

The
Maryland Insurance
Administration's 2003
Report
On
The Health Care Appeals &
Grievance Law

August, 2004

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Commissioner

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I. EXECUTIVE SUMMARY

The Appeals & Grievance Law passed by the General Assembly in 1998 established a procedure for consumers to appeal decisions made by health maintenance organizations (HMO's), insurers and nonprofit health service plans (also referred to as "Carriers" or "health plans") that a covered health service is not medically necessary. The law took effect January 1, 1999, and was codified at § 15-10A *et seq.* of the Insurance Article. One key component of the legislation was a consumer's right to internal and external review where care is denied on the grounds that it is not "medically necessary." This law also 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 as Title 15, Subtitle 10B and Subtitle 10C, respectively.

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

In 2001 the law was amended to: 1) require Carriers to allow members or healthcare providers acting on behalf of members to file a grievance 180 days after the member receives the adverse decision for a retrospective denial; 2) allow a member or healthcare provider on behalf of a member 30 working days after the receipt of a grievance decision to file a complaint with the Commissioner to review the grievance decision; and 3) require all Carriers to report the number of adverse decisions issued by the Carriers to the Commissioner on a form required by the Commissioner. In addition, the law was amended to provide that §§15-10B and 10D of the Insurance Article apply to health maintenance organizations (HMO'S), 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 2003 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 2003. 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 review which is conducted by the Carrier; and b) the external review which is conducted by the Administration and occurs if the member is dissatisfied with the Carrier's decision at the internal level and files a complaint with the Administration.

A. Internal Review: 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 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 file a complaint with 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 filed without first filing a grievance with the Carrier if there is a compelling reason.
- Provide the Commissioner's address, telephone number and facsimile number.

If the member, or a provider acting on behalf of the member, wishes to challenge the adverse decision of the Carrier, the member must go through an internal process which is established by the Carrier. However, if the case involves a compelling reason, the complaint may be filed directly with the Administration.

This internal grievance process must provide:

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

The grievance decision shall:

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

Consumers may receive assistance through the internal grievance process from the HEAU.(Appendix A) The HEAU will attempt to mediate disputes between the member and the Carrier or, in the appropriate case, help the member file a grievance.

B. External Review: Appeals & Grievance Complaint Process at the Insurance Administration.

If the complainant is dissatisfied with the grievance decision, the complainant may file a written complaint with the Administration.(Appendix A) The Administration will conduct an investigation by examining all relevant information including the patient's medical records and information from the Carrier.

Once the Carrier's response and all relevant information is received, the case is reviewed to determine if it needs to be referred to an Independent Review Organization ("IRO") for medical review. A matter may not be referred to external review for several reasons, including the absence of jurisdiction by the Administration, or because the Carrier has decided to provide the services in question. It may be determined that a complaint is not within the jurisdiction of the Administration either because of ERISA, which preempts the State in cases involving 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. (Appendix A) 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 the 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’s recommendation is to overturn the Carrier’s denial, an Order is issued 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’s recommendation is to uphold the Carrier’s denial, 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 investigation. 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 complainant 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 appeals 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 at subtitles 10A and 10B of Title 15 of the Insurance Article) and Maryland's Unfair Claim Settlement Practices Act (codified at Title 27 of the Insurance Article) are not preempted by ERISA. Those laws require health insurers to establish an internal grievance process for insurers to challenge denials of coverage, permit the insured to seek external review by the Insurance Commissioner, outline procedural and substantial requirements for entities performing utilization review, and define violations of those requirements as unfair claims settlement practices.

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

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

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

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

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

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

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

The Medical Director/Private Review Agent Oversight Unit (MD/PRA Oversight Unit) reviews applications for certification of private review agents to determine whether the utilization review policies, procedures and criteria of private review agents are compliant with Maryland law and regulations. The MD/PRA Oversight Unit is also responsible for ensuring that medical directors of health maintenance organizations licensed to do business in Maryland meet the requirements for certification. In 2003, the unit issued certificates to 39 medical directors and 49 private review agents.

Currently, there are 75 certified medical directors working for HMOs in Maryland and 102 private review agents with certificates of registration from the Commissioner.

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

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

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

From 1999 through 2001, the largest volume of grievances involved denials of hospital days. (Appendix B2). In 2002 and 2003, hospital days ranked number two. The largest volume of grievances in 2002 and 2003 were in the category that included dental, optometry and chiropractic services. In 2001, that category was ranked number three. Prior to that, the category was number ten in a field of twelve.

As indicated in 2002, the Carriers for the first time were required to report the number of adverse decisions. The volume of adverse decisions by category almost mirror the volume of grievance decisions with the exception of the category for emergency room services. Since we have only been collecting this data for two years, it will be necessary to monitor this information to determine if any trends are established.(Appendix B4)

The Carriers also report the number of internal decisions where they overturn themselves. (Appendix B6). The data reveals that in 1999 the majority of the reversals occurred for pharmacy services. (Appendix B7). In year 2000, the majority of the reversals involved lab services, home health services, emergency room services, and pharmacy services. (Appendix B8). In 2001, the largest number of reversals were for laboratory and radiological services (Appendix B9). The Carriers also reported that in 2001 the fewest reversals occurred where mental health services were at issue. This was also the case in 1999 and 2000. In 2002, the majority of the reversals were in the

areas of emergency room services, physician services, laboratory services and the category which includes podiatry, dental and optometry. (Appendix B10). In 2003, the majority of the reversals were for physician services, laboratory services, podiatry, dental, optometry services and home health services.

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 1229 complaints asserting a denial of care or coverage based on the lack of medical necessity. (Appendix C1). As a point of comparison, in 2003 the Administration received 5,786 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 life or disability 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, the Unit received a total of 1229 complaints that dealt with or alleged medical necessity denials. The initial investigation of these cases revealed that the Administration did not have jurisdiction in 349 cases. (Appendix C2). In 186 cases, ERISA preempted the State's jurisdiction. ERISA's preemption applies to employer sponsored benefit plans, where the health benefits are self-insured. (See Section III for discussion on ERISA preemption.) If it is determined that the complaint is one which falls outside of the regulatory authority of the Administration, the complainant is referred to the appropriate Agency which has jurisdiction to review their complaint. In the case of ERISA, the 186 complaints were referred to the Department of Labor.

During Calendar year 2003, the Administration also referred:

- 40 cases to OPM (Federal Employees)
- 21 cases to Medicaid
- 9 cases to Medicare
- 83 cases to Insurance Department in Another State
- 10 cases to other state agencies including DHMH and the Workers Compensation Commission

Also, in 289 cases, the complainants had not exhausted their internal grievances and thus the complaint was referred to the HEAU. (Appendix C1). Complainants chose to withdraw their complaints in 7 cases, and 119 cases were closed because the complainants failed to provide information that was necessary to complete the investigation. An example of this occurs where signed consent forms were not provided to the Administration, enabling the Administration to obtain medical records, or where

the provider or patient failed to provide medical records which are essential for the review. No action was required in 87 cases.

C. Synopsis Of Complaints Investigated By The Administration

In 289 complaints which were filed with the Administration, the internal grievance process had not been exhausted. Therefore, the complaints were forwarded to the HEAU for assistance. The outcome of the remaining 378 complaints was as follows:

<u>CARRIER REVERSED ITSELF DURING INVESTIGATION</u>	111
<u>CARRIER UPHELD BY MIA</u>	192
<u>CARRIER REVERSED BY MIA</u>	64
<u>CARRIER MODIFIED BY MIA</u>	11

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

VII. CONSUMER SURVEY

Surveys were sent to 296 individuals who had filed complaints with the Unit; the Administration received 65 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. (See Appendix E). 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 §15-10A et seq; §15-10B et seq; § 15-10C et seq., §4-113; and §27-303 of the Insurance Article and § 19-729 and § 19-730 of the Health General Article. These provisions allow the Commissioner to require the payment of medically necessary treatment. The Commissioner also has authority to fine a carrier for sending an adverse or grievance decision letter which 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; the Life & Health Market Conduct Unit and the Life & Health Rate & Form Filing Unit.

A. Appeals & Grievance Complaint Unit

The Administration issued 80 Orders and Consent Orders based on the complaints which it received. These Orders were issued based on: the Carrier's inappropriate denial of medically necessary services; the Carrier's failure to send statutory complaint notices when services are denied as not medically necessary; and the Carriers' failure to timely authorize services. The services that are the subject of these Orders include mental health treatment, pharmacy services, and durable medical equipment. Administrative penalties of \$95,250 have been imposed.

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

B. Life & Health Market Conduct Unit

The Life & Health Market Conduct Unit performed two market conduct examinations during 2003 that included compliance with laws and regulations regarding adverse decisions. One of those examinations is completed and is therefore a public document. The remaining one is still in process and therefore the information regarding this examination is confidential pursuant to Maryland statute.

The completed examination was of Doral Solutions, Inc. Doral Solutions, Inc. The examination found various areas of non-compliance with various laws and regulations. A summary of the violations regarding adverse decisions is as follows:

A target market conduct examination reviewed a Carrier's procedures and practices regarding denials of health benefit claims or denials of requested pre-authorization of health care services based on decisions of medical necessity.

The focus was to determine whether the Company was complying with Subtitles 10A and 10B of the Insurance Article and COMAR 31.10.18, 31.10.21 and 31.15.08.

The examination revealed that the Company contracted with Doral Solution, Inc. to conduct adverse decisions on their behalf. Doral Solutions failed to comply with the following:

- 1) Does not currently hold a certificate of registration to operate as a Private Review Agent (PRA) from the Commissioner.
- 2) On March 26, 2003, the Administration received from the Company a Private Review Agent Application for Certification
- 3) Effective September 1, 2002, the Company entered into an Administrative Service Agreement with Johns Hopkins HealthCare, LLC (JHHC) to provide dental plan utilization review for JHHC's employer health plans.

- 4) The Company conducted utilization review on 10,914 dental care services for JHHC between September 1, 2002 and October 31, 2003 and denied dental plan benefits on 1,237 of the 10,914 dental care services reviewed.
- 5) Of the 1,237 dental care services denied between September 1, 2002 and October 31, 2003 as a result of the Company's utilization review, 857 were adverse decisions.
- 6) According to Section 15-10B-03 of the Insurance Article, a PRA may not conduct utilization review in the State unless the Commissioner has granted the PRA a Certificate.
- 7) According to Section 15-10B-11 of the Insurance Article, a Company may not act as a Private Review Agent without holding a Certificate issued under Title 15, Subtitle 10B of the Insurance Article.
- 8) The PRA is in violation of §15-10B-03 and §15-10B-11 of the Insurance Article.

The PRA and the Administration entered into a Consent Order whereby the PRA agreed to take corrective action and pay a \$30,000 administrative penalty.

IX. CONCLUSIONS

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

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

After five years, it is evident that this law has had a positive effect on the ability of consumers to promptly obtain appropriate medically necessary services.

APPENDICES

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HEALTH CARE COMPLAINTS UNDER STATE LAW

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 exist. 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 complaint is not appropriately resolved then you can proceed by filing 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 filed with the Insurance Administration.

C. File 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. File 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.

**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2003**

NAIC #	COMPANY NAME	GRIEVANCES FILED		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES		C. MENTAL HEALTH SERVICES	
		COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95910	Aetna Dental Inc.	1	0.0%	0	0.0%	0	0.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	353	5.8%	146	41.4%	0	0.0%	72	20.4%
90611	Allianz Life Ins Co of N. America	7	0.1%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	615	10.2%	261	42.4%	26	4.2%	97	15.8%
47058	CareFirst of Maryland, Inc.	925	15.3%	442	47.8%	10	1.1%	178	19.2%
80799	Celtic Ins Co	12	0.2%	1	8.33%	2	16.67%	0	0.0%
48119	CIGNA Dental Health of MD, Inc.	26	0.4%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	60	1.0%	11	18.33%	1	1.67%	3	5.0%
77828	Companion Life Insurance Co	8	0.1%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	121	2.0%	47	38.9%	1	0.8%	14	11.6%
62413	Continental Assurance Co	4	0.1%	0	0.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	31	0.5%	3	9.7%	19	61.3%	1	3.2%
95574	Delmarva Health Plan, Inc.	3	0.0%	2	66.7%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	82	1.4%	0	0.0%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	178	3.0%	21	11.8%	95	53.4%	4	2.2%
70408	Fortis Benefits Ins Co	24	0.4%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	4	0.1%	2	50.0%	0	0.0%	0	0.0%
95572	Freestate Health Plan, Inc.	1	0.0%	1	100.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	4	0.1%	1	25.0%	0	0.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	1887	31.2%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	158	2.6%	60	38.0%	1	0.6%	5	3.2%
64246	Guardian Life Ins Co Of America	170	2.8%	18	10.6%	0	0.0%	0	0.0%
73288	Humana Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%
70580	HumanaDental Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	1	0.0%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	103	1.7%	7	6.8%	17	16.5%	3	2.9%
60321	MAMSI Life & Health Ins Co	341	5.6%	232	68.0%	40	11.7%	12	3.5%
96310	MD-Individual Practive Assoc.	148	2.5%	119	80.4%	6	4.0%	0	0.0%
97055	Mega Life & Health Ins. Co.	15	0.3%	0	0.0%	1	6.7%	0	0.0%
96940	Optimum Choice, Inc.	646	10.7%	522	80.8%	82	12.7%	3	0.5%
95641	Preferred Health Network	61	1.0%	25	41.0%	0	0.0%	14	23.0%
68241	Prudential Ins Co of America	1	0.0%	0	0.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co	3	0.0%	2	66.7%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins Co	13	0.2%	1	7.7%	0	0.0%	1	7.7%

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

**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2003**

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
95910	Aetna Dental Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	25	7.1%	80	22.6%	23	6.5%	2	0.6%
90611	Allianz Life Ins Co of N. America	6	85.7%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	107	17.4%	18	2.9%	61	9.9%	9	1.5%
47058	CareFirst of Maryland, Inc.	144	15.6%	25	2.7%	71	7.7%	8	0.9%
80799	Celtic Ins Co	3	25.0%	4	33.33%	1	8.33%	0	0.0%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	16	26.66%	3	5.0%	21	35.0%	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	20	16.5%	9	7.4%	13	10.8%	5	4.1%
62413	Continental Assurance Co	3	75.0%	1	25.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	3	9.7%	2	6.4%	2	6.5%	0	0.0%
95574	Delmarva Health Plan, Inc.	1	33.3%	0	0.0%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	43	24.1%	0	0.0%	3	1.7%	5	2.8%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%	0	0.0%	0	0.0%	1	25.0%
95572	Freestate Health Plan, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	2	50.0%	0	0.0%	1	25.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	40	25.3%	3	1.9%	30	19.0%	6	3.8%
64246	Guardian Life Ins Co Of America	3	1.7%	0	0.0%	0	0.0%	0	0.0%
73288	Humana Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
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	57	55.3%	5	4.9%	0	0.0%	0	0.0%
60321	MAMSI Life & Health Ins Co	33	9.7%	0	0.0%	0	0.0%	5	1.5%
96310	MD-Individual Practive Assoc.	9	6.1%	0	0.0%	1	0.7%	6	4.0%
97055	Mega Life & Health Ins. Co.	10	66.6%	2	13.3%	0	0.0%	1	6.7%
96940	Optimum Choice, Inc.	23	3.6%	0	0.0%	3	0.5%	8	1.2%
95641	Preferred Health Network	1	1.6%	1	1.6%	1	1.6%	6	9.8%
68241	Prudential Ins Co of America	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%	1	33.3%
80314	UNICARE Life & Health Ins Co	6	46.1%	2	15.4%	0	0.0%	1	7.7%

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Transportation**

**APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2003**

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
95910	Aetna Dental Inc.	0	0.0%	0	0.0%	1	100.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	0	0.0%	3	0.8%	2	0.6%	0	0.0%
90611	Allianz Life Ins Co of N. America	1	14.3%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	3	0.5%	27	4.4%	4	0.7%	2	0.3%
47058	CareFirst of Maryland, Inc.	5	0.5%	22	2.4%	20	2.1%	0	0.0%
80799	Celtic Ins Co	0	0.0%	0	0.0%	1	8.33%	0	0.0%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%	0	0.0%	26	100.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	1	1.67%	4	6.67%	0	0.0%	0	0.0%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	8	100.0%	0	0.0%
62308	Connecticut General Life Insurance	1	0.8%	3	2.5%	8	6.6%	0	0.0%
62413	Continental Assurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	0	0.0%	1	3.2%	0	0.0%	0	0.0%
95574	Delmarva Health Plan, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%	0	0.0%	82	100.0%	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%	1	0.6%	6	3.4%	0	0.0%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%	0	0.0%	1	25.0%	0	0.0%
95572	Freestate Health Plan, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%	0	0.0%	1887	100.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	1	0.6%	7	4.4%	5	3.2%	0	0.0%
64246	Guardian Life Ins Co Of America	1	0.6%	1	0.6%	127	74.7%	20	11.8%
73288	Humana Insurance Company	0	0.0%	0	0.0%	1	100.0%	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%	0	0.0%	1	100.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	1	100.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	1	1.0%	6	5.8%	2	1.9%	2	1.9%
60321	MAMSI Life & Health Ins Co	10	2.9%	5	1.5%	4	1.2%	0	0.0%
96310	MD-Individual Practive Assoc.	3	2.0%	2	1.4%	2	1.4%	0	0.0%
97055	Mega Life & Health Ins. Co.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	4	0.6%	1	0.1%	0	0.0%	0	0.0%
95641	Preferred Health Network	0	0.0%	4	6.6%	0	0.0%	0	0.0%
68241	Prudential Ins Co of America	0	0.0%	0	0.0%	0	0.0%	1	100.0%
61425	Trustmark Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%	1	7.7%	0	0.0%	1	7.7%

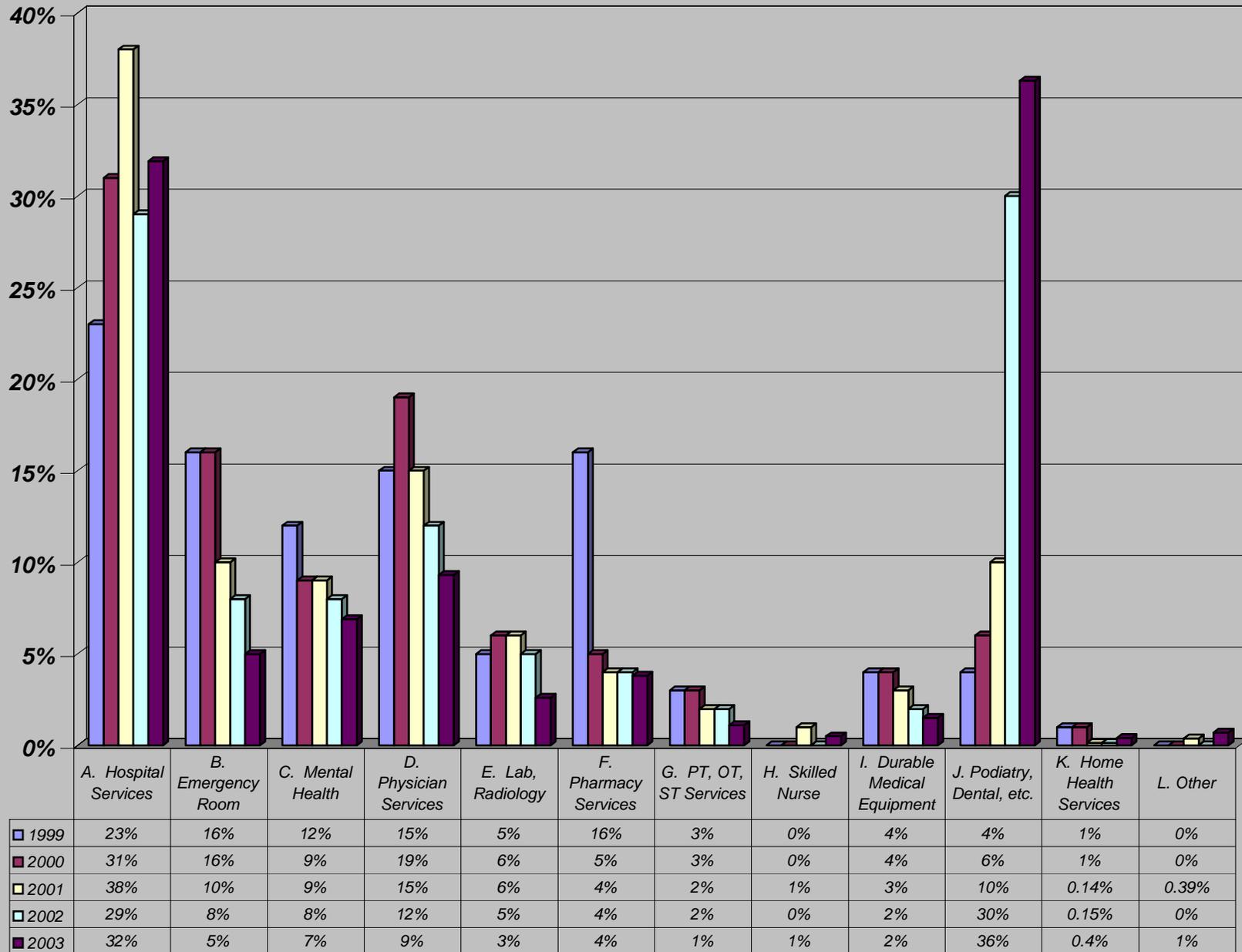
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APPEALS AND GRIEVANCES
CARRIER'S INTERNAL GRIEVANCE STATISTICS BY SERVICE - 2003

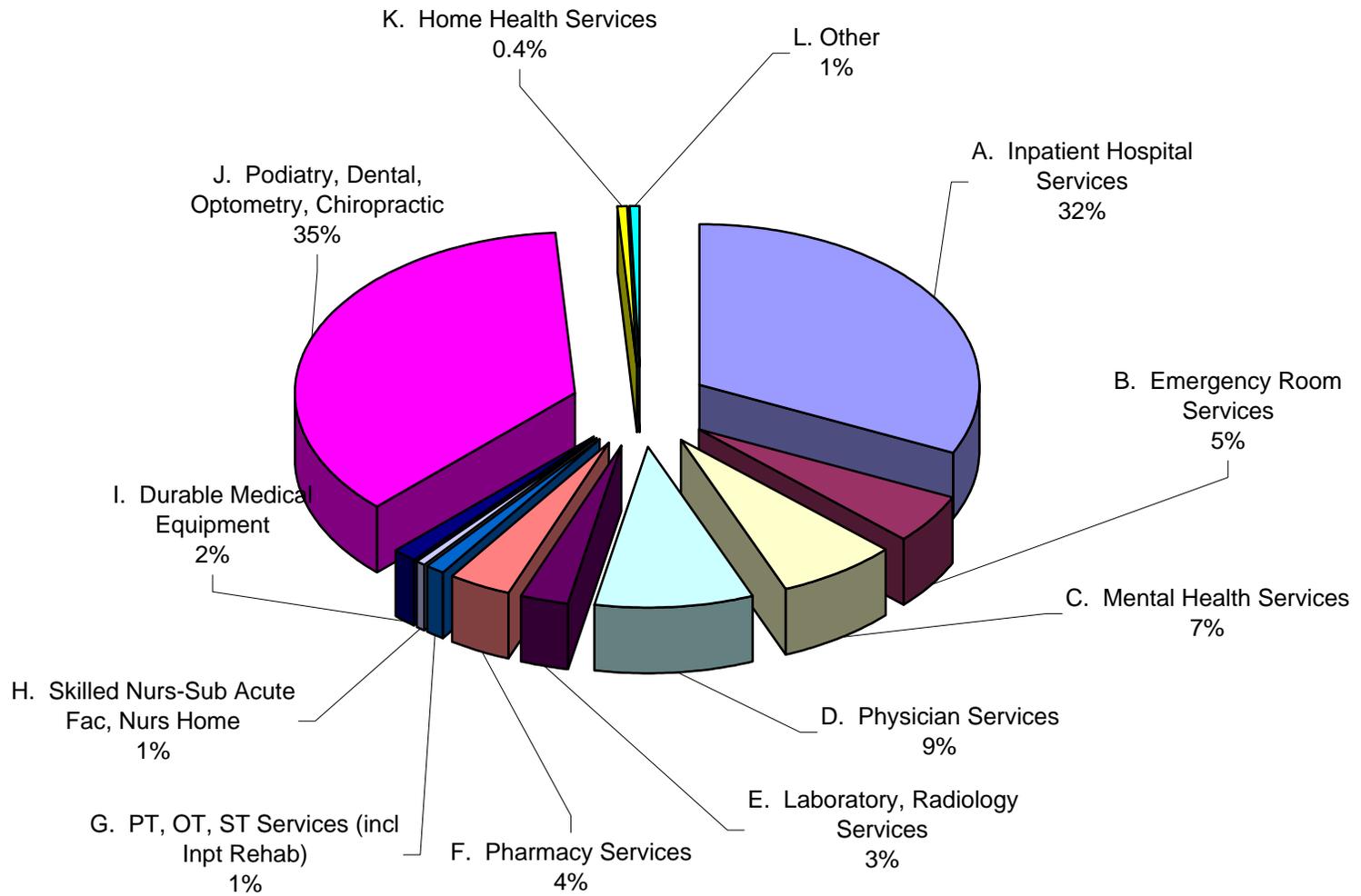
NAIC #	COMPANY NAME	*L. OTHER	
		NUMBER	% TOTAL
95910	Aetna Dental Inc.	0	0.0%
95590	Aetna US Healthcare, Inc.	0	0.0%
90611	Allianz Life Ins Co of N. America	0	0.0%
96202	CareFirst BlueChoice, Inc	0	0.0%
47058	CareFirst of Maryland, Inc.	0	0.0%
80799	Celtic Ins Co	0	0.0%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	0	0.0%
77828	Companion Life Insurance Co	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%
62413	Continental Assurance Co	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	0	0.0%
95574	Delmarva Health Plan, Inc.	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%
70408	Fortis Benefits Ins Co	24	100.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%
95572	Freestate Health Plan, Inc.	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%
53007	Group Hosp & MedServ, Inc.	0	0.0%
64246	Guardian Life Ins Co Of America	0	0.0%
73288	Humana Insurance Company	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	3	2.9%
60321	MAMSI Life & Health Ins Co	0	0.0%
96310	MD-Individual Practive Assoc.	0	0.0%
97055	Mega Life & Health Ins. Co.	1	6.7%
96940	Optimum Choice, Inc.	0	0.0%
95641	Preferred Health Network	9	14.8%
68241	Prudential Ins Co of America	0	0.0%
61425	Trustmark Insurance Co	0	0.0%
80314	UNICARE Life & Health Ins Co	0	0.0%

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GRIEVANCES REPORTED BY CARRIERS TYPE OF SERVICES AS A PERCENTAGE OF TOTAL GRIEVANCES 1999 v 2000 v 2001 v 2002 v 2003



CARRIER INTERNAL GRIEVANCES REPORTED BY SERVICE - 2003



APPEALS AND GRIEVANCES
CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2003

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
95910	Aetna Dental Inc.	21	0.05%	0	0.0%	0	0.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	4962	11.21%	603	12.2%	0	0.0%	231	4.7%
90611	Allianz Life Ins Co of N. America	7	0.02%	0	0.0%	0	0.0%	0	0.0%
60836	American Republic Ins Co	1	0.00%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Ins Co	4	0.01%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	5493	12.41%	2760	50.2%	29	0.5%	276	5.0%
47058	CareFirst of Maryland, Inc.	9367	21.16%	5317	56.8%	2	0.0%	464	4.9%
48119	CIGNA Dental Health of MD, Inc.	733	1.66%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	181	0.41%	14	7.7%	0	0.0%	8	4.4%
77828	Companion Life Insurance Co	31	0.07%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	298	0.67%	173	58.1%	0	0.0%	27	9.1%
62413	Continental Assurance Co	4	0.01%	0	0.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	319	0.72%	151	47.3%	94	29.5%	0	0.0%
95574	Delmarva Health Plan, Inc.	23	0.05%	18	78.3%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	1397	3.16%	0	0.0%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	183	0.41%	21	11.5%	99	54.1%	5	2.7%
70408	Fortis Benefits Ins Co	21	0.05%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	11	0.02%	0	0.0%	0	0.0%	0	0.0%
95572	Freestate Health Plan, Inc.	318	0.72%	111	34.9%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	4	0.01%	1	25.0%	0	0.0%	0	0.0%
68322	Great-West Life & Annuity Ins Co	1	0.00%	1	100.0%	0	0.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	7620	17.21%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	2085	4.71%	629	30.2%	12	0.6%	57	2.7%
64246	Guardian Life Ins Co Of America	678	1.53%	53	7.8%	0	0.0%	1	0.1%
73288	Humana Insurance Company	1	0.00%	0	0.0%	0	0.0%	0	0.0%
70580	HumanaDental Insurance Company	9	0.02%	0	0.0%	0	0.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	15	0.03%	0	0.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	362	0.82%	39	10.8%	34	9.4%	33	9.1%
60321	MAMSI Life & Health Ins Co	2701	6.10%	748	27.7%	1512	56.0%	67	2.5%
96310	MD-Individual Practive Assoc.	838	1.89%	377	45.0%	277	33.1%	2	0.2%
97055	Mega Life & Health Ins. Co.	3	0.01%	0	0.0%	0	0.0%	0	0.0%
66869	Nationwide Life Ins Co	2	0.00%	0	0.0%	0	0.0%	0	0.0%
96940	Optimum Choice, Inc.	5763	13.02%	1842	32.0%	3341	58.0%	46	0.8%
95641	Preferred Health Network	319	0.72%	133	41.7%	0	0.0%	31	9.7%

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APPEALS AND GRIEVANCES
CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2003

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
95910	Aetna Dental Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	107	2.2%	1903	38.4%	2076	41.8%	14	0.3%
90611	Allianz Life Ins Co of N. America	6	85.7%	0	0.0%	0	0.0%	0	0.0%
60836	American Republic Ins Co	1	100.0%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	1171	21.3%	26	0.5%	1028	18.7%	38	0.7%
47058	CareFirst of Maryland, Inc.	1033	11.0%	470	5.0%	1028	11.0%	260	2.8%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	4	2.2%	71	39.2%	81	44.7%	1	0.6%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%	29	9.7%	69	23.1%	0	0.0%
62413	Continental Assurance Co	3	75.0%	1	25.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	17	5.3%	23	7.2%	8	2.5%	9	2.8%
95574	Delmarva Health Plan, Inc.	1	4.33%	0	0.0%	2	8.7%	1	4.33%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
43010	Fidelity Ins Co of MD	43	23.5%	0	0.0%	3	1.6%	5	2.7%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95572	Freestate Health Plan, Inc.	194	61.0%	2	0.6%	0	0.0%	1	0.3%
62286	Golden Rule Insurance Co	2	50.0%	0	0.0%	1	25.0%	0	0.0%
68322	Great-West Life & Annuity Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	529	25.4%	39	1.9%	622	29.8%	83	4.0%
64246	Guardian Life Ins Co Of America	16	2.4%	2	0.3%	0	0.0%	11	1.6%
73288	Humana Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
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	107	29.6%	9	2.5%	0	0.0%	22	6.1%
60321	MAMSI Life & Health Ins Co	100	3.7%	0	0.0%	11	0.4%	73	2.7%
96310	MD-Individual Practive Assoc.	36	4.3%	0	0.0%	3	0.4%	52	6.2%
97055	Mega Life & Health Ins. Co.	2	66.7%	1	33.3%	0	0.0%	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%	0	0.0%	1	50.0%	1	50.0%
96940	Optimum Choice, Inc.	189	3.3%	0	0.0%	29	0.5%	124	2.1%
95641	Preferred Health Network	8	2.5%	0	0.0%	72	22.6%	41	12.9%

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APPEALS AND GRIEVANCES
CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2003

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
95910	Aetna Dental Inc.	0	0.0%	0	0.0%	21	100.0%	0	0.0%
95590	Aetna US Healthcare, Inc.	1	0.0%	15	0.3%	10	0.2%	2	0.0%
90611	Allianz Life Ins Co of N. America	1	14.3%	0	0.0%	0	0.0%	0	0.0%
60836	American Republic Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%	0	0.0%	4	100.0%	0	0.0%
96202	CareFirst BlueChoice, Inc	54	1.0%	83	1.5%	25	0.5%	0	0.0%
47058	CareFirst of Maryland, Inc.	42	0.4%	567	6.1%	111	1.2%	48	0.5%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%	0	0.0%	733	100.0%	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	0	0.0%	1	0.6%	0	0.0%	1	0.6%
77828	Companion Life Insurance Co	0	0.0%	0	0.0%	31	100.0%	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%	0	0.0%	0	0.0%	0	0.0%
62413	Continental Assurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	6	1.9%	11	3.5%	0	0.0%	0	0.0%
95574	Delmarva Health Plan, Inc.	1	4.34%	0	0.0%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%	0	0.0%	1397	100.0%	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%	1	0.6%	6	3.3%	0	0.0%
70408	Fortis Benefits Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%	0	0.0%	11	100.0%	0	0.0%
95572	Freestate Health Plan, Inc.	9	2.9%	1	0.3%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
68322	Great-West Life & Annuity Ins Co	0	0.0%	0	0.0%	0	0.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%	0	0.0%	7620	100.0%	0	0.0%
53007	Group Hosp & MedServ, Inc.	22	1.0%	24	1.2%	67	3.2%	0	0.0%
64246	Guardian Life Ins Co Of America	0	0.0%	4	0.6%	463	68.3%	128	18.9%
73288	Humana Insurance Company	0	0.0%	0	0.0%	1	100.0%	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%	0	0.0%	9	100.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%	0	0.0%	15	100.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	5	1.4%	70	19.3%	34	9.4%	6	1.6%
60321	MAMSI Life & Health Ins Co	79	2.9%	69	2.5%	40	1.5%	2	0.1%
96310	MD-Individual Practive Assoc.	32	3.8%	27	3.2%	32	3.8%	0	0.0%
97055	Mega Life & Health Ins. Co.	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.	87	1.5%	81	1.4%	24	0.4%	0	0.0%
95641	Preferred Health Network	0	0.0%	16	5.0%	0	0.0%	0	0.0%

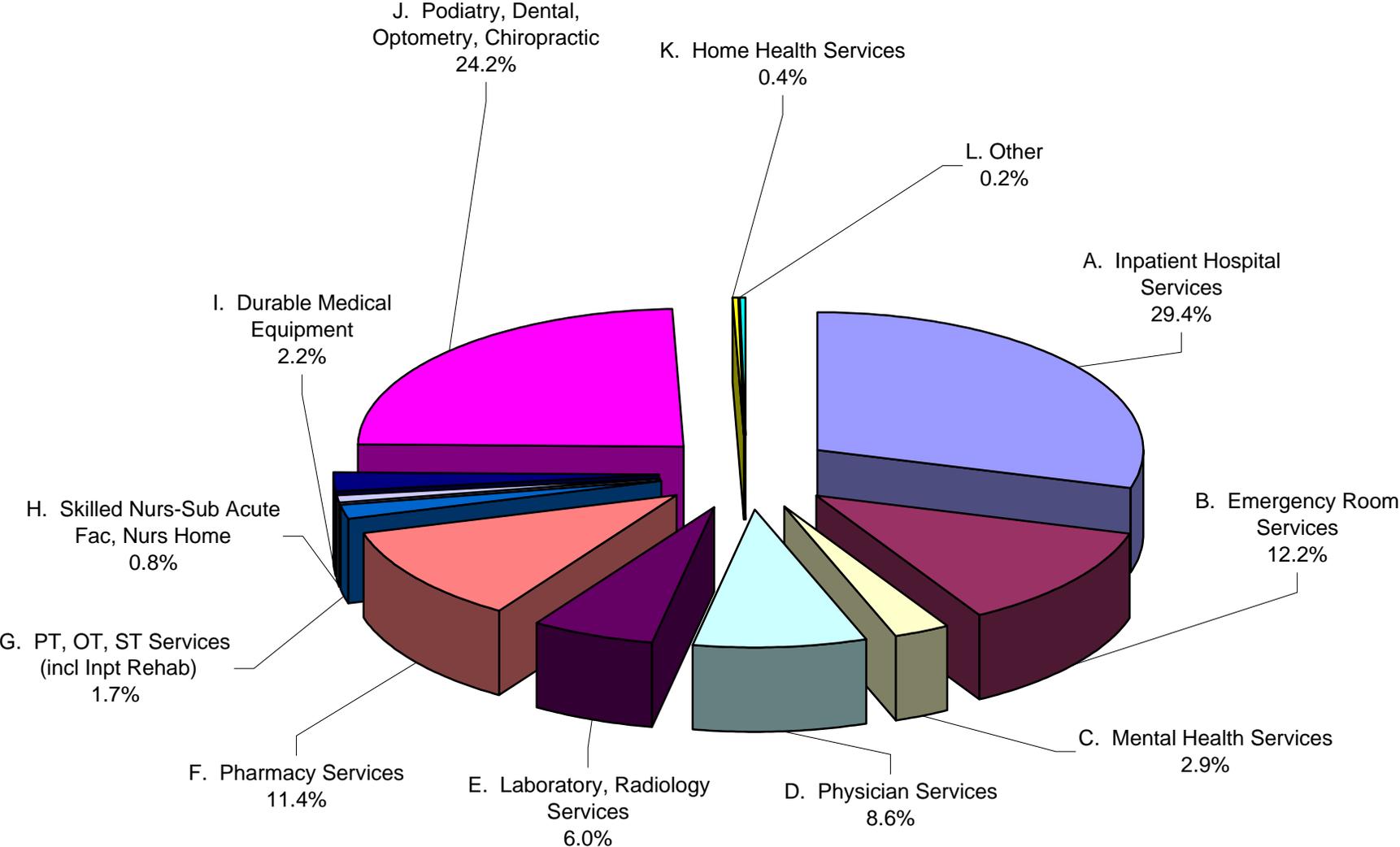
*L=Outpatient Hospital Services,
Education Services, and
Transportation

APPEALS AND GRIEVANCES
CARRIER'S INTERNAL ADVERSE DECISIONS STATISTICS BY CATEGORY - 2003

NAIC #	COMPANY NAME	*L. OTHER	
		NUMBER	% TOTAL
95910	Aetna Dental Inc.	0	0.0%
95590	Aetna US Healthcare, Inc.	0	0.0%
90611	Allianz Life Ins Co of N. America	0	0.0%
60836	American Republic Ins Co	0	0.0%
61301	Ameritas Life Ins Co	0	0.0%
96202	CareFirst BlueChoice, Inc	3	0.1%
47058	CareFirst of Maryland, Inc.	25	0.3%
48119	CIGNA Dental Health of MD, Inc.	0	0.0%
95599	CIGNA Healthcare Mid-Atlantic, Inc	0	0.0%
77828	Companion Life Insurance Co	0	0.0%
62308	Connecticut General Life Insurance	0	0.0%
62413	Continental Assurance Co	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	0	0.0%
95574	Delmarva Health Plan, Inc.	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	0	0.0%
43010	Fidelity Ins Co of MD	0	0.0%
70408	Fortis Benefits Ins Co	21	100.0%
69477	Fortis Insurance Co (Fortis Health)	0	0.0%
95572	Freestate Health Plan, Inc.	0	0.0%
62286	Golden Rule Insurance Co	0	0.0%
68322	Great-West Life & Annuity Ins Co	0	0.0%
95846	Group Dental Service of Maryland, Inc.	0	0.0%
53007	Group Hosp & MedServ, Inc.	1	0.0%
64246	Guardian Life Ins Co Of America	0	0.0%
73288	Humana Insurance Company	0	0.0%
70580	HumanaDental Insurance Company	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	3	0.8%
60321	MAMSI Life & Health Ins Co	0	0.0%
96310	MD-Individual Practive Assoc.	0	0.0%
97055	Mega Life & Health Ins. Co.	0	0.0%
66869	Nationwide Life Ins Co	0	0.0%
96940	Optimum Choice, Inc.	0	0.0%
95641	Preferred Health Network	18	5.6%

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

CARRIER'S INTERNAL ADVERSE DECISIONS REPORTED BY SERVICES - 2003



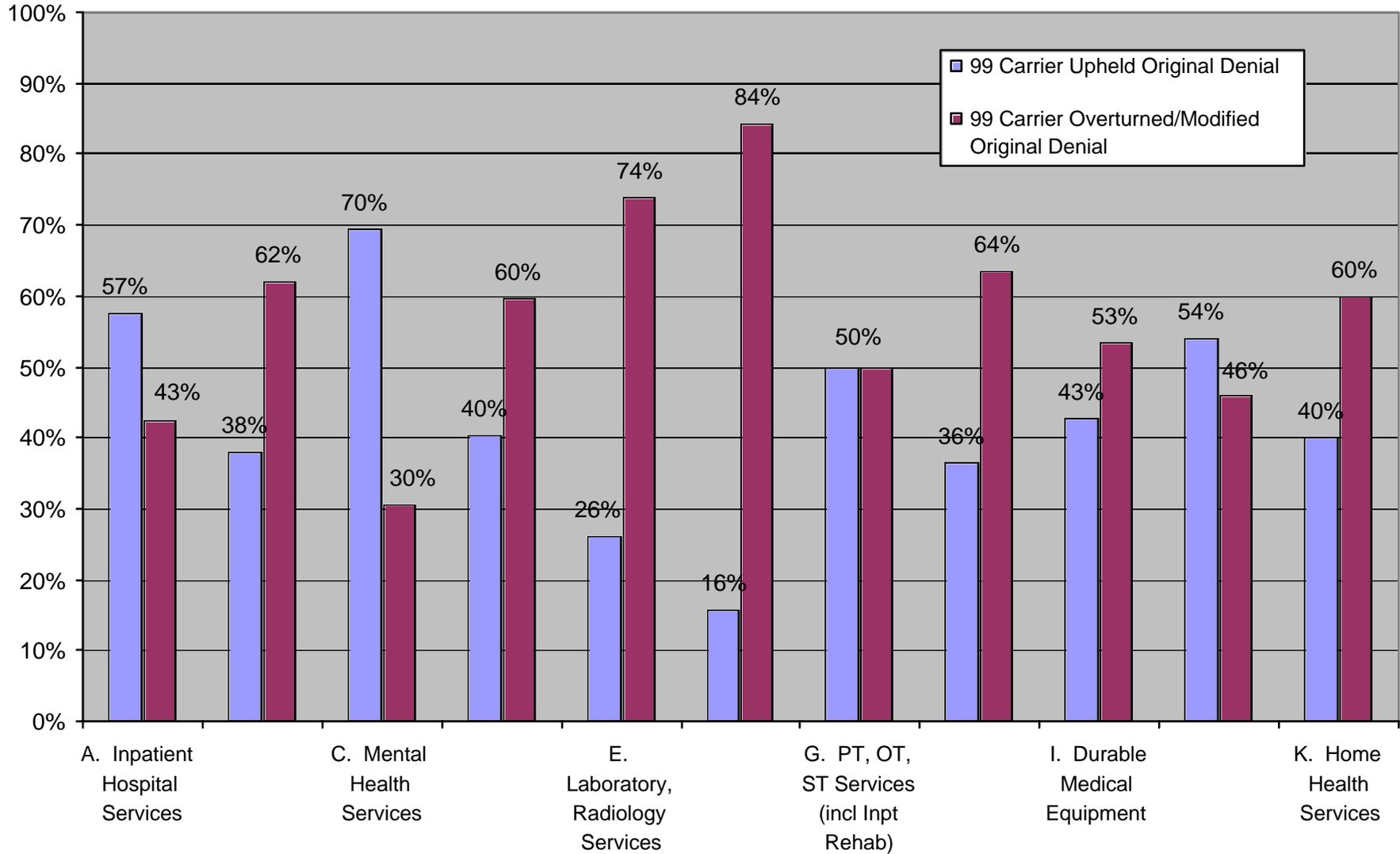
APPEALS AND GRIEVANCES
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES - 2003

NAIC #	COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
		COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
				NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
95910	Aetna Dental Inc.	1	0.0%	0	0.0%	0	0.0%	1	100.0%
95590	Aetna US Healthcare, Inc.	353	5.8%	128	36.3%	196	55.5%	29	8.2%
90611	Allianz Life Ins Co of N. America	7	0.1%	4	57.1%	3	42.9%	0	0.0%
96202	CareFirst BlueChoice, Inc	615	10.2%	317	51.5%	252	41.0%	46	7.5%
47058	CareFirst of Maryland, Inc.	925	15.3%	548	59.2%	290	31.4%	87	9.4%
80799	Celtic Ins Co	12	0.2%	6	50.0%	6	50.0%	0	0.0%
48119	CIGNA Dental Health of MD, Inc.	26	0.4%	7	26.9%	18	69.2%	1	3.9%
95599	CIGNA Healthcare Mid-Atlantic, Inc	60	1.0%	36	60.0%	23	38.3%	1	1.7%
77828	Companion Life Insurance Co	8	0.1%	1	12.5%	4	50.0%	3	37.5%
62308	Connecticut General Life Insurance	121	2.0%	47	38.8%	71	58.7%	3	2.5%
62413	Continental Assurance Co	4	0.1%	3	75.0%	1	25.0%	0	0.0%
96460	Coventry Health Care of Maryland, Inc.	31	0.5%	5	16.1%	26	83.9%	0	0.0%
95574	Delmarva Health Plan, Inc.	3	0.1%	3	100.0%	0	0.0%	0	0.0%
47040	Dental Benefit Providers of MD, Inc.	82	1.4%	29	35.4%	38	46.3%	15	18.3%
43010	Fidelity Ins Co of MD	178	2.9%	84	47.2%	83	46.6%	11	6.2%
70408	Fortis Benefits Ins Co	24	0.4%	6	25.0%	16	66.7%	2	8.3%
69477	Fortis Insurance Co (Fortis Health)	4	0.1%	0	0.0%	4	100.0%	0	0.0%
95572	Freestate Health Plan, Inc.	1	0.0%	1	100.0%	0	0.0%	0	0.0%
62286	Golden Rule Insurance Co	4	0.1%	3	75.0%	1	25.0%	0	0.0%
95846	Group Dental Service of Maryland, Inc.	1887	31.2%	302	16.0%	623	33.0%	962	51.0%
53007	Group Hosp & MedServ, Inc.	158	2.6%	69	43.7%	75	47.5%	14	8.8%
64246	Guardian Life Ins Co Of America	170	2.8%	50	29.4%	107	62.9%	13	7.7%
73288	Humana Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
70580	HumanaDental Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
70254	Jefferson Pilot Financial Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
95639	Kaiser Fndtn Health Plan-Mid-Atl	103	1.7%	21	20.4%	82	79.6%	0	0.0%
60321	MAMSI Life & Health Ins Co	341	5.6%	205	60.1%	93	27.3%	43	12.6%
96310	MD-Individual Practive Assoc.	148	2.5%	78	52.7%	55	37.2%	15	10.1%
97055	Mega Life & Health Ins. Co.	15	0.2%	8	53.3%	7	46.7%	0	0.0%
96940	Optimum Choice, Inc.	646	10.7%	408	63.2%	165	25.5%	73	11.3%
95641	Preferred Health Network	61	1.0%	25	41.0%	35	57.4%	1	1.6%
68241	Prudential Ins Co of America	1	0.0%	1	100.0%	0	0.0%	0	0.0%
61425	Trustmark Insurance Co	3	0.1%	1	33.3%	2	66.7%	0	0.0%
80314	UNICARE Life & Health Ins Co	13	0.2%	9	69.2%	4	30.8%	0	0.0%
69744	Union Labor Life Ins Co	2	0.0%	1	50.0%	1	50.0%	0	0.0%

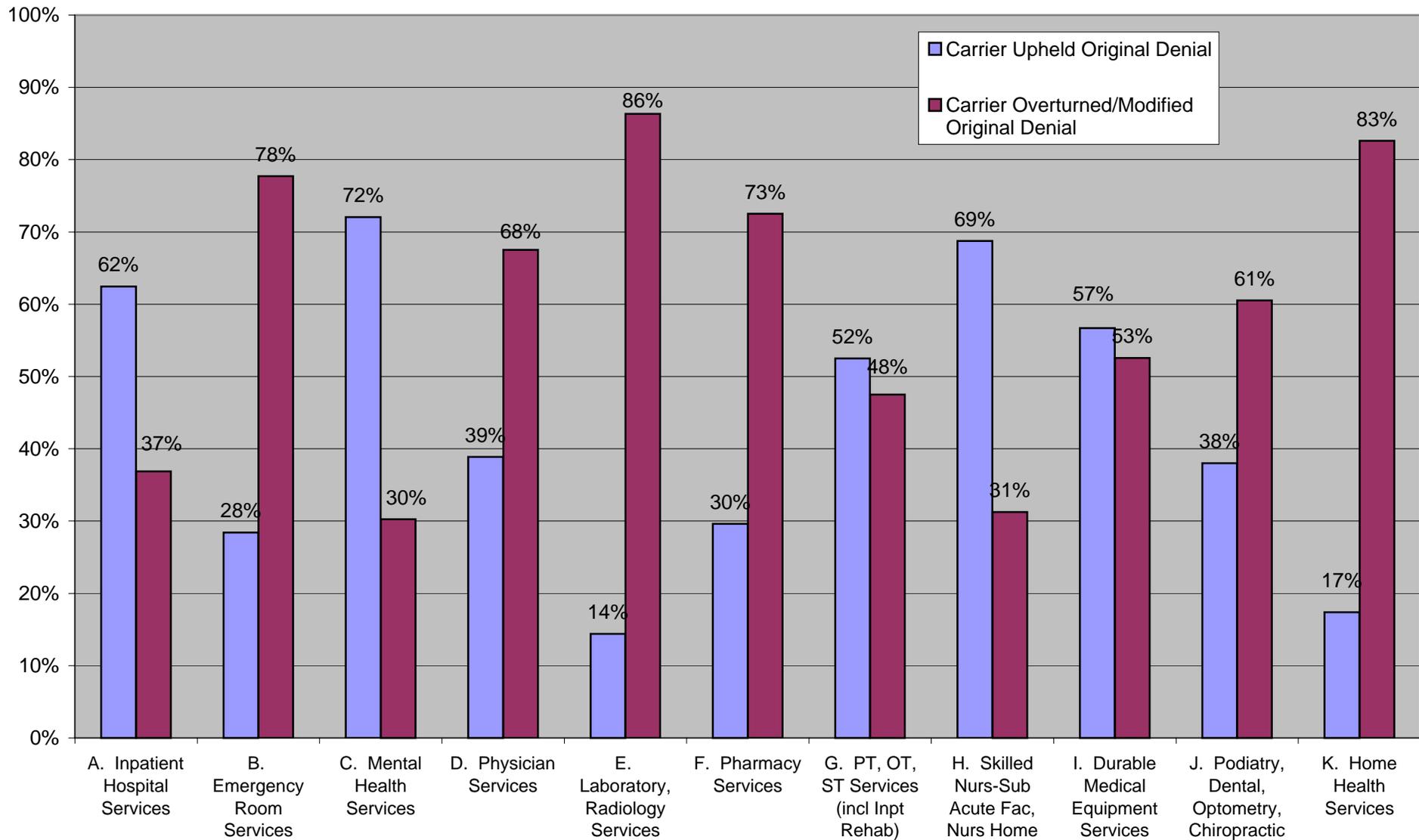
APPEALS AND GRIEVANCES
CARRIER'S DISPOSITION OF INTERNAL GRIEVANCES - 2003

NAIC #	COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
		COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
				NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
79413	United HealthCare Ins Co	14	0.2%	7	50.0%	7	50.0%	0	0.0%
95025	United Healthcare of the Mid-Atl	17	0.3%	8	47.1%	9	52.9%	0	0.0%
69868	United of Omaha Life Ins Co	9	0.2%	5	55.6%	4	44.4%	0	0.0%
97179	United Wisconsin Life Ins Co	2	0.0%	0	0.0%	2	100.0%	0	0.0%
	Total	6052		2429	40.1%	2303	38.1%	1320	21.8%

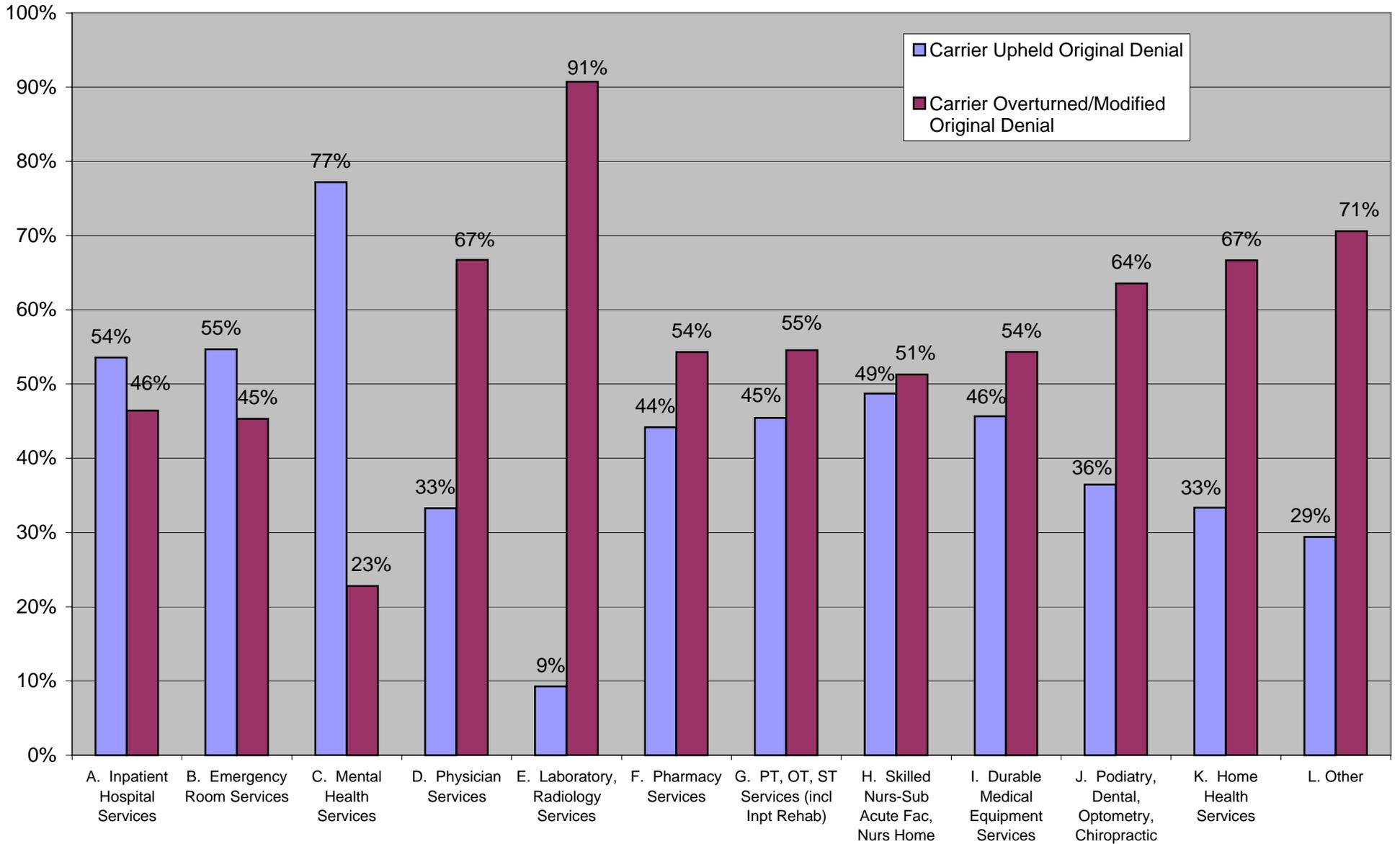
INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 1999



INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2000

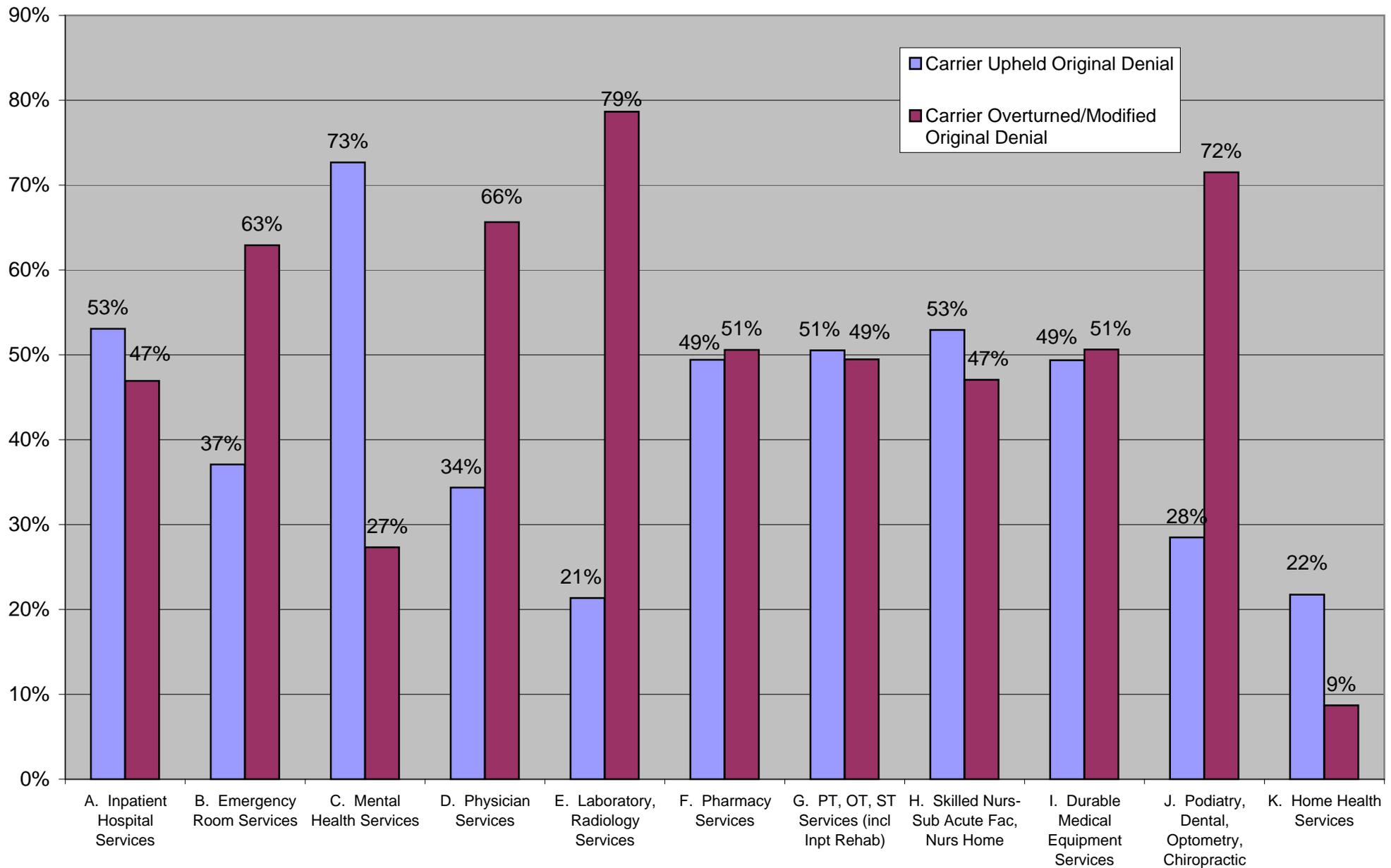


INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2001

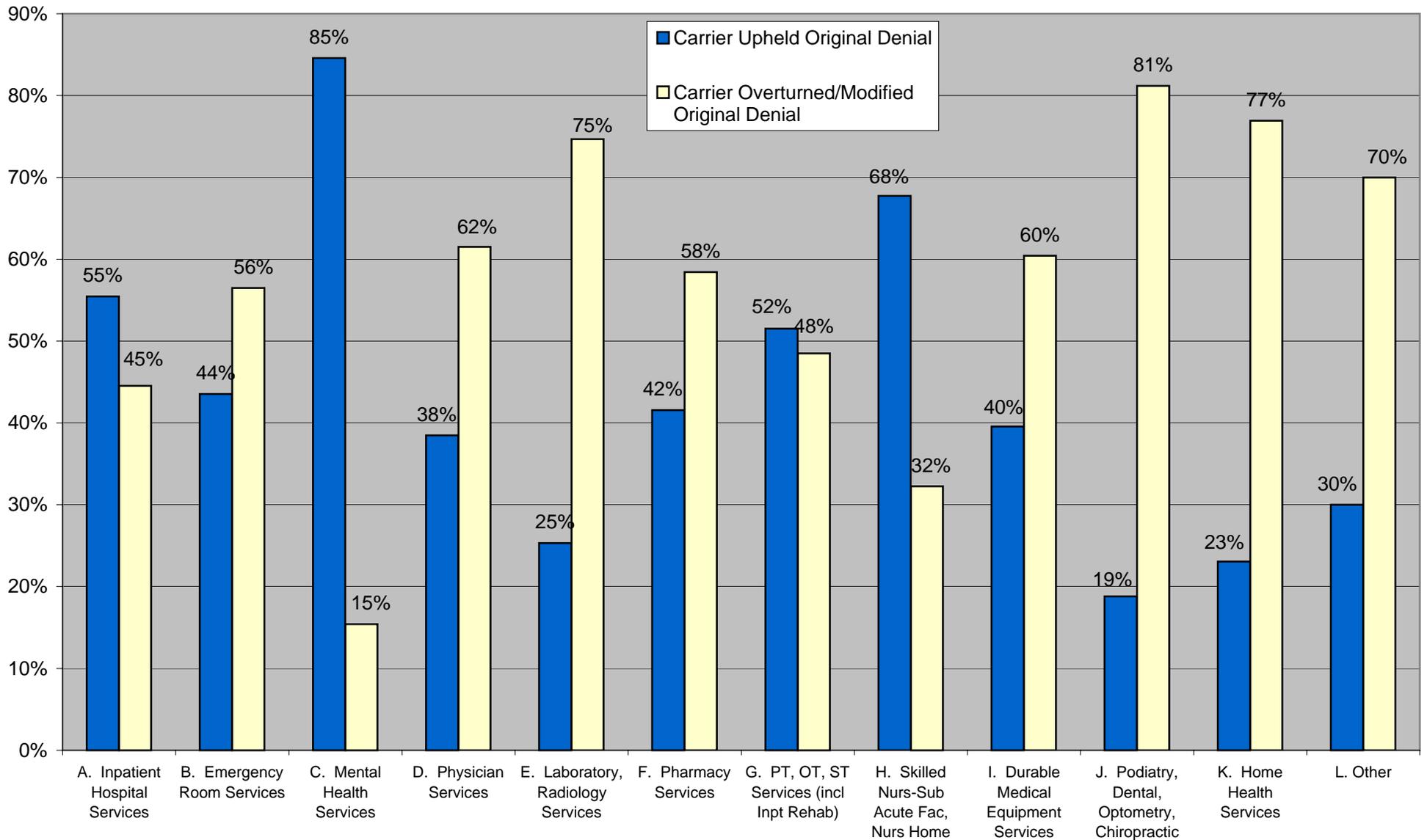


***L. Outpatient Hospital Services, Education Services, and Transportation**

INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2002



INTERNAL GRIEVANCES - CARRIER DISPOSITION REPORTED BY SERVICE - 2003



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

**APPEALS AND GRIEVANCES
NON - EMERGENCY CASES - RESOLUTION TIME* - 2003**

NAIC #	COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
95910	Aetna Dental Inc.	24.8	14	22	0
95590	Aetna US Healthcare, Inc.	13	11	10	11
90611	Allianz Life Ins Co of N. America	14	13	0	0
61301	Ameritas Life Ins Co	9	0	13	0
96202	CareFirst BlueChoice, Inc	30.7	42	35	37
47058	CareFirst of Maryland, Inc.	32.6	40	37	34
80799	Celtic Ins Co	22	19	23	26
48119	CIGNA Dental Health of MD, Inc.	15	25	19	4
95599	CIGNA Healthcare Mid-Atlantic, Inc	12.7	21	24	28
77828	Companion Life Insurance Co	30	22	12	19
62308	Connecticut General Life Insurance	10.7	19	20	19
62413	Continental Assurance Co	0	8	0	0
96460	Coventry Health Care of Maryland, Inc.	4.4	5	12	5
95574	Delmarva Health Plan, Inc.	138	28	0	0
47040	Dental Benefit Providers of MD, Inc.	5	5	0	0
43010	Fidelity Ins Co of MD	10	7	19	18
70408	Fortis Benefits Ins Co	25	49	41	51
69477	Fortis Insurance Co (Fortis Health)	4	43	3	29
95572	Freestate Health Plan, Inc.	97	0	0	0
62286	Golden Rule Insurance Co	0	9	16	6
95846	Group Dental Service of Maryland, Inc.	2	2	2	1
53007	Group Hosp & MedServ, Inc.	25.9	36	32	35
64246	Guardian Life Ins Co Of America	10	19	30	32
73288	Humana Insurance Company	25	0	0	0
70580	HumanaDental Insurance Company	0	15	15	0
95639	Kaiser Fndtn Health Plan-Mid-Atl	17	18	21	22
60321	MAMSI Life & Health Ins Co	24.9	23	26	29
96310	MD-Individual Practive Assoc.	28.5	23	26	27
97055	Mega Life & Health Ins. Co.	17	29	24	29
66869	Nationwide Life Ins Co	2	0	0	0
96940	Optimum Choice, Inc.	26.7	26	27	29
95641	Preferred Health Network	25	21	22	20

*Reported as Calendar Days

**APPEALS AND GRIEVANCES
NON - EMERGENCY CASES - RESOLUTION TIME* - 2003**

NAIC #	COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
		1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
68241	Prudential Ins Co of America	0	0	5	0
61425	Trustmark Insurance Co	2	0	0	5
80314	UNICARE Life & Health Ins Co	10	9	0	30
91529	Unimerica Insurance Company	4	0	0	0
69744	Union Labor Life Ins Co	0	0	0	10
79413	United HealthCare Ins Co	0	0	14	22
95025	United Healthcare of the Mid-Atl	11	11	6	12
69868	United of Omaha Life Ins Co	6	18	0	4
97179	United Wisconsin Life Ins Co	22	16	0	0

*Reported as Calendar Days

APPEALS AND GREIVANCES

GRIEVANCES FILED INVOLVING HOSPITAL LENGTH OF STAY/DENIAL OF HOSPITAL DAYS - 2003

NAIC #	COMPANY* NAME	HOSPITAL LOS TOTAL**	HOSPITAL LOS OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
				Number	Percent	Number	Percent	Number	Percent
95590	Aetna US Healthcare, Inc.	164	98	38	38.78%	52	53.06%	8	8.16%
96202	CareFirst BlueChoice, Inc	336	130	94	72.31%	25	19.23%	11	8.46%
47058	CareFirst of Maryland, Inc.	590	208	173	83.17%	22	10.58%	13	6.25%
95599	CIGNA Healthcare Mid-Atlantic, Inc	11	11	7	63.64%	3	27.27%	1	9.09%
62308	Connecticut General Life Insurance	21	17	9	52.94%	6	35.29%	2	11.77%
96460	Coventry Health Care of Maryland, Inc.	3	3	1	33.33%	2	66.67%	0	0.00%
95574	Delmarva Health Plan, Inc.	2	2	2	100.00%	0	0.00%	0	0.00%
43010	Fidelity Insurance Co of MD	23	14	9	64.29%	3	21.43%	2	14.28%
69477	Fortis Insurance Co (Fortis Health)	2	2	0	0.00%	2	100.00%	0	0.00%
95572	Freestate Health Plan, Inc.	1	1	1	100.00%	0	0.00%	0	0.00%
62286	Golden Rule Insurance Co	1	1	1	100.00%	0	0.00%	0	0.00%
53007	Group Hosp & MedServ, Inc.	63	25	16	64.00%	5	20.00%	4	16.00%
64246	Guardian Life Ins Co Of America	18	14	3	21.43%	11	78.57%	0	0.00%
95639	Kaiser Fndtn Health Plan-Mid-Atl	5	5	3	60.00%	2	40.00%	0	0.00%
60321	MAMSI Life & Health Ins Co	232	43	31	72.09%	4	9.30%	8	18.61%
96310	MD-Individual Practive Assoc.	119	17	7	41.18%	7	41.18%	3	17.64%
96940	Optimum Choice, Inc.	522	111	80	72.07%	22	19.82%	9	8.11%
95641	Preferred Health Network	39	39	18	46.16%	20	51.28%	1	2.56%
61425	Trustmark Insurance Co	2	2	0	0.00%	2	100.00%	0	0.00%
80314	UNICARE Life & Health Ins Co	2	2	1	50.00%	1	50.00%	0	0.00%
95025	United Healthcare of the Mid-Atl	6	6	4	66.67%	2	33.33%	0	0.00%
69868	United of Omaha Life Ins Co	1	1	0	0.00%	0	0.00%	1	100.00%

*This chart only includes those carriers who had grievance involving hospital length of stay during calendar year 2003.

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

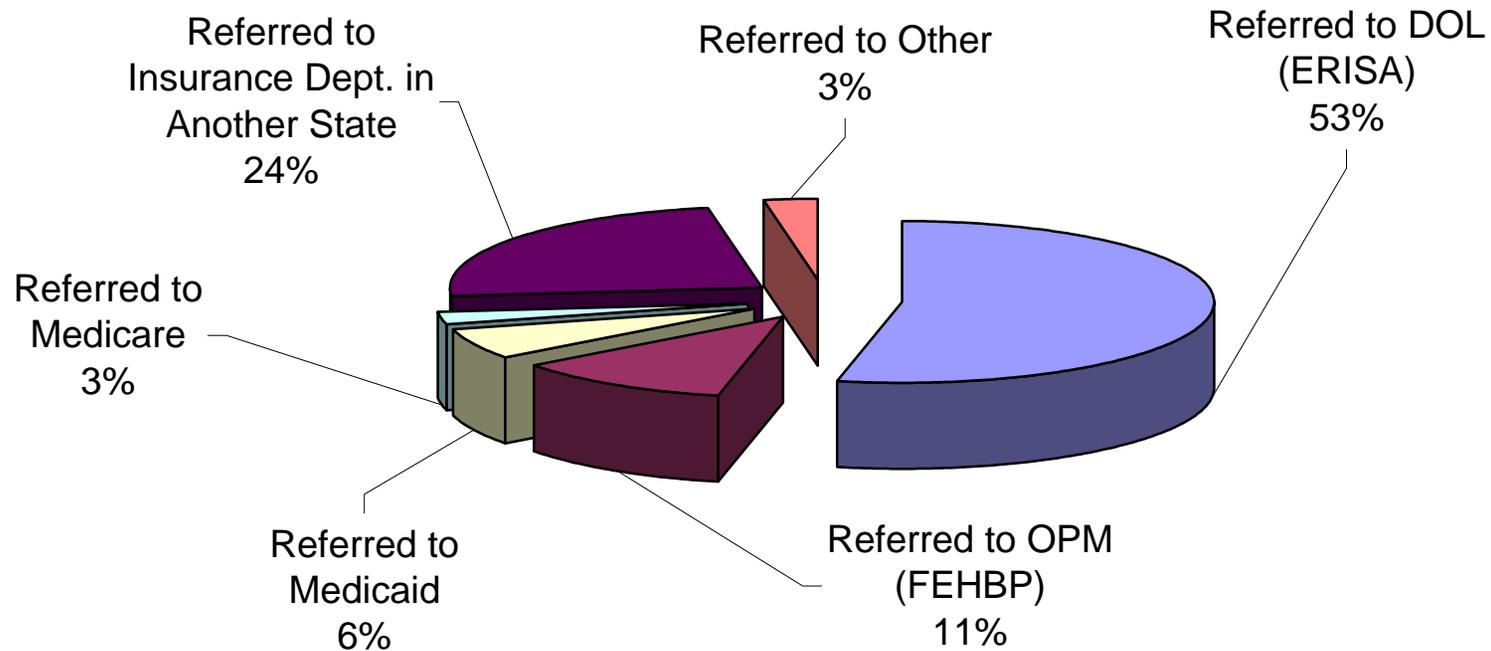
**Appeal and Grievance Statistics
Totals for Complaints Filed
January 1, 2003 - December 31, 2003**

COMPLAINTS FILED

1229

<u>NO JURISDICTION</u>		349
Referred to DOL (<i>ERISA</i>)	186	
Referred to OPM (<i>FEHBP</i>)	40	
Referred to Medicaid	21	
Referred to Medicare	9	
Referred to Insurance Department in Another State	83	
Referred to Other*	10	
*Includes complaints referred to Workers Compensation Commission and Other State agencies		
<u>COMPLAINT WITHDRAWN</u>		7
<u>INSUFFICIENT INFORMATION</u>		119
<u>No Action Required</u>		87
Includes cases transferred to Life & Health, Duplicate file, Advised Complainant		
Referred to HEAU to Exhaust Internal Remedy	289	
MIA Conducted Investigation:	378	
Carrier Reversed Itself During Investigation	111	
Carrier Upheld by MIA	192	
Carrier Reversed by MIA	64	
Carrier Modified by MIA	11	

Appeals & Grievance No Jurisdiction January 2003 - December 2003



**APPEALS & GRIEVANCE
DISPOSITION OF CASES
FORWARDED TO DHMH
BY THE APPEALS & GRIEVANCE UNIT
JANUARY - DECEMBER 2003**

Description	Complaints Forwarded	
	Number	Percent
Total Cases Forwarded to DHMH by the Appeals & Grievance Unit*	11	100%
Categories of Complaints Referred to DHMH:		
- Mixed jurisdiction - DHMH & MIA investigations	1	9%
- Complaint solely within DHMH jurisdiction	5	45%
- DHMH determined that it has no jurisdiction	5	45%

* 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 2003**

Carrier	COMPLAINTS INVESTIGATED		Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed Itself During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Life Insurance Company	1	0%	0	0%	1	100%	0	0%	0	0%
Aetna US Helthcare	12	3%	5	42%	1	8%	0	0%	6	50%
American Republic Insurance Co.	1	0%	1	100%	0	0%	0	0%	0	0%
Carefirst Bluechoice, Inc.	37	10%	19	51.4%	6	16.2%	0	0%	12	32.4%
Carefirst of Maryland, Inc.	116	31%	59	51%	21	18%	5	4%	31	27%
CIGNA Dental Health of Maryland, Inc.	9	2%	6	67%	1	11%	0	0%	2	22%
Connecticut General Life Insurance Co.	4	1%	1	25%	0	0%	0	0%	3	75%
Conseco Life Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
Coventry Health Care of DE, Inc.	6	2%	1	17%	5	83%	0	0%	0	0%
Fidelity and Guaranty Life	1	0%	1	100%	0	0%	0	0%	0	0%
Fidelity Benefit Adminstrators	5	1%	1	20%	2	40%	0	0%	2	40%
Fidelity Ins Co	6	2%	2	33%	0	0%	0	0%	4	67%
Fortis Benefits	1	0%	0	0%	0	0%	0	0%	1	100%
Fortis Insurance Company	2	1%	2	100%	0	0%	0	0%	0	0%
Freestate	1	0%	0	0%	0	0%	0	0%	1	100%
Group Hosp. & Med Services	10	3%	6	60%	3	30%	0	0%	1	10%
Guardian	2	1%	0	0%	0	0%	0	0%	2	100%
Kaiser Foundation	14	4%	6	43%	1	7%	2	14%	5	36%
MAMSI	64	17%	41	64%	10	16%	2	3%	11	17%
Maryland Health Insurance Plan	9	2%	2	22%	0	0%	1	11%	6	67%
MD IPA	6	2%	4	66.6%	1	16.7%	0	0%	1	16.7%
Mega Life & Health	1	0%	1	100%	0	0%	0	0%	0	0%
Metropolitan Life Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
Optimum Choice	51	13%	23	45%	8	16%	0	0%	20	39%
PHN HMO	8	2%	4	50%	3	37.5%	1	12.5%	0	0%
United Concordia Companies, Inc.	1	0%	0	0%	0	0%	0	0%	1	100%
United Concordia Dental Plans	2	1%	2	100%	0	0%	0	0%	0	0%
United Healthcare Insurance Company	3	1%	2	67%	1	33%	0	0%	0	0%
United Healthcare of Mid-Atlantic	3	1%	3	100%	0	0%	0	0%	0	0%
TOTAL	378	100%	192	51%	64	17%	11	3%	111	29%

**SUMMARY OF APPEALS AND GRIEVANCE
COMPLAINTS INVESTIGATED BY MIA
LISTED BY SERVICE
JANUARY - DECEMBER 2003**

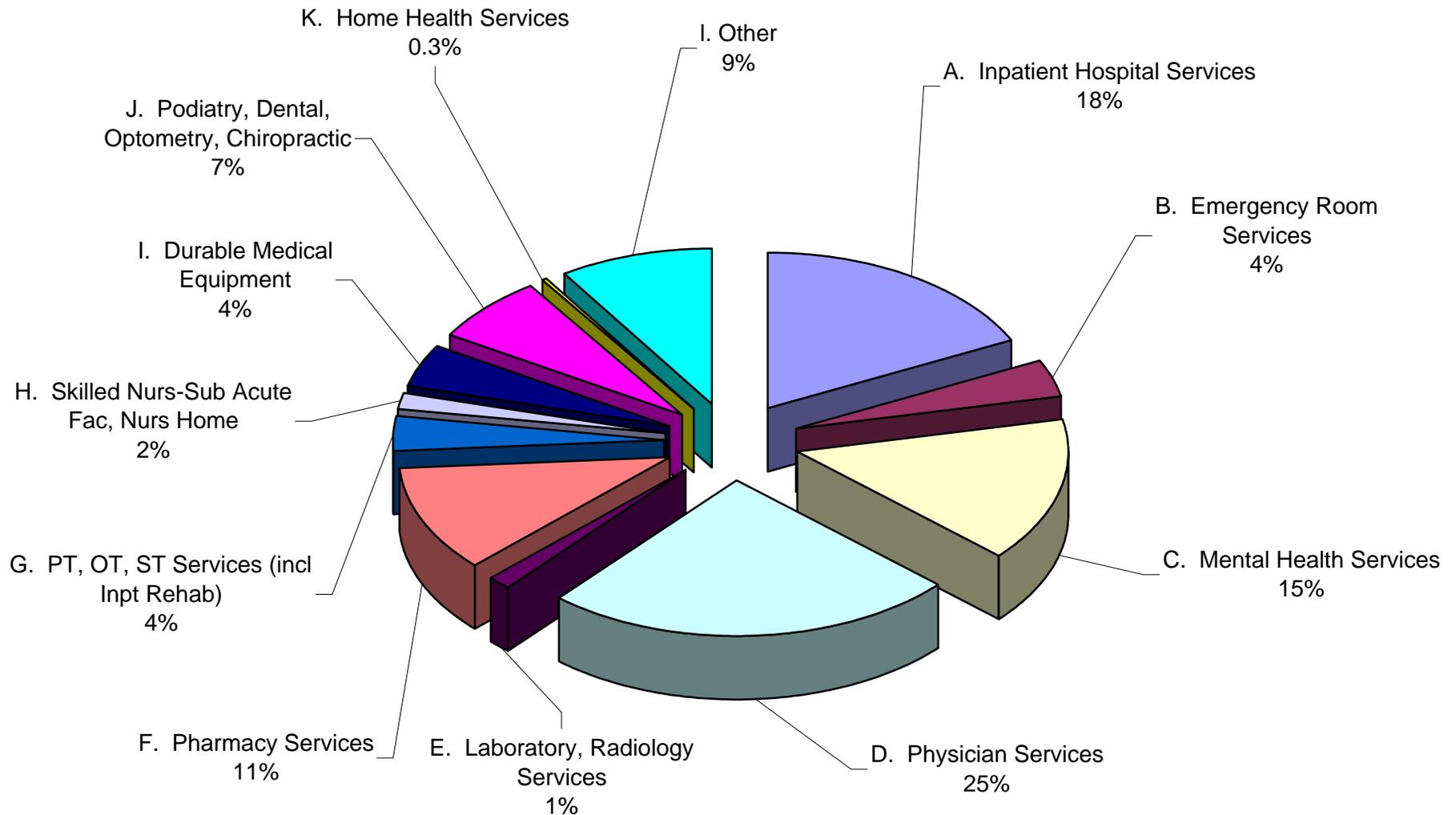
Type of Procedure	Carrier Code**	Total	Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Breast Reduction	D	7	4	57%	1	14%	0	0%	2	29%
Clinical Trial	D	1	0	0%	0	0%	0	0%	1	100%
Cosmetic	D	14	13	93%	0	0%	0	0%	1	7%
Denial of Claim	L	6	1	17%	0	0%	0	0%	5	83%
Denial of Hospital Days	A	61	25	41%	22	36%	1	2%	13	21%
Dental	J	23	11	48%	1	4%	0	0%	11	48%
Durable Medical Equipment	I	17	5	29%	3	18%	2	12%	7	41%
Emergency Room Denial	B	15	9	60%	3	20%	0	0%	3	20%
Experimental	D	22	12	54.6%	5	22.7%	0	0%	5	22.7%
Eye Care Services	J	2	1	50%	0	0%	0	0%	1	50%
Home Health Care	K	1	1	100%	0	0%	0	0%	0	0%
In-Patient Hospital Day	A	6	1	17%	2	33%	1	17%	2	33%
Lab, Imaging, Testing	E	5	2	40%	1	20%	0	0%	2	40%
Mental Health (Inpatient) Services	C	46	19	41.3%	13	28.3%	7	15.2%	7	15.2%
Mental Health (Outpatient) Services	C	11	4	36%	1	9%	0	0%	6	55%
Morbid Obesity	L	27	25	92.6%	1	3.7%	0	0%	1	3.7%
Out Patient Services	G	1	0	0%	0	0%	0	0%	1	100%
Pharmacy	F	42	12	29%	6	14%	0	0%	24	57%
Physician Services	D	49	34	69%	2	4%	0	0%	13	27%
Podiatry Services	J	1	0	0%	0	0%	0	0%	1	100%
PT, OT, Speech Therapy	G	13	6	46.2%	2	15.4%	0	0%	5	38.4%
Skilled Nursing	H	6	5	83%	1	17%	0	0%	0	0%
Transportation Services	L	2	2	100%	0	0%	0	0%	0	0%
TOTAL		378	192		64		11		111	

** 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.

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

MIA COMPLAINTS INVESTIGATED BY SERVICE - 2003

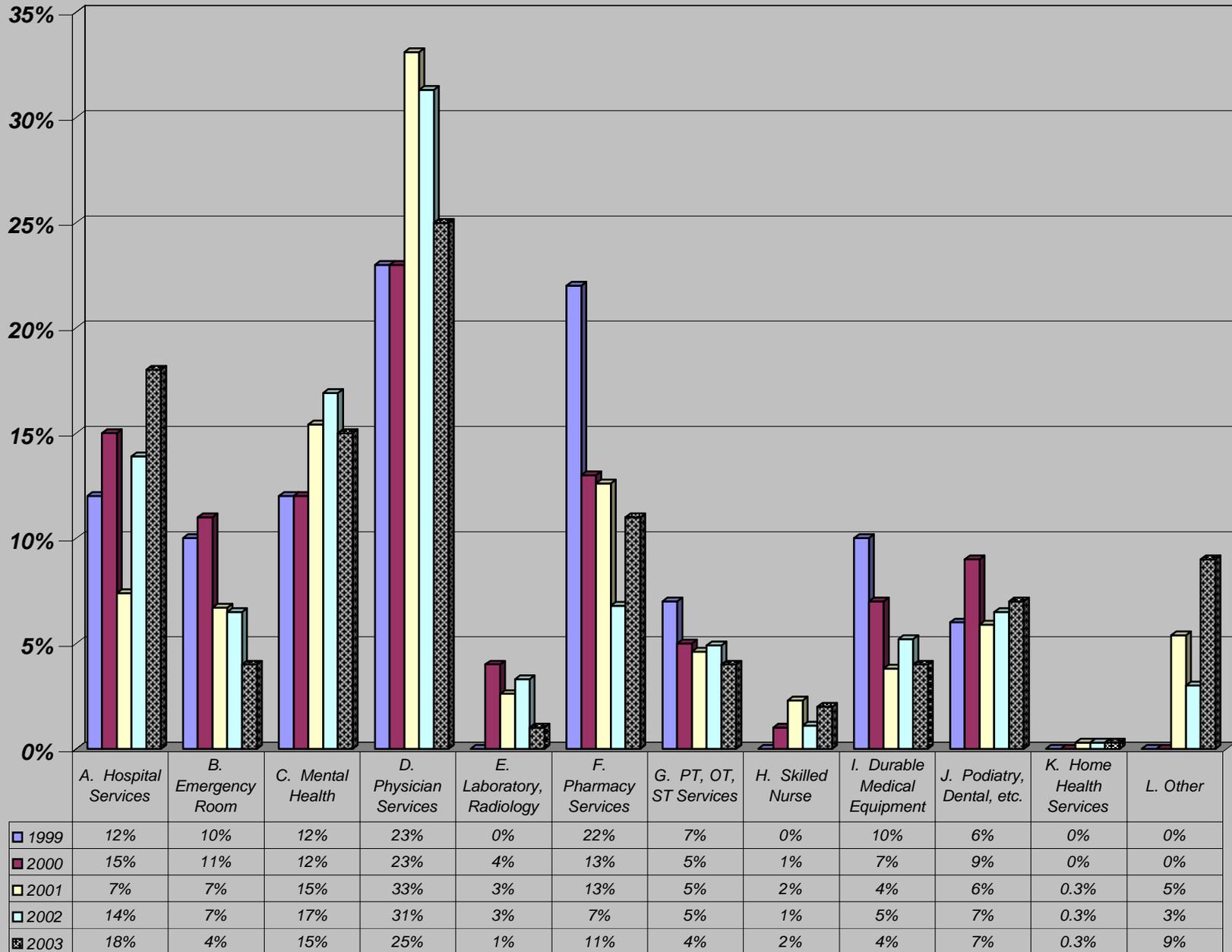


See attached description of what services are included in each procedure.

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Lab, Imaging, Testing
F. Pharmacy Services
Pharmacy
G. PT, OT, ST Services (incl inpt rehab)
Inpatient Rehabilitation
Out Patient Rehab
Physical Therapy
PT, OT, Speech Therapy
Rehabilitation Services
Speech Therapy
H. Skilled Nurs-Sub Acute Fac, Nurs Home
Assisted Living
Skilled Nursing
I. Durable Medical Equipment
Durable Medical Equipment
J. Podiatry, Dental Optometry, Chiropractic
Dental
K. Home Health Services
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L. Other
Claim Payment
Coordination of Benefits
Denial of Claim
Educational Services
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Review Carrier's Criteria
Transportation Services
Other

COMPLAINTS INVESTIGATED BY MIA 1999 v 2000 v 2001 v 2002 v 2003 BY SERVICE TYPE

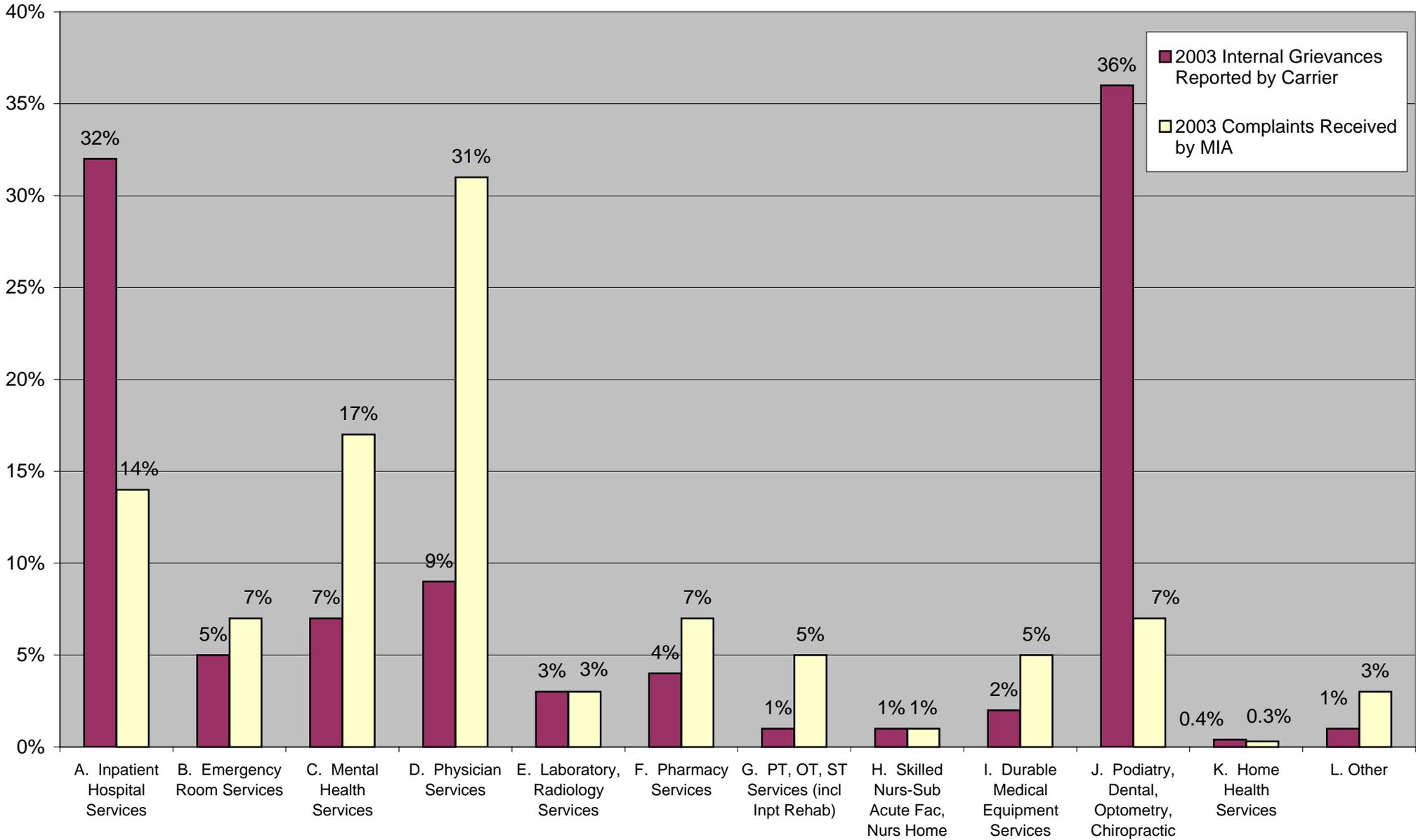


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Claim Payment
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Policy Coverages
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2003 COMPARISON OF CARRIER REPORTED DATA AND MIA DATA



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

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.

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Home Health Care
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Claim Payment
Coordination of Benefits
Denial of Claim
Educational Services
Policy Coverages
Review Carrier's Criteria
Transportation Services
Other

SUMMARY OF APPEALS & GRIEVANCE COMPLAINT ORDERS

Dental Benefit Providers of Maryland, Inc.

Case No.: 2003-01-002

Effective Date: January 6, 2003

Penalty: \$7,500

The Administration ordered the carrier to immediately authorize payment for the surgical removal of two teeth at the completely impacted level and two teeth at the partially impacted level, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered the carrier to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article and to pay an administrative penalty of \$5,000 for violation of § 15-10A-02(i) of the Insurance Article.

MD-Individual Practice Association, Inc.

Case No.: 2003-01-009

Effective Date: April 7, 2003

Penalty: \$500

The Administration and the Carrier entered into a Consent Agreement whereby the Carrier agreed to pay a \$500 penalty for violation of § 15-10A-02 of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2003-01-011

Effective Date: July 28, 2003

Penalty: \$6,250

The Administration and the Carrier entered into a Consent Agreement whereby CareFirst authorized coverage for the DOC Band and paid an administrative penalty of \$6,250 for violation of § 15-10A-02, § 15-10B-06 and § 15-123 of the Insurance Article.

MAMSI Life and Health Insurance Company

Case No.: 2003-01-058

Effective Date: January 28, 2003

Penalty: \$5,000

The Administration ordered MAMSI to immediately issue payment for the medically necessary bilateral reduction mammoplasty surgery. The Administration also ordered MAMSI to pay an administrative penalty of \$2,500 for violation of § 15-10-02(f) of the Insurance Article, and for violation of § 15-10B-09.1 of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-01-062
Effective Date: January 30, 2003
Penalty: \$2,500

The Administration ordered CareFirst to immediately authorize payment for inpatient hospitalization for February 5, 2002 and February 6, 2002, pursuant to § 15-10A-04(c)(1) of the Insurance Article. The Administration also ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-02-002
Effective Date: February 4, 2003
Penalty: \$2,500

The Administration ordered CareFirst to immediately authorize payment for the inpatient psychiatric admission on November 20, 2002, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(i)(1)(ii)(2) of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2003-02-006
Effective Date: February 6, 2003

The Administration ordered OCI to immediately authorize payment for inpatient services rendered December 7, 2002 through December 8, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

A hearing was requested.

CareFirst of Maryland, Inc.
Case No.: 2003-02-009
Effective Date: February 6, 2003
Penalty: \$5,000

The Administration ordered CareFirst to immediately authorize payment for inpatient rehabilitation level of care from November 6, 2002 through November 15, 2002; to authorize partial hospitalization level of care from November 19, 2002 through November 21, 2002 and to authorize payment for intensive outpatient level of care from November 22, 2002 through December 4, 2002. The Administration also ordered CareFirst to pay an administrative penalty of \$2,500 for the violation of § 15-10A-02(f) of the Insurance Article in the November 20, 2002 adverse notice and to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(i) of the Insurance Article in the November 21, 2002 grievance notice.

CareFirst BlueChoice, Inc.
Case No.: 2003-02-010
Effective Date: February 10, 2003

The Administration ordered BlueChoice to immediately authorize payment for the medically necessary residential treatment from July 24, 2002 through October 14, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

A hearing was requested and the Administration's determination was upheld.

CareFirst of Maryland, Inc.
Case No.: 2003-02-018
Effective Date: February 12, 2003
Penalty: \$2,500

The Administration ordered CareFirst to immediately authorize payment for inpatient hospitalization from April 10, 2002 through April 26, 2002, pursuant to § 15-10A-04(c)(2) of the Insurance Article. The Administration also ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10A-04(c)(3) of the Insurance Article.

A hearing was requested.

Optimum Choice, Inc.
Case No.: 2003-02-019
Effective Date: June 24, 2003
Penalty: \$2,500

The Administration and OCI entered into a consent agreement whereby OCI agreed to issue payment for the medically necessary Vest Airway Clearance System and to amend its criteria used to deny the claim for payment of this device.

CareFirst of Maryland, Inc.
Case No.: 2003-02-021
Effective Date: February 21, 2003

The Administration ordered CareFirst to immediately authorize payment for the prescription drug Provigil, pursuant to §§ 15-10A-04(c) and 15-804(d) of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2003-02-026
Effective Date: February 21, 2003

The Administration ordered OCI to immediately authorize payment for inpatient services on September 6, 2002, 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.: 2003-02-028
Effective Date: February 24, 2003

The Administration ordered MLH to pay the balance of the requested charges for services rendered on June 28, 2002, pursuant to § 15-10D-03(b)(1) of the Insurance Article.

A hearing was requested.

Fidelity Insurance Company
Case No.: 2003-02-029
Effective Date: February 24, 2003
Penalty Date: \$500

The Administration determined that Fidelity violated § 15-10A-03(a)(3) of the Insurance Article. The Administration ordered Fidelity to pay an administrative penalty of \$500.00 for violation of § 15-10A-03(a)(3) of the Insurance Article.

MAMSI Life and Health Insurance Company
Case No.: 2003-03-004
Effective Date: March 5, 2003

The Administration determined that inpatient hospitalization from August 16, 2002 through August 18, 2002 was medically necessary. The Administration also determined that the denials of inpatient services from August 19, 2002 through September 13, 2002 and inpatient hospitalization from September 25, 2002 through November 26, 2002 could not be reviewed as a result of the unavailability of medical records. The Administration ordered MAMSI to immediately authorize payment for inpatient hospitalization from August 16, 2002 through August 18, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

Aetna Health, Inc.
Case No.: 2003-03-006
Effective Date: March 11, 2003
Penalty: \$5,000

The Administration ordered Aetna to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(i) of the Insurance Article, for the December 9, 2002 grievance decision letter and to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1 of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2003-03-010
Effective Date: March 13, 2003

The Administration ordered OCI to immediately authorize payment for the inpatient hospital admission of July 22, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2003-03-014
Effective Date: March 18, 2003

The Administration ordered BlueChoice to immediately authorize coverage of inpatient services from September 1, 2002 through September 3, 2002.

Group Hospitalization and Medical Services, Inc.
Case No.: 2003-03-017
Effective Date: May 23, 2003

The Administration and GHMSI entered into a Consent Agreement whereby the Carrier agreed to immediately authorize payment for the medication Provigil.

CareFirst of Maryland, Inc.
Case No.: 2003-03-023
Effective Date: March 26, 2003

The Administration ordered CareFirst to immediately authorize payment for the TENS unit rented on August 12, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-03-030/2003-07-031
Effective Date: March 28, 2003/July 17, 2003

The Administration and CareFirst entered into a Consent Agreement whereby CareFirst agreed to immediately authorize payment for the patient's inpatient and extended care services from October 29, 2002 to February 24, 2002.

CareFirst of Maryland, Inc.
Case No.: 2003-04-004
Effective Date: April 7, 2003

The Administration ordered CareFirst to immediately authorize payment for the medically necessary treatment from June 29, 1999 through July 8, 1999, pursuant to § 15-10A-04(c) of the Insurance Article.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Case No.: 2003-04-014

Effective Date: April 11, 2003

Penalty: \$5000

The Administration ordered Kaiser to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article and to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1 of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst of Maryland, Inc.

Case No.: 2003-04-019

Effective Date: April 16, 2003

The Administration ordered CareFirst to immediately authorize payment for residential treatment from May 3, 2002 through May 15, 2002, pursuant to § 15-10A-04(c)(1) of the Insurance Article.

The Carrier requested a hearing.

Aetna Health, Inc.

Case No.: 594-12/02

Effective Date: April 23, 2003

The Administration issued an Amended order requiring Aetna to immediately authorize payment for continued residential treatment at McLean Hospital from November 13, 2002 through April 30, 2003, and ongoing so long as residential treatment is medically necessary and the patient is otherwise entitled to benefits under the terms of the health benefit plan, pursuant to § 15-10A-04(c) of the Insurance Article.

Cigna Healthcare Mid-Atlantic, Inc.

Case No.: 2003-04-038

Effective Date: April 24, 2003

The Administration ordered CIGNA to immediately authorize payment for inpatient hospitalization from May 10, 2002 through May 13, 2002, 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.: 2003-04-039

Effective Date: April 24, 2003

The Administration ordered MAMSI to immediately issue payment for the medically necessary emergency room services on November 2, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

Aetna Health, Inc.
Case No.: 2003-04-044
Effective Date: April 28, 2003
Penalty: \$500

The Administration determined that Aetna violated § 15-10A-03(a)(3) of the Insurance Article. The Administration ordered Aetna to pay an administrative penalty of \$500 for violation of § 19-729(a)(11) of the Health-General Article.

PHN-HMO, Inc.
Case No.: 2003-05-004
Effective Date: November 4, 2003

The Administration and PHN entered into a Consent Agreement whereby PHN agreed to immediately authorize payment for the medically necessary inpatient rehabilitation treatment from February 2, 2003 through March 7, 2003.

CareFirst of Maryland, Inc.
Case No.: 2003-05-005
Effective Date: May 8, 2003

The Administration ordered CareFirst to immediately authorize payment for the patient's inpatient hospitalization from October 23, 2002 through October 29, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

PHN-HMO, Incorporated
Case No.: 2003-05-013
Effective Date: May 15, 2003

The Administration ordered PHN to immediately authorize coverage for these medically necessary dates of service from November 9, 2002 to November 11, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-05-031/2003-07-031
Effective Date: May 28, 2003/July 17, 2003

The Administration and CareFirst entered into a Consent Agreement whereby CareFirst agreed to authorize payment for the patient's inpatient detoxification services from September 21, 2002 to September 23, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

PHN-HMO, Incorporated
Case No.: 2003-06-007
Effective Date: June 10, 2003

The Administration ordered PHN to immediately authorize payment for the medically necessary prescription Provigil, pursuant to § 15-10A-04(c) of the Insurance Article.

Coventry Health Care of Delaware, Inc.
Case No.: 2003-07-002
Effective Date: July 3, 2003
Penalty: \$3,000

The Administration ordered Coventry to immediately authorize payment for inpatient hospitalization from July 25, 2002 through July 26, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration ordered Coventry to pay an administrative penalty of \$2,500 for violation of § 15-10A-02 of the Insurance Article for its January 6, 2003 grievance decision letter, pursuant to §§ 27-303 and 27-305 of the Insurance Article. The Administration also ordered Coventry to pay an administration penalty of \$500 for violation of § 15-10B-11 of the Insurance Article, pursuant to § 15-10B-12(4) of the Insurance Article.

PHN-HMO, Incorporated
Case No.: 2003-07-003
Effective Date: July 3, 2003
Penalty: \$2,500

The Administration ordered PHN to immediately authorize payment for inpatient rehabilitation level of care at the Hazelden Foundation from August 17, 2000 through September 13, 2000, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration also ordered PHN to immediately authorize payment for Inpatient Rehabilitation level of care from June 26, 2001 through July 4, 2001, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. The Administration ordered PHN to pay an administrative penalty of \$2,500 for the violation of § 15-10A-02(f) of the Insurance Article, for its October 26, 2000 adverse notice, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

The Carrier requested a hearing.

MAMSI Life and Health Insurance Company
Case No.: 2003-07-007
Effective Date: July 9, 2003

The Administration ordered MAMSI to immediately authorize payment for the power operated scooter, pursuant to § 15-10A-04(c) of the Insurance Article.

Group Hospitalization and Medical Services, Inc.
Case No.: 2003-07-046
Effective Date: July 24, 2003

The Administration ordered GHMSI to immediately authorize payment to Supervised Lifestyles, for dates of service October 23, 2002 through March 11, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-07-047
Effective Date: July 24, 2003

The Administration ordered CareFirst to immediately authorize payment for Partial Hospitalization from May 30, 2003 through June 12, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2003-08-003
Effective Date: August 4, 2003
Penalty: \$2,500

The Administration ordered BlueChoice to immediately authorize payment for Nutren formula and enteral supplies for the patient, 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 the violation of § 15-10A-02(f) of the Insurance Article, in the April 2, 2003 adverse notice, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst of BlueChoice, Inc.
Case No. 2003-08-17
Effective Date: May 19, 2004
Penalty: \$1,250

The Administration and BlueChoice entered into a consent agreement whereby BlueChoice agreed to authorize payment for sensory integration therapy, CPT code 7533. Blue Choice paid also paid an administrative penalty of \$1,250.

CareFirst of Maryland, Inc.
Case No. 2003-08-018
Effective Date: January 22, 2004

The Administration and CareFirst entered into a consent agreement whereby CareFirst agreed to authorize payment for the patient's inpatient psychiatric treatment at Dorchester General Hospital from October 15, 2002 through October 16, 2002.

Coventry Health Care of Delaware, Inc.
Case No.: 2003-08-021
Effective Date: August 12, 2003
Penalty: \$2,500

The Administration ordered Coventry to immediately authorize payment for the ICU level of care from October 12, 2002 through October 14, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration ordered Coventry to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.01, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2003-08-022
Effective Date: October 8, 2003
Penalty: \$1,250

The Administration and OCI entered into a Consent Agreement whereby OCI agreed to authorize payment for partial hospitalization from June 2, 2003 through June 9, 2003, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article. OCI also agreed to pay an administrative penalty of \$1,250.

Coventry Health Care of Delaware, Inc.
Case No.: 2003-08-023
Effective Date: August 12, 2003
Penalty: \$5,000

The Administration ordered Coventry to immediately authorize payment for inpatient hospitalization for November 12, 2002 and November 14, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration ordered Coventry to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article for its December 2, 2002 adverse decision letter and to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(i) of the Insurance Article for its grievance letter dated May 14, 2003, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-08-024
Effective Date: August 12, 2003

The Administration ordered CareFirst to immediately authorize payment for residential treatment from May 9, 2003 through present, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-08-043
Effective Date: August 21, 2003
Penalty: \$2,500

The Administration ordered CareFirst to immediately authorize payment for the patient's inpatient hospitalization from November 30, 2002 through December 13, 2002 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(2)(iv) of the Insurance Article for its grievance decision letter dated May 22, 2003, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-08-044
Effective Date: August 21, 2003

The Administration ordered CareFirst to immediately authorize payment for the patient's inpatient hospitalization from March 4, 2003 and March 5, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

Optimum Choice, Inc.
Case No.: 2003-09-003
Effective Date: September 4, 2003

The Administration ordered OCI to immediately authorize payment for inpatient services rendered from November 7, 2002 to November 12, 2002 as well as November 15, 2002 to December 5, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

CareFirst of Maryland, Inc.
Case No.: 2003-09-004
Effective Date: September 4, 2003

The Administration ordered CareFirst to immediately authorize payment for residential level of care for July 8, 2003 and July 9, 2003 and for the Partial Hospitalization level of care from July 10, 2003 through July 17, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No. 2003-09-014
Effective Date: September 5, 2003
Penalty: \$2,500

The Administration ordered CareFirst to authorize payment for inpatient residential treatment from February 23, 2003 through March 24, 2003 at the Hazelden Center for Youth and Families. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for the violation of § 15-10A-04(c)(3) of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

The Carrier requested a hearing.

Optimum Choice, Inc.
Case No.: 2003-09-023
Effective Date: September 12, 2003

The Administration ordered OCI to immediately authorize payment for inpatient hospitalization for April 20, 2003, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

CareFirst of Maryland, Inc.
Case No.: 2003-09-024
Effective Date: September 12, 2003

The Administration ordered CareFirst to immediately authorize payment for the patient's mental health treatment at North Arundel Hospital from August 5, 2003 and through August 13, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Case No.: 2003-09-034
Effective Date: September 22, 2003

The Administration ordered Kaiser to immediately authorize payment for the following DME supplies: wall mounted therapy table, therapy ball, physio ball peanut shape, wedge, EZ vest, modified wheelchair with tray, gauze and sponges, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

CareFirst BlueChoice, Inc.
Case No.: 2003-09-038
Effective Date: September 30, 2003

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

CareFirst of Maryland, Inc.
Case No.: 2003-10-001
Effective Date: October 1, 2003
Penalty: \$2,500.00

The Administration ordered CareFirst to immediately authorize payment for speech therapy provided from April 1, 2003 through July 30, 2003, pursuant to § 15-10A-04(c)(1) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

The Carrier requested a hearing.

CareFirst of Maryland, Inc.
Case No.: 2003-10-008
Effective Date: March 4, 2004

The Administration and CareFirst entered into a Consent Agreement whereby CareFirst authorized payment for the Hippotherapy, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case Number: 2003-10-017
Effective Date: October 10, 2003

The Administration ordered CareFirst to immediately authorize payment for inpatient hospitalization on December 22, 2002, pursuant to § 15-10A-04(c)(1) of the Insurance Article.

The Carrier requested a hearing.

Optimum Choice, Inc.
Case Number: 2003-10-018
Effective Date: October 10, 2003
Penalty: \$2,500

The Administration ordered OCI to immediately authorize payment for inpatient hospitalization from May 13, 2003 through May 15, 2003, pursuant to § 15-10A-04(c)(1) of the Insurance Article. The Administration ordered CareFirst to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

MAMSI Life and Health Insurance Company
Case Number: 2003-10-019
Effective Date: October 10, 2003

The Administration ordered MAMSI to immediately authorize payment for periodontal services rendered on September 27, 2002, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered MAMSI to pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

The Carrier requested a hearing.

CareFirst of Maryland, Inc.
Case No.: 2003-10-025
Effective Date: October 15, 2003

The Administration ordered CareFirst to immediately authorize payment for inpatient rehabilitation from September 19, 2002 through December 31, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

Maryland Health Insurance Plan
Case No.: 2003-10-060
Effective Date: October 29, 2003

The Administration ordered MHIP to immediately authorize payment for inpatient residential treatment for substance abuse from July 4, 2003 through July 10, 2003.

Coventry Health Care of Delaware, Inc.
Case No.: 2003-11-001
Effective Date: November 4, 2003
Penalty: \$2,500

The Administration ordered Coventry to immediately authorize coverage for the removal scalp cysts, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration ordered Coventry to pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article, pursuant to §§ 27-303 and 27-205 of the Insurance Article.

Aetna Health, Inc.
Case No.: 2003-11-002
Effective Date: November 4, 2003

The Administration ordered Aetna to immediately authorize payment for the medically necessary inpatient hospital day of November 13, 2002, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

Aetna Life Insurance Company
Case No.: 2003-11-020
Effective Date: November 18, 2003

The Administration ordered Aetna to immediately authorize payment for Roux-en-Y Gastric Bypass surgery, pursuant to § 15-10A-04(c) of the Insurance Article.

Coventry Health of Delaware, Inc.
Case No.: 2003-11-044
Effective Date: November 25, 2003
Penalty: \$2,500

The Administration ordered Coventry to immediately authorize payment for the ICU hospital day of November 13, 2002, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article. The Administration ordered Coventry to pay an administrative penalty of \$2500 § 15-10A-02(f) of the Insurance Article for its March 7, 2003 adverse decision letter via an EOB, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2003-11-045
Effective Date: November 25, 2003
Penalty: \$7,000

The Administration ordered BlueChoice to immediately authorize payment for the medically necessary Botox injections for the treatment of headaches, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-732 of the Health General Article. The Administration ordered BlueChoice to pay an administrative penalty of \$3,500 for each violation of § 15-123(d) of the Insurance Article, contained in the December 17, 2002 adverse decision letter and the May 15, 2003 grievance decision letter, pursuant to § 4-113 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No. 2003-11-046
Effective Date: November 25, 2003

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

CareFirst BlueChoice, Inc.
Case No.: 2003-11-047
Effective Date: November 25, 2003
Penalty: \$2,500

The Administration ordered BlueChoice to immediately authorize coverage for admission to the Inpatient Pediatric Feeding Disorders Program at Kennedy Krieger Institute. The Administration ordered BlueChoice to pay an administrative penalty of

\$2,500 for violation of § 15-10A-02(f)(2)(i) of the Insurance Article, contained in the October 9, 2003 adverse decision, pursuant to §§ 27-303 and 27-305 of the Insurance Article.

The Carrier requested a hearing.

MAMSI Life and Health Insurance Company

Case No.: 2003-11-048

Effective Date: November 25, 2003

The Administration ordered MAMSI to immediately issue payment for the medically necessary emergency room services, pursuant to § 15-10A-04(c) of the Insurance Article.

Kaiser Foundations Health Plan of the Mid-Atlantic States, Inc.

Case No.: 2003-11-049

Effective Date: November 25, 2003

The Administration order Kaiser to immediately authorize payment for the ceiling lift and shower table, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730 of the Health-General Article.

The Carrier requested a hearing.

Group Hospitalization and Medical Service, Inc.

Case No.: 2003-12-002

Effective Date: December 2, 2003

The Administration ordered GHMSI to immediately authorize and issue payment for dates of service June 20, 2003 through July 26, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

MAMSI Life & Health Insurance Company

Case No.: 2003-12-011

Effective Date: May 25, 2004

The Administration and MAMSI entered into a consent agreement whereby MAMSI authorized payment for the medically necessary Extracorporeal Shock Wave Therapy for plantar fasciitis.

Fidelity Insurance Company

Case No.: 2003-12-024

Effective Date: December 11, 2003

The Administration ordered that Fidelity immediately authorize payment for the medically necessary emergency room services, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-12-026
Effective Date: December 15, 2003

The Administration ordered that CareFirst immediately authorize payment for the patient's genetic screening laboratory services performed by Quest Diagnostics, Inc. on April 25, 2002, pursuant to § 15-10A-04(c) of the Insurance Article.

MAMSI Life and Health Insurance Company
Case No.: 2003-12-029
Effective Date: December 16, 2003

The Administration ordered MAMSI to immediately approve and authorize payment for the inpatient rehabilitation service rendered from August 7, 2003 through August 9, 2003, pursuant to § 15-10A-04(c) of the Insurance Article.

MAMSI Life & Health Insurance Co.
Case No.: 2003-12-053
Effective Date: December 19, 2003

The Administration ordered that MAMSI immediately authorize payment for the patient's inpatient hospitalization on June 10, 2003 through June 13, 2003 at Johns Hopkins Hospital, pursuant to § 15-10A-04(c) of the Insurance Article.

MAMSI Life & Health Insurance Co.
Case No.: 2003-12-054
Effective Date: December 19, 2003

The Administration ordered that MAMSI immediately authorize payment for the patient's inpatient hospitalization on April 3, 2003 at Johns Hopkins Hospital, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2003-12-055
Effective Date: December 19, 2003

The Administration ordered that within thirty (30) days of the date of this Order, Carefirst pay an administrative penalty of \$500.00 for violation of § 15-10A-02 of the Insurance Article, pursuant to §§ 27-303 and 27-305 of the Insurance Article. The Administration also ordered that Carefirst immediately authorize coverage for the DOC Band, pursuant to § 15-10A-04(c) of the Insurance Article.

United Healthcare Insurance Company

Case No.: 2003-12-057

Effective Date: December 23, 2003

Penalty: \$7,500

The Administration ordered that United Healthcare immediately authorize and issue payment for the services rendered at Sheppard Pratt from November 5, 2003 to the present, and for as long as medically necessary, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered that within thirty (30) days of the date of this Order, United Healthcare pay an administrative penalty of \$2,500 for violation of § 15-10A-02(f) of the Insurance Article for the November 5, 2003 adverse decision letter, pursuant to §§ 27-303 and 27-305 of the Insurance Article. The Administration ordered that within thirty (30) days of the date of this Order, United Healthcare pay an administrative penalty of \$2,500 for violation of § 15-10A-02(i) of the Insurance Article for the November 5, 2003 grievance decision letter, pursuant to §§ 27-303 and 27-305 of the Insurance Article. The Administration also ordered that within thirty (30) days of the date of this Order, United Healthcare pay an administrative penalty of \$2,500 for violation of § 15-10B-09.1 and immediately comply with § 15-10B-09 of the Insurance Article.

MIA CONSUMER QUESTIONNAIRE 2003

STATISTICAL RESULTS <i>1/1/03 - 12/31/03</i>	APPEALS & GRIEVANCES	
	Quantity	%
Questionnaires Sent <i>through</i> <i>12/31/03</i>	296	100%
Response Received <i>through</i> <i>12/31/03</i>	65	22%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
	<i>Total</i>	65	100%
Would you use the MIA's complaint system again if the need arose?	Yes	62	95%
	No	1	2%
	Unable to Evaluate	1	2%
	No Response	1	2%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
	<i>Total</i>	65	100%
Was the final outcome of your complaint resolved in your favor?	Yes	52	80%
	No	8	12%
	Unable to Evaluate	3	5%
	No Response	2	3%

MIA CONSUMER QUESTIONNAIRE 2003

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
If you went through the insurance company's internal <u>grievance procedure</u> prior to filing your complaint with the MIA, were you satisfied with the company's procedure?	Total	65	100%
	Very Satisfied	6	9%
	Satisfied	10	15%
	Not Satisfied	42	65%
	Not Applicable	5	8%
	No Response	2	3%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
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 the process</i> given to you by the HAU?	Total	65	100%
	Very Satisfied	2	3%
	Satisfied	2	3%
	Not Satisfied	5	8%
	Not Applicable	48	74%
	No Response	8	12%

MIA CONSUMER QUESTIONNAIRE 2003

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>	Total	65	100%
	Yes	5	8%
	No	6	9%
	Not Applicable	47	72%
	No Response	7	11%

QUESTION TO CONSUMER	APPEALS & GRIEVANCES		
	RESPONSE	#	%
<p>How satisfied were you with the overall process?</p>	Total	65	100%
	Very Satisfied	40	62%
	Satisfied	15	23%
	Not Satisfied	7	11%
	Cannot Evaluate	0	0%
	No Response	3	5%

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

