

MARTIN O'MALLEY
Governor

ANTHONY G. BROWN
Lt. Governor



THERESE M. GOLDSMITH
Commissioner

BETH SAMMIS
KAREN STAKEM HORNIG
Deputy Commissioners

**INSURANCE
ADMINISTRATION**

200 St. Paul Place, Suite 2700, Baltimore, Maryland 21202
Direct Dial: 410-468-2090 Fax: 410-468-2020
Email: tgoldsmith@mdinsurance.state.md.us
1-800-492-6116 TTY: 1-800-735-2258
www.mdinsurance.state.md.us

August 8, 2011

The Honorable Martin O'Malley
Governor
State House
Annapolis, MD 21401-1925

The Honorable Thomas V. Mike Miller, Jr.
President of the Senate
H-107 State House
State Circle
Annapolis, MD 21401-1991

The Honorable Michael E. Busch
Speaker of the House
H-101 State House
State Circle
Annapolis, MD 21401-1991

Dear Governor O'Malley, President Miller, and Speaker Busch:

I respectfully submit the annual report of the Maryland Insurance Administration on the implementation of Maryland's Appeals and Grievance Law. The law took effect in 1999 and is codified at Title 15, Subtitle 10A of the Insurance Article.

Pursuant to the requirements of § 15-10A-06 of the Insurance Article, this report summarizes the data reported to the Administration by insurance carriers for calendar year 2010. It also summarizes complaint information and the enforcement activity of the Administration for calendar year 2010.

Sincerely,

Signature on file with original

Therese M. Goldsmith
Insurance Commissioner

TMG/BAW/peg
Enclosure

cc: The Honorable Thomas M. Middleton
Chairman, Senate Finance Committee
The Honorable Peter A. Hammen
Chairman, House Health and Government Operations Committee
Ms. Sarah T. Albert (5 copies)
Library and Information Services
Department of Legislative Services

The
Maryland Insurance
Administration's
2010 Report
on
The Health Care Appeals &
Grievance Law

August, 2011

THERESE M. GOLDSMITH

Insurance Commissioner

TABLE OF CONTENTS

Executive Summary	3
Background	5
Adverse Decisions	6
Grievance Decisions	7
Complaints	9
Conclusions	11
Appendix 1- Adverse Decisions by Carrier	12
Appendix 2- Grievance Decisions by Carrier	16
Appendix 3- Grievance Decisions by Carrier for Hospital Length of Stay	18
Appendix 4- Time Frame for Rendering a Grievance Decision by Carrier, Emergency Cases	19
Appendix 5- Time Frame for Rendering a Grievance Decision by Carrier, Non-Emergency Cases	20
Appendix 6- Internal Grievances Filed Considered Emergency Cases as Reported by Carrier	22
Appendix 7- Administration Complaints	23
Appendix 8- Summaries of Appeals and Grievances Orders	26

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 2010, 24.5 percent of the population under the age of 65, or a little over 1 million individuals, had insured health benefits and therefore, had the protection of the Appeals and Grievance Law.¹

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, allow 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 2010, noting changes in certain areas since 2007 for nonprofit health service plans, insurers and health maintenance organizations (hereinafter referred to as "carriers"²).

Carriers rendered 38,900 adverse decisions (denials of benefits based on medical necessity determinations) in 2007 and 32,320 in 2010, representing a decrease of 16.9 percent over the four-year period. When the 2010 data is compared to the 2009 data, there was a decrease in adverse decisions of 8.2 percent (35,202 in 2009 and 32,320 in 2010). Adverse decisions for inpatient hospital services decreased by 60.3 percent from 2007 to 2010 (14,671 in 2007 and 5,828 in 2010). This decrease represents a consistent downward trend. Adverse decisions for inpatient hospital services decreased by 42.6 percent from 2008 to 2009 (16,809 in 2008 and 9,654 in 2009) and by 39.6 percent from 2009 to 2010 (9,654 in 2009 and 5,828 in 2010). Part of the decline in adverse decisions may be attributed to the 8.2% reduction in individuals covered under insured plans from 2007 to 2010.¹

In 2010, three services accounted for more than 60 percent of all adverse decisions: physician services, inpatient hospital services and pharmacy services, in order of descending frequency. In 2007, physician services, inpatient hospital services and pharmacy services accounted for more than 72 percent of all adverse decisions, although in a different order. In 2007, inpatient hospital services ranked first in terms of the percentage of all adverse decisions at 37.7 percent (14,671). In 2010, inpatient hospital services ranked second in terms of the percentage of all adverse decisions at 18 percent (5,828) and physician services ranked first at 29.4 percent (9,508). While ranked third in terms of the percentage of all adverse decisions in 2007 and 2010, pharmacy services increased from 12 percent (4,683) in 2007 to 13.2 percent (4,269) in 2010.

¹ Statistics taken from the Maryland Insurance Administration's 2010 Health Benefit Plan Covered Lives Report.

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

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 adverse decisions for these two types of services represent a small proportion of adverse decisions overall (2.1 percent and 3.2 percent of all adverse decisions in 2010 respectively).

Just as the number of adverse decisions decreased between 2007 and 2010, so did the number of grievances (the appeal by consumers of the carriers' adverse decisions). In 2007 there were 7,750 grievances and in 2010 there were only 4,124 grievances, representing a decrease of 46.8 percent over the four year period. In 2007, over half of all grievances were for inpatient hospital services and physician services, 38.2 percent and 21.6 percent, respectively. In 2010, data illustrates that less than half of all grievances were for these two services. The percentage of grievances for inpatient hospital services increased to 41.8 percent, while the percentage of grievances for physician services decreased to 15.6 percent.

Grievances decreased as a percentage of adverse decisions from 2007 to 2010 (19.9% to 12.8%). Carriers were more likely to reverse themselves during the internal grievance process in 2010 than in 2007. Carriers upheld adverse decisions 41.1 percent of the time in 2010 as compared to 59.4 percent in 2007, representing a decrease of 18.3 percent in carriers upholding their original adverse decision at the grievance level. This appears to indicate that carriers are becoming more likely to reverse their adverse decisions when a consumer makes the effort to appeal an adverse decision.

Similar to the reduction in adverse decisions and grievances filed by consumers with carriers, the number of medical necessity complaints filed with the Administration decreased between 2007 and 2010. The Administration received 1027 complaints in 2007 and 817 in 2010, representing a decrease of 20.5 percent. The number of reversals of the grievance decisions by the Administration or by the carrier during the investigation process before the Administration increased from 46.9 percent in 2007 to 62.1 percent in 2010.

In 2010, the Administration issued 21 Orders and Consent Orders based on the medical necessity complaints that it received and imposed \$25,500 in administrative penalties. During this same year, the Administration recovered \$597,433 for complainants. By comparison, in 2007 the Administration issued 12 Orders and Consent Orders based on the medical necessity complaints it received, imposed \$2,750 in administrative penalties and recovered \$1,109,872 for complainants. Since the enactment of the Appeals and Grievance law, the Administration has recovered nearly \$6,000,000 for complainants.

Although the percentage of Maryland's population under the age of 65 protected by the Appeals and Grievance Law has continued to decline since 1998, the increase in the percentage of adverse decisions being reversed by the carrier during the internal grievance process, coupled with the increased carrier reversal rate by the Administration, demonstrates 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 Grievance Law was enacted by the General Assembly to provide a full and fair process for resolving disputes regarding the medical necessity of a proposed or delivered health care service. (See Title 15, Subtitle 10A of the Insurance Article.) The Appeals and Grievance Law applies to individuals with insured health benefits.

When the Appeals and Grievance Law was first enacted, the percentage of the population under the age of 65 with insured health benefit plans (42.8 percent) slightly exceeded the percentage of the population under the age of 65 with other employment based health benefit plans (37.9 percent). By 2010, the percentage of the population under the age of 65 with insured health benefit plans declined to just under 25 percent.

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

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

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

- The number of adverse decisions issued by the carrier and the type of service at issue in the adverse decision;
- 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.

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 2010, noting changes in certain areas since 2007 for nonprofit health services plans, insurers and health maintenance organizations (hereinafter "carrier"³).

Adverse Decisions

Table 1 provides an overview of the number and type of adverse decisions carriers made in 2007 and 2010. More detailed information about adverse decisions made by each carrier is provided in Appendix 1 for 2010.

Carriers rendered 38,900 adverse decisions in 2007 and 32,320 in 2010, representing a decrease of 16.9 percent over the four-year period. When the 2010 data is compared to the 2009 data, there was a decrease in adverse decisions of 8.2 percent (35,202 in 2009 and 32,320 in 2010). Adverse decisions for inpatient hospital services decreased by 60.3 percent from 2007 to 2010 (14,671 in 2007 and 5,828 in 2010). This decrease represents a downward trend. Adverse decisions for inpatient hospital services decreased by 42.6 percent from 2008 to 2009 (16,809 in 2008 and 9,654 in 2009) and by 39.6 percent from 2009 to 2010 (9,654 in 2009 and 5,828 in 2010).

In 2010, three services accounted for more than 60 percent of all adverse decisions: physician services, inpatient hospital services and pharmacy services, in order of descending frequency. In 2007, physician services, inpatient hospital services and pharmacy services accounted for more than 72 percent of all adverse decisions, although in a different order. In 2007, inpatient hospital services ranked first in terms of the percentage of all adverse decisions at 37.7 percent (14,671). In 2010, inpatient hospital services ranked second in terms of the percentage of all adverse decisions at 18 percent (5,828) and physician services ranked first at 29.4 percent (9,508). While ranked third in terms of the percentage of all adverse decisions in 2007 and 2010, pharmacy services increased from 12 percent (4,683) in 2007 to 13.2 percent (4,269) in 2010.

Over the years, policy makers have expressed concern about the denial of emergency room services and mental health services. The statistics provided by carriers indicates that these two types of services represent a small proportion of adverse decisions overall (2.1 percent and 3.2 percent of all adverse decisions in 2010 respectively).

³ 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.

Table 1: Adverse Decisions

	2007		2010		Percent Change
	Number	Percent	Number	Percent	2007-2010
Inpatient hospital services	14671	37.7%	5828	18%	-60.3%
Emergency room services	473	1.2%	674	2.1%	42.5%
Mental health services	920	2.4%	1033	3.2%	12.3%
Physician services	9012	23.2%	9508	29.4%	5.5%
Laboratory, radiology services	2230	5.7%	3299	10.2%	47.9%
Pharmacy services	4683	12.0%	4269	13.2%	-8.8%
PT, OT, ST services (including inpatient rehab)	1416	3.6%	2115	6.5%	49.4%
Skilled nursing facility	401	1.0%	149	0.5%	-62.8%
Durable medical equipment	1729	4.4%	1164	3.6%	-32.7%
Podiatry, dental, optometry, chiropractic	3074	7.9%	4034	12.5%	31.2%
Home health services	82	0.2%	98	0.3%	19.5%
Other ⁴	209	0.5%	149	0.5%	-28.7%
Total	38900		32320		-16.9%

Grievance Decisions

Table 2 provides an overview of the number and type of grievances carriers reviewed in 2007 and 2010. In 2007, there were 7,750 grievances, decreasing to 4,124 in 2010. While the number of adverse decisions decreased by 16.9 percent between 2007 and 2010, the number of grievances decreased by 46.8 percent.

In 2007, over half of all grievances were for inpatient hospital services and physician services, 38.2 percent and 21.6 percent, respectively. In 2010, data illustrates that less than half of all grievances were for these two services. The percentage of grievances for inpatient hospital services increased to 41.8 percent, while the percentage of grievances for physician services decreased to only 15.6 percent of all grievances filed.

Over this same period, only the number of grievances for podiatry, dental, optometry, chiropractic, and other services (outpatient hospital services, education services, and transportation) increased. There were 444 grievances for podiatry services, dental services, optometry services and chiropractic services in 2007 and 455 in 2010, representing an increase of 2.5 percent. The most significant declines were noted in laboratory and radiology services and physical therapy, occupational therapy and speech therapy services. Interestingly, while the number of adverse decisions for

⁴ Outpatient hospital services, education services, and transportation

these two categories of services (i.e. laboratory, radiology and physical therapy, occupational therapy and speech therapy services), increased by 47.9 percent and 49.4 percent respectively since 2007, grievances for these same two categories of services decreased by 72.9 percent and 83.9 percent respectively.

Table 2: Grievances

	2007		2010		Percent Change
	Number	Percent	Number	Percent	2007-2010
Inpatient hospital days	2963	38.2%	1723	41.8%	-41.8%
Emergency room services	85	1.1%	83	2.0%	-2.4%
Mental health services	270	3.5%	268	6.5%	-0.7%
Physician services	1676	21.6%	645	15.6%	-61.5%
Laboratory, radiology services	914	11.8%	247	6.0%	-73.0%
Pharmacy services	550	7.1%	366	8.9%	-33.5%
PT, OT, ST services (including inpatient rehab)	468	6.0%	75	1.8%	-84.0%
Skilled nursing facility	73	0.9%	33	0.8%	-54.8%
Durable medical equipment	270	3.5%	110	2.7%	-59.3%
Podiatry, dental, optometry, chiropractic	444	5.7%	455	11.0%	2.5%
Home health services	21	0.3%	13	0.3%	-38.1%
Other	16	0.2%	106	2.6%	562.5%
Total	7750		4124		-46.8%

Table 3 describes how the number of grievances received by carriers compares to the number of adverse decisions that carriers made in 2007 and 2010. Grievances decreased as a percentage of adverse decisions from 2007 to 2010 (19.9% to 12.8%). This appears to indicate that consumers were less likely to take advantage of the right to file a grievance in 2010 than in 2007.

Table 3: Grievances as a percent of adverse decisions

	2007	2010
Inpatient Hospital Days	20.2%	29.6%
Emergency room services	18.0%	12.3%
Mental health services	29.3%	25.9%
Physician services	18.6%	6.8%
Laboratory, radiology services	41.0%	7.5%
Pharmacy services	11.7%	8.6%
PT, OT, ST services (including inpatient rehab)	33.1%	3.5%
Skilled nursing facility	18.2%	22.1%

	2007	2010
Durable medical equipment	15.6%	9.5%
Podiatry, dental, optometry, chiropractic	14.4%	11.3%
Home health services	25.6%	13.3%
Other	7.7%	71.1%
Total	19.9%	12.8%

Table 4 compares how carriers upheld their original decisions in 2007 and in 2010. Carriers upheld adverse decisions 41.1 percent of the time in 2010 as compared to 59.4 percent in 2007, representing a decrease of 18.3 percent in carriers upholding their original adverse decision at the grievance level. This appears to indicate that carriers are becoming more likely to reverse their adverse decisions when a consumer files a grievance.

Table 4: Grievance Decision

	2007		2010	
	Number	Percent	Number	Percent
Carrier upheld adverse decision	4602	59.4	1696	41.1
Carrier overturned adverse decision	2822	36.4	2182	52.9
Carrier modified original adverse decision	326	4.2	246	6.0
Total	7750		4124	

Complaints

Consistent with the reduction in adverse decisions rendered by carriers and the reduction in grievances filed with the carriers by individuals between 2007 and 2010, the number of complaints filed with the Administration decreased between 2007 and 2010. The Administration received 1027 complaints in 2007 and 817 complaints in 2010, representing a decrease of 20.4 percent. As summarized in Table 5, in 2010 about 33 percent of the complaints received were outside of the Administration's jurisdiction, as were 27 percent of the complaints received in 2007. These non-jurisdiction cases included complaints filed by individuals covered under Medicare, Medicaid, or the Federal Employee Health Benefit Plan; under an employer group self-funded health plan; and under contracts subject to the laws of states other than Maryland. This increase in non-jurisdictional cases is consistent with the Maryland Insurance Administration's 2010 Health Benefit Plan Covered Lives Report that shows that while the percentage of insured lives decreased 8.2 percent over the four-year period, the

combined percentage of those covered under the Federal Employees Health Benefit Plan and those covered under employer self-funded plans increased by 8.2 percent.

In 2007, the Administration reversed the carrier's grievance decision (or the carrier reversed its own grievance decision during the Administration's investigation) 46.9 percent of the time. In 2010, the data indicates that the Administration reversed or modified the carrier's grievance decision (or the carrier reversed or modified its own grievance decision during the Administration's investigation) 62.1 percent of the time, an increase in reversals of 15.2 percent. All of the reversals of the carrier's grievance decisions resulted in more benefits for Maryland consumers.

In 2010, the Administration issued 21 Orders and Consent Orders based on the medical necessity complaints which it received and imposed \$25,500 in administrative penalties. During this same year, the Administration recovered \$597,433 for complainants. By comparison, in 2007 the Administration issued 12 Orders and Consent Orders based on the medical necessity complaints it received, imposed \$2,750 in administrative penalties, and recovered \$1,109,872 for complainants. Since the enactment of the Appeals and Grievance Law, the Administration has recovered nearly \$6,000,000 for complainants. Summaries of the Orders and Consent Orders for 2010 are found in Appendix 8.

Table 5: Complaints

	2007	2010	Percent Change
Total complaints received	1027	817	-20.4%
No jurisdiction	282	272	-3.5%
Withdrawn	4	12	200%
Insufficient information	61	51	-16.4%
No action required	104	55	-47.1%
Referred to HEAU	150	84	-44.0%
Complaints investigated by MIA	426	343	-19.5%
Percent of total complaints investigated by the MIA	41.5%	42%	0.5%
Number of complaints carrier or MIA reversed or modified grievance decision	200	213	6.5%
Percent of total complaints investigated by MIA where carrier or MIA reversed or modified grievance decision	46.9%	62.1%	15.2%

Conclusions

Between 2007 and 2010, the number of adverse decisions decreased by 16.9 percent, the number of grievance decisions decreased by 46.8 percent, and the number of complaints investigated⁵ by the Administration decreased by 19.5 percent.

For the four year period (2007-2010), three services accounted for more than 60 percent of all adverse decisions: inpatient hospital services, pharmacy services, and physician services. Between 2007 and 2010, there was a decrease in adverse decisions for inpatient hospital services, pharmacy services, skilled nursing facility services, and durable medical equipment. Between 2007 and 2010, the largest decline in the number of adverse decisions has been for inpatient hospital services, decreasing by 60.3 percent.

Grievances decreased as a percentage of adverse decisions from 2007 to 2010 (19.9% to 12.8%), suggesting that consumers were less likely to take advantage of the right to file a grievance in 2010 than in 2007. When consumers did file grievances regarding an initial adverse decision, carriers overturned their adverse decisions 52.9 percent of the time in 2010, compared to 36.4 percent in 2007. This appears to indicate that carriers are becoming more likely to reverse their adverse decision when a consumer files a grievance.

In 2010, the Administration achieved a carrier reversal percentage of 62.1 percent of complaints that were investigated by the Administration. In 2007, that number was 46.9 percent. In 2010, the Administration recovered \$597,433.00 for complainants under the Appeals and Grievance Law. Since the Appeals and Grievance Law was enacted by the General Assembly, the Administration has recovered nearly \$6,000,000.00 for complainants. The Appeals and Grievance Law remains an important protection for Maryland consumers, providing a fair and balanced process for resolving disputes regarding the medical necessity of proposed or delivered health care services.

⁵ As set forth in Appendix 7, a number of the complaints received by the Appeals and Grievance unit can not be investigated by the staff of the Appeals and Grievance unit due to a variety of reasons including the complainant being covered under a contract that is not subject to the jurisdiction of the Maryland Insurance Administration, the complainant not previously exhausting the carrier's internal complaint process, the complainant withdrawing the complaint, and the complainant's refusal to provide a medical release.

**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.(A Pennsylvania Corp)	795	2.46%	556	69.9%	0	0.0%
Aetna Life Insurance Company	678	2.10%	481	70.9%	0	0.0%
American Republic Insurance Company	1	0.00%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	182	0.56%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	8244	25.51%	1545	18.7%	16	0.2%
CareFirst of Maryland, Inc.	4003	12.39%	650	16.2%	0	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	31	0.10%	8	25.8%	0	0.0%
Companion Life Insurance Co	3	0.01%	0	0.0%	0	0.0%
Connecticut General Life Insurance	541	1.67%	64	11.8%	0	0.0%
Coventry Health Care of Delaware, Inc.	2454	7.59%	830	33.8%	525	21.4%
Golden Rule Insurance Company	1	0.00%	0	0.0%	0	0.0%
Group Hosp & MedServ, Inc.	5692	17.61%	725	12.7%	3	0.1%
Guardian Life Ins Co Of America	780	2.41%	18	2.3%	0	0.0%
John Alden Life Insurance Company	1	0.00%	0	0.0%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atlantic	2732	8.45%	15	0.5%	0	0.0%
Kaiser Permanente Insurance Company	20	0.06%	1	5.0%	0	0.0%
Lincoln National Life Insurance Company	14	0.04%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	557	1.72%	138	24.8%	0	0.0%
MD-Individual Practice Assoc.	346	1.07%	23	6.6%	16	4.6%
Nationwide Life Ins Co	2	0.01%	1	50.0%	0	0.0%
New York Life Insurance Company	2	0.01%	1	50.0%	0	0.0%
Optimum Choice, Inc.	1992	6.16%	630	31.6%	5	0.3%
Pan-American Life Insurance Company	1065	3.30%	128	12.0%	109	10.2%
Prudential Insurance Company of America	2	0.01%	0	0.0%	0	0.0%
Reliance Standard Life Ins Co	44	0.14%	0	0.0%	0	0.0%
Time Insurance Company	11	0.03%	0	0.0%	0	0.0%
UNICARE Life & Health Ins Co	70	0.22%	6	8.6%	0	0.0%
Union Security Insurance Company	16	0.05%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	712	2.20%	0	0.0%	0	0.0%
United States Life Ins. Co. in the City of NY	1	0.00%	0	0.0%	0	0.0%
United HealthCare Ins Co	840	2.60%	8	1.0%	0	0.0%
United HealthCare of the Mid-Atlantic	488	1.51%	0	0.0%	0	0.0%
Total	32320	99.99%	5828	18.0%	674	2.1%

**APPENDIX 1
ADVERSE DECISIONS BY CARRIER**

COMPANY NAME	C. MENTAL HEALTH SERVICES		D. PHYSICIAN SERVICES		E. LABORATORY, RADIOLOGY SERVICES	
	NUMBER	% TOTAL	NUMBER	% TOTAL	NUMBER	% TOTAL
Aetna Health Inc.(A Pennsylvania Corp)	12	1.5%	189	23.8%	0	0.0%
Aetna Life Insurance Company	26	3.8%	133	19.6%	0	0.0%
American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	419	5.1%	2637	32.0%	1163	14.1%
CareFirst of Maryland, Inc.	48	1.2%	1338	33.4%	331	8.3%
CIGNA Healthcare Mid-Atlantic, Inc.	1	3.2%	3	9.7%	19	61.3%
Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	7	1.3%	15	2.8%	265	49.0%
Coventry Health Care of Delaware, Inc.	0	0.0%	317	12.9%	102	4.2%
Golden Rule Insurance Company	0	0.0%	0	0.0%	1	100.0%
Group Hosp & MedServ, Inc.	158	2.8%	1649	29.0%	331	5.8%
Guardian Life Ins Co Of America	4	0.5%	36	4.6%	23	2.9%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atlantic	154	5.6%	1764	64.6%	92	3.4%
Kaiser Permanente Insurance Company	0	0.0%	6	30.0%	12	60.0%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	3	0.5%	14	2.5%	53	9.5%
MD-Individual Practice Assoc.	0	0.0%	145	41.9%	26	7.5%
Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%
New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	20	1.0%	101	5.1%	217	10.9%
Pan-American Life Insurance Company	19	1.8%	333	31.3%	419	39.3%
Prudential Insurance Company of America	0	0.0%	2	100.0%	0	0.0%
Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	0	0.0%	3	27.3%
UNICARE Life & Health Ins Co	1	1.4%	24	34.3%	12	17.1%
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 States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	0	0.0%
United HealthCare Ins Co	95	11.3%	483	57.5%	165	19.6%
United HealthCare of the Mid-Atlantic	66	13.5%	319	65.4%	65	13.3%
Total	1033	3.2%	9508	29.4%	3299	10.2%

**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. (A Pennsylvania Corp)	0	0.0%	4	0.5%	28	3.5%
Aetna Life Insurance Company	0	0.0%	10	1.5%	25	3.7%
American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	0	0.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	1498	18.2%	346	4.2%	13	0.2%
CareFirst of Maryland, Inc.	345	8.6%	298	7.4%	5	0.1%
CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%	0	0.0%	0	0.0%
Companion Life Insurance Co	0	0.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	158	29.2%	2	0.4%	0	0.0%
Coventry Health Care of Delaware, Inc.	473	19.3%	23	0.9%	9	0.4%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%
Group Hosp & MedServ, Inc.	1577	27.7%	134	2.4%	8	0.1%
Guardian Life Ins Co Of America	102	13.1%	24	3.1%	0	0.0%
John Alden Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atlantic	0	0.0%	163	6.0%	13	0.5%
Kaiser Permanente Insurance Company	0	0.0%	1	5.0%	0	0.0%
Lincoln National Life Insurance Company	0	0.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	11	2.0%	230	41.3%	1	0.2%
MD-Individual Practice Assoc.	13	3.8%	11	3.2%	21	6.1%
Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%
New York Life Insurance Company	0	0.0%	1	50.0%	0	0.0%
Optimum Choice, Inc.	25	1.3%	810	40.7%	24	1.2%
Pan-American Life Insurance Company	0	0.0%	26	2.4%	0	0.0%
Prudential Insurance Company of America	0	0.0%	0	0.0%	0	0.0%
Reliance Standard Life Ins Co	0	0.0%	0	0.0%	0	0.0%
Time Insurance Company	0	0.0%	0	0.0%	0	0.0%
UNICARE Life & Health Ins Co	14	20.0%	7	10.0%	0	0.0%
Union Security Insurance Company	0	0.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	0	0.0%	0	0.0%	0	0.0%
United States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	0	0.0%
United HealthCare Ins Co	34	4.0%	15	1.8%	2	0.2%
United HealthCare of the Mid-Atlantic	19	3.9%	10	2.0%	0	0.0%
Total	4269	13.2%	2115	6.5%	149	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.(A Pennsylvania Corp)	6	0.8%	0	0.0%	0	0.0%	0	0.0%
Aetna Life Insurance Company	3	0.4%	0	0.0%	0	0.0%	0	0.0%
American Republic Insurance Company	0	0.0%	0	0.0%	0	0.0%	1	100.0%
Ameritas Life Insurance Corp.	0	0.0%	182	100.0%	0	0.0%	0	0.0%
CareFirst BlueChoice, Inc	239	2.9%	346	4.2%	15	0.2%	7	0.1%
CareFirst of Maryland, Inc.	233	5.8%	750	18.7%	5	0.1%	0	0.0%
CIGNA Healthcare Mid-Atlantic, Inc.	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Companion Life Insurance Co	0	0.0%	3	100.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	4	0.7%	24	4.4%	2	0.4%	0	0.0%
Coventry Health Care of Delaware, Inc.	154	6.3%	4	0.2%	17	0.7%	0	0.0%
Golden Rule Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Group Hosp & MedServ, Inc.	139	2.4%	952	16.7%	14	0.2%	2	0.0%
Guardian Life Ins Co Of America	23	2.9%	539	69.1%	0	0.0%	11	1.4%
John Alden Life Insurance Company	1	100.0%	0	0.0%	0	0.0%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atlantic	199	7.3%	294	10.8%	9	0.3%	29	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%	14	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins Co	31	5.6%	73	13.1%	3	0.5%	0	0.0%
MD-Individual Practice Assoc.	25	7.2%	10	2.9%	5	1.4%	51	14.7%
Nationwide Life Ins Co	0	0.0%	0	0.0%	0	0.0%	1	50.0%
New York Life Insurance Company	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	76	3.8%	54	2.7%	2	0.1%	28	1.4%
Pan-American Life Insurance Company	14	1.3%	3	0.3%	0	0.0%	14	1.3%
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%	44	100.0%	0	0.0%	0	0.0%
Time Insurance Company	3	27.3%	5	45.5%	0	0.0%	0	0.0%
UNICARE Life & Health Ins Co	0	0.0%	6	8.6%	0	0.0%	0	0.0%
Union Security Insurance Company	0	0.0%	16	100.0%	0	0.0%	0	0.0%
United Concordia Life and Health Ins Co	0	0.0%	712	100.0%	0	0.0%	0	0.0%
United States Life Ins. Co. in the City of NY	0	0.0%	0	0.0%	0	0.0%	1	100.0%
United HealthCare Ins Co	12	1.4%	3	0.4%	22	2.6%	1	0.1%
United HealthCare of the Mid-Atlantic	2	0.4%	0	0.0%	4	0.8%	3	0.6%
Total	1164	3.6%	4034	12.5%	98	0.3%	149	0.5%

*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.(A Pennsylvania Corp.)	50	1.2%	41	82.0%	8	16.0%	1	2.0%
Aetna Life Ins. Co.	56	1.4%	27	48.2%	27	48.2%	2	3.6%
American National Life Ins. Co. of Texas	1	0.0%	1	100.0%	0	0.0%	0	0.0%
American Republic Insurance Company	1	0.0%	1	100.0%	0	0.0%	0	0.0%
Ameritas Life Insurance Corp.	27	0.7%	10	37.0%	12	44.4%	5	18.5%
CareFirst BlueChoice, Inc.	1229	29.8%	433	35.2%	756	61.5%	40	3.3%
CareFirst of Maryland, Inc.	359	8.7%	109	30.4%	238	66.3%	12	3.3%
CIGNA Healthcare Mid-Atlantic, Inc.	2	0.0%	1	50.0%	1	50.0%	0	0.0%
Connecticut General Life Insurance	38	0.9%	19	50.0%	19	50.0%	0	0.0%
Coventry Health Care of Delaware Inc.	112	2.7%	74	66.1%	38	33.9%	0	0.0%
Golden Rule Insurance Company	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Group Hosp & MedServ, Inc.	568	13.8%	175	30.8%	346	60.9%	47	8.3%
Guardian Life Ins. Co. Of America	220	5.3%	77	35.0%	40	18.2%	103	46.8%
Kaiser Fndtn Health Plan-Mid-Atl	127	3.1%	71	55.9%	55	43.3%	1	0.8%
Kaiser Permanente Insurance Company	2	0.0%	2	100.0%	0	0.0%	0	0.0%
MAMSI Life & Health Ins. Co.	80	1.9%	54	67.5%	24	30.0%	2	2.5%
MD-Individual Practice Assoc.	332	8.1%	85	25.6%	246	74.1%	1	0.3%
Nationwide Life Insurance Company	3	0.1%	3	100.0%	0	0.0%	0	0.0%
Optimum Choice, Inc.	360	8.7%	194	53.9%	146	40.6%	20	5.6%
Pan-American Life Insurance Company	4	0.1%	3	75.0%	1	25.0%	0	0.0%
Prudential Insurance Company of America	2	0.0%	0	0.0%	2	100.0%	0	0.0%
Reliance Standard Life Insurance Company	8	0.2%	4	50.0%	3	37.5%	1	12.5%
Standard Security Life Ins Co of New York	7	0.2%	6	85.7%	1	14.3%	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
Time Insurance Company	2	0.0%	0	0.0%	0	0.0%	2	100.0%
UNICARE Life & Health Ins. Co.	26	0.6%	10	38.5%	15	57.7%	1	3.8%
Union Security Insurance Company	16	0.4%	6	37.5%	10	62.5%	0	0.0%
United Concordia Life & Health Ins Co	123	3.0%	33	26.8%	84	68.3%	6	4.9%
United States Life Ins. Co. In the City of NY	3	0.1%	2	66.7%	0	0.0%	1	33.3%
United HealthCare Ins. Co.	251	6.1%	165	65.7%	85	33.9%	1	0.4%
United Healthcare of the Mid-Atl	114	2.8%	90	78.9%	24	21.1%	0	0.0%
Total	4124	99.9%	1696	41.1%	2182	52.9%	246	6.0%

**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	Number	Percent
Aetna Life Insurance Company	1	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%
CareFirst BlueChoice, Inc.	323	128	62	48.44%	61	47.66%	5	3.91%	5	3.91%
CareFirst of Maryland, Inc.	75	49	22	44.90%	26	53.06%	1	2.04%	1	2.04%
CIGNA Healthcare Mid-Atlantic, Inc.	2	2	1	50.00%	1	50.00%	0	0.00%	0	0.00%
Connecticut General Life Insurance	19	19	11	57.89%	8	42.11%	0	0.00%	0	0.00%
Coventry Health Care of Delaware Inc.	6	6	4	66.67%	2	33.33%	0	0.00%	0	0.00%
Group Hosp & MedServ, Inc.	115	65	28	43.08%	33	50.77%	4	6.15%	4	6.15%
Guardian Life Ins. Co. of America	1	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%
Kaiser Fndtn Health Plan-Mid-Atlantic	21	21	17	80.95%	4	19.05%	0	0.00%	0	0.00%
Kaiser Permanente Insurance Co.	1	1	1	100.00%	0	0.00%	0	0.00%	0	0.00%
MAMSI Life & Health Ins Co.	48	23	17	73.91%	6	26.09%	0	0.00%	0	0.00%
MD-Individual Practice Assoc.	21	12	7	58.33%	4	33.33%	1	8.33%	1	8.33%
Optimum Choice, Inc.	194	57	48	84.21%	6	10.53%	3	5.26%	3	5.26%
UNICARE Life & Health Ins. Co.	3	3	2	66.67%	1	33.33%	0	0.00%	0	0.00%
United HealthCare Insurance Company	12	12	8	66.67%	4	33.33%	0	0.00%	0	0.00%
United Healthcare of the Mid-Atlantic.	6	6	5	83.33%	1	16.67%	0	0.00%	0	0.00%

* This chart only includes those carriers who had grievances involving hospital length of stay during calendar year 2010.
 ** Outcome of the five most 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	0	0	23
Connecticut General Life Insurance Company	4.5	22	24	0
Coventry Health Care of Delaware, Inc.	20.9	14.7	17.2	0
Group Hosp & MedServ, Inc.	24	24	24	0
Kaiser Fndtn Health Plan-Mid-Atlantic	17	19	14	23

** This report only includes carriers who had grievances which were considered emergency cases during calendar year 2010.

* Reported as hours

**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	0	9
Aetna Health Inc.(A Pennsylvania Corp)	20	13	17.9	16.3
Aetna Life Ins. Co.	26	12	20.6	21
American National Life Ins. Co. of Texas	0	13	0	0
Ameritas Life Ins. Co.	11	9	0	12
CareFirst BlueChoice, Inc.	49.9	30.3	40.2	37
CareFirst of Maryland, Inc.	66.4	47.7	68	63.8
CIGNA Healthcare Mid-Atlantic, Inc.	28	0	0	28
Connecticut General Life Insurance	14	18	29	29
Coventry Health Care of Delaware, Inc.	23	24.7	24.1	22.1
Dental Benefit Providers of Illinois, Inc.	1	2	2	2
Golden Rule Insurance Company	0	0	0	18
Group Dental Service of Maryland, Inc.	3	4.5	3.9	8.3
Group Hosp & MedServ, Inc.	42	28.2	29.8	39.1
Guardian Life Ins. Co. Of America	2.7	3.7	6.5	3.1
HumanaDental Ins. Co.	0	46	0	21
Kaiser Fndtn Health Plan-Mid-Atlantic	26	28	30	23
Kaiser Permanente Insurance Company	0	0	12	0
MAMSI Life & Health Ins. Co.	22	24	21	25
MD-Individual Practice Assoc.	27	21	21	26
Metropolitan Life Insurance Company	14.2	14	12	11.5
Nationwide Life Insurance Company	0	5	0	0
Optimum Choice, Inc.	24	23	18	23
Pan-American Life Insurance Company	15	0	5	0
Prudential Insurance Company of America	0	13	0	0
Reliance Standard Life Insurance Company	3	9	0	11
Standard Security Life Ins. Co. of New York	0	13	24	21
Time Insurance Company	17.5	3	0	4.6

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

COMPANY NAME	NON-EMERGENCY CASES – RESOLUTION TIME*			
	1 ST Quarter	2 ND Quarter	3 RD Quarter	4 TH Quarter
UNICARE Life & Health Ins. Co.	22	21	22	0
Union Security Ins. Co.	34.3	36.1	0	28.5
United Concordia Life and Health Ins. Co.	13.1	31	14	11.8
United HealthCare Ins. Co.	29	31	52	24
United Healthcare of the Mid-Atlantic, Inc.	28	24	54	34

*Reported as Calendar Days

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

COMPANY* NAME	**TOTAL NUMBER OF "EMERGENCIES" CASES	"EMERGENCIES" OUTCOME**		UPHELD		OVERTURNED		MODIFIED	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
CareFirst BlueChoice, Inc.	30	28	78.6%	22	78.6%	6	21.4%	0	0.0%
CareFirst of Maryland, Inc.	3	3	100.0%	3	100.0%	0	0.0%	0	0.0%
Connecticut General Life Insurance	5	5	20.0%	1	20.0%	4	80.0%	0	0.0%
Coventry Health Care of Delaware, Inc.	10	10	70.0%	7	70.0%	3	30.0%	0	0.0%
Group Hosp & MedServ, Inc.	14	14	92.9%	13	92.9%	1	7.1%	0	0.0%
Kaiser Fndtn Health Plan-Mid-Atl	35	22	77.3%	17	77.3%	5	22.7%	0	0.0%
Mamsi Life and Health Ins. Co.	1	1	0.0%	0	0.0%	1	100.0%	0	0.0%
Optimum Choice, Inc.	2	2	0.0%	0	0.0%	2	100.0%	0	0.0%
Total	100	85	74.12%	63	74.12%	22	25.88%	0	0.00%

*This chart only includes carriers who had grievances which were considered emergency cases during calendar year 2010.
 **Outcome of the five most common emergency procedures, services and items.

APPENDIX 7
ADMINISTRATION COMPLAINTS

Appeals and Grievance Statistics
Totals for Complaints Filed
January 1, 2010 – December 31, 2010

COMPLAINTS FILED	817
<u>NO JURISDICTION</u>	<u>272</u>
Referred to DOL (<i>ERISA</i>)	134
Referred to OPM (<i>FEHBP</i>)	56
Referred to Medicaid	22
Referred to Medicare	8
Referred to Insurance Department in Another State	41
Referred to Other*	11
*Includes complaints referred to Workers Compensation Commissioner and Other State Agencies	
<u>COMPLAINT WITHDRAWN</u>	<u>12</u>
<u>INSUFFICIENT INFORMATION</u>	<u>51</u>
<u>No Action Required</u>	<u>55</u>
Includes non-medical necessity cases transferred to Life & Health, and duplicate complaints	
<u>Referred to HEAU to Exhaust Internal Remedy</u>	<u>84</u>
<u>MIA Conducted Investigation:</u>	<u>343</u>
Carrier Reversed Itself During Investigation	187
Carrier Upheld by MIA	130
Carrier Reversed by MIA	9
Decision Modified Carrier Upheld in Part/ Carrier Reversed in Part	17

Administration Complaints (Continued)

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 Health, Inc.	5	1%	0	0%	0	0%	0	0%	5	100%
Aetna Health, Inc.(A Penn. Corp)	4	1%	3	75%	0	0%	0	0%	1	25%
Aetna Life Insurance Company	11	2%	4	36%	0	0%	1	9%	6	55%
Anthem Blue Cross Blue Shield of NH	1	0%	0	0%	0	0%	0	0%	1	100%
CareFirst BlueChoice, Inc.	52	11%	22	42%	4	8%	0	0%	26	50%
CareFirst of Maryland, Inc.	22	5%	7	32%	1	5%	2	9%	12	55%
Cigna Healthcare Mid-Atlantic, Inc.	2	0%	1	50%	0	0%	0	0%	1	50%
Connecticut General Life Insurance Co.	9	2%	2	22%	0	0%	0	0%	7	78%
Coventry Health and Life Insurance Co.	2	0%	2	100%	0	0%	0	0%	0	0%
Coventry Health Care of DE, Inc.	41	9%	16	39%	0	0%	5	12%	20	49%
Graphic Arts Benefit Corporation	1	0%	0	0%	0	0%	0	0%	1	100%
Group Dental Services of Maryland, Inc.	3	1%	0	0%	0	0%	0	0%	3	100%
Group Hosp. & Med Services	41	9%	17	41%	4	10%	2	5%	18	44%
Guardian Life Ins. Co. of America	7	2%	4	57%	0	0%	0	0%	3	43%
Kaiser Foundation Health Plan	9	2%	3	33%	0	0%	0	0%	6	67%
Kaiser Permanente Insurance Co.	1	0%	0	0%	0	0%	0	0%	1	100%
Magellan Tristate CMC	1	0%	0	0%	0	0%	0	0%	1	100%
MAMSI Life and Health Ins. Co.	9	2%	4	44%	0	0%	1	11%	4	44%
Maryland Health Insurance Plan	9	2%	2	22%	0	0%	0	0%	7	78%
MD IPA	3	1%	1	33%	0	0%	2	67%	0	0%
Metropolitan Life Insurance Company	7	2%	0	0%	0	0%	1	14%	6	86%
Optimum Choice	46	10%	24	52%	0	0%	2	4%	20	43%
UNICARE Life & Health Insurance Co.	1	0%	1	100%	0	0%	0	0%	0	0%
United Behavioral Health	1	0%	1	100%	0	0%	0	0%	0	0%
United Concordia Insurance Company	1	0%	0	0%	0	0%	0	0%	1	100%
United Concordia Life & Health Ins. Co.	6	1%	0	0%	0	0%	1	17%	5	83%
United Healthcare Insurance Company	42	9%	14	33%	0	0%	0	0%	28	67%
United Healthcare of Mid-Atlantic	6	1%	2	33%	0	0%	0	0%	4	67%
TOTAL	343	75%	130	38%	9	3%	17	5%	187	55%

Administration Complaints (Continued)

Type of Procedure	Carrier Code**	Total	Carrier Upheld by MIA		Carrier Reversed by MIA		Carrier Modified by MIA		Carrier Reversed During Investigation	
			Number	Percent	Number	Percent	Number	Percent	Number	Percent
Acupuncture	D	1	0	0%	0	0%	0	0%	1	100%
Chiropractic Care Services	J	1	1	100%	0	0%	0	0%	0	0%
Clinical Trial	D	1	1	100%	0	0%	0	0%	0	0%
Cosmetic	D	5	3	60%	0	0%	0	0%	2	40%
Delays	L	1	0	0%	0	0%	0	0%	1	100%
Denial of Claim	L	2	1	50%	0	0%	0	0%	1	50%
Denial of Hospital Days	A	64	37	58%	0	0%	7	11%	20	31%
Dental Care Services	J	29	5	17%	0	0%	3	10%	21	72%
Durable Medical Equipment	I	7	3	43%	0	0%	0	0%	4	57%
Emergency Room Denial	B	5	1	20%	0	0%	1	20%	3	60%
Emergency Treatment Denial	B	1	0	0%	0	0%	0	0%	1	100%
Experimental	D	36	16	44%	1	3%	0	0%	19	53%
Eye Care Services	J	1	1	100%	0	0%	0	0%	0	0%
Home Care Services	K	2	1	50%	0	0%	0	0%	1	50%
In-Patient Rehabilitation	G	1	0	0%	0	0%	0	0%	1	100%
Lab, Imaging, Testing	E	11	3	27%	0	0%	0	0%	8	73%
Mental Health Partial Hospitalization	C	5	1	20%	0	0%	0	0%	4	80%
Mental Health (Inpatient) Services	C	39	15	38%	0	0%	5	13%	19	49%
Mental Health (Outpatient) Services	C	4	1	25%	0	0%	0	0%	3	75%
Morbid Obesity	L	1	0	0%	0	0%	0	0%	1	100%
Nursing Home Services	K	1	1	100%	0	0%	0	0%	0	0%
Out-of-Network Benefits	L	2	1	50%	0	0%	0	0%	1	50%
PCP Referrals	L	1	0	0%	0	0%	0	0%	1	100%
Pharmacy	F	76	17	22%	8	11%	0	0%	51	67%
Physician Services	D	35	16	46%	0	0%	0	0%	19	54%
Podiatry Services	J	1	1	100%	0	0%	0	0%	0	0%
PT, OT, Speech Therapy	G	7	3	43%	0	0%	1	14%	3	43%
Transportation Services	L	3	1	33%	0	0%	0	0%	2	67%
TOTAL		343	130		9		17		187	

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

Appendix 8

Summaries of Appeals and Grievance Orders

UnitedHealthcare Insurance Company

Case No.: 2010-01-036

Effective Date: January 26, 2010

Penalty: \$1,000.00

The Administration ordered that UnitedHealthcare pay an administrative penalty of \$1,000.00 for violation of § 15-10A-02(f)(2)(v) 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.

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

Case No.: 2009-11-024

Effective Date: March 12, 2010

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) and 27-303(8) 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 was filed..

Coventry Health Care of Delaware, Inc.

Case No.: 2010-03-043

Effective Date: March 17, 2010

The Administration ordered Coventry to submit new criteria regarding cytoreductive surgery and intraperitoneal hyperthermic chemotherapy that is objective, clinically valid and compatible with established principles of health care, in accordance with § 15-10B-05 of the Insurance Article.

UnitedHealthcare Insurance Company

Case No.: 2010-04-028

Effective Date: April 16, 2010

Penalty: \$2,500.00

The Administration ordered UnitedHealthcare to pay an administrative penalty of \$2,500.00 for violation of §§ 15-10A-02(f)(2)(v)1 and 27-303(8) of the Insurance Article, pursuant to § 27-305 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.

Group Dental Services of Maryland, Inc.
Case No.: 2010-05-022
Effective Date: May 14, 2010
Penalty: \$500.00

The Administration ordered that Group Dental Services of Maryland pay an administrative penalty of \$500.00 for violation of § 15-10A-02(f)(2)(v)4. and 5. of the Insurance Article for failing to provide notice to the member and provider that the Health Advocacy Unit is available to assist in filing a grievance.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-05-049
Effective Date: May 25, 2010

The Administration ordered that GHMSI immediately authorize coverage and process payment for the member's claims for Norditropin®, pursuant to § 15-10A-04(c) of the Insurance Article. Also, that pursuant to § 15-10A-04(c)(2), GHMSI submit new criteria regarding Human Growth Hormone Treatment that meets the requirements of §15-10B-05(a)(11), specifically addressing the statutory requirement that criteria be flexible, clinically valid, and compatible with established principles of health care.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-05-052
Effective Date: May 26, 2010

The Administration ordered that GHMSI immediately authorize coverage and process payment for the member's claims for Humatrope®, pursuant to § 15-10A-04(c) of the Insurance Article. Also, that pursuant to § 15-10A-04(c)(2), GHMSI submit new criteria regarding Human Growth Hormone Treatment that meets the requirements of §15-10B-05(a)(11), specifically addressing the statutory requirement that criteria be flexible, clinically valid, and compatible with established principles of health care.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-06-006
Effective Date: June 4, 2010

The Administration ordered that pursuant to § 15-10A-04(c)(2), GHMSI submit new criteria regarding metallic onlays four or more surfaces (D2544) that are objective, compatible with established principles of health care, and are flexible enough to allow deviations from norms when justified on a case by case basis in accordance with § 15-10B-05 of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2010-06-014
Effective Date: June 11, 2010

The Administration ordered that BlueChoice immediately authorize coverage for Human Growth Hormone for the member, pursuant to § 15-10A-04(c) of the Insurance Article and § 19-730(a)(1) of the Health-General Article.

CareFirst BlueChoice, Inc.
Case No.: 2010-06-027
Effective Date: June 23, 2010

The Administration ordered that BlueChoice immediately authorize coverage for Norditropin, pursuant to § 15-10A-04(c)(1) of the Insurance Article and § 19-729(a)(11) of the Health-General Article; and that pursuant to § 15-10A-04(c)(2) of the Insurance Article and § 19-730(a)(1) of the Health-General Article, within 30 days of the Order, BlueChoice submit new criteria regarding Human Growth Hormone Treatment that meets the requirements of § 15-10B-05(a)(1) of the Insurance Article.

Aetna Health, Inc.
Case No.: 2010-06-032
Effective Date: June 30, 2010
Penalty: \$5,500.00

The Administration ordered that Aetna pay an administrative penalty of \$2,500.00 for failing to render an adverse decision letter in writing. By failing to do so, Aetna violated § 15-10A-02(f)(2) of the Insurance Article. The Administration also ordered Aetna to pay an administrative penalty of \$500.00 for failing to include in its grievance decision letter the correct address for the Commissioner. By failing to do so, Aetna violated § 15-10A-02(i)(1)(ii)4.B of the Insurance Article. Lastly, the Administration ordered Aetna to pay an administrative penalty of \$2,500.00 for failing to render 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. By failing to render a timely final decision in writing on a grievance, Aetna violated § 15-10A-02(b)(2)(iv) of the Insurance Article.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-07-001
Effective Date: July 1, 2010
Penalty: \$500.00

The Administration ordered that GHMSI pay an administrative penalty of \$500.00 for failure to notify the provider within 3 calendar days after receipt of the initial request for authorization that additional information was needed, in violation of § 15-10B-06(a)(2) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2010-07-004
Effective Date: July 2, 2010

The Administration ordered that BlueChoice immediately authorize coverage for Humatrope® for the member, pursuant to § 15-10A-04(c)(2) of the Insurance Article. The Administration also ordered that pursuant to § 15-10A-04(c)(2), and § 19-730(a)(1) of the Health-General Article, BlueChoice submit new criteria regarding Human Growth Hormone Therapy that specifically addresses the statutory requirement that the criteria is flexible enough to allow deviations from the norms when justified on a case by case basis in accordance with § 15-10B-05 of the Insurance Article.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-07-013
Effective Date: July 9, 2010

The Administration ordered that GHMSI immediately authorize payment for the adolescent psychiatric residential treatment for dates of services September 29, 2009 through December 9, 2009, pursuant to § 15-10A-04(c) of the Insurance Article.

UnitedHealthcare Insurance Company
Case No.: 2010-08-024
Effective Date: August 17, 2010
Penalty: \$5,500.00

The Administration ordered UnitedHealthcare to submit new criteria regarding the use of CPT Code 83993 Calprotectin fecal for the purpose of diagnosing intestinal involvement in patients diagnosed with juvenile dermatomyositis with documented colonic involvement, that is objective, clinically valid, and compatible with established principles of health care for patients diagnosed with juvenile dermatomyositis in accordance with § 15-10B-05 of the Insurance Article. The Administration also ordered UnitedHealthcare to pay an administrative penalty of \$5,500.00 for violation of § 15-10A-02(i) of the Insurance Article, by failing to send written notice of its grievance decision.

UnitedHealthcare Insurance Company
Case No.: 2010-09-007
Effective Date: September 9, 2010
Penalty: \$7,500.00

The Administration ordered that UnitedHealthcare pay a penalty of \$2,500.00 for violation of §15-10A-02(f)(2) in its April 3, 2010 adverse letter. The Administration ordered that UnitedHealthcare pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(i)(1)(ii) in its May 4, 2010 grievance decision letter. The Administration ordered that UnitedHealthcare pay an administrative penalty of \$2,500.00 for violation of § 15-10A-02(i)(1)(ii) in its June 4, 2010 grievance decision letter.

Aetna Health, Inc.
Case No.: 2010-09-023
Effective Date: September 15, 2010

The Administration ordered that pursuant to § 15-10A-04(c)(2) Aetna shall require Aetna Health Management, LLC to submit new criteria for collagen crosslinks testing that is objective, clinically valid, and compatible with established principles of health care, in accordance with § 15-10B-05 of the Insurance Article.

Group Hospitalization & Medical Services, Inc. ("GHMSI")
Case No.: 2010-09-024
Effective Date: September 16, 2010

The Administration ordered that GHMSI immediately authorize coverage and process payment for the member's claims for Genotropin®, pursuant to § 15-10A-04(c) of the Insurance Article. The Administration also ordered that pursuant to § 15-10A-04(c)(2), GHMSI shall submit new criteria regarding Human Growth Treatment that meets the requirements of § 15-10B-05(a)(11), specifically addressing the statutory requirement that criteria shall be flexible, objective, clinically valid, and compatible with established principles of health care.

Group Hospitalization and Medical Services, Inc. ("GHMSI")
Case No.: 2010-11-004
Effective Date: November 1, 2010

The Administration ordered that GHMSI immediately authorize coverage and process payment for the member's claims for Norditropin®, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst BlueChoice, Inc.
Case No.: 2010-11-005
Effective Date: November 1, 2010

The Administration ordered that BlueChoice immediately authorize coverage for Norditropin® for the member, pursuant to § 15-10A-04(c) of the Insurance Article.

CareFirst of Maryland, Inc.
Case No.: 2010-12-002
Effective Date: December 8, 2010

The Administration ordered that CareFirst immediately authorize coverage and process payment for the member's claim for Low Level Laser Light Therapy, as specified in the member's complaint, pursuant to § 15-10A-04(c) of the Insurance Article.