



**2012 Report on the Health Care
Appeals & Grievance Law**

October, 2013

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Executive Summary

In 1998, the Appeals and Grievance Law was enacted by the General Assembly to provide a fair process for resolving disputes regarding the medical necessity of a proposed or delivered health care service (See Title 15, Subtitle 10A of the Insurance Article). Until July 1, 2011, the Appeals and Grievance law applied only to individuals with insured health benefits.¹ However, effective July 1, 2011, the Department of Budget and Management for the State of Maryland and effective June 28, 2013, Cecil County Public Schools voluntarily elected to use the Maryland Insurance Administration's external review process to provide external review for their self-funded employee health benefit plans.

Under the Appeals and Grievance Law, nonprofit health service plans, insurers, health maintenance organizations and dental plan organizations are required to provide quarterly reports to the Maryland Insurance Administration ("Administration") regarding adverse decisions and grievance decisions. These quarterly reports, coupled with the Administration's complaint data, allow for a comprehensive year over year review of this dispute resolution process. This report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2012, noting changes in certain areas since 2009 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter referred to as "carriers"²).

Carriers rendered 30,293 adverse decisions in 2012 and 35,202 in 2009, representing a decrease of 13.9 percent over the four-year period. Inpatient hospital services and pharmacy services accounted for the majority of this decrease. Adverse decisions for inpatient hospital services decreased by 68.1 percent from 2009 to 2012 (9,654 in 2009 and 3,075 in 2012). Adverse decisions for pharmacy services decreased by 35.9 percent from 2009 to 2012 (5,409 in 2009 and 3,469 in 2012).

In 2012, four categories of services accounted for over 73 percent of all adverse decisions: (1) physician services; (2) laboratory and radiology services; (3) podiatry, dental, optometry and chiropractic services; and (4) pharmacy services. These same services accounted for over 75 percent of all adverse decisions in 2011, representing a two year trend. However in 2009, these same services accounted for only 50.1 percent of all adverse decisions. In 2009, inpatient hospital services ranked first in terms of the percentage of all adverse decisions at 27.4 percent (9,654). In 2012, physician services ranked first in terms of the percentage of all adverse decisions at 30.4 percent (9,216), while inpatient hospital services ranked fifth at 10.2 percent (3,075).

Over the years, policy makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by

¹ The Maryland Insurance Administration's 2012 Health Benefit Plan Covered Lives Report indicates that in 2012, 24.3 percent of the population under the age of 65, or a little over 1 million individuals had insured health benefits.

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

carriers indicate that there are still very few adverse decisions for these two types of services (1.1 percent and 2.8 percent of all adverse decisions in 2012, respectively) and that there has been a decrease in the number of adverse decisions for these services from 2009 to 2012. Adverse decisions for emergency room services decreased by 78.0 percent from 2009 to 2012 (1,520 in 2009 and 334 in 2012) and adverse decisions for mental health services decreased by 8.3 percent from 2009 to 2012 (912 in 2009 and 836 in 2012).

The number of grievances (the appeal by consumers to carriers of the carriers' adverse decisions) decreased by 7.1 percent between 2009 and 2012. In 2009, over half of all grievances were for inpatient hospital services and physician services. In 2012, data illustrates that grievances for these two services accounted for just over 30 percent of all grievances.

Grievances increased slightly as a percentage of adverse decisions from 2009 to 2012 (13.8% to 14.8%). Carriers were more likely to reverse themselves during the internal grievance process in 2012 than in 2009. Carriers upheld adverse decisions 43.0 percent of the time in 2012 as compared to 45.9 percent in 2009, representing a decrease of 2.9 percent in carriers upholding their original adverse decisions at the grievance level.

Consistent with the reduction in the number of grievances filed with carriers by individuals between 2009 and 2012, the number of medical necessity complaints filed with the Administration decreased between 2009 and 2012. The Administration received 915 complaints in 2009 and 821 complaints in 2012, representing a decrease of 10.3 percent. The number of reversals of the grievance decisions by the Administration or by the carrier during the investigation process increased to 63.1 percent in 2012 from 54.0 percent in 2009.

In 2012, the Administration issued nine Orders and Consent Orders based on the medical necessity complaints which it received and imposed \$22,000 in administrative penalties. During this same year, the Administration recovered \$455,186 for complainants under the Appeals and Grievance law. By comparison, in 2009 the Administration issued nine Orders based on medical necessity complaints it received, imposed \$19,500 in administrative penalties and recovered \$1,108,354 for complainants. Since the enactment of the Appeals and Grievance law, the Administration has recovered nearly \$7,000,000 for complainants.

Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has continued to decline since 1998, the continued increase in the percentage of adverse decisions being reversed by the carrier after the internal grievance process, coupled with the increased carrier reversal rate by the Administration, along with the additions of the State of Maryland and Cecil County Public Schools, demonstrates that the Appeals and Grievance law remains an important protection for Maryland consumers, providing a fair process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

Background

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

When the Appeals and Grievance Law was enacted, the percentage of the population under the age of 65 with insured health benefits (42.8 percent) slightly exceeded the percentage of the population under the age of 65 with other employment based health benefits (37.9 percent). By 2012, the percentage of the population under the age of 65 with insured health benefits declined to 24.3 percent.³

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

The Appeals and Grievance Law gives the Administration the ability to contract with independent review organizations to review these medical necessity complaints. When the Administration sends a complaint to an independent review organization for review, Maryland law requires that the review be performed by an unbiased provider in the same specialty as the area or areas appropriate to the subject of review. In addition, an independent review organization may not be a subsidiary of, or in any way be owned or controlled by, a health benefit plan, or a trade association of health benefit plans, or a trade association of health care providers. Based on the independent review organization's medical opinion, the Administration reaches a decision. If the complainant remains dissatisfied with the Administration's decision, he or she may request in writing a hearing to challenge the Administration's decision.⁴

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

- The number of adverse decisions issued by the carrier;
- The outcome of each grievance filed with the carrier;
- The number and outcomes of cases that were considered emergency cases;
- The time within which the carrier made a grievance decision on all other cases that were not considered emergency cases;

³ Maryland Insurance Administration's 2012 Health Benefit Plan Covered Lives Report.

⁴ The Memorandum of Understanding between the Maryland Insurance Administration and the Department of Health and Mental Hygiene does not provide State employees who are covered under a State of Maryland health benefit plan the right to a hearing to appeal the Maryland Insurance Administration's decision.

- 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.

These quarterly reports, coupled with the Administration's data regarding complaints, allows for a comprehensive year over year review of this process. This report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2012, noting changes in certain areas since 2009 for nonprofit health services plans, insurers and health maintenance organizations.

Adverse Decisions

Table 1 provides an overview of the number and type of adverse decisions carriers made in 2009 and 2012. More detailed information about adverse decisions made by each carrier is provided in Appendix 1 for 2012.

Carriers rendered 30,293 adverse decisions in 2012 and 35,202 in 2009, representing a decrease of 13.9 percent over the four-year period. Inpatient hospital services and pharmacy services accounted for the majority of this decrease. Adverse decisions for inpatient hospital services decreased by 68.1 percent from 2009 to 2012 (9,654 in 2009 and 3,075 in 2012). Adverse decisions for pharmacy services decreased by 35.9 percent from 2009 to 2012 (5,409 in 2009 and 3,469 in 2012).

Adverse decisions for physical, occupational and speech therapy services decreased by 55.3 percent from 2009 to 2012 (3,189 in 2009 and 1,425 in 2012). This decrease represents a constant downward trend for physical, occupational and speech therapy services since 2009 (3,189 in 2009, 2,115 in 2010, 2,049 in 2011 and 1,425 in 2012)

In 2012, four categories of services accounted for more than 73 percent of all adverse decisions: (1) physician services; (2) laboratory and radiology services; (3) podiatry, dental, optometry, and chiropractic services; and (4) pharmacy services. These same services accounted for over 75 percent of all adverse decisions in 2011, representing a two-year trend. However, in 2009, these same services accounted for only 50.1 percent of all adverse decisions. In 2009, inpatient hospital services ranked first in terms of the percentage of all adverse decisions at 27.7 percent (9,654). In 2012, physician services ranked first in terms of the percentage of all adverse decisions at 30.4 percent (9,216), while inpatient hospital services ranked fifth at 10.2 percent (3,075). In 2009, pharmacy services accounted for 15.4 percent of all adverse decisions (5,409), but in 2012 accounted for only 11.5 percent (3,469) of all adverse decisions, representing a decrease of 35.9 percent.

Over the years, policy makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicates that there are still very few adverse decisions for these two types of services (1.1 percent and 2.8 percent of all adverse decisions in 2012, respectively) and that there has been a decrease in the number of adverse decisions for these services from 2009 to 2012. Adverse decisions for emergency room services decreased by 78.0

percent from 2009 to 2012 (1,520 in 2009 and 334 in 2012) and adverse decisions for mental health services decreased by 8.3 percent from 2009 to 2012 (912 in 2009 and 836 in 2012).

Table 1: Adverse Decisions

	2009		2012		Percent Change 2009-2012
	Number	Percent	Number	Percent	
Inpatient hospital services	9,654	27.4%	3,075	10.2%	-68.1%
Emergency room services	1,520	4.3%	334	1.1%	-78.0%
Mental health services	912	2.6%	836	2.8%	-8.3%
Physician services	6,463	18.4%	9,216	30.4%	42.6%
Laboratory, radiology services	2,458	7.0%	5,149	17.0%	109.5%
Pharmacy services	5,409	15.4%	3,469	11.5%	-35.9%
PT, OT, ST services (including inpatient rehab)	3,189	9.1%	1,425	4.7%	-55.3%
Skilled nursing facility	176	0.5%	137	0.5%	-22.2%
Durable medical equipment	1,754	5.0%	1,521	5.0%	-13.3%
Podiatry, dental, optometry, chiropractic	3,323	9.4%	4,534	15.0%	36.4%
Home health services	67	0.2%	434	1.4%	547.8%
Other⁵	277	0.8%	163	0.5%	-41.2%
Total	35,202		30,293		-13.9%

Grievance Decisions

Table 2 provides an overview of the number and type of grievances carriers reviewed in 2009 and 2012. In 2009, there were 4,844 grievances, decreasing to 4,498 in 2012, representing a 7.1 percent decrease.

In 2009, over half of all grievances were for inpatient hospital services and physician services, 46.3 percent and 16.0 percent, respectively. In 2012, data illustrates that grievances for these two services accounted for just over 30 percent of all grievances. The percentage of grievances for physician services increased to 21.2 percent, while the percentage of grievances for inpatient hospital services decreased to only 9.0 percent.

The number of grievances reported by carriers for the combined category of podiatry, dental, optometry, and chiropractic services significantly increased by 228.4 percent and the number of grievances for physician services and pharmacy services increased by 23.3 percent and 21.2 percent, respectively, between 2009 and 2012. In the same way as the number of adverse decisions for inpatient hospital services decreased significantly between 2009 and 2012 (68.1 percent), the grievances for

⁵ Outpatient hospital services, education services, and transportation

inpatient hospital services decreased by 82.0 percent. Likewise, the number of adverse decisions decreased for emergency room services and mental health services, as did the grievances for these same two categories of services, 42.2 percent and 2.8 percent, respectively.

Table 2: Grievances

	2009		2012		Percent Change 2009-2012
	Number	Percent	Number	Percent	
Inpatient hospital services	2,244	46.3	404	9.0	-82.0%
Emergency room services	180	3.7	104	2.3	-42.2%
Mental health services	252	5.2	245	5.4	-2.8%
Physician services	773	16.0	953	21.2	23.3%
Laboratory, radiology services	361	7.5	531	11.8	47.1%
Pharmacy services	372	7.7	451	10.0	21.2%
PT, OT, ST services (including inpatient rehab)	92	1.9	142	3.2	54.3%
Skilled nursing facility	32	0.7	21	0.5	-34.4%
Durable medical equipment	98	2.0	161	3.6	64.3%
Podiatry, dental, optometry, chiropractic	408	8.4	1,340	29.8	228.4%
Home health services	9	0.2	13	0.3	44.4%
Other	23	0.5	133	3.0	478.3%
Total	4,844		4,498		-7.1%

Table 3 describes how the number of grievances received by carriers compares to the number of adverse decisions that carriers made in 2009 and 2012. Grievances increased slightly as a percentage of adverse decisions from 2009 to 2012 (13.8% to 14.8%). However, the differences varied according to the category of service. In 7 of the 12 categories, individuals were more likely to appeal an adverse decision in 2012 than in 2009, but in 5 of the 12 categories the individual was less likely to appeal the adverse decision in 2012.

Table 3: Grievances as a percent of adverse decisions

	2009	2012
Inpatient hospital services	23.2%	13.1%
Emergency room services	11.8%	31.1%
Mental health services	27.6%	29.3%
Physician services	12.0%	10.3%
Laboratory, radiology services	14.7%	10.3%
Pharmacy services	6.9%	13.0%
PT, OT, ST services (including inpatient rehab)	2.9%	10.0%
Skilled nursing facility	18.2%	15.3%
Durable medical equipment	5.6%	10.6%
Podiatry, dental, optometry, chiropractic	12.3%	29.6%
Home health services	13.4%	3.0%
Other	8.3%	81.6%
Total	13.8%	14.8%

Table 4 compares the frequency with which carriers upheld their original decisions in 2009 and in 2012. More detailed information about grievance decisions for each carrier may be found in Appendices 2 and 3 for 2012. Carriers upheld adverse decisions 43.0 percent of the time in 2012 as compared to 45.9 percent in 2009, representing a decrease of 13.1 percent in carriers upholding their original adverse decision at the grievance level. This indicates that carriers are becoming more likely to reverse their adverse decisions when a consumer files a grievance.

Table 4: Grievance Decision

	2009		2012	
	Number	Percent	Number	Percent
Carrier upheld adverse decision	2,223	45.9	1,932	43.0
Carrier overturned adverse decision	2,440	50.4	2,373	52.8
Carrier modified original adverse decision	181	3.7	193	4.3
Total	4,844		4,498	

Complaints

Just as the numbers of adverse and grievance decisions decreased between 2009 and 2012, so did the number of complaints filed with the Administration between these same years. The Administration received 915 complaints in 2009 and 821 complaints in 2012, representing a decrease of 10.3 percent. As summarized in Table 5, 31.3 percent of the complaints received in 2012 were outside of the Administration's jurisdiction, as were 29.3 percent of the complaints received in 2009. These non-jurisdiction cases included complaints filed by individuals covered under Medicare, Medicaid, the Federal Employee Health Benefit Plan, employer group self-funded plans, and contracts subject to the laws of states other than Maryland.

In 2009, the Administration modified or reversed the carrier's grievance decision (or the carrier reversed its own grievance decision during the course of the Administration's investigation) 54.0 percent of the time. In 2012, the Administration reversed or modified the carrier's grievance decision (or the carrier reversed or modified its own grievance decision during the investigation) 63.1 percent of the time, representing an increase in reversals of 9.1 percent. All of the reversals of the carriers' grievance decisions resulted in more benefits for Maryland consumers.

In 2012, the Administration issued nine Orders based on the medical necessity complaints which it received and imposed \$22,000 in administrative penalties. During this same year, the Administration recovered \$455,185 for complainants. By comparison in 2009, the Administration issued nine Orders based on medical necessity complaints it received, imposed \$10,500 in administrative penalties and recovered \$1,108,354 for complainants. Since the enactment of the Appeals and Grievance law, the Administration has recovered just under \$7,000,000 for complainants. Summaries of the Orders for 2012 are found in Appendix 9.

In 2011, the Administration entered into an agreement with the Maryland Department of Budget and Management to perform the external review for the medical necessity type complaints filed by State employees. This meant that beginning July 1, 2011, State employees could use the Administration's external review process for their medical necessity type complaints. In the six-month period that State employees could use the Administration's external review process in 2011, nine medical necessity complaints were filed by State employees as compared to the 57 complaints that were filed by State employees in 2012.

Table 5: Complaints

	2009	2012	Percent Change
Total complaints received	915	821	-10.3%
No Jurisdiction	268	257	-4.1%
Complaint withdrawn	11	5	-54.5%
Insufficient Information to perform investigation	45	86	91.1%
No action required	81	89	9.9%
Referred to HEAU	93	75	-19.4%
Complaints investigated by MIA	417	309	-25.9%
Percent of total complaints investigated by the MIA	45.6%	37.6	-8.0%
Number of complaints carrier or MIA reversed or modified grievance decision	225	195	-13.3%
Percent of total complaints investigated by MIA where carrier or MIA reversed or modified grievance decision	54.0%	63.1%	9.1%

Conclusions

Between 2009 and 2012, the number of adverse decisions decreased by 13.9 percent, the number of grievance decisions decreased by 7.1 percent, and the number of medical necessity complaints investigated⁶ by the Administration decreased by 10.3 percent.

Carriers rendered 30,293 adverse decisions in 2012 and 35,202 in 2009, representing a decrease of 13.9 percent over the four year period. Between 2009 and 2012, there was a decrease in adverse decisions for the following seven categories: (1) inpatient hospital services; (2) emergency room services; (3) mental health services; (4) pharmacy services; (5) physical therapy, occupational therapy and speech therapy services; (6) skilled nursing facility services; and (7) durable medical equipment. Between 2009 and 2012, there was an increase in adverse decisions for the following four categories of services: (1) physician services; (2) laboratory and radiology services; (3) podiatry, dental, optometry and chiropractic services; and (4) home health services. Between 2009 and 2012, the largest decline in the number of adverse decisions was for inpatient hospital services and the largest increase in the number of adverse decisions was for physician services.

Grievances increased as a percentage of adverse decisions from 2009 to 2012 (13.8% to 14.8%), suggesting that consumers were more likely to take advantage of the carrier's internal grievance process in 2012 than in 2009. When consumers filed grievances regarding an initial adverse decision, carriers overturned their adverse decision 52.8 percent of the time in 2012, compared to 50.4 percent in 2009. This data

⁶ As set forth in Appendix 8, a number of the complaints received by the Appeals and Grievance unit could not be investigated due to a variety of reasons, including the complainant being covered under a contract that is not subject to the jurisdiction of the Maryland Insurance Administration, the complainant not previously exhausting the carrier's internal complaint process, the complainant withdrawing the complaint, and the complainant's refusal to provide a medical release.

suggests that carriers are becoming more likely to reverse their adverse decision when a consumer files a grievance.

In 2012, the Administration achieved a carrier reversal percentage of 63.1 percent of complaints that were investigated by the Administration, compared to 54.0 percent in 2009. In 2012, the Administration recovered \$455,186 for complainants under the Appeals and Grievance Law. Since the Appeals and Grievance Law was enacted by the General Assembly, the Administration has recovered nearly \$7,000,000 for complainants. The Appeals and Grievance Law remains an important protection for Maryland consumers, providing a fair and balanced process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	1026	3.39%	580	56.5%	0	0.0%
Aetna Life Insurance Company	1116	3.68%	698	62.5%	0	0.0%
Allianz Life Insurance Company of North America	1	0.00%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	203	0.67%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	8050	26.57%	63	0.8%	9	0.1%
CareFirst of Maryland, Inc.	2519	8.32%	9	0.4%	0	0.0%
Cigna Health and Life Insurance Company	283	0.93%	39	13.8%	0	0.0%
Connecticut General Life Insurance Company	1664	5.49%	220	13.2%	0	0.0%
Coventry Health Care of Delaware, Inc.	1779	5.87%	509	28.6%	321	18.0%
Golden Rule Insurance Company	34	0.11%	4	11.8%	0	0.0%
Graphic Arts Benefit Corporation	10	0.03%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	6606	21.81%	93	1.4%	4	0.1%
Guardian Life Ins Company of America	565	1.87%	3	0.5%	0	0.0%
John Alden Life Insurance Company	6	0.02%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	739	2.44%	8	1.1%	0	0.0%
Kaiser Permanente Insurance Company	114	0.38%	5	4.4%	0	0.0%
Lincoln National Life Insurance Company	23	0.08%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	75	0.25%	13	17.3%	0	0.0%
MD-Individual Practice Association, Inc.	762	2.52%	265	34.8%	0	0.0%
Nationwide Life Insurance Company	7	0.02%	1	14.3%	0	0.0%
New York Life Insurance Company	8	0.03%	2	25.0%	0	0.0%
Optimum Choice, Inc.	1638	5.41%	460	28.1%	0	0.0%
Reliance Standard Life Insurance Company	11	0.04%	0	0.0%	0	0.0%
Standard Insurance Company	2	0.01%	0	0.0%	0	0.0%
Sun Life Assurance Company of Canada	33	0.11%	0	0.0%	0	0.0%
Time Insurance Company	9	0.03%	2	22.2%	0	0.0%
Union Security Insurance Company	28	0.09%	0	0.0%	0	0.0%
United Concordia Life and Health Insurance Company	1191	3.93%	0	0.0%	0	0.0%
UnitedHealthcare Insurance Company	1362	4.50%	82	6.0%	0	0.0%
UnitedHealthcare of the Mid-Atlantic, Inc.	429	1.42%	19	4.4%	0	0.0%
Total	30293	100.00%	3075	10.2%	334	1.1%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERVICES	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	21	2.0%	368	35.9%	0	0.0%
Aetna Life Insurance Company	27	2.4%	308	27.6%	0	0.0%
Allianz Insurance Company of North America	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	286	3.6%	3298	41.0%	1209	15.0%
CareFirst of Maryland, Inc.	40	1.6%	1013	40.2%	456	18.1%
Cigna Health and Life Insurance Company	1	0.4%	13	4.6%	182	64.3%
Connecticut General Life Insurance Company	3	0.2%	50	3.0%	1137	68.3%
Coventry Health Care of Delaware, Inc.	0	0.0%	199	11.2%	61	3.4%
Golden Rule Insurance Company	1	2.9%	7	20.6%	16	47.1%
Graphic Arts Benefit Corporation	2	20.0%	7	70.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	303	4.6%	2260	34.2%	998	15.1%
Guardian Life Ins Company of America	0	0.0%	2	0.4%	0	0.0%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	22	3.0%	366	49.5%	29	3.9%
Kaiser Permanente Insurance Company	0	0.0%	61	53.5%	20	17.5%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	0	0.0%	40	53.3%	3	4.0%
MD-Individual Practice Association, Inc.	0	0.0%	205	26.9%	90	11.8%
Nationwide Life Insurance Company	0	0.0%	3	42.9%	2	28.6%
New York Life Insurance Company	2	25.0%	2	25.0%	1	12.5%
Optimum Choice, Inc.	0	0.0%	292	17.8%	252	15.4%
Reliance Standard Life Ins Company	0	0.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Sun Life Assurance Company of Canada	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	0	0.0%	4	44.4%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life and Health Insurance Company	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Insurance Company	23	1.7%	577	42.4%	543	39.9%
UnitedHealthcare of the Mid-Atlantic, Inc.	105	24.5%	145	33.8%	146	34.0%
Total	836	2.8%	9216	30.4%	5149	17.0%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	F. PHARMACY SERVICES		G. PT, OT, ST SERVICES (incl INPAT REHAB)		H. SKILLED NURS FAC, Sub Acute, Nurs Home	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	0	0.0%	4	0.4%	45	4.4%
Aetna Life Insurance Company	0	0.0%	13	1.2%	65	5.8%
Allianz Insurance Company of North America	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	1428	17.7%	464	5.8%	0	0.0%
CareFirst of Maryland, Inc.	176	7.0%	145	5.8%	2	0.1%
Cigna Health and Life Insurance Company	41	14.5%	0	0.0%	0	0.0%
Connecticut General Life Insurance Company	183	11.0%	5	0.3%	2	0.1%
Coventry Health Care of Delaware, Inc.	515	28.9%	26	1.5%	11	0.6%
Golden Rule Insurance Company	4	11.8%	1	2.9%	0	0.0%
Graphic Arts Benefits Corporation	0	0.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	1115	16.9%	161	2.4%	4	0.1%
Guardian Life Ins Company of America	7	1.2%	2	0.4%	0	0.0%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	0	0.0%	77	10.4%	1	0.1%
Kaiser Permanente Insurance Company	0	0.0%	25	21.9%	0	0.0%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	0	0.0%	0	0.0%	1	1.3%
MD-Individual Practice Association, Inc.	0	0.0%	86	11.3%	2	0.3%
Nationwide Insurance Company	0	0.0%	0	0.0%	0	0.0%
New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	0	0.0%	409	25.0%	2	0.1%
Reliance Standard Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Sun Life Assurance Company of Canada	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	1	11.1%	0	0.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life and Health Insurance Company	0	0.0%	0	0.0%	0	0.0%
UnitedHealthcare Insurance Company	0	0.0%	6	0.4%	2	0.1%
UnitedHealthcare of the Mid-Atlantic, Inc.	0	0.0%	0	0.0%	0	0.0%
Total	3469	11.5%	1425	4.7%	137	0.5%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		*L. OTHER	
	NUMBER	%TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	8	0.8%	0	0.0%	0	0.0%	0	0.0%
Aetna Life Insurance Company	5	0.4%	0	0.0%	0	0.0%	0	0.0%
Alliant Insurance Co. of North America	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Ameritas Life Insurance Corp.	0	0.0%	203	100.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	577	7.2%	378	4.7%	287	3.6%	51	0.6%
CareFirst of Maryland, Inc.	104	4.1%	557	22.1%	14	0.6%	3	0.1%
Cigna Health and Life Insurance Company	2	0.7%	3	1.1%	2	0.7%	0	0.0%
Connecticut General Life Insurance Co.	12	0.7%	44	2.6%	8	0.5%	0	0.0%
Coventry Health Care of Delaware, Inc.	128	7.2%	2	0.1%	7	0.4%	0	0.0%
Golden Rule Insurance Company	0	0.0%	1	2.9%	0	0.0%	0	0.0%
Graphic Arts Benefit Corporation	0	0.0%	1	10.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Serv., Inc.	249	3.8%	1364	20.6%	33	0.5%	22	0.3%
Guardian Life Insurance Co. of America	0	0.0%	549	97.2%	0	0.0%	2	0.4%
John Alden Life Insurance Company	1	16.7%	5	83.3%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	152	20.6%	68	9.2%	9	1.2%	7	0.9%
Kaiser Permanente Insurance Company	3	2.6%	0	0.0%	0	0.0%	0	0.0%
Lincoln National Life Insurance Company	0	0.0%	23	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	11	14.7%	1	1.3%	3	4.0%	3	4.0%
MD-Individual Practice Association, Inc.	63	8.3%	13	1.7%	36	4.7%	2	0.3%
Nationwide Insurance Company	0	0.0%	0	0.0%	0	0.0%	1	14.3%
New York Life Insurance Company	1	12.5%	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	134	8.2%	47	2.9%	13	0.8%	29	1.8%
Reliance Standard Life Insurance Company	0	0.0%	11	100.0%	0	0.0%	0	0.0%
Standard Insurance Company	0	0.0%	2	100.0%	0	0.0%	0	0.0%
Sun Life Assurance Company of Canada	0	0.0%	33	100.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	2	22.2%	0	0.0%	0	0.0%
Union Security Insurance Company	0	0.0%	28	100.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins. Co.	0	0.0%	1191	100.0%	0	0.0%	0	0.0%
UnitedHealthcare Insurance Company	63	4.6%	7	0.5%	21	1.5%	38	2.8%
UnitedHealthcare of the Mid-Atlantic, Inc.	8	1.9%	1	0.2%	1	0.2%	4	0.9%
Total	1521	5.0%	4534	15.0%	434	1.4%	163	0.5%

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

APPENDIX 2

GRIEVANCE DECISIONS BY CARRIER

COMPANY NAME	GRIEVANCES FILED		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	69	1.5%	1	1.4%	0	0.0%
Aetna Life Insurance Company	123	2.7%	2	1.6%	0	0.0%
American General Life Ins. Co.	1	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	43	1.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	882	19.6%	38	4.3%	12	1.4%
CareFirst of Maryland, Inc.	575	12.8%	8	1.4%	1	0.2%
Cigna Health and Life Insurance Company	9	0.2%	7	77.8%	0	0.0%
Connecticut General Life Insurance Company	146	3.2%	74	50.7%	0	0.0%
Coventry Health Care of Delaware, Inc.	631	14.0%	228	36.1%	70	11.1%
Golden Rule Insurance Company	4	0.1%	0	0.0%	0	0.0%
Graphic Arts Benefit Corporation	15	0.3%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	688	15.3%	9	1.3%	3	0.4%
Guarantee Trust Life Insurance Company	1	0.0%	0	0.0%	0	0.0%
Guardian Life Insurance Company of America	213	4.7%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	137	3.0%	4	2.9%	0	0.0%
Kaiser Permanente Insurance Company	23	0.5%	2	8.7%	0	0.0%
Lincoln National Life Insurance Company	1	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	2	0.0%	0	0.0%	0	0.0%
MD-Individual Practice Association, Inc.	199	4.4%	20	10.1%	11	5.5%
Nationwide Life Insurance Company	2	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	109	2.4%	8	7.3%	7	6.4%
Standard Insurance Company	2	0.0%	0	0.0%	0	0.0%
Standard Security Life Ins. Co. of New York	4	0.1%	2	50.0%	0	0.0%
Sun Life Assurance Company of Canada	8	0.2%	0	0.0%	0	0.0%
Time Insurance Company	1	0.0%	0	0.0%	0	0.0%
Union Security Insurance Company	28	0.6%	0	0.0%	0	0.0%
United Concordia Life & Health Insurance Co.	317	7.0%	0	0.0%	0	0.0%
UnitedHealthCare Insurance Company	203	4.5%	1	0.5%	0	0.0%
UnitedHealthCare of the Mid-Atlantic, Inc.	62	1.4%	0	0.0%	0	0.0%
TOTAL	4498	100.0%	404	9.0%	104	2.3%

APPENDIX 2

GRIEVANCE DECISIONS BY CARRIER

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERVICES	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	3	4.3%	26	37.7%	21	30.4%
Aetna Life Insurance Company	7	5.7%	66	53.7%	23	18.7%
American General Life Ins. Co. of Delaware	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	98	11.1%	315	35.7%	178	20.2%
CareFirst of Maryland, Inc.	11	1.9%	60	10.4%	65	11.3%
Cigna Health and Life Insurance Company	0	0.0%	1	11.1%	0	0.0%
Connecticut General Life Insurance Company	1	0.7%	22	15.1%	19	13.0%
Coventry Health Care of Delaware, Inc.	0	0.0%	106	16.8%	72	11.4%
Golden Rule Insurance Company	0	0.0%	2	50.0%	2	50.0%
Graphic Arts Benefit Corporation	1	6.7%	12	80.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	54	7.8%	129	18.8%	56	8.1%
Guarantee Trust Life Insurance Company	0	0.0%	1	100.0%	0	0.0%
Guardian Life Insurance Company of America	0	0.0%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	23	16.8%	65	47.4%	13	9.5%
Kaiser Permanente Insurance Company	0	0.0%	10	43.5%	6	26.1%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	0	0.0%	0	0.0%	0	0.0%
MD-Individual Practice Association, Inc.	0	0.0%	43	21.6%	26	13.1%
Nationwide Life Insurance Company	0	0.0%	1	50.0%	0	0.0%
Optimum Choice, Inc.	0	0.0%	22	20.2%	14	12.8%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Standard Security Life Ins. Co. of New York	0	0.0%	1	25.0%	1	25.0%
Sun Life Assurance Company of Canada	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	0	0.0%	1	100.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life & Health Insurance Co.	0	0.0%	0	0.0%	0	0.0%
UnitedHealthCare Insurance Company	7	3.4%	66	32.5%	30	14.8%
UnitedHealthCare of the Mid-Atlantic, Inc.	40	64.5%	5	8.1%	4	6.5%
TOTAL	245	5.4%	953	21.2%	531	11.8%

APPENDIX 2

GRIEVANCE DECISIONS BY CARRIER

COMPANY NAME	F. PHARMACY SERVICES		G. PT. OT, ST SERVICES		H. SKILLED NURSING FACILITY, Sub Acute, Nursing Home	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
	Aetna Health, Inc.	9	13.0%	0	0.0%	1
Aetna Life Insurance Company	9	7.3%	3	2.4%	4	3.3%
American General Life Ins. Co.	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc.	169	19.2%	24	2.7%	4	0.5%
CareFirst of Maryland, Inc.	18	3.1%	9	1.6%	2	0.3%
Cigna Health and Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance Company	9	6.2%	4	2.7%	0	0.0%
Coventry Health Care of Delaware, Inc.	10	1.6%	57	9.0%	4	0.6%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%
Graphic Arts Benefit Corporation	0	0.0%	1	6.7%	0	0.0%
Group Hospitalization & Medical Services, Inc.	131	19.0%	11	1.6%	2	0.3%
Guarantee Trust Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Guardian Life Insurance Company of America	5	2.3%	0	0.0%	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	0	0.0%	9	6.6%	3	2.2%
Kaiser Permanente Insurance Company	0	0.0%	5	21.7%	0	0.0%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Insurance Company	2	100.0%	0	0.0%	0	0.0%
MD-Individual Practice Association, Inc.	11	5.5%	1	0.5%	1	0.5%
Nationwide Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	15	13.8%	3	2.8%	0	0.0%
Standard Insurance Company	0	0.0%	0	0.0%	0	0.0%
Standard Security Life Ins. Co. of New York	0	0.0%	0	0.0%	0	0.0%
Sun Life Assurance Company of Canada	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	0	0.0%	0	0.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life & Health Insurance Co.	0	0.0%	0	0.0%	0	0.0%
UnitedHealthCare Insurance Company	56	27.6%	15	7.4%	0	0.0%
UnitedHealthCare of the Mid-Atlantic, Inc.	7	11.3%	0	0.0%	0	0.0%
TOTAL	451	10.0%	142	3.2%	21	0.5%

APPENDIX 2

GRIEVANCE DECISIONS BY CARRIER

COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES				J. PODIATRY, DENTAL, OPTOMETRY, CHIROPRACTIC				K. HOME HEALTH SERVICES			
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
	Aetna Health, Inc.	0	0.0%	5	7.2%	3	4.3%					
Aetna Life Insurance Company	0	0.0%	9	7.3%	0	0.0%						
American General Life Ins. Co. of Delaware	0	0.0%	1	100.0%	0	0.0%						
Ameritas Life Insurance Corp.	0	0.0%	43	100.0%	0	0.0%						
CareFirst BlueChoice, Inc.	33	3.7%	5	0.6%	6	0.7%						
CareFirst of Maryland, Inc.	4	0.7%	397	69.0%	0	0.0%						
Cigna Health and Life Insurance Company	1	11.1%	0	0.0%	0	0.0%						
Connecticut General Life Insurance Company	4	2.7%	13	8.9%	0	0.0%						
Coventry Health Care of Delaware, Inc.	66	10.5%	15	2.4%	3	0.5%						
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%						
Graphic Arts Benefit Corporation	0	0.0%	1	6.7%	0	0.0%						
Group Hospitalization & Medical Services, Inc.	22	3.2%	271	39.4%	0	0.0%						
Guarantee Trust Life Insurance Company	0	0.0%	0	0.0%	0	0.0%						
Guardian Life Insurance Company of America	0	0.0%	208	97.7%	0	0.0%						
Kaiser Foundation Health Plan-Mid-Atlantic	6	4.4%	13	9.5%	0	0.0%						
Kaiser Permanente Insurance Company	0	0.0%	0	0.0%	0	0.0%						
Lincoln National Life Insurance Company	0	0.0%	1	100.0%	0	0.0%						
MAMSI Life & Health Insurance Company	0	0.0%	0	0.0%	0	0.0%						
MD-Individual Practice Association, Inc.	5	2.5%	0	0.0%	0	0.0%						
Nationwide Insurance Company	0	0.0%	0	0.0%	0	0.0%						
Optimum Choice, Inc.	5	4.6%	1	0.9%	1	0.9%						
Standard Insurance Company	0	0.0%	2	100.0%	0	0.0%						
Standard Security Life Ins. Co. of New York	0	0.0%	0	0.0%	0	0.0%						
Sun Life Assurance Company of Canada	0	0.0%	8	100.0%	0	0.0%						
Time Insurance Company	0	0.0%	0	0.0%	0	0.0%						
Union Security Insurance Company	0	0.0%	28	100.0%	0	0.0%						
United Concordia Life & Health Insurance Co.	0	0.0%	317	100.0%	0	0.0%						
UnitedHealthCare Insurance Company	12	5.9%	2	1.0%	0	0.0%						
UnitedHealthCare of the Mid-Atlantic, Inc.	3	4.8%	0	0.0%	0	0.0%						
TOTAL	161	3.6%	1340	29.8%	13	0.3%						

**APPENDIX 2
GRIEVANCE DECISIONS BY CARRIER**

COMPANY NAME	L. OTHER (Outpatient Hospital Services, Education Services and Transportation)	
	NUMBER	% TOTAL
Aetna Health, Inc.	0	0.0%
Aetna Life Insurance Company	0	0.0%
American General Life Ins. Co.	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%
CareFirst BlueChoice, Inc.	0	0.0%
CareFirst of Maryland, Inc.	0	0.0%
Cigna Health and Life Insurance Company	0	0.0%
Connecticut General Life Insurance Company	0	0.0%
Coventry Health Care of Delaware, Inc.	0	0.0%
Golden Rule Insurance Company	0	0.0%
Graphic Arts Benefit Corporation	0	0.0%
Group Hospitalization & Medical Services, Inc.	0	0.0%
Guarantee Trust Life Insurance Company	0	0.0%
Guardian Life Insurance Company of America	0	0.0%
Kaiser Foundation Health Plan-Mid-Atlantic	1	0.7%
Kaiser Permanente Insurance Company	0	0.0%
Lincoln National Life Insurance Company	0	0.0%
MAMSI Life & Health Insurance Company	81	40.7%
MD-Individual Practice Association, Inc.	1	50.0%
Optimum Choice, Inc.	33	30.3%
Standard Insurance Company	0	0.0%
Standard Security Life Ins. Co. of New York	0	0.0%
Sun Life Assurance Company of Canada	0	0.0%
Time Insurance Company	0	0.0%
Union Security Insurance Company	0	0.0%
United Concordia Life & Health Insurance Co.	0	0.0%
UnitedHealthCare Insurance Company	14	6.9%
UnitedHealthCare of the Mid-Atlantic, Inc.	3	4.8%
TOTAL	133	3.0%

**APPENDIX 3
DISPOSITION OF CARRIER GRIEVANCE DECISIONS**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
	TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
			NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	69	1.5%	46	66.7%	22	31.9%	1	1.4%
Aetna Life Insurance Company	123	2.7%	83	67.5%	39	31.7%	1	0.8%
American General Life Ins. Co.	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Ameritas Life Insurance Corp.	43	1.0%	20	46.5%	15	34.9%	8	18.6%
CareFirst BlueChoice, Inc.	882	19.6%	262	29.7%	612	69.4%	8	0.9%
CareFirst of Maryland, Inc.	575	12.8%	101	17.6%	446	77.6%	28	4.9%
Cigna Health and Life Ins. Co.	9	0.2%	8	88.9%	1	11.1%	0	0.0%
Connecticut General Life Ins. Co.	146	3.2%	87	59.6%	58	39.7%	1	0.7%
Coventry Health Care of Delaware, Inc.	631	14.0%	440	69.7%	191	30.3%	0	0.0%
Golden Rule Insurance Company	4	0.1%	4	100.0%	0	0.0%	0	0.0%
Graphic Arts Benefit Corporation	15	0.3%	6	40.0%	8	53.3%	1	6.7%
Group Hospitalization & Medical Services, Inc.	688	15.3%	200	29.1%	470	68.3%	18	2.6%
Guarantee Life Ins. Co. of Amer	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Guardian Life Ins. Co. of America	213	4.7%	86	40.4%	43	20.2%	84	39.4%
Kaiser Fndtn Health Plan Mid-Atl	137	3.0%	82	59.9%	55	40.1%	0	0.0%
Kaiser Permanente Insurance Co.	23	0.5%	13	56.5%	10	43.5%	0	0.0%
Lincoln National Life Ins. Co.	1	0.0%	0	0.0%	1	100.0%	0	0.0%
MAMSI Life & Health Ins. Co.	2	0.0%	0	0.0%	2	100.0%	0	0.0%
MD-Individual Practice Association, Inc.	199	4.4%	120	60.3%	78	39.2%	1	0.5%

**APPENDIX 3
DISPOSITION OF CARRIER GRIEVANCE DECISIONS**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
	COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
			NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Nationwide Life Insurance Co.	2	0.0%	2	100.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	109	2.4%	54	49.5%	53	48.6%	2	1.8%
Standard Insurance Company	2	0.0%	1	50.0%	1	50.0%	0	0.0%
Standard Security Life Ins. Co. In the City of New York	4	0.1%	2	50.0%	2	50.0%	0	0.0%
Sun Life Assurance Co. of Canada	8	0.2%	6	75.0%	2	25.0%	0	0.0%
Time Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Union Security Insurance Co.	28	0.6%	11	39.3%	9	32.1%	8	28.6%
United Concordia Life & Health Ins. Co.	317	7.0%	144	45.4%	148	46.7%	25	7.9%
UnitedHealthcare Insurance Co.	203	4.5%	106	52.2%	92	45.3%	5	2.5%
UnitedHealthcare of the Mid- Atlantic, Inc.	62	1.4%	47	75.8%	13	21.0%	2	3.2%
Total	4498	100%	1932	43.0%	2373	52.8%	193	4.3%

**APPENDIX 4
GRIEVANCE DECISIONS BY CARRIER FOR HOSPITAL LENGTH OF STAY ("LOS")**

COMPANY* NAME	HOSPITAL LOS TOTAL*		HOSPITAL LOS OUTCOME**		UPHELD		OVERTURNED		MODIFIED	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	1	100.00%	1	100.00%	0	0.00%	0	0.00%	0	0.00%
CareFirst BlueChoice, Inc.	65	74.07%	54	74.07%	13	24.07%	1	1.85%	1	1.85%
CareFirst of Maryland, Inc.	14	50.00%	14	50.00%	4	28.57%	3	21.43%	3	21.43%
Cigna Health and Life Insurance Co.	7	100.00%	6	100.00%	0	0.00%	0	0.00%	0	0.00%
Connecticut General Life Insurance Co.	39	67.74%	31	67.74%	9	29.03%	1	3.23%	1	3.23%
Coventry Health Care of Delaware, Inc.	63	68.18%	22	68.18%	7	31.82%	0	0.00%	0	0.00%
Golden Rule Insurance Company	2	0.00%	2	0.00%	2	100.00%	0	0.00%	0	0.00%
Group Hosp & MedServ, Inc.	27	77.78%	27	77.78%	5	18.52%	1	3.70%	1	3.70%
Kaiser Fndtn Health Plan Mid-Atlantic	9	100.00%	9	100.00%	0	0.00%	0	0.00%	0	0.00%
Kaiser Permanente Insurance Company	2	100.00%	2	100.00%	0	0.00%	0	0.00%	0	0.00%
MD-Individual Practice Association, Inc.	20	70.59%	17	70.59%	5	29.41%	0	0.00%	0	0.00%
Optimum Choice, Inc.	8	75.00%	8	75.00%	2	25.00%	0	0.00%	0	0.00%
UnitedHealthcare Insurance Company	2	100.00%	2	100.00%	0	0.00%	0	0.00%	0	0.00%
UnitedHealthcare of the Mid-Atlantic, Inc.	7	42.86%	7	42.86%	3	42.86%	1	14.29%	1	14.29%

* This chart only includes those carriers who received grievances involving hospital length of stay during calendar year 2012.
 ** Represents the number of grievances that were resolved in calendar year 2012.

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

COMPANY** NAME	EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
CareFirst BlueChoice, Inc.	24	24	24	24
CareFirst of Maryland, Inc.	24	24	24	24
Connecticut General Life Insurance Co.	98.2	0	0	0
Graphic Arts Benefit Corporation	0	24	24	24
Group Hospitalization & Medical Services, Inc.	24	24	24	24
Kaiser Foundation Health Plan-Mid-Atlantic	17	12	23	24
MD-Individual Practice Association, Inc.	24	48	48	56
Optimum Choice, Inc.	24	0	24	54
UnitedHealthcare Insurance Company	19	39	32	578
UnitedHealthcare of the Mid-Atlantic	0	48	0	39

** This report only includes carriers who had grievances which were considered emergency cases during calendar year 2012.

* Reported as hours

**APPENDIX 6
TIME FRAME FOR RENDERING A GRIEVANCE DECISION BY CARRIER, NON-
EMERGENCY CASES**

COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Aetna Health, Inc.	14.8	15	18.3	18.1
Aetna Life Insurance Company	16.3	19	25.9	26.6
Ameritas Life Insurance Company	10.2	8.7	9.1	9.8
CareFirst BlueChoice, Inc.	61	68.2	66.4	63.3
CareFirst of Maryland, Inc.	107	109.9	92.4	78.2
Cigna Dental Health of Maryland, Inc.	0	0	0	4
Cigna Health and Life Insurance Company	0	5	0	7
Connecticut General Life Insurance Company	24.3	116.5	27	13
Dental Benefit Providers of Illinois, Inc.	2	1.5	1	4
Golden Rule Insurance Company	1.5	0	11	20
Graphic Arts Benefit Corporation	30	30	30	30
Group Dental Service of Maryland, Inc.	16.7	11.8	0	
Group Hospitalization & Medical Services, Inc.	72.6	79.5	81.6	64.3
Guarantee Trust Life Insurance Company	0	9	0	0
Guardian Life Insurance Company of America	1	0	2	5
HumanaDental Insurance Company	0	49	0	0
John Alden Life Insurance Company	0	3	0	0
Kaiser Foundation Health Plan-Mid-Atlantic	28	27	29	26
MAMSI Life & Health Insurance Company	0	0	28	0
MD-Individual Practice Association, Inc.	37	41	32	35
Metropolitan Life Insurance Company	16.4	10.5	12.7	12.1
Nationwide Life Insurance Company	0	7	17	5
Optimum Choice, Inc.	33	28	36	23
Standard Insurance Company	0	30	0	0

**APPENDIX 6
TIME FRAME FOR RENDERING A GRIEVANCE DECISION BY CARRIER, NON-
EMERGENCY CASES**

COMPANY NAME	NON-EMERGENCY CASES – RESOLUTION TIME*			
	1 ST Quarter	2 ND Quarter	3 RD Quarter	4 TH Quarter
Standard Security Life Ins. Co. of New York	0	22	22	63
Sun Life Assurance Co. of Canada	16	6	13	7
Time Insurance Company	2	3	28	1.5
Union Security Insurance Company	65.2	46.3	85	89.2
United Concordia Dental Plans, Inc.	6.4	7.8	7.6	8.2
United Concordia Life and Health Insurance Co.	0	0	13	0
UnitedHealthcare Insurance Company	25	30	30	21
UnitedHealthcare of the Mid-Atlantic, Inc.	8	10	15	10

*Reported as Calendar Days

APPENDIX 7

INTERNAL GRIEVANCES FILED CONSIDERED EMERGENCY CASES AS REPORTED BY CARRIER

COMPANY*	*TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES"		UPHELD		OVERTURNED		MODIFIED		
		OUTCOME**	Number	Percent	Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc.	45	36	25	69.4%	10	27.8%	1	2.8%		
CareFirst of Maryland, Inc.	2	2	2	100.0%	0	0.0%	0	0.0%		
Connecticut General Life Insurance Company	2	2	1	50.0%	1	50.0%	0	0.0%		
Group Hosp & Med Serv, Inc.	21	21	16	76.2%	5	23.8%	0	0.0%		
Kaiser Fndtn Health Plan Mid-Atl	22	17	15	88.2%	2	11.8%	0	0.0%		
MD-Individual Practice Association, Inc.	10	10	10	100.0%	0	0.0%	0	0.0%		
Optimum Choice, Inc.	8	8	4	50.0%	4	50.0%	0	0.0%		
UnitedHealthcare Ins. Company	9	9	3	33.3%	6	66.7%	0	0.0%		
UnitedHealthcare of the Mid-Atl	2	2	1	50.0%	1	50.0%	0	0.0%		
Total	121	107	77	71.96%	29	27.10%	1	0.93%		

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2012.

** Represents the number of grievances that were resolved in calendar year 2012.

**APPENDIX 8
ADMINISTRATION COMPLAINTS**

Appeals and Grievance Statistics
Totals for Complaints Filed
January 1, 2012 – December 31, 2012

COMPLAINTS FILED	821
NO JURISDICTION	257
Referred to Department of Labor (ERISA plans)	104
Referred to Office of Personnel Management (Federal employee health benefit plans)	34
Referred to Medicaid	12
Referred to Medicare	15
Referred to Insurance Department in Another State	77
Referred to Other (includes complaints referred to Workers Compensation Commission or other State agencies)	15
COMPLAINT WITHDRAWN	5
INSUFFICIENT INFORMATION TO COMPLETE INVESTIGATION	86
NO ACTION REQUIRED (includes non- medical necessity complaints cases transferred to Complaint Unit, duplicate files, inquiries)	89
REFERRED TO HEALTH, EDUCATION AND ADVOCACY UNIT (for complainants who had not exhausted the carrier's internal appeal process)	75
MIA CONDUCTED INVESTIGATION	309
MIA Decision Upheld Carrier	114
Carrier Reversed Itself During Investigation	142
MIA Reversed Carrier Decision	43
MIA Reversed Carrier Decision in Part and Upheld Carrier Decision in Part	10

Administration Complaints (Continued)

Carrier	COMPLAINTS INVESTIGATED		Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	7	2%	1	14%	1	14%	1	14%	4	57%
Aetna Life Insurance Company	19	6%	11	58%	5	26%	0	0%	3	16%
APS Healthcare	1	0%	1	100%	0	0%	0	0%	0	0%
Carefirst BlueChoice, Inc.	57	18%	18	32%	8	14%	0	0%	31	54%
Carefirst of Maryland, Inc.	47	15%	18	38%	8	17%	2	4%	19	40%
Connecticut General Life Ins. Co.	9	3%	3	33%	0	0%	0	0%	6	67%
Coventry Health and Life Ins. Co.	12	4%	2	17%	2	17%	1	8%	7	58%
Coventry Health Care of DE, Inc.	11	4%	5	45%	2	18%	0	0%	4	36%
Denex Dental	1	0%	1	100%	0	0%	0	0%	0	0%
Golden Rule Insurance Company	1	0%	1	100%	0	0%	0	0%	0	0%
Group Hospitalization & Medical Services, Inc.	44	14%	15	34%	8	18%	1	2%	20	45%
Guardian Life Ins. Co. of America	3	1%	1	33%	0	0%	0	0%	2	67%
Kaiser Foundation Health Plan	9	3%	7	78%	0	0%	1	11%	1	11%
MAMSI Life and Health Insurance Co.	3	1%	1	33%	1	33%	0	0%	1	33%
Maryland Health Insurance Plan	9	3%	3	33%	0	0%	0	0%	6	67%
Metropolitan Life Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
National Capital Administrative (NCAS)	1	0%	0	0%	0	0%	0	0%	1	100%
Optimum Choice, Inc.	17	6%	6	35%	3	18%	0	0%	8	47%
Principal Life Insurance Company	2	1%	1	50%	0	0%	0	0%	1	50%
Strategic Resource Company	1	0%	0	0%	0	0%	0	0%	1	100%
United Concordia Life & Health Ins. Co.	14	5%	6	43%	3	21%	1	7%	4	29%
United Healthcare Insurance Company	30	10%	11	37%	2	7%	2	7%	15	50%
United Healthcare of the Mid-Atlantic, Inc.	5	2%	1	20%	0	0%	1	20%	3	60%
UnitedHealthcare Services, Inc.	5	2%	1	20%	0	0%	0	0%	4	80%
TOTAL	309	100%	114	37%	43	14%	10	3%	142	46%

Administration Complaints (Continued)

Type of Procedure	Carrier Code**	Total	Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Chiropractic Care Services	J	3	2	67%	0	0%	0	0%	1	33%
Cosmetic	D	6	3	50%	2	33%	0	0%	1	17%
Custodial Care Service	L	1	1	100%	0	0%	0	0%	0	0%
Denial of Hospital Days	A	10	2	20%	2	20%	1	10%	5	50%
Dental Care Services	J	62	23	37%	5	8%	2	3%	32	52%
Durable Medical Equipment	I	11	5	45%	1	9%	0	0%	5	45%
Emergency Room Denial	B	7	1	14%	0	0%	0	0%	6	86%
Emergency Treatment Denial	B	2	0	0%	0	0%	0	0%	2	100%
Experimental	D	36	18	50%	5	14%	0	0%	13	36%
Eye Care Services	J	1	1	100%	0	0%	0	0%	0	0%
Habilitative Services	G	2	1	50%	0	0%	0	0%	1	50%
Home Care Services	K	1	0	0%	0	0%	1	100%	0	0%
In-Patient Rehabilitation	G	3	2	67%	1	33%	0	0%	0	0%
Lab, Imaging, Testing	E	13	6	46%	2	15%	0	0%	5	38%
Medical Food	F	2	0	0%	0	0%	0	0%	2	100%
Mental Health (Inpatient) Services	C	25	10	40%	2	8%	3	12%	10	40%
Mental Health (Outpatient) Services	C	7	4	57%	1	14%	1	14%	1	14%
Morbid Obesity	L	3	2	67%	1	33%	0	0%	0	0%
No Preauthorization	G	2	2	100%	0	0%	0	0%	0	0%
Out Patient Services	G	2	1	50%	0	0%	0	0%	1	50%
Pharmacy Services/Formulary Issues	F	59	14	24%	12	20%	2	3%	31	53%
Physician Services	D	31	9	29%	6	19%	0	0%	16	52%
Preventive or Diagnostic	J	1	0	0%	0	0%	0	0%	1	100%
PT, OT, Speech Therapy	G	14	6	43%	3	21%	0	0%	5	36%
Reversal of Pre-Authorization	D	1	0	0%	0	0%	0	0%	1	100%
Skilled Nursing Facility Care Services	G	2	0	0%	0	0%	0	0%	2	100%
Transportation Services	L	2	1	50%	0	0%	0	0%	1	50%
TOTAL		309	114		43		10		142	

** 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.

Appendix 9 Summaries of Appeals and Grievance Orders

Group Hospitalization and Medical Services, Inc. ("GHMSI")

Case No.: 2012-02-011

Effective Date: February 13, 2012

Penalty: \$3,000.00

The Administration ordered GHMSI to pay an administrative penalty of \$500.00 for violation of § 15-1005(c) of the Insurance Article by failing to transmit payment or send a notice of the status of the complainant's claim within 30 days of receipt and a penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

MAMSI Life and Health Insurance Company ("MAMSI")

Case No.: 2012-02-016

Effective Date: February 15, 2012

Penalty: \$6,000.00

The Administration ordered MAMSI to pay an administrative penalty of \$500.00 for violation of COMAR 31.10.23.01A(2) requesting information from a complainant that was not reasonably necessary to determine if all or part of a claim will be reimbursed, in accordance with Insurance Article § 15-1005(c)(2)(ii), a penalty of \$500.00 for violation of § 15-1005 of the Insurance Article by failing to transmit payment or send a notice of the status of the complainant's claim within 30 days of receipt, a penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial, and a penalty of \$2,500.00 for violation of § 15-10B-09.1 of the Insurance Article by failing to base the July 11, 2011 grievance decision on the professional judgment of a physician board certified or eligible in the same specialty as the treatment under review.

Group Hospitalization and Medical Services, Inc. ("GHMSI")

Case No.: 2012-02-025

Effective Date: February 27, 2012

Penalty: \$2,500.00

The Administration ordered GHMSI to pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

UnitedHealthcare of the Mid-Atlantic, Inc. ("UnitedHealthcare")

Case No.: 2012-04-007

Effective Date: April 5, 2012

The Administration ordered UnitedHealthcare to submit criteria regarding Genotropin that are clinically valid, compatible with established principles of health care and flexible enough to allow deviations from norms when justified on a case by case basis.

UnitedHealthcare Insurance Company ("UnitedHealthcare")

Case No.: 2012-04-016

Effective Date: April 19, 2012

Penalty: \$2,000.00

The Administration ordered that UnitedHealthcare immediately authorize coverage for the Reis Sleeves® Classic for the complainant, pursuant to § 15-10D-03 of the Insurance Article, pay an administrative penalty of \$1,000.00 for violation of § 27-303(6) of the Insurance Article by failing to provide a reasonable explanation to the Administration as to why the sleeve is not covered as Durable Medical Equipment, in response to the Administration's letters dated March 7, 2012 and March 23, 2012, regarding the denial of coverage, and a penalty of \$1,000.00 for violation of § 15-10D-02(e)(2) of the Insurance Article by failing to provide the required information in its November 17, 2011 notice of coverage decision.

Group Hospitalization and Medical Services, Inc. ("GHMSI")

Case No.: 2012-05-003

Effective Date: May 7, 2012

Penalty: \$2,500.00

The Administration ordered GHMSI to pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

Group Hospitalization and Medical Services, Inc. ("GHMSI")

Case No.: 2012-05-020

Effective Date: May 17, 2012

Penalty: \$2,500.00

The Administration ordered GHMSI to pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

CareFirst BlueChoice, Inc. ("BlueChoice")
Case No.: 2012-08-037
Effective Date: August 23, 2012
Penalty: \$3,000.00

The Administration ordered BlueChoice to pay an administrative penalty of \$500.00 for violation of § 15-1005(c) of the Insurance Article and § 19-729 of the Health-General Article by failing to send a notice of receipt and status of the claim for the denied services within thirty days after receipt of the claim and penalty of \$2,500.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by failing to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

CareFirst BlueChoice, Inc. ("BlueChoice")
Case No.: 2012-11-027
Effective Date: November 8, 2012
Penalty: \$500.00

The Administration ordered BlueChoice to pay an administrative penalty of \$500.00 for violation of § 15-10A-02(f)(2) of the Insurance Article and § 19-729 of the Health-General Article by not referencing the specific criteria and standards on which the April 30, 2012 adverse decision was based and by using the generalized phrase "considered experimental and investigational. No benefit allowed." The Administration ordered BlueChoice to submit revised criteria regarding the use of neuropsychological testing for memory loss that are objective, clinically valid, compatible with established principles of health care and flexible enough to allow deviations from the norms when justified on a case by case basis.