



Department of  
Insurance

### **The Patient Protection Act Report for the Year 2007**

Ohio's "Patient Protection Act of 1999", House Bill 4 (the "Act"), provides Ohio consumers with the opportunity to request an independent, external review for denial, reduction, or termination by their health carrier of certain health care services. Based on the reason for denial, the Act requires health carriers to provide either an external clinical peer review by an accredited Independent Review Organization (IRO) or a contractual review by the Ohio Department of Insurance.

The Act also directs the Department of Insurance to compile and annually publish information regarding independent external review outcomes. This is the seventh annual report, summarizing the data the Ohio Department of Insurance has collected regarding external reviews conducted between January 1, 2007 and December 31, 2007.

## **Executive Summary of Patient Protection Act Outcomes**

### ***Medical Peer Reviews by Independent Review Organizations (IRO)***

Health plan members, or a health care provider on behalf of the plan member, may request IRO review of health care services exceeding \$500, that are denied through a health carrier's internal appeal process, where the denial is based on medical necessity or a determination that the service is experimental or investigative.

During 2007, 143 cases, involving benefit determinations of approximately \$1.5 million, were submitted for IRO review to determine the appropriateness of a health carrier's denial of services. Only two expedited reviews, requiring a seven-day maximum review period, were requested.

In 40% of those cases, benefit denials were reversed by the IRO, saving Ohio health plan members over \$510,000, or nearly 35% of all benefit dollars reviewed.

### ***Contractual Reviews by the Ohio Department of Insurance (ODI)***

When a health carrier's internal appeal process results in denial, reduction, or termination of a health care service as not being covered under the health contract, an external contractual review may be requested from ODI.

During 2007, 160 cases were submitted to ODI for contractual review, with 7 of those cases resulting in reversal of previously denied benefits. ODI subsequently referred 26 of the 160 cases to an IRO for review of a medical issue and 9 of those cases were reversed.

ODI reversals of contractual health insurer denials recovered almost \$40,000 in additional benefits for Ohio consumers. Of the total reversals due to IRO decisions, over \$350,600 were from cases referred by ODI for IRO review.

### ***Medical Specialty and Type of Service***

In 2007, over 45% of the IRO reviews completed were for health care services related to the medical specialties of psychiatry (including addiction), hematology/oncology, orthopedics, plastic surgery, and emergency medicine.

IRO reversals for surgery and hospitalization totaled over \$300,800 and reversals for drugs and testing totaled over \$199,000. These four health care services accounted for approximately 98% of benefit denials that were reversed in IRO decisions.

### ***Total Benefits to Consumers Since Enactment***

Since the enactment of the Patient Protection Act in 1999, 3,395 cases have been reviewed by ODI and/or IROs, recovering more than \$9.5 million in previously denied health care services for Ohio consumers.

## **Overview of the Patient Protection Act**

The Act applies to health benefit plans provided by:

- Traditional Health Insurers (ORC 3923.66-70);
- Preferred Provider Organizations (PPOs) (ORC 3923.66-70);
- Health Maintenance Organizations (HMOs/HICs) (ORC 1751.83-88); and
- Public Employee Health Benefit Plans (PEHBP) (ORC 3923.75-79).

The Act requires health carriers to create an internal appeals process providing health plan members with the opportunity to challenge the denial of a health care service. In addition, health care services that are denied through a health carrier's internal appeals process, and that meet statutorily specified criteria, qualify for external review. Upon request by a health plan member, or a health care provider on behalf of a health plan member, an external review is required to be completed within thirty days, at no additional cost to the health plan member. An expedited review is required to be completed within seven days for conditions that could, in the absence of immediate medical attention, result in:

- Placing the health of the plan member or, with respect to a pregnant woman, the health of the plan member or the unborn child, in serious jeopardy;
- Serious impairment of bodily function; or
- Serious dysfunction of any bodily organ or part.

The Act provides that clinical peer review of medical denials be conducted by IROs that have been accredited by ODI. Denials based on whether a health care service is covered under a health plan contract are reviewed by ODI. Subject to the other terms, limitations, and conditions of the health plan contract, a health carrier is required to provide coverage for any health care services that are determined by an IRO decision to be medically necessary or not experimental/investigative, or that are determined by ODI to be covered services under the contract.

The Act (ORC 3901.82) directs ODI to compile information about external review outcomes and to publish and provide a report of that information annually to:

- The Governor;
- The speaker and minority leader of the Ohio House of Representatives;
- The president and minority leader of the Ohio Senate; and
- The chairs and ranking minority members of the House and Senate committees with jurisdiction over health and insurance issues.

## Discussion of Review Outcomes

### *External Reviews by Internal Review Organizations*

An analysis of the data over the most recent 12-month period (January 1, 2007 to December 31, 2007) shows that IRO reviews involved benefit determinations amounting to approximately \$1.5 million. IRO decisions reversing claim denials saved plan members approximately \$510,050. The top six cases in which company decisions were reversed involved benefit determinations that exceeded \$315,577.

**Based on the amount of benefits paid, the top six cases reversed through the IRO external review process during this reporting period were:**

<b>CASE DESCRIPTION</b>	<b>SERVICES REQUESTED</b>	<b>TOTAL BENEFIT \$'s PAID (Reversed)</b>
Bulimia Nervosa & Anorexia (2 cases)	In-patient Hospitalization (both)	\$ 138,000 \$33,257
Idiopathic Short Stature	Nutropin AQ 1.4mg injected 6x per week	\$ 151,320
Lumbosacral Disc Disease	Laser Spine Surgery	\$ 30,000
Morbid Obesity	Gastric Bypass	\$ 20,000
Refractory B-Cell CLL Resolution	Clinical trial 17-AAG, testing pre, during tx & post tx	\$ 20,000

### ***Number of IRO Reviews Conducted / Outcomes***

For the reporting period of January 1, 2007 to December 31, 2007, 143 reviews were assigned to IROs to determine the appropriateness of a health carrier's denial of services based on medical necessity or experimental/investigative treatment.

Standard reviews, permitting a 30-day maximum review period, were requested in 141 of the cases. The IROs reversed benefit coverage denials in 57 standard reviews (40%) and affirmed the health carrier's denial in the remaining 84 standard reviews (60%).

Two IRO cases were expedited, requiring a seven-day maximum review period. In both cases, the IROs upheld the health carrier's original denials.

### **Average Time Required to Conduct Reviews**

Out of 143 reviews, 96% were completed within the statutory time requirements. The average number of days to process a standard IRO review was 23 days, while the average number of days to process an expedited review was 5 days.

### **Cost of External Reviews**

The cost of an external review is based on several factors, including, whether the review type is standard or expedited, the carrier's basis for denial, and the medical condition involved. For example, review to determine medical necessity only requires one reviewer, while review of experimental services for terminal illness requires a panel of three reviewers. IRO review cost is paid by the health carrier. In 2007, the total cost to Ohio health carriers for IRO reviews was \$90,720, for an average cost per review of \$634. Expedited review costs accounted for \$1,333 of the total review costs.

### **Summary of Services and Procedures**

In 2007, external reviews spanned ten main health service categories. The highest proportion of reviews were for surgery (41) and hospitalization (25), accounting for approximately \$300,900, or 59%, of the \$510,050 in benefit denials reversed by IRO decisions. Drugs (6) and testing (23) comprised a smaller proportion of the reviews (20%); however, with a reversal rate of over 60%, they accounted for a high proportion of total benefit denials reversed ((\$199,305, or 39% of all reversals). Combined, these four service categories represent approximately 98% of the total benefit denial amount reversed in 2007. See *Attachment 1, IRO Reviews by Services and Procedures*.

### **Medical Specialty Types**

During the process to initiate an IRO review, a health carrier identifies the medical specialty category required for the review. Categories of medical specialties are listed in *Attachment 2, IRO Reviews by Medical Specialty*.

**Based on the number of reviews, the top five medical specialties required for IRO review during this reporting period were:**

<b>MEDICAL SPECIALTY</b>	<b>NUMBER OF REVIEWS</b>	<b>TOTAL BENEFIT \$'s REVIEWED</b>	<b>TOTAL BENEFIT \$'s PAID(Reversed)</b>
Psychiatry (including addiction)	25	\$ 511,371	\$ 158,019
Hematology / Oncology	11	\$ 54,020	\$ 43,710
Orthopedics	11	\$ 106,245	\$ 33,044
Plastic Surgery	11	\$ 85,517	\$ 5,028
Emergency Medicine	8	\$ 16,843	\$ 2,069

## ***External Contractual Reviews by ODI***

The Act requires ODI to review disputes for health care services that have been denied, reduced or terminated by a health carrier as not covered under the health policy or contract. ODI has established an internal review team comprised of specialists from the Office of Legal Services, the Office of Product Regulation, and the Consumers Services Division. If ODI finds that a coverage determination cannot be made because a medical issue must be resolved, ODI advises the health carrier that they must provide the member with an opportunity for an external review. When ODI makes a determination that a disputed health care service is covered under the health policy or contract, the carrier must either cover the service or provide the opportunity for an external review.

### ***Number of Contractual Reviews Conducted / Outcomes***

From January 1, 2007 to December 31, 2007, 160 contractual external reviews were completed by ODI. As a result, Ohio consumers received \$39,755 of previously denied health benefits. In addition, \$350,663 was paid based on cases referred by ODI for IRO review.

Health carrier denials based on benefit limits or services not covered by the contract were upheld in 142 cases (89%) and reversed in 7 cases (11%). Of 26 cases (16%), where ODI determined that a medical question was involved and referred the case for IRO review, 9 benefit denials were reversed.

### ***Contractual Reasons for Review***

**Based on the number of reviews, the top five reasons for contractual review during this reporting period were:**

<b>REQUESTED SERVICES</b>	<b>TOTAL NUMBER OF REVIEWS</b>	<b>TOTAL BENEFIT \$'s PAID(Reversed)</b>
Emergency Room	21	\$ 705
Experimental / Investigational	18	\$ 4,611
Out of Network	16	\$ 5,000
Pre-Existing Condition	14	\$ 155
Dental	12	\$ 0

### ***Average Time Required to Conduct Contractual Reviews***

The time required to conduct a comprehensive contractual review is dependent on the complexity of the case and the need for legal review of a consumer's contract. The average time for ODI completion of an external review in 2007 was eight days.

## **Conclusion**

Since enactment of the Patient Protection Act in 1999, ODI has maintained a significant investment of staff resources and technology to ensure thorough and timely resolution of external review appeals. As a result, 3,395 external reviews have been conducted, recovering more than \$9.5 million in previously denied health care benefits for Ohio consumers.

The ODI website offers secure, easy access to both the IRO and the contractual external review processes. A secure web-accessible application is the portal used by health carriers and IROs to facilitate the IRO review process and to provide outcome reporting to ODI. This technology is also utilized by ODI to closely monitor IRO review activity. Consumers can directly initiate a contractual appeal with ODI by completing an online consumer complaint form.

ODI's ongoing efforts to publicize the opportunity and the process for external review include provision of information in consumer guides and on the department website ([www.ohioinsurance.gov](http://www.ohioinsurance.gov)).

In addition, ODI conducted outreach sessions in early 2008 to gather feedback from consumers, providers, and health carriers. One key outcome of those sessions is the current collaborative effort between ODI and the Ohio State Medical Association (OSMA) to develop and distribute an external review "tool kit" of informative materials, specifically targeted to Ohio consumers and to health care providers.

ODI is committed to ensuring that the protections and benefits provided under the 1999 Patient Protection Act are increasingly made known and remain highly accessible to all eligible Ohio consumers.

For more information, please contact the following individuals:

- **Consumer Inquiries:**
  - Craig Saurer, Assistant Director – Consumer Services, 614-644-3378
- **Legislative Inquiries:**
  - Guy Ford, Assistant Director - Government Relations; 614-728-1008
- **Media Inquiries:**
  - Carly Glick, Assistant Director - Communications;(614) 728-1008

**ATTACHMENT 1**  
**IRO REVIEWS BY "SERVICES & PROCEDURES"**  
**JANUARY 1, 2007 - DECEMBER 31, 2007**

SERVICES & PROCEDURES	CASE VOLUME						BENEFIT DOLLARS							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
<b>Surgery</b>	41	29%	23	56%	18	44%	\$314,077	21%	\$185,790	59%	\$128,287	41%	\$29,591	\$30,000
<b>Hospitalization</b>	25	17%	11	44%	14	56%	\$567,562	39%	\$394,977	70%	\$172,585	30%	\$108,432	\$97,000
<b>Testing</b>	23	16%	9	39%	14	61%	\$72,762	5%	\$20,129	28%	\$52,633	72%	\$3,460	\$20,000
<b>Therapy</b>	18	13%	17	94%	1	6%	\$44,304	3%	\$43,938	99%	\$366	1%	\$10,528	\$366
<b>Durable Medical Equipment</b>	13	9%	10	77%	3	23%	\$97,946	7%	\$90,508	92%	\$7,438	8%	\$40,000	\$3,850
<b>Emergency Room</b>	8	6%	5	63%	3	38%	\$8,439	1%	\$6,370	75%	\$2,069	25%	\$2,574	\$1,217
<b>Drug</b>	6	4%	2	33%	4	67%	\$178,472	12%	\$31,800	18%	\$146,672	82%	\$29,880	\$115,320
<b>Other</b>	6	4%	6	100%	0	0%	\$84,522	6%	\$84,522	100%	\$0	0%	\$69,850	\$0
<b>Skilled Nursing/Hospice/Home Health</b>	2	1%	2	100%	0	0%	\$90,000	6%	\$90,000	100%	\$0	0%	\$80,000	\$0
<b>Dental</b>	1	1%	1	100%	0	0%	\$5,480	0%	\$5,480	100%	\$0	0%	\$5,480	\$0
<b>Grand Totals:</b>	<b>143</b>		<b>86</b>	<b>60%</b>	<b>57</b>	<b>40%</b>	<b>\$1,463,564</b>		<b>\$953,514</b>	<b>65%</b>	<b>\$510,050</b>	<b>35%</b>	<b>\$108,432</b>	<b>\$115,320</b>



**ATTACHMENT 2**  
**IRO REVIEWS BY "MEDICAL SPECIALITY"**  
**JANUARY 1, 2007 - DECEMBER 31, 2007**

MEDICAL SPECIALITY	CASE VOLUME								BENEFIT DOLLARS							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed		
	#	%	#	%	#	%	\$	%	\$	%	\$	%				
Psychiatry	20	14%	9	45%	11	55%	\$487,908	33%	\$347,106	71%	\$140,802	29%	\$108,432	\$97,000		
Orthopedics	11	8%	8	73%	3	27%	\$106,245	7%	\$73,201	69%	\$33,044	31%	\$40,000	\$30,000		
Plastic Surgery	11	8%	9	82%	2	18%	\$85,517	6%	\$80,489	94%	\$5,028	6%	\$69,850	\$2,528		
Emergency Medicine	8	6%	5	63%	3	38%	\$16,843	1%	\$14,774	88%	\$2,069	12%	\$9,295	\$1,217		
Ophthalmology	8	6%	4	50%	4	50%	\$30,044	2%	\$14,085	47%	\$15,959	53%	\$10,528	\$7,281		
Cardiovascular Disease	7	5%	5	71%	2	29%	\$12,185	1%	\$9,491	78%	\$2,694	22%	\$2,950	\$1,459		
Hematology/Oncology	7	5%	2	29%	5	71%	\$40,410	3%	\$6,850	17%	\$33,560	83%	\$3,460	\$20,000		
Otolaryngology	6	4%	2	33%	4	67%	\$23,463	2%	\$6,246	27%	\$17,217	73%	\$3,000	\$8,000		
Addiction Psychiatry	5	3%	3	60%	2	40%	\$85,024	6%	\$56,676	67%	\$28,348	33%	\$23,670	\$18,503		
Chiropractic	5	3%	4	80%	1	20%	\$3,813	0%	\$3,447	90%	\$366	10%	\$2,000	\$366		
Medical Oncology	4	3%	1	25%	3	75%	\$13,610	1%	\$3,460	25%	\$10,150	75%	\$3,460	\$3,460		
Physical Medicine/Rehabilitation	4	3%	4	100%	0	0%	\$18,780	1%	\$18,780	100%	\$0	0%	\$10,000	\$0		
Ob/Gyn	3	2%	2	67%	1	33%	\$20,741	1%	\$19,595	94%	\$1,146	6%	\$19,195	\$1,146		
Physical Therapy	3	2%	3	100%	0	0%	\$9,827	1%	\$9,827	100%	\$0	0%	\$5,000	\$0		
Podiatric Medicine	3	2%	3	100%	0	0%	\$10,498	1%	\$10,498	100%	\$0	0%	\$6,500	\$0		
Vascular Surgery	3	2%	3	100%	0	0%	\$30,756	2%	\$30,756	100%	\$0	0%	\$22,453	\$0		
Critical Care Medicine	2	1%	2	100%	0	0%	\$3,159	0%	\$3,159	100%	\$0	0%	\$2,717	\$0		
Dentistry	2	1%	1	50%	1	50%	\$11,580	1%	\$6,080	53%	\$5,500	47%	\$5,480	\$5,500		
Family Medicine	2	1%	2	100%	0	0%	\$81,500	6%	\$81,500	100%	\$0	0%	\$80,000	\$0		
Internal Medicine	2	1%	1	50%	1	50%	\$1,056	0%	\$468	44%	\$588	56%	\$468	\$588		
Naturopathic	2	1%	2	100%	0	0%	\$3,383	0%	\$3,383	100%	\$0	0%	\$1,881	\$0		
Neurologic Surgery	2	1%	1	50%	1	50%	\$28,435	2%	\$25,000	88%	\$3,435	12%	\$25,000	\$3,435		
Neurology	2	1%	1	50%	1	50%	\$3,120	0%	\$1,920	62%	\$1,200	38%	\$1,920	\$1,200		
Oral & Maxillofacial Surgery	2	1%	0	0%	2	100%	\$2,998	0%	\$1,864	62%	\$1,134	38%	\$1,864	\$593		
Pain Management	2	1%	1	50%	1	50%	\$13,378	1%	\$13,178	99%	\$200	1%	\$13,178	\$200		
Pediatric Endocrinology	2	1%	0	0%	2	100%	\$128,066	9%	\$0	0%	\$128,066	100%	\$0	\$115,320		
Pediatrics, General	2	1%	1	50%	1	50%	\$32,406	2%	\$14,000	43%	\$18,406	57%	\$14,000	\$18,406		
Surgery, Gastric	2	1%	0	0%	2	100%	\$30,000	2%	\$0	0%	\$30,000	100%	\$0	\$20,000		

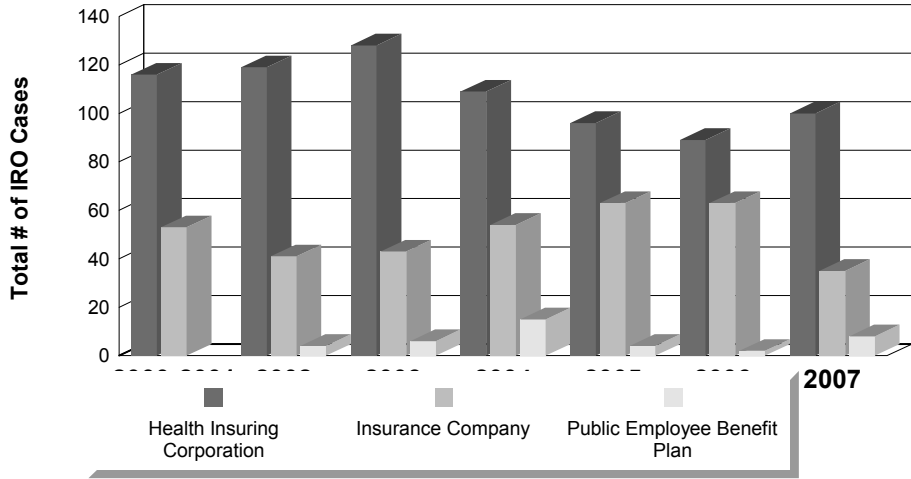
**ATTACHMENT 2**  
**IRO REVIEWS BY "MEDICAL SPECIALITY"**  
**JANUARY 1, 2007 - DECEMBER 31, 2007**

MEDICAL SPECIALITY	CASE VOLUME						BENEFIT DOLLARS							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
Surgery, General	2	1%	2	100%	0	0%	\$15,636	1%	\$15,636	100%	\$0	0%	\$10,000	\$0
Anesthesiology	1	1%	0	0%	1	100%	\$5,000	0%	\$0	0%	\$5,000	100%	\$0	\$5,000
Durable Medical Equipment	1	1%	1	100%	0	0%	\$3,000	0%	\$3,000	100%	\$0	0%	\$3,000	\$0
Endocrinology	1	1%	1	100%	0	0%	\$29,591	2%	\$29,591	100%	\$0	0%	\$29,591	\$0
Hematology	1	1%	0	0%	1	100%	\$3,290	0%	\$0	0%	\$3,290	100%	\$0	\$3,290
Nephrology	1	1%	1	100%	0	0%	\$2,574	0%	\$2,574	100%	\$0	0%	\$2,574	\$0
Neuroradiology	1	1%	1	100%	0	0%	\$5,000	0%	\$5,000	100%	\$0	0%	\$5,000	\$0
Pediatric Pulmonology	1	1%	1	100%	0	0%	\$29,880	2%	\$29,880	100%	\$0	0%	\$29,880	\$0
Thoracic Surgery	1	1%	0	0%	1	100%	\$8,260	1%	\$0	0%	\$8,260	100%	\$0	\$8,260
Urology	1	1%	0	0%	1	100%	\$26,588	2%	\$12,000	45%	\$14,588	55%	\$12,000	\$14,588
<b>Grand Totals:</b>	<b>143</b>		<b>86</b>	<b>60%</b>	<b>57</b>	<b>40%</b>	<b>\$1,463,564</b>		<b>\$953,514</b>	<b>65%</b>	<b>\$510,050</b>	<b>35%</b>	<b>\$108,432</b>	<b>\$115,320</b>

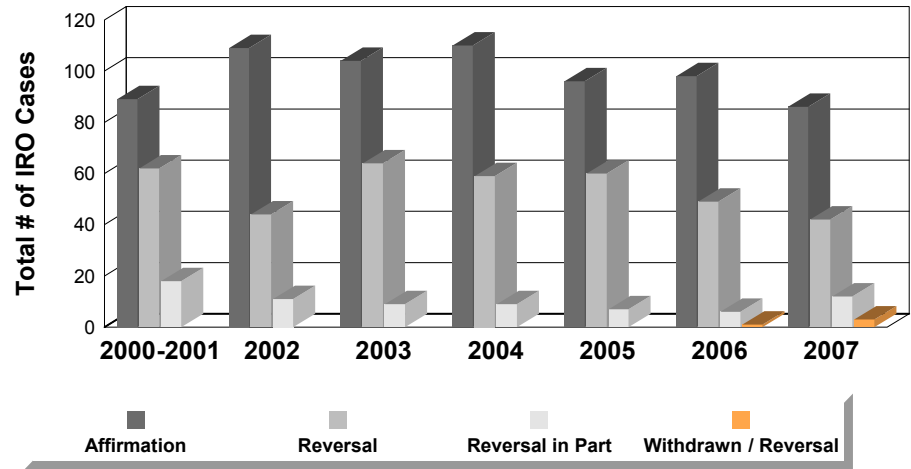


## ATTACHMENT 3 COMPARISON OF IRO CASES BY REPORT YEAR May 1, 2000 - December 31, 2007

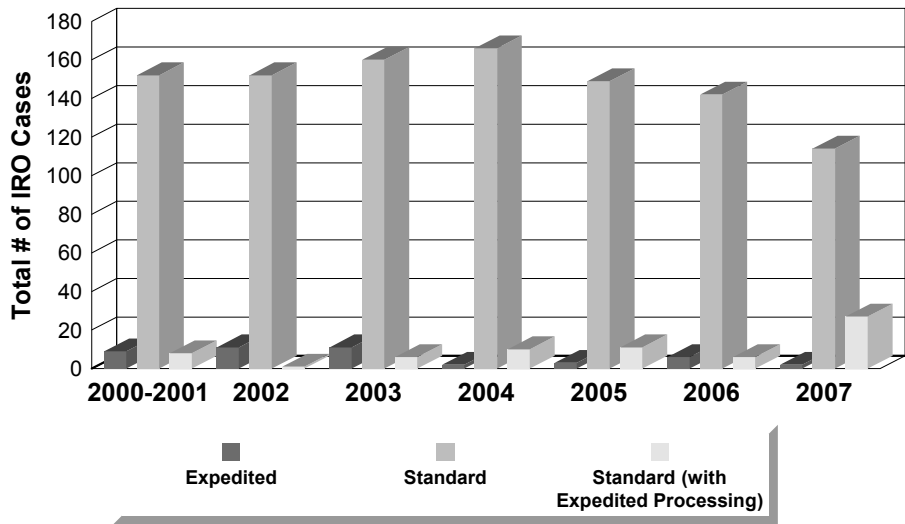
**TYPE OF HEALTH CARRIER**



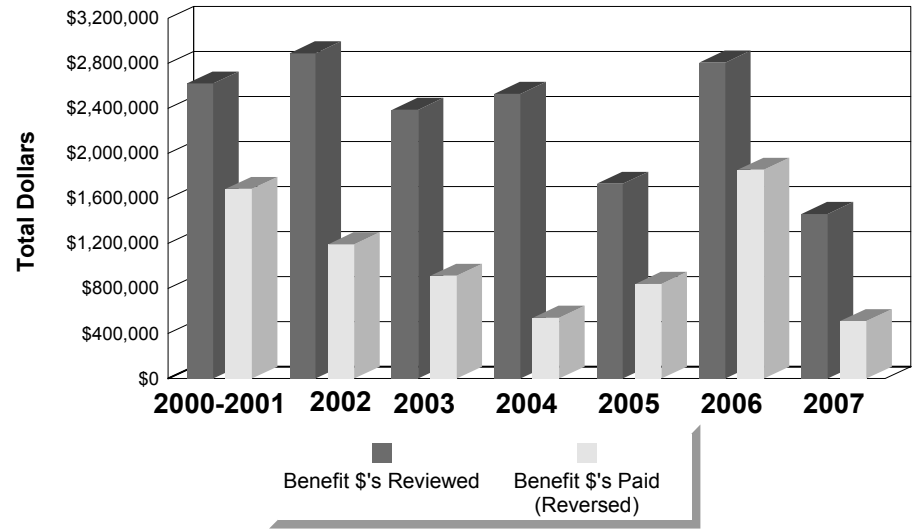
**IRO OUTCOME DECISIONS**



**IRO REVIEW TYPE**



**IRO BENEFIT \$'s REVIEWED vs. \$'s PAID**



**ATTACHMENT 4**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2007 - DECEMBER 31, 2007**

HEALTH CARRIER	PREMIUM Annual Premium By Company	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$1,804,480,744	66	46%	35	53%	31	47%	\$533,915	36%	\$328,548	62%	\$205,367	38%	\$80,000	\$97,000
COMMUNITY INSURANCE COMPANY	\$2,951,672,497	17	12%	9	53%	8	47%	\$235,384	16%	\$195,061	83%	\$40,323	17%	\$69,850	\$18,406
McKINLEY LIFE INSURANCE COMPANY	\$239,856,621	14	10%	10	71%	4	29%	\$137,403	9%	\$68,534	50%	\$68,869	50%	\$21,000	\$30,000
UNITED HEALTHCARE OF OHIO INC	\$163,477,601	9	6%	3	33%	6	67%	\$159,855	11%	\$144,132	90%	\$15,723	10%	\$108,432	\$9,845
AETNA HEALTH INC	\$254,269,658	5	3%	4	80%	1	20%	\$66,491	5%	\$58,491	88%	\$8,000	12%	\$40,000	\$8,000
COVENTRY HEALTH AND LIFE INSURANCE	\$23,204,281	3	2%	3	100%	0	0%	\$4,348	0%	\$4,348	100%	\$0	0%	\$1,881	\$0
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$429,386,459	3	2%	3	100%	0	0%	\$11,800	1%	\$11,800	100%	\$0	0%	\$10,000	\$0
SUMMACARE INC	\$36,711,365	3	2%	1	33%	2	67%	\$29,753	2%	\$23,053	77%	\$6,700	23%	\$22,453	\$5,500
The Ohio State University		3	2%	3	100%	0	0%	\$10,777	1%	\$10,777	100%	\$0	0%	\$7,000	\$0
TIME INSURANCE COMPANY	\$32,771,244	3	2%	3	100%	0	0%	\$51,360	4%	\$51,360	100%	\$0	0%	\$29,591	\$0
HUMANA INSURANCE COMPANY	\$185,445,965	2	1%	1	50%	1	50%	\$34,457	2%	\$1,200	3%	\$33,257	97%	\$1,200	\$33,257
UNITED HEALTHCARE INSURANCE COMPANY	\$529,574,056	2	1%	0	0%	2	100%	\$128,066	9%	\$0	0%	\$128,066	100%	\$0	\$115,320
AMERICAN FAMILY MUTUAL INSURANCE	\$1,192,009	1	1%	1	100%	0	0%	\$180	0%	\$180	100%	\$0	0%	\$180	\$0
Benefit Services, Inc.		1	1%	0	0%	1	100%	\$2,528	0%	\$0	0%	\$2,528	100%	\$0	\$2,528
Buckeye Ohio Risk Management		1	1%	1	100%	0	0%	\$5,000	0%	\$5,000	100%	\$0	0%	\$5,000	\$0
CENTRAL RESERVE LIFE INSURANCE	\$32,076,450	1	1%	1	100%	0	0%	\$766	0%	\$766	100%	\$0	0%	\$766	\$0

**ATTACHMENT 4**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2007 - DECEMBER 31, 2007**

HEALTH CARRIER	PREMIUM		CASE VOLUME				BENEFIT DOLLARS REVIEWED							
	Annual Premium By Company	# Reviews / % of Total	Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	\$	%	\$	%	\$	%		
GUARDIAN LIFE INSURANCE COMPANY	\$7,318,797	1 1%	1 100%	0 0%	\$31,077 2%	\$31,077 100%	\$0 0%	\$31,077	\$0			\$31,077	\$0	
HM HEALTH INSURANCE COMPANY		1 1%	1 100%	0 0%	\$659 0%	\$659 100%	\$0 0%	\$659	\$0			\$659	\$0	
JOHN ALDEN LIFE INSURANCE COMPANY	\$23,358,170	1 1%	1 100%	0 0%	\$3,460 0%	\$3,460 100%	\$0 0%	\$3,460	\$0			\$3,460	\$0	
Mercer-Auglaize Employee Benefit Trust		1 1%	1 100%	0 0%	\$4,000 0%	\$4,000 100%	\$0 0%	\$4,000	\$0			\$4,000	\$0	
Midwest Employee Benefit Consortium		1 1%	1 100%	0 0%	\$2,000 0%	\$2,000 100%	\$0 0%	\$2,000	\$0			\$2,000	\$0	
PARAMOUNT CARE INC	\$242,449,305	1 1%	1 100%	0 0%	\$1,068 0%	\$1,068 100%	\$0 0%	\$1,068	\$0			\$1,068	\$0	
River View School District Employee		1 1%	1 100%	0 0%	\$3,000 0%	\$3,000 100%	\$0 0%	\$3,000	\$0			\$3,000	\$0	
THP INSURANCE COMPANY INC	\$24,241,933	1 1%	0 0%	1 100%	\$1,217 0%	\$0 0%	\$1,217 100%	\$0	\$1,217			\$0	\$1,217	
UNITED HEALTHCARE INSURANCE COMPANY	\$729,414,769	1 1%	1 100%	0 0%	\$5,000 0%	\$5,000 100%	\$0 0%	\$5,000	\$0			\$5,000	\$0	
<b>Grand Totals:</b>	<b>\$7,710,901,923</b>	<b>143</b>	<b>86 60%</b>	<b>57 40%</b>	<b>\$1,463,564</b>	<b>\$953,514 65%</b>	<b>\$ 510,050 35%</b>	<b>\$108,432</b>	<b>\$115,320</b>					

**ATTACHMENT 5**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2003 - DECEMBER 31, 2007 (5 Year Accumulative)**

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS							
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$8,035,796,471		314	39%	185	59%	129	41%	\$3,528,939	33%	\$2,102,160	60%	\$1,426,779	40%	\$165,000	\$195,000
COMMUNITY INSURANCE COMPANY	\$12,828,041,898		110	14%	75	68%	35	32%	\$3,199,541	30%	\$1,818,032	57%	\$1,381,509	43%	\$375,000	\$739,000
UNITED HEALTHCARE OF OHIO INC	\$3,061,786,933		45	6%	22	49%	23	51%	\$606,384	6%	\$466,376	77%	\$140,008	23%	\$108,432	\$50,000
McKINLEY LIFE INSURANCE COMPANY	\$874,588,165		40	5%	28	70%	12	30%	\$330,890	3%	\$200,336	61%	\$130,554	39%	\$35,000	\$41,065
SUMMACARE INC	\$319,487,259		34	4%	23	68%	11	32%	\$377,384	3%	\$106,487	28%	\$270,897	72%	\$42,000	\$200,000
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$1,872,040,686		32	4%	23	72%	9	28%	\$194,529	2%	\$127,509	66%	\$67,020	34%	\$50,000	\$28,929
CENTRAL RESERVE LIFE INSURANCE	\$239,573,727		24	3%	15	63%	9	38%	\$110,187	1%	\$63,981	58%	\$46,206	42%	\$25,200	\$26,855
UNITED HEALTHCARE INSURANCE COMPANY	\$2,825,524,465		19	2%	9	47%	10	53%	\$148,537	1%	\$35,914	24%	\$112,623	76%	\$12,340	\$37,553
COVENTRY HEALTH AND LIFE INSURANCE	\$183,165,992		17	2%	9	53%	8	47%	\$399,812	4%	\$64,802	16%	\$335,010	84%	\$28,474	\$300,000
UNITED HEALTHCARE INSURANCE COMPANY	\$2,145,834,080		16	2%	7	44%	9	56%	\$199,405	2%	\$56,783	28%	\$142,622	72%	\$42,940	\$115,320
AETNA HEALTH INC	\$940,136,839		14	2%	9	64%	5	36%	\$119,420	1%	\$83,420	70%	\$36,000	30%	\$40,000	\$15,000
QUALCHOICE HEALTH PLAN INC	\$556,577,036		14	2%	7	50%	7	50%	\$321,456	3%	\$248,076	77%	\$73,380	23%	\$156,200	\$30,000
HUMANA HEALTH PLAN OF OHIO INC	\$1,455,402,402		12	1%	7	58%	5	42%	\$217,808	2%	\$165,510	76%	\$52,298	24%	\$83,000	\$31,100
NATIONWIDE LIFE INSURANCE COMPANY	\$428,633,609		11	1%	5	45%	6	55%	\$71,644	1%	\$32,888	46%	\$38,756	54%	\$17,566	\$12,000
HUMANA INSURANCE COMPANY	\$834,334,370		10	1%	8	80%	2	20%	\$88,948	1%	\$54,655	61%	\$34,293	39%	\$16,500	\$33,257

**ATTACHMENT 5**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2003 - DECEMBER 31, 2007 (5 Year Accumulative)**

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS							
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
PARAMOUNT CARE INC	\$1,242,498,444		10	1%	5	50%	5	50%	\$32,468	0%	\$13,068	40%	\$19,400	60%	\$5,000	\$6,000
The Ohio State University			8	1%	8	100%	0	0%	\$40,977	0%	\$40,977	100%	\$0	0%	\$8,000	\$0
TIME INSURANCE COMPANY	\$169,746,765		8	1%	5	63%	3	38%	\$95,096	1%	\$80,032	84%	\$15,064	16%	\$29,591	\$11,900
University of Toledo			8	1%	4	50%	4	50%	\$19,885	0%	\$9,985	50%	\$9,900	50%	\$5,160	\$8,000
FORTIS INSURANCE COMPANY	\$169,746,765		6	1%	3	50%	3	50%	\$95,322	1%	\$7,905	8%	\$87,417	92%	\$6,180	\$75,688
JOHN ALDEN LIFE INSURANCE COMPANY	\$148,964,854		4	0%	3	75%	1	25%	\$83,189	1%	\$29,189	35%	\$54,000	65%	\$25,000	\$54,000
Mercer-Auglaize Employee Benefit Trust			4	0%	2	50%	2	50%	\$113,325	1%	\$79,390	70%	\$33,935	30%	\$75,390	\$16,976
Toledo Public Schools			4	0%	1	25%	3	75%	\$20,842	0%	\$19,843	95%	\$999	5%	\$17,000	\$600
UNICARE LIFE & HEALTH INSURANCE	\$77,825,266		4	0%	4	100%	0	0%	\$14,192	0%	\$14,192	100%	\$0	0%	\$10,000	\$0
AMERICAN COMMUNITY MUTUAL INSURANCE	\$180,244,916		3	0%	3	100%	0	0%	\$45,482	0%	\$45,482	100%	\$0	0%	\$26,000	\$0
FAMILY HEALTH PLAN INC	\$135,978,502		3	0%	1	33%	2	67%	\$28,019	0%	\$5,000	18%	\$23,019	82%	\$5,000	\$15,000
GUARDIAN LIFE INSURANCE COMPANY	\$56,050,916		3	0%	2	67%	1	33%	\$33,062	0%	\$32,277	98%	\$785	2%	\$31,077	\$785
HOMETOWN HEALTH PLAN	\$137,946,251		3	0%	2	67%	1	33%	\$3,520	0%	\$2,520	72%	\$1,000	28%	\$2,000	\$1,000
MIDWEST SECURITY LIFE INSURANCE	\$9,889,936		2	0%	1	50%	1	50%	\$2,918	0%	\$1,766	61%	\$1,152	39%	\$1,766	\$1,152
MMA INSURANCE COMPANY	\$11,023,215		2	0%	2	100%	0	0%	\$6,508	0%	\$6,508	100%	\$0	0%	\$3,508	\$0

**ATTACHMENT 5**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2003 - DECEMBER 31, 2007 (5 Year Accumulative)**

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS							
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
Northern Buckeye Education Council			2	0%	1	50%	1	50%	\$2,463	0%	\$1,963	80%	\$500	20%	\$1,963	\$500
PRINCIPAL LIFE INSURANCE COMPANY	\$139,813,689		2	0%	0	0%	2	100%	\$3,400	0%	\$0	0%	\$3,400	100%	\$0	\$2,900
SUMMIT INSURANCE COMPANY	\$174,708,846		2	0%	1	50%	1	50%	\$10,619	0%	\$7,385	70%	\$3,234	30%	\$7,385	\$3,234
TRUSTMARK INSURANCE COMPANY	\$8,596,713		2	0%	2	100%	0	0%	\$84,565	1%	\$84,565	100%	\$0	0%	\$45,233	\$0
AMERICAN FAMILY MUTUAL INSURANCE	\$3,550,613		1	0%	1	100%	0	0%	\$180	0%	\$180	100%	\$0	0%	\$180	\$0
Benefit Services, Inc.			1	0%	0	0%	1	100%	\$2,528	0%	\$0	0%	\$2,528	100%	\$0	\$2,528
Buckeye Ohio Risk Management			1	0%	1	100%	0	0%	\$5,000	0%	\$5,000	100%	\$0	0%	\$5,000	\$0
Butler County Health Plan			1	0%	1	100%	0	0%	\$705	0%	\$705	100%	\$0	0%	\$705	\$0
CONTINENTAL GENERAL INSURANCE	\$33,022,334		1	0%	1	100%	0	0%	\$1,364	0%	\$1,364	100%	\$0	0%	\$1,364	\$0
EPIC LIFE INSURANCE COMPANY			1	0%	0	0%	1	100%	\$455	0%	\$328	72%	\$127	28%	\$328	\$127
FORTIS BENEFITS INSURANCE COMPANY	\$48,822,300		1	0%	0	0%	1	100%	\$10,632	0%	\$0	0%	\$10,632	100%	\$0	\$10,632
Franklin Local School District			1	0%	0	0%	1	100%	\$17,000	0%	\$0	0%	\$17,000	100%	\$0	\$17,000
GOLDEN RULE INSURANCE COMPANY	\$226,915,998		1	0%	0	0%	1	100%	\$6,163	0%	\$0	0%	\$6,163	100%	\$0	\$6,163
HEALTH PLAN OF UPPER OH VALLEY INC	\$323,716,454		1	0%	1	100%	0	0%	\$25,000	0%	\$25,000	100%	\$0	0%	\$25,000	\$0
HM HEALTH INSURANCE COMPANY			1	0%	1	100%	0	0%	\$659	0%	\$659	100%	\$0	0%	\$659	\$0

November 24, 2008

Ohio Department of Insurance

Office of Product Regulation Services / Life & Health Division



**ATTACHMENT 5**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2003 - DECEMBER 31, 2007 (5 Year Accumulative)**

HEALTH CARRIER	MARKET SHARE		CASE VOLUME						BENEFIT DOLLARS								
	Company Premium	Market %	# Reviews / % of Total		Affirmed		Reversed		\$ Reviewed / % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed	
			#	%	#	%	#	%	\$	%	\$	%	\$	%			
Lake Erie Regional Council Employee			1	0%	0	0%	1	100%		\$769	0%	\$0	0%	\$769	100%	\$0	\$769
MEGA LIFE AND HEALTH INSURANCE	\$184,750,807		1	0%	1	100%	0	0%		\$11,446	0%	\$11,446	100%	\$0	0%	\$11,446	\$0
Midwest Employee Benefit Consortium			1	0%	1	100%	0	0%		\$2,000	0%	\$2,000	100%	\$0	0%	\$2,000	\$0
Muskingum County Employee Benefit Plan			1	0%	1	100%	0	0%		\$376	0%	\$376	100%	\$0	0%	\$376	\$0
Niles City Schools			1	0%	0	0%	1	100%		\$8,700	0%	\$0	0%	\$8,700	100%	\$0	\$8,700
River View School District Employee			1	0%	1	100%	0	0%		\$3,000	0%	\$3,000	100%	\$0	0%	\$3,000	\$0
THP INSURANCE COMPANY INC	\$49,039,200		1	0%	0	0%	1	100%		\$1,217	0%	\$0	0%	\$1,217	100%	\$0	\$1,217
UNION SECURITY INSURANCE COMPANY	\$48,822,300		1	0%	0	0%	1	100%		\$60,000	1%	\$0	0%	\$60,000	100%	\$0	\$60,000
<b>Grand Totals:</b>	<b>\$40,182,599,016</b>		<b>811</b>		<b>492</b>	<b>61%</b>	<b>319</b>	<b>39%</b>		<b>\$10,807,930</b>		<b>\$6,159,034</b>	<b>57%</b>	<b>\$4,648,896</b>	<b>43%</b>	<b>\$375,000</b>	<b>\$739,000</b>