

The
Maryland Insurance
Administration's 2008
Report
On
The Health Care Appeals &
Grievance Law

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RALPH S. TYLER
Insurance Commissioner

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Executive Summary

In 1998, the Appeals and Grievance 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). The Appeals and Grievances law applies to individuals with insured health benefits. In 2008, 35 percent, or a little over 1 million individuals, of the population under the age of 65 had insured health benefits.

Under the Appeals and Grievance 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 2008, noting changes in certain areas since 2005 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carriers”¹).

Carriers rendered 36,445 adverse decisions in 2005 and 43,230 in 2008 representing an increase of 18.6 percent over the four year period. For the four year period, three services accounted for about 69 percent of all adverse decisions: inpatient hospital services, pharmacy services and physician services. In 2005, pharmacy services ranked fifth in terms of the percentage of all adverse decisions. By 2008, adverse decisions for pharmacy services ranked second, increasing by 148.93 percent over the four year period.

Over the years, policy makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicated that there are very few adverse decisions for these two types of services (2.9 percent and 2.5 percent of all adverse decisions in 2008 respectively).

The data continues to indicate that more members are taking advantage of the grievance process. Just as the number of adverse decision increased by more than 18.7 percent between 2005 and 2008, the number of grievances increased from 5207 in 2005 to 5707 in 2008 or 9.6 percent.

Since 2005, over half of all grievances were for inpatient hospital services and physician services. In 2008, grievances for inpatient hospital services decreased to 37.9 percent, grievances for physician services increased to 20.5 percent. Grievance decisions for emergency room services and mental health services also decreased over the period 2005 to 2008.

Just as the number of grievances increased between 2005 and 2008, so did the number of complaints filed with the Administration by 8 percent (946 vs. 1,022). In 2005, the Administration upheld the carrier’s grievance decision in 51 percent of the complaints investigated and reversed the carrier’s grievance decision (or the carrier decided to reverse itself during the Administration’s investigation process) 49 percent of the time. In 2008, the data indicates that the Administration upheld the carrier’s grievance decision in 45.3 percent of the complaints investigated and reversed the

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.

carrier's grievance decision (or the carrier decided to reverse itself during the Administration's investigation process) 54.7 percent of the time.

In 2008, the Administration issued 19 Orders and Consent Orders based on the complaints, which it received and \$4,403.00 in administrative penalties. During this same year, the Administration recovered \$815,338.00 for complainants. By comparison, in 2005, the Administration issued 42 Orders and Consent Orders based on the complaints which it received and \$40,000.00 in administrative penalties. And, in 2005, the Administration recovered \$322,330.00. The Administration's recoveries for consumers increased 153 percent over the four year period

Between 2005 and 2008, the number of adverse decisions increased 18.6 percent, the number of grievance decisions increased 9.6 percent and the number of complaints investigated by the Administration increased 19 percent. Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has markedly declined since 1998, it remains an important protection for Maryland consumers, providing a 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 law applies to individuals with insured health benefits.

When the Appeals and Grievances Law was enacted, the percentage of the population under the age of 65 with insured health benefits (42.8 percent) slightly exceeded the percentage of the population under the age of 65 with other employment based health benefits (37.9 percent). By 2008, the percentage of the population under the age of 65 with insured health benefits declined to 35 percent or a little over 1 million individuals.

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 Grievance 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, Maryland law requires that the review be performed by an unbiased provider in the same specialty as the area or areas appropriate to the subject of review. 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 Grievance Law also requires carriers to submit quarterly reports about their adverse decisions and grievance decisions. Specifically, carriers must provide to the Administration²:

- 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;
- 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.

² Because federal law also requires carriers to provide an appeal process, the statistics submitted by the carriers to the Administration regarding adverse decisions and grievances may include adverse decisions and grievances for both insured health benefits and other employment based health benefits.

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 2008, noting changes in certain areas since 2005 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carrier”³).

Adverse Decisions

Table 1 provides an overview of the number and type of adverse decision carriers made in 2005 and 2008. More detailed information about adverse decisions made by each carrier is provided in Appendix 1 for 2008.

Carriers rendered 36,445 adverse decisions in 2005 and 43,230 in 2008 representing an increase of 18.6 percent over the four year period. In 2008, three services accounted for about 69 percent of all adverse decisions: inpatient hospital services, pharmacy services and physician services. In 2005, pharmacy services ranked fifth in terms of the percentage of all adverse decisions. By 2008, adverse decisions for pharmacy services ranked second, increasing by 148.9 percent over the four year period. Only physical therapy, occupational therapy and speech therapy services increased more than pharmacy services during this same four year time period, with an increase in adverse decisions of 163.2 percent.

Over the years, policy-makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicate that there are very few adverse decisions for those two types of services (2.9 percent and 2.5 percent of all adverse decisions in 2008 respectively).

Table 1: Adverse Decisions

	2005		2008		Percent change 2005 to 2008
	Number	Percent	Number	Percent	
Inpatient hospital services	15368	42.1%	16809	38.9%	9.4%
Emergency room services	1551	4.3%	1239	2.9%	-20.1%
Mental health services	985	2.7%	1092	2.5%	10.9%
Physician services	6232	17.1%	6069	14.0%	-2.6%
Laboratory, radiology services	2074	5.7%	2864	6.6%	38.1%
Pharmacy services	2720	7.5%	6771	15.7%	148.9%
PT, OT, ST services (including inpatient rehab)	1043	2.9%	2745	6.3%	163.2%
Skilled nursing facility	576	1.6%	263	0.6%	-54.3%
Durable medical equipment	2869	7.9%	1506	3.5%	-47.5%
Podiatry, dental, optometry, chiropractic	2832	7.8%	3363	7.8%	18.7%
Home health services	88	0.2%	120	0.3%	36.4%
Other	107	0.3%	389	0.9%	263.0%
Total	36445		43230		18.6%

³ 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.

Grievance Decisions – General Information

Table 2 provides an overview of the number and type of grievances carriers reviewed in 2005 and 2008. In 2005, there were 5207 grievances and in 2008 there were 5707 grievances, representing an increase of 9.6 percent over the four year period.

Since 2005, over half of all grievances have been for inpatient hospital services and physician services. In 2005, inpatient hospital service accounted for 43.9 percent of all grievance decisions and physician services accounted for 16.0 percent. In 2008, data illustrates that, while grievances for inpatient hospital services decreased to 37.9 percent of all grievances, grievances for physician services increased to 20.5 percent. There was also a dramatic increase (260.0 percent) in grievances for physical therapy, occupation therapy, and speech therapy over this time period.

Over this same period, the number of grievances declined for emergency room services, inpatient hospital services and mental health services. There were 332 grievances for mental health services in 2005 and 213 in 2008, a decrease of 3.5 percent. There were grievances for 186 emergency health services in 2005 and only 59 in 2008, a decrease of 68.2 percent.

Table 2: Grievances

	2005		2008		Percent change 2005 to 2008
	Number	Percent	Number	Percent	
Inpatient hospital services	2288	43.9%	2163	37.9%	-5.5%
Emergency room services	186	3.6%	59	1.0%	-68.2%
Mental health services	332	6.4%	213	3.7%	-35.8%
Physician services	831	16.0%	1172	20.5%	41.0%
Laboratory, radiology services	387	7.4%	597	10.5%	54.2%
Pharmacy services	397	7.6%	554	9.7%	39.5%
PT, OT, ST services (including inpatient rehab)	65	1.2%	234	4.1%	260.0%
Skilled nursing facility	53	1.0%	43	0.8%	-18.9%
Durable medical equipment	212	4.1%	143	2.5%	-32.5%
Podiatry, dental, optometry, chiropractic	432	8.3%	495	8.7%	14.6%
Home health services	7	0.1%	11	0.2%	57.1%
Other	17	0.3%	23	0.4%	35.3%
Total	5207		5707		9.6%

Table 3 describes how the number of grievances received compares to the number of adverse decisions that the carriers made in 2005 and 2008. Grievances fell as a percentage of adverse decisions from 2005 to 2008 (14.3% to 13.2%). This appears to indicate that consumers were less likely to take advantage of the right to file a grievance in 2008 than in 2005.

Table 3: Grievances as a percent of adverse decisions

	2005	2008
Inpatient hospital services	14.9%	12.9%
Emergency room services	16.2%	4.8%
Mental health services	33.7%	19.5%
Physicians services	13.3%	19.3%
Laboratory, radiology services	18.7%	20.8%
Pharmacy services	14.6%	8.2%
PT, OT, ST services (including inpatient rehab)	6.2%	8.5%
Skilled nursing facility	9.2%	16.3%
Durable medical equipment	7.4%	9.5%
Podiatry, dental, optometry, chiropractic	15.3%	14.7%
Home health services	7.9%	9.2%
Others	15.9%	5.9%
Total	14.3%	13.2%

Table 4 compares how carriers upheld their original adverse decisions in 2005 and in 2008. Carriers upheld their original adverse decisions 53.1% in 2008 as compared to 49% in 2005, representing an 18.6% increase in carriers upholding their original adverse decision at the grievance level. This would appear to indicate that carriers are becoming less likely to reverse their adverse decisions when a consumer files a grievance. However, if the 2008 data is compared to the 2007 data, there was a decrease in the percentage of adverse decisions upheld by the carrier in 2008 (59.4% in 2007 and 53.1% in 2008).

Table 4: Grievance Decision

	2005		2008		Percent Change
	Number	Percentage	Number	Percentage	
Carrier upheld adverse decision	2552	49%	3028	53.1%	18.6%
Carrier overturned adverse decision	2294	44.1%	2434	42.6%	6.1%
Carrier modified original adverse decision	361	6.9%	245	4.3%	-32.1%
Total	5207		5707		

Complaints

The number of complaints filed with the Administration increased between 2005 and 2008. The Administration received 946 complaints in 2005 and 1022 complaints in 2008 representing an increase of 8 percent. For 2005 and 2008, about 25 percent of the complaints received were outside of the Administration's jurisdiction. These non-jurisdiction cases included complaints filed by individuals covered under Medicare, Medicaid, the federal employee health benefit plan, under an employer group self-funded health benefit plan, and contracts subject to the laws of states other than Maryland.

In 2005, the Administration upheld the carrier's grievance decision in 51 percent of the complaints investigated and reversed the carrier's grievance decision (or the carrier reversed its own grievance decision during the investigation) 49 percent of the time. In 2008, the data indicates that the Administration upheld the carrier's grievance decision in 45.3 percent of the complaints investigated and reversed the carrier's grievance decision (or the carrier reversed its own grievance decision during the investigation) 54.7 percent of the time. The number of reversals of the grievance decisions by the Administration or by the carrier during the investigation process increased from 186 reversals in 2005 to 249 reversals in 2008, representing a 33.9 percent increase. All of the reversals of the carrier's grievance decisions resulted in more benefits for Maryland consumers.

In 2008, the Administration issued 19 Orders and Consent Orders based on the complaints, which it received and \$4,403.00 in administrative penalties. During this same year, the Administration recovered \$815,338.00 for complainants. By comparison, in 2005, the Administration issued 42 Orders and Consent Orders based on the complaints which it received and \$40,000.00 in administrative penalties. And, in 2005, the Administration recovered \$322,330.00. The Administration's recoveries for consumers increased 153 percent over the three year period.⁴

Table 5: Complaints

	2005	2008	Percent Change
Total complaints received	946	1022	8.0%
No jurisdiction	231	270	16.9%
Withdrawn	5	2	-60.0%
Insufficient information	98	61	-37.8%
No action required	63	86	36.5%
Referred to Health Education and Advocacy Unit	167	148	-11.4%
Complaints investigated by Administration	382	455	19.1%
Percent of total complaints investigated by the Administration	40.4%	44.5%	4.1%
Number of complaints carrier or Administration reversed or modified grievance decision	186	249	33.9%
Percent of total complaints investigated by Administration where carrier or Administration reversed or modified grievance decisions	48.7%	54.7%	

⁴ Two changes have occurred since 2005, accounting for the reduction in the number of Orders issues 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. This process was frustrating to complainants because it further delayed their ability to receive the care that was determined by the Administration's investigation to be medically necessary. In response to this matter, the Administration developed a process that reduced administrative bureaucracy resulting in consumers receiving the care that they need sooner. 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 grievance 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.

Conclusions

Grievances represented a slightly higher percentage of all adverse decisions in 2008 than over those filed in 2005, suggesting consumers are continuing to take advantage of the internal process that carriers are required to 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 69 percent of all adverse decisions: inpatient hospital services, pharmacy services and physician services. Between 2005 and 2008, there was a dramatic increase in adverse decisions and grievance decisions for pharmacy services, physical therapy and radiology services. Conversely, adverse and grievance decisions for emergency room services, skilled nursing facility and durable medical equipment markedly declined.

Between 2005 and 2008, the number of adverse decisions increased 18.6 percent, the number of grievance decisions increased 9.6 percent and the number of complaints investigated by the Administration increased 19 percent. Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has markedly declined since 1998, it remains an important protection for Maryland consumers, 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.	831	2.14%	518	62.3%	0	0.0%
Aetna Life Insurance Company	283	0.73%	209	73.9%	0	0.0%
Ameritas Life Insurance Co.	289	0.74%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	16381	42.11%	8757	53.5%	57	0.3%
CareFirst of Maryland, Inc.	4174	10.73%	1835	44.0%	2	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	179	0.46%	44	24.6%	0	0.0%
Companion Life Insurance Company	9	0.02%	0	0.0%	0	0.0%
Connecticut General Life Ins. Co.	786	2.02%	114	14.5%	0	0.0%
Coventry Health Care of Delaware, Inc.	2277	5.85%	470	20.6%	1170	51.4%
Eastern Life and Health Insurance Co.	2	0.01%	0	0.0%	0	0.0%
Fidelity Security Life Insurance Co.	4	0.01%	0	0.0%	0	0.0%
Golden Rule Insurance Company	9	0.02%	0	0.0%	0	0.0%
Group Hosp. & Med. Services, Inc.	5515	14.18%	1218	22.1%	4	0.1%
Guardian Life Ins Co. of America	732	1.88%	14	1.9%	0	0.0%
Household Life Insurance Company	1	0.00%	0	0.0%	0	0.0%
Humana Insurance Company	1	0.00%	0	0.0%	0	0.0%
John Alden Life Insurance Company	4	0.01%	0	0.0%	0	0.0%
Kaiser Fndtn. Health Plan-Mid-Atlantic	3033	7.80%	41	1.4%	0	0.0%
Kaiser Permanente Insurance Co.	6	0.02%	0	0.0%	0	0.0%
Lincoln National Life Insurance Co.	7	0.02%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	1341	3.45%	528	39.4%	1	0.1%
MD-Individual Practice Assoc.	1538	3.95%	704	45.8%	0	0.0%

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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
Nationwide Life Insurance Co.	13	0.03%	0	0.0%	2	15.4%
Optimum Choice, Inc.	4879	12.54%	2317	47.5%	2	0.0%
Reliance Standard Life Ins. Co.	34	0.09%	0	0.0%	0	0.0%
Standard Insurance Company	1	0.00%	0	0.0%	0	0.0%
Time Insurance Company	20	0.05%	1	5.0%	0	0.0%
Trustmark Life Insurance Company	1	0.00%	0	0.0%	0	0.0%
UNICARE Life & Health Ins. Co.	353	0.91%	38	10.8%	0	0.0%
Union Labor Life Insurance Company	1	0.00%	1	100.0%	0	0.0%
Union Security Insurance Company	49	0.13%	0	0.0%	0	0.0%
United Concordia Life and Health Ins. Co.	283	0.73%	0	0.0%	0	0.0%
United HealthCare Insurance Co.	148	0.38%	0	0.0%	0	0.0%
United HealthCare of the Mid-Atlantic	45	0.12%	0	0.0%	1	2.2%
United States Life Ins. Co. in the City of NY	1	0.00%	0	0.0%	0	0.0%
Total	43230		16809	38.9%	1239	2.9%

**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.	31	3.7%	213	25.6%	0	0.0%
Aetna Life Insurance Company	10	3.5%	51	18.0%	0	0.0%
Ameritas Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	481	2.9%	1482	9.0%	597	3.6%
CareFirst of Maryland, Inc.	135	3.2%	476	11.4%	338	8.1%
CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%	37	20.7%	31	17.3%
Companion Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Ins. Co.	4	0.5%	127	16.2%	121	15.4%
Coventry Health Care of Delaware, Inc.	0	0.0%	250	11.0%	79	3.5%
Eastern Life and Health Insurance Co.	0	0.0%	0	0.0%	0	0.0%
Fidelity Security Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%
Group Hosp. & Med. Services, Inc.	198	3.6%	977	17.7%	142	2.6%
Guardian Life Ins Co. of America	5	0.7%	33	4.5%	16	2.2%
Household Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Humana Insurance Company	0	0.0%	0	0.0%	0	0.0%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Fndtn. Health Plan-Mid-Atlantic	141	4.6%	1746	57.6%	275	9.1%
Kaiser Permanente Insurance Co.	0	0.0%	1	16.7%	5	83.3%
Lincoln National Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	0	0.0%	63	4.7%	30	2.2%
MD-Individual Practice Assoc.	0	0.0%	92	6.0%	234	15.2%
Nationwide Life Insurance Co.	0	0.0%	6	46.2%	4	30.8%
Optimum Choice, Inc.	1	0.0%	315	6.5%	922	18.9%
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%
Time Insurance Company	2	10.0%	0	0.0%	1	5.0%
Trustmark Life Insurance Company	0	0.0%	0	0.0%	1	100.0%

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ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
UNICARE Life & Health Ins. Co.	11	3.1%	113	32.0%	57	16.1%
Union Labor Life Insurance Company	0	0.0%	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 Insurance Co.	57	38.5%	66	44.6%	7	4.7%
United HealthCare of the Mid-Atlantic	16	35.6%	21	46.7%	3	6.7%
United States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	1	100.0%
Total	1092	2.5%	6069	14.0%	2864	6.6%

**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.	0	0.0%	12	1.4%	55	6.6%
Aetna Life Insurance Company	1	0.4%	3	1.1%	7	2.5%
Ameritas Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	3210	19.6%	514	3.1%	24	0.1%
CareFirst of Maryland, Inc.	342	8.2%	267	6.4%	13	0.3%
CIGNA Healthcare Mid-Atlantic, Inc.	64	35.8%	0	0.0%	0	0.0%
Companion Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Ins. Co.	343	43.6%	1	0.1%	1	0.1%
Coventry Health Care of Delaware, Inc.	191	8.4%	19	0.8%	1	0.0%
Eastern Life and Health Insurance Co.	0	0.0%	0	0.0%	0	0.0%
Fidelity Security Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%
Group Hosp. & Med. Services, Inc.	2269	41.1%	273	5.0%	6	0.1%
Guardian Life Ins Co. of America	137	18.7%	40	5.5%	0	0.0%
Household Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Humana Insurance Company	0	0.0%	0	0.0%	0	0.0%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Fndtn. Health Plan-Mid-Atlantic	0	0.0%	147	4.8%	14	0.5%
Kaiser Permanente Insurance Co.	0	0.0%	0	0.0%	0	0.0%
Lincoln National Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	16	1.2%	468	34.9%	43	3.2%
MD-Individual Practice Assoc.	28	1.8%	240	15.6%	36	2.3%
Nationwide Life Insurance Co.	0	0.0%	1	7.7%	0	0.0%
Optimum Choice, Inc.	87	1.8%	738	15.1%	55	1.1%
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%
Time Insurance Company	0	0.0%	2	10.0%	1	5.0%
Trustmark Life Insurance Company	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
UNICARE Life & Health Ins. Co.	83	23.5%	16	4.5%	4	1.1%
Union Labor Life Insurance Company	0	0.0%	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 Insurance Co.	0	0.0%	2	1.4%	3	2.0%
United HealthCare of the Mid-Atlantic	0	0.0%	2	4.4%	0	0.0%
United States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	0	0.0%
Total	6771	15.7%	2745	6.3%	263	0.6%

**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.	2	0.2%	0	0.0%	0	0.0%	0	0.0%
Aetna Life Insurance Company	2	0.7%	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Co.	0	0.0%	289	100.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	272	1.7%	695	4.2%	22	0.1%	270	1.6%
CareFirst of Maryland, Inc.	368	8.8%	392	9.4%	4	0.1%	2	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	1	0.6%	1	0.6%	1	0.6%	0	0.0%
Companion Life Insurance Company	0	0.0%	9	100.0%	0	0.0%	0	0.0%
Connecticut General Life Ins. Co.	7	0.9%	56	7.1%	12	1.5%	0	0.0%
Coventry Health Care of Delaware, Inc.	86	3.8%	1	0.0%	10	0.4%	0	0.0%
Eastern Life and Health Insurance Co.	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Fidelity Security Life Insurance Co.	0	0.0%	4	100.0%	0	0.0%	0	0.0%
Golden Rule Insurance Company	0	0.0%	1	11.1%	0	0.0%	8	88.9%
Group Hosp. & Med. Services, Inc.	52	0.9%	347	6.3%	17	0.3%	12	0.2%
Guardian Life Ins Co. of America	14	1.9%	467	63.8%	0	0.0%	6	0.8%
Household Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Humana Insurance Company	0	0.0%	1	100.0%	0	0.0%	0	0.0%
John Alden Life Insurance Company	3	75.0%	0	0.0%	0	0.0%	1	25.0%
Kaiser Fndtn. Health Plan-Mid-Atlantic	277	9.1%	286	9.4%	24	0.8%	82	2.7%
Kaiser Permanente Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Lincoln National Life Insurance Co.	0	0.0%	7	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	88	6.6%	102	7.6%	2	0.1%	0	0.0%
MD-Individual Practice Assoc.	42	2.7%	158	10.3%	4	0.3%	0	0.0%
Nationwide Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	269	5.5%	161	3.3%	12	0.2%	0	0.0%
Reliance Standard Life Ins. Co.	0	0.0%	34	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 Insurance Company	0	0.0%	1	100.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	8	40.0%	0	0.0%	5	25.0%
Trustmark Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
UNICARE Life & Health Ins. Co.	21	5.9%	9	2.5%	1	0.3%	0	0.0%
Union Labor Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Union Security Insurance Company	0	0.0%	49	100.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins. Co.	0	0.0%	283	100.0%	0	0.0%	0	0.0%
United HealthCare Insurance Co.	1	0.7%	0	0.0%	11	7.4%	1	0.7%
United HealthCare of the Mid-Atlantic	1	2.2%	0	0.0%	0	0.0%	1	2.2%
United States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	1506	3.5%	3363	7.8%	120	0.3%	389	0.9%

*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.	111	1.9%	46	41.4%	63	56.8%	2	1.8%
Aetna Life Ins. Co.	104	1.8%	58	55.8%	45	43.3%	1	1.0%
Ameritas Life Insurance Corp.	28	0.5%	14	50.0%	7	25.0%	7	25.0%
CareFirst BlueChoice, Inc.	1210	21.2%	422	34.9%	746	61.7%	42	3.5%
CareFirst of Maryland, Inc.	449	7.9%	174	38.8%	262	58.4%	13	2.9%
CIGNA Healthcare Mid-Atl, Inc.	105	1.8%	37	35.2%	64	61.0%	4	3.8%
Companion Life Insurance Co.	4	0.1%	4	100.0%	0	0.0%	0	0.0%
Connecticut General Life Ins. Co.	165	2.9%	81	49.1%	77	46.7%	7	4.2%
Coventry Health Care of Delaware, Inc.	106	1.9%	61	57.5%	44	41.5%	1	0.9%
Golden Rule Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Group Hosp. & Med. Services, Inc.	531	9.3%	168	31.6%	353	66.5%	10	1.9%
Guardian Life Ins. Co. of America	146	2.6%	62	42.5%	43	29.5%	41	28.1%
Household Life Insurance Co.	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Humana Insurance Company	1	0.0%	0	0.0%	0	0.0%	1	100.0%
John Alden Life Insurance Co.	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Kaiser Fndtn. Health Plan-Mid-Atl	117	2.0%	71	60.7%	46	39.3%	0	0.0%
Kaiser Permanente Insurance Co.	2	0.0%	2	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	434	7.6%	315	72.6%	97	22.4%	22	5.1%
MD-Individual Practice Assoc.	363	6.4%	288	79.3%	58	16.0%	17	4.7%
Nationwide Life Insurance Co.	9	0.2%	8	88.9%	0	0.0%	1	11.1%
Optimum Choice, Inc.	1487	26.0%	1059	71.2%	365	24.5%	63	4.2%
Reliance Standard Life Insurance Company	9	0.2%	9	100.0%	0	0.0%	0	0.0%
Standard Insurance Company	1	0.0%	1	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	10	0.2%	4	40.0%	6	60.0%	0	0.0%
Trustmark Life Insurance Co.	1	0.0%	0	0.0%	0	0.0%	1	100.0%
UNICARE Life & Health Ins. Co.	56	1.0%	29	51.8%	27	48.2%	0	0.0%

**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
Union Security Insurance Company	31	0.5%	13	41.9%	17	54.8%	1	3.2%
United Concordia Life & Health Ins. Co.	112	2.0%	23	20.5%	85	75.9%	4	3.6%
United HealthCare Ins. Co.	76	1.3%	56	73.7%	16	21.1%	4	5.3%
United Healthcare of the Mid-Atl	34	0.6%	18	52.9%	13	38.2%	3	8.8%
Total	5707		3028	53.1%	2434	42.6%	245	4.3%

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	408	114	72	63.16%	40	35.09%	2	1.75%
CareFirst of Maryland, Inc.	114	59	36	61.02%	22	37.29%	1	1.69%
CIGNA Healthcare Mid-Atlantic, Inc	14	18	6	33.33%	8	44.44%	4	22.22%
Connecticut General Life Insurance Co.	18	18	15	83.33%	2	11.11%	1	5.56%
Coventry Health Care of Delaware, Inc.	9	7	4	57.14%	3	42.86%	0	0.00%
Group Hospitalization & Medical Services, Inc.	76	36	16	44.44%	16	44.44%	4	11.11%
Guardian Life Insurance Company of America	5	4	3	75.00%	1	25.00%	0	0.00%
Kaiser Foundation Health Plan-Mid-Atlantic	14	13	9	69.23%	4	30.77%	0	0.00%
Kaiser Permanente Insurance Company	0	2	2	100.00%	0	0.00%	0	0.00%
MAMSI Life & Health Insurance Company	293	76	66	86.84%	6	7.89%	4	5.26%
MD-Individual Practice Assoc.	256	86	74	86.05%	9	10.47%	3	3.49%
Optimum Choice, Inc.	1015	272	256	94.12%	10	3.68%	6	2.21%
UNICARE Life & Health Insurance Company	13	13	10	76.92%	3	23.08%	0	0.00%
United HealthCare Insurance Company	6	11	10	90.91%	1	9.09%	0	0.00%
United Healthcare of the Mid-Atlantic	3	3	1	33.33%	1	33.33%	1	33.33%
Total	2244	732	580	79.2%	126	17.2%	26	3.6%

*This chart only includes those carriers who had grievances involving hospital length of stay during calendar year 2008.

**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.	24	16.3	24	24
CareFirst of Maryland, Inc.	24	24.5	24	24
Cigna Healthcare Mid-Atlantic, Inc.	0	0	18	0
Connecticut General Life Insurance Company	3	3	0	1
Coventry Health Care of Delaware, Inc.	0	108	180	86
Group Dental Service of MD, Inc.	2	2	2	2
Group Hospitalization & Medical Services, Inc.	24	24	24	24
Kaiser Foundation Health Plan-Mid-Atlantic	18	10.8	16	10
MAMSI Life and Health Insurance Company	24	0	0	0
MD-Individual Practice Assoc.	0	0	24	0
Optimum Choice, Inc.	24	0	0	0
UNICARE Life & Health Insurance Company	18	14	27	23

*Reported as hours.

**This report only includes carriers who had grievances that were considered emergency cases during calendar year 2008.

**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 Dental, Inc.	0	0	9	9
Aetna Health, Inc.	11	17	17	17
Aetna Life Insurance Company	25	20	21	24
Ameritas Life Insurance Company	19.4	12.7	12.7	12.7
CareFirst BlueChoice, Inc.	21.7	20.4	22.5	29.6
CareFirst of Maryland, Inc.	27.9	27.3	30.2	41.6
CIGNA Healthcare Mid-Atlantic, Inc.	10	15.5	11	11
Companion Life Insurance Company	12	22.6	0	21
Connecticut General Life Insurance Company	6	15	16	12
Coventry Health Care of Delaware, Inc.	55	9.5	62	92.3
Dental Benefit Providers of Illinois, Inc.	0	0	1	1
Dental Benefit Providers of MD, Inc.	2	2	0	0
Golden Rule Insurance Company	0	0	29	0
Group Dental Service of Maryland, Inc.	3.2	3.3	6.1	16.4
Group Hospitalization & Medical Services, Inc.	21.8	22.2	19.7	32.7
Guardian Life Insurance Company of America	1.6	8.5	13.3	3.5
Humana Insurance Company	0	0	15	0
HumanaDental Insurance Company	28	16	15	8.8
John Alden Life Insurance Company	1.5	10	0	0
Kaiser Foundation Health Plan-Mid-Atlantic	28	29.5	29.6	28.5
MAMSI Life & Health Insurance Company	22.4	30	25	25
MD-Individual Practice Assoc.	26	26	25	26
Metropolitan Life Insurance Company	16.9	17.9	14.5	13.9
Nationwide Life Insurance Company	0	8	17	0
Optimum Choice, Inc.	21.3	27	28	34
Reliance Standard Life Insurance Company	14.3	10	16	19.5
Standard Insurance Company	0	0	0	21
Standard Security Life Insurance Company of New York	23	0	0	0
Time Insurance Company	1.5	26.6	18	32

**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
Trustmark Life Insurance Company	0	33	0	0
UNICARE Life & Health Insurance Company	32	37	19	25
Union Security Insurance Company	23.7	24.7	19.6	29.1
United Concordia Life and Health Insurance Co.	0.9	11	0.5	10
United HealthCare Insurance Company	14.6	15.1	20.1	16.1
United Healthcare of the Mid-Atlantic, Inc.	19.4	18.4	20.4	28

*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.	118	60	54	90.0%	6	10.0%	0	0.0%
CareFirst of Maryland, Inc.	21	21	11	52.4%	10	47.6%	0	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	1	1	0	0.0%	0	0.0%	1	100.0%
Connecticut General Life Insurance Company	2	2	2	100.0%	0	0.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	23	19	14	73.7%	5	26.3%	0	0.0%
Group Hospitalization & Medical Services, Inc.	21	15	10	66.7%	5	33.3%	0	0.0%
Kaiser Foundation Health Plan-Mid- Atlantic	17	13	10	76.9%	3	23.1%	0	0.0%
MAMSI Life and Health Insurance Company	1	1	1	100.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	1	1	1	100.0%	0	0.0%	0	0.0%
UNICARE Life & Health Insurance Company	5	5	3	60.0%	2	40.0%	0	0.0%
Total	210	138	106	76.81%	31	22.46%	1	0.72%

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2008.

**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, 2008 - December 31, 2008

COMPLAINTS FILED	1022
<u>NO JURISDICTION</u>	270
Referred to DOL (<i>ERISA</i>)	128
Referred to OPM (<i>FEHBP</i>)	34
Referred to Medicaid	5
Referred to Medicare	15
Referred to Insurance Department in Another State	83
Referred to Other*	5
*Includes complaints referred to Workers Compensation Commission and Other State agencies	
<u>COMPLAINT WITHDRAWN</u>	2
<u>INSUFFICIENT INFORMATION</u>	61
<u>No Action Required</u>	86
Includes cases transferred to Life & Health, Duplicate file, Advised Complainant	
Referred to HEAU to Exhaust Internal Remedy	148
MIA Conducted Investigation:	455
Carrier Reversed Itself During Investigation	219
Carrier Upheld by MIA	206
Carrier Reversed by MIA	12
Decision Modified Carrier Upheld in Part/ Carrier Reversed in Part	18

ADMINISTRATION COMPLAINTS (Continued)

Carrier	COMPLAINTS		Carrier		Carrier Reversed by		Carrier Modified by		Carrier Reversed Itself During	
	INVESTIGATED		Upheld by MIA		MIA		MIA		Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	10	2%	4	40%	0	0%	0	0%	6	60%
Aetna Life Insurance Company	9	2%	2	22%	0	0%	0	0%	7	78%
American Republic Ins. Co.	1	0%	0	0%	0	0%	0	0%	1	100%
CareFirst BlueChoice, Inc.	74	16%	26	35%	8	11%	2	3%	38	51%
CareFirst of Maryland, Inc.	57	13%	25	44%	1	2%	2	4%	29	51%
CIGNA Healthcare Mid-Atlantic, Inc.	2	0%	0	0%	0	0%	0	0%	2	100%
Connecticut General Life Ins. Co.	6	1%	3	50%	0	0%	1	17%	2	33%
Coventry Health Care of DE, Inc.	23	5%	11	48%	0	0%	0	0%	12	52%
Delta Dental of Pennsylvania	1	0%	0	0%	0	0%	0	0%	1	100%
Denex Dental	1	0%	0	0%	0	0%	0	0%	1	100%
Dental Benefit Provid. of MD, Inc.	1	0%	0	0%	0	0%	0	0%	1	100%
Group Dental Service of MD, Inc.	2	0%	1	50%	0	0%	0	0%	1	50%
Group Hospitalization & Medical Services, Inc.	36	8%	10	28%	1	3%	1	3%	24	67%
Guardian Life Ins. Co. of America	9	2%	6	67%	0	0%	0	0%	3	33%
Kaiser Foundation Health Plan-Mid-Atlantic	13	3%	8	62%	0	0%	0	0%	5	38%
Kaiser Permanente Ins. Co.	2	0%	0	0%	0	0%	0	0%	2	100%
MAMSI Life and Health Ins. Co.	27	6%	16	59%	0	0%	0	0%	11	41%
Maryland Health Insurance Plan	5	1%	3	60%	0	0%	0	0%	2	40%
MD-Individual Practice Assoc.	29	6%	21	72%	1	3%	1	3%	6	21%
Medco Health Solution	1	0%	0	0%	0	0%	0	0%	1	100%
Metropolitan Life Insurance Co.	4	1%	0	0%	0	0%	0	0%	4	100%
Optimum Choice, Inc.	114	25%	63	55%	0	0%	10	9%	41	36%
Principal Life Insurance Co.	1	0%	0	0%	0	0%	0	0%	1	100%
Time Insurance Company	1	0%	1	100%	0	0%	0	0%	0	0%
UNICARE Life & Health Ins. Co.	3	1%	2	67%	0	0%	0	0%	1	33%
United Concordia Dental Plans	3	1%	1	33%	0	0%	0	0%	2	67%
United Concordia Life & Health Ins. Co.	1	0%	0	0%	1	100%	0	0%	0	0%
United HealthCare Insurance Co.	15	3%	2	13%	0	0%	1	7%	12	80%
United Healthcare of Mid-Atlantic	4	1%	1	25%	0	0%	0	0%	3	75%
TOTAL	455	100%	206	45%	12	3%	18	4%	219	48%

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
			Chiropractic Care Services	J	7	5	71%	0	0%	0
Cosmetic	D	14	5	36%	4	29%	0	0%	5	36%
Custodial Care Services	L	1	0	0%	0	0%	0	0%	1	100%
Denial of Claim	L	1	0	0%	0	0%	1	100%	0	0%
Denial of Hospital Days	A	157	93	59%	1	1%	11	7%	52	33%
Dental Care Services	J	24	7	29%	1	4%	0	0%	16	67%
Durable Medical Equipment	I	12	4	33%	2	17%	0	0%	6	50%
Emergency Room Denial	B	3	2	67%	0	0%	0	0%	1	33%
Emergency Treatment Denial	B	1	0	0%	0	0%	0	0%	1	100%
Experimental	D	49	28	57%	0	0%	0	0%	21	43%
Home Care Services	K	1	0	0%	0	0%	0	0%	1	100%
Inpatient Rehabilitation	G	1	1	100%	0	0%	0	0%	0	0%
Lab, Imaging, Testing	E	19	6	32%	0	0%	0	0%	13	68%
Medical Food	F	1	1	100%	0	0%	0	0%	0	0%
Mental Health (Inpatient) Services	C	39	9	23%	2	5%	5	13%	23	59%
Mental Health (Outpatient) Services	C	4	1	25%	0	0%	0	0%	3	75%
Morbid Obesity	L	10	8	80%	0	0%	0	0%	2	20%
No Preauthorization	L	1	0	0%	0	0%	0	0%	1	100%
Out-of-Network Benefits	L	1	1	100%	0	0%	0	0%	0	0%
PCP Referrals	L	1	0	0%	0	0%	0	0%	1	100%
Pharmacy	F	50	14	28%	2	4%	0	0%	34	68%
Physician Services	D	39	17	44%	0	0%	0	0%	22	56%
PT, OT, Speech Therapy	G	12	3	25%	0	0%	0	0%	9	75%
Skilled Nursing	H	6	1	17%	0	0%	1	17%	4	67%
Transportation Services	L	1	0	0%	0	0%	0	0%	1	100%
TOTAL		455	206	45%	12	3%	18	4%	219	48%

**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 Grievance Orders

Aetna Health, Inc.
Case No: 2008-03-007
Effective Date: March 5, 2008

The Administration ordered that Aetna Health, Inc. pay an administrative penalty of \$1,000 for violation of § 15-10A-02(f)(2)(v)1 of the Insurance Article, pursuant to § 19-730(a)(2)(i) of the Health-General Article and § 27-305 of the Insurance Article.

Group Hospitalization and Medical Services, Inc (GHMSI)
Case No.: 2008-03-20
Effective Date: March 18, 2008

The Administration Ordered that GHMSI immediately authorize payment for the inpatient hospitalization for dates of service January 8, 2008, through February 8, 2008, pursuant to § 15-10A-04(c) of the Insurance Article.

MD-Individual Practice Association, Inc. (MD-IPA)
Case No.: 2008-04-010
Effective Date: April 9, 2008

The Administration Ordered that MD-IPA immediately authorize payment for the inpatient hospitalization day of July 12, 2007, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

MD-Individual Practice Association, Inc. (MD-IPA)
Case No.: 2008-04-010
Effective Date: April 9, 2008

The Commissioner and MD-IPA entered into a Consent Order in lieu of further proceedings. Under the Consent Order, MD-IPA agreed to authorize payment for the inpatient hospitalization day of July 12, 2007.

Aetna Life Insurance Company
Case No.: 2008-05-046
Effective Date: May 30, 2008

The Administration ordered that Aetna Life Insurance Company pay an administrative penalty of \$1,000 for violation of § 15-10A-02(i)(1)(ii)4.A. of the Insurance Article, pursuant to § 27-305 of the Insurance Article.

Group Hospitalization and Medical Services, Inc (GHMSI)

Case No.: 2008-05-047

Effective Date: May 30, 2008

The Administration ordered that pursuant to § 15-10A-04(c)(2) of the Insurance Article, GHMSI shall submit new criteria for the use of Human Growth Hormone Therapy for Children and Adults, in accordance with § 15-10B-11(8) of the Insurance Article.

MAMSI Life and Health Insurance Company

Case No.: 2008-06-010

Effective Date: June 10, 2008

The Administration ordered that pursuant to § 15-10A-04(c)(2) of the Insurance Article, MAMSI Life and Health Insurance Company shall require Mid-Atlantic Medical Services, LLC to submit new criteria for allergic reaction with severe symptoms that take into account the potential for respiratory distress in a patient with recent anaphylaxis with a swollen tongue, in accordance with § 15-10B-11(8) of the Insurance Article.

United Healthcare Insurance Company

Case No.: 2008-07-007

Effective Date: July 8, 2008

The Administration ordered that United Healthcare Insurance Company 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 and pay an administrative penalty of \$500.00 for violation of § 15-10A-02(i)(1)(ii)4.A. of the Insurance Article, pursuant to § 27-305 of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2008-08-005

Effective Date: August 4, 2008

The Administration ordered that CareFirst of Maryland, Inc. immediately authorize payment for the inpatient hospital day of September 27, 2007, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2008-08-022

Effective Date: August 15, 2008

The Administration ordered that CareFirst of Maryland, Inc. immediately authorize coverage and payment for the medically necessary cranial molding orthosis, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered that pursuant to §§ 15-10B-11(8) and 15-10A-02(1) of the Insurance Article, CareFirst of

Maryland, Inc. shall submit new criteria regarding cranial molding orthosis that is objective, clinically valid and compatible with established principles of health care in accordance with § 15-10B-05 of the Insurance Article.

CareFirst of Maryland, Inc.
Consent Order: 2008-08-005
Effective Date: August 4, 2008

The Commissioner and CareFirst of Maryland, Inc. entered into a Consent Order in lieu of further proceedings. Under the Consent Order, CareFirst agreed to immediately authorize payment for the inpatient hospital day of September 27, 2007, at an amount to be determined in good faith negotiations between CareFirst of Maryland, Inc. and the provider, but in no event to be less than \$403.00.

United Concordia Life & Health Insurance Company
Case No.: 2008-09-015
Effective Date: September 10, 2008

The Administration ordered that United Concordia Life & Health Insurance Company immediately authorize payment for the restorative services of the crown on tooth number 18, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-10-002
Effective Date: October 1, 2008

The Administration ordered that pursuant to § 15-10A-04(c)(2) of the Insurance Article, CareFirst BlueChoice, Inc. shall submit criteria regarding PET scan (procedure code 78815/positron emission tomography, skull base to mid-thigh/PET) that are clinically valid for multiple recurrent soft tissue sarcoma and flexible enough to allow for deviation from norms when justified on a case by case basis in accordance with § 15-10B-05 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-10-029
Effective Date: October 21, 2008

The Administration ordered that CareFirst BlueChoice, Inc. immediately authorize payment for Human Growth Hormone Therapy (“HGH”), pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-10-038
Effective Date: October 30, 2008

The Administration ordered that CareFirst BlueChoice, Inc. immediately authorize payment of a DOC band/cranial remolding orthosis device for this patient, which was first requested on May 5, 2008 and paid for by the patient's parents, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration further ordered that CareFirst BlueChoice, Inc. shall submit new criteria regarding DOC band/cranial remolding orthosis that are objective, clinically valid and compatible with established principles of health care and flexible enough to allow deviations from norms when justified on a case by case basis in accordance with § 15-10B-05 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-11-017
Effective Date: November 20, 2008

The Administration ordered that CareFirst BlueChoice, Inc. immediately authorize coverage for HGH for date of service June 12, 2008, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-11-024
Effective Date: November 21, 2008

The Administration ordered that CareFirst BlueChoice, Inc. immediately authorize payment for a Cranial Orthotic Molding Device, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. Pursuant to § 15-10A-04(c)(2), CareFirst BlueChoice, Inc. shall submit new criteria regarding a Cranial Orthotic Molding Device that is objective, clinically valid, and compatible with established principles of health care, in accordance with § 15-10B-05 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2008-11-025
Effective Date: November 21, 2008

The Administration ordered that CareFirst BlueChoice, Inc. immediately authorize payment for a Cranial Orthotic Molding Device, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. Pursuant to § 15-10A-04(c)(2) of the Insurance Article, CareFirst BlueChoice, Inc. shall submit new criteria regarding a Cranial Orthotic Molding Device that is objective, clinically valid, and compatible with established principles of health care, in accordance with § 15-10B-05 of the Insurance Article.

Group Hospitalization and Medical Services, Inc (GHMSI)

Case No.: 2008-12-034

Effective Date: December 19, 2008

The Administration ordered that GHMSI pay an administrative penalty of \$1,000 for violation of § 15-10A-02(f)(2)(v)1 of the Insurance Article, pursuant to § 27-305 of the Insurance Article.