

**The
Maryland Insurance
Administration's 2007**

Report

On

**The Health Care Appeals &
Grievance Law**

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Executive Summary

In 1998, the Appeals and Grievances Law was enacted by the General Assembly to provide a fair process for resolving disputes regarding the medical necessity of a proposed or delivered health care service. (See Title 15, Subtitle 10A of the Insurance Article) Under the Appeals and Grievances Law, nonprofit health service plans, insurers, health maintenance organizations and dental plan organizations are required to provide quarterly reports to the Maryland Insurance Administration (“Administration”) regarding adverse decisions and grievance decisions. These quarterly reports, coupled with the Administration’s data regarding complaints, allows for a comprehensive year over year review of this dispute resolution process. As required under § 15-10A-06 of the Insurance Article, this report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2007, noting changes in certain areas since 2004 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carriers”¹).

Carriers rendered 36, 885 adverse decisions in 2004 and 38,900 in 2007, an increase of 5.5 percent over the four year period. For the four year period, three services accounted for about 70 percent of all adverse decisions: inpatient hospital services, physician services and pharmacy services. In 2004, physician services ranked third in terms of the percentage of all adverse decisions. By 2007, adverse decisions for physician services ranked second, increasing by 97.5 percent over the four year period.

Over the years, policymakers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicates there are very few adverse decisions for these two types of services (1.2 percent and 2.4 percent of all adverse decisions in 2007 respectively).

The data indicates more members are taking advantage of the grievance process. While the number of adverse decisions increased by 5.5 percent between 2004 and 2007, the number of grievances increased 36.3 percent. Grievances as a percent of adverse decisions increased from 15.4 percent in 2004 to 19.9 percent in 2007.

Since 2004, over half of all grievances are for inpatient hospital services and physician services. Although the number of adverse decisions for inpatient hospital services declined from 2004 to 2007, the number of grievances for inpatient hospital services increased 15.1 percent from 2,575 to 2,963.

Similar to adverse decisions, there has been a dramatic increase in grievances for physician services. There were 889 grievances for physician services in 2004 and 1,676 in 2007, an increase of 88.5 percent.

Carriers were more likely to uphold their grievance decisions in 2007 than in 2004. In 2004, carriers upheld their adverse decisions in the grievance process about half the time. This increased to 59 percent in 2007.

Carriers are required to render a grievance decision within 30 working days after the date the grievance is filed with the carrier unless the grievance involves an emergency case or a retrospective denial. For an emergency case, a carrier must render a grievance decision within 24 hours after a grievance is filed. For a retrospective denial, a carrier must render a grievance decision within 45 working days of the date a grievance is filed. Carriers are generally complying with the required time frames for rendering a grievance decision.

While the number of grievances increased between 2004 and 2007, the number of complaints filed with the Administration declined about 14 percent (1192 vs. 1027). The Administration upheld the carrier’s

¹ Although dental plan organizations are required to follow Title 15, Subtitle 10A of the Insurance Article, the number of complaints attributable to these companies is very small. Because of the small volume and continuing data integrity issues, this report is limited to medical type coverage, and does not include dental only coverage.

grievance decision for 55% of the complaints investigated in 2004 and for 53% of the complaints investigated in 2007. Of the complaints investigated, the grievance decision was reversed by the carrier or reversed/modified by the Administration 45 percent of the time in 2004 and 46.9 percent in 2007.

In 2007, the Administration issued 12 Orders and Consent Orders based on the complaints which it received and \$2,750 in administrative penalties. By comparison, in 2004 the Administration issued 43 Orders and Consent Orders based on the complaints which it received and \$70,000 in administrative penalties.

Two changes have occurred since 2004 accounting for the reduction in the number of Orders issued by the Administration. First, during the initial years of the Appeals and Grievance law, carriers typically only paid a disputed claim after the Administration issued an Order. Now, carriers are more likely to pay the disputed claim once the carrier receives the independent review organization's review of the claim in favor of the complainant. Second, during the initial years of the Appeals and Grievance law, carriers often failed to provide appropriate notice in a timely manner of the member's appeals and grievances rights. These notices are now incorporated into the carriers' administrative practices and it is rare when a member has not been notified of appeals and grievances rights.

In 2007, the Administration recovered \$1,109,872 for complainants under the Appeals and Grievance law. This compares to \$303,579 recovered for similar complainants in 2004. This is an increase in recoveries of \$806,293 or 266% over the recoveries received for complainants in 2004.

The data collected by the Administration suggests more consumers are taking advantage of the internal process carriers must establish for resolving disputes regarding the medical necessity of a proposed or delivered health care service. While inpatient hospital services, physician services and pharmacy services account for most adverse decisions, inpatient hospital services, physician services and laboratory and radiology services account for most grievance decisions.

Grievance decisions for laboratory and radiology services as well as physical therapy, occupational therapy and speech therapy dramatically increased over the period 2004 to 2007. The Administration will continue to monitor the volume of adverse decisions and grievance decisions for physician services, laboratory and radiology services as well as physical therapy, occupational therapy and speech therapy to determine if additional review of carriers' utilization review process in these areas is warranted.

Although adverse decisions and grievance decisions increased between 2004 and 2007, the number of complaints filed with the Administration declined 14 percent during this same period. The Administration is concerned that the number of complaints filed has decreased about 14 percent between 2004 and 2007 and will continue to monitor the complaint volume to determine if additional outreach is warranted.

The increase in the number of Maryland consumers using the carriers internal grievance process and the increase in recoveries over the period 2004 to 2007 demonstrate the continued success of Maryland's Appeals and Grievances Law in providing a full and fair process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

Background

In 1998, the Appeals and Grievances Law was enacted by the General Assembly to provide a full and fair process for resolving disputes regarding the medical necessity of a proposed or delivered health care service. (See Title 15, Subtitle 10A of the Insurance Article.)

The appeals and grievances process begins when a carrier makes an “adverse decision,” a determination that a proposed or delivered health care service is not medically necessary. The member (or the treating provider on behalf of the member) has the right to protest this decision through the carrier’s internal review process. When the member files a protest with the carrier, this is a “grievance.” If the carrier again concludes the proposed or delivered health care service is not medically necessary, the member may ask the Maryland Insurance Administration (“Administration”) to review the carrier’s grievance decision by filing a “complaint.”

The Appeals and Grievances Law gives the Administration the ability to contract with independent review organizations to review these medical necessity complaints. When the Administration sends a complaint to an independent review organization for review, the Administration requires that the review be performed by an unbiased provider in the same specialty as the member’s treating provider. Based on the independent review organization’s review, the Administration reaches a decision. If the member remains dissatisfied with the Administration’s decision, he or she may ask for a hearing.

The Appeals and Grievances Law also requires carriers to submit quarterly reports about their adverse decisions and grievance decisions. Specifically, carriers must provide to the Administration:

- 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 of the Insurance Article;
- 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;
- 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.

These quarterly reports, coupled with the Administration’s data regarding complaints, allows for a comprehensive year over year review of this process. As required under §§ 15-10A-06 of the Insurance Article, this report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2007, noting changes in certain areas since 2004 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carriers”²).

² Although dental plan organizations are required to follow Title 15, Subtitle 10A of the Insurance Article, the number complaints attributable to these companies is very small. Because of the small volume and continuing data integrity issues, this report is limited to medical type coverage, and does not include dental only coverage.

Adverse Decisions

Table 1 provides an overview of the number and type of adverse decisions carriers made in 2004 and 2007. More detailed information about adverse decisions made by each carrier is provided in Appendix 1 for 2007.

Carriers rendered 36, 885 adverse decisions in 2004 and 38,900 in 2007, an increase of 5.5 percent over this four year period. For the four year period, three services accounted for about 70 percent of all adverse decisions: inpatient hospital services, physician services and pharmacy services. In 2004, physician services ranked third in terms of the percentage of all adverse decisions. By 2007, adverse decisions for physician services ranked second, increasing by 97.5 percent over the four year period.

Table 1 Adverse Decisions					
	2004		2007		Percent change 2004 to 2007
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	
Inpatient hospital services	15370	41.7%	14671	37.7%	-4.5%
Emergency room services	2520	6.8%	473	1.2%	-81.2%
Mental health services	1086	2.9%	920	2.4%	-15.3%
Physician services	4564	12.4%	9012	23.2%	97.5%
Laboratory, radiology services	2671	7.2%	2230	5.7%	-16.5%
Pharmacy services	4821	13.1%	4683	12.0%	-2.9%
PT, OT, ST services (including inpatient rehab)	1101	3.0%	1416	3.6%	28.6%
Skilled nursing facility	466	1.3%	401	1.0%	-13.9%
Durable medical equipment	2159	5.9%	1729	4.4%	-19.9%
Podiatry, dental, optometry, chiropractic	1846	5.0%	3074	7.9%	66.5%
Home health services	93	0.3%	82	0.2%	-11.8%
Other	188	0.5%	209	0.5%	11.2%
Total	36885		38900		5.5%

Over the years, policymakers have expressed concern about the denial of emergency room services and mental health services. While adverse decisions for emergency room services comprised 6.8 percent of all adverse decisions in 2004, this decreased to 1.2 percent in 2007. For this four year period adverse decisions for emergency room services decreased 81.2 percent. As a percentage of adverse decisions, denials for mental health services remained relatively constant over the four year period (2.9 percent in 2004 and 2.4 percent in 2007). The statistics provided by carriers indicates there are very few adverse decisions for these two types of services.

Grievance Decisions – General Information

Table 2 provides an overview of the number and type of grievances carriers reviewed in 2004 and 2007. In 2004, there were 5,687 grievances jumping to 7,750 by 2007. While the number of adverse decisions increased by 5.5 percent between 2004 and 2007, the number of grievances increased 36.3 percent. As shown in Table 3, grievances as a percent of adverse decisions increased from 15.4 percent in 2004 to 19.9 percent in 2007. The data indicates more members are taking advantage of the grievance process.

Since 2004, over half of all grievances are for inpatient hospital services and physician services. Although the number of adverse decisions for inpatient hospital services declined from 2004 to 2007, the number of grievances for inpatient hospital services increased from 2,575 to 2,963, an increase of 15.1 percent.

	2004		2007		Percent change 2004 to 2007
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	
Inpatient hospital services	2575	45.3%	2963	38.2%	15.1%
Emergency room services	274	4.8%	85	1.1%	-69.0%
Mental health services	401	7.1%	270	3.5%	-32.7%
Physician services	889	15.6%	1676	21.6%	88.5%
Laboratory, radiology services	351	6.2%	914	11.8%	160.4%
Pharmacy services	402	7.1%	550	7.1%	36.8%
PT, OT, ST services (including inpatient rehab)	100	1.8%	468	6.0%	368.0%
Skilled nursing facility	45	0.8%	73	0.9%	62.2%
Durable medical equipment	258	4.5%	270	3.5%	4.7%
Podiatry, dental, optometry, chiropractic	346	6.1%	444	5.7%	28.3%
Home health services	20	0.4%	21	0.3%	5.0%
Other	26	0.5%	16	0.2%	-38.5%
Total	5687		7750		36.3%

	2004	2007
Inpatient hospital services	16.8%	20.2%
Emergency room services	10.9%	18.0%
Mental health services	36.9%	29.3%
Physician services	19.5%	18.6%
Laboratory, radiology services	13.1%	41.0%
Pharmacy services	8.3%	11.7%
PT, OT, ST services (including inpatient rehab)	9.1%	33.1%
Skilled nursing facility	9.7%	18.2%
Durable medical equipment	11.9%	15.6%
Podiatry, dental, optometry, chiropractic	18.7%	14.4%
Home health services	21.5%	25.6%
Other	13.8%	7.7%
Total	15.4%	19.9%

Similar to adverse decisions, there has been a dramatic increase in grievances for physician services. There were 889 grievances for physician services in 2004 and 1,676 in 2007, an increase of 88.5 percent.

Over this same period, the number of grievances declined for mental health services and emergency room services. There were 401 grievances for mental health services in 2004 and 270 in 2007, a decrease of 32.7 percent. There were 274 grievances for emergency room services in 2004 and only 85 in 2007, a decrease of 69 percent.

Although a small percentage of the overall grievances, the percentage increase in grievances for laboratory and radiology services as well as physical therapy, occupational therapy and speech therapy has been dramatic, increasing 160.4 percent and 368 percent respectively.

Appendix 2 provides detailed information by carrier regarding grievance decisions for hospital lengths of stay in 2007. Grievances for hospital length of stay increased less than all grievances. In 2004, there were 2,570 grievances for hospital length of stay and in 2007 2,848, an increase of 10.8 percent.

Table 4 indicates carriers were more likely to uphold their adverse decisions in 2007 than in 2004. In 2004, carriers upheld their adverse decisions in the grievance process about half the time. This increased to 59 percent in 2007. As Appendix 3 shows, carriers were more likely to uphold their adverse decisions for hospital lengths of stay (72.8 percent) than for all services (59.4 percent, Appendix 2).

Table 4 Grievance Decision					
	2004		2007		Percent Change
	<i>Number</i>	<i>Percent</i>	<i>Number</i>	<i>Percent</i>	
Carrier upheld adverse decision	2890	50.8	4602	59.4	59.2%
Carrier overturned adverse decision	2367	41.6	2822	36.4	19.2%
Carrier modified original adverse decision	430	7.6	326	4.2	-24.2%
Total	5687		7750		

Time Frame for Rendering a Grievance Decision

Carriers are required to render a grievance decision within 30 working days after the date the grievance is filed with the carrier unless the grievance involves an emergency case or a retrospective denial. For an emergency case, a carrier must render a grievance decision within 24 hours after a grievance is filed. For a retrospective denial, a carrier must render a grievance decision within 45 working days of the date a grievance is filed.

Appendices 4 and 5 provide information on the average amount of time each carrier took to render a decision for emergency and non-emergency cases. Carriers are generally complying with the required time frames for rendering a grievance decision.

Complaints

While the number of grievances increased between 2004 and 2007, Table 5 shows that the number of complaints filed with the Administration declined about 14 percent (1192 vs. 1027). Due to jurisdictional and other reasons, as summarized in Table 5, less than 50 percent of all complaints filed can be investigated by the Administration. Of the 1027 complaints received by the Administration in 2007, 282 or 27% were outside the Administrations jurisdiction. These non-jurisdiction cases included complaints filed by individuals covered

under Medicare, Medicaid, the federal employee health benefit plan or under an employer group self-funded health benefit plan.

The Administration upheld the carrier’s grievance decision most of the time in 2004 and 2007. Of the complaints investigated, the grievance decision was reversed by the carrier or reversed/modified by the Administration 45 percent of the time in 2004 and 46.9 percent in 2007. More detailed information about complaints filed with the Administration is found in Appendix 7.

In 2007, the Administration issued 12 Orders and Consent Orders based on the complaints which it received and \$2,750 in administrative penalties. By comparison, in 2004 the Administration issued 43 Orders and Consent Orders based on the complaints which it received and \$70,000 in administrative penalties.

Two changes have occurred since 2004 accounting for the reduction in the number of Orders issued by the Administration. First, during the initial years of the Appeals and Grievance law, carriers typically only paid a disputed claim after the Administration issued an Order. Now, carriers are more likely to pay the disputed claim once the carrier receives the independent review organization’s review of the claim in favor of the complainant. Second, during the initial years of the Appeals and Grievance law, carriers often failed to provide appropriate notice in a timely manner of the member’s appeals and grievances rights. These notices are now incorporated into the carriers’ administrative practices and it is rare when a member has not been notified of appeals and grievances rights.

In 2007, the Administration recovered \$1,109,872 for complainants under the Appeals and Grievance law. This compares to \$303,579 recovered for similar complainants in 2004. This is an increase in recoveries of \$806,293 or 266% over the recoveries received for complainants in 2004. A summary of the Orders and Consent Orders for 2007 are found in Appendix 8.

Table 5 Complaints			
	2004	2007	Percent Change
<i>Total complaints received</i>	1192	1027	-13.8%
No jurisdiction	311	282	-9.3%
Withdrawn	12	4	-66.7%
Insufficient information	119	61	-48.7%
No action required	98	104	6.1%
Referred to Health Education and Advocacy Unit	243	150	-38.3%
Complaints investigated by Administration	409	426	4.2%
<i>Percent of total complaints investigated by the Administration</i>	34.3%	41.5%	
<i>Number of complaints carrier or Administration reversed or modified grievance decision</i>	184	200	8.7%
<i>Percent of total complaints investigated by Administration where carrier or Administration reversed or modified grievance decisions</i>	45%	46.9%	

Conclusions

Grievances represented a higher percentage of all adverse decisions in 2007 than in 2004, suggesting more consumers are taking advantage of the internal process carriers must establish for resolving disputes regarding the medical necessity of a proposed or delivered health care service.

For the four year period, three services accounted for about 70 percent of all adverse decisions: inpatient hospital services, physician services and pharmacy services. Between 2004 and 2007, there was a dramatic increase in adverse decisions and grievance decisions for physician services. While a small percentage of all grievance decisions, grievance decisions for laboratory and radiology services, as well as physical therapy, occupational therapy and speech therapy dramatically increased. Conversely, adverse decisions and grievance decisions for emergency room services and mental health markedly declined. The Administration will continue to monitor the volume of adverse decisions and grievance decisions for physician services, laboratory and radiology services as well as physical therapy, occupational therapy and speech therapy to determine if additional review of carriers' utilization review process in these areas is warranted.

Although adverse decisions and grievance decisions increased between 2004 and 2007, the number of complaints filed with the Administration declined 14 percent during this same period. The Administration is concerned that the number of complaints filed has decreased about 14 percent between 2004 and 2007 and will continue to monitor the complaint volume to determine if additional outreach is warranted.

The increase in the number of Maryland consumers using the carriers internal grievance process and the increase in recoveries over the period 2004 to 2007 demonstrate the continued success of Maryland's Appeals and Grievances Law in providing a fair process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	%TOTAL	NUMBER	% TOTAL
Aetna Health Inc.	5962	15.33%	1997	33.5%	0	0.0%
Aetna Life Insurance Company	577	1.48%	191	33.1%	0	0.0%
AIG Life Insurance Company	1	0.00%	0	0.0%	0	0.0%
American Medical Security Life Ins Co	1	0.00%	0	0.0%	0	0.0%
Ameritas Life Ins Co	18	0.05%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	7795	20.04%	4155	53.3%	30	0.4%
CareFirst of Maryland, Inc.	5453	14.02%	2078	38.1%	2	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	267	0.69%	117	43.8%	0	0.0%
Companion Life Insurance Co	10	0.03%	0	0.0%	0	0.0%
Connecticut General Life Insurance Co	1097	2.82%	227	20.7%	0	0.0%
Continental Assurance Company	2	0.01%	0	0.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	939	2.41%	494	52.6%	5	0.5%
Golden Rule Insurance Company	3	0.01%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	4652	11.96%	989	21.3%	7	0.2%
Guardian Life Ins Co of America	897	2.31%	58	6.5%	0	0.0%
Jefferson Pilot Financial Insurance Company	10	0.03%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	2659	6.84%	42	1.6%	0	0.0%
Kaiser Permanente Insurance Company	12	0.03%	3	25.0%	0	0.0%
MAMSI Life & Health Ins Co	1384	3.56%	761	55.0%	149	10.8%

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ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	%TOTAL	NUMBER	% TOTAL
MD-Individual Practice Assoc.	1066	2.74%	564	52.9%	22	2.1%
Nationwide Life Ins Co	1	0.00%	0	0.0%	0	0.0%
Optimum Choice, Inc.	5483	14.10%	2942	53.7%	258	4.7%
Reliance Standard Life Ins Co	1	0.00%	0	0.0%	0	0.0%
Standard Insurance Company	2	0.01%	0	0.0%	0	0.0%
Standard Security Life Co of NY	2	0.01%	0	0.0%	0	0.0%
The Lincoln National Life Insurance Company	2	0.01%	0	0.0%	0	0.0%
Time Insurance Company	15	0.04%	0	0.0%	0	0.0%
Trustmark Life Insurance Company	14	0.04%	13	92.9%	0	0.0%
UNICARE Life & Health Ins Co	244	0.63%	15	6.1%	0	0.0%
Union Labor Life Insurance Company	26	0.07%	18	69.2%	0	0.0%
Union Security Insurance Company	3	0.01%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	177	0.46%	0	0.0%	0	0.0%
United HealthCare Ins Co	106	0.27%	5	4.7%	0	0.0%
United HealthCare of the Mid-Atlantic	19	0.05%	2	10.5%	0	0.0%
Total	38900		14671	37.7%	473	1.2%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health Inc.	112	1.9%	3551	59.6%	32	0.5%
Aetna Life Insurance Company	59	10.2%	270	46.8%	27	4.7%
AIG Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
American Medical Security Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Ins Co	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	219	2.8%	760	9.7%	149	1.9%
CareFirst of Maryland, Inc.	122	2.2%	667	12.2%	443	8.1%
CIGNA Healthcare Mid-Atlantic, Inc.	2	0.7%	61	22.8%	23	8.6%
Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	9	0.8%	228	20.8%	42	3.8%
Continental Assurance Company	0	0.0%	0	0.0%	2	100.0%
Coventry Health Care of Delaware, Inc.	0	0.0%	237	25.2%	56	6.0%
Golden Rule Insurance Company	0	0.0%	0	0.0%	3	100.0%
Group Hospitalization & Medical Services, Inc.	159	3.4%	1126	24.2%	133	2.9%
Guardian Life Ins Co Of America	15	1.7%	14	1.6%	14	1.6%
Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	138	5.2%	1340	50.4%	264	9.9%
Kaiser Permanente Insurance Company	1	8.3%	2	16.7%	6	50.0%
MAMSI Life & Health Ins Co	3	0.2%	96	6.9%	39	2.8%
MD-Individual Practice Assoc.	2	0.2%	85	8.0%	194	18.2%
Nationwide Life Ins Co	0	0.0%	1	100.0%	0	0.0%
Optimum Choice, Inc.	8	0.1%	483	8.8%	781	14.2%
Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Standard Security Life Company of New York	0	0.0%	2	100.0%	0	0.0%
The Lincoln National Life Insurance	0	0.0%	0	0.0%	0	0.0%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Company						
Time Insurance Company	2	13.3%	0	0.0%	0	0.0%
Trustmark Life Insurance Company	0	0.0%	1	7.1%	0	0.0%
UNICARE Life & Health Ins Co	7	2.9%	48	19.7%	21	8.6%
Union Labor Life Insurance Company	1	3.8%	0	0.0%	0	0.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	0	0.0%	0	0.0%	0	0.0%
United HealthCare Ins Co	53	50.0%	32	30.2%	1	0.9%
United HealthCare of the Mid-Atlantic	8	42.1%	8	42.1%	0	0.0%
Total	920	2.4%	9012	23.2%	2230	5.7%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	F. PHARMACY SERVICES		G. PT, OT, ST SERVICES (INCL INPAT REHAB)		H. SKILLED NURS FAC, SUB ACUTE, NURS HOME	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health Inc.	15	0.3%	99	1.7%	137	2.3%
Aetna Life Insurance Company	5	0.9%	5	0.9%	18	3.1%
AIG Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
American Medical Security Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Ins Co	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	1785	22.9%	134	1.7%	22	0.3%
CareFirst of Maryland, Inc.	300	5.5%	408	7.5%	18	0.3%
CIGNA Healthcare Mid-Atlantic, Inc.	46	17.2%	1	0.4%	0	0.0%
Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	488	44.5%	2	0.2%	0	0.0%
Continental Assurance Company	0	0.0%	0	0.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	23	2.4%	16	1.7%	5	0.5%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	1337	28.7%	271	5.8%	6	0.1%
Guardian Life Ins Co Of America	309	34.4%	68	7.6%	0	0.0%
Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	0	0.0%	109	4.1%	7	0.3%
Kaiser Permanente Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	60	4.3%	61	4.4%	45	3.3%
MD-Individual Practice Assoc.	29	2.7%	24	2.3%	21	2.0%
Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	192	3.5%	191	3.5%	122	2.2%
Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Standard Security Life Company of New York	0	0.0%	0	0.0%	0	0.0%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	F. PHARMACY SERVICES		G. PT, OT, ST SERVICES (INCL INPAT REHAB)		H. SKILLED NURS FAC, SUB ACUTE, NURS HOME	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
The Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	2	13.3%	0	0.0%
Trustmark Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
UNICARE Life & Health Ins Co	94	38.5%	20	8.2%	0	0.0%
Union Labor Life Insurance Company	0	0.0%	1	3.8%	0	0.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	0	0.0%	0	0.0%	0	0.0%
United HealthCare Ins Co	0	0.0%	3	2.8%	0	0.0%
United HealthCare of the Mid-Atlantic	0	0.0%	1	5.3%	0	0.0%
Total	4683	12.0%	1416	3.6%	401	1.0%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		L. OTHER*	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health Inc.	18	0.3%	1	0.0%	0	0.0%	0	0.0%
Aetna Life Insurance Company	2	0.3%	0	0.0%	0	0.0%	0	0.0%
AIG Life Insurance Company	0	0.0%	1	100.0%	0	0.0%	0	0.0%
American Medical Security Life Ins Co	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Ameritas Life Ins Co	0	0.0%	18	100.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	160	2.1%	303	3.9%	32	0.4%	46	0.6%
CareFirst of Maryland, Inc.	554	10.2%	853	15.6%	2	0.0%	6	0.1%
CIGNA Healthcare Mid-Atlantic, Inc.	2	0.7%	13	4.9%	2	0.7%	0	0.0%
Companion Life Insurance Co	0	0.0%	10	100.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	17	1.5%	73	6.7%	11	1.0%	0	0.0%
Continental Assurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	100	10.6%	1	0.1%	2	0.2%	0	0.0%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	57	1.2%	562	12.1%	1	0.0%	4	0.1%
Guardian Life Ins Co Of America	7	0.8%	401	44.7%	0	0.0%	11	1.2%
Jefferson Pilot Financial Insurance Company	0	0.0%	10	100.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	282	10.6%	327	12.3%	13	0.5%	137	5.2%
Kaiser Permanente Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	100	7.2%	68	4.9%	2	0.1%	0	0.0%
MD-Individual Practice Assoc.	42	3.9%	82	7.7%	1	0.1%	0	0.0%
Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	364	6.6%	137	2.5%	5	0.1%	0	0.0%
Reliance Standard Life Ins Co	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	2	100.0%	0	0.0%	0	0.0%

APPENDIX 1 ADVERSE DECISIONS BY CARRIER								
COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		L. OTHER*	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Standard Security Life Company of New York	0	0.0%	0	0.0%	0	0.0%	0	0.0%
The Lincoln National Life Insurance Company	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	9	60.0%	0	0.0%	2	13.3%
Trustmark Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNICARE Life & Health Ins Co	18	7.4%	19	7.8%	2	0.8%	0	0.0%
Union Labor Life Insurance Company	5	19.2%	0	0.0%	0	0.0%	1	3.8%
Union Security Insurance Company	0	0.0%	3	100.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	0	0.0%	177	100.0%	0	0.0%	0	0.0%
United HealthCare Ins Co	1	0.9%	0	0.0%	9	8.5%	2	1.9%
United HealthCare of the Mid-Atlantic	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	1729	4.4%	3074	7.9%	82	0.2%	209	0.5%

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

**APPENDIX 2
GRIEVANCE DECISIONS BY CARRIER**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
	COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
			NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health Inc.	187	2.4%	77	41.2%	107	57.2%	3	1.6%
Aetna Life Insurance Company	142	1.8%	67	47.2%	73	51.4%	2	1.4%
AIG Life Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	11	0.1%	9	81.8%	2	18.2%	0	0.0%
CareFirst BlueChoice, Inc.	1210	15.6%	440	36.4%	715	59.1%	55	4.5%
CareFirst of Maryland, Inc.	523	6.7%	270	51.6%	227	43.4%	26	5.0%
CIGNA Healthcare Mid-Atlantic, Inc.	103	1.3%	63	61.2%	36	35.0%	4	3.9%
Companion Life Insurance Company	2	0.0%	1	50.0%	1	50.0%	0	0.0%
Connecticut General Life Insurance Company	125	1.6%	74	59.2%	45	36.0%	6	4.8%
Coventry Health Care of Delaware, Inc.	88	1.1%	78	88.6%	10	11.4%	0	0.0%
Golden Rule Insurance Company	3	0.0%	3	100.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	574	7.4%	200	34.8%	358	62.4%	16	2.8%
Guardian Life Insurance Company of America	138	1.8%	62	44.9%	75	54.3%	1	0.7%
Jefferson Pilot Financial Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	110	1.4%	52	47.3%	58	52.7%	0	0.0%
Kaiser Permanente Insurance Company	4	0.1%	0	0.0%	4	100.0%	0	0.0%
MAMSI Life & Health Insurance Company	747	9.6%	533	71.4%	181	24.2%	33	4.4%
MD-Individual Practice Assoc.	492	6.3%	358	72.8%	116	23.6%	18	3.7%
Nationwide Life Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%

**APPENDIX 2 (Continued)
GRIEVANCE DECISIONS BY CARRIER**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
			UPHELD		OVERTURNED		MODIFIED	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMER	% TOTAL
Optimum Choice, Inc.	3072	39.6%	2202	71.7%	718	23.4%	152	4.9%
Prudential Insurance Company of America	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Reliance Standard Life Insurance Company	2	0.0%	1	50.0%	1	50.0%	0	0.0%
Standard Insurance Company	2	0.0%	2	100.0%	0	0.0%	0	0.0%
Standard Security Life Ins Co of New York	2	0.0%	2	100.0%	0	0.0%	0	0.0%
Time Insurance Company	4	0.1%	3	75.0%	0	0.0%	1	25.0%
Trustmark Life Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%
UNICARE Life & Health Insurance Company	42	0.5%	24	57.1%	16	38.1%	2	4.8%
Union Labor Life Insurance Company	6	0.1%	2	33.3%	4	66.7%	0	0.0%
Union Security Insurance Company	6	0.1%	6	100.0%	0	0.0%	0	0.0%
United Concordia Life & Health Insurance Company	72	0.9%	15	20.8%	51	70.8%	6	8.3%
United HealthCare Insurance Company	64	0.8%	46	71.9%	17	26.6%	1	1.6%
United HealthCare of the Mid-Atlantic	14	0.2%	9	64.3%	5	35.7%	0	0.0%
Total	7750		4602	59.4%	2822	36.4%	326	4.2%

**APPENDIX 3
GRIEVANCE DECISIONS BY CARRIER FOR HOSPITAL LENGTH OF STAY**

COMPANY* NAME	HOSPITAL LOS	HOSPITAL LOS	UPHELD		OVERTURNED		MODIFIED	
	Total**	Outcome**	Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc	399	118	63	53.39%	45	38.14%	10	8.47%
CareFirst of Maryland, Inc.	156	75	47	62.67%	21	28.00%	7	9.33%
CIGNA Healthcare Mid-Atlantic, Inc	18	30	21	70.00%	8	26.67%	1	3.33%
Connecticut General Life Insurance	27	22	17	77.27%	3	13.64%	2	9.09%
Coventry Health Care of Delaware, Inc.	2	2	2	100.00%	0	0.00%	0	0.00%
Group Hospitalization & Medical Services, Inc.	87	44	29	65.91%	11	25.00%	4	9.09%
Guardian Life Insurance Company of America	7	8	2	25.00%	6	75.00%	0	0.00%
Kaiser Foundation Health Plan-Mid-Atlantic	12	12	7	58.33%	5	41.67%	0	0.00%
Kaiser Permanente Insurance Company	2	3	0	0.00%	3	100.00%	0	0.00%
MAMSI Life & Health Insurance Company	379	85	74	87.06%	10	11.76%	1	1.18%
MD-Individual Practice Assoc.	164	70	51	72.86%	16	22.86%	2	2.86%
Optimum Choice, Inc.	1571	340	281	82.65%	49	14.41%	10	2.94%
UNICARE Life & Health Insurance Company	7	7	3	42.86%	3	42.86%	1	14.29%
Union Labor Life Insurance Company	5	5	2	40.00%	3	60.00%	0	0.00%
United HealthCare Insurance Company	9	11	7	63.64%	4	36.36%	0	0.00%
United Healthcare of the Mid-Atlantic	3	3	2	66.67%	1	33.33%	0	0.00%
Total	2848	835	608	72.81%	188	22.51%	38	4.55%

*This chart only includes those carriers who had grievances involving hospital length of stay during calendar year 2007.

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

**APPENDIX 4
TIME FRAME FOR RENDERING A GRIEVANCE
DECISION BY CARRIER, EMERGENCY CASES**

COMPANY** NAME	EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
CareFirst BlueChoice, Inc.	30	24	24	24
CareFirst of Maryland, Inc.	24	24	0	24
Cigna Healthcare Mid-Atlantic, Inc.	21.7	0	0	0
Connecticut General Life Insurance Company	0	0	24	24
Coventry Health Care of Delaware, Inc.	0	48	26	2
Group Dental Service of MD, Inc.	1	1	1	1
Group Hospitalization & Medical Services, Inc.	24	24	24	24
Kaiser Foundation Health Plan-Mid-Atlantic	7.2	14	5	18
Mamsi Life and Health Insurance Company	0	0	37	0
Optimum Choice, Inc.	0	0	17.8	24
UNICARE Life & Health Insurance Company	5	0	0	15

*Reported as hours.

**This report only includes carriers who had grievances that were considered emergency cases during calendar year 2007.

**APPENDIX 5
TIME FRAME FOR RENDERING A GRIEVANCE
DECISION BY CARRIER, NON-EMERGENCY CASES**

COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Aetna Health Inc.	14	11	14.4	22
Aetna Life Insurance Company	11	14	17.9	25
AIG Life Insurance Company	0	0	7	0
Ameritas Life Insurance Company	13	12	5.7	10
CareFirst BlueChoice, Inc.	23.5	24.8	24.6	21.2
CareFirst of Maryland, Inc.	26.9	30.9	26.3	31.2
CIGNA Healthcare Mid-Atlantic, Inc.	20.2	18.7	24	29
Companion Life Insurance Company	0	5	0	20
Connecticut General Life Insurance Company	24.7	25.5	23.5	21
Continental Assurance Company	0	0	4	0
Coventry Health Care of Delaware, Inc.	18	20	18	29
Dental Benefit Providers of MD, Inc.	20	20	0	14
Golden Rule Insurance Company	19	13	0	0
Group Dental Service of Maryland, Inc.	3.3	2.8	3	6
Group Hospitalization & Medical Services, Inc.	25.6	24.1	25.9	24.1
Guardian Life Insurance Company of America	3.9	4.1	2.8	4.2
Humana Dental Insurance Company	0	33	29	28
Jefferson Pilot Financial Insurance Company	0	8	0	0
Kaiser Foundation Health Plan-Mid-Atlantic	30	28	28	28
Kaiser Permanente Insurance Company	1	19	0	0
MAMSI Life & Health Insurance Company	26	26.5	28.1	27
MD-Individual Practice Assoc.	27.3	27.2	30.6	27
Metropolitan Life Insurance Company	13.3	20.4	19	14.6
Optimum Choice, Inc.	25.7	26.7	25.5	28
Prudential Insurance Company of America	5	0	0	0
Reliance Standard Life Insurance Company	0	0	7	18.5
Standard Insurance Company	0	28	7	0
Standard Security Life Insurance Company of New York	0	0	0	28
Time Insurance Company	28	9	24	29
Trustmark Life Insurance Company	2	2	0	31

**APPENDIX 5
TIME FRAME FOR RENDERING A GRIEVANCE
DECISION BY CARRIER, NON-EMERGENCY CASES**

COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
UNICARE Life & Health Insurance Company	23	23	20	23
Union Labor Life Insurance Company	8.5	23	12.5	0
Union Security Insurance Company	30	12	15.5	0
United Concordia Life and Health Insurance Company	8	10.5	10	10
United HealthCare Insurance Company	27	14.7	13.6	13.1
United Healthcare of the Mid-Atlantic, Inc.	24	19.4	19.4	20.4
USAA Life Insurance Company	6	0	0	0

*Reported as calendar days.

**APPENDIX 6
INTERNAL GRIEVANCES FILED CONSIDERED EMERGENCY
CASES AS REPORTED BY CARRIER--2007**

*COMPANY NAME	**TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES" OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
			Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc.	74	31	27	87.1%	4	12.9%	0	0.0%
CareFirst of Maryland, Inc.	33	19	13	68.4%	6	31.6%	0	0.0%
Cigna Healthcare Mid-Atlantic, Inc.	2	2	1	50.0%	0	0.0%	1	50.0%
Connecticut General Life Insurance Company	2	2	2	100.0%	0	0.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	19	17	17	100.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	39	30	16	53.3%	14	46.7%	0	0.0%
Kaiser Foundation Health Plan-Mid- Atlantic	12	12	5	41.7%	7	58.3%	0	0.0%
Mamsi Life and Health Insurance Company	1	1	1	100.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	8	8	6	75.0%	2	25.0%	0	0.0%
Unicare Life & Health Insurance Company	3	3	2	66.7%	1	33.3%	0	0.0%
United HealthCare Insurance Company	2	2	1	50.0%	1	50.0%	0	0.0%
Total	195	127	91	71.65%	35	27.56%	1	0.79%

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2007.

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

**APPENDIX 7
ADMINISTRATION COMPLAINTS**

Appeal and Grievance Statistics

Totals for Complaints Filed

January 1, 2007 - December 31, 2007

COMPLAINTS FILED	1027
<u>NO JURISDICTION</u>	282
Referred to DOL (<i>ERISA</i>)	144
Referred to OPM (<i>FEHBP</i>)	35
Referred to Medicaid	15
Referred to Medicare	10
Referred to Insurance Department in Another State	77
Referred to Other*	1
*Includes complaints referred to Workers Compensation Commission and Other State agencies	
<u>COMPLAINT WITHDRAWN</u>	4
<u>INSUFFICIENT INFORMATION</u>	61
<u>No Action Required</u>	104
Includes cases transferred to Life & Health, Duplicate files, and cases filed in error	
Referred to HEAU to Exhaust Internal Remedy	150
MIA Conducted Investigation:	426
Carrier Reversed Itself During Investigation	194
Carrier Upheld by MIA	226
Carrier Reversed by MIA	6

ADMINISTRATION COMPLAINTS (Continued)

Carrier	COMPLAINTS		Carrier		Carrier		Carrier		Carrier	
	INVESTIGATED		Upheld by MIA		Reversed by MIA		Modified by MIA		Reversed Itself During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	7	2%	4	57%	0	0%	0	0%	3	43%
Aetna Life Insurance Company	2	1%	1	50%	0	0%	0	0%	1	50%
American Republic Insurance Co.	1	0%	1	100%	0	0%	0	0%	0	0%
Ameritas Life Insurance Corp.	1	0%	0	0%	0	0%	0	0%	1	100%
CareFirst BlueChoice, Inc.	65	17%	33	51%	0	0%	0	0%	32	49%
CareFirst of Maryland, Inc.	49	13%	25	51%	0	0%	0	0%	24	49%
CIGNA Dental Health, Inc.	1	0%	0	0%	0	0%	0	0%	1	100%
CIGNA Healthcare Mid-Atlantic, Inc.	5	1%	2	40%	0	0%	0	0%	3	60%
Connecticut General Life Ins. Co.	2	1%	1	50%	0	0%	0	0%	1	50%
Coventry Health Care of DE, Inc.	26	7%	12	46%	4	15%	0	0%	10	38%
Delta Dental of Pennsylvania	1	0%	0	0%	0	0%	0	0%	1	100%
Dental Benefit Providers of MD, Inc.	1	0%	0	0%	0	0%	0	0%	1	100%
Golden Rule Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
Group Hosp. & Med. Services, Inc	21	6%	11	52%	0	0%	0	0%	10	48%
Guardian Life Ins. Co. of America	13	3%	5	38%	0	0%	0	0%	8	62%
Kaiser Foundation	18	5%	13	72%	0	0%	0	0%	5	28%
Kaiser Permanente Insurance Co.	1	0%	1	100%	0	0%	0	0%	0	0%
MAMSI Life and Health Ins. Co.	40	11%	21	53%	0	0%	0	0%	19	48%
Maryland Health Insurance Plan	16	4%	6	38%	0	0%	0	0%	10	63%
MD-IPA	32	9%	23	72%	0	0%	0	0%	9	28%
Metropolitan Life Insurance Co.	2	1%	1	50%	0	0%	0	0%	1	50%
Optimum Choice	103	27%	58	56%	2	2%	0	0%	43	42%
Principal Life Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
United Concordia Dental Plans	3	1%	3	100%	0	0%	0	0%	0	0%
United Concordia Insurance Co.	2	1%	1	50%	0	0%	0	0%	1	50%
United Healthcare Insurance Co.	10	3%	4	40%	0	0%	0	0%	6	60%
United Healthcare of Mid-Atlantic	1	0%	0	0%	0	0%	0	0%	1	100%
Vision Service Plan Group	1	0%	0	0%	0	0%	0	0%	1	100%
TOTAL	426	100%	226	53%	6	1%	0	0%	194	46%

ADMINISTRATION COMPLAINTS (Continued)

Type of Procedure	Carrier Code**	Total	Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
			Acupuncture	D	1	1	100%	0	0%	0
Chiropractic Care Services	J	1	1	100%	0	0%	0	0%	0	0%
Cosmetic	D	11	6	55%	0	0%	0	0%	5	45%
Denial of Claim	L	2	0	0%	0	0%	0	0%	2	100%
Denial of Hospital Days	A	141	75	53%	5	4%	0	0%	61	43%
Dental	J	27	9	33%	0	0%	0	0%	18	67%
Durable Medical Equipment	I	15	7	47%	0	0%	0	0%	8	53%
Emergency Room Denial	B	1	0	0%	0	0%	0	0%	1	100%
Emergency Treatment Denial	B	1	0	0%	0	0%	0	0%	1	100%
Experimental	D	35	23	66%	0	0%	0	0%	12	34%
Eye Care Services	J	1	0	0%	0	0%	0	0%	1	100%
Home Care Services	K	1	1	100%	0	0%	0	0%	0	0%
Inpatient Rehabilitation	G	3	2	67%	0	0%	0	0%	1	33%
Lab, Imaging, Testing	E	11	5	45%	0	0%	0	0%	6	55%
Medical Food	F	1	1	100%	0	0%	0	0%	0	0%
Mental Health Partial Hospitalization	C	1	1	100%	0	0%	0	0%	0	0%
Mental Health (Inpatient) Services	C	27	19	70%	0	0%	0	0%	8	30%
Mental Health (Outpatient) Services	C	2	2	100%	0	0%	0	0%	0	0%
Morbid Obesity	L	7	6	86%	0	0%	0	0%	1	14%
No Preauthorization	L	2	2	100%	0	0%	0	0%	0	0%
Outpatient Services	L	2	1	50%	0	0%	1	50%	1	50%
Out-of-Network Benefits	L	1	1	100%	0	0%	0	0%	0	0%
PCP Referrals	L	1	1	100%	0	0%	0	0%	0	0%
Pharmacy	F	52	21	40%	0	0%	0	0%	31	60%
Physician Services	D	56	32	57%	0	0%	0	0%	24	43%
PT, OT, Speech Therapy	G	11	7	64%	0	0%	0	0%	4	36%
Skilled Nursing	H	5	1	20%	1	20%	0	0%	3	60%
Transportation Services	L	7	1	14%	0	0%	0	0%	6	86%
TOTAL		426	226		6		1		194	

**The carrier codes are described on the following pages.

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
Outpatient 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
Chiropractic Care Services
Dental
K. Home Health Services
Home Health Care
L. Other
Claim Payment
Coordination of Benefits
Custodial Care Services
Denial of Claim
Educational Services
Morbid Obesity
No Preauthorization

Out-of-Network Benefits
Policy Coverages
Review Carrier's Criteria
Transportation Services
Other

APPENDIX 8
SUMMARIES OF APPEALS AND GRIEVANCES ORDERS

Coventry Health Care of Delaware, Inc.
Case No.: 2007-01-013
Effective Date: January 16, 2007

The Administration ordered that Coventry immediately authorize payment for acute inpatient hospital days of June 6, 2006 through June 11, 2006, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration also ordered that Coventry pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(i)(1)(ii)(4) of the Insurance Article, for the October 3, 2006 grievance decision letter, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2007-01-026
Effective Date: January 31, 2007

The Administration ordered that BlueChoice pay an administrative penalty of \$500.00 for violation of § 15-10A-02(f)(2)(v)(1) of the Insurance Article, pursuant to § 19-730 of the Health-General Article and § 27-305 of the Insurance Article.

Coventry Health Care of Delaware, Inc.
Consent Order: 2007-01-013
Effective Date: February 13, 2007

The Commissioner and Coventry Health Care of Delaware, Inc. entered into a Consent Order in lieu of further proceedings. Under the Consent Order, Coventry agreed to authorize and issue payment for acute inpatient treatment for the member from June 6, 2006 through June 11, 2006 and pay an administrative penalty of \$1,250.00 for violation of § 15-10A-02(i)(1)(ii)(4) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2007-04-015
Effective Date: April 19, 2007

The Administration ordered that Optimum Choice, Inc. immediately authorize payment for the continued skilled nursing care at Gladys Spellman Specialty Hospital and Nursing Center from September 29, 2006 to November 4, 2006, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729(a)(2) and (11) of the Health-General Article.

Ameritas Life Insurance Corp.
Case No.: 2007-04-021
Effective Date: April 30, 2007

The Administration ordered that Ameritas pay an administrative penalty of \$500.00 for violation of § 15-10A-02(i)(1)(ii)4A and B of the Insurance Article.

Aetna Life Insurance Company
Case No.: 2007-05-033
Effective Date: May 30, 2007

The Administration ordered that Aetna pay an administrative penalty of \$500.00 for violation of § 15-10A-02(f)(2)(v)1 of the Insurance Article, pursuant to § 27-305 of the Insurance Article.

APPENDIX 8 (Continued)

Coventry Health Care of Delaware, Inc.

Case No.: 2007-06-001

Effective Date: June 4, 2007

The Administration ordered that Coventry immediately authorize payment for the acute inpatient hospital admission from October 9, 2006 to October 11, 2006 at Johns Hopkins Hospital, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

Coventry Health Care of Delaware, Inc.

Case No.: 2007-06-002

Effective Date: June 4, 2007

The Administration ordered that Coventry immediately authorize payment for acute inpatient hospital days from May 23, 2006 to May 26, 2006 at Johns Hopkins Hospital, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

Optimum Choice, Inc.

Case No.: 2007-06-010

Effective Date: June 13, 2007

The Administration ordered Optimum Choice, Inc. to immediately authorize payment for the inpatient hospitalization date of service November 7, 2006, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729(a)(2)(11) of the Health-General Article.

Coventry Health Care of Delaware, Inc.

Case No.: 2007-06-013

Effective Date: June 14, 2007

The Administration ordered that Coventry immediately authorize payment for the acute inpatient hospital days from December 4, 2006 through December 6, 2006 at Johns Hopkins Bayview Medical Center, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

Optimum Choice, Inc.

Case No.: 2007-07-003

Effective Date: July 13, 2007

The Administration ordered that Optimum Choice, Inc. immediately authorize payment for the Topical Hyperbaric Oxygen Therapy that the member received from August 1, 2006 to January 1, 2007, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration also ordered that pursuant to § 15-10A-04(c)(2), Optimum Choice, Inc. submit new criteria for the use of Topical Oxygen Therapy for Chronic Wound Healing, in accordance with § 15-10A-04(c)(3) of the Insurance Article.

Coventry Health Care of Delaware, Inc.

Case No.: 2007-07-007

Effective Date: July 23, 2007

The Administration ordered that Coventry immediately authorize payment for the acute inpatient hospital days from September 17, 2006 to discharge on September 20, 2006 at Johns Hopkins Hospital, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.