



State of Maryland
OFFICE OF THE ATTORNEY GENERAL

ANNUAL REPORT ON THE
HEALTH INSURANCE CARRIER
APPEALS AND GRIEVANCES PROCESS

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HEALTH EDUCATION AND ADVOCACY UNIT
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OFFICE OF THE ATTORNEY GENERAL

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I. Executive Summary

The Health Education and Advocacy Unit (the “HEAU”) of the Office of the Attorney General’s Consumer Protection Division submits this annual report on the implementation of the Health Insurance Carrier Appeals and Grievances Law¹ (the “Appeals and Grievances Law”) as required by the Maryland Insurance Article §15-10A-08 and the Maryland Commercial Law Article §13-4A-04. Section 15-10A-08(b)(1) of the Maryland Insurance Article requires the HEAU to annually publish a summary report on the grievances and complaints filed with or referred to a carrier, the Commissioner of the Maryland Insurance Administration (the “MIA”), the HEAU, or any other federal or State government agency or unit during the previous fiscal year. Section 15-10A-08(b)(2) of the Maryland Insurance Article also requires the HEAU to evaluate the effectiveness of the internal grievance process and complaint process available to members, and to include in its annual summary report the results of this evaluation and any proposed changes that the HEAU considers necessary.

This report covers grievances and complaints filed with or referred during State fiscal year 2010, beginning July 1, 2009 and concluding on June 30, 2010.

This report (1) summarizes the Appeals and Grievances Law, (2) discusses how health insurance carriers, the MIA, and the HEAU implement the Appeals and Grievances Law, and (3) summarizes grievances and complaints handled by carriers, the MIA, and the HEAU.

II. Overview of the Appeals and Grievances Process

In 1998, the General Assembly enacted the Appeals and Grievances Law to provide patients a process for appealing their health insurance carriers’² medical necessity “adverse decisions.” All carriers must establish a grievance process that complies with the Appeals and Grievances Law. The Appeals and Grievances Law establishes guidelines that carriers must follow in notifying patients of denials, establishing appeals and grievances processes, and notifying members of grievance decisions.

In 2000, the General Assembly enacted Chapter 371³ that expanded the grievances process to include the right to appeal contractual “coverage decisions.” As a result, patients in Maryland who have coverage from a State-regulated plan can challenge any decision by a carrier that results in the total or partial denial of a covered health care service.

As amended, the Appeals and Grievances Law established two very similar processes for patients to dispute carrier determinations, one for carriers’ denials that proposed or delivered health care services are or were not *medically necessary* (“adverse decisions”) and another for carriers’ determinations that result in the *contractual exclusion* of a health care service (“coverage decisions”).

¹Md. Code Ann., Insurance §15-10A-01 through §15-10A-09.

² The Appeals and Grievances Law defines “carrier” as all authorized issuers that provide health insurance in the State, nonprofit health service plans, health maintenance organizations, and dental plans, that offer a health benefit plan subject to regulation by the State.

³Md. Code Ann., Insurance §15-10D-01 through §15-10D-04.

III. Phases of the Appeals and Grievances Process

For both adverse decisions and coverage decisions, the appeals and grievances process starts when a patient receives notice from the carrier that the carrier has rendered an adverse or coverage decision. Carriers must provide patients with a written notice that clearly states the basis of the carrier's adverse or coverage decision and that the HEAU is available to mediate the dispute with the carrier or, if necessary, help the patient file a grievance or appeal. The notice must also inform the patient that an external review of the decision is available through the MIA following exhaustion of the carrier's internal process. Patients may file a complaint with the MIA prior to exhausting the internal grievance process only when there is a compelling reason.

After receiving the initial denial, the patient⁴ may contest the determination through the carrier's internal grievance or appeal process. After receipt of the grievance or appeal, the carrier has 30 working days to review adverse decisions involving pending care and 45 working days for already rendered care. For coverage decisions, the carrier has 60 working days after the date the appeal was filed with the carrier to render a decision. The carrier must issue a written decision to the patient at the conclusion of this internal process.

If the carrier's final decision is unfavorable to the patient, the patient may file a complaint with the MIA for an external review of the carrier's determination.

IV. Carrier Reporting

The Appeals and Grievances Law requires carriers to submit quarterly reports to the MIA on the number of adverse decisions issued and the number and outcomes of internal grievances the carriers handled. The MIA then forwards these reports to the HEAU for inclusion in this report. Although the carriers' quarterly report data provides some basic insight into the carriers' internal grievance processes, its usefulness is limited by several factors, including:

- The carriers are only required to report information on medical necessity denials (*adverse decisions*). Accordingly, the State does not collect comprehensive information about the types and outcomes of contractual exclusions of health care services (*coverage decisions*) carriers render.
- The carriers do not report data about each individual grievance. The carriers divide their data into medical service categories and report on the limited data within each category. As the categories are not standardized, reporting and categorizing may vary significantly from one carrier to another, making it difficult to compare one carrier's data to that of another.
- The diagnosis and procedure information carriers report is incomplete. Carriers must report diagnostic or treatment codes for a limited number of complaints. Although the limited data provides basic evaluative information, complete reporting would provide a more valuable tool in analyzing grievance data.

⁴Throughout this report, we refer to the rights of patients during the appeals and grievances process. The Appeals and Grievances Law also gives health care providers the right to file appeals and grievances on behalf of their patients.

- Carriers are not required to identify the grievances that involved the MIA or the HEAU. As this information is not present, it is impossible to check the cases reported by carriers against the data recorded by the MIA or the HEAU to verify the consistency of data reporting.
- An analysis of the number of adverse decisions and grievances compared to enrollee number cannot be performed as carriers are not required to report membership or enrollee numbers.

Carrier Statistics FY 2010

In addition to the highlights below, charts providing statistical detail from the data submitted by the carriers appear on pages 8-17 of this report.

1. Carriers reported 87,229 adverse decisions in FY 2010, 538 more adverse decisions than reported in FY 2009. The carriers administratively reversed 412 of these adverse decisions, or less than 1%.
2. Carriers reported that patients filed 9,886 internal grievances in FY 2010, a decrease of 188 grievances, or less than 2%, from FY 2009. As carriers are not required to report membership numbers, it cannot be determined if the decrease in grievances filed represents a decrease in overall membership.
3. In FY 2010, carriers administratively reversed, overturned and modified 8% of the adverse decisions they rendered.
4. Overall, during the internal grievance process carriers altered their original adverse decisions in 68% of the grievances reported in FY 2010. Carriers overturned their adverse decisions in 48% of the grievances and modified their determinations in 20% of the grievances filed. This represents a 3% increase in the percentage of grievances carriers altered since FY 2009, when carriers reported changing 65% of their adverse decisions.
5. Outcomes from carriers' internal grievance processes vary significantly based on the type of service in dispute. These trends have remained constant during the past four years, with carriers more often reversing adverse decisions related to physicians and other health care providers than adverse decisions involving mental health care and durable medical equipment. However, there are two significant changes in the trends that are worth noting. First, the percentage of grievances carriers overturned or modified in FY 2010 decreased, significantly in many instances, across all service types except inpatient hospitalization, home health, and mental health. Accordingly, carriers upheld their adverse decisions more in FY 2010 across the majority of service types than in FY 2009. Second, carriers reduced most between FY 2009 and FY 2010 the percentage of pharmacy and radiology/laboratory services they overturned or modified. Carriers reduced the percentage of laboratory/radiology grievances they overturned or modified between FY 2009 and FY 2010 from 62% to 29%, a 33% decrease in the percentage of laboratory/radiology grievances carriers overturned or modified. Similarly, carriers decreased the percentage of pharmacy grievances they

overturned or modified from 75% in FY 2009 to 33% in FY 2010, a 42% decrease in the percentage of pharmacy grievances carriers overturned or modified.

6. Adverse decisions involving mental health/substance abuse services continue to be significantly less likely to be overturned or modified than other types of health care services. For FY 2010, carriers reported an overturned or modified rate of only 23% for mental health and substance abuse.

V. Maryland Insurance Administration

The MIA has regulatory oversight of insurance products offered in Maryland. In enacting the Appeals and Grievances Law, the General Assembly gave the MIA the financial resources needed to handle the increased caseload and to retain medical experts to review the carriers' medical necessity adverse decisions. In addition to granting the MIA the specific authority to conduct external reviews, the Appeals and Grievances Law also describes the MIA's responsibilities and establishes deadlines for cases involving urgently needed care.

When the MIA receives a complaint, it reviews the complaint to determine if the complaint raises issues subject to the Appeals and Grievances Law. If the Appeals and Grievances Law applies, the MIA confirms that the carrier's internal grievance process has been fully exhausted. If not, the case is referred to the HEAU to assist the consumer through the carrier's internal grievance process. If the carrier's internal process has been exhausted or if there is a compelling reason to bypass the internal grievance process, the MIA contacts the carrier in writing requesting a written response to the complaint. The carrier may respond to the MIA by confirming or reversing its denial (administrative reversal) or by providing additional information related to the complaint.

If the carrier upholds a denial that is subject to the Appeals and Grievances Law, an MIA investigator then prepares the case for review. The investigator contacts the appropriate parties in writing simultaneously and gives them a deadline for submitting additional documentation for consideration. Except for emergency cases, the carrier must provide the MIA with all requested information within 7 working days from the date the carrier receives the request for information. Once the MIA investigator receives all of the documentation, the investigator forwards the file to an MIA reviewer for non-medical necessity denials and, for medical necessity denials, to medical experts at an independent review organization ("IRO") to provide the MIA with an opinion as to the medical necessity of the care. If the MIA investigator forwards the file to an IRO, the investigator asks the IRO to respond to specific questions set forth in the cover letter. The MIA may accept or reject the IRO's opinion.

The MIA Commissioner must make a final decision on the complaint within 30 days (unless a 30 day extension period applies) after a complaint regarding pending health care services is filed and within 45 days after a complaint is filed regarding already rendered health care services. The Commissioner must issue a final decision on a complaint involving emergency care within 24 hours after the complaint is filed with the MIA. A hotline (800-492-6116) is available 24 hours a day, seven days a week to respond to these emergency cases.

If the reviewer's recommendation is to overturn the carrier's denial, and the MIA Commissioner agrees, a decision is issued and forwarded in writing to the carrier, along with a notice that the carrier has the right to request a hearing challenging the decision. The patient, patient's representative or provider who filed the complaint is notified of the outcome by telephone, if possible, and then by mail.

If the reviewer's recommendation is to uphold the carrier's denial, and the MIA Commissioner agrees, the patient or provider is informed of the decision, by phone if possible, and that they have the right to request a hearing. The carrier is also informed of this decision by phone, and if warranted, by mail.

MIA Statistics FY 2010

MIA provided data is reported on the charts and tables contained on pages 18-26 of this report. The data reflects only those cases where a disposition has been rendered; pending cases are not reported.

In addition to the data reflected in the charts and tables, the MIA reported data reveals:

1. The MIA's Appeals and Grievances Unit received 815 complaints filed in FY 2010. After reviewing these complaints, the MIA determined that 433 involved adverse decisions issued by health insurance carriers the MIA regulated.
2. The MIA referred 80 complaints to the HEAU because the patient had not yet exhausted the carrier's internal grievance process.
3. The MIA investigated 353 complaints in which patients challenged the adverse decision of their carrier. During the MIA's investigation, the carriers administratively reversed their adverse decisions in 180 (51%) of these cases. The remaining 173 cases the MIA investigated resulted in the MIA issuing a decision.
4. Of the 173 decisions the MIA issued, the MIA upheld 154 (89%) of the carrier decisions, overturned 5 (3%) of the decisions, and modified 14 (8%) of the decisions.
5. Of the 353 total cases in which the MIA initiated reviews of patients challenging their carrier's grievance decision, the carriers' decision was reversed, overturned or modified 56% of the time.

VI. Health Education and Advocacy Unit

The Maryland General Assembly established the HEAU in 1986. The HEAU was designed to assist health care consumers in understanding health care bills and third party coverage, to identify improper billing or coverage determinations, to report billing and/or coverage problems to appropriate agencies, and to assist patients with health equipment warranty issues. Based upon HEAU's successful efforts in these areas, the General Assembly selected the HEAU to be the State's first-line consumer assistance agency when it passed the Maryland Appeals and Grievances Law. Since then, other states have used the HEAU as a model when creating their own consumer assistance programs and the HEAU has been cited as a model in

Congressional testimony in support of early federal efforts to promote programs that would assist health care consumers, including the Health Care Consumers Assistance Fund Act of 2001.

The Appeals and Grievances Law requires carriers to notify patients that the HEAU is available to assist them in mediating and filing a grievance or appeal of an adverse decision or coverage decision. The notice must also include the HEAU's address, telephone number ((410) 528-1840), facsimile number and email address (heau@oag.state.md.us). The HEAU also conducts outreach programs to increase awareness of the rights and resources granted under the Appeals and Grievances Law.

When the HEAU receives a request for assistance, the HEAU gathers basic information from the carriers related to the services or care denied. Specifically, the HEAU asks the carrier to provide a copy of the insurance contract provisions or the utilization review criteria upon which the carrier based the denial and to identify precisely which provision or criteria the patient failed to meet. Carriers must provide requested information to the HEAU within 7 working days from the date the carrier received the request.⁵ The HEAU also gathers information about the patient's condition from the patient and his or her provider to determine if the patient meets the criteria established by the health plan and assess whether the denial is incorrect. The HEAU presents this information to the carrier for reconsideration of the denial. Many complaints are resolved during this information exchange process. If not resolved, the HEAU will prepare and file a formal written grievance or appeal with the carrier on behalf of the patient.

If, at the conclusion of the appeals and grievances process, the carrier continues to deny coverage for the care, the patient may request that the HEAU assist in preparing and filing an external appeal of the carrier's decision with the MIA or other applicable external entity. The HEAU forwards the case to the MIA or other external entity with a copy of all relevant medical and insurance documentation.

HEAU Statistics FY 2010

The HEAU Appeals and Grievances data⁶ is reported in the charts and tables contained on pages 27-41 of this report. The data reflects both medical necessity and contractual denials. Because newly filed cases contain incomplete data, the cases reported are those cases the HEAU closed during FY 2010.

The HEAU closed 1,936 cases in FY 2010. Of those 1,936 cases, 603 were appeals and grievances related cases. Not all of the 603 appeals and grievances cases filed with the HEAU were mediated. Many consumers, or other persons, file complaints but an authorization to release medical records form, which the HEAU requires to mediate the case, is never completed. Other complaints are filed for the record only or are referred to another more applicable agency. Of the 603 appeals and grievances cases the HEAU closed during FY 2010, 370 or 61% involved assisting consumers with mediating or filing grievances of adverse or coverage decisions.

⁵ Md. Code Ann., Commercial Law §13-4A-02.

⁶ This report does not contain detailed data related to the outcomes of cases handled by HEAU unrelated to the Appeals and Grievances Law; some general complaint numbers and categories are reported for informational purposes.

1. Of the 370 appeals and grievances cases the HEAU mediated during FY 2010, 259 (70%) related to MIA-regulated plans.
2. Of the 370 cases the HEAU mediated during FY 2010, 42% were adverse decisions (*medical necessity*) cases and 58% were coverage decisions (*contractual exclusion*) cases.
3. The HEAU mediation process resulted in the carrier overturning or modifying 68% of the adverse decision cases and 51% of the coverage decision cases.
4. In cases filed against carriers subject to MIA review, the HEAU mediation efforts resulted in carriers changing their decisions 68% of the time. For non-regulated plans, the HEAU efforts resulted in carriers changing their decisions 35% of the time.
5. In FY 2010, the HEAU assisted patients in recovering or saving more than \$1.2 million, over \$700,000 of which pertained to appeals and grievances cases. Since the Appeals and Grievances Law became effective in 1999, the HEAU has recovered or saved more than \$15 million on behalf of patients, over \$9 million of which pertain to appeals and grievances cases.

VII. Appendix

Carrier Data: Adverse Decisions and Grievances FY 2010

Carrier	Adverse Decisions		Grievances Filed and Outcome		
	Total Adverse Decisions	Admin. Reversed	Total Grievances	Upheld	Overturned /Modified
Aetna Dental Inc.	386	0	2	100%	0%
Aetna Health Inc.	401	13	57	54%	46%
Aetna Health Inc. (a Pennsylvania corporation)	305	14	29	86%	14%
Aetna Life Insurance Company	444	17	61	57%	43%
American National Life Insurance Company of Texas	0	0	1	100%	0%
American Republic Insurance Company	1	0	1	100%	0%
Ameritas Life Insurance Corp.	226	0	38	55%	45%
CareFirst BlueChoice, Inc.	6,434	2	1,336	31%	69%
CareFirst of Maryland, Inc.	3,748	0	442	32%	68%
CIGNA Dental Health of Maryland, Inc.	238	0	0	0%	0%
Cigna Dental Health of Maryland, Incorporated	292	0	0	0%	0%
Cigna Healthcare Mid-Atlantic, Incorporated	86	0	20	65%	35%
Companion Life Insurance Company	3	0	0	0%	0%

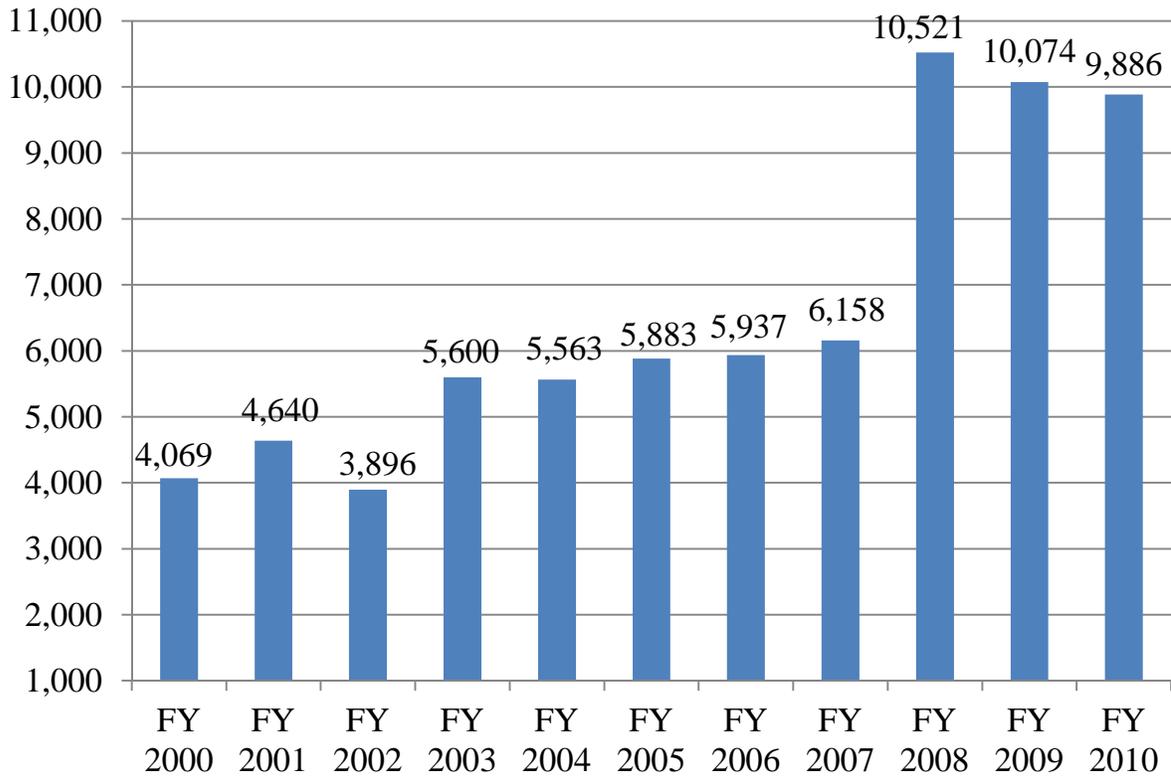
Carrier	Adverse Decisions		Grievances Filed and Outcome		
	Total Adverse Decisions	Admin. Reversed	Total Grievances	Upheld	Overtured /Modified
Connecticut General Life Insurance Company	469	1	125	55%	45%
Coventry Health Care of Delaware, Inc.	4,027	314	156	61%	39%
Dental Benefit Providers of Illinois, Inc.	2,868	0	2,253	32%	68%
Eastern Life and Health Insurance Company	2	0	0	0%	0%
Group Dental Service of Maryland, Inc.	30,306	0	430	35%	65%
Group Hospitalization and Medical Services, Inc.	6,020	1	674	30%	70%
Guardian Life Insurance Company of America	802	13	199	41%	59%
Humana Dental Insurance Company	8	0	5	40%	60%
John Alden Life Insurance Company	1	0	0	0%	0%
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	3,340	11	113	65%	35%
Kaiser Permanente Insurance Company	25	0	6	100%	0%
Lincoln National Life Insurance Company	10	0	0	0%	0%
Mamsi Life and Health Insurance Company	501	0	87	75%	25%

Carrier	Adverse Decisions		Grievances Filed and Outcome		
	Total Adverse Decisions	Admin. Reversed	Total Grievances	Upheld	Overtured /Modified
MD-Individual Practice Association, Inc.	58	0	63	86%	14%
Metropolitan Life Insurance Company	19,851	0	2,854	13%	87%
Nationwide Life Insurance Company	267	0	4	75%	25%
New York Life Insurance Company	2	1	0	0%	0%
Optimum Choice, Inc.	2,293	2	343	81%	19%
Pan-American Life Insurance Company	1,722	0	2	50%	50%
Prudential Insurance Company of America	5	4	5	20%	80%
Reliance Standard Life Insurance Company	53	0	10	60%	40%
Security Life Insurance Company of America	1	0	1	100%	0%
Standard Security Life Insurance Company of New York	1	0	8	88%	13%
Starnet Insurance Company	3	0	0	0%	0%
Time Insurance Company	12	0	3	33%	67%
Unicare Life & Health Insurance Company	201	0	54	43%	57%
Union Security Insurance Company	28	19	28	43%	57%

Carrier	Adverse Decisions		Grievances Filed and Outcome		
	Total Adverse Decisions	Admin. Reversed	Total Grievances	Upheld	Overtured /Modified
United Concordia Life and Health Insurance Company	333	0	128	27%	73%
United States Life Insurance Company In the City of New York	1	0	0	0%	0%
United Healthcare Insurance Company	961	0	242	67%	33%
United Healthcare of the Mid-Atlantic, Inc.	494	0	106	82%	18%
Total	87,229	412	9,886	32%	68%

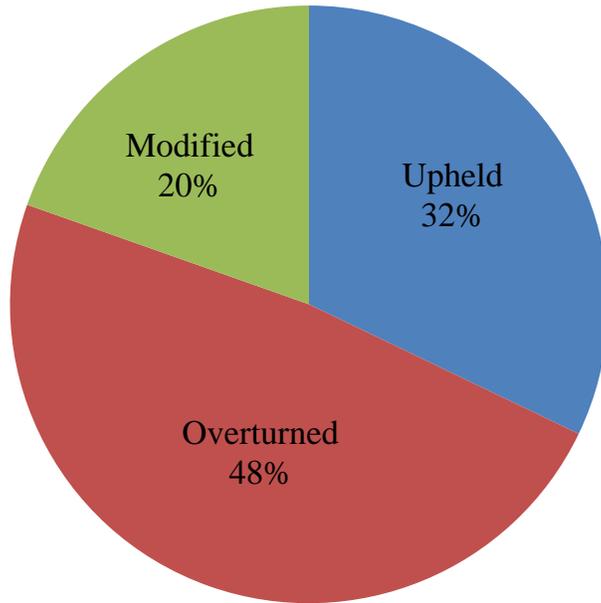
Carrier Data: Grievances Since 1999

The chart below shows the history of the number of grievances filed with carriers under the Appeals and Grievances Law since the first full year the HEAU collected data.



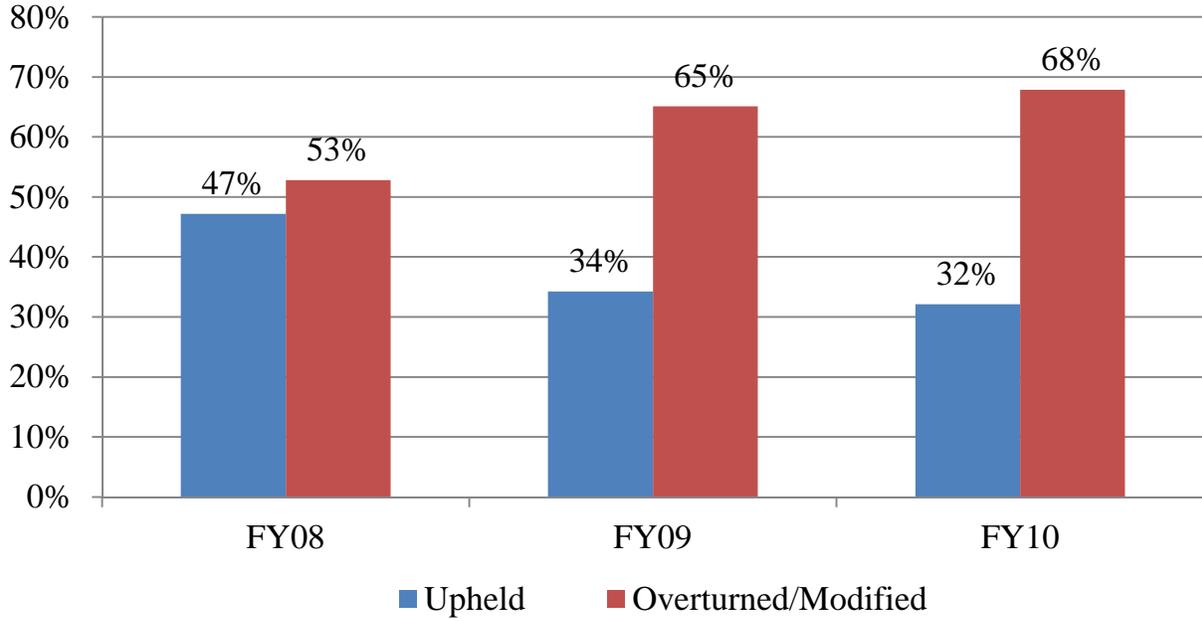
Carrier Data: Outcomes of Grievances FY 2010

The chart below describes the outcomes of the 9,886 internal grievances filed with carriers in FY 2010, as reported by the carriers.



Carrier Data: Three Year Comparison of Outcomes of Grievances

The chart below compares the year-to-year outcomes of grievances filed with carriers, as reported by the carriers.



Carrier Data: Type of Service Involved in Grievances FY 2010

Carriers must report the type of service involved in the internal grievances they receive. The table below details the type of service involved in internal grievances in FY 2010, as reported by carriers.

Type of Service	Adverse Decisions		Grievances	
Durable Medical Equipment	1,390	1.6%	45	0.5%
Emergency Room	1,215	1.4%	91	0.9%
Home Health	8,423	9.7%	126	1.3%
Inpatient Hospital	7,924	9.1%	2,749	27.8%
Laboratory, Radiology	2,468	2.8%	114	1.2%
Mental Health	1,240	1.4%	291	2.9%
Other*	145	0.2%	34	0.3%
Pharmacy	5,125	5.9%	179	1.8%
Physician	7,834	9.0%	355	3.6%
Podiatry, Dental, Optometry, Chiropractic	49,149	56.3%	5,817	58.8%
PT, OT, ST	2,172	2.5%	64	0.6%
Skilled Nursing Facility, Sub Acute Facility, Nursing Home	144	0.2%	21	0.2%
Total	87,229	100%	9,886	100%

*“Other” means cases where the Type of Service did not fit an existing category.

Carrier Data: Outcomes of Grievances by Type of Service FY 2010

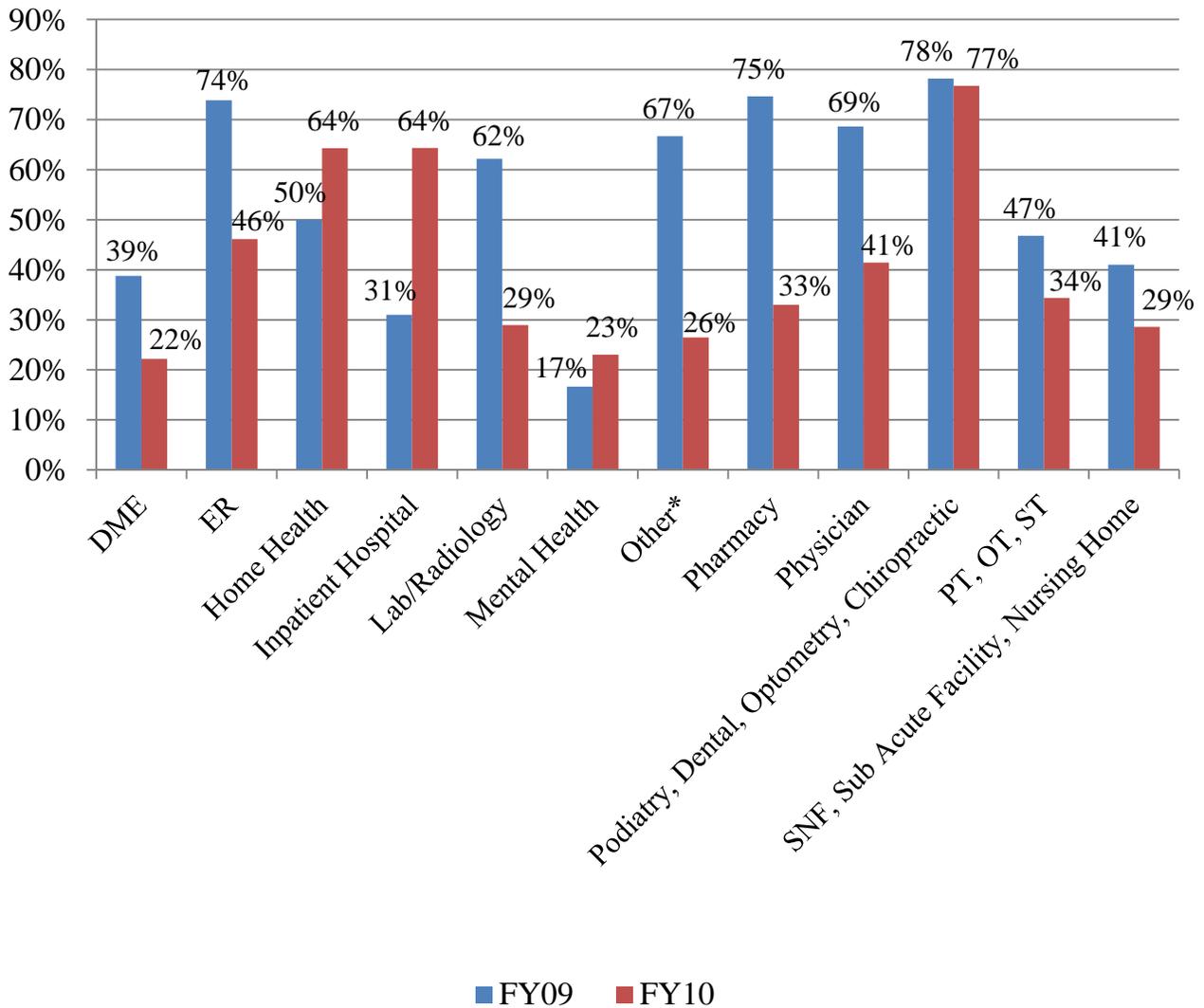
Carriers must identify the type of service involved in the internal grievances they receive and the outcomes of those grievances. The table below compares the variance in the outcomes of grievances based on the type of service being disputed in the grievance. The table below is based on carrier reported data. Overturned or modified cases have been combined to more clearly present the data. The carriers report mental health and substance abuse services together.

Type of Service	Total Grievances	Upheld	Overturned/ Modified
Durable Medical Equipment	45	78%	22%
Emergency Room	91	54%	46%
Home Health	126	36%	64%
Inpatient Hospital	2,749	36%	64%
Laboratory, Radiology	114	71%	29%
Mental Health	291	77%	23%
Other*	34	74%	26%
Pharmacy	179	67%	33%
Physician	355	59%	41%
Podiatry, Dental, Optometry, Chiropractic	5,817	23%	77%
PT, OT, ST	64	66%	34%
Skilled Nursing Facility, Sub Acute Facility, Nursing Home	21	71%	29%
Total	9,886	32%	68%

*“Other” means cases where the Type of Service did not fit an existing category.

Carrier Data: Two Year Comparison of Carrier Reversals of Grievances by Type of Service

The chart below compares the percentages of grievances carriers overturned or modified by type of service, comparing FY 2009 and FY 2010, all as reported by carriers. The carriers report mental health and substance abuse services together.

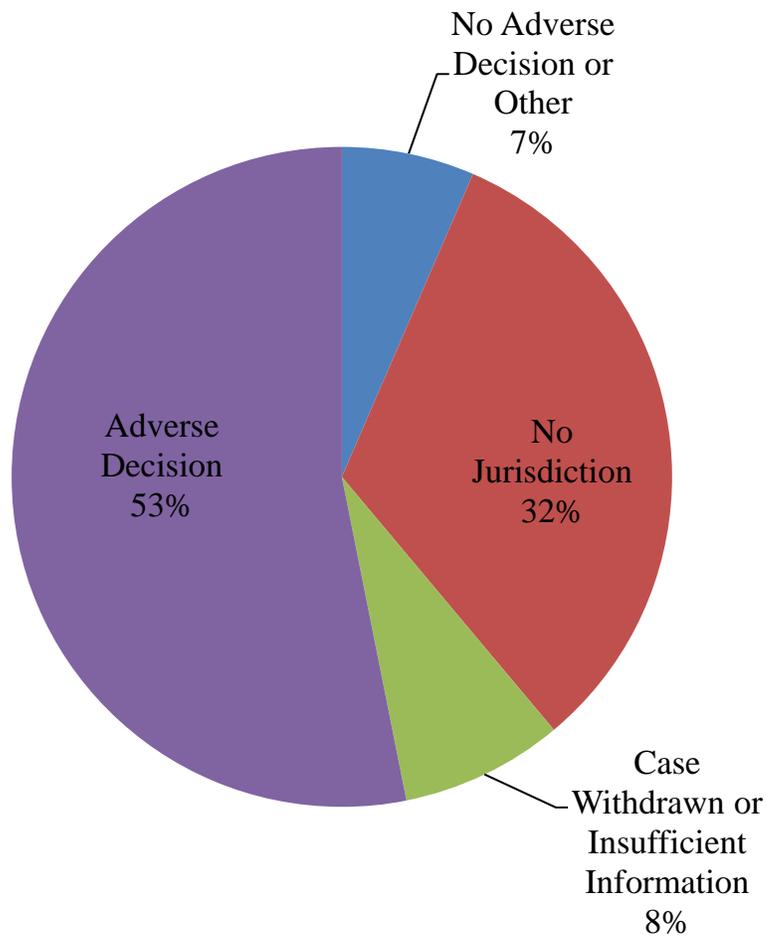


* “Other” means cases where the Type of Service did not fit an existing category.

MIA Data: Review of Complaints FY 2010

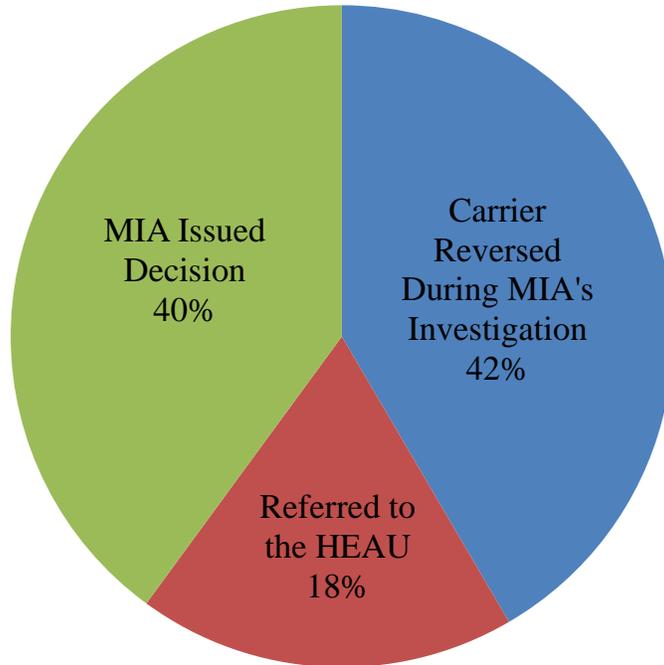
When the MIA Appeals and Grievances Unit receives a complaint, it reviews it to determine if the carrier is subject to State jurisdiction, if the complaint includes a dispute of an adverse decision, if the carrier’s internal grievance process has been exhausted, and if a statutory exemption to bypass the carrier’s internal grievance process applies. Moreover, some complaints to the MIA are withdrawn or there is not enough information to complete the review.

The chart below details the outcomes of the MIA’s review of the 815 complaints filed with the MIA during FY 2010.



MIA Data: Initial Disposition of Grievances FY 2010

During FY 2010, the MIA determined that 433 complaints challenged carrier adverse decisions that were subject to State jurisdiction. The MIA referred 80 cases to the HEAU where the patient had not exhausted the carrier's internal grievance process. The remaining 353 cases resulted in the carriers reversing their decisions or the MIA issuing a decision. The chart below details the initial disposition of the 433 grievances the MIA reviewed during FY 2010.



MIA Data: Grievance Complaints Listed by Carrier FY 2010

The table below details the outcomes of the 353 grievance complaints the MIA investigated during FY 2010. This data, as reported by the MIA, does not include “coverage decisions” (contractual exclusions).

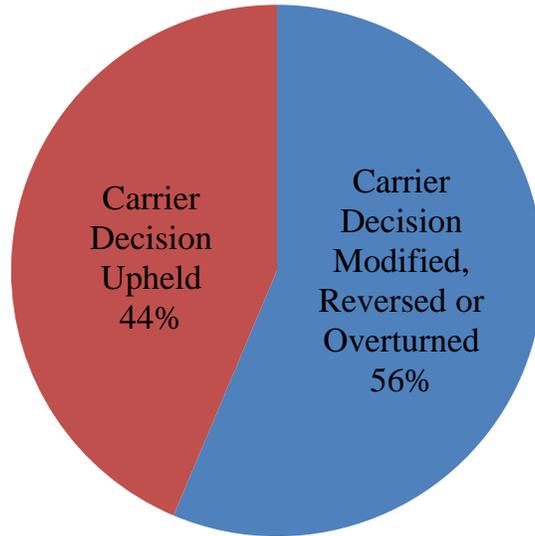
Carrier	Total Grievances	MIA Upheld Carrier		MIA Overturned Carrier		MIA Modified Carrier		Carrier Reversed Itself During Investigation	
		Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Aetna Health Inc.	10	1	10%	0	0%	1	10%	8	80%
Aetna Health Inc. (a Pennsylvania corp.)	1	1	100%	0	0%	0	0%	0	0%
Aetna Life Insurance Company	5	1	20%	0	0%	1	20%	3	60%
CareFirst BlueChoice, Inc.	62	25	40%	3	5%	1	2%	33	53%
CareFirst of Maryland, Inc.	21	10	48%	0	0%	1	5%	10	48%
Connecticut General Life Insurance Company	6	0	0%	0	0%	0	0%	6	100%
Coventry Health and Life Insurance Company	2	1	50%	0	0%	0	0%	1	50%
Coventry Health Care of Delaware, Inc.	42	19	45%	0	0%	3	7%	20	48%
Denex Dental	3	1	33%	0	0%	0	0%	2	67%
Group Dental Service of Maryland, Inc.	2	0	0%	0	0%	0	0%	2	100%
Group Hospitalization and Medical Services, Inc.	59	24	41%	2	3%	3	5%	30	51%

Carrier	Total Grievances	MIA Upheld Carrier		MIA Overturned Carrier		MIA Modified Carrier		Carrier Reversed Itself During Investigation	
Guardian Life Insurance Company of America	12	7	58%	0	0%	0	0%	5	42%
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.	12	9	75%	0	0%	0	0%	3	25%
Kaiser Permanente Insurance Company	2	1	50%	0	0%	0	0%	1	50%
Magellan Tristate CMC	1	0	0%	0	0%	0	0%	1	100%
Mamsi Life and Health Insurance Company	11	4	36%	0	0%	2	18%	5	45%
Maryland Health Insurance Plan (MHIP)	7	4	57%	0	0%	0	0%	3	43%
MD-Individual Practice Association, Inc.	8	7	88%	0	0%	1	13%	0	0%
Metropolitan Life Insurance Company	3	0	0%	0	0%	0	0%	3	100%
Optimum Choice, Inc.	35	19	54%	0	0%	0	0%	16	46%
Principal Life Insurance Company	1	0	0%	0	0%	0	0%	1	100%
Unicare Life and Health Insurance Company	1	1	100%	0	0%	0	0%	0	0%
United Behavioral Health	1	1	100%	0	0%	0	0%	0	0%

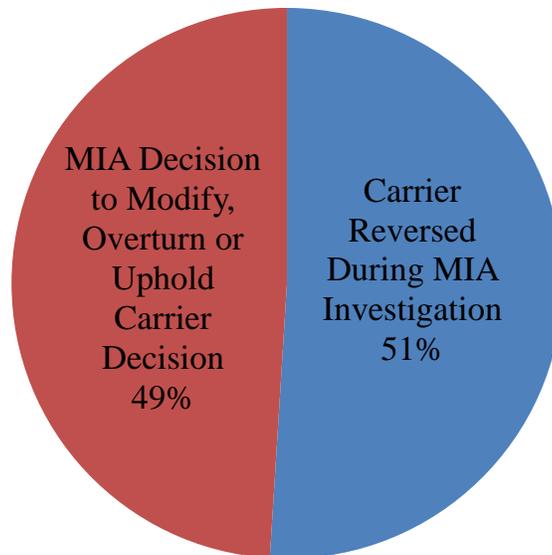
Carrier	Total Grievances	MIA Upheld Carrier		MIA Overturned Carrier		MIA Modified Carrier		Carrier Reversed Itself During Investigation	
United Concordia Companies, Inc.	3	2	67%	0	0%	0	0%	1	33%
United Concordia Dental Plans Mid-West	1	0	0%	0	0%	0	0%	1	100%
United Concordia Dental Plans, Inc.	2	1	50%	0	0%	0	0%	1	50%
United Concordia Life and Health Insurance Company	2	1	50%	0	0%	1	50%	0	0%
United Healthcare of the Mid-Atlantic, Inc.	8	2	25%	0	0%	0	0%	6	75%
United Healthcare Insurance Company	30	12	40%	0	0%	0	0%	18	60%
TOTAL	353	154	44%	5	1%	14	4%	180	51%

MIA Data: Disposition of Grievances following MIA Investigation FY 2010

The chart below reflects the overall outcomes of the 353 grievances the MIA investigated.

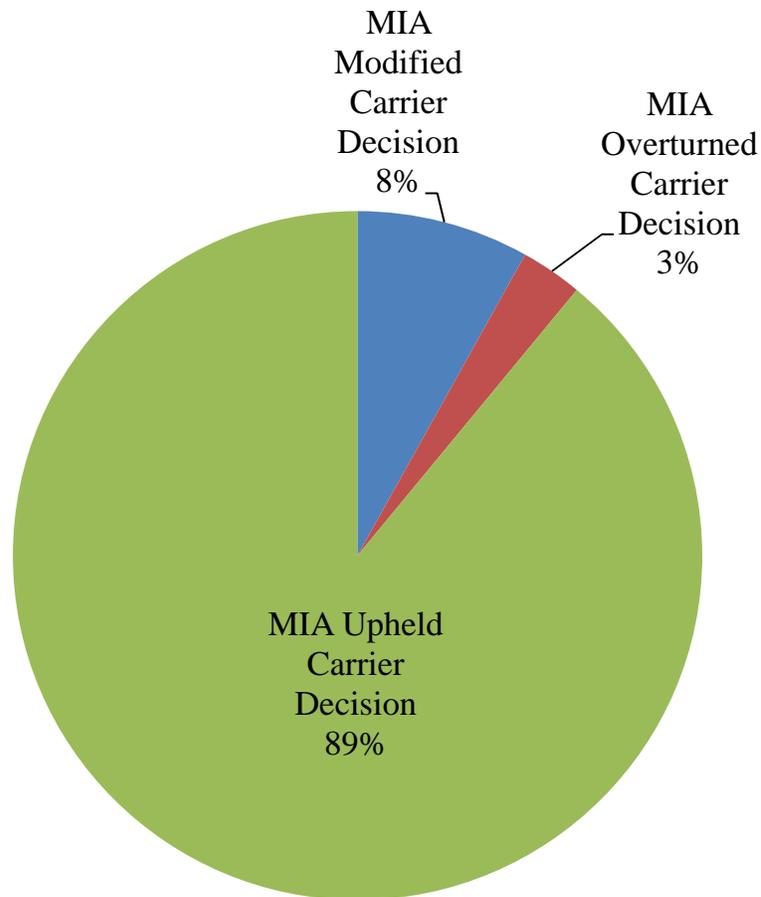


The chart below reflects the percentages of cases reversed by the carrier during the investigative process and those cases that resulted in an MIA decision.



MIA Data: Disposition of Grievances following MIA Investigation FY 2010

The chart below describes the outcomes of those cases in which the MIA issued a grievance related decision.



MIA Data: Type of Service Involved in, and Outcomes of, Grievances FY 2010

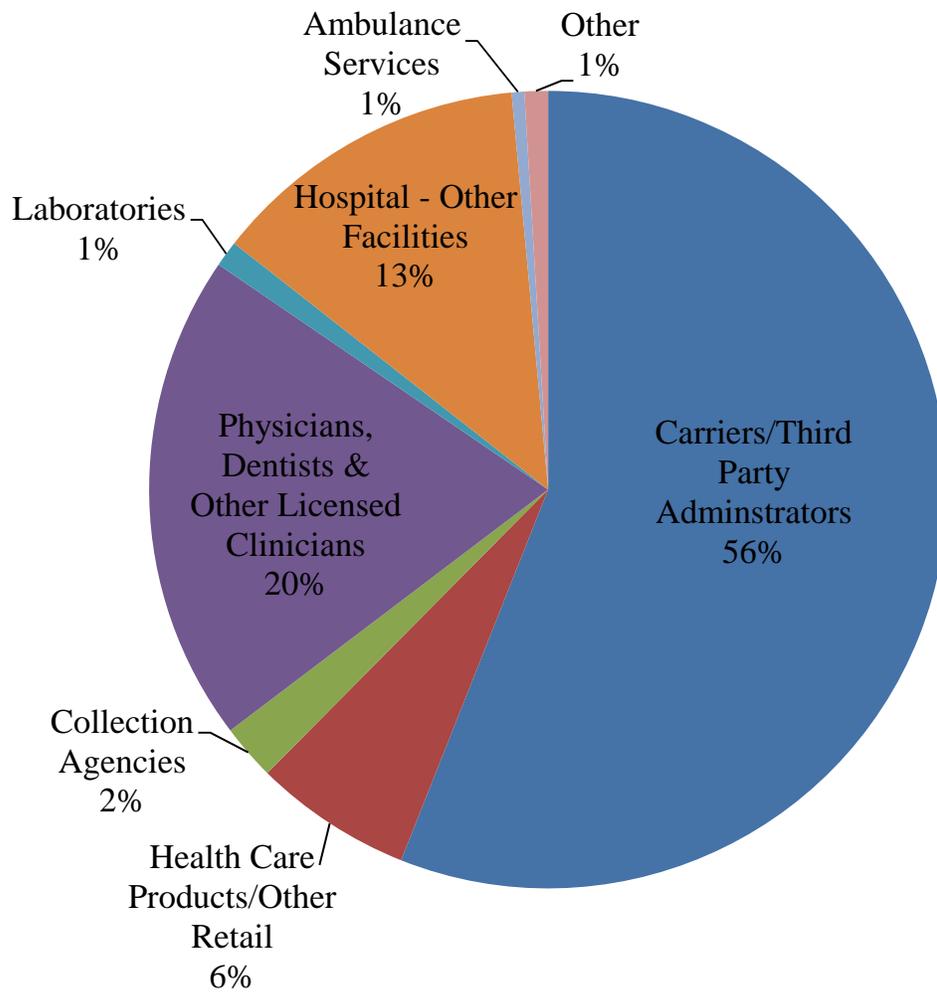
The table below identifies the type of service involved in grievances the MIA investigated during FY 2010 and how the outcomes vary based on the type of service involved in the grievances.

Type of Service	Total Grievances		MIA Upheld Carrier	MIA Overturned Carrier	MIA Modified Carrier	Carrier Reversed Itself During Investigation
Chiropractic Care Services	1	0.3%	100.0%	0.0%	0.0%	0.0%
Clinical Trial	1	0.3%	100.0%	0.0%	0.0%	0.0%
Cosmetic	7	2.0%	57.1%	0.0%	14.3%	28.6%
Delays	1	0.3%	0.0%	0.0%	0.0%	100.0%
Denial of Hospital Days	71	20.1%	67.6%	0.0%	4.2%	28.2%
Dental Care Services	32	9.1%	34.4%	0.0%	9.4%	56.3%
Durable Medical Equipment	5	1.4%	60.0%	0.0%	0.0%	40.0%
Emergency Room Denial	6	1.7%	16.7%	0.0%	16.7%	66.7%
Experimental	37	10.5%	40.5%	0.0%	0.0%	59.5%
Eye Care Services	1	0.3%	100.0%	0.0%	0.0%	0.0%
Home Care Services	1	0.3%	100.0%	0.0%	0.0%	0.0%
In-Patient Rehabilitation Services	1	0.3%	0.0%	0.0%	0.0%	100.0%
Lab, Imaging, Test Services	17	4.8%	23.5%	0.0%	0.0%	76.5%
Mental Health Partial Hospitalization	3	0.8%	33.3%	0.0%	0.0%	66.7%

Type of Service	Total Grievances		MIA Upheld Carrier	MIA Overturned Carrier	MIA Modified Carrier	Carrier Reversed Itself During Investigation
Mental Health/Substance Abuse (Inpatient) Services	36	10.2%	36.1%	0.0%	11.1%	52.8%
Mental Health/Substance Abuse (Outpatient) Services	4	1.1%	25.0%	0.0%	0.0%	75.0%
Morbid Obesity	2	0.6%	50.0%	0.0%	0.0%	50.0%
Out-of-Network Benefits	1	0.3%	100.0%	0.0%	0.0%	0.0%
PCP Referrals	2	0.6%	50.0%	0.0%	0.0%	50.0%
Pharmacy Services/Formulary Issues	73	20.7%	27.4%	6.8%	1.4%	64.4%
Physician Services	39	11.0%	53.8%	0.0%	0.0%	46.2%
Podiatry Services	1	0.3%	0.0%	0.0%	0.0%	100.0%
PT, OT, ST Services	8	2.3%	50.0%	0.0%	12.5%	37.5%
Skilled Nursing Facility Care Services	1	0.3%	0.0%	0.0%	0.0%	100.0%
Transportation Services	2	0.6%	50.0%	0.0%	0.0%	50.0%
Total Service	353	100%	43.6%	1.4%	4.0%	51.0%

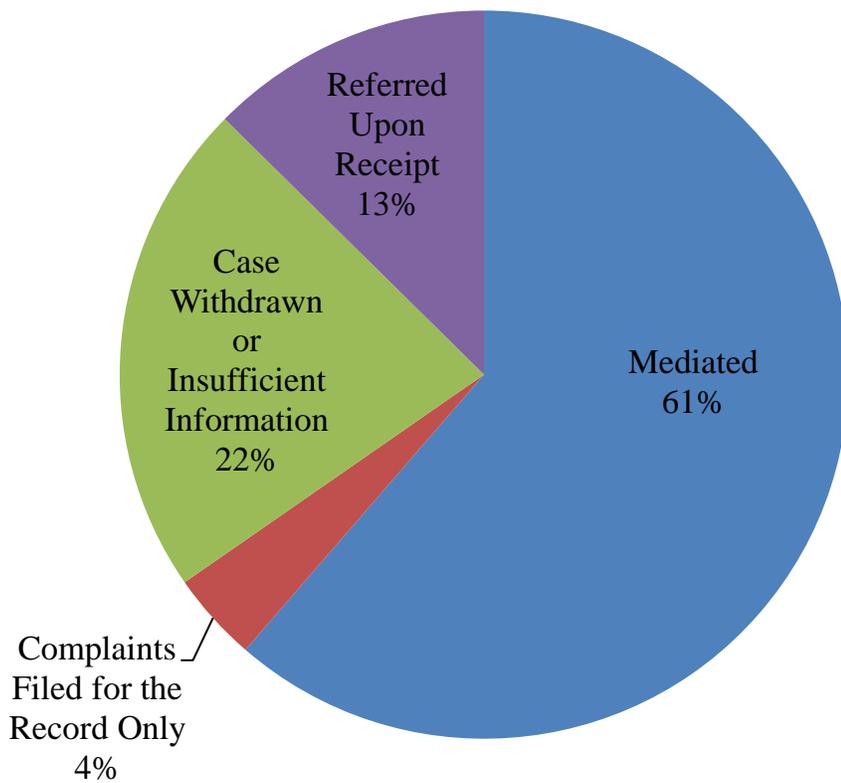
HEAU Data: Who Complaints Were Filed Against FY 2010

The HEAU mediates several types of patient disputes with health care providers and health insurance carriers. Most complaints involve provider billing or insurance coverage issues, but the HEAU cases also involve helping patients obtain copies of their medical records, mediating disputes related to sales and service problems with health care products and assisting patients with various other problems encountered in the healthcare marketplace. The chart below shows the types of industries involved in the 1,936 cases the HEAU closed during FY 2010. Some cases are filed against more than one industry.



HEAU Data: Initial Disposition of Appeals and Grievances Complaints FY 2010

The HEAU does not mediate all of the appeals and grievances complaints filed. Many consumers, or other persons, file complaints but an authorization to release medical records form, which the HEAU requires to mediate the case, is never completed. Other complaints are filed for the record only or are referred to another more applicable agency. The chart below details the initial disposition of the appeals and grievances cases closed by the HEAU during FY 2010.



HEAU Data: Mediated Appeals and Grievances Cases by Carrier and Disposition FY 2010

The table below identifies the names of the carriers and the outcomes of the appeals and grievances cases mediated and closed by the HEAU during FY 2010.

Carrier	Total Cases	Upheld		Overtured/ Modified	
Aetna US Healthcare					
State Regulated	14	4	29%	10	71%
Not State Regulated	19	16	84%	3	16%
Total Complaints:	33	20	61%	13	39%
Anthem Blue Cross and Blue Shield National 4A					
Not State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Anthem Blue Cross Blue Shield					
Not State Regulated	3	1	33%	2	67%
Total Complaints:	3	1	33%	2	67%
Anthem Blue Cross Blue Shield PPO					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Assurant Health					
State Regulated	3	2	67%	1	33%
Total Complaints:	3	2	67%	1	33%
Blue Cross Blue Shield - Florida					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Blue Cross Blue Shield of Illinois					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Blue Cross Blue Shield of Maryland					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Capital BlueCross					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%

Carrier	Total Cases	Upheld		Overturned/ Modified	
CareFirst					
State Regulated	82	27	33%	55	67%
Not State Regulated	28	16	57%	12	43%
Total Complaints:	110	43	39%	67	61%
CareFirst BlueChoice					
State Regulated	36	11	31%	25	69%
Not State Regulated	3	3	100%	0	0%
Total Complaints:	39	14	36%	25	64%
CIGNA					
State Regulated	5	2	40%	3	60%
Not State Regulated	6	3	50%	3	50%
Total Complaints:	11	5	45%	6	55%
Cinergy Health Insurance					
State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Connecticut General Life Insurance Company					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
CoreSource, A Trustmark Company					
Not State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Coventry Health Care					
State Regulated	7	5	71%	2	29%
Not State Regulated	1	0	0%	1	100%
Total Complaints:	8	5	63%	3	38%
Delta Dental of Pennsylvania					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Eastern Life & Health					
State Regulated	1	0	0%	1	100%
Not State Regulated	1	1	100%	0	0%
Total Complaints:	2	1	50%	1	50%
Evercare					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%

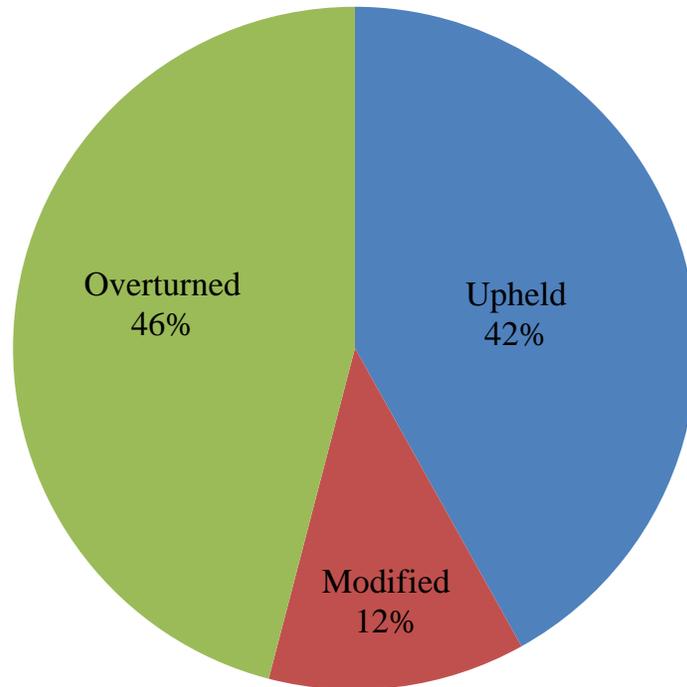
Carrier	Total Cases	Upheld		Overturned/ Modified	
Golden Rule Insurance					
State Regulated	2	1	50%	1	50%
Total Complaints:	2	1	50%	1	50%
Government Employees Hospital Association (GEHA)					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Graphic Arts Benefit Corporation					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Great West Life & Annuity Insurance Company					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
Group Dental Service of Maryland					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Guarantee Trust Life Insurance Company					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Guardian Life Insurance Company of America					
State Regulated	2	1	50%	1	50%
Not State Regulated	2	1	50%	1	50%
Total Complaints:	4	2	50%	2	50%
HealthSpring					
Not State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Highmark Medicare Services					
Not State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Johns Hopkins Healthcare, LLC					
Not State Regulated	2	1	50%	1	50%
Total Complaints:	2	1	50%	1	50%

Carrier	Total Cases	Upheld		Overturned/ Modified	
Kaiser Permanente					
State Regulated	10	3	30%	7	70%
Not State Regulated	2	2	100%	0	0%
Total Complaints:	12	5	42%	7	58%
Lincoln Financial Group					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Magellan Behavioral Health					
State Regulated	1	0	0%	1	100%
Not State Regulated	1	0	0%	1	100%
Total Complaints:	2	0	0%	2	100%
MAMSI Life & Health Insurance Company					
State Regulated	1	0	0%	1	100%
Not State Regulated	2	1	50%	1	50%
Total Complaints:	3	1	33%	2	67%
Maryland Health Insurance Plan (MHIP)					
State Regulated	6	1	17%	5	83%
Total Complaints:	6	1	17%	5	83%
MDIPA					
State Regulated	2	1	50%	1	50%
Not State Regulated	4	2	50%	2	50%
Total Complaints:	6	3	50%	3	50%
Medco Health Solutions, Inc.					
State Regulated	2	0	0%	2	100%
Not State Regulated	1	1	100%	0	0%
Total Complaints:	3	1	33%	2	67%
Medicaid					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
MetLife					
State Regulated	28	2	7%	26	93%
Not State Regulated	3	2	67%	1	33%
Total Complaints:	31	4	13%	27	87%

Carrier	Total Cases	Upheld		Overturned/ Modified	
NCAS					
Not State Regulated	2	1	50%	1	50%
Total Complaints:	2	1	50%	1	50%
Optimum Choice					
State Regulated	9	6	67%	3	33%
Not State Regulated	2	2	100%	0	0%
Total Complaints:	11	8	73%	3	27%
Principal Financial Group					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
Priority Partners Managed Care organization					
State Regulated	1	0	0%	1	100%
Total Complaints:	1	0	0%	1	100%
The Dental Network					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
The Loomis Company					
Not State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
The Mega Life & Health Insurance Company					
State Regulated	1	1	100%	0	0%
Total Complaints:	1	1	100%	0	0%
United Concordia Companies, Inc.					
State Regulated	13	6	46%	7	54%
Not State Regulated	9	4	44%	5	56%
Total Complaints:	22	10	45%	12	55%
United Healthcare					
State Regulated	25	9	36%	16	64%
Not State Regulated	5	4	80%	1	20%
Total Complaints:	30	13	43%	17	57%
Totals:					
State Regulated	259	83	32%	176	68%
Not State Regulated	111	72	65%	39	35%
Total Complaints:	370	155	42%	215	58%

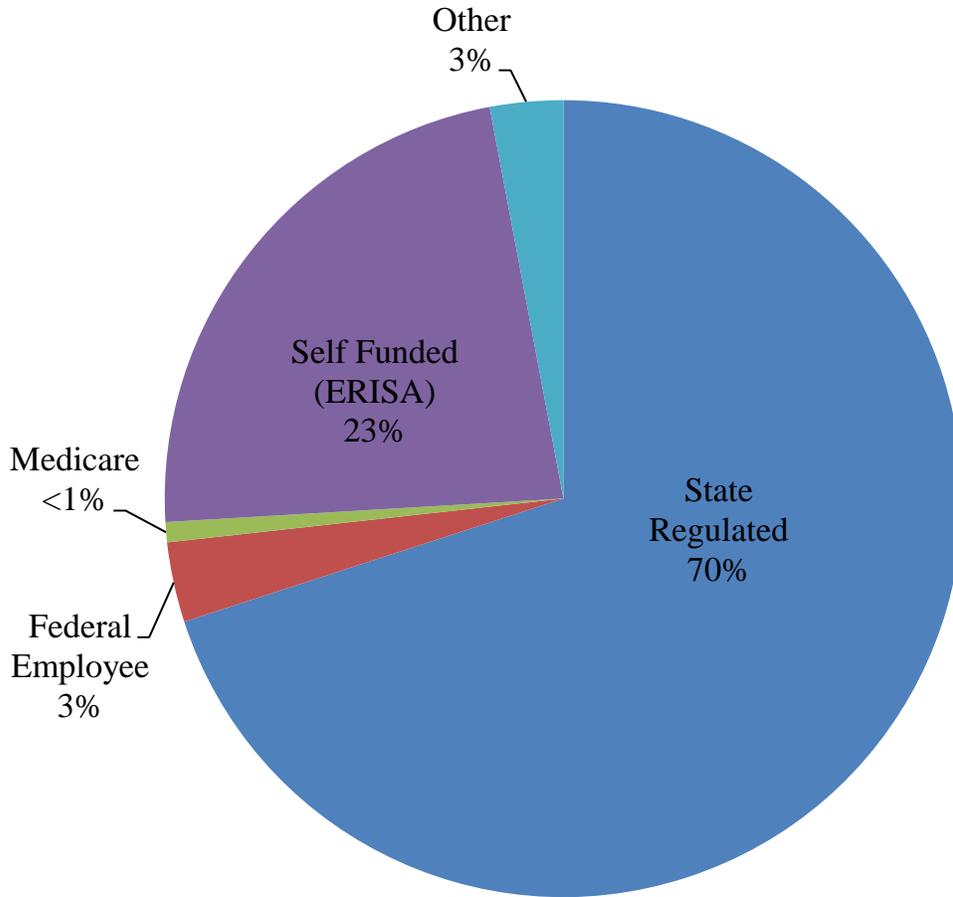
HEAU Data: Disposition of HEAU Mediated Cases FY 2010

Carriers may uphold, overturn, or modify HEAU-mediated cases during the internal grievance process. The chart below identifies the outcomes of the HEAU-mediated appeals and grievances cases that were closed during FY 2010.



HEAU Data: Types of Carriers in HEAU Mediated Appeals and Grievances Cases FY 2010

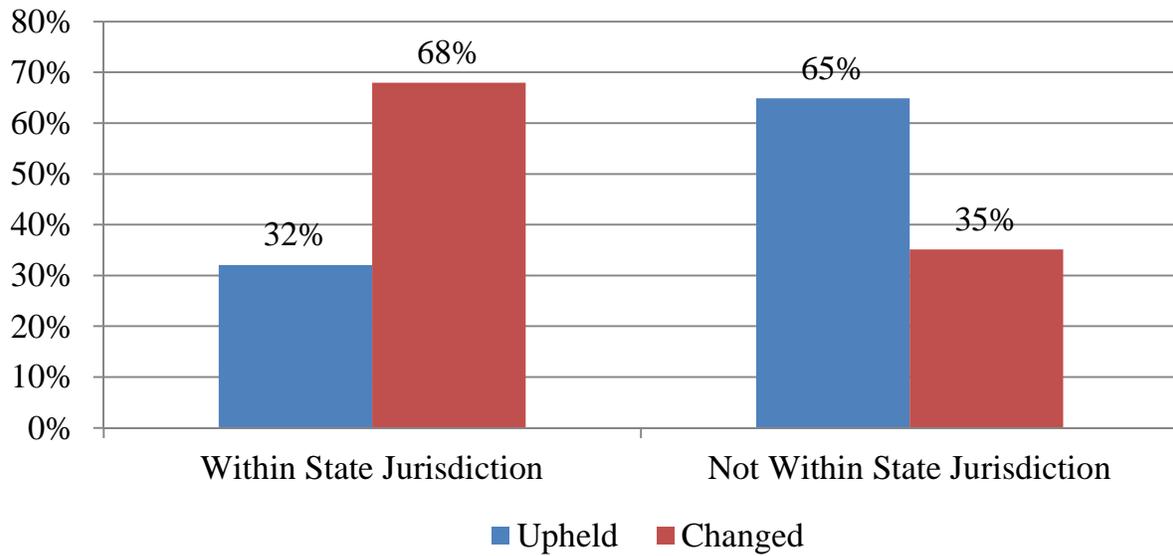
The chart below identifies the types of carriers involved in the appeals and grievances cases the HEAU mediated and closed during FY 2010.



HEAU Data: Outcomes of Mediated Appeals and Grievances Cases Based on MIA Regulatory Authority FY 2010

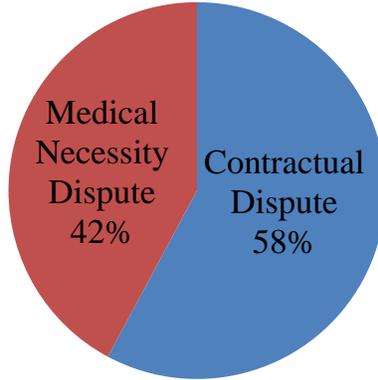
The chart below reflects the outcomes of the appeals and grievances cases the HEAU mediated and closed during FY 2010 in relation to the MIA’s regulatory authority over the carrier.

Carriers “Not Within State Jurisdiction” may include, Medicare, Medicaid (Medical Assistance), self-funded plans, federal employee plans, and out-of-state plans.



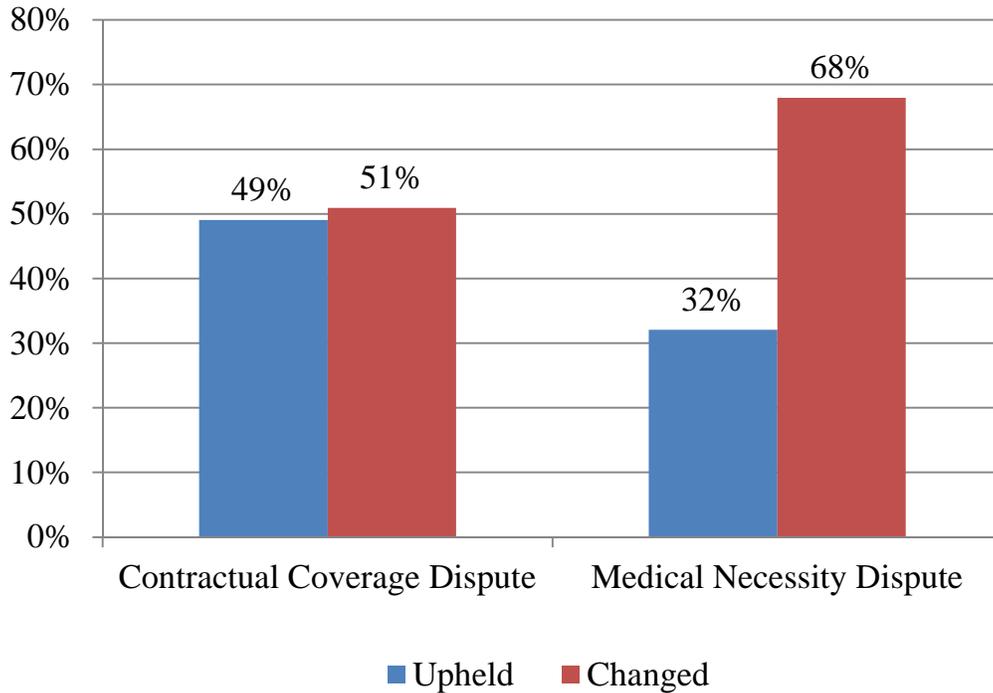
HEAU Data: Type of Decision Issued FY 2010

The HEAU reports data on both medical necessity denials and contractual coverage disputes. The chart below identifies the percentages of each type of case the HEAU mediated and closed during FY 2010.



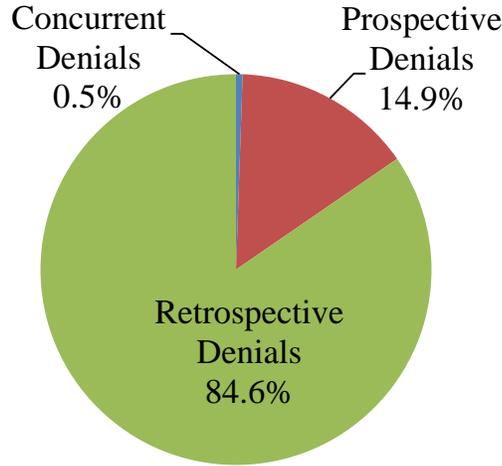
HEAU Data: Outcomes of Cases by Type of Decision Issued FY 2010

The chart below compares the outcomes of medical necessity and contractual coverage disputes that the HEAU mediated and closed during FY 2010.



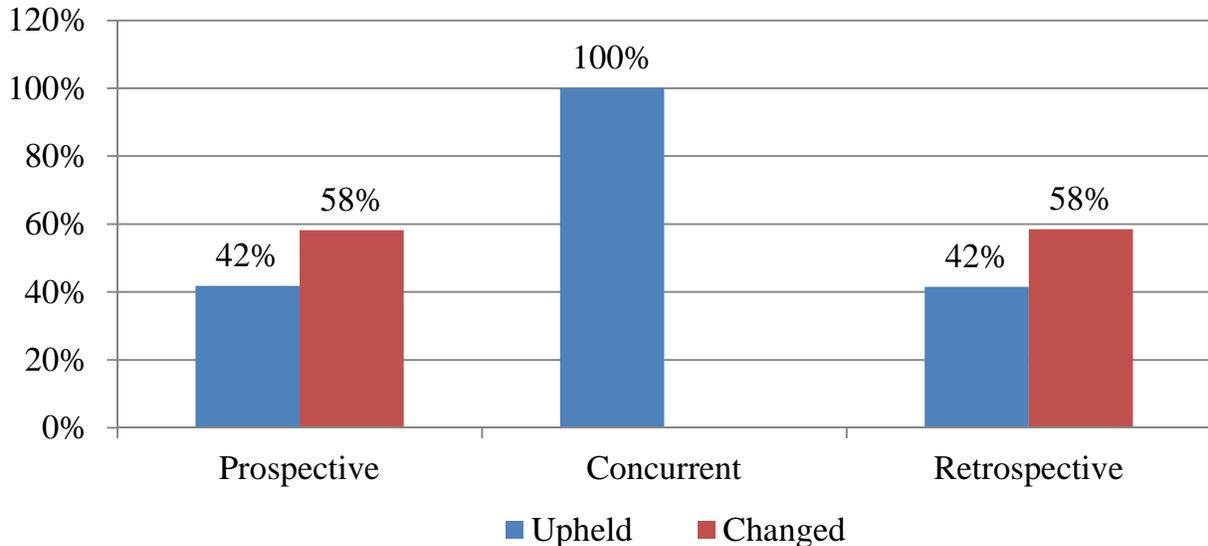
HEAU Data: Timing of Carrier Decision FY 2010

Carriers can deny coverage prior to a provider rendering a service (prospective), while a provider renders a service (concurrent), or after a provider renders a service (retrospective). The chart below identifies the percentages of the timing of carrier denials for each type of appeals and grievances case the HEAU mediated and closed during FY 2010.



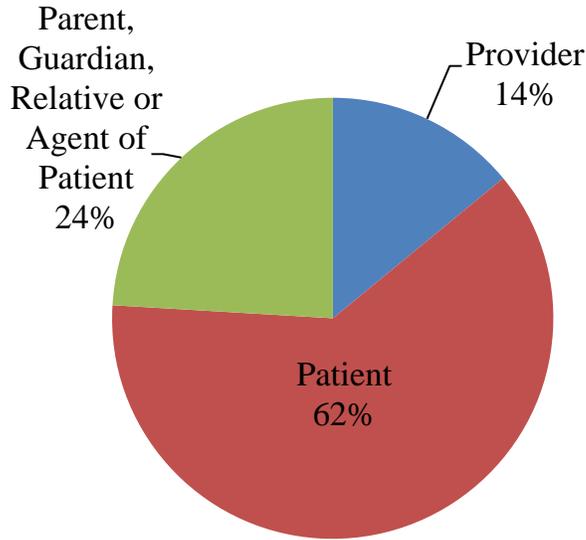
HEAU Data: Outcomes of Cases Based on Timing of Carrier Decision FY 2010

The chart below compares the outcomes of the denials that the HEAU mediated and closed during FY 2010 based on the timing of the decision.



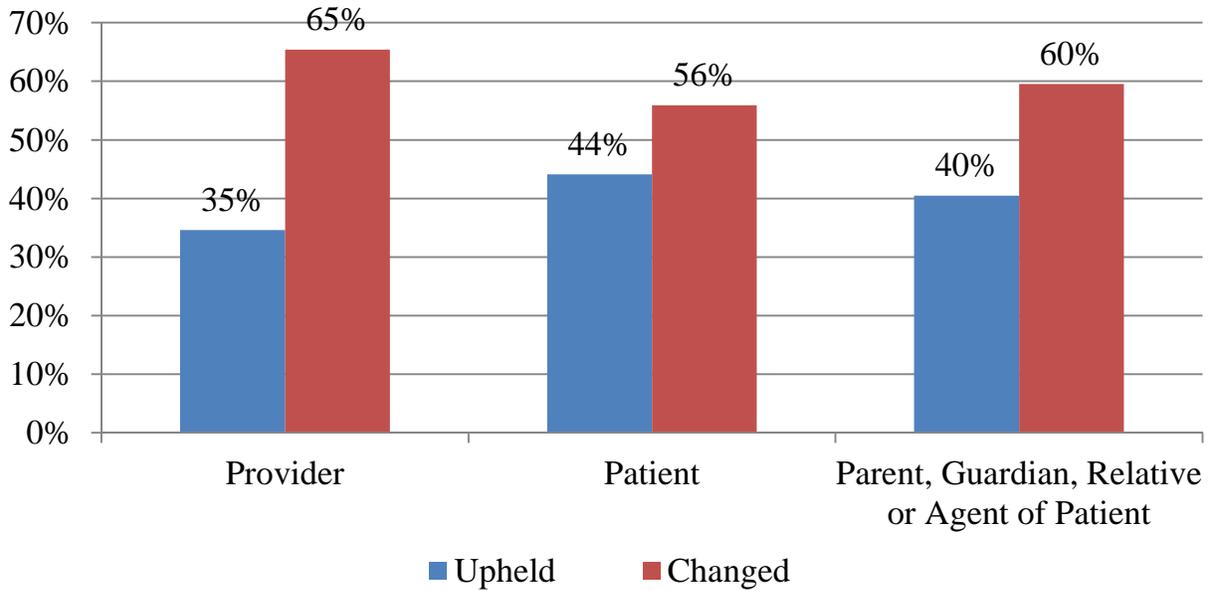
HEAU Data: Who Filed Cases with the HEAU FY 2010

Complaints may be filed by patients or filed on behalf of patients by providers, parents, relatives, or agents. The chart below indicates who filed mediated appeals and grievances cases the HEAU closed during FY 2010.



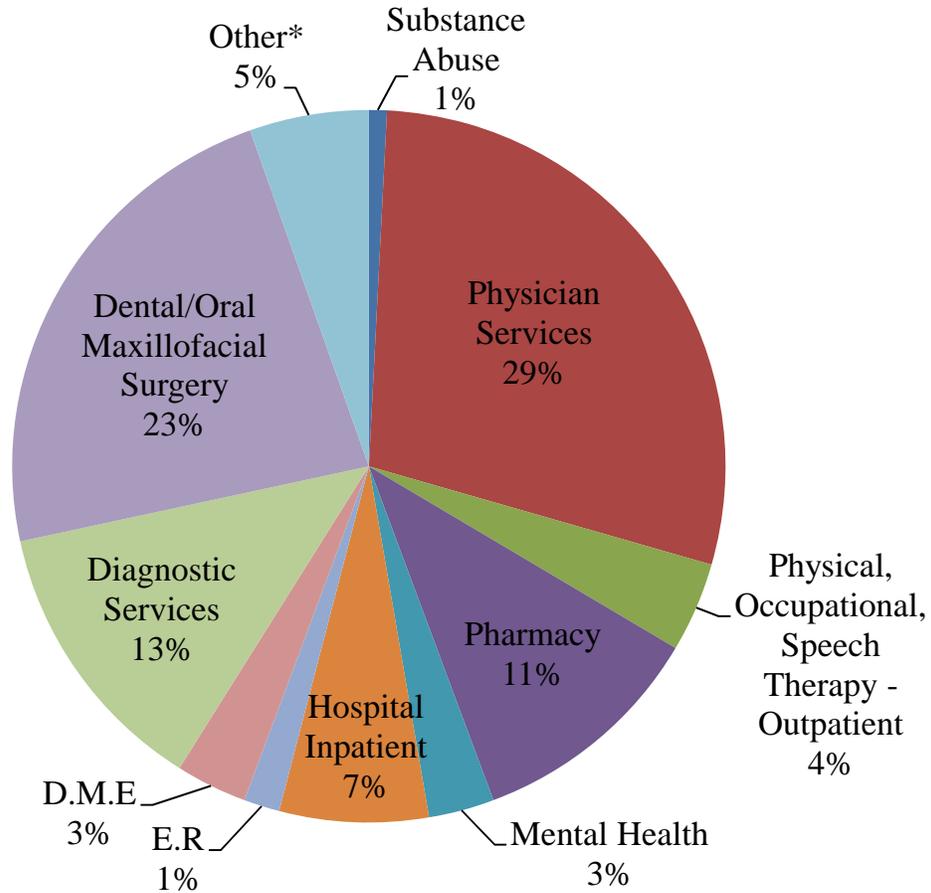
HEAU Data: Outcomes of Cases Based on Who Filed the Cases FY 2010

The chart below reflects the outcomes, in relation to who filed the complaint, of the appeals and grievances cases the HEAU mediated and closed during FY 2010.



HEAU Data: Type of Service Denied FY 2010

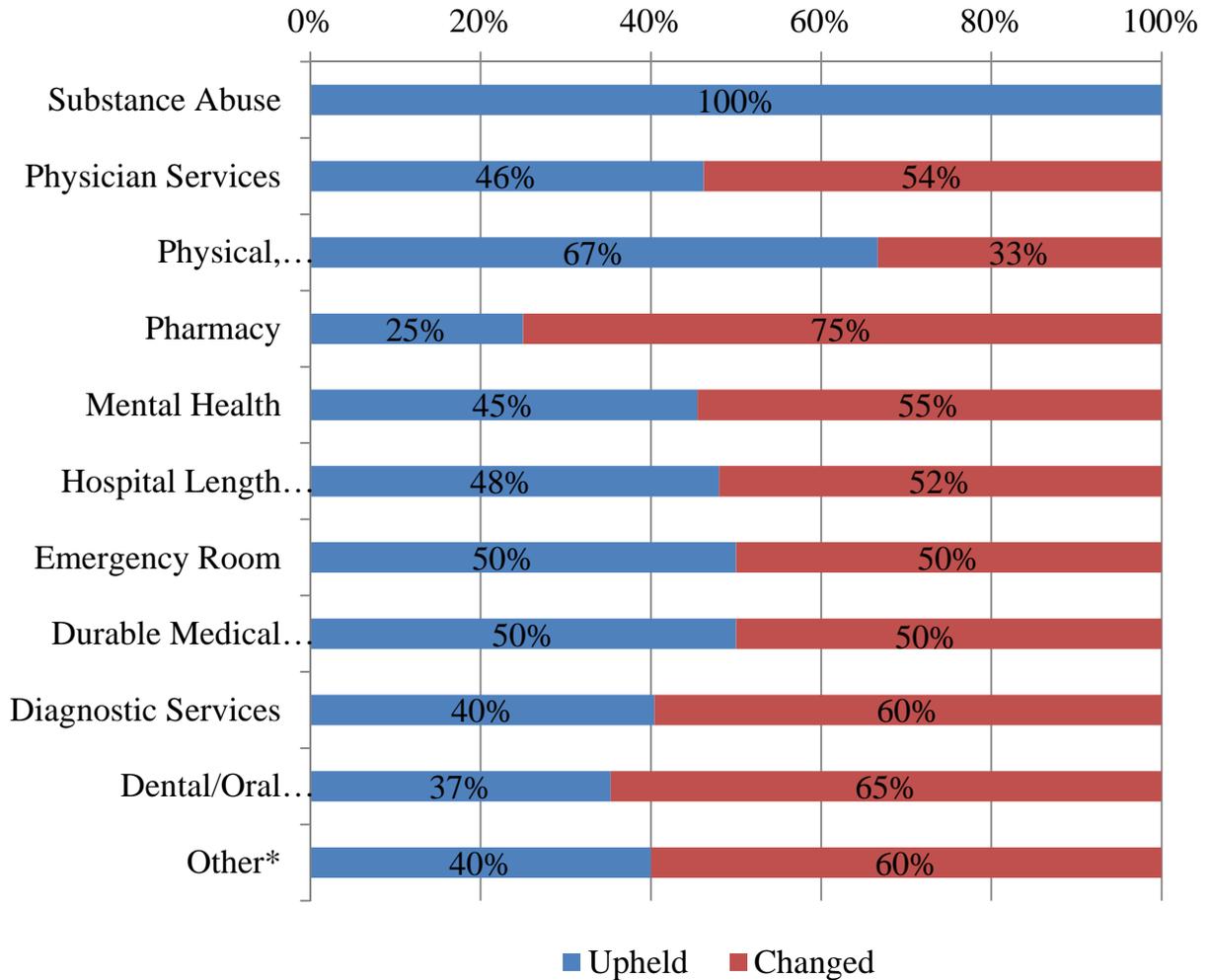
The chart below identifies the types of services involved in the appeals and grievances cases the HEAU mediated and closed during FY 2010.



* "Other" includes acupuncture, habilitative services, podiatry, optometry, products and supplements, home health, skilled nursing facility, transport, inpatient physical rehabilitation-sub-acute stay, and chiropractic.

HEAU Data: Outcomes of Cases Based on Type of Service Denied FY 2010

The chart below compares the outcomes of the appeals and grievances cases the HEAU mediated and closed during FY 2010 based on the type of the service denied.



* “Other” includes acupuncture, habilitative services, podiatry, optometry, products and supplements, home health, skilled nursing facility, transport, inpatient physical rehabilitation-sub-acute stay, and chiropractic.