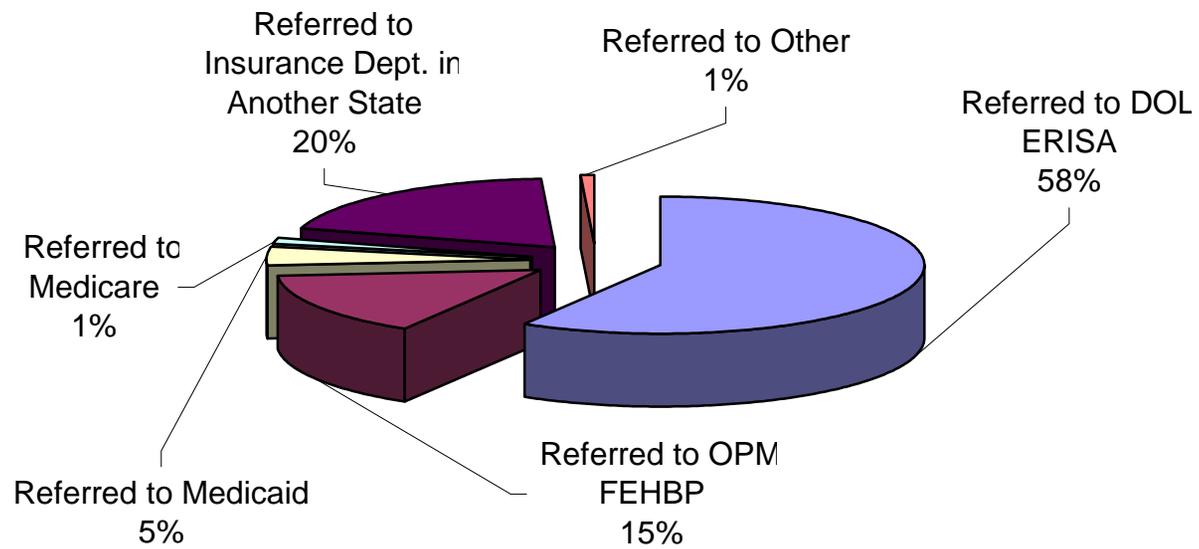
Includes Cases Transferred to Life & Health Complaint Unit,
Duplicate files, and Erroneous Complaints

Referred to HEAU to Exhaust Internal Remedy **243**

MIA Conducted Investigation: **409**

Carrier Reversed Itself During Investigation	132
Carrier Upheld by MIA	225
Carrier Reversed by MIA	36
Carrier Modified by MIA	16

Appeals & Grievance No Jurisdiction Cases January 2004 - December 2004 Appendix C2



**APPEALS & GRIEVANCE
DISPOSITION OF CASES
FORWARDED TO DHMH
BY THE APPEALS & GRIEVANCE UNIT
JANUARY - DECEMBER 2004
Appendix C3**

Description	Complaints Forwarded	
	Number	Percent
Total Cases Forwarded to DHMH by the Appeals & Grievance Unit*	9	100%
Categories of Complaints Referred to DHMH:		
- Mixed jurisdiction - DHMH & MIA investigations	5	56%
- Complaint solely within DHMH jurisdiction	3	33%
- DHMH determined that it has no jurisdiction	1	11%

* This number does not include cases which are forwarded to DHMH by the Life & Health Section of the Insurance Administration.

**SUMMARY OF APPEALS AND GRIEVANCE
COMPLAINTS INVESTIGATED BY MIA – LISTED BY CARRIER
JANUARY – DECEMBER 2004
APPENDIX C4**

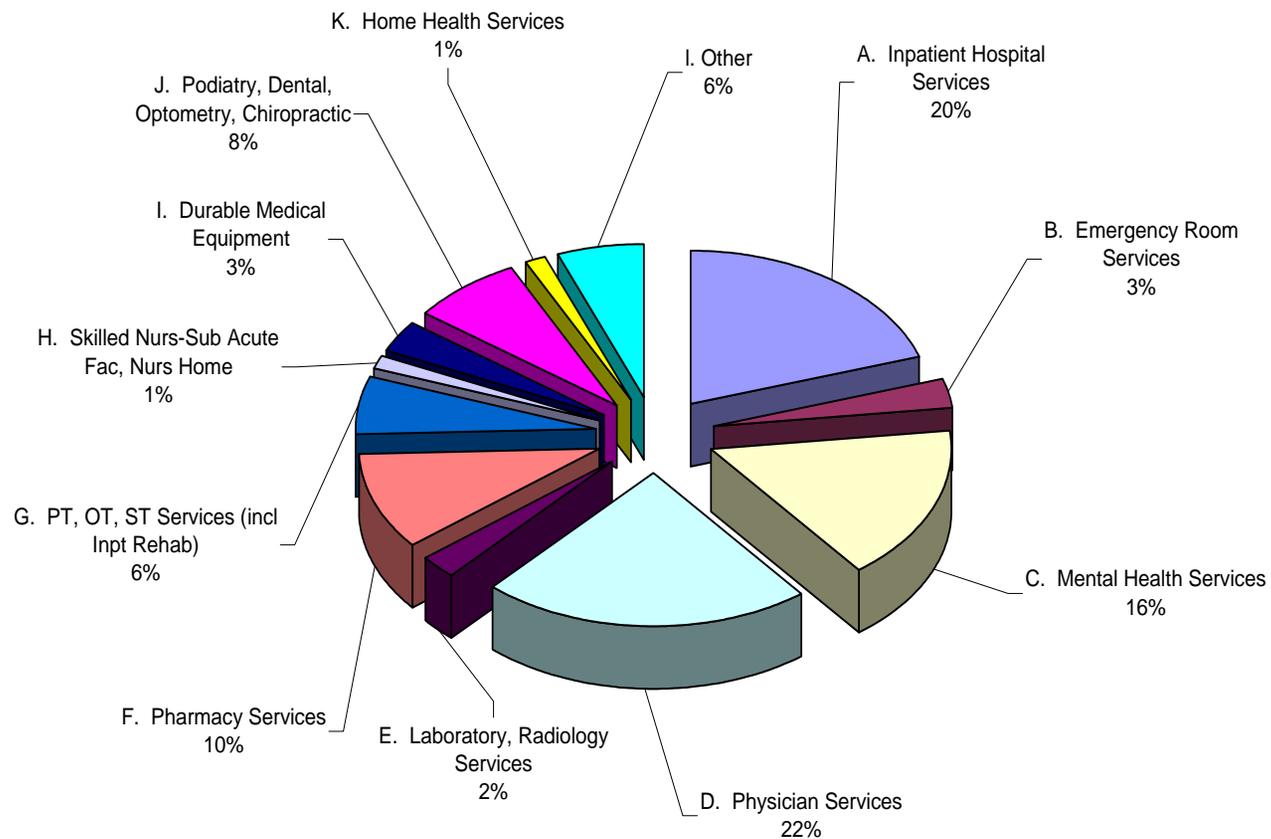
Carrier	Complaints Investigated		Carrier Decision Sustained		Carrier Decision Not Sustained		Carrier Decision Subject to Modification		Carrier Reversed Itself During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	11	3%	8	73%	0	0%	0	0%	3	27%
Aetna Life Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
American Republic Insurance Co.	1	0%	1	100%	0	0%	0	0%	0	0%
Carefirst BlueChoice, Inc.	60	16%	31	51.7%	3	5.0%	5	8%	21	35.0%
Carefirst of Maryland, Inc.	103	27%	66	64%	8	8%	4	4%	25	24%
CIGNA Dental Health of Maryland, Inc.	2	1%	1	50%	0	0%	0	0%	1	50%
CIGNA HealthCare Mid-Atlantic, Inc.	6	2%	1	17%	2	33%	0	0%	3	50%
Connecticut General Life Insurance Co.	1	0%	0	0%	0	0%	0	0%	1	100%
Conseco Health Insurance Company	1	0%	1	100%	0	0%	0	0%	0	0%
Coventry Health Care of DE, Inc.	11	3%	6	55%	0	0%	2	18%	3	27%
Dental Benefit Providers of MD, Inc.	5	1%	0	0%	0	0%	0	0%	5	100%
Fidelity Ins. Co.	16	4%	9	56%	0	0%	0	0%	7	44%
Fortis Insurance Company	1	0%	0	0%	1	100%	0	0%	0	0%
Group Dental Service of MD, Inc.	1	0%	0	0%	0	0%	0	0%	1	100%
Group Hosp. & Med Services	5	1%	4	80%	1	20%	0	0%	0	0%
Guardian Life Ins. Co. of America	9	2%	2	22%	1	11%	0	0%	6	67%
Kaiser Foundation	26	7%	14	54%	2	8%	0	0%	10	38%
MAMSI Life and Health Ins. Co.	43	11%	26	60%	5	12%	2	5%	10	23%
Maryland Health Insurance Plan	20	5%	4	20%	0	0%	0	0%	16	80%
MD IPA	12	3%	7	58%	0	0.0%	1	8%	4	33.3%
Optimum Choice	63	17%	38	60%	11	17%	2	3%	12	19%
PHN HMO	5	1%	3	60%	2	40.0%	0	0.0%	0	0%
Unicare Life and Health Ins. Co.	1	0%	1	100%	0	0%	0	0%	0	0%
United Concordia Dental Plans	1	0%	1	100%	0	0%	0	0%	0	0%
United Healthcare Insurance Company	3	1%	1	33%	0	0%	0	0%	2	67%
United Healthcare of Mid-Atlantic	1	0%	0	0%	0	0%	0	0%	1	100%
TOTAL	409		225	55%	36	9%	16	4%	132	32%

**SUMMARY OF APPEALS AND GRIEVANCE COMPLAINTS INVESTIGATED BY MIA
LISTED BY SERVICE – JANUARY – DECEMBER 2004
APPENDIX C5**

Type of Procedure	Carrier Code**	Total	Carrier Decision Sustained		Carrier Decision Not Sustained		Carrier Decision Subject to Modification		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Acupuncture	D	6	6	100%	0	0%	0	0%	0	0%
Chiropractic Care Services	J	7	4	57%	1	14%	0	0%	2	29%
Clinical Trial	D	2	1	50%	1	50%	0	0%	0	0%
Coordination of Benefits	L	1	1	100%	0	0%	0	0%	0	0%
Cosmetic	D	15	9	60%	3	20%	0	0%	3	20%
Denial of Claim	L	3	0	0%	0	0%	0	0%	3	100%
Denial of Hospital Days	A	80	49	61%	14	18%	4	5%	13	16%
Dental	J	21	8	38%	0	0%	1	5%	12	57%
Durable Medical Equipment	I	14	11	79%	2	14%	0	0%	1	7%
Emergency Room Denial	B	12	3	25%	0	0%	0	0%	9	75%
Experimental	D	8	5	63%	1	13%	0	0%	2	25%
Eye Care Services	J	2	1	50%	0	0%	0	0%	1	50%
Home Health Care	K	4	3	75%	0	0%	0	0%	1	25%
In-Patient Rehabilitation	G	2	1	50%	0	0%	1	50%	0	0%
In-Patient Hospital Day	A	2	1	50%	0	0%	0	0%	1	50%
Lab, Imaging, Testing	E	10	2	20%	0	0%	0	0%	8	80%
Medical Food	F	3	2	67%	0	0%	0	0%	1	33%
Mental Health Partial Hospitalization	C	9	7	78%	1	11%	1	11%	0	0%
Mental Health (Inpatient) Services	C	48	29	60%	4	8%	6	13%	9	19%
Mental Health (Outpatient) Services	C	10	6	60%	1	10%	0	0%	3	30%
Morbid Obesity	L	16	13	81%	1	6%	0	0%	2	13%
Nursing Home Services	k	1	1	100%	0	0%	0	0%	0	0%
Pharmacy	F	39	9	23%	1	3%	0	0%	29	74%
Physician Services	D	60	39	65%	3	5%	1	2%	17	28%
Podiatry Services	J	1	0	0%	0	0%	0	0%	1	100%
PT, OT, Speech Therapy	G	23	10	43%	1	4%	1	4%	11	48%
Skilled Nursing	H	6	2	33%	2	33%	1	17%	1	17%
Transportation Services	L	4	2	50%	0	0%	0	0%	2	50%
TOTAL		409	225		36		16		132	

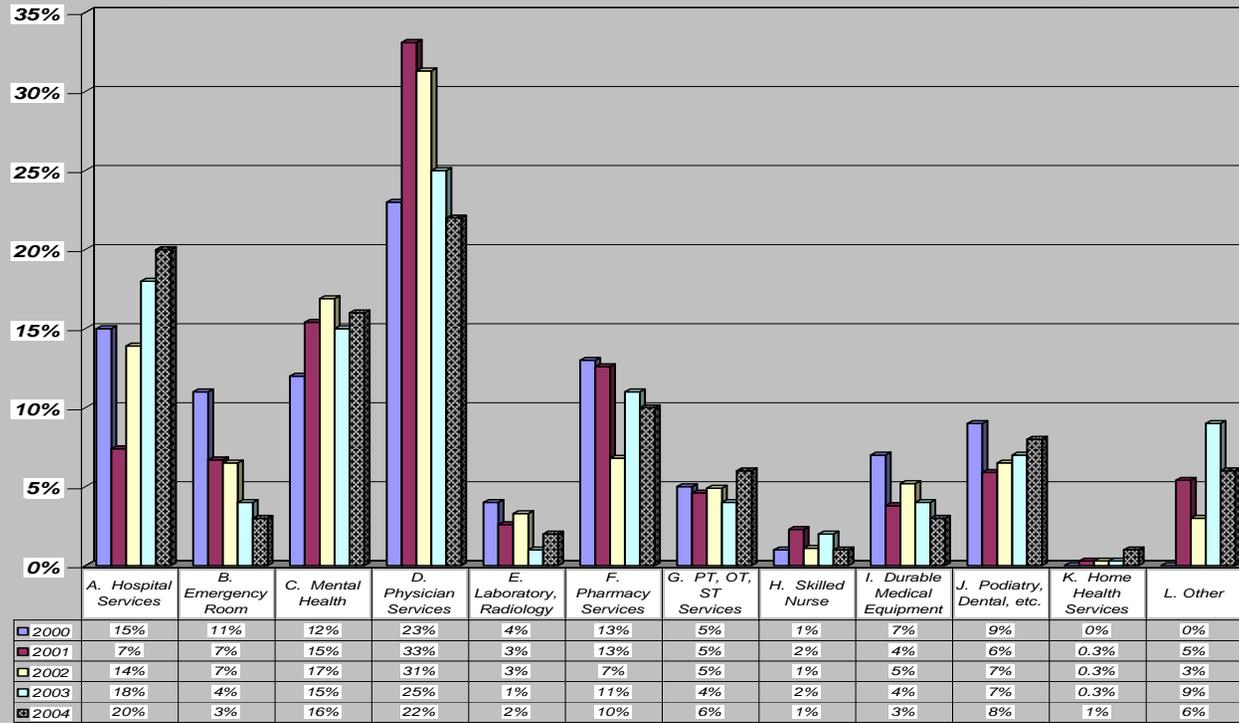
** All carrier data is divided into categories A-L. The MIA's data is more specific in nature. All charts which compare Carrier and MIA data have combined the MIA categories to fit within the carrier's A-L categories. The letters above identify which MIA category corresponds to the carrier code.

MIA COMPLAINTS INVESTIGATED BY SERVICE - 2004 Appendix C6



See attached description of what services are included in each procedure.

**COMPLAINTS INVESTIGATED BY MIA FOR THE PAST FIVE YEARS
BY SERVICE TYPE
APPENDIX C7**



Summary of Appeals and Grievance Orders - 2004
APPENDIX D

MAMSI Life & Health Insurance Company

Case No.: 2004-01-017

Effective Date: January 13, 2004

The Administration ordered MAMSI to immediately authorize payment for inpatient hospital day of June 24, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

Optimum Choice, Inc.

Case No.: 2004-01-020

Effective Date: January 15, 2004

The Administration ordered OCI to immediately authorize payment for inpatient services rendered at Peninsula Regional Medical Center on June 29, 2003 to July 1, 2003, pursuant to § 15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article.

Optimum Choice, Inc.

Case No.: 2004-01-048

Effective Date: January 26, 2004

The Administration ordered OCI to immediately authorize payment for orthognatic surgery including pre-surgical services, and assistant surgeon fees, pursuant to §15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

CareFirst of Maryland, Inc.

Case No.: 2004-01-059

Effective Date: January 28, 2004

The Administration ordered CareFirst to immediately authorize payment for Saizen growth hormone therapy, pursuant to §15-10A-04(c) of the Insurance Article.

MD-Individual Practice Association, Inc.

Case No.: 2004-02-004

Effective Date: February 3, 2004

Penalty: \$5,000

The Administration ordered MD-IPA to immediately authorize payment for acute inpatient hospital days of June 6, 2003 through June 8, 2003, pursuant to §15-10A-04(c) of the Insurance Article and §19-729 of the Health-General Article. The Administration ordered MD-IPA to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article for the June 20, 2003 Remittance Advice notice and to pay an administrative penalty of \$2,500 for violation of §15-10A-02(i) of

the Insurance Article for the September 4, 2003 grievance decision letter, pursuant to §§27-303 and 27-305 of the Insurance Article.

MAMSI Life & Health Insurance Company

Case No.: 2004-02-009

Effective Date: February 4, 2004

The Administration ordered MAMSI to immediately authorize payment for the patient's hospitalization June 15, 2003 through June 19, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2004-02-026

Effective Date: February 12, 2004

The Administration ordered CareFirst to immediately authorize payment for the inpatient psychiatric treatment from July 13, 2003 through July 21, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2004-02-027

Effective Date: February 12, 2004

The Administration ordered CareFirst, except for February 15, 2002 and July 19, 2002 through July 25, 2002, to immediately authorize payment for the skilled inpatient nursing care rendered from December 18, 2001 through July 25, 2002 at Potomac Valley Nursing Center, above the deductible amounts required under the health benefit plan, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.

Case No.: 2004-02-040

Effective Date: February 23, 2004

The Administration ordered CareFirst BlueChoice to immediately authorize payment for the inpatient level of care provided to the member while at Peninsula Regional Medical Center on August 14, 2003, pursuant to §15-10A-04(c) of the Insurance Article and §19-730(a)(i)(ii) of the Health-General Article.

CareFirst of Maryland, Inc.

Case No.: 2004-02-041

Effective Date: February 23, 2004

The Administration ordered CareFirst to immediately authorize payment for the patient's residential care rendered at the Caron Foundation beginning June 13, 2003 through July 7, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

MAMSI Life & Health Insurance Company
Case No.: 2004-02-051
Effective Date: February 27, 2004

The Administration ordered MAMSI to immediately authorize and approve coverage for the inpatient hospital stay at Gettysburg Hospital, pursuant to §15-10A-04(c) of the Insurance Article.

Kaiser Foundation Health Plan of the Mid-Atlantic
Case No.: 2004-03-014
Effective Date: March 12, 2004

The Administration ordered Kaiser to immediately authorize and approve payment for the gastric bypass surgery, pursuant to §15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article.

Coventry Health Care of Delaware, Inc.
Case No.: 2004-03-015
Effective Date: March 12, 2004

The Administration ordered Coventry to immediately authorize payment for the inpatient admission of October 6, 2003 through October 7, 2003, pursuant to §15-10A-04(c) of the Insurance Article and §19-730(a)(1) of the Health-General Article.

CareFirst of Maryland, Inc.
Case No.: 2004-03-002
Effective Date: March 4, 2004

The Administration ordered CareFirst to immediately authorize payment for the member's treatment at Father Martin's Ashley from November 17, 2003 through December 1, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2004-03-008
Effective Date: March 8, 2004

The Administration ordered OCI to immediately authorize payment for the implantation of a Deep Brain Stimulator and Pulse Generator procedure, pursuant to §§15-123 and 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

PHN-HMO
Case No.: 2004-03-029
Effective Date: March 15, 2004
Penalty: \$10,000

The Administration ordered PHN to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article, for the October 15, 2003 adverse

decision letter, pursuant to §§27-303 and 27-305 of the Insurance Article. The Administration also ordered PHN to pay an administrative penalty of \$2,500 for violation of §15-10B-09.1 of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2004-03-048
Effective Date: March 29th
Penalty: \$2,500

The Administration ordered CareFirst to authorize payment for inpatient hospitalization for October 17, 2003 through October 20, 2003, pursuant to §15-10A-04(c) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article, pursuant to §§27-303 and 27-305 of the Insurance Article.

MAMSI Life & Health Insurance Company
Case No.: 2004-04-009
Effective Date: April 5, 2004

The Administration ordered MAMSI to immediately authorize and approve reimbursement for the inpatient hospital day of November 18, 2003 at the Chester River Hospital Center, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2004-04-010
Effective Date: April 5, 2004

The Administration ordered CareFirst to immediately authorize payment for the partial hospitalization from December 11, 2003 through December 19, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2004-04-042
Effective Date: April 26, 2004

The Administration ordered CareFirst to immediately authorize payment for the inpatient hospitalization date of service August 22, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2004-06-028
Effective Date: June 10, 2004
Penalty: \$5,000

The Administration ordered OCI to authorize payment for acute hospitalization provided on December 31, 2003, pursuant to §15-10A-04(c) of the Insurance Article and §19-729 of the Health-General Article. The Administration ordered OCI to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article for the January 5, 2004 adverse decision letter and to pay an administrative penalty of

\$2,500 for March 12, 2004 grievance decision letter, pursuant to §§27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.

Case No.: 2004-06-036

Effective Date: June 15, 2004

The Administration ordered OCI to immediately authorize payment for the March 11, 2004 abdominal laparoscopy with fulguration of lesions, pursuant to §15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

Optimum Choice, Inc.

Case No.: 2004-06-046

Effective Date: June 18, 2004

The Administration ordered OCI to immediately authorize payment for 2 units of code 97110 for date of service October 14, 2003, pursuant to §15-10A-04(c) and/or §15-10D-03 of the Insurance Article and §19-729 of the Health-General Article.

Optimum Choice, Inc.

Case No.: 2004-06-047

Effective Date: June 18, 2004

The Administration ordered OCI to immediately authorize payment for 1 additional unit of code 97110 for date of service October 28, 2003, pursuant to §15-10A-04(c) and/or §15-10D-03 of the Insurance Article and §19-729 of the Health-General Article.

CareFirst of Maryland, Inc.

Case No.: 2004-06-057

Effective Date: June 22, 2004

The Administration ordered CareFirst to immediately authorize payment for the acute inpatient hospital date of service November 7, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2004-06-058

Effective Date: June 22, 2004

The Administration ordered CareFirst to immediately authorize payment for the member's acute inpatient hospitalization at the Bryan LGH Medical Center from November 6, 2003 through November 9, 2003, pursuant to §15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2004-06-070
Effective Date: June 28, 2004

The Administration ordered CareFirst BlueChoice to immediately authorize payment for skilled nursing level of care from June 14, 2003 through July 9, 2003, pursuant to §15-10A-04(c) of the Insurance Article and §19-729 of the Health-General Article.

MD-Individual Practice Association, Inc.
Case No.: 2004-06-071
Effective Date: June 28, 2004

The Administration ordered MD-IPA to immediately authorize payment for inpatient hospitalization February 8, 2004 through to February 10, 2004, pursuant to §15-10A-04(c) of the Insurance Article and §19-732 of the Health-General Article.

Fidelity Insurance Company
Case No.: 2004-06-072
Effective Date: June 28, 2004
Penalty: \$2,500

The Administration ordered Fidelity to pay an administrative penalty of \$2,500 for violation of §15-10D-02(f) of the Insurance Article, for the March 10, 2004 appeal decision letter, pursuant to §4-113 of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2004-07-044
Effective Date: July 27, 2004

The Administration ordered OCI to immediately authorize coverage for the REFSCT clinical trial program and all inpatient and outpatient services related to the transplant provided at St. Jude Children's Research.

CareFirst of Maryland, Inc.
Case No.: 2004-08-020
Effective Date: August 17, 2004
Penalty: \$5,000

The Administration ordered CareFirst to immediately authorize payment for the patient's psychotherapy sessions two times per week beginning January 1, 2004 through May 31, 2004, pursuant to §15-10A-04(c) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for violation of §15-10B-07 of the Insurance Article and an administrative penalty of \$2,500 for violation of § 15-10B-09.1 of the Insurance Article, pursuant to §§27-303 and 27-305 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2004-08-021
Effective Date: August 18, 2004

The Administration ordered CareFirst BlueChoice to immediately authorize payment for the medically necessary inpatient treatment days at Caron Foundation from May 19, 2004 through June 4, 2004, pursuant to §15-10A-04(c) of the Insurance Article and §19-732 of the Health-General Article.

CareFirst BlueChoice, Inc.
Case No.: 2004-08-022
Effective Date: August 18, 2004

The Administration ordered CareFirst BlueChoice to immediately authorize payment for the medically necessary partial hospitalization treatment day at Father Martin's Ashley from May 11, 2004 to May 12, 2004, pursuant to §15-10A-04(c) of the Insurance Article and §19-732 of the Health-General Article.

Optimum Choice, Inc.
Case No: 2004-09-025
Effective Date: September 13, 2004
Penalty: \$2,500

The Administration ordered OCI to immediately authorize payment for a Lumbar Fusion of L5-S1, pursuant to §15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article. The Administration ordered OCI to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article, pursuant to §§19-729 and 19-730 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2004-09-030
Effective Date: September 20, 2004
Penalty: \$2,500

The Administration ordered CareFirst BlueChoice to immediately authorize payment for the medically necessary CPAP machine for a four month trial, pursuant to §15-10A-04 of the Insurance Article and §19-729(a)(11) of the Health-General Article. The Administration ordered CareFirst BlueChoice to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) or §15-10D-02(e) of the Insurance Article for the May 26, 2004 adverse or coverage decision letter, pursuant to §§27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2004-09-035
Effective Date: September 27, 2004

The Administration ordered OCI to immediately authorize payment for the inpatient hospital day of May 7, 2004, pursuant to §15-10A-04(c) of the Insurance Article and §19-729(a)(11) of the Health-General Article.

Guardian Life Insurance Company of America

Case No.: 2004-10-002

Effective Date: October 8, 2004

Penalty: \$15,000

The Administration ordered Guardian to immediately authorize and approve reimbursement for physical therapy services rendered from May 2003 through October 2003, pursuant to §15-10A-04(c) of the Insurance Article. The Administration ordered Guardian to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f)(2)(iii)2 of the Insurance Article for the adverse decision letter dated March 5, 2004; \$2,500 for violation of §15-10A-02(f)(2)(i),(ii) and (iii) of the Insurance Article for the adverse decision letters dated April 21, 2004; April 22, 2004; and May 11, 2004; \$2,500 for violation of §15-10A-02(i)(1)(ii)3B of the Insurance Article for the grievance decision letter dated May 24, 2004; \$2,500 for violation of §15-10A-02(i)(1)(ii)1,2 and 3 of the Insurance Article for the grievance decision letter dated July 9, 2004; \$2,500 for violation of §15-10B-07 of the Insurance Article for failing to utilize a physician who is board certified or eligible in the same specialty as the treatment under review; and \$2,500 for violation of §15-10B-09.1 of the Insurance Article by failing to utilize a physician who is board certified or eligible in the same specialty as the treatment under review.

CIGNA Healthcare Mid-Atlantic, Inc.

Case No.: 2004-10-006

Effective Date: October 15, 2004

Penalty: \$5,000

The Administration ordered Cigna to immediately authorize payment for the inpatient hospital day of December 7, 2003, pursuant to §15-10A-04(c) of the Insurance and §19-730 of the Health-General Article. The Administration ordered Cigna to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article for its December 12, 2003 adverse decision letter and \$2,500 for violation of §15-10A-02(i) of the Insurance Article for its April 16, 2004 grievance decision letter, pursuant to §§27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.

Case No.: 2004-10-012

Effective Date: October 27, 2004

The Administration ordered OCI to immediately authorize and issue payment for the skilled nursing facility service rendered from April 12, 2004 through June 30, 2004, pursuant to §15-10A-04(c) of the Insurance Article and §19-729 of the Health-General Article and in accordance with the terms of the HMO policy.

Cigna Healthcare Mid-Atlantic, Inc.

Case No.: 2004-10-013

Effective Date: October 27, 2004

Penalty: \$2,500

The Administration ordered Cigna to immediately authorize and provide coverage for the laparoscopic gastric banding procedure, pursuant to §15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article. The Administration ordered Cigna to pay an administrative penalty of \$2,500 for violation of §15-10B-09.1 of the Insurance Article, pursuant to §§27-303 and 27-305 of the Insurance Article.

CareFirst BlueChoice, Inc.

Case No.: 2004-11-009

Effective Date: November 10, 2004

Penalty: \$2,500

The Administration ordered CareFirst BlueChoice to authorize payment for the Vantage Augmentative Communication System, pursuant §15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article. The Administration ordered BlueChoice to pay an administrative penalty of \$2,500 for violation of §15-10A-02(i) of the Insurance Article, pursuant to §§19-729 and 19-730 of the Insurance Article.

Optimum Choice, Inc.

Case No.: 2004-11-011

Effective Date: November 17, 2004

The Administration ordered OCI to immediately authorize payment for the acute inpatient hospital day from July 23, 2004 to July 24, 2004 at Shady Grove Adventist Hospital, pursuant to §15-10A-04(c) of the Insurance Article and §19-730 of the Health-General Article.

Fortis Insurance Company

Case No.: 2004-12-053

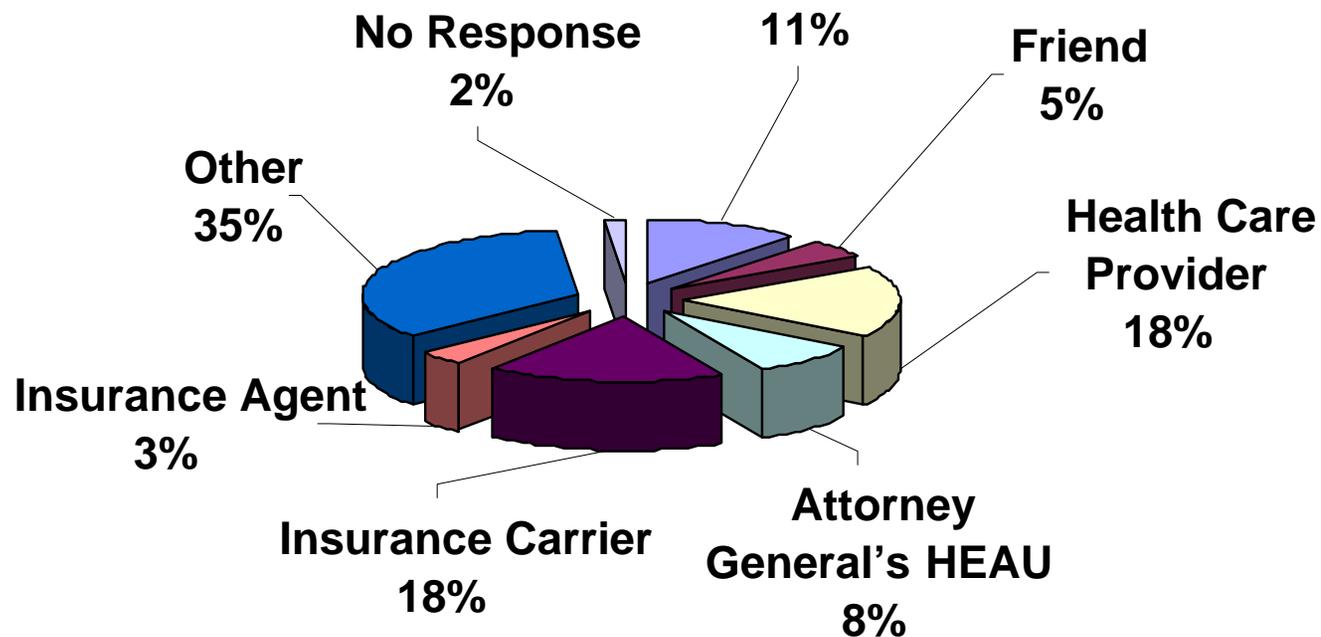
Effective Date: December 13, 2004

Penalty: \$10,000.00

The Administration ordered Fortis to immediately authorize payment for the covered services rendered from August 27, 2003 through November 10, 2003, pursuant to §15-10A-04(c) of the Insurance Article. The Administration ordered Fortis to pay an administrative penalty of \$2,500 for violation of §15-10A-02(f) of the Insurance Article for the adverse letter dated January 20, 2004; a violation of \$2,500 for violation of §15-10A-02(i) of the Insurance Article for the grievance decision letter dated April 8, 2004; a violation of \$2,500 for violation of §15-10B-07 of the Insurance Article for failing to utilize a physician who is board certified or eligible in the same specialty as the treatment under review in its adverse decision; and a violation of \$2,500 for violation of §15-10B-09.1 of the Insurance Article for failing to utilize a physician who is board certified or eligible in the same specialty as the treatment under review in its grievance decision.

How did you learn about the Maryland Insurance Administration ("MIA")?

Appendix E1 Insurance Policy



**MIA CONSUMER QUESTIONNAIRE 2004
APPENDIX E2**

<i>STATISTICAL RESULTS</i> <i>1/1/04 - 12/31/04</i>	APPEALS & GRIEVANCES	
	Quantity	%
Questionnaires Sent <i>through</i> <i>12/31/04</i>	361	100%
Response Received <i>through</i> <i>12/31/04</i>	55	15%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
Would you use the MIA's complaint system again if the need arose?	Total	55	100%
	Yes	54	98%
	No	1	2%
	Unable to Evaluate	0	0%
	No Response	0	0%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
Was the final outcome of your complaint resolved in your favor?	<i>Total</i>	55	100%
	Yes	48	87%
	No	7	13%
	Unable to Evaluate	0	0%
	No Response	0	0%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
If you went through the <u>insurance company's internal grievance procedure</u> prior to filing your complaint with the MIA, were you satisfied with the company's procedure?	<i>Total</i>	55	100%
	Very Satisfied	7	13%
	Satisfied	7	13%
	Not Satisfied	38	69%
	Not Applicable	3	5%
	No Response	0	0%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
<p>If you went through the insurance company's internal grievance procedure <u>with the assistance of the Attorney General's Health Advocacy Unit ("HAU")</u>, were you satisfied with the explanation of the process given to you by the HAU?</p>	Total	55	100%
	Very Satisfied	7	13%
	Satisfied	2	4%
	Not Satisfied	5	9%
	Not Applicable	37	67%
	No Response	4	7%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
<p>If you went through the insurance company's internal grievance procedure <u>with the assistance of the Attorney General's Health Advocacy Unit ("HAU")</u>, were you satisfied with the explanation of your grievance's final outcome?</p>	Total	55	100%
	Yes	8	15%
	No	1	2%
	Not Applicable	39	71%
	No Response	7	13%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
How satisfied were you with the overall process?	Total	55	100%
	Very Satisfied	32	58%
	Satisfied	16	29%
	Not Satisfied	3	5%
	Cannot Evaluate	1	2%
	No Response	3	5%