

**The**  
**Maryland Insurance**  
**Administration's 2005**  
**Report**  
**On**  
**The Health Care Appeals &**  
**Grievance Law**

**AUGUST, 2006**

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**Commissioner**

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## **I. EXECUTIVE SUMMARY**

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

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

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

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

Article apply to health maintenance organizations (HMOs), and that under certain circumstances a private review agent's grievance decision must be based upon the professional judgment of a board certified or eligible physician.

This report summarizes the data reported to the Administration by the carriers for calendar year 2005 as required by § 15-10A-06 of the Insurance Article. This report also summarizes complaint information and the enforcement activity of the Administration for calendar year 2005. Reports have been submitted each year since 1999.

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

## **II. MARYLAND'S APPEALS & GRIEVANCE LAW**

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

### **A. The Carrier's Internal Grievance Process**

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

The written adverse decision must:

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

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

This internal grievance process must provide:

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

The grievance decision shall:

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

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

#### **B. Appeals & Grievance Complaint Process at the Insurance Administration**

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

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

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

If the Administration determines it has jurisdiction and the complaint involves a denial based on an asserted lack of medical necessity (as opposed to denials based on specific contractual exclusions), the case will be referred to the IRO. When complaints are referred to an IRO, the IRO is requested to examine the utilization review criteria applied in the case, as well as the specific judgment of the medical director made under the utilization review criteria. If the IRO concludes that the treatment at issue is medically necessary, the MIA informs the carrier of the IRO's opinion. If the carrier does not agree to cover the service in question after the IRO concludes that the treatment is medically necessary, the MIA issues an Order against the carrier. The Order is forwarded to the carrier and accompanied by a notice that the carrier has the right to request a hearing. At the same time, the complainant is notified of the outcome. Orders may also be issued as a result of failure to comply with the procedural requirements of the law, i.e., failure to issue a written notice of adverse or grievance decision.

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

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

### **III. ERISA PREEMPTION OF STATE MEDICAL NECESSITY REVIEW LAWS**

The Employee Retirement Income Security Act of 1974 (ERISA) is a federal law that regulates certain employee welfare benefit plans, including plans that provide

health and disability benefits. ERISA generally preempts state laws that "relate to" such plans. ERISA's preemption clause does not, however, "exempt or relieve any person from any law of any State which regulates insurance . . . ." Thus, state laws that would otherwise be preempted because they "relate" to an employee benefit plan generally are "saved" from preemption if they regulate insurance.

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

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

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

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

The Supreme Court concluded that the Illinois statute did relate to the operation of employee welfare benefit plans and, thus, fell within the ambit of the ERISA preemption statute. However, the Court also found that the Illinois statute was saved from preemption as a law that regulates insurance, because the law was directed at the insurance industry. In reaching that result, the Court expressly found that while HMOs



may be health care providers, they are also health care insurers, because they bear risk --a defining characteristic of an insurer.

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

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

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

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

The Medical Director/Private Review Agent Oversight Unit (MD/PRA Oversight Unit) reviews applications for certification of private review agents to determine whether the utilization review policies, procedures and criteria of private review agents are compliant with Maryland law and regulations. The MD/PRA Oversight Unit is also responsible for ensuring that medical directors of health maintenance organizations licensed to do business in Maryland meet the requirements for certification. In 2005, the unit issued certificates to 10 new medical directors and renewed the certificates of 40 medical directors. There were 13 new private review agents certified in 2005 and 43 private review agents renewed their certificates. Currently, there are 85 certified medical directors working for HMOs in Maryland and 101 private review agents with certificates of registration from the Commissioner.

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

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

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

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

The carriers also report the number of internal decisions where they overturn themselves (Appendix B5). The data reveals that in year 2001, the majority of these reversals involved laboratory and radiological services (Appendix B6). The carriers also reported that in 2001 the fewest reversals occurred where mental health services were at issue. This was also the case in 2003, 2004 and 2005. In 2002, the majority of the internal reversals were in the areas of emergency room services, physician services, laboratory services and the category which includes podiatry, dental and optometry (Appendix B7). In 2003, the majority of such reversals were for physician services, laboratory services, podiatry, dental, optometry services and home health services (Appendix B8). In 2004, the majority of the carrier reversals were for "Other" services and for laboratory, radiology services and physician services (Appendix B9). In 2005,

the greatest percentage of carrier reversals was in emergency room services and podiatry, dental, optometry, and chiropractic services (Appendix B10).

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

### **A. Number Of Complaints Filed**

The Appeals & Grievance Unit received a total of 946 complaints asserting a denial of care or coverage based on the lack of medical necessity (Appendix C1). As a point of comparison, in 2005 the Administration received 3609 complaints in its Life & Health Unit involving non-medical necessity disputes. These complaints include disputes over whether a benefit is covered under a contract, the amount of reimbursement, as well as payments under health, disability, long-term care, life, annuities, and credit insurance policies. Complaints may be filed by providers on behalf of complainants. This includes individual doctors as well as facilities, such as hospitals.

### **B. Jurisdictional Issues**

As indicated above, in 2005 the Unit received a total of 946 complaints that dealt with or alleged medical necessity denials (Appendix C1). Of these, 564 were not sent to a medical expert by the Administration for review for the following reasons.

- In 231 cases, the Administration concluded that it did not have jurisdiction over the matter presented by the complaint. Of those:
  - 116 cases were referred to Department of Labor because the medical necessity decision was made in connection with benefits provided through a self-funded arrangement made by an employee welfare benefit plan and not through a fully insured product purchased by the plan;
  - 35 cases were referred to Office of Personnel Management (Federal Employees);
  - 6 cases were referred to Medicaid;
  - 10 cases were referred to Medicare;
  - 63 cases were referred to Insurance Departments in Other States; and
  - 1 case was referred to another state agency.
- In 167 cases, the Administration concluded that the member had not exhausted the internal grievance procedure and forwarded the matter to HEAU.
- In 5 cases, the member withdrew their complaint to the Commissioner.
- In 98 cases, the Administration closed the case because the member failed to provide information necessary to complete the investigation. For example, in some cases the member would not provide a consent form for the Administration

to secure medical records or the patient or provider otherwise refused to provide access to necessary medical information.

- In 63 cases, the Administration concluded that the complaint did not involve medical necessity determinations and referred the matter to the Life and Health Complaint Unit, that the complaint was a duplicate of an existing complaint, or that the complaint was submitted in error.

### **C. Synopsis of Complaints Reviewed by the Administration**

The outcome of the remaining 382 complaints was as follows:

<u>CARRIER REVERSED ITSELF DURING INVESTIGATION</u>	145
<u>CARRIER DETERMINATION SUSTAINED</u>	196
<u>CARRIER DETERMINATION NOT SUSTAINED</u>	39
<u>CARRIER DETERMINATION SUBJECT TO MODIFICATION</u>	2

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

### **VII. CONSUMER SURVEY**

As shown in Appendix E2, surveys were sent to individuals who had filed complaints with the Unit; the Administration received 87 responses. The surveys revealed that, overall, consumers were satisfied with the assistance they received from the HEAU and the Administration, although most did not feel that the carrier's internal process was fair. The consumers who responded indicated that they would use the process again if the need arose.

### **VIII. ENFORCEMENT ACTIVITIES**

The statutory authority for the Commissioner to enforce the Appeals & Grievance law is found in Title 15, Subtitles 10A, 10B, and 10C; §4-113; and §27-303 of the Insurance Article and §19-729 and §19-730 of the Health General Article. Carriers who issue health insurance products in the State are required, as a condition of maintaining a certificate of authority to do business in the State, to comply with all State licensing and regulatory laws, including those laws that require carriers to fulfill their contractual obligations to their members. Consequently, a carrier who fails to pay for a medically necessary service covered under a policy is subject to sanctions by the Commissioner, including an order of restitution that requires the carrier to pay for such a service in

accordance with the carrier's contractual obligation. The Commissioner also has authority to fine a carrier for sending an adverse or grievance decision letter that did not comply with the law; failure to timely authorize medically necessary services; and failure to have the appropriate physician conduct the utilization review. Enforcement actions are taken by the Appeals & Grievance Complaint Unit and the Life & Health Market Conduct Unit.

#### **A. Appeals & Grievance Complaint Unit**

The Administration issued 42 Orders and Consent Orders based on the complaints which it received. These Orders were issued based on: the carrier's inappropriate denial of medically necessary services; the carrier's failure to send statutory complaint notices when services are denied as not medically necessary; and the carriers' failure to timely authorize services. The services that are the subject of these Orders include denied hospital days, mental health treatment, pharmacy services, and durable medical equipment. Administrative penalties of \$40,000 have been imposed. As a result of complaints where the carrier reversed itself during the course of the Administration's investigation, recoveries were recorded in the amount of \$322,330.

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

#### **B. Life and Health Market Conduct Unit**

The Life and Health Market Conduct Unit performed seven market conduct examinations during 2005 that included compliance with laws and regulations regarding adverse decisions and coverage decisions. Two of those examinations are completed and therefore are public documents. The remaining five are still in process and therefore the information regarding the examinations is confidential pursuant to Maryland statute.

The completed examinations are:

1. Maryland Physicians Care (MPC)/Maryland Health Insurance Plan (MHIP)
2. Optimum Choice, Inc. (OCI)/MAMSI Life and Health Insurance Company (MAMSI).

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

##### **1. MPC/MHIP**

A target market conduct examination was conducted of the MPC ("The Administrator") and MHIP ("The Company") which included compliance with Subtitles 10A, 10B and 10D of the Insurance Article and COMAR 31.10.18 and 31.10.21.

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

- a. Section 15-10B-06(a)(1)(i) for failing to make initial determinations within 2 working days of receipt of necessary information to make a determination;
- b. Section 15-10B-06(a)(2) for failing to request additional information within 3 calendar days;
- c. Section 15-10B-03 for acting as a Private Review Agent without a certificate;
- d. Section 15-10B-07(c) for retroactively rendering an adverse decision on an approved service;
- e. Section 15-10A-02(f) for failing to provide oral communication of the decision and failure to provide the information required by statute when issuing an adverse decision;
- f. Section 15-10A-02(b)(2)(i)(iv) for failure to comply with the internal grievance process; and
- g. COMAR 31.10.21.05(B)(4) for allowing the physician who made the adverse decision to render the grievance decision.

## 2. **MAMSI Life and Health/OCI**

A desk audit was conducted of the Company ("MAMSI") and Plan ("OCI"), which included compliance with Subtitles 10A, 10B and 10D of the Insurance Article and COMAR 31.10.18 and 31.10.21.

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

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

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

## IX. **CONCLUSIONS**

The Medical Director/Private Review Agent Oversight Unit, Life & Health Market Conduct Unit, and Appeals & Grievance Complaint Unit work collectively to ensure regulatory compliance and protection of Maryland citizens. This is accomplished by:

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

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

## **X. APPENDICES**

### A. Health Care Complaints Under State Law

- ### B. Summary of Data Reported by the Carriers to the Maryland Insurance Administration ("MIA"), including Explanatory Material for Appendices B1 – B14
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# HEALTH CARE COMPLAINTS UNDER STATE LAW – Appendix A

## 1. Medical Necessity

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

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

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

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

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

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

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

## 2. Contract Issues

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

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

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

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

## 3. Quality of Care

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

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

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

## 4. No Jurisdiction

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

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

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

## Explanatory Material for Appendices B1 – B14

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

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

# APPEALS AND GRIEVANCES

## CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2005 - Appendix B1

NAIC #	COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES		C. MENTAL HEALTH SERVICES	
		COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	4277	11.74%	1822	42.6%	1	0.0%	36	0.8%
60054	Aetna Life Insurance Company	391	1.07%	99	25.3%	0	0.0%	35	9.0%
97179	American Medical Security Life Ins Co	86	0.24%	0	0.0%	0	0.0%	0	0.0%
60836	American Republic Insurance Company	2	0.01%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Ins Co	16	0.04%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	7429	20.38%	4417	59.5%	54	0.7%	307	4.1%
47058	CareFirst of Maryland, Inc.	9292	25.50%	3989	42.9%	3	0.0%	233	2.5%
80799	Celtic Insurance Company	1	0.00%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	535	1.47%	132	24.7%	0	0.0%	23	4.3%
77828	Companion Life Insurance Co	24	0.07%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	1093	3.00%	473	43.3%	0	0.0%	1	0.1%
96460	Coventry Health Care of Delaware, Inc.	433	1.19%	306	70.7%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	98	0.27%	57	58.2%	31	31.6%	5	5.1%
62286	Golden Rule Insurance Co	4	0.01%	4	100.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	3265	8.96%	841	25.8%	7	0.2%	143	4.4%
64246	Guardian Life Ins Co Of America	904	2.48%	72	8.0%	0	0.0%	10	1.1%
70254	Jefferson Pilot Financial Insurance Company	23	0.06%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	990	2.72%	26	2.6%	0	0.0%	11	1.1%
60321	MAMSI Life & Health Ins Co	1541	4.23%	545	35.4%	562	36.5%	56	3.6%
96310	MD-Individual Practive Assoc.	952	2.61%	390	41.0%	65	6.8%	3	0.3%
97055	Mega Life and Health Insurance Company	2	0.01%	0	0.0%	1	50.0%	0	0.0%
66869	Nationwide Life Ins Co	2	0.01%	1	50.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	4654	12.77%	2133	45.8%	827	17.8%	90	1.9%
68381	Reliance Standard Life Ins Co	2	0.01%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	3	0.01%	0	0.0%	0	0.0%	0	0.0%
69477	Time Insurance Company (Fortis Ins. Co.)	8	0.02%	0	0.0%	0	0.0%	1	12.5%
61425	Trustmark Insurance Co	2	0.01%	1	50.0%	0	0.0%	0	0.0%
62863	Trustmark Life Insurance Company	22	0.06%	15	68.2%	0	0.0%	4	18.2%
80314	UNICARE Life & Health Ins Co	110	0.30%	8	7.3%	0	0.0%	4	3.6%
70408	Union Security Insurance Company	1	0.00%	0	0.0%	0	0.0%	0	0.0%
85766	United Concordia Insurance Company	2	0.01%	0	0.0%	0	0.0%	0	0.0%
62294	United Concordia Life and Health Ins Co	175	0.48%	0	0.0%	0	0.0%	0	0.0%
79413	United HealthCare Ins Co	56	0.15%	19	33.9%	0	0.0%	14	25.0%
69868	United of Omaha Life Ins Co	4	0.01%	0	0.0%	0	0.0%	0	0.0%
70106	United States Life Ins Co in the City of NY	8	0.02%	0	0.0%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	38	0.10%	18	47.4%	0	0.0%	9	23.7%
	<b>Total</b>	<b>36445</b>		<b>15368</b>	<b>42.1%</b>	<b>1551</b>	<b>4.3%</b>	<b>985</b>	<b>2.7%</b>

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

# APPEALS AND GRIEVANCES

## CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2005 - Appendix B1

NAIC #	COMPANY NAME	D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV		F. PHARMACY SERVICES		G. PT, OT, ST Services (incl INPAT REHAB)	
		NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	1979	46.3%	124	2.9%	51	1.2%	41	1.0%
60054	Aetna Life Insurance Company	85	21.7%	34	8.7%	24	6.1%	52	13.3%
97179	American Medical Security Life Ins Co	4	4.7%	72	83.7%	0	0.0%	0	0.0%
60836	American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%	1	50.0%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	960	12.9%	42	0.6%	1039	14.0%	121	1.6%
47058	CareFirst of Maryland, Inc.	919	9.9%	442	4.8%	536	5.8%	273	2.9%
80799	Celtic Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	119	22.2%	64	12.0%	146	27.3%	0	0.0%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	154	14.1%	133	12.2%	109	10.0%	5	0.5%
96460	Coventry Health Care of Delaware, Inc.	50	11.5%	11	2.5%	19	4.4%	13	3.0%
43010	Fidelity Ins Co of MD	3	3.1%	1	1.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	986	30.2%	27	0.8%	524	16.0%	202	6.2%
64246	Guardian Life Ins Co Of America	29	3.2%	6	0.7%	140	15.5%	69	7.6%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	468	47.3%	43	4.3%	0	0.0%	54	5.5%
60321	MAMSI Life & Health Ins Co	110	7.1%	2	0.1%	19	1.2%	39	2.5%
96310	MD-Individual Practive Assoc.	70	7.4%	242	25.4%	14	1.5%	47	4.9%
97055	Mega Life and Health Insurance Company	1	50.0%	0	0.0%	0	0.0%	0	0.0%
66869	Nationwide Life Ins Co	1	50.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	260	5.6%	790	17.0%	78	1.7%	124	2.7%
68381	Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Time Insurance Company (Fortis Ins. Co.)	0	0.0%	1	12.5%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co	1	50.0%	0	0.0%	0	0.0%	0	0.0%
62863	Trustmark Life Insurance Company	1	4.5%	0	0.0%	0	0.0%	1	4.5%
80314	UNICARE Life & Health Ins Co	26	23.6%	36	32.7%	21	19.1%	1	0.9%
70408	Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
85766	United Concordia Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62294	United Concordia Life and Health Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
79413	United HealthCare Ins Co	2	3.6%	3	5.4%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
70106	United States Life Ins Co in the City of NY	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	4	10.5%	1	2.6%	0	0.0%	0	0.0%
<b>Total</b>		<b>6232</b>	<b>17.1%</b>	<b>2074</b>	<b>5.7%</b>	<b>2720</b>	<b>7.5%</b>	<b>1043</b>	<b>2.9%</b>

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

# APPEALS AND GRIEVANCES

## CARRIER'S INTERNAL ADVERSE DECISIONS & STATISTICS BY CATEGORY - 2005 - Appendix B1

NAIC #	COMPANY NAME	H. SKILLED NURS FAC, Sub Acute, Nurs Home		I. DURABLE MEDICAL EQUIPMENT Services		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES	
		NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	155	3.6%	68	1.6%	0	0.0%	0	0.0%
60054	Aetna Life Insurance Company	26	6.6%	20	5.1%	9	2.3%	7	1.8%
97179	American Medical Security Life Ins Co	0	0.0%	3	3.5%	6	7.0%	1	1.2%
60836	American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	16	100.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	41	0.6%	223	3.0%	202	2.7%	18	0.2%
47058	CareFirst of Maryland, Inc.	50	0.5%	1978	21.3%	819	8.8%	13	0.1%
80799	Celtic Insurance Company	0	0.0%	1	100.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	1	0.2%	17	3.2%	24	4.5%	9	1.7%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	24	100.0%	0	0.0%
62308	Connecticut General Life Insurance	3	0.3%	25	2.3%	188	17.2%	2	0.2%
96460	Coventry Health Care of Delaware, Inc.	5	1.2%	24	5.5%	2	0.5%	3	0.7%
43010	Fidelity Ins Co of MD	1	1.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	24	0.7%	59	1.8%	433	13.3%	16	0.5%
64246	Guardian Life Ins Co Of America	0	0.0%	9	1.0%	557	61.6%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	23	100.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	8	0.8%	178	18.0%	153	15.5%	16	1.6%
60321	MAMSI Life & Health Ins Co	69	4.5%	75	4.9%	61	4.0%	3	0.2%
96310	MD-Individual Practive Assoc.	65	6.8%	26	2.7%	30	3.2%	0	0.0%
97055	Mega Life and Health Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	127	2.7%	148	3.2%	77	1.7%	0	0.0%
68381	Reliance Standard Life Ins Co	0	0.0%	0	0.0%	2	100.0%	0	0.0%
69019	Standard Insurance Company	0	0.0%	0	0.0%	3	100.0%	0	0.0%
69477	Time Insurance Company (Fortis Ins. Co.)	1	12.5%	0	0.0%	5	62.5%	0	0.0%
61425	Trustmark Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62863	Trustmark Life Insurance Company	0	0.0%	0	0.0%	1	4.5%	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%	6	5.5%	8	7.3%	0	0.0%
70408	Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
85766	United Concordia Insurance Company	0	0.0%	0	0.0%	2	100.0%	0	0.0%
62294	United Concordia Life and Health Ins Co	0	0.0%	0	0.0%	175	100.0%	0	0.0%
79413	United HealthCare Ins Co	0	0.0%	9	16.1%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins Co	0	0.0%	0	0.0%	4	100.0%	0	0.0%
70106	United States Life Ins Co in the City of NY	0	0.0%	0	0.0%	8	100.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	0	0.0%	0	0.0%	0	0.0%	0	0.0%
	<b>Total</b>	<b>576</b>	<b>1.6%</b>	<b>2869</b>	<b>7.9%</b>	<b>2832</b>	<b>7.8%</b>	<b>88</b>	<b>0.2%</b>

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

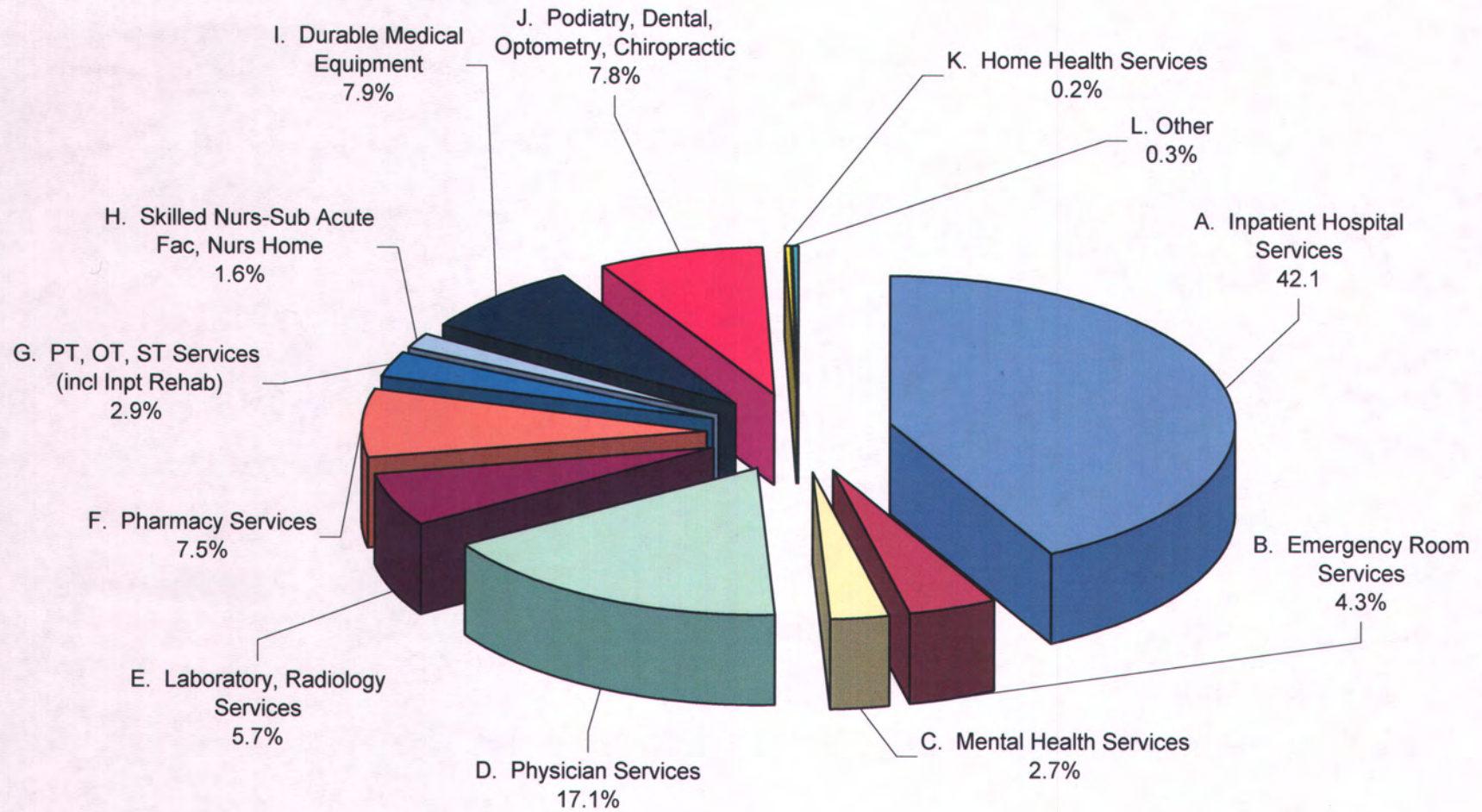
# APPEALS AND GRIEVANCES

## CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2005 - Appendix B1

NAIC #	COMPANY NAME	*L. OTHER	
		NUMBER	% TOTAL
95590	Aetna Health Inc.	0	0.0%
60054	Aetna Life Insurance Company	0	0.0%
97179	American Medical Security Life Ins Co	0	0.0%
60836	American Republic Insurance Company	1	50.0%
61301	Ameritas Life Ins Co	0	0.0%
96202	CareFirst BlueChoice, Inc	5	0.1%
47058	CareFirst of Maryland, Inc.	37	0.4%
80799	Celtic Insurance Company	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%
77828	Companion Life Insurance Co	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%
53007	Group Hosp & MedServ, Inc.	3	0.1%
64246	Guardian Life Ins Co Of America	12	1.3%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	33	3.3%
60321	MAMSI Life & Health Ins Co	0	0.0%
96310	MD-Individual Practive Assoc.	0	0.0%
97055	Mega Life and Health Insurance Company	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%
96940	Optimum Choice, Inc.	0	0.0%
68381	Reliance Standard Life Ins Co	0	0.0%
69019	Standard Insurance Company	0	0.0%
69477	Time Insurance Company (Fortis Ins. Co.)	0	0.0%
61425	Trustmark Insurance Co	0	0.0%
62863	Trustmark Life Insurance Company	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%
70408	Union Security Insurance Company	1	100.0%
85766	United Concordia Insurance Company	0	0.0%
62294	United Concordia Life and Health Ins Co	0	0.0%
79413	United HealthCare Ins Co	9	16.1%
69868	United of Omaha Life Ins Co	0	0.0%
70106	United States Life Ins Co in the City of NY	0	0.0%
95025	United HealthCare of the Mid-Atl	6	15.8%
	<b>Total</b>	<b>107</b>	<b>0.3%</b>

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

**CARRIER'S INTERNAL ADVERSE DECISIONS REPORTED BY SERVICES - 2005**  
**APPENDIX B2**



**APPEALS AND GRIEVANCES  
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2005 Appendix B3**

NAIC #	COMPANY NAME	GRIEVANCES FILED		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES		C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES	
		COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Healthcare Inc.	266	5.0%	21	7.9%	1	0.4%	5	1.9%	40	15.0%
60054	Aetna Life Insurance Company	28	0.5%	3	10.7%	1	3.6%	0	0.0%	10	35.7%
97179	American Medical Security Life Ins. Co.	3	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
60836	American Republic Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Insurance Corp.	8	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
38245	BCS Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc.	1134	21.5%	464	40.9%	59	5.2%	100	8.8%	239	21.1%
47058	CareFirst of Maryland, Inc.	916	17.4%	371	40.5%	47	5.1%	115	12.6%	171	18.7%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	92	1.7%	44	47.8%	1	1.1%	6	6.5%	23	25.0%
77828	Companion Life Insurance Co.	5	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	187	3.5%	53	28.3%	4	2.1%	5	2.7%	38	20.3%
62413	Continental Assurance Co.	7	0.1%	1	14.3%	0	0.0%	0	0.0%	4	57.1%
71404	Continental General Insurance Company	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	41	0.8%	1	2.4%	14	34.1%	0	0.0%	6	14.6%
43010	Fidelity Ins. Co. of MD	87	1.7%	50	57.5%	27	31.0%	5	5.7%	3	3.4%
62286	Golden Rule Insurance Co.	4	0.1%	4	100.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	315	6.0%	56	17.8%	1	0.3%	39	12.4%	85	27.0%
64246	Guardian Life Ins. Co. Of America	259	4.9%	22	8.5%	1	0.4%	4	1.5%	8	3.1%
70254	Jefferson Pilot Financial Insurance Company	8	0.2%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	119	2.3%	11	9.2%	1	0.8%	5	4.2%	78	65.5%
60321	MAMSI Life & Health Ins. Co.	360	6.8%	266	73.9%	8	2.2%	16	4.4%	23	6.4%
96310	MD-Individual Practive Assoc.	167	3.2%	116	69.5%	0	0.0%	1	0.6%	18	10.8%
97055	Mega Life & Health Ins. Co.	6	0.1%	1	16.7%	0	0.0%	0	0.0%	2	33.3%
96940	Optimum Choice, Inc.	1025	19.4%	787	76.8%	20	2.0%	21	2.0%	68	6.6%
68241	Prudential Insurance Company of America	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Time Insurance Company/Fortis Ins. Co.	2	0.0%	0	0.0%	1	50.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co.	1	0.0%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
62863	Trustmark Life Insurance Company	6	0.1%	3	50.0%	0	0.0%	0	0.0%	1	16.7%
80314	UNICARE Life & Health Ins. Co.	34	0.6%	3	8.8%	0	0.0%	2	5.9%	6	17.6%
70408	Union Security Ins. Co./Fortis Benfits	20	0.4%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
85766	United Concordia Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62294	United Concordia Life & Health Ins. Co.	55	1.0%	0	0.0%	0	0.0%	6	25.0%	5	20.8%
79413	United HealthCare Ins. Co.	24	0.5%	5	20.8%	0	0.0%	0	0.0%	0	0.0%
69868	United of Omaha Life Ins. Co.	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
70106	United States Life Ins. Co. In the City of NY	4	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	11	0.2%	6	54.5%	0	0.0%	2	18.2%	2	18.2%
	<b>Total</b>	<b>5207</b>		<b>2288</b>	<b>43.9%</b>	<b>186</b>	<b>3.6%</b>	<b>332</b>	<b>6.4%</b>	<b>831</b>	<b>16.0%</b>

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



**APPEALS AND GRIEVANCES**  
**CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2005 Appendix B3**

NAIC #	COMPANY NAME	E. LABORATORY, RADIOLOGY SERV		F. PHARMACY SERVICES		G. PT, OT, ST Services (incl INPAT REHAB)		H. SKILLED NURS FAC, Sub Acute, Nurs Home		I. DURABL EQUIPMEN
		NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER
95590	Aetna Healthcare Inc.	140	52.6%	54	20.3%	2	0.8%	0	0.0%	3
60054	Aetna Life Insurance Company	6	21.4%	5	17.9%	0	0.0%	0	0.0%	3
97179	American Medical Security Life Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
60836	American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
61301	Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
38245	BCS Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
96202	CareFirst BlueChoice, Inc.	39	3.4%	150	13.2%	9	0.8%	7	0.6%	47
47058	CareFirst of Maryland, Inc.	51	5.6%	70	7.6%	5	0.5%	13	1.4%	60
95599	CIGNA Healthcare Mid-Atlantic, Inc.	1	1.1%	7	7.6%	1	1.1%	1	1.1%	3
77828	Companion Life Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
62308	Connecticut General Life Insurance	32	17.1%	10	5.3%	3	1.6%	0	0.0%	6
62413	Continental Assurance Co.	2	28.6%	0	0.0%	0	0.0%	0	0.0%	0
71404	Continental General Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
96460	Coventry Health Care of Delaware, Inc.	3	7.3%	7	17.1%	3	7.3%	0	0.0%	5
43010	Fidelity Ins. Co. of MD	1	1.1%	0	0.0%	0	0.0%	1	1.1%	0
62286	Golden Rule Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
53007	Group Hosp & MedServ, Inc.	22	7.0%	87	27.6%	6	1.9%	0	0.0%	7
64246	Guardian Life Ins. Co. Of America	0	0.0%	0	0.0%	7	2.7%	0	0.0%	4
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
95639	Kaiser Fndtn Health Plan-Mid-Atl	7	5.9%	0	0.0%	3	2.5%	3	2.5%	7
60321	MAMSI Life & Health Ins. Co.	0	0.0%	1	0.3%	5	1.4%	10	2.8%	22
96310	MD-Individual Practive Assoc.	13	7.8%	2	1.2%	3	1.8%	7	4.2%	5
97055	Mega Life & Health Ins. Co.	0	0.0%	0	0.0%	1	16.7%	0	0.0%	0
96940	Optimum Choice, Inc.	60	5.9%	2	0.2%	10	1.0%	11	1.1%	35
68241	Prudential Insurance Company of America	2	100.0%	0	0.0%	0	0.0%	0	0.0%	0
69019	Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
69477	Time Insurance Company/Fortis Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
61425	Trustmark Insurance Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
62863	Trustmark Life Insurance Company	0	0.0%	0	0.0%	1	16.7%	0	0.0%	0
80314	UNICARE Life & Health Ins. Co.	4	11.8%	2	5.9%	5	14.7%	0	0.0%	4
70408	Union Security Ins. Co./Fortis Benefits	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
85766	United Concordia Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
62294	United Concordia Life & Health Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
79413	United HealthCare Ins. Co.	4	16.7%	0	0.0%	1	4.2%	0	0.0%	1
69868	United of Omaha Life Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
70106	United States Life Ins. Co. In the City of NY	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
95025	United HealthCare of the Mid-Atl	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
	<b>Total</b>	<b>387</b>	<b>7.4%</b>	<b>397</b>	<b>7.6%</b>	<b>65</b>	<b>1.2%</b>	<b>53</b>	<b>1.0%</b>	<b>212</b>

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

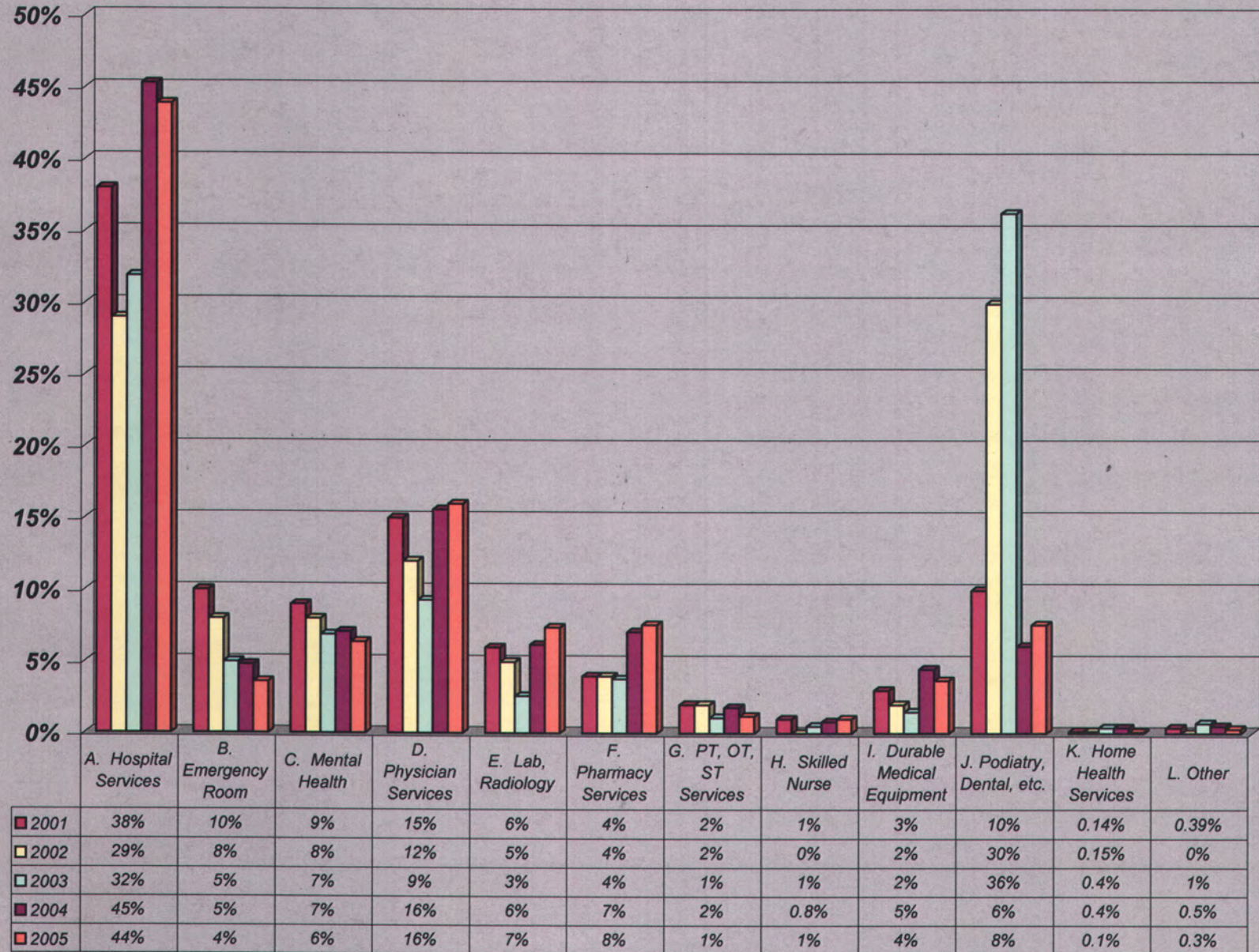
**APPEALS AND GRIEVANCES  
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2005 Appendix B3**

NAIC #	COMPANY NAME	E MEDICAL	J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		*L. OTHER	
		T Services % TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Healthcare Inc.	1.1%	0	0.0%	0	0.0%	0	0.0%
60054	Aetna Life Insurance Company	10.7%	0	0.0%	0	0.0%	0	0.0%
97179	American Medical Security Life Ins. Co.	0.0%	3	100.0%	0	0.0%	0	0.0%
60836	American Republic Insurance Company	0.0%	0	0.0%	0	0.0%	1	100.0%
61301	Ameritas Life Insurance Corp.	0.0%	8	100.0%	0	0.0%	0	0.0%
38245	BCS Insurance Company	0.0%	0	0.0%	0	0.0%	1	100.0%
96202	CareFirst BlueChoice, Inc.	4.1%	18	1.6%	1	0.1%	1	0.1%
47058	CareFirst of Maryland, Inc.	6.6%	12	1.3%	1	0.1%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	3.3%	1	1.1%	4	4.3%	0	0.0%
77828	Companion Life Insurance Co.	0.0%	5	100.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	3.2%	36	19.3%	0	0.0%	0	0.0%
62413	Continental Assurance Co.	0.0%	0	0.0%	0	0.0%	0	0.0%
71404	Continental General Insurance Company	0.0%	0	0.0%	0	0.0%	2	100.0%
96460	Coventry Health Care of Delaware, Inc.	12.2%	1	2.4%	1	2.4%	0	0.0%
43010	Fidelity Ins. Co. of MD	0.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co.	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	2.2%	10	3.2%	0	0.0%	2	0.6%
64246	Guardian Life Ins. Co. Of America	1.5%	210	81.1%	0	0.0%	3	1.2%
70254	Jefferson Pilot Financial Insurance Company	0.0%	8	100.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	5.9%	1	0.8%	0	0.0%	3	2.5%
60321	MAMSI Life & Health Ins. Co.	6.1%	9	2.5%	0	0.0%	0	0.0%
96310	MD-Individual Practive Assoc.	3.0%	2	1.2%	0	0.0%	0	0.0%
97055	Mega Life & Health Ins. Co.	0.0%	0	0.0%	0	0.0%	2	33.3%
96940	Optimum Choice, Inc.	3.4%	11	1.1%	0	0.0%	0	0.0%
68241	Prudential Insurance Company of America	0.0%	0	0.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	0.0%	2	100.0%	0	0.0%	0	0.0%
69477	Time Insurance Company/Fortis Ins. Co.	0.0%	1	50.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co.	0.0%	0	0.0%	0	0.0%	0	0.0%
62863	Trustmark Life Insurance Company	0.0%	1	16.7%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins. Co.	11.8%	8	23.5%	0	0.0%	0	0.0%
70408	Union Security Ins. Co./Fortis Benfits	0.0%	20	100.0%	0	0.0%	0	0.0%
85766	United Concordia Insurance Company	0.0%	1	100.0%	0	0.0%	0	0.0%
62294	United Concordia Life & Health Ins. Co.	0.0%	55	100.0%	0	0.0%	0	0.0%
79413	United HealthCare Ins. Co.	4.2%	1	4.2%	0	0.0%	1	4.2%
69868	United of Omaha Life Ins. Co.	0.0%	4	100.0%	0	0.0%	0	0.0%
70106	United States Life Ins. Co. In the City of NY	0.0%	4	100.0%	0	0.0%	0	0.0%
95025	United HealthCare of the Mid-Atl	0.0%	0	0.0%	0	0.0%	1	9.1%
	<b>Total</b>	<b>4.1%</b>	<b>432</b>	<b>8.3%</b>	<b>7</b>	<b>0.1%</b>	<b>17</b>	<b>0.3%</b>

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

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

## APPENDIX B4



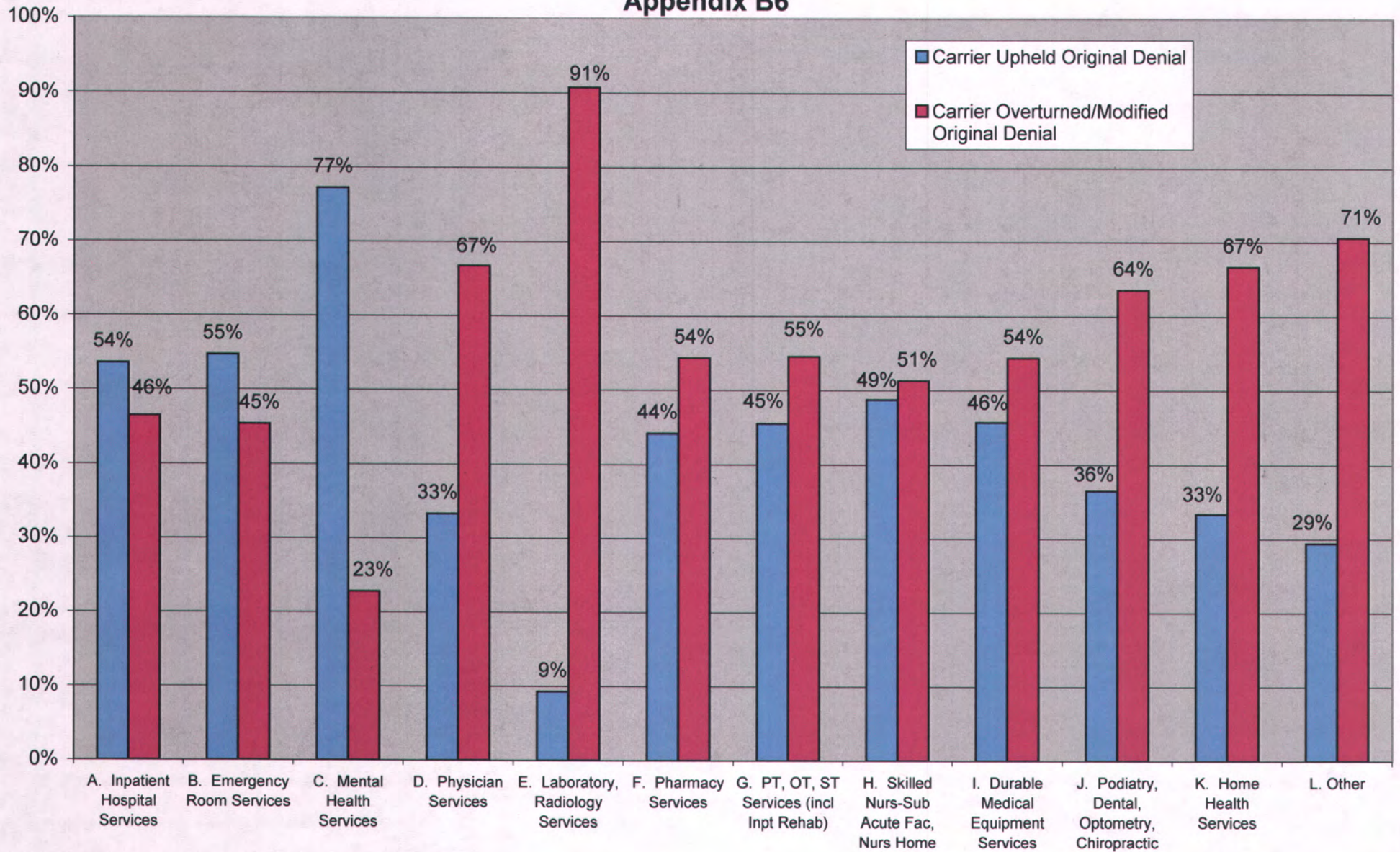
**APPEALS AND GRIEVANCES  
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES - 2005**

**Appendix B5**

NAIC #	COMPANY NAME	COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
				NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95590	Aetna Health Inc.	266	5.1%	113	42.5%	146	54.9%	7	2.6%
60054	Aetna Life Ins. Co.	28	0.5%	20	71.4%	7	25.0%	1	3.6%
97179	American Medical Security Life Ins. Co.	3	0.1%	0	0.0%	3	100.0%	0	0.0%
60836	American Republic Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
61301	Ameritas Life Insurance Corp.	8	0.2%	6	75.0%	2	25.0%	0	0.0%
38245	BCS Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc.	1134	21.6%	449	39.6%	617	54.4%	68	6.0%
47058	CareFirst of Maryland, Inc.	916	17.4%	433	47.3%	432	47.2%	51	5.6%
95599	CIGNA Healthcare Mid-Atlantic, Inc.	92	1.8%	45	48.9%	41	44.6%	6	6.5%
77828	Companion Life Insurance Co.	5	0.1%	3	60.0%	2	40.0%	0	0.0%
62308	Connecticut General Life Insurance	187	3.6%	72	38.5%	113	60.4%	2	1.1%
62413	Continental Assurance Co.	7	0.1%	7	100.0%	0	0.0%	0	0.0%
71404	Continental General Ins. Co.	2	0.0%	2	100.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Delaware Inc.	41	0.8%	34	82.9%	7	17.1%	0	0.0%
43010	Fidelity Ins. Co. of MD	87	1.7%	60	69.0%	16	18.4%	11	12.6%
62286	Golden Rule Insurance Co.	4	0.1%	3	75.0%	1	25.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	315	6.0%	122	38.7%	174	55.2%	19	6.0%
64246	Guardian Life Ins. Co. Of America	259	4.9%	110	42.5%	136	52.5%	13	5.0%
70254	Jefferson Pilot Financial Insurance Company	8	0.2%	7	87.5%	1	12.5%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	119	2.3%	48	40.3%	71	59.7%	0	0.0%
60321	MAMSI Life & Health Ins. Co.	360	6.8%	210	58.3%	101	28.1%	49	13.6%
96310	MD-Individual Practive Assoc.	167	3.2%	94	56.3%	55	32.9%	18	10.8%
97055	Mega Life & Health Ins. Co.	6	0.1%	4	66.7%	2	33.3%	0	0.0%
96940	Optimum Choice, Inc.	1025	19.5%	627	61.2%	290	28.3%	108	10.5%
68241	Prudential Insurance Company of America	2	0.0%	2	100.0%	0	0.0%	0	0.0%
69019	Standard Insurance Company	2	0.0%	0	0.0%	1	50.0%	1	50.0%
69477	Time Insurance Company/Fortis Ins. Co.	2	0.0%	1	50.0%	0	0.0%	1	50.0%
61425	Trustmark Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
62863	Trustmark Life Insurance Company	6	0.1%	2	33.3%	4	66.7%	0	0.0%
80314	UNICARE Life & Health Ins. Co.	34	0.6%	18	52.9%	15	44.1%	1	2.9%
70408	Union Security Insurance Company	20	0.4%	20	100.0%	0	0.0%	0	0.0%
85766	United Condordia Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%
62294	United Condordia Life & Health Ins Co	55	1.0%	5	9.1%	45	81.8%	5	9.1%
79413	United HealthCare Ins. Co.	24	0.5%	20	83.3%	4	16.7%	0	0.0%
69868	United of Omaha Life Ins. Co.	4	0.1%	2	50.0%	2	50.0%	0	0.0%
70106	United States Life Ins. Co. In the City of NY	4	0.1%	1	25.0%	3	75.0%	0	0.0%
95025	United Healthcare of the Mid-Atl	11	0.2%	9	81.8%	2	18.2%	0	0.0%
	<b>Total</b>	<b>5207</b>		<b>2552</b>	<b>49.0%</b>	<b>2294</b>	<b>44.1%</b>	<b>361</b>	<b>6.9%</b>

# INTERNAL GRIEVANCE - CARRIER DISPOSITION REPORTED BY SERVICE - 2001

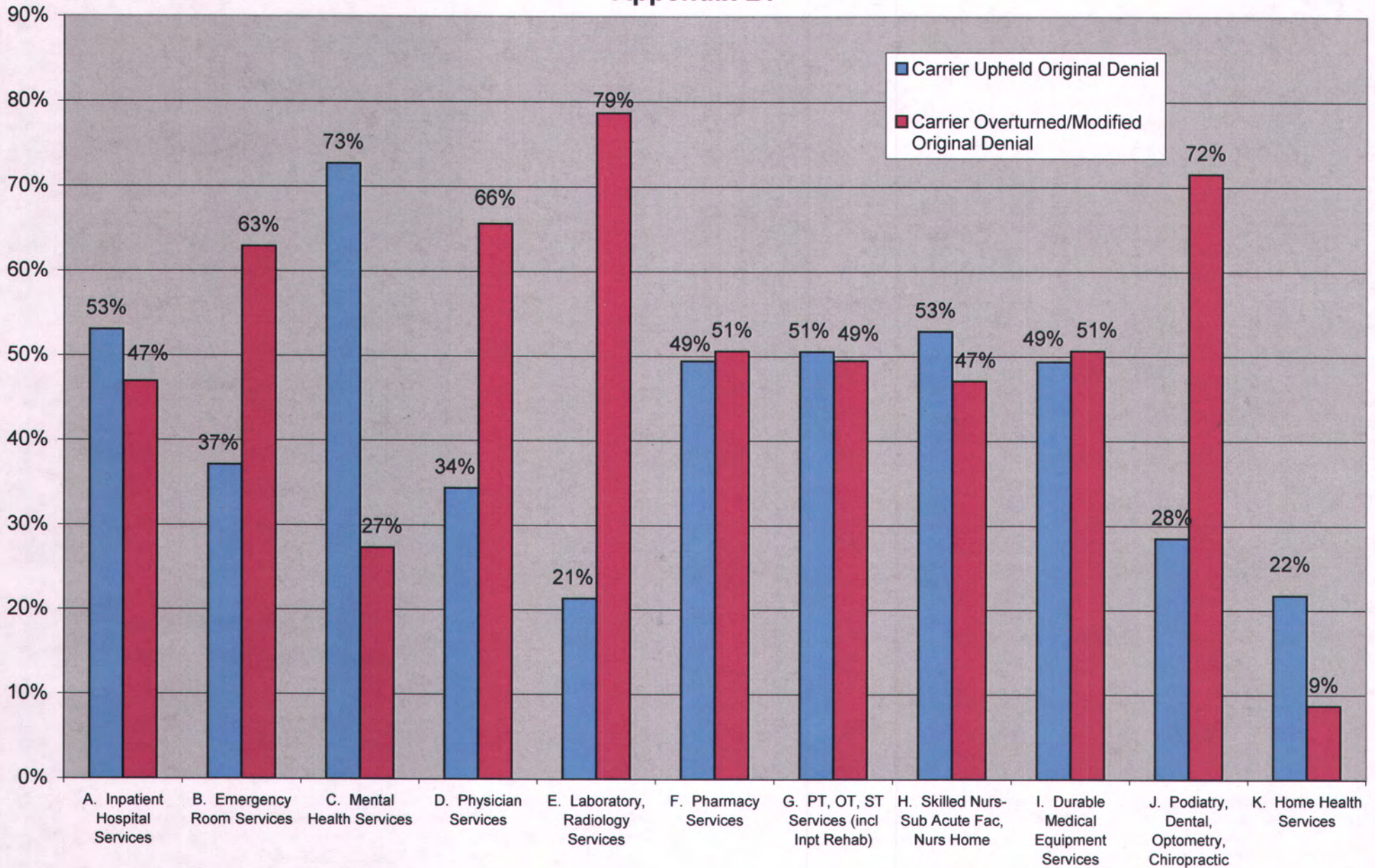
## Appendix B6



\*L. Outpatient Hospital Services, Education Services, and Transportation

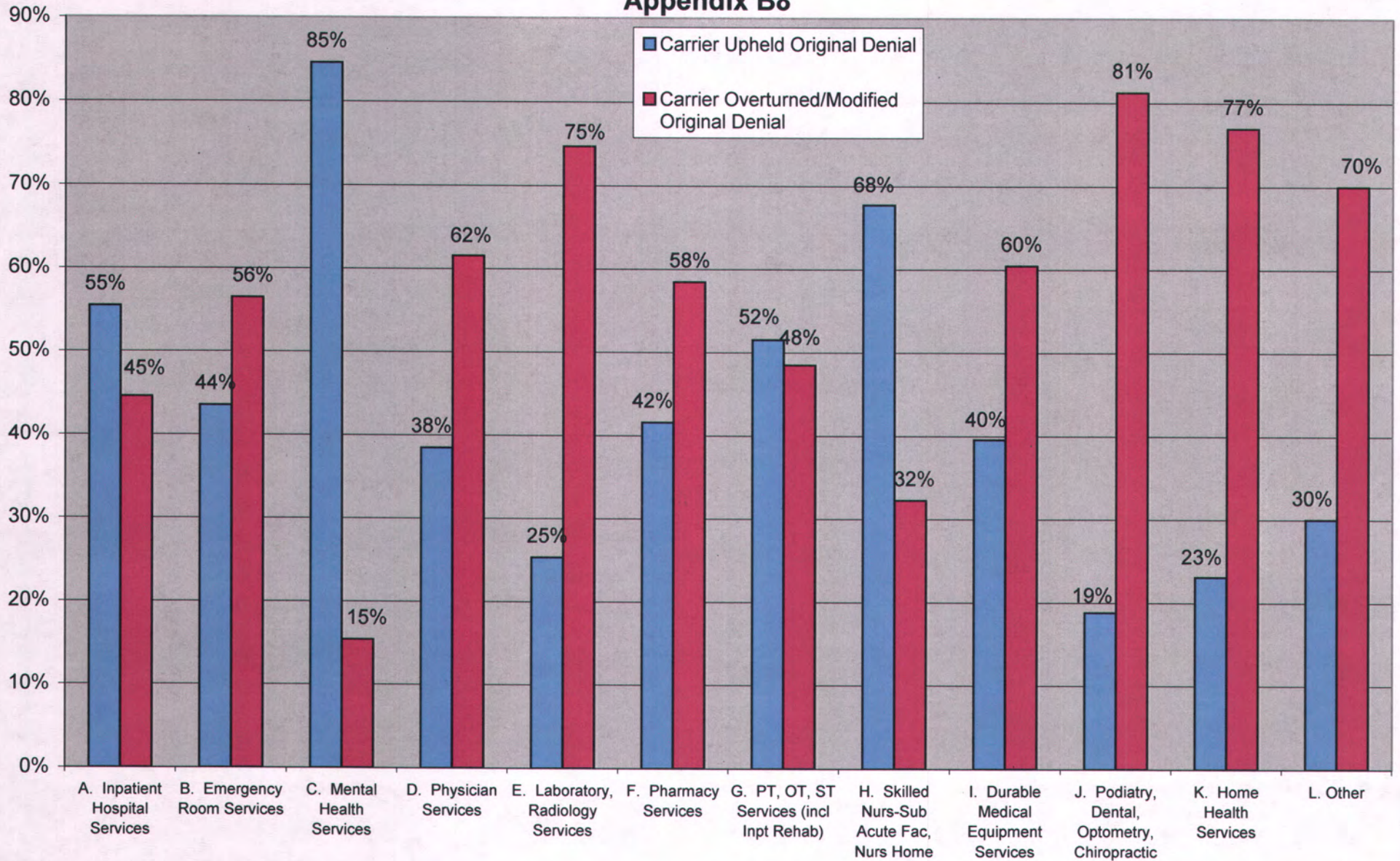
## INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2002

### Appendix B7



# INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2003

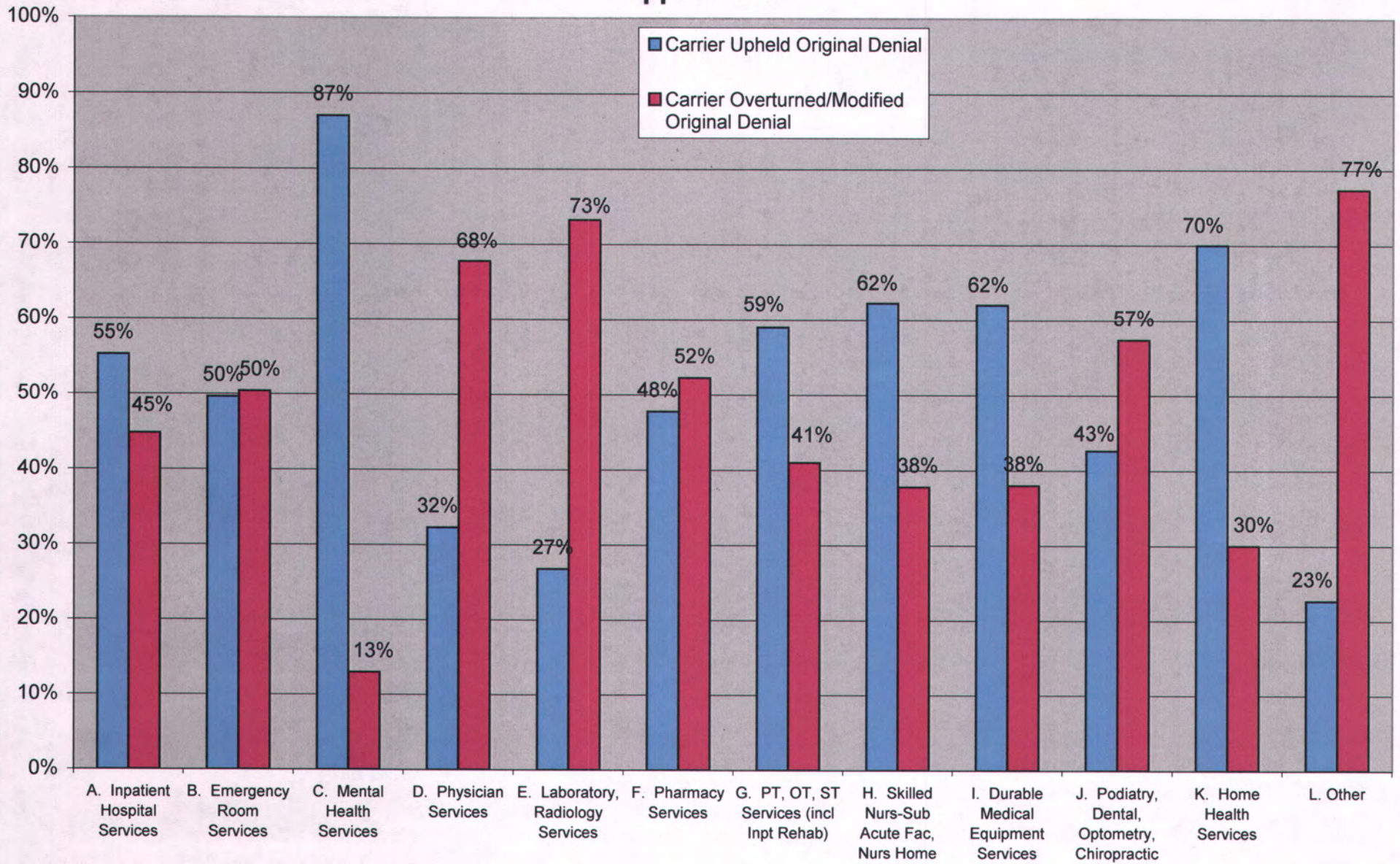
## Appendix B8



\*L. Outpatient Hospital Services, Education Services, and Transportation

# INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2004

## Appendix B9

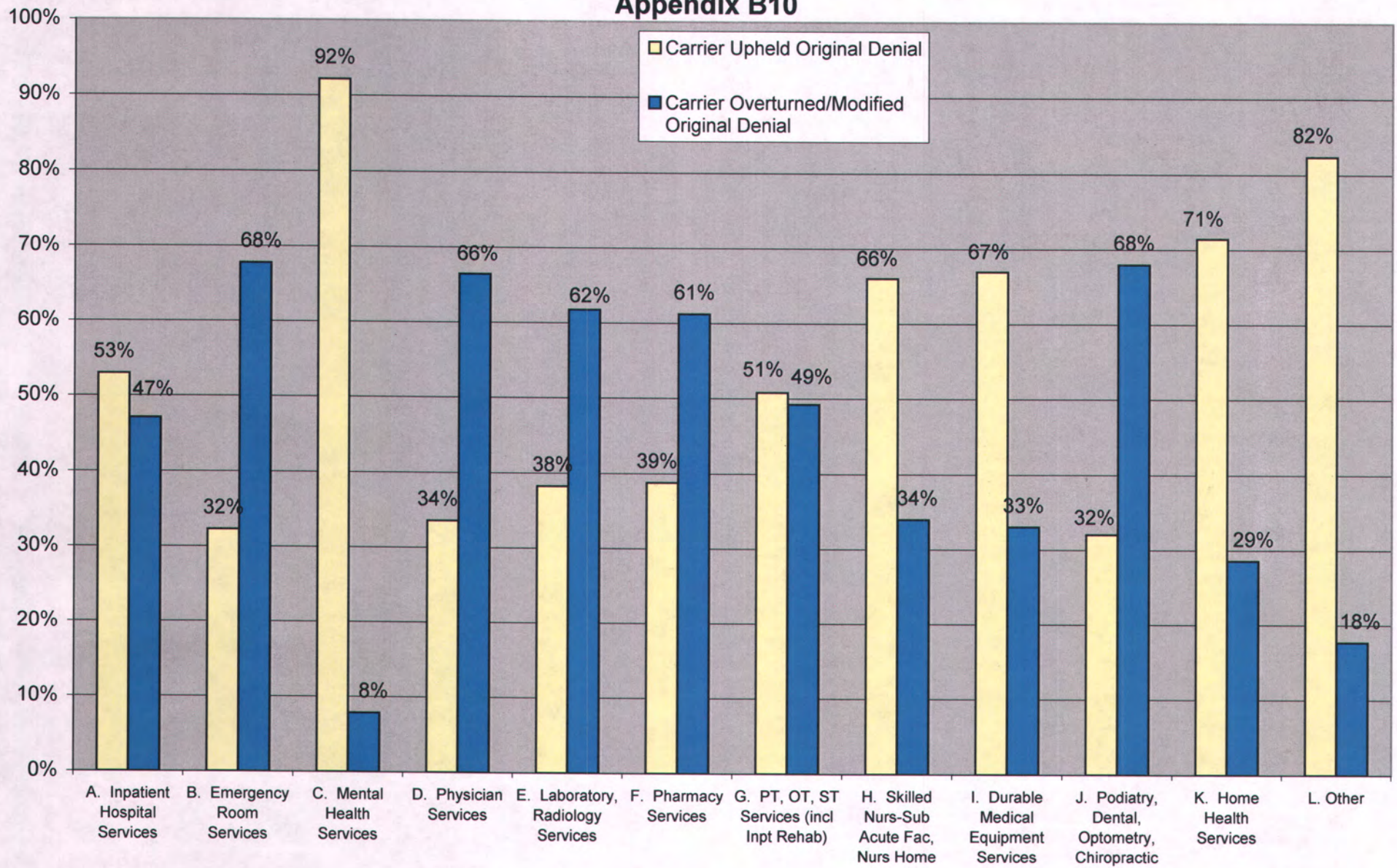


\*L. Outpatient Hospital Services, Education Services, and Transportation



# INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2005

## Appendix B10



\*L. Outpatient Hospital Services, Education Services, and Transportation

**APPEALS AND GRIEVANCES  
CARRIER'S INTERNAL ADVERSE DECISIONS  
STATISTICS BY SERVICE  
2005 DENTAL ONLY  
APPENDIX B11**

NAIC #	COMPANY NAME	ADVERSE DECISIONS FILED	
		COMPANY	% OF ALL
		TOTAL	COMPANIES
48119	CIGNA Dental Health of MD, Inc.	769	7.5%
47040	Dental Benefit Providers of MD, Inc.	1886	18.4%
95846	Group Dental Service of Maryland, Inc.	7582	74%
70580	Humana Dental Insurance Company	11	0.1%
95253	United Concordia Dental Plans, Inc.	1	0.0%
	<b>Total</b>	<b>10249</b>	

**APPEALS AND GRIEVANCES  
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE –  
2005 DENTAL ONLY  
APPENDIX B12**

NAIC #	COMPANY NAME	GRIEVANCES FILED	
		COMPANY	% OF ALL
		TOTAL	COMPANIES
48119	CIGNA Dental Health of MD, Inc.	19	3%
47040	Dental Benefit Providers of MD, Inc.	557	88%
95846	Group Dental Service of Maryland, Inc.	56	8.8%
95253	United Concordia Dental Plans, Inc.	1	0.2%
	<b>Total</b>	<b>633</b>	

**APPEALS AND GRIEVANCES  
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES - 2005 DENTAL ONLY  
APPENDIX B13**

NAIC #	COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
		COMPANY	% OF ALL	UPHELD		OVERTURNED		MODIFIED	
		TOTAL	COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
48119	CIGNA Dental Health of MD, Inc.	19	3.0%	7	36.8%	12	63.2%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	557	88.0%	138	24.8%	342	61.4%	77	13.8%
95846	Group Dental Service of Maryland, Inc.	56	8.8%	29	51.8%	27	48.2%	0	0.0%
95253	United Concordia Dental Plans, Inc.	1	0.2%	1	100.0%	0	0.0%	0	0.0%
	<b>Total</b>	<b>633</b>		<b>175</b>	<b>27.6%</b>	<b>381</b>	<b>60.2%</b>	<b>77</b>	<b>12.2%</b>

**APPEALS AND GRIEVANCES**  
**GRIEVANCES FILED INVOLVING HOSPITAL LENGTH OF STAY/DENIAL OF HOSPITAL DAYS - 2005**  
**Appendix B14**

NAIC #	COMPANY* NAME	HOSPITAL LOS TOTAL**	HOSPITAL LOS OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
				Number	Percent	Number	Percent	Number	Percent
96202	CareFirst BlueChoice, Inc	370	217	109	50.23%	98	45.16%	10	4.61%
47058	CareFirst of Maryland, Inc.	411	150	102	68.00%	31	20.67%	17	11.33%
95599	CIGNA Healthcare Mid-Atlantic, Inc	35	34	12	35.29%	18	52.94%	4	11.76%
62308	Connecticut General Life Insurance	19	19	7	36.84%	10	52.63%	2	10.53%
62413	Continental Assurance Company	1	0	0	0.00%	0	0.00%	0	0.00%
96460	Coventry Health Care of Maryland, Inc.	1	1	1	100.00%	0	0.00%	0	0.00%
43010	Fidelity Insurance Co of MD/Time	50	21	14	66.67%	5	23.81%	2	9.52%
62286	Golden Rule Insurance Co	4	4	3	75.00%	1	25.00%	0	0.00%
53007	Group Hosp & MedServ, Inc.	63	53	37	69.81%	10	18.87%	6	11.32%
64246	Guardian Life Ins Co Of America	29	19	11	57.89%	8	42.11%	0	0.00%
95639	Kaiser Fndtn Health Plan-Mid-Atl	11	11	1	9.09%	10	90.91%	0	0.00%
60321	MAMSI Life & Health Ins Co	196	75	42	56.00%	17	22.67%	16	21.33%
96310	MD-Individual Practive Assoc.	153	131	80	61.07%	40	30.53%	11	8.40%
96940	Optimum Choice, Inc.	581	115	77	66.96%	29	25.22%	9	7.83%
69477	Time Ins. Co./Fortis Ins. Co.	1	1	1	100.00%	0	0.00%	0	0.00%
62863	Trustmark Life Insurance Company	7	3	1	33.33%	2	66.67%	0	0.00%
80314	UNICARE Life & Health Ins Co	3	3	1	33.33%	2	66.67%	0	0.00%
79413	United HealthCare Insurance Company	4	4	3	75.00%	1	25.00%	0	0.00%
95025	United Healthcare of the Mid-Atl	6	6	5	83.33%	1	16.67%	0	0.00%

\*This chart only includes those carriers who had a grievance involving hospital length of stay during calendar year 2005.

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

## APPEALS AND GRIEVANCES

### INTERNAL GRIEVANCES FILED CONSIDERED EMERGENCY CASES AS REPORTED BY CARRIER - 2005

#### Appendix B15

NAIC #	COMPANY* NAME	**TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES" OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
				Number	Percent	Number	Percent	Number	Percent
96202	CareFirst BlueChoice, Inc.	154	83	82	98.8%	1	1.2%	0	0.0%
47058	CareFirst of Maryland, Inc.	105	83	76	91.6%	7	8.4%	0	0.0%
95599	Cigna Healthcare Mid-Atl Inc.	4	4	3	75.0%	1	25.0%	0	0.0%
62308	Connecticut General Life Insurance	3	3	3	100.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Delaware, Inc.	6	6	5	83.3%	1	16.7%	0	0.0%
53007	Group Hosp & MedServ, Inc.	72	43	41	95.3%	2	4.7%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	4	4	2	50.0%	2	50.0%	0	0.0%
60321	Mamsi Life and Health Ins. Co.	2	1	1	100.0%	0	0.0%	0	0.0%
96310	MD-Individual Practice Asso., Inc.	2	2	1	50.0%	1	50.0%	0	0.0%
96940	Optimum Choice, Inc.	2	2	0	0.0%	2	100.0%	0	0.0%
80314	Unicare Life & Health Insurance Co.	1	1	1	100.0%	0	0.0%	0	0.0%
79414	United HealthCare Insurance Company	4	4	3	75.0%	1	25.0%	0	0.0%
95025	United HealthCare of the Mid Atlantic	5	5	5	100.0%	0	0.0%	0	0.0%
	<b>Total</b>	<b>364</b>	<b>241</b>	<b>223</b>	<b>92.53%</b>	<b>18</b>	<b>7.47%</b>	<b>0</b>	<b>0.00%</b>

\*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2005.

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

**APPEALS AND GRIEVANCES  
EMERGENCY CASES - RESOLUTION TIME\* - 2005 - Appendix B16**

NAIC #	COMPANY** NAME	EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
95590	Aetna Health, Inc.	0	0	12.5	0
96202	CareFirst BlueChoice, Inc.	24	24	24	24
47058	Carefirst of Maryland, Inc.	24	24	24	24
95599	Cigna Healthcare Mid-Atlantic, Incorporated	0	46	0	71.5
62308	Connecticut General Life Insurance	0.3	0	24.5	25.5
96460	Coventry Health Care of Delaware, Inc.	0	0	0	23
95846	Group Dental Service of MD Inc.	1	3	1	1
53007	Group Hosp & MedServ, Inc.	24	24	24	24
95639	Kaiser Fndtn Health Plan-Mid-Atl	7	5	23	3
60321	Mamsi Life & Health Insurance Company	0	0	24	0
96310	MD-Individual Practice Association, Inc.	0	0	0	48
69640	Optimum Choice, Inc.	0	0	24	24
80314	UNICARE Life & Health Insurance Co.	23	0	0	0
79413	United HealthCare Insurance Company	24	24	0	24
95025	UnitedHealthcare of the Mid-Atlantic, Inc.	24	24	24	24

\*\*This report only includes carriers who had grievances which were considered emergency cases during calendar year 2005

\*Reported as hours

**APPEALS AND GRIEVANCES  
NON - EMERGENCY CASES - RESOLUTION TIME\* - 2005**

**Appendix B17**

NAIC #	COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
95590	Aetna Health Inc.	9	13	14	14
60054	Aetna Life Ins. Co.	8	21	78	14
97179	American Medical Security Life Ins. Co.	0	0	28.6	0
60836	American Republic Insurance Company	0	0	0	21
61301	Ameritas Life Ins. Co.	10	7.7	4.2	10.8
96202	CareFirst BlueChoice, Inc.	25.7	25.3	30.5	22.2
47058	CareFirst of Maryland, Inc.	26.2	29.7	34.9	26.3
80799	Celtic Insurance Company	29	0	0	0
48119	CIGNA Dental Health of MD, Inc.	25.5	0	0	14
95599	CIGNA Healthcare Mid-Atlantic, Inc.	51	69.6	28.2	78.6
77828	Companion Life Insurance Co.	15.8	15	9	9
62308	Connecticut General Life Insurance	17.3	27	25.8	27.5
62413	Continental Assurance Co.	0	0	0	12.8
71404	Continental General Insurance Company	14	0	0	0
96460	Coventry Health Care of Delaware, Inc.	26	12.3	18	21
47040	Dental Benefit Providers of MD, Inc.	12	5	5	5
43010	Fidelity Ins. Co. of MD	16	17	20	19
62286	Golden Rule Insurance Co.	31	8	27	0
95846	Group Dental Service of Maryland, Inc.	1	12	4	4
53007	Group Hosp & MedServ, Inc.	25.3	27.2	23.7	19.6
64246	Guardian Life Ins. Co. Of America	9	27	7	12.2
70254	Jefferson Pilot Financial Ins. Co.	25	16	0	0
95639	Kaiser Fndtn Health Plan-Mid-Atl	43	35.1	31.8	28.3
60321	MAMSI Life & Health Ins. Co.	21.3	20.2	21	22.5
96310	MD-Individual Practive Assoc.	21.8	19.3	21.3	43.6
97055	Mega Life & Health Ins. Co.	25	53	0	0
96940	Optimum Choice, Inc.	22	18.7	20.3	25.3
68241	Prudential Insurance Company of America	0	0	0	18
69477	Time Insurance Company (Fortis Insurance Co.)	0	35	24	0
61425	Trustmark Insurance Co.	0	2	0	16
62863	Trustmark Life Insurance Co.	2	2	2	26
80314	UNICARE Life & Health Ins. Co.	17	18	14	25
70408	Union Security Ins. Co. (Fortis Benefits Ins. Co.)	27.8	20.4	16.4	22
95253	United Concordia Dental Plans, Inc.	8	0	0	0
62294	United Concordia Life and Health Ins. Co.	8	0	9	15
79413	United HealthCare Ins. Co.	24	21	0	9.2
69868	United of Omaha Life Ins. Co.	0	3	0	4
70106	United States Life Ins. Co. In the City of New York	0	10	0	0
95025	United Healthcare of the Mid-Atlantic, Inc.	28	9	10	0

\*Reported as Calendar Days



**Appeals and Grievance Statistics  
Totals for Complaints Filed  
January 1, 2005 - December 31, 2005**

**Appendix C1**

**COMPLAINTS FILED**

**946**

**NO JURISDICTION**

**231**

Referred to DOL (ERISA)	116
Referred to OPM (FEHBP)	35
Referred to Medicaid	6
Referred to Medicare	10
Referred to Insurance Department in Another State	63
Referred to Other*	1

\*Includes complaints referred to Workers  
Compensation Commission and Other State agencies

**COMPLAINT WITHDRAWN**

**5**

**INSUFFICIENT INFORMATION**

**98**

**No Action Required**

**63**

Includes cases transferred to Life & Health,  
Duplicate file, Advised Complainant

**Referred to HEAU to  
Exhaust Internal Remedy**

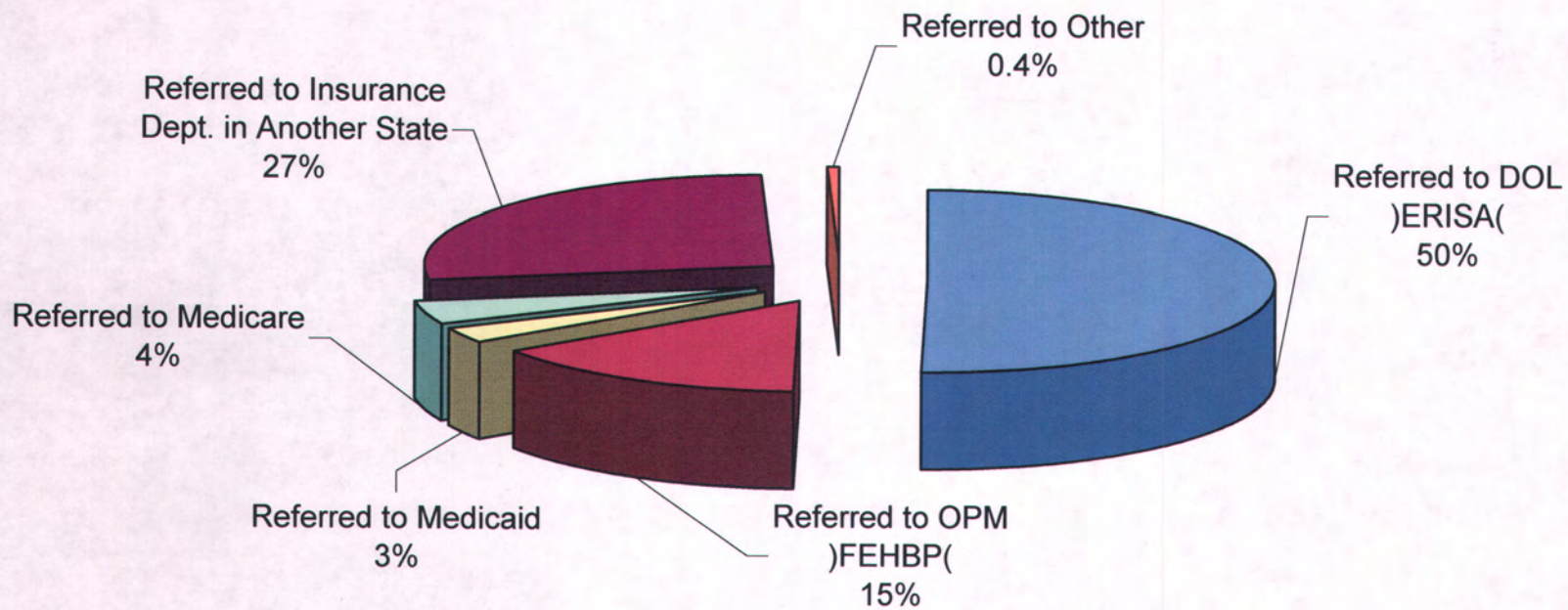
**167**

**MIA Conducted Investigation:**

**382**

Carrier Reversed Itself During Investigation	145
Carrier Upheld by MIA	196
Carrier Reversed by MIA	39
Carrier Modified by MIA	2

# Appeals & Grievance No Jurisdiction January 2005 - December 2005 Appendix C2



**APPEALS & GRIEVANCE  
DISPOSITION OF CASES  
FORWARDED TO DHMH  
BY THE APPEALS & GRIEVANCE UNIT  
JANUARY - DECEMBER 2005  
Appendix C3**

Description	Complaints Forwarded	
	Number	Percent
<b>Total Cases Forwarded to DHMH by the Appeals &amp; Grievance Unit*</b>	4	100%
<b>Categories of Complaints Referred to DHMH:</b>		
- Mixed jurisdiction - DHMH & MIA investigations	4	100%
- Complaint solely within DHMH jurisdiction	0	0%
- DHMH determined that it has no jurisdiction	0	0%

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

**SUMMARY OF APPEALS AND GRIEVANCE  
COMPLAINTS INVESTIGATED BY MIA  
LISTED BY CARRIER  
JANUARY - DECEMBER 2005**

**Appendix C4**

Carrier	COMPLAINTS INVESTIGATED		Carrier Decision Sustained by MIA		Carrier Decision Not Sustained		Carrier Decision Subject to Modification		Carrier Reversed Itself During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	12	3%	5	42%	1	8%	0	0%	6	50%
Carefirst Bluechoice, Inc.	57	15%	23	40.4%	6	10.5%	0	0%	28	49.1%
Carefirst of Maryland, Inc.	78	21%	34	44%	3	4%	1	1%	40	51%
CIGNA HealthCare Mid-Atlantic, Inc.	5	1%	0	0%	0	0%	0	0%	5	100%
Connecticut General Life Insurance Co.	2	1%	2	100%	0	0%	0	0%	0	0%
Coventry Health Care of DE, Inc.	11	3%	9	82%	0	0%	0	0%	2	18%
Dental Benefit Providers of MD, Inc.	2	1%	0	0%	0	0%	0	0%	2	100%
Fidelity Ins. Co.	4	1%	2	50%	0	0%	0	0%	2	50%
Fortis Insurance Company	1	0%	1	100%	0	0%	0	0%	0	0%
Group Hosp. & Med Services	9	2%	2	22%	2	22%	1	11%	4	44%
Guardian Life Ins. Co. of America	9	2%	5	56%	1	11%	0	0%	3	33%
Highmark BlueCross BlueShield	1	0%	0	0%	0	0%	0	0%	1	100%
Humana Insurance Company	1	0%	1	100%	0	0%	0	0%	0	0%
Kaiser Foundation	12	3%	9	75%	0	0%	0	0%	3	25%
MAMSI Life and Health Ins. Co.	33	9%	21	64%	7	21%	0	0%	5	15%
Maryland Health Insurance Plan	9	2%	1	11%	0	0%	0	0%	8	89%
MD IPA	14	4%	6	43%	6	43%	0	0%	2	14.3%
Medco Health Solutions	1	0%	0	0%	0	0%	0	0%	1	100%
MEGA Life and Health Insurance Co	1	0%	0	0%	0	0%	0	0%	1	100%
Metropolitan Life Insurance Company	5	1%	1	20%	0	0%	0	0%	4	80%
Optimum Choice	106	28%	69	65%	13	12%	0	0%	24	23%
Unicare Life and Health Ins. Co.	1	0%	1	100%	0	0%	0	0%	0	0%
United Concordia Dental Plans	1	0%	1	100%	0	0%	0	0%	0	0%
United Healthcare Insurance Company	4	1%	1	25%	0	0%	0	0%	3	75%
United Healthcare of Mid-Atlantic	3	1%	2	67%	0	0%	0	0%	1	33%
<b>TOTAL</b>	<b>382</b>	<b>101%</b>	<b>196</b>	<b>51%</b>	<b>39</b>	<b>10%</b>	<b>2</b>	<b>1%</b>	<b>145</b>	<b>38%</b>

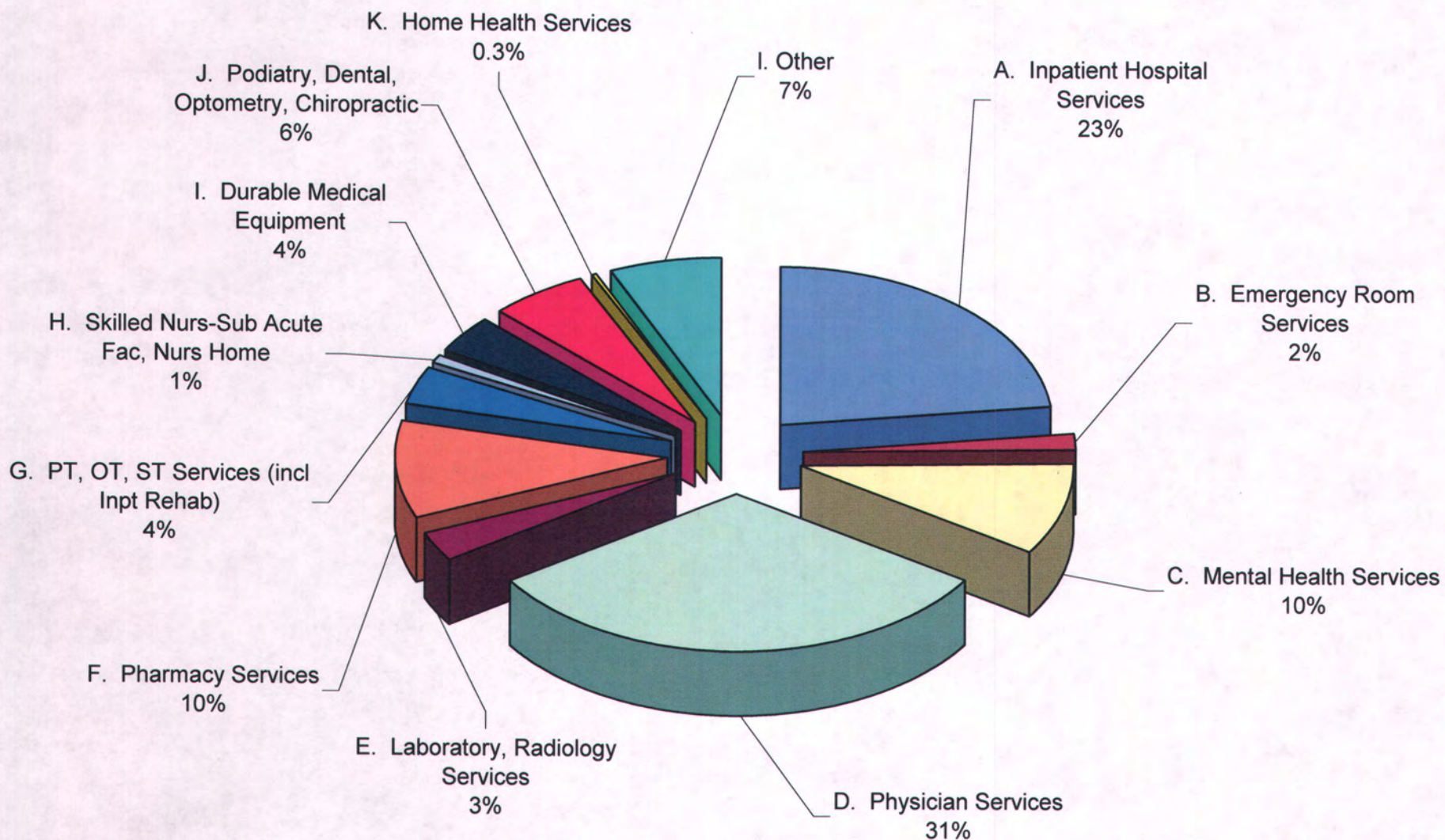
**SUMMARY OF APPEALS AND GRIEVANCE  
COMPLAINTS INVESTIGATED BY MIA  
LISTED BY SERVICE  
JANUARY - DECEMBER 2005  
Appendix C5**

Type of Procedure	Carrier Code**	Total	Carrier Decision Sustained		Carrier Decision Not Sustained		Carrier Decision Subject to Modification		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Acupuncture	D	1	1	100%	0	0%	0	0%	0	0%
Chiropractic Care Services	J	2	2	100%	0	0%	0	0%	0	0%
Clinical Trial	D	1	1	100%	0	0%	0	0%	0	0%
Cosmetic	D	15	10	67%	3	20%	0	0%	2	13%
Denial of Claim	L	3	2	67%	0	0%	0	0%	1	33%
Denial of Hospital Days	A	88	52	59%	12	14%	0	0%	24	27%
Dental	J	19	8	42%	1	5%	0	0%	10	53%
Durable Medical Equipment	I	15	6	40%	2	13%	0	0%	7	47%
Emergency Room Denial	B	6	3	50%	0	0%	0	0%	3	50%
Experimental	D	35	23	66%	7	20%	0	0%	5	14%
Eye Care Services	J	1	0	0%	0	0%	0	0%	1	100%
Home Health Care	K	1	0	0%	0	0%	0	0%	1	100%
In-Patient Rehabilitation	G	2	0	0%	0	0%	0	0%	2	100%
Lab, Imaging, Testing	E	12	7	58%	0	0%	0	0%	5	42%
Medical Food	F	1	1	100%	0	0%	0	0%	0	0%
Mental Health Partial Hospitalization	C	4	0	0%	0	0%	0	0%	4	100%
Mental Health (Inpatient) Services	C	26	9	35%	3	12%	1	4%	13	50%
Mental Health (Outpatient) Services	C	7	1	14%	0	0%	0	0%	6	86%
Morbid Obesity	L	21	15	71%	0	0%	0	0%	6	29%
Pharmacy	F	37	8	22%	4	11%	1	3%	24	65%
Physician Services	D	67	36	54%	4	6%	0	0%	27	40%
Podiatry Services	J	1	1	100%	0	0%	0	0%	0	0%
PT, OT, Speech Therapy	G	13	7	54%	3	23%	0	0%	3	23%
Skilled Nursing	H	3	2	67%	0	0%	0	0%	1	33%
Transportation Services	L	1	1	100%	0	0%	0	0%	0	0%
<b>TOTAL</b>		<b>382</b>	<b>196</b>		<b>39</b>		<b>2</b>		<b>145</b>	

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

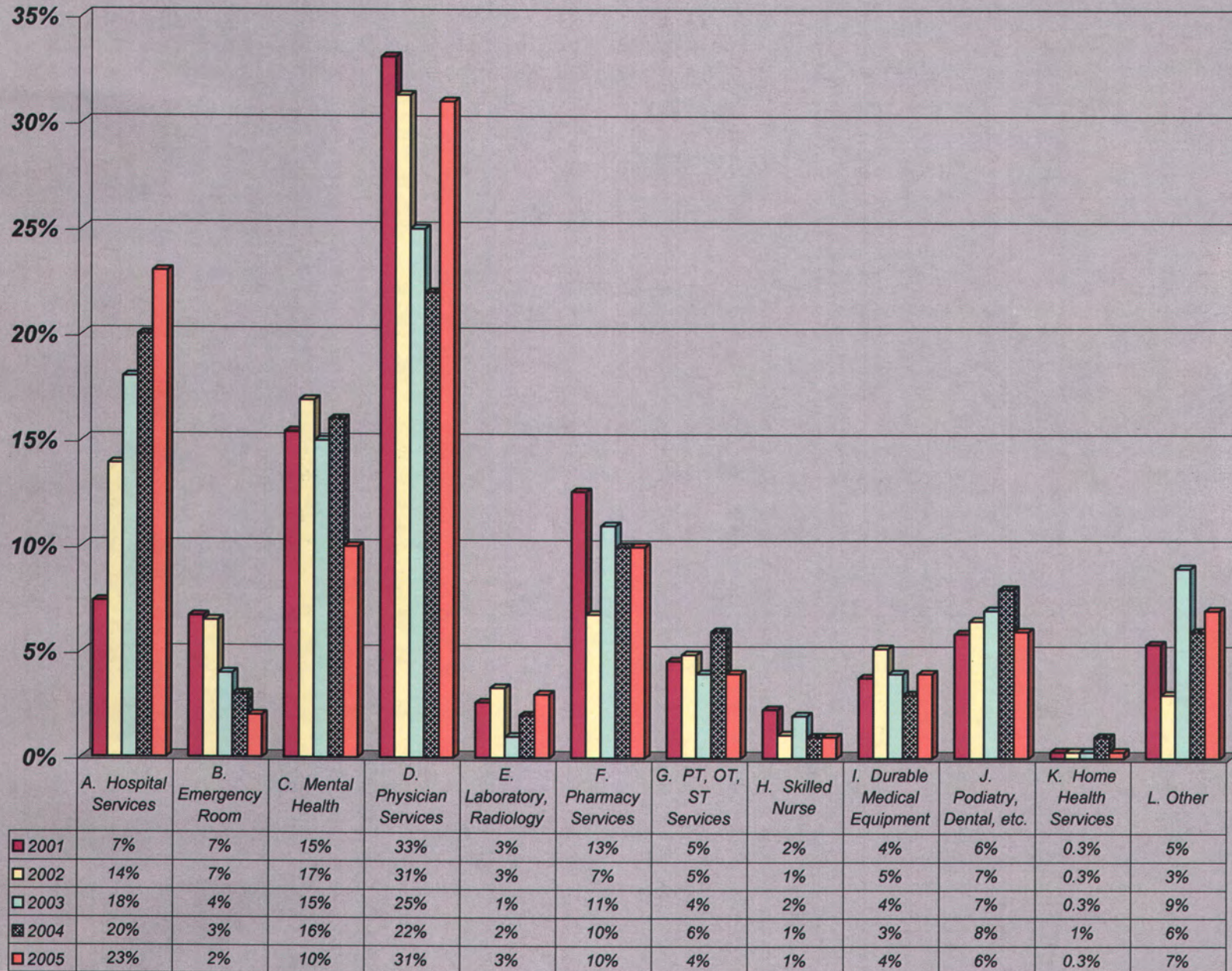
# MIA COMPLAINTS INVESTIGATED BY SERVICE - 2005

## Appendix C6



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

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



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

## Appendix D

### Summaries for Appeals & Grievance Orders 2005

**CareFirst of Maryland, Inc.**

**Case No.: 2005-01-003**

**Effective Date: January 4, 2005**

**Penalty: \$2,500.00**

The Administration ordered CareFirst to immediately authorize payment for inpatient psychiatric hospital days of July 30, 2004 through August 1, 2004 at St. Mary's Medical Center, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for the violation of § 15-10B-06 of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

**MD-Individual Practice Association, Inc.**

**Case No.: 2005-02-014**

**Effective Date: February 10, 2005**

The Administration ordered MD-IPA to immediately authorize payment for the skilled nursing care services rendered at Julia Manor between March 23, 2004 through May 20, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**CareFirst BlueChoice, Inc.**

**Case No.: 2005-02-039**

**Effective Date: February 25, 2005**

The Administration ordered BlueChoice to immediately authorize payment for the residential treatment day of November 7, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**Group Hospitalization and Medical Services, Inc.**

**Case No.: 2005-03-010**

**Effective Date: March 7, 2005**

The Administration ordered GHMSI to immediately authorize coverage for the off-label use of the drug Provigil® and reimburse the member for any expense incurred in connection with Provigil®, pursuant to § 15-10A-04(c) of the Insurance Article.



**MAMSI Life & Health Insurance Company**

**Case No.: 2005-03-020**

**Effective Date: March 17, 2005**

The Administration ordered MAMSI to immediately authorize payment for the medically necessary bilateral VNUS closure for varicose veins of the legs, pursuant to § 15-10A-04(c) of the Insurance Article.

**Group Hospitalization and Medical Services, Inc.**

**Case No.: 2005-03-021**

**Effective Date: March 17, 2005**

The Administration ordered GHMSI to immediately authorize coverage for and issue payment of the liposuction of the buffalo hump of the upper back and neck, pursuant to § 15-10A-04(c) of the Insurance Article.

**Optimum Choice, Inc.**

**Case No.: 2005-03-042**

**Effective Date: March 29, 2005**

The Administration ordered OCI to immediately authorize payment for the inpatient hospital day of September 30, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**MD-Individual Practice Association, Inc.**

**Case No.: 2005-03-043**

**Effective Date: April 4, 2005**

**Penalty: \$5,000.00**

The Administration ordered MD-IPA to immediately authorize payment for bilateral reduction mammoplasty, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article. The Administration ordered MD-IPA to pay an administrative penalty of \$2,500 for violation of § 15-10A-04(c)(3), pursuant to §§ 27-303(8) and 27-305(a) of the Insurance Article and pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1 of the Insurance Article, pursuant to §§ 27-303(7) and 27-305(a) of the Insurance Article.

**MD-Individual Practice Association, Inc.**

**Case No.: 2005-04-007**

**Effective Date: April 6, 2005**

**Penalty: \$2,500.00**

The Administration ordered MD-IPA to immediately authorize payment for reduction mammoplasty, pursuant to § 19-729 of the Health-General Article. The Administration ordered MD-IPA to take the necessary steps to require that the private review agent submit criteria within 30 days of the date of the Order related to reduction mammoplasty in accordance with § 15-10B-05.

**Optimum Choice, Inc.**  
**Case No.: 2005-04-010**  
**Effective Date: April 8, 2005**

The Administration ordered OCI to immediately authorize and issue payment for Charité™ artificial disc replacement for this patient, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-04-023**  
**Effective Date: April 13, 2005**

The Administration ordered OCI to immediately authorize and issue payment for the hysterectomy performed at Chester River Hospital on December 23, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-04-034**  
**Effective Date: April 18, 2005**  
**Penalty: \$2,500.00**

The Administration ordered OCI to immediately authorize coverage for Genotropin®/Growth Hormone Therapy ("GHT"), pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration ordered OCI to pay an administrative penalty of \$2,500 for violation of § 15-10A-04(c)(3) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

**CareFirst BlueChoice, Inc.**  
**Case No.: 2005-04-046**  
**Effective Date: April 21, 2005**

The Administration ordered BlueChoice to immediately authorize payment for the medically necessary speech therapy services at the Timonium Speech and Language Literacy Center from June 24, 2004 to July 29, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-04-049**  
**Effective Date: April 26, 2005**

The Administration ordered OCI to immediately authorize payment for the inpatient days of December 4, 2004 through December 13, 2004, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**Guardian Life Insurance Co. of America**  
**Case No.: 2005-05-001**  
**Effective Date: May 3, 2005**

The Administration ordered that Guardian immediately authorize payment for restorative services on tooth number 8, pursuant to § 15-10A-04(c) of the Insurance Article.

**Group Hospitalization and Medical Services, Inc.**  
**Case No.: 2005-05-011**  
**Effective Date: May 9, 2005**

The Administration ordered GHMSI to immediately authorize payment for Humatrope® Growth Hormone Therapy, pursuant to § 15-10A-04(c) of the Insurance Article.

**CareFirst BlueChoice, Inc.**  
**Case No.: 2005-05-041**  
**Effective Date: May 31, 2005**  
**Penalty: \$7,500.00**

The Administration ordered BlueChoice to immediately authorize coverage for Human Growth Hormone Therapy ("HGH") beginning March 23, 2005, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration ordered BlueChoice to pay an administrative penalty of \$2,500 for violating § 15-10A-04(c)(3) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article; \$2,500 for violation of § 15-10B-05 of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article and to pay a penalty of \$2,500 for violation of § 15-10B-09.1 of the Insurance Article, pursuant to § 27-305(a) of the Insurance Article.

**MAMSI Life & Health Insurance Company**  
**Case No.: 2005-06-024**  
**Effective Date: June 27, 2005**

The Administration ordered MAMSI to immediately authorize and issue payment for the acute inpatient hospital days of January 12, 2005 to January 14, 2005, pursuant to § 15-10A-04(c) of the Insurance Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-06-030**  
**Effective Date: June 29, 2005**

The Administration ordered OCI to immediately authorize payment for the acute inpatient hospital days from January 29, 2005 to January 31, 2005, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**CareFirst BlueChoice, Inc.**  
**Case No.: 2005-07-012**  
**Effective Date: July 13, 2005**  
**Penalty: \$5,000.00**

The Administration ordered BlueChoice to immediately authorize payment for the residential treatment at Father Martin's Ashley from August 29, 2004 through September 26, 2004, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration ordered BlueChoice to pay an administrative penalty of \$2,500 for violation of § 15-10D-02(b) of the Insurance Article, pursuant to § 19-730 of the Health-General Article. The Administration also ordered BlueChoice to pay an administrative penalty of \$2,500 for violation of § 15-10D-02(e) of the Insurance Article, pursuant to § 19-730 of the Health-General Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-07-021**  
**Effective Date: July 19, 2005**

The Administration ordered OCI to immediately authorize payment for the acute inpatient hospital days of November 24, 2004 and November 25, 2004 at Washington Adventist Hospital, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**MD-Individual Practice Association, Inc.**  
**Case No.: 2005-07-022**  
**Effective Date: July 19, 2005**

The Administration ordered MD-IPA to immediately authorize payment for the acute inpatient hospital days of March 21, 2005 to March 22, 2005, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**MD-Individual Practice Association, Inc.**  
**Consent Order: 2005-07-030**  
**Effective Date: January 19, 2006**  
**Penalty: \$1,250.00**

On July 25, 2005, the Administration ordered MD-IPA to comply with the requirements of § 15-123 of the Insurance Article by utilizing a non-employee physician who met the criteria set forth in § 15-123(f)(2) when evaluating emerging medical and surgical treatments in the future. The Administration also ordered MD-IPA to pay an administrative penalty of \$2,500, pursuant to § 15-10A-04(c)(2)(ii) for violation of § 15-10A-04(c) of the Insurance Article.

On January 19, 2006, the Commissioner and MD-IPA entered into this Consent Order in lieu of further proceedings. Whereas, MD-IPA does not admit that it violated the provisions outlined in the Administration's Order of July 25, 2005, it was Ordered by the Commissioner and Consented to by MD-IPA, that MD-IPA shall utilize a non-employee physician who meets

the criteria set forth in § 15-123(f)(2) and make payment to the Administration in the amount of \$1,250.00.

**CareFirst BlueChoice, Inc.**  
**Case No.: 2005-07-031**  
**Effective Date: July 25, 2005**

The Administration ordered BlueChoice to immediately authorize payment for the medically necessary Charite disc replacement procedure, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-732 of the Health-General Article.

**MAMSI Life & Health Insurance Company**  
**Case No.: 2005-07-032**  
**Effective Date: July 25, 2005**

The Administration ordered MAMSI to immediately authorize payment for a Lumbar Laminectomy and Fusion, pursuant to § 15-10A-04(c) of the Insurance Article.

**Optimum Choice, Inc.**  
**Case No.: 2005-08-025**  
**Effective Date: August 16, 2005**  
**Penalty: \$2,500.00**

The Administration ordered OCI to immediately authorize coverage for Genotropin®/Growth Hormone Therapy ("GHT"), pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration ordered OCI to submit new criteria for the use of Genotropin®/Growth Hormone Therapy ("GHT") in accordance with § 15-10B-05. The Administration also ordered OCI to pay an administrative penalty of \$2,500 for violation of §§ 15-10A-01, et seq. and 15-10B-01, et seq. for failing to conduct a utilization review, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

**CareFirst of Maryland, Inc.**  
**Case No.: 2005-08-040**  
**Effective Date: August 31, 2005**  
**Penalty: \$2,500.00**

The Administration ordered CareFirst to immediately authorize coverage and payment for the medically necessary Charité™ disc replacement procedure, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

**MD-Individual Practice Association, Inc.**

**Case No.: 2005-08-041**

**Effective Date: August 31, 2005**

The Administration ordered MD-IPA to immediately authorize payment for endoscopic rubber band ligation of internal hemorrhoids using the Speedband Superview Super-7™ rubber band multishooter manufactured by Boston Scientific, Microvasive performed in an outpatient hospital setting, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**MAMSI Life & Health Insurance Company**

**Case No.: 2005-08-042**

**Effective Date: August 31, 2005**

The Administration ordered MAMSI to immediately authorize payment for the medically necessary Pneumatic Compression Pump device, pursuant to § 15-10A-04(c) of the Insurance Article.

**Optimum Choice, Inc.**

**Case No.: 2005-09-010**

**Effective Date: September 8, 2005**

The Administration ordered OCI to immediately authorize and issue payment for Charite artificial disc replacement for this patient, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article.

**Optimum Choice, Inc.**

**Case No.: 2005-09-016**

**Effective Date: September 14, 2005**

The Administration ordered OCI to immediately authorize payment for inpatient hospitalization from March 6, 2005 through March 8, 2005, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**MD-Individual Practice Association, Inc.**

**Case No.: 2005-09-025**

**Effective Date: September 16, 2005**

The Administration ordered MD-IPA to immediately authorize payment for the acute inpatient hospital days April 14, 2005 through April 15, 2005, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

**Optimum Choice, Inc.**  
**Consent Order: 2005-09-029**  
**Effective Date: June 15, 2006**

On September 23, 2005, the Administration ordered OCI to immediately authorize coverage of the Charite® artificial disc replacement for this patient, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-729 of the Health-General Article. The Administration ordered OCI to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article and pay an administration penalty of \$2,500 for violation of § 15-10B-07 of the Insurance Article, pursuant to § 19-730 of the Health-General Article and § 27-305 of the Insurance Article.

On June 15, 2006, the Commissioner and Optimum Choice, Inc. ("OCI") entered into this Consent Order in lieu of further proceedings. OCI does not admit that it committed the violations alleged in the original Order. Therefore, it is Ordered by the Commissioner and Consented to by OCI, that OCI authorize coverage for the Charite® artificial disc replacement for the adult member and the Commissioner agrees to withdraw the Administrative penalty imposed in the original Order.

**Group Hospitalization and Medical Services, Inc.**  
**Case No.: 2005-10-024**  
**Effective Date: October 19, 2005**

The Administration ordered GHMSI to immediately authorize coverage for the off-label use of the drug Provigil® and reimburse the member for any expense incurred in connection with Provigil®, pursuant to § 15-10A-04(c) of the Insurance Article.

**Aetna Health, Inc.**  
**Consent Order: 2005-11-001**  
**Effective Date: March 14, 2006**

On November 1, 2005, the Administration ordered Aetna to authorize coverage for Growth Hormone Therapy, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration also ordered Aetna to submit new criteria for the use of Growth Hormone Therapy in accordance with § 15-10B-11(8) of the Insurance Article. The Administration ordered Aetna to pay an administrative penalty of \$2,500 for violation of § 15-10A-04(c)(3) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

On March 14, 2006, the Commissioner and Aetna Health, Inc. ("Aetna") entered into this Consent Order in lieu of further proceedings. Aetna does not admit that it committed the violations alleged in the original Order. Therefore, it is Ordered by the Commissioner and Consented to by Aetna, that Aetna authorize coverage for Growth Hormone Therapy for this case and the Commissioner agrees to withdraw the Administrative penalty imposed in the original Order and further agrees to withdraw the requirement that Aetna submit new criteria for the use of the Therapy.

**MAMSI Life & Health Insurance Company**  
**Case No.: 2005-12-002**  
**Effective Date: December 1, 2005**

The Administration ordered MAMSI to immediately authorize and issue payment for inpatient hospitalization from May 9, 2005 through May 10, 2005, pursuant to § 15-10A-04(c) of the Insurance Article.

**Aetna Health, Inc.**  
**Case No.: 2005-12-012**  
**Effective Date: December 19, 2005**

The Administration ordered Aetna to immediately authorize payment for the medically appropriate speech therapy from January 2005 until so long as medically necessary for the neurological medical condition of this child, pursuant to §§ 15-835 and 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

**CareFirst BlueChoice, Inc.**  
**Case No.: 2005-12-018**  
**Effective Date: December 22, 2005**

The Administration ordered BlueChoice to immediately authorize payment for the medically necessary treatment at The Kennedy Krieger Institute continuing from November 7, 2005 and beyond so long as the treatment is medically necessary, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

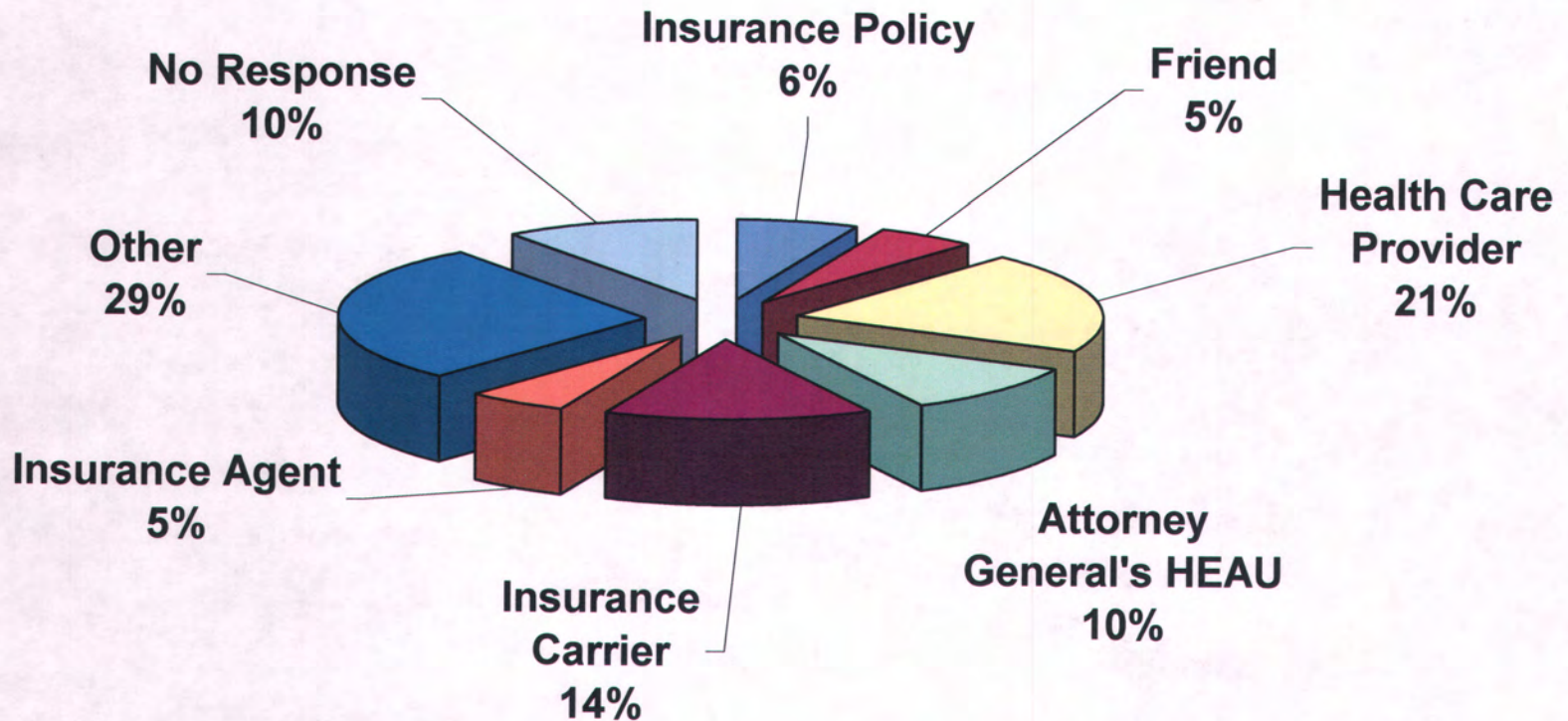
**MAMSI Life & Health Insurance Company**  
**Case No.: 2005-12-019**  
**Effective Date: December 22, 2005**

The Administration ordered MAMSI to immediately authorize payment for the medically necessary Residential Treatment from April 15, 2005 through May 25, 2005 at the Caron Foundation, pursuant to § 15-10A-04(c) of the Insurance Article.



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

## Appendix E1



# MIA CONSUMER QUESTIONNAIRE 2005

## Appendix E2

STATISTICAL RESULTS 1/1/05 - 12/31/05	APPEALS & GRIEVANCES	
	Quantity	%
Questionnaires Sent <i>through</i> 12/31/05	362	100%
Response Received <i>through</i> 12/31/05	87	24%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
Would you use the MIA's complaint system again if the need arose?	<i>Total</i>	87	100%
	Yes	84	97%
	No	0	0%
	Unable to Evaluate	2	2%
	No Response	1	1%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
Was the final outcome of your complaint resolved in your favor?	<i>Total</i>	87	100%
	Yes	68	78%
	No	16	18%
	Unable to Evaluate	2	2%
	No Response	1	1%

# MIA CONSUMER QUESTIONNAIRE 2005

## Appendix E2

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
If you went through the insurance company's internal grievance procedure prior to filing your complaint with the MIA, were you satisfied with the company's procedure?	<i>Total</i>	<b>55</b>	<b>100%</b>
	Very Satisfied	3	5%
	Satisfied	11	20%
	Not Satisfied	27	50%
	Not Applicable	10	18%
	No Response	4	7%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
If you went through the insurance company's internal grievance procedure with the assistance of the Attorney General's Health Advocacy Unit ("HAU"), were you satisfied with the explanation of the process given to you by the HAU?	<i>Total</i>	<b>87</b>	<b>100%</b>
	Very Satisfied	3	3%
	Satisfied	8	9%
	Not Satisfied	6	7%
	Not Applicable	63	72%
	No Response	7	8%

# MIA CONSUMER QUESTIONNAIRE 2005

## Appendix E2

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
<p>If you went through the insurance company's internal grievance procedure <u>with the assistance of the Attorney General's Health Advocacy Unit ("HAU")</u>, were you satisfied with the <i>explanation of your grievance's final outcome?</i></p>	<i>Total</i>	87	100%
	Yes	10	11%
	No	7	8%
	Not Applicable	64	74%
	No Response	6	7%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
<p>How satisfied were you with the overall process?</p>	<i>Total</i>	87	100%
	Very Satisfied	47	54%
	Satisfied	27	31%
	Not Satisfied	7	8%
	Cannot Evaluate	2	2%
	No Response	4	5%