

The
Maryland Insurance
Administration's 2009
Report
On
The Health Care Appeals &
Grievance Law

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Executive Summary

In 1998, the Appeals and Grievance Law was enacted by the General Assembly to provide a fair process for resolving disputes regarding the medical necessity of a proposed or delivered health care service (See Title 15, Subtitle 10A of the Insurance Article). The Appeals and Grievance law applies to individuals with insured health benefits. In 2009, 25 percent, or a little over 1 million individuals, of the population under the age of 65 had insured health benefits.

Under the Appeals and Grievance Law, nonprofit health service plans, insurers, health maintenance organizations and dental plan organizations are required to provide quarterly reports to the Maryland Insurance Administration (“Administration”) regarding adverse decisions and grievance decisions. These quarterly reports, coupled with the Administration’s data regarding complaints, allows for a comprehensive year over year review of this dispute resolution process. As required, under § 15-10A-06 of the Insurance Article, this report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2009, noting changes in certain areas since 2006 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carriers”¹).

Carriers rendered 39,122 adverse decisions in 2006 and 35,202 in 2009, representing a decrease of 10 percent over the four year period. When the 2009 data is compared to the 2008 data, there was a decrease in adverse decisions of 18.6 percent (43,230 in 2008 and 35,202 in 2009). Adverse decisions for one service, inpatient hospital services, decreased by 42.6 percent from 2008 to 2009 (16,809 in 2008 and 9,654 in 2009). When comparing the carrier specific data, adverse decisions for inpatient hospital services for three carriers combined, MAMSI Life & Health Insurance Company, MD-Individual Practice Association and Optimum Choice, Inc., decreased from 3,549 in 2008 to 1,279 in 2009, a decrease of 64 percent. This decrease may be attributable to the consent order (MIA-2009-05-016) entered into with the Administration in 2009 related to the Hospital Notification Program used by these three carriers. The program did not meet all the requirements of Maryland law for utilization review programs and thereby placed inappropriate demands on hospitals. The consent order required that the inappropriate practices be ceased.

In 2009, three services accounted for about 61 percent of all adverse decisions: inpatient hospital services, physician services and pharmacy services. In 2006, pharmacy services ranked third in terms of the percentage of all adverse decision at 10.5 percent. By 2009, while still ranked third in terms of the percentage of all adverse decisions, pharmacy services had increased to 15.4 percent. In 2006, carriers rendered 4,109 adverse decisions regarding pharmacy services and 5,409 in 2009, representing an increase of 31.6 percent over the four year period.

Over the years, policy makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicated that there are very few adverse decisions for these two types of services (4.3 percent and 2.6 percent of all adverse decisions in 2009 respectively).

Just as the number of adverse decisions decreased between 2006 and 2009, so did the number of grievances. In 2006 there were 5,259 grievances and in 2009 there were 4,844 grievances, representing a decrease of 7.9 percent over the four year period.

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

Since 2006, over half of all grievances have been for inpatient hospital services and physician services. Over this same period, the number of grievances for emergency room services increased and the number of grievances for durable medical equipment declined. There were 141 grievances for emergency room services in 2006 and 180 in 2009, representing an increase of 27.7 percent. There were 193 grievances for durable medical equipment in 2006 and 98 in 2009, representing a decrease of 49.2 percent. While the number of adverse decisions for physical therapy, occupational therapy and speech therapy services increased by 100.3 percent since 2006, grievances for these services decreased by 25.8 percent.

Grievances increased as a percentage of adverse decisions from 2006 to 2009 (13.4% to 13.8%), suggesting that consumers were slightly more likely to take advantage of the right to file a grievance in 2009 than in 2006. The percentage of adverse decisions upheld by carriers at the grievance level in 2009 decreased by 19.8 percent over those upheld in 2006 (52.7% in 2006 and 45.9% in 2009), suggesting that carriers are becoming more likely to reverse their adverse decisions when a consumer files a grievance.

The number of complaints filed with the Administration decreased between 2006 and 2009 (1005 vs. 915). In 2006, the Administration upheld the carrier's grievance decision in 51 percent of the complaints investigated and reversed the carrier's grievance decision (or the carrier reversed its own grievance decision during the investigation) 49 percent of the time. In 2009, the data indicates that the Administration upheld the carrier's grievance decisions in 46 percent of the complaints investigated and reversed or modified the carrier's grievance decision (or the carrier reversed or modified its own grievance decision during the investigation) 54 percent of the time. The number of reversals of the grievance decisions by the Administration or by the carrier during the investigation process increased from 191 in 2006 to 225 reversals in 2009, representing a 17.8 percent increase.

Consumers are very appreciative of the appeals and grievance process available in Maryland. A letter received during 2009 from a Maryland resident regarding the efforts of the Administration stated in part that "I want you to know that I have conveyed our experience with the Maryland Insurance Administration to many people. I have told them how critical the service that the Maryland Insurance Administration provides on behalf of Maryland residents is in preventing abusive practices by health insurance carriers. In the absence of federal and state laws or regulations requiring coverage of specific procedures, many carriers are strongly motivated to deny coverage for expensive procedures in order to maximize their profits...Fortunately the MIA afforded us the opportunity to file a complaint and quickly contest the denial...Congress should have looked to Maryland and the MIA in particular as a model of the type of protection that needs to be mandated. The MIA makes me proud to be from Maryland."

In 2009, the Administration issued 9 Orders and Consent Orders based on the complaints which it received and \$19,500.00 in administrative penalties. During this same year, the Administration recovered \$1,108,354.00 for complainants. By comparison, in 2006, the Administration issued 9 Orders and Consent Orders based on the complaints it received and \$2,500.00 in administrative penalties. And, in 2006, the Administration recovered \$873,273.00. Over the four year period, the Administration's recoveries increased by \$235,081.00 or 27 percent.

Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has markedly declined since 1998, the steady stream of Maryland consumers taking advantage of the internal review processes of carriers, coupled with the increase in recoveries to Maryland consumers demonstrate that it remains an important protection for Maryland consumers, providing a fair process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

Background

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

When the Appeals and Grievances Law was enacted, the percentage of the population under the age of 65 with insured health benefits (42.8 percent) slightly exceeded the percentage of the population under the age of 65 with other employment based health benefits (37.9 percent). By 2009, the percentage of the population under the age of 65 with insured health benefits declined to 25 percent or a little over 1 million individuals.

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

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

The Appeals and Grievance Law also requires carriers to submit quarterly reports about their adverse decisions and grievance decisions. Specifically, carriers must provide to the Administration²:

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

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

These quarterly reports, coupled with the Administration’s data regarding complaints, allows for a comprehensive year over year review of this process. As required under § 15-10A-06 of the Insurance Article, this report summarizes the statistical information the Administration has for adverse decisions, grievance decisions and complaints for 2009, noting changes in certain areas since 2006 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter “carrier”³).

Adverse Decisions

Table 1 provides an overview of the number and type of adverse decision carriers made in 2006 and 2009. More detailed information about adverse decisions made by each carrier is provided in Appendix 1 for 2009.

Carriers rendered 39,122 adverse decisions in 2006 and 35,202 in 2009 representing a decrease of 10 percent over the four year period. When the 2009 data is compared to the 2008 data, there was a decrease in adverse decisions of 18.6 percent (43,230 in 2008 and 35,202 in 2009). Adverse decisions for one service, inpatient hospital services, decreased by 42.6 percent from 2008 to 2009 (16,809 in 2008 and 9,654 in 2009). When comparing the carrier specific data, adverse decisions for inpatient hospital services for three carriers, MAMSI Life & Health Insurance Company, MD-Individual Practice Association and Optimum Choice, Inc., decreased from 3,549 in 2008 to 1,279 in 2009, a decrease of 64 percent. This decrease may be attributable to the consent order (MIA-2009-05-016) entered into with the Administration in 2009 related to the Hospital Notification Program used by these three carriers. The program did not meet all the requirements of Maryland law for utilization review programs and thereby placed inappropriate demands on hospitals. The consent order required that the inappropriate practices be ceased.

In 2009, three services accounted for about 61 percent of all adverse decisions: inpatient hospital services, physician services and pharmacy services. In 2006, these same three services accounted for about 65.5 percent of all adverse decisions. In 2006, pharmacy services ranked third in terms of the percentage of all adverse decision at 10.5 percent. By 2009, while still ranked third in terms of the percentage of all adverse decisions, pharmacy services had increased to 15.4 percent. In 2006, carriers rendered 4,109 adverse decisions regarding pharmacy services and 5,409 in 2009, representing an increase of 31.6 percent over the four year period.

Over the years, policy-makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicate that there are very few adverse decisions for those two types of services (4.3 percent and 2.6 percent of all adverse decisions in 2009 respectively).

Table 1: Adverse Decisions

	2006		2009		Percent Change 2006-2009
	Number	Percent	Number	Percent	
Inpatient hospital services	14050	35.9	9654	27.4	-31.3%
Emergency room services	1666	4.3	1520	4.3	-8.8%
Mental health services	1147	2.9	912	2.6	-20.5%
Physician services	7487	19.1	6463	18.4	-13.7%

³ Although dental plan organizations are required to follow Title 15, Subtitle 10A of the Insurance Article, the number complaints attributable to these companies is very small. Because of the small volume and continuing data integrity issues, this report is limited to medical type coverage, and does not include dental only coverage.

	2006		2009		Percent Change 2006-2009
Laboratory, radiology services	2566	6.6	2458	7.0	-4.2%
Pharmacy services	4109	10.5	5409	15.4	31.6%
PT, OT, ST services (including inpatient rehab)	1592	4.1	3189	9.1	100.3%
Skilled nursing facility	544	1.4	176	0.5	-67.6%
Durable medical equipment	2252	5.8	1754	5.0	-22.1%
Podiatry, dental, optometry, chiropractic	3454	8.8	3323	9.4	-3.8%
Home health services	93	0.2	67	0.2	-28.0%
Other	162	0.4	277	0.8	71.0%
Total	39122	100.0	35202	100	-10.0%

Grievance Decisions – General Information

Table 2 provides an overview of the number and type of grievances carriers reviewed in 2006 and 2009. In 2006 there were 5,259 grievances and in 2009 there were 4,844 grievances, representing a decrease of 7.9 percent over the four year period.

Since 2006, over half of all grievances have been for inpatient hospital services and physician services. In 2006, inpatient services accounted for 44 percent of all grievances and physician services accounted for 16.9 percent. In 2009, data illustrates that while grievances for physician services decreased to 16 percent of all grievances, grievances for inpatient hospital services increased to 46.3 percent.

Over this same period, the number of grievances for emergency room services increased and the number of grievances for durable medical equipment declined. There were 141 grievances for emergency room services in 2006 and 180 in 2009, representing an increase of 27.7 percent. There were 193 grievances for durable medical equipment in 2006 and 98 in 2009, representing a decrease of 49.2 percent. While the number of adverse decisions for physical therapy, occupational therapy and speech therapy services increased by 100.3 percent since 2006, grievances for these services decreased by 25.8 percent.

Table 2: Grievances

	2006		2009		Percent change 2006 to 2009
	Number	Percent	Number	Percent	
Inpatient hospital services	2312	44.0	2244	46.3	-2.9%
Emergency room services	141	2.7	180	3.7	27.7%
Mental health services	258	4.9	252	5.2	-2.3%
Physician services	889	16.9	773	16.0	-13.0%
Laboratory, radiology services	439	8.3	361	7.5	-17.8%
Pharmacy services	413	7.9	372	7.7	-9.9%
PT, OT, ST services (including inpatient rehab)	124	2.4	92	1.9	-25.8%
Skilled nursing facility	49	0.9	32	0.7	-34.7%
Durable medical equipment	193	3.7	98	2.0	-49.2%
Podiatry, dental, optometry, chiropractic	409	7.8	408	8.4	-0.2%
Home health services	10	0.2	9	0.2	-10.0%
Other	22	0.4	23	0.5	4.5%
Total	5259	100.0	4844	100	-7.9%

Table 3 describes how the number of grievances received compares to the number of adverse decisions that carriers made in 2006 and 2009. Grievances increased as a percentage of adverse decisions from 2006 to 2009 (13.4% to 13.8%). This appears to indicate that consumers were slightly more likely to take advantage of the right to file a grievance in 2009 than in 2006.

Table 3: Grievances as a percent of adverse decisions

	2006	2009
Inpatient Hospital Days	16.5%	23.2%
Emergency room services	8.5%	11.8%
Mental health services	22.5%	27.6%
Physician services	11.9%	12.0%
Laboratory, radiology services	17.1%	14.7%
Pharmacy services	10.1%	6.9%
PT, OT, ST services (including inpatient rehab)	7.8%	2.9%
Skilled nursing facility	9.0%	18.2%
Durable medical equipment	8.6%	5.6%
Podiatry, dental, optometry, chiropractic	11.8%	12.3%
Home health services	10.7%	13.4%
Other	13.6%	8.3%
Total	13.4%	13.8%

Table 4 compares how carriers upheld their original decisions in 2006 and in 2009. Carriers upheld adverse decisions 45.9 percent in 2009 as compared to 52.7 percent in 2006, representing a decrease of 19.8 percent in carriers upholding their original adverse decision at the grievance level. This would appear to indicate that carriers are becoming more likely to reverse their adverse decisions when a consumer files a grievance.

Table 4: Grievance Decision

	2006		2009		Percent Change
	Number	Percentage	Number	Percentage	
Carrier upheld adverse decision	2773	52.7%	2223	45.9%	-19.8%
Carrier overturned adverse decision	2168	41.2%	2440	50.4%	12.5%
Carrier modified original adverse decision	318	6%	181	3.7%	-43.1%
Total	5259		4844		

Complaints

The number of complaints filed with the Administration decreased between 2006 and 2009. The Administration received 1005 complaints in 2006 and 915 complaints in 2009, representing a decrease of 9 percent. For 2009, about 29 percent of the complaints received were outside of the Administration's jurisdiction, as were 27 percent of the complaints received in 2006. These non-jurisdiction cases included complaints filed by individuals covered under Medicare, Medicaid, the

Federal Employee Health Benefit Plan, under an employer group self-funded health plan, and contracts subject to the laws of states other than Maryland.

In 2006, the Administration upheld the carrier’s grievance decision in 51 percent of the complaints investigated and reversed the carrier’s grievance decision (or the carrier reversed its own grievance decision during the investigation) 49 percent of the time. In 2009, the data indicates that the Administration upheld the carrier’s grievance decisions in 46 percent of the complaints investigated and reversed or modified the carrier’s grievance decision (or the carrier reversed or modified its own grievance decision during the investigation) 54 percent of the time. The number of reversals of the grievance decisions by the Administration or by the carrier during the investigation process increased from 191 in 2006 to 225 reversals in 2009, representing a 17.8 percent increase. All of the reversals of the carrier’s grievance decisions resulted in more benefits for Maryland consumers.

A letter received in 2009 from a Maryland resident regarding the efforts of the Administration stated in part that “I want you to know that I have conveyed our experience with the Maryland Insurance Administration to many people. I have told them how critical the service that the Maryland Insurance Administration provides on behalf of Maryland residents is in preventing abusive practices by health insurance carriers. In the absence of federal and state laws or regulations requiring coverage of specific procedures, many carriers are strongly motivated to deny coverage for expensive procedures in order to maximize their profits...Fortunately the MIA afforded us the opportunity to file a complaints and quickly contest the denial...Congress should have looked to Maryland and the MIA in particular as a model of the type of protection that needs to be mandated. The MIA makes me proud to be from Maryland.”

In 2009, the Administration issued 9 Orders and Consent Orders based on the complaints which it received and \$19,500.00 in administrative penalties. During this same year, the Administration recovered \$1,108,354.00 for complainants. By comparison, in 2006, the Administration issued 9 Orders and Consent Orders based on the complaints it received and \$2,500.00 in administrative penalties. And, in 2006, the Administration recovered \$873,273.00. Over the four year period, the Administration’s recoveries increased by \$235,081.00 or 27 percent.

Table 5: Complaints

	2006	2009	Percent Change
Total complaints received	1005	915	-9.0%
No jurisdiction	279	268	-3.9%
Withdrawn	9	11	22.2%
Insufficient information	51	45	-11.8%
No action required	77	81	5.2%
Referred to Health Education and Advocacy Unit	203	93	-54.2%
Complaints investigated by Administration	386	417	8.0%
Percent of total complaints investigated by the Administration	38.4%	45.6%	7.2%
Number of complaints carrier or Administration reversed or modified grievance decision	191	225	17.8%
Percent of total complaints investigated by Administration where carrier or Administration reversed or modified grievance decisions	49.5%	54%	4.5%

Conclusions

Grievances represented a slightly higher percentage of all adverse decisions in 2009 than over those filed in 2006, suggesting consumers are continuing to take advantage of the internal process that carriers are required to establish for resolving disputes regarding the medical necessity of a proposed or delivered health care service. The percentage of adverse decisions upheld by carriers at the grievance level in 2009 decreased by almost twenty percent over those upheld in 2006, suggesting that carriers are becoming more likely to reverse their adverse decisions when a consumer files a grievance.

For the four year period, three services accounted for about 63 percent of all adverse decisions: inpatient hospital services, pharmacy services and physician services. Between 2006 and 2009, there was an increase in adverse decisions for pharmacy services and physical therapy, occupational therapy, and speech therapy services. For this same period, grievance decisions declined for all services, other than emergency room services which increased by about 28 percent. Between 2006 and 2009, the number of adverse decisions decreased by 10 percent, the number of grievance decisions decreased by 7.9 percent and the number of complaints investigated by the Administration decreased by 9 percent.

Adverse decisions for one service, inpatient hospital services, decreased by 42.6 percent from 2008 to 2009 (16,809 in 2008 and 9,654 in 2009). When comparing the carrier specific data, adverse decisions for inpatient hospital services for three carriers, MAMSI Life & Health Insurance Company, MD-Individual Practice Association, and Optimum Choice, Inc., decreased from 3,549 in 2008 to 1,279 in 2009, a decrease of 64 percent. This decrease may be attributable to the consent order (MIA-2009-05-016) entered into with the Administration in 2009 related to the Hospital Notification Program used by these three carriers.

In 2009, the Administration recovered \$1,108,354 for complainants under the Appeals and Grievance law. This compares to \$873,273 recovered in 2006, an increase of 27 percent. Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has markedly declined since 1998, the steady stream of Maryland consumers taking advantage of the carriers' internal grievances processes, coupled with the increase in recoveries to Maryland consumers demonstrate that it remains an important protection for Maryland consumers, providing a fair process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	%TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	913	2.6	462	50.6	0	0.0
Aetna Life Insurance Company	322	0.9	222	68.9	0	0.0
Ameritas Life Insurance Corp.	364	1.0	0	0.0	0	0.0
CareFirst BlueChoice, Inc	7002	19.9	3736	53.4	22	0.3
CareFirst of Maryland, Inc.	4037	11.5	1600	39.6	1	0.0
CIGNA Healthcare of the Mid-Atlantic, Inc.	125	0.4	27	21.6	0	0.0
Companion Life Insurance Co	2	0.0	0	0.0	0	0.0
Connecticut General Life Insurance	595	1.7	67	11.3	0	0.0
Coventry Health Care of Delaware, Inc.	4220	12.0	602	14.3	1154	27.3
Eastern Life and Health Insurance Company	4	0.0	0	0.0	0	0.0
Fidelity Security Life Insurance Company	1	0.0	0	0.0	0	0.0
Golden Rule Insurance Company	1	0.0	0	0.0	0	0.0
Group Hospitalization & Medical Services, Inc.	6449	18.3	1575	24.4	12	0.2
Guardian Life Insurance Company Of America	718	2.0	13	1.8	0	0.0
John Alden Life Insurance Company	3	0.0	0	0.0	0	0.0
Kaiser Foundation Health Plan Mid-Atlantic	3112	8.8	8	0.3	0	0.0
Kaiser Permanente Insurance Company	22	0.1	2	9.1	0	0.0
Lincoln National Life Insurance Company	7	0.0	0	0.0	0	0.0
MAMSI Life & Health Insurance Company	840	2.4	217	25.8	0	0.0
MD-Individual Practice Association, Inc.	819	2.3	248	30.3	0	0.0
Mega Life and Health Insurance Company	1	0.0	0	0.0	1	100.0
Nationwide Life Insurance Company	265	0.8	0	0.0	265	100.0
Optimum Choice, Inc.	2582	7.3	814	31.5	0	0.0
Pan-American Life Insurance Company	953	2.7	17	1.8	63	6.6

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COMPANY NAME	ADVERSE DECISIONS		A. INPATIENT HOSPITAL SERVICES		B. EMERGENCY ROOM SERVICES	
	COMPANY TOTAL	% OF ALL COMPANIES	NUMBER	%TOTAL	NUMBER	% TOTAL
Prudential Insurance Company of America	4	0.0	0	0.0	0	0.0
Reliance Standard Life Ins Co	43	0.1	0	0.0	0	0.0
Security Life Insurance Company of America	1	0.0	0	0.0	0	0.0
Standard Security Life Ins. Co. of New York	2	0.0	0	0.0	0	0.0
Starnet Insurance Company	3	0.0	0	0.0	2	66.7
Time Insurance Company	13	0.0	0	0.0	0	0.0
UniCare Life & Health Insurance Company	267	0.8	35	13.1	0	0.0
Union Security Insurance Company	24	0.1	0	0.0	0	0.0
United Concordia Life and Health Ins Co	332	0.9	0	0.0	0	0.0
United Healthcare Insurance Company	815	2.3	9	1.1	0	0.0
United Healthcare of the Mid-Atlantic	340	1.0	0	0.0	0	0.0
United States Life Ins. Co. in the City of NY	1	0.0	0	0.0	0	0.0
Total	35202	100.0%	9654	27.4%	1520	4.3%

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COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	15	1.6	374	41.0	0	0.0
Aetna Life Insurance Company	25	7.8	48	14.9	0	0.0
Ameritas Life Insurance Corp.	0	0.0	0	0.0	0	0.0
CareFirst BlueChoice, Inc	238	3.4	565	8.1	146	2.1
CareFirst of Maryland, Inc.	74	1.8	413	10.2	347	8.6
CIGNA Healthcare of the Mid-Atlantic, Inc.	2	1.6	7	5.6	67	53.6
Companion Life Insurance Co	0	0.0	0	0.0	0	0.0
Connecticut General Life Insurance	3	0.5	52	8.7	220	37.0
Coventry Health Care of Delaware, Inc.	0	0.0	597	14.1	366	8.7
Eastern Life and Health Insurance Company	0	0.0	0	0.0	0	0.0
Fidelity Security Life Insurance Company	0	0.0	0	0.0	0	0.0
Golden Rule Insurance Company	0	0.0	0	0.0	0	0.0
Group Hospitalization & Medical Services, Inc.	289	4.5	1005	15.6	127	2.0
Guardian Life Insurance Company Of America	6	0.8	111	15.5	9	1.3
John Alden Life Insurance Company	1	33.3	0	0.0	0	0.0
Kaiser Foundation Health Plan Mid-Atlantic	165	5.3	2027	65.1	159	5.1
Kaiser Permanente Insurance Company	0	0.0	4	18.2	16	72.7
Lincoln National Life Insurance Company	0	0.0	0	0.0	0	0.0
MAMSI Life & Health Insurance Company	2	0.2	15	1.8	4	0.5
MD-Individual Practice Association, Inc.	0	0.0	21	2.6	84	10.3
Mega Life and Health Insurance Company	0	0.0	0	0.0	0	0.0
Nationwide Life Insurance Company	0	0.0	0	0.0	0	0.0
Optimum Choice, Inc.	3	0.1	54	2.1	306	11.9
Pan-American Life Insurance Company	3	0.3	267	28.0	429	45.0
Prudential Insurance Company of America	0	0.0	3	75.0	0	0.0
Reliance Standard Life Ins Co	0	0.0	0	0.0	0	0.0

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COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERV	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Security Life Insurance Company of America	0	0.0	0	0.0	0	0.0
Standard Security Life Ins. Co. of New York	0	0.0	0	0.0	1	50.0
Starnet Insurance Company	0	0.0	0	0.0	0	0.0
Time Insurance Company	0	0.0	0	0.0	1	7.7
UniCare Life & Health Insurance Company	6	2.2	82	30.7	37	13.9
Union Security Insurance Company	0	0.0	0	0.0	0	0.0
United Concordia Life and Health Ins Co	0	0.0	0	0.0	0	0.0
United Healthcare Insurance Company	64	7.9	582	71.4	105	12.9
United Healthcare of the Mid-Atlantic	16	4.7	236	69.4	34	10.0
United States Life Ins. Co. in the City of NY	0	0.0	0	0.0	0	0.0
Total	912	2.6%	6463	18.4%	2458	7.0%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	F. PHARMACY SERVICES		G. PT, OT, ST SERVICES (INCL INPAT REHAB)		H. SKILLED NURS FAC, SUB ACUTE, NURS HOME	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	1	0.1	8	0.9	49	5.4
Aetna Life Insurance Company	4	1.2	4	1.2	18	5.6
Ameritas Life Insurance Corp.	0	0.0	0	0.0	0	0.0
CareFirst BlueChoice, Inc	1552	22.2	204	2.9	30	0.4
CareFirst of Maryland, Inc.	164	4.1	203	5.0	17	0.4
CIGNA Healthcare of the Mid-Atlantic, Inc.	18	14.4	2	1.6	2	1.6
Companion Life Insurance Co	0	0.0	0	0.0	0	0.0
Connecticut General Life Insurance	223	37.5	1	0.2	0	0.0
Coventry Health Care of Delaware, Inc.	1198	28.4	35	0.8	16	0.4
Eastern Life and Health Insurance Company	0	0.0	0	0.0	0	0.0
Fidelity Security Life Insurance Company	0	0.0	0	0.0	0	0.0
Golden Rule Insurance Company	1	100.0	0	0.0	0	0.0
Group Hospitalization & Medical Services, Inc.	2096	32.5	269	4.2	18	0.3
Guardian Life Insurance Company Of America	53	7.4	42	5.8	0	0.0
John Alden Life Insurance Company	0	0.0	0	0.0	0	0.0
Kaiser Foundation Health Plan Mid-Atlantic	2	0.1	205	6.6	5	0.2
Kaiser Permanente Insurance Company	0	0.0	0	0.0	0	0.0
Lincoln National Life Insurance Company	0	0.0	0	0.0	0	0.0
MAMSI Life & Health Insurance Company	4	0.5	448	53.3	2	0.2
MD-Individual Practice Association, Inc.	11	1.3	382	46.6	6	0.7
Mega Life and Health Insurance Company	0	0.0	0	0.0	0	0.0
Nationwide Life Insurance Company	0	0.0	0	0.0	0	0.0
Optimum Choice, Inc.	13	0.5	1269	49.1	1	0.0

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	F. PHARMACY SERVICES		G. PT, OT, ST SERVICES (INCL INPAT REHAB)		H. SKILLED NURS FAC, SUB ACUTE, NURS HOME	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Pan-American Life Insurance Company	0	0.0	31	3.3	0	0.0
Prudential Insurance Company of America	0	0.0	0	0.0	1	25.0
Reliance Standard Life Ins Co	0	0.0	0	0.0	0	0.0
Security Life Insurance Company of America	0	0.0	0	0.0	0	0.0
Standard Security Life Ins. Co. of New York	0	0.0	0	0.0	1	50.0
Starnet Insurance Company	0	0.0	0	0.0	0	0.0
Time Insurance Company	1	7.7	3	23.1	0	0.0
UniCare Life & Health Insurance Company	65	24.3	19	7.1	3	1.1
Union Security Insurance Company	0	0.0	0	0.0	0	0.0
United Concordia Life and Health Ins Co	0	0.0	0	0.0	0	0.0
United Healthcare Insurance Company	3	0.4	18	2.2	7	0.9
United Healthcare of the Mid-Atlantic	0	0.0	46	13.5	0	0.0
United States Life Ins. Co. in the City of NY	0	0.0	0	0.0	0	0.0
Total	5409	15.4%	3189	9.1%	176	0.5%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		L. OTHER*	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	3	0.3	1	0.1	0	0.0	0	0.0
Aetna Life Insurance Company	1	0.3	0	0.0	0	0.0	0	0.0
Ameritas Life Insurance Corp.	0	0.0	364	100.0	0	0.0	0	0.0
CareFirst BlueChoice, Inc	181	2.6	209	3.0	15	0.2	104	1.5
CareFirst of Maryland, Inc.	881	21.8	334	8.3	3	0.1	0	0.0
CIGNA Healthcare of the Mid-Atlantic, Inc.	0	0.0	0	0.0	0	0.0	0	0.0
Companion Life Insurance Co	0	0.0	2	100.0	0	0.0	0	0.0
Connecticut General Life Insurance	7	1.2	17	2.9	4	0.7	1	0.2
Coventry Health Care of Delaware, Inc.	235	5.6	7	0.2	10	0.2	0	0.0
Eastern Life and Health Insurance Company	0	0.0	4	100.0	0	0.0	0	0.0
Fidelity Security Life Insurance Company	0	0.0	1	100.0	0	0.0	0	0.0
Golden Rule Insurance Company	0	0.0	0	0.0	0	0.0	0	0.0
Group Hospitalization & Medical Services, Inc.	43	0.7	1001	15.5	3	0.0	11	0.2
Guardian Life Insurance Company Of America	13	1.8	465	64.8	0	0.0	6	0.8
John Alden Life Insurance Company	0	0.0	0	0.0	0	0.0	2	66.7
Kaiser Foundation Health Plan Mid-Atlantic	265	8.5	235	7.6	7	0.2	34	1.1
Kaiser Permanente Insurance Company	0	0.0	0	0.0	0	0.0	0	0.0
Lincoln National Life Insurance Company	0	0.0	7	100.0	0	0.0	0	0.0
MAMSI Life & Health Insurance Company	18	2.1	130	15.5	0	0.0	0	0.0
MD-Individual Practice Association, Inc.	10	1.2	57	7.0	0	0.0	0	0.0

APPENDIX 1 ADVERSE DECISIONS BY CARRIER								
COMPANY NAME	I. DURABLE MEDICAL EQUIPMENT SERVICES		J. PODIATRY, DENTAL, OPTOMETRY, CHIRO		K. HOME HEALTH SERVICES		L. OTHER*	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Mega Life and Health Insurance Company	0	0.0	0	0.0	0	0.0	0	0.0
Nationwide Life Insurance Company	0	0.0	0	0.0	0	0.0	0	0.0
Optimum Choice, Inc.	48	1.9	74	2.9	0	0.0	0	0.0
Pan-American Life Insurance Company	24	2.5	1	0.1	1	0.1	117	12.3
Prudential Insurance Company of America	0	0.0	0	0.0	0	0.0	0	0.0
Reliance Standard Life Ins Co	0	0.0	43	100.0	0	0.0	0	0.0
Security Life Insurance Company of America	0	0.0	1	100.0	0	0.0	0	0.0
Standard Security Life Ins. Co. of New York	0	0.0	0	0.0	0	0.0	0	0.0
Starnet Insurance Company	0	0.0	0	0.0	0	0.0	1	33.3
Time Insurance Company	0	0.0	7	53.8	0	0.0	1	7.7
UniCare Life & Health Insurance Company	11	4.1	6	2.2	3	1.1	0	0.0
Union Security Insurance Company	0	0.0	24	100.0	0	0.0	0	0.0
United Concordia Life and Health Ins Co	0	0.0	332	100.0	0	0.0	0	0.0
United Healthcare Insurance Company	6	0.7	0	0.0	21	2.6	0	0.0
United Healthcare of the Mid-Atlantic	8	2.4	0	0.0	0	0.0	0	0.0
United States Life Ins. Co. in the City of NY	0	0.0	1	100.0	0	0.0	0	0.0
Total	1754	5.0%	3323	9.4%	67	0.2%	277	0.8%

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

**APPENDIX 2
GRIEVANCE DECISIONS BY CARRIER**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
	COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
			NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health, Inc.	102	2.1%	51	50.0%	51	50.0%	0	0.0%
Aetna Life Ins. Co.	63	1.3%	46	73.0%	16	25.4%	1	1.6%
Ameritas Life Insurance Corp.	47	1.0%	32	68.1%	13	27.7%	2	4.3%
CareFirst BlueChoice, Inc.	1397	28.8%	440	31.5%	914	65.4%	43	3.1%
CareFirst of Maryland, Inc.	444	9.2%	153	34.5%	279	62.8%	12	2.7%
CIGNA Healthcare Mid-Atlantic, Inc.	60	1.2%	34	56.7%	26	43.3%	0	0.0%
Connecticut General Life Insurance	183	3.8%	99	54.1%	82	44.8%	2	1.1%
Coventry Health Care of Delaware Inc.	264	5.5%	120	45.5%	142	53.8%	2	0.8%
Golden Rule Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Group Hospitalization & Medical Services, Inc.	749	15.5%	205	27.4%	526	70.2%	18	2.4%
Guardian Life Insurance Co. Of America	179	3.7%	81	45.3%	48	26.8%	50	27.9%
Kaiser Fndtn Health Plan of the Mid-Atlantic	103	2.1%	62	60.2%	41	39.8%	0	0.0%
Kaiser Permanente Insurance Company	8	0.2%	8	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	130	2.7%	104	80.0%	18	13.8%	8	6.2%
MD-Individual Practive Association, Inc.	181	3.7%	144	79.6%	26	14.4%	11	6.1%
Mega Life and Health Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Nationwide Life Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Optimum Choice, Inc.	457	9.4%	389	85.1%	48	10.5%	20	4.4%
Pan-American Life Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Prudential Insurance Company of America	4	0.1%	2	50.0%	2	50.0%	0	0.0%
Reliance Standard Life Insurance Company	9	0.2%	5	55.6%	2	22.2%	2	22.2%
Security Life Insurance Company of America	1	0.0%	1	100.0%	0	0.0%	0	0.0%

**APPENDIX 2
GRIEVANCE DECISIONS BY CARRIER**

COMPANY NAME	GRIEVANCES FILED		ORIGINAL DECISION OF INSURANCE COMPANY WAS...					
	COMPANY TOTAL	% OF ALL COMPANIES	UPHELD		OVERTURNED		MODIFIED	
			NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Standard Security Life Ins. Co. of New York	8	0.2%	7	87.5%	1	12.5%	0	0.0%
Time Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
UniCare Life & Health Ins. Co.	65	1.3%	35	53.8%	30	46.2%	0	0.0%
Union Security Insurance Company	24	0.5%	10	41.7%	13	54.2%	1	4.2%
United Condordia Life & Health Ins. Co.	136	2.8%	39	28.7%	93	68.4%	4	2.9%
United Healthcare Insurance Company	167	3.4%	105	62.9%	58	34.7%	4	2.4%
United Healthcare of the Mid-Atlantic	57	1.2%	48	84.2%	8	14.0%	1	1.8%
United States Life Ins. Co. In the City of NY	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Total	4844		2223	45.9%	2440	50.4%	181	3.7%

APPENDIX 3 GRIEVANCE DECISIONS BY CARRIER FOR HOSPITAL LENGTH OF STAY								
COMPANY* NAME	HOSPITAL LOS	HOSPITAL LOS	UPHELD		OVERTURNED		MODIFIED	
	Total**	Outcome**	Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc	243	116	80	69.0	28	24.1	8	6.9
CareFirst of Maryland, Inc.	91	59	25	42.4	30	50.8	4	6.8
CIGNA Healthcare Mid-Atlantic, Inc	5	9	5	55.6	4	44.4	0	0.0
Connecticut General Life Insurance	16	21	10	47.6	11	52.4	0	0.0
Coventry Health Care of Delaware Inc.	18	14	9	64.3	4	28.6	1	7.1
Group Hospitalization & Med. Services, Inc.	84	54	34	63.0	15	27.8	5	9.3
Kaiser Foundation Health Plan Mid-Atlantic	14	14	12	85.7	2	14.3	0	0.0
Kaiser Permanente Insurance Company	3	5	3	60.0	2	40.0	0	0.0
MAMSI Life & Health Ins Co	120	81	70	86.4	8	9.9	3	3.7
MD-Individual Practive Association, Inc.	165	64	54	84.4	4	6.3	6	9.4
Optimum Choice, Inc.	422	128	114	89.1	10	7.8	4	3.1
UniCare Life & Health Ins Co	16	15	8	53.3	7	46.7	0	0.0
United Healthcare Insurance Company	10	10	6	60.0	1	10.0	3	30.0
United Healthcare of the Mid-Atlantic	3	3	3	100.0	0	0.0	0	0.0
Total	1210	593	433	73%	126	21.2%	34	5.7%

*This chart only includes those carriers who had grievances involving hospital length of stay during calendar year 2009.

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

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

COMPANY** NAME	EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
CareFirst BlueChoice, Inc.	24	24	24	24
Carefirst of Maryland, Inc.	24	24	24	24
CIGNA Healthcare Mid-Atlantic, Inc.	0	20	0	0
Connecticut General Life Insurance Company	0	120.5	24	4
Coventry Health Care of Delaware, Inc.	48	2.5	1.8	0
Group Dental Service of Maryland Inc.	2	0	0	0
Group Hospitalization & Med. Services, Inc.	24	24	24	24
Guardian Life Insurance Co. of America	0	24	0	0
Kaiser Foundation Health Plan Mid-Atlantic	24	12	19	23
MAMSI Life and Health Insurance Co.	0	0	24	0
Optimum Choice, Inc.	0	24	0	24
Time Insurance Company	0	24	0	0
UniCare Life & Health Insurance Co.	30	24	24	4

*Reported as hours.

**This report only includes carriers who had grievances that were considered emergency cases during calendar year 2009.

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

COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Aetna Dental, Inc.	0	0	29	0
Aetna Health, Inc.	16	18	14.6	20.2
Aetna Life Insurance Company	17	22	17.6	16.6
Ameritas Life Insurance Company	14	12	14	7
CareFirst BlueChoice, Inc.	37.5	44.9	46.3	33
CareFirst of Maryland, Inc.	51.6	40.5	55.5	49.4
Celtic Insurance Company	0	0	1	1
CIGNA Healthcare Mid-Atlantic, Inc.	10	13.1	10	14
Companion Life Insurance Co.	0	0	0	35
Connecticut General Life Insurance	19	14.5	20	12
Coventry Health Care of Delaware, Inc.	63	31.8	30.1	26.8
Dental Benefit Providers of Illinois, Inc.	1	1	1	1
Golden Rule Insurance Company	17	0	0	0
Group Dental Service of Maryland, Inc.	5	7.4	5.3	5
Group Hospitalization & Med. Services, Inc.	48	48.7	48.1	38.2
Guardian Life Ins. Co. Of America	4.7	13	4.5	3.6
HumanaDental Ins. Co.	8.7	0	0	46
Kaiser Fndtn Health Plan Mid-Atlantic	26.2	28	28	25
MAMSI Life & Health Insurance Company	23	27	24	24
MD-Individual Practice Association, Inc.	23	27	23	0
Mega Life and Health Insurance Company	30	0	0	0
Metropolitan Life Insurance Company	16	15.8	15.3	13.9
Nationwide Life Insurance Company	0	0	0	2
Optimum Choice, Inc.	24	28	25	24
Pan-American Life Insurance Company	0	0	12	0
Prudential Insurance Company of America	0	1	20	10
Reliance Standard Life Insurance Company	17	21	2	19
Standard Security Life Ins. Co. of New York	30	0	25	29
Time Insurance Company	7.5	0	0	2.7
UniCare Life & Health Insurance Company	24	20	18	21

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

COMPANY NAME	NON-EMERGENCY CASES - RESOLUTION TIME*			
	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Union Security Insurance Company	22	22.5	21.8	38.2
United Concordia Life and Health Ins. Co.	11	16.6	9.8	15.8
United Healthcare Insurance Company	23	27	22	28
United Healthcare of the Mid-Atlantic, Inc.	25	28	20	20

*Reported as calendar days.

**APPENDIX 6
INTERNAL GRIEVANCES FILED CONSIDERED EMERGENCY
CASES AS REPORTED BY CARRIER--2009**

*COMPANY NAME	**TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES" OUTCOME**	UPHELD		OVERTURNED		MODIFIED	
			Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc.	36	31	24	77.4%	7	22.6%	0	0.0%
CareFirst of Maryland, Inc.	20	20	14	70.0%	6	30.0%	0	0.0%
Cigna Healthcare Mid-Atlantic, Inc.	1	1	1	100.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	5	5	3	60.0%	2	40.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	15	17	12	70.6%	5	29.4%	0	0.0%
Group Hospitalization & Med. Services, Inc.	19	18	14	77.8%	4	22.2%	0	0.0%
Guardian Life Ins. Co. of America	1	1	1	100.0%	0	0.0%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atl	23	18	12	66.7%	6	33.3%	0	0.0%
Mamsi Life and Health Ins. Co.	1	1	0	0.0%	1	100.0%	0	0.0%
Nationwide Life Insurance Company	1	1	0	0.0%	1	100.0%	0	0.0%
Optimum Choice, Inc.	3	3	3	100.0%	0	0.0%	0	0.0%
UniCare Life & Health Insurance Co.	10	10	4	40.0%	6	60.0%	0	0.0%
Total	135	126	88	69.8%	38	30.2%	0	0.0%

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2009.

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

**APPENDIX 7
ADMINISTRATION COMPLAINTS**

Appeal and Grievance Statistics

Totals for Complaints Filed

January 1, 2009 - December 31, 2009

COMPLAINTS FILED	915
<u>NO JURISDICTION</u>	268
Referred to DOL (<i>ERISA</i>)	126
Referred to OPM (<i>FEHBP</i>)	32
Referred to Medicaid	27
Referred to Medicare	18
Referred to Insurance Department in Another State	62
Referred to Other*	3
*Includes complaints referred to Workers Compensation Commission and Other State agencies	
<u>COMPLAINT WITHDRAWN</u>	11
<u>INSUFFICIENT INFORMATION</u>	45
<u>No Action Required</u>	81
Includes cases transferred to Life & Health, Duplicate file, Advised Complainant	
Referred to HEAU to Exhaust Internal Remedy	93
MIA Conducted Investigation:	417
Carrier Reversed Itself During Investigation	214
Carrier Upheld by MIA	192
Carrier Reversed by MIA	14
Decision Modified Carrier Upheld in Part/ Carrier Reversed in Part	7

ADMINISTRATION COMPLAINTS (Continued)

Carrier	COMPLAINTS		Carrier		Carrier		Carrier		Carrier Reversed	
	INVESTIGATED		Upheld by MIA		Reversed by MIA		Modified by MIA		Itself During Investigation	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Aetna Health, Inc.	12	2.9%	1	8.3%	0	0.0%	1	8.%	10	83.3%
Aetna Life Insurance Company	11	2.6%	3	27.3%	0	0.0%	0	0.0%	8	72.7%
American Republic Insurance Co.	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Assurant Employee Benefits	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Carefirst Bluechoice, Inc.	80	19.2%	35	43.8%	3	3.8%	1	1.3%	41	51.3%
Carefirst of Maryland, Inc.	33	7.9%	18	54.5%	0	0.0%	0	0.0%	15	45.5%
CIGNA Healthcare Mid-Atlantic, Inc.	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
CIGNA Dental Health of Maryland, Inc.	1	0.2%	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance Co.	4	1.0%	1	25.0%	0	0.0%	0	0.0%	3	75.0%
Coventry Health Care of Delaware, Inc.	42	10.1%	19	45.2%	1	2.4%	1	2.4%	21	50.0%
Denex Dental	3	0.7%	1	33.3%	0	0.0%	0	0.0%	2	66.7%
Eastern Life and Health Insurance Co.	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Group Dental Services of Maryland, Inc.	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Group Hospitalization & Med. Services, Inc.	54	12.9%	22	40.7%	0	0.0%	1	1.9%	31	57.4%
Guardian Life Ins. Co. of America	15	3.6%	11	73.3%	0	0.0%	0	0.0%	4	26.7%
Kaiser Foundation Health Plan Mid-Atlantic	17	4.1%	10	58.8%	0	0.0%	0	0.0%	7	41.2%
MAMSI Life and Health Ins. Co.	10	2.4%	5	50.0%	0	0.0%	1	10.0%	4	40.0%
Maryland Health Insurance Plan	7	1.7%	2	28.6%	0	0.0%	0	0.0%	5	71.4%
MD-Individual Practice Association, Inc.	26	6.2%	20	76.9%	0	0.0%	0	0.0%	6	23.1%
Metropolitan Life Insurance Company	5	1.2%	0	0.0%	0	0.0%	0	0.0%	5	100.0%
Optimum Choice, Inc.	44	10.6%	25	56.8%	0	0.0%	3	6.8%	16	36.4%
Principal Life Insurance Company	1	0.2%	0	0.0%	0	0.0%	0	0.0%	1	100.0%
UniCare Life & Health Insurance Co.	3	0.7%	1	33.3%	0	0.0%	0	0.0%	2	66.7%
United Concordia Dental Plans	2	0.5%	1	50.0%	0	0.0%	0	0.0%	1	50.0%
United Concordia Life & Health Ins. Co.	5	1.2%	3	60.0%	0	0.0%	0	0.0%	2	40.0%
United Healthcare Insurance Company	29	7.0%	11	37.9%	0	0.0%	0	0.0%	18	62.1%
United Healthcare of Mid-Atlantic	8	1.9%	1	12.5%	0	0.0%	0	0.0%	7	87.5%
TOTAL	417	100.0%	192	46.0%	4	1.0%	8	1.9%	213	51.1%

ADMINISTRATION COMPLAINTS (Continued)

Type of Procedure	Carrier Code**	Total	Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed Itself During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Chiropractic Care Services	J	4	2	50.0%	0	0.0%	0	0.0%	2	50.0%
Cosmetic	D	8	5	62.5%	0	0.0%	1	12.5%	2	25.0%
Custodial Care Services	L	2	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Denial of Claim	L	1	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Denial of Hospital Days	A	108	67	62.0%	0	0.0%	3	2.8%	38	35.2%
Dental Care Services	J	37	14	37.8%	0	0.0%	1	2.7%	22	59.5%
Durable Medical Equipment	I	11	6	54.5%	1	9.1%	0	0.0%	4	36.4%
Emergency Room Denial	B	8	4	50.0%	1	12.5%	0	0.0%	3	37.5%
Experimental	D	37	14	37.8%	1	2.7%	0	0.0%	22	59.5%
Habilitative Services	G	1	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Home Care Services	K	3	2	66.7%	0	0.0%	0	0.0%	1	33.3%
In-Patient Rehabilitation	G	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Lab, Imaging, Testing	E	21	6	28.6%	0	0.0%	0	0.0%	15	71.4%
Medical Food	F	1	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Mental Health (Inpatient) Services	C	38	15	39.5%	1	2.6%	1	2.6%	21	55.3%
Mental Health (Outpatient) Services	C	2	2	100.0%	0	0.0%	0	0.0%	0	0.0%
Morbid Obesity	L	3	2	66.7%	0	0.0%	0	0.0%	1	33.3%
Out-of-Network Benefits	L	1	0	0.0%	0	0.0%	0	0.0%	0	0.0%
PCP Referrals	L	3	2	66.7%	0	0.0%	0	0.0%	1	33.3%
Pharmacy	F	65	25	38.5%	0	0.0%	1	1.5%	39	60.0%
Physician Services	D	43	17	39.5%	0	0.0%	0	0.0%	26	60.5%
Podiatry Services	J	2	1	50.0%	0	0.0%	0	0.0%	1	50.0%
PT, OT, Speech Therapy	G	13	6	46.2%	0	0.0%	0	0.0%	7	53.8%
Skilled Nursing	H	2	0	0.0%	0	0.0%	0	0.0%	2	100.0%
Transportation Services	L	2	0	0.0%	0	0.0%	0	0.0%	2	100.0%
TOTAL		417	192	46.0%	4	1.0%	7	1.7%	213	51.1%

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

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

Educational Services
Morbid Obesity
No Preauthorization
Out-of-Network Benefits
Policy Coverages
Review Carrier's Criteria
Transportation Services
Other

Appendix 8
Summaries of Appeals and Grievance Orders

CareFirst BlueChoice, Inc.
Case No.: 2009-01-008
Effective Date: January 15, 2009

The Administration ordered CareFirst BlueChoice, Inc. to immediately authorize payment for the medically necessary residential level of care at Father Martin's Ashley from September 11, 2008 through September 27, 2008, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2009-02-018
Effective Date: February 17, 2009
Penalty: \$1,000.00

The Administration ordered that CareFirst BlueChoice immediately authorize coverage of an orthotic device for the patient. The Administration also ordered that CareFirst BlueChoice pay an administrative penalty of \$1,000.00 for violation of § 15-10A-02(b)(2)(iv) of the Insurance Article by not rendering a final decision in writing on a grievance within 45 working days after the date on which the grievance is filed when the grievance involves a retrospective denial.

CareFirst BlueChoice, Inc.
Case No.: 2009-04-027
Effective Date: April 22, 2009

The Administration ordered that BlueChoice immediately authorize coverage and payment for the non-experimental artificial disc replacement procedure, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

United Healthcare Insurance Company
Case No.: 2009-05-019
Effective Date: May 13, 2009
Penalty: \$1,000.00

The Administration ordered that UnitedHealthcare pay an administrative penalty of \$1,000.00 for violation of § 15-10A-02(i)(1)(ii)4.A. of the Insurance Article for failure to provide the proper statutory time frame within which a member may file a complaint with the Commissioner in its grievance decision letter.

Coventry Health Care of Delaware, Inc.
Case No.: 2009-06-017
Effective Date: June 22, 2009

The Administration ordered that Coventry immediately authorize payment less any applicable co-payment, for the emergency room services on October 15, 2008 at Union Hospital of Cecil County, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

UnitedHealthcare Insurance Company
Case No.: 2009-07-039
Effective Date: July 31, 2009
Penalty: \$12,500.00

The Administration ordered that UnitedHealthcare pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(f)(2) of the Insurance Article for failure to send the adverse decision letter within 5 working days after the adverse decision had been made, an administrative penalty of \$5,000.00 for violation of § 15-10A-02(f)(2)(v)1 for failure to provide the proper statutory time frame within which a member may file a complaint with the Commissioner in its adverse decision letter, and an administrative penalty of \$5,000.00 for violation of § 15-10A-02(b)(2)(iv) for failure to render a final decision in writing on a grievance within 45 working days after the date on which the grievance was filed when the grievance involved a retrospective denial.

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.
Case No.: 2009-09-010
Effective Date: September 11, 2009

The Administration ordered that pursuant to § 15-10A-04(c)(2) of the Insurance Article, Kaiser submit new criteria regarding breast reduction surgery that are clinically valid and compatible with established principles of healthcare, in accordance with § 15-10B-05 of the Insurance Article.

United Concordia Life and Health Insurance Company
Case No.: 2009-09-018
Effective Date: September 22, 2009
Penalty: \$2,500.00

The Administration ordered that United Concordia Life and Health Insurance Company pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(f)(2)(v)1 of the Insurance Article for failure to provide the proper statutory time frame within which a member or provider may file a complaint with the Commissioner in its adverse decision letter.

Group Hospitalization and Medical Services, Inc. (“GHMSI”)
Case No.: 2009-10-037
Effective Date: October 27, 2009
Penalty: \$2,500.00

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