



Department of
Insurance

The Patient Protection Act Report for the Year 2008

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, 2008 and December 31, 2008.

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 2008, 136 cases, involving benefit determinations of approximately \$1.8 million, were submitted for IRO review to determine the appropriateness of a health carrier's denial of services. Thirty-four percent of all cases were reversed by the IRO saving the Ohio consumers \$385,081 or 21% of all benefit denials 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 2008, 175 cases were submitted to ODI for contractual review, with 17 of those cases resulting in reversal of previously denied benefits. ODI subsequently referred 20 of the 175 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 over \$42,000 in additional benefits for Ohio consumers. Of the total reversals due to IRO decisions, \$24,253 were from cases referred by ODI for IRO review.

Medical Specialty and Type of Service

In 2008, over 47% of the IRO reviews completed were for health care services related to the medical specialties of orthopedics, psychiatry & psychology (*including addiction*), emergency medicine, oncology (*including radiation, medical and hematology*), chiropractic and cardiovascular disease.

IRO reversals for surgery and hospitalization totaled over \$258,505. Reversals for therapy, durable medical equipment and testing totaled over \$81,972. These five health care services accounted for approximately 88% 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, 3,706 cases have been reviewed by ODI and/or IROs, recovering more than \$9.9 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, 2008 to December 31, 2008) shows that IRO reviews involved benefit determinations amounting to approximately \$1.8 million. IRO decisions reversing claim denials saved plan members approximately \$385,081. The top 5 cases in which company decisions were reversed involved benefit determinations that exceeded \$221,847.

Based on the amount of benefits paid, the top 5 cases reversed through the IRO external review process during this reporting period were:

CASE DESCRIPTION	SERVICES REQUESTED	TOTAL BENEFIT \$'s PAID (Reversed)
Lung Cancer	Stereotactic Radio Surgery	\$ 100,000
Cellulites	Inpatient Hospitalization	\$ 40,000
Bipolar Disorder	Inpatient Hospitalization	\$ 33,364
Substance Abuse	Inpatient Hospitalization	\$ 27,615
Leg Amputation	C-leg Prosthesis	\$20,868

Number of IRO Reviews Conducted / Outcomes

For the reporting period of January 1, 2008 to December 31, 2008, 136 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 127 of the cases. The IROs reversed benefit coverage denials in 43 standard reviews (34%) and affirmed the health carrier's denial in the remaining 84 standard reviews (66%).

Nine IRO cases were expedited, requiring a 7-day maximum review period. In 6 cases, the IROs upheld the health carrier's original denials.

Average Time Required to Conduct Reviews

Out of 136 reviews, 94% were completed within the statutory time requirements. The average number of days to process a standard IRO review was 25 days, while the average number of days to process an expedited review was 8 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 2008, the total cost to Ohio health carriers for IRO reviews was \$91,842, for an average cost per review of \$675. Expedited review costs accounted for \$13,503 of the total review costs.

Summary of Services and Procedures

In 2008, external reviews spanned ten main health service categories. The highest proportion of reviews were for surgery (38) and therapy (26), accounting for approximately \$177,624, or 46%, of the \$385,081 in benefit denials reversed by IRO decisions. Hospitalization (17) and testing (15) comprised a smaller proportion of the reviews (24%); however, with a reversal rate of 47%, they accounted for a high proportion of total benefit denials reversed (\$135,857, or 35% of all reversals). Combined, these four service categories represent approximately 81% of the total benefit denial amount reversed in 2008. 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:

MEDICAL SPECIALTY	NUMBER OF REVIEWS	TOTAL BENEFIT \$'s REVIEWED	TOTAL BENEFIT \$'s PAID(Reversed)
Orthopedics	18	\$ 290,247	\$ 21,525
Psychiatry / Psychology (<i>includes Addiction</i>)	13	\$ 459,148	\$ 62,844
Emergency Medicine	11	\$ 28,023	\$ 12,242
Oncology (<i>combination: Medical, Radiation & Hematology</i>)	10	\$ 252,257	\$ 126,579
Chiropractic	7	\$ 18,635	\$ 11,589

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 Consumer 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, 2008 to December 31, 2008, 175 contractual external reviews were completed by ODI. As a result, Ohio consumers received \$42,023 of previously denied health benefits. Of the \$42,023, \$24,253 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 167 cases (95%) and reversed in 8 cases (5%). Of 20 cases (11%), 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:

REQUESTED SERVICES	TOTAL NUMBER OF REVIEWS	TOTAL BENEFIT \$'s PAID(Reversed)
Out of Network	23	\$ 0
Emergency Room	22	\$ 5,752
Experimental / Investigational	14	\$ 2,605
Durable Medical Equipment	13	\$ 636
Pre-Existing	12	\$16,648

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 2008 was 4 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, 3,706 external reviews have been conducted, recovering more than \$9.9 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.insurance.ohio.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:**
 - Barbara Farrington, Assistant Director – Consumer Services, (614) 644-3378
- **Legislative Inquiries:**
 - Melissa Wheeler, 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, 2008 - DECEMBER 31, 2008

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
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
Surgery	38	28%	31	82%	7	18%	\$611,491	34%	\$463,961	76%	\$147,530	24%	\$70,000	\$100,000
Therapy	26	19%	16	62%	10	38%	\$206,426	11%	\$176,332	85%	\$30,094	15%	\$104,000	\$12,869
Hospitalization	17	13%	10	59%	7	41%	\$666,413	37%	\$555,438	83%	\$110,975	17%	\$229,570	\$40,000
Testing	15	11%	7	47%	8	53%	\$37,861	2%	\$12,979	34%	\$24,882	66%	\$4,079	\$8,067
Durable Medical Equipment	14	10%	10	71%	4	29%	\$144,344	8%	\$117,411	81%	\$26,933	19%	\$41,000	\$20,868
Drug	11	8%	6	55%	5	45%	\$49,600	3%	\$35,479	72%	\$14,121	28%	\$13,800	\$5,247
Emergency Room	7	5%	5	71%	2	29%	\$6,421	0%	\$4,181	65%	\$2,240	35%	\$2,000	\$1,352
Other	4	3%	3	75%	1	25%	\$19,487	1%	\$14,485	74%	\$5,002	26%	\$8,600	\$5,002
Skilled Nursing/Hospice/Home Health	4	3%	2	50%	2	50%	\$54,304	3%	\$31,000	57%	\$23,304	43%	\$20,800	\$15,600
Grand Totals:	136		90	66%	46	34%	\$1,796,347		\$1,411,266	79%	\$385,081	21%	\$229,570	\$100,000

ATTACHMENT 2
IRO REVIEWS BY "MEDICAL SPECIALITY"
JANUARY 1, 2008 - DECEMBER 31, 2008

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		
	#	%	#	%	#	%	\$	%	\$	%	\$	%				
Orthopedics	18	13%	16	89%	2	11%	\$290,247	16%	\$268,722	93%	\$21,525	7%	\$70,000	\$20,868		
Emergency Medicine	11	8%	7	64%	4	36%	\$28,023	2%	\$15,781	56%	\$12,242	44%	\$8,600	\$5,002		
Psychiatry	9	7%	7	78%	2	22%	\$430,144	24%	\$369,165	86%	\$60,979	14%	\$116,812	\$33,364		
Chiropractic	7	5%	4	57%	3	43%	\$18,635	1%	\$7,046	38%	\$11,589	62%	\$3,098	\$7,244		
Cardiovascular Disease	5	4%	4	80%	1	20%	\$76,580	4%	\$74,580	97%	\$2,000	3%	\$57,000	\$2,000		
Durable Medical Equipment	5	4%	4	80%	1	20%	\$3,608	0%	\$3,200	89%	\$408	11%	\$850	\$408		
Speech Pathology	5	4%	3	60%	2	40%	\$8,478	0%	\$5,738	68%	\$2,740	32%	\$2,600	\$2,230		
Surgery, General	5	4%	3	60%	2	40%	\$24,846	1%	\$23,199	93%	\$1,647	7%	\$13,177	\$943		
Endocrinology	4	3%	2	50%	2	50%	\$19,276	1%	\$9,029	47%	\$10,247	53%	\$5,029	\$5,247		
Ophthalmology	4	3%	1	25%	3	75%	\$2,977	0%	\$885	30%	\$2,092	70%	\$885	\$888		
Pediatric Physical Medicine	4	3%	3	75%	1	25%	\$3,419	0%	\$3,300	97%	\$119	3%	\$1,440	\$119		
Radiation Oncology	4	3%	2	50%	2	50%	\$225,087	13%	\$112,218	50%	\$112,869	50%	\$104,000	\$100,000		
Addiction Psychiatry	3	2%	3	100%	0	0%	\$37,139	2%	\$37,139	100%	\$0	0%	\$13,800	\$0		
Hematology/Oncology	3	2%	1	33%	2	67%	\$10,500	1%	\$3,460	33%	\$7,040	67%	\$3,460	\$3,650		
Medical Oncology	3	2%	1	33%	2	67%	\$16,670	1%	\$10,000	60%	\$6,670	40%	\$10,000	\$4,645		
Pain Management	3	2%	3	100%	0	0%	\$30,290	2%	\$30,290	100%	\$0	0%	\$15,456	\$0		
Physical Therapy	3	2%	3	100%	0	0%	\$14,030	1%	\$14,030	100%	\$0	0%	\$10,000	\$0		
Plastic Surgery	3	2%	1	33%	2	67%	\$50,200	3%	\$200	0%	\$50,000	100%	\$200	\$40,000		
Surgery, Gastric	3	2%	1	33%	2	67%	\$50,000	3%	\$30,000	60%	\$20,000	40%	\$30,000	\$10,000		
Anesthesiology	2	1%	2	100%	0	0%	\$18,630	1%	\$18,630	100%	\$0	0%	\$11,630	\$0		
Gastroenterology	2	1%	2	100%	0	0%	\$2,049	0%	\$2,049	100%	\$0	0%	\$1,086	\$0		
Internal Medicine	2	1%	2	100%	0	0%	\$4,100	0%	\$4,100	100%	\$0	0%	\$3,500	\$0		
Neurology	2	1%	1	50%	1	50%	\$5,150	0%	\$1,650	32%	\$3,500	68%	\$1,650	\$3,500		
Ob/Gyn	2	1%	2	100%	0	0%	\$33,921	2%	\$33,921	100%	\$0	0%	\$20,000	\$0		
Otolaryngology	2	1%	2	100%	0	0%	\$41,250	2%	\$41,250	100%	\$0	0%	\$40,388	\$0		
Pediatric Surgery	2	1%	0	0%	2	100%	\$16,876	1%	\$0	0%	\$16,876	100%	\$0	\$15,826		
Podiatric Medicine	2	1%	1	50%	1	50%	\$1,911	0%	\$517	27%	\$1,394	73%	\$517	\$1,394		
Acupuncture	1	1%	1	100%	0	0%	\$2,885	0%	\$2,885	100%	\$0	0%	\$2,885	\$0		

ATTACHMENT 2
IRO REVIEWS BY "MEDICAL SPECIALITY"
JANUARY 1, 2008 - DECEMBER 31, 2008

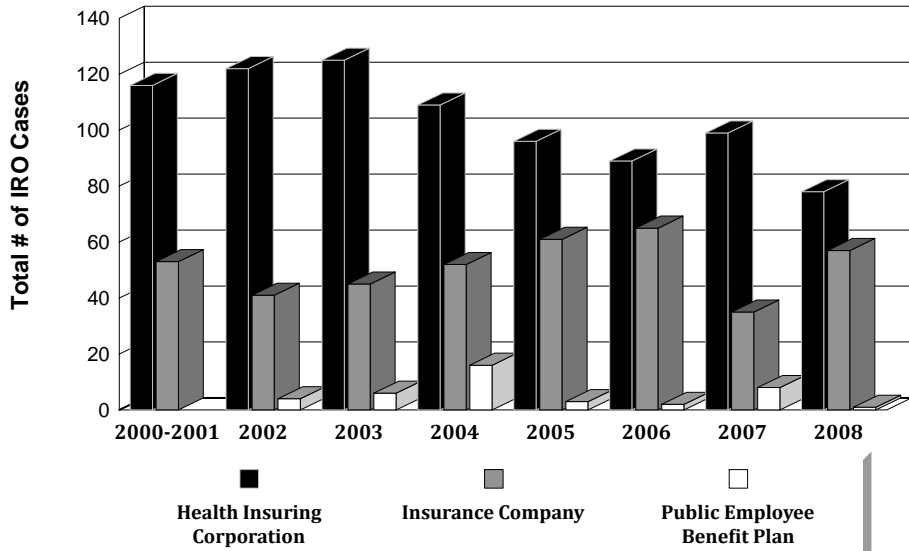
MEDICAL SPECIALITY	CASE VOLUME						BENEFIT DOLLARS							
	# Reviews / % of Total		Affirmed		Reversed & Reversed in Part		\$ Reviewed / % of Total		\$ Affirmed		Reversed & Reversed in Part		Maximum \$ Affirmed	Maximum \$ Reversed
	#	%	#	%	#	%	\$	%	\$	%	\$	%		
Audiology	1	1%	1	100%	0	0%	\$4,000	0%	\$4,000	100%	\$0	0%	\$4,000	\$0
Cardiothoracic Surgery	1	1%	1	100%	0	0%	\$229,570	13%	\$229,570	100%	\$0	0%	\$229,570	\$0
Dermatology	1	1%	1	100%	0	0%	\$760	0%	\$760	100%	\$0	0%	\$760	\$0
Developmental Pediatrics	1	1%	0	0%	1	100%	\$995	0%	\$0	0%	\$995	100%	\$0	\$995
Family Medicine	1	1%	0	0%	1	100%	\$8,067	0%	\$0	0%	\$8,067	100%	\$0	\$8,067
General Medicine	1	1%	1	100%	0	0%	\$7,079	0%	\$7,079	100%	\$0	0%	\$7,079	\$0
Hepatology	1	1%	1	100%	0	0%	\$9,042	1%	\$9,042	100%	\$0	0%	\$9,042	\$0
Home Health Care	1	1%	0	0%	1	100%	\$36,400	2%	\$20,800	57%	\$15,600	43%	\$20,800	\$15,600
Neurologic Surgery	1	1%	1	100%	0	0%	\$500	0%	\$500	100%	\$0	0%	\$500	\$0
Pediatric Endocrinology	1	1%	0	0%	1	100%	\$807	0%	\$0	0%	\$807	100%	\$0	\$807
Pediatrics, General	1	1%	1	100%	0	0%	\$106	0%	\$106	100%	\$0	0%	\$106	\$0
Physical Medicine/Rehabilitation	1	1%	0	0%	1	100%	\$7,704	0%	\$0	0%	\$7,704	100%	\$0	\$7,704
Psychology	1	1%	0	0%	1	100%	\$1,865	0%	\$0	0%	\$1,865	100%	\$0	\$1,865
Pulmonary Critical Care	1	1%	1	100%	0	0%	\$16,425	1%	\$16,425	100%	\$0	0%	\$16,425	\$0
Pulmonary Medicine	1	1%	0	0%	1	100%	\$1,557	0%	\$0	0%	\$1,557	100%	\$0	\$1,557
Urology	1	1%	0	0%	1	100%	\$1,200	0%	\$0	0%	\$1,200	100%	\$0	\$1,200
Vascular Surgery	1	1%	0	0%	1	100%	\$3,349	0%	\$0	0%	\$3,349	100%	\$0	\$3,349
Grand Totals:	136		90	66%	46	34%	\$1,796,347		\$1,411,266	79%	\$385,081	21%	\$229,570	\$100,000

ATTACHMENT 3

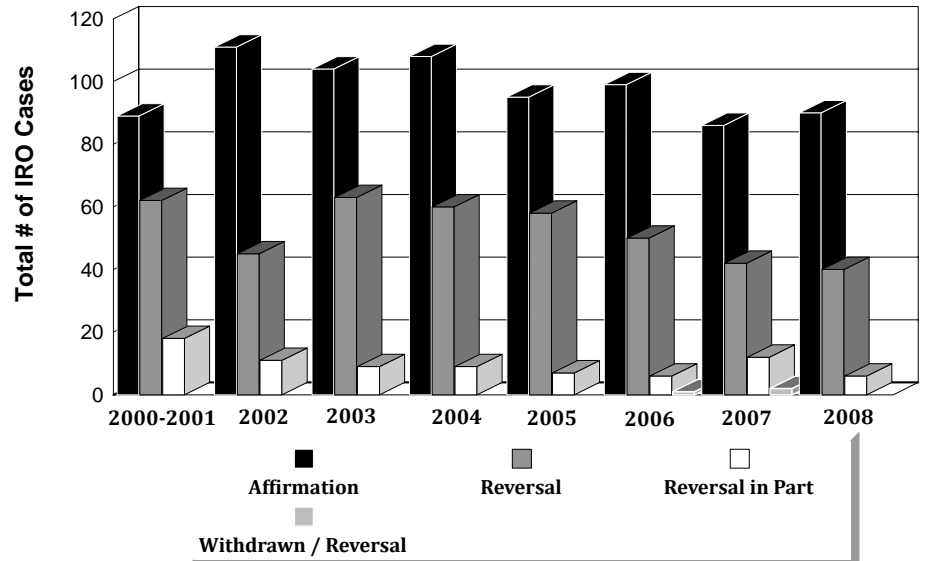
COMPARISON OF IRO CASES BY REPORT YEAR

May 1, 2000 - December 31, 2008

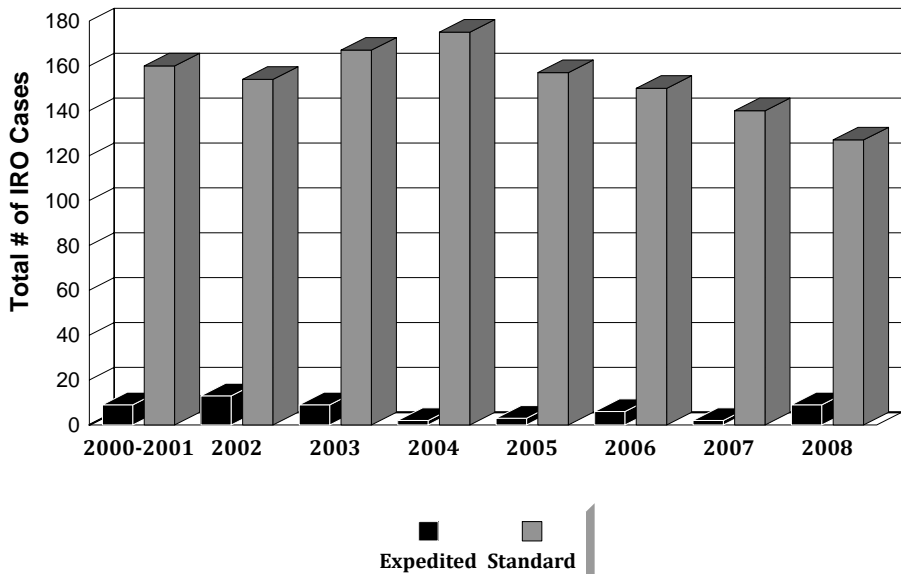
TYPE OF HEALTH CARRIER



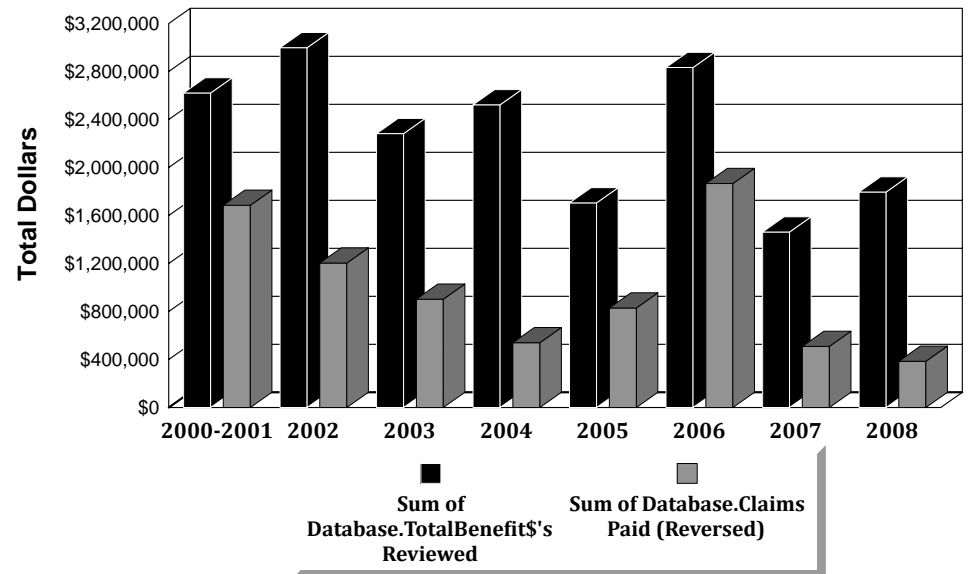
IRO OUTCOME DECISIONS



IRO REVIEW TYPE



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



ATTACHMENT 4
HEALTH CARRIER SUMMARY
JANUARY 1, 2008 - DECEMBER 31, 2008

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
			#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$1,781,872,395	44 32%	32 73%	12 27%	\$521,195 29%	\$478,156 92%	\$43,039 8%	\$104,000	\$10,000					
COMMUNITY INSURANCE COMPANY	\$2,998,357,241	19 14%	10 53%	9 47%	\$458,052 25%	\$290,546 63%	\$167,506 37%	\$116,812	\$100,000					
McKINLEY LIFE INSURANCE COMPANY	\$225,245,714	14 10%	11 79%	3 21%	\$206,512 11%	\$185,793 90%	\$20,719 10%	\$41,000	\$15,600					
COVENTRY HEALTH AND LIFE INSURANCE	\$23,408,083	11 8%	6 55%	5 45%	\$55,237 3%	\$6,813 12%	\$48,424 88%	\$3,460	\$40,000					
HUMANA HEALTH PLAN OF OHIO INC	\$275,537,056	11 8%	5 45%	6 55%	\$43,908 2%	\$21,180 48%	\$22,728 52%	\$16,425	\$7,704					
AETNA HEALTH AND LIFE INSURANCE		5 4%	5 100%	0 0%	\$51,570 3%	\$51,570 100%	\$0 0%	\$40,388	\$0					
HUMANA INSURANCE COMPANY	\$131,349,313	5 4%	4 80%	1 20%	\$8,337 0%	\$7,929 95%	\$408 5%	\$5,029	\$408					
UNITED HEALTHCARE INSURANCE COMPANY	\$695,312,379	4 3%	2 50%	2 50%	\$3,991 0%	\$2,829 71%	\$1,162 29%	\$1,794	\$1,050					
UNITED HEALTHCARE OF OHIO INC	\$88,600,988	4 3%	2 50%	2 50%	\$78,332 4%	\$17,353 22%	\$60,979 78%	\$6,265	\$33,364					
SUMMACARE INC	\$34,667,742	3 2%	2 67%	1 33%	\$19,025 1%	\$17,000 89%	\$2,025 11%	\$10,000	\$2,025					
HEALTHAMERICA PENNSYLVANIA INC	\$4,744,630	2 1%	1 50%	1 50%	\$233,070 13%	\$229,570 98%	\$3,500 2%	\$229,570	\$3,500					
JOHN ALDEN LIFE INSURANCE COMPANY	\$19,513,353	2 1%	2 100%	0 0%	\$3,535 0%	\$3,535 100%	\$0 0%	\$2,885	\$0					
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$424,841,276	2 1%	1 50%	1 50%	\$10,000 1%	\$5,000 50%	\$5,000 50%	\$5,000	\$5,000					
TIME INSURANCE COMPANY	\$29,314,184	2 1%	2 100%	0 0%	\$9,892 1%	\$9,892 100%	\$0 0%	\$9,042	\$0					
CONNECTICUT GENERAL LIFE	\$68,988,090	1 1%	0 0%	1 100%	\$5,247 0%	\$0 0%	\$5,247 100%	\$0	\$5,247					
GOLDEN RULE INSURANCE COMPANY	\$53,534,830	1 1%	1 100%	0 0%	\$3,500 0%	\$3,500 100%	\$0 0%	\$3,500	\$0					

ATTACHMENT 4
HEALTH CARRIER SUMMARY
JANUARY 1, 2008 - DECEMBER 31, 2008

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	\$5,619,936	1 1%	0 0%	1 100%	\$995 0%	\$0 0%	\$995 100%	\$0	\$995					
Kent City Schools		1 1%	1 100%	0 0%	\$7,079 0%	\$7,079 100%	\$0 0%	\$7,079	\$0					
MEGA LIFE AND HEALTH INSURANCE	\$34,417,816	1 1%	1 100%	0 0%	\$57,000 3%	\$57,000 100%	\$0 0%	\$57,000	\$0					
NATIONWIDE MUTUAL INSURANCE COMPANY		1 1%	1 100%	0 0%	\$13,921 1%	\$13,921 100%	\$0 0%	\$13,921	\$0					
TRUSTMARK INSURANCE COMPANY	\$252,844	1 1%	0 0%	1 100%	\$3,349 0%	\$0 0%	\$3,349 100%	\$0	\$3,349					
UNITED HEALTHCARE INSURANCE COMPANY	\$530,661,506	1 1%	1 100%	0 0%	\$2,600 0%	\$2,600 100%	\$0 0%	\$2,600	\$0					
Grand Totals:	\$7,427,247,277	136	90 66%	46 34%	\$1,796,347	\$1,411,266 79%	\$ 385,081 21%	\$229,570	\$100,000					

ATTACHMENT 5
HEALTH CARRIER SUMMARY
MAY 1, 2004 - DECEMBER 31, 2008 (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	\$8,435,145,642		296	38%	175	59%	121	41%	\$3,167,232	31%	\$1,908,847	60%	\$1,258,385	40%	\$104,000	\$195,000
COMMUNITY INSURANCE COMPANY	\$13,760,650,045		105	14%	71	68%	34	32%	\$3,036,346	29%	\$1,781,535	59%	\$1,254,811	41%	\$375,000	\$739,000
McKINLEY LIFE INSURANCE COMPANY	\$1,007,634,243		51	7%	37	73%	14	27%	\$529,930	5%	\$379,525	72%	\$150,405	28%	\$41,000	\$41,065
UNITED HEALTHCARE OF OHIO INC	\$2,064,533,354		33	4%	17	52%	16	48%	\$523,313	5%	\$423,619	81%	\$99,694	19%	\$108,432	\$33,364
SUMMACARE INC	\$252,370,801		29	4%	19	66%	10	34%	\$339,434	3%	\$75,487	22%	\$263,947	78%	\$22,453	\$200,000
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$182,494,410		25	3%	14	56%	11	44%	\$432,684	4%	\$56,215	13%	\$376,469	87%	\$28,474	\$300,000
UNITED HEALTHCARE INSURANCE COMPANY	\$3,286,702,630		23	3%	11	48%	12	52%	\$152,528	1%	\$38,743	25%	\$113,785	75%	\$12,340	\$37,553
CENTRAL RESERVE LIFE INSURANCE COMPANY	\$198,080,352		22	3%	15	68%	7	32%	\$76,523	1%	\$63,981	84%	\$12,542	16%	\$25,200	\$4,920
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$1,967,764,318		20	3%	16	80%	4	20%	\$125,596	1%	\$114,305	91%	\$11,291	9%	\$50,000	\$5,000
HUMANA HEALTH PLAN OF OHIO INC	\$1,328,313,366		18	2%	8	44%	10	56%	\$107,374	1%	\$48,308	45%	\$59,066	55%	\$21,732	\$31,100
UNITED HEALTHCARE INSURANCE COMPANY OF OHIO	\$2,249,594,909		17	2%	8	47%	9	53%	\$202,005	2%	\$59,383	29%	\$142,622	71%	\$42,940	\$115,320
HUMANA INSURANCE COMPANY	\$815,683,901		14	2%	11	79%	3	21%	\$89,412	1%	\$54,711	61%	\$34,701	39%	\$16,500	\$33,257
AETNA HEALTH INC	\$696,387,712		11	1%	7	64%	4	36%	\$111,787	1%	\$81,287	73%	\$30,500	27%	\$40,000	\$15,000
QUALCHOICE HEALTH PLAN INC	\$341,119,711		10	1%	5	50%	5	50%	\$277,360	3%	\$246,320	89%	\$31,040	11%	\$156,200	\$20,000
TIME INSURANCE COMPANY	\$152,727,043		10	1%	7	70%	3	30%	\$104,988	1%	\$89,924	86%	\$15,064	14%	\$29,591	\$11,900

ATTACHMENT 5
HEALTH CARRIER SUMMARY
MAY 1, 2004 - DECEMBER 31, 2008 (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
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
The Ohio State University			8	1%	8	100%	0	0%	\$40,977	0%	\$40,977	100%	\$0	0%	\$8,000	\$0
NATIONWIDE LIFE INSURANCE COMPANY	\$383,747,191		7	1%	5	71%	2	29%	\$46,419	0%	\$32,888	71%	\$13,531	29%	\$17,566	\$12,000
AETNA HEALTH AND LIFE INSURANCE COMPANY			5	1%	5	100%	0	0%	\$51,570	0%	\$51,570	100%	\$0	0%	\$40,388	\$0
JOHN ALDEN LIFE INSURANCE COMPANY	\$126,274,107		5	1%	5	100%	0	0%	\$32,724	0%	\$32,724	100%	\$0	0%	\$25,000	\$0
PARAMOUNT CARE INC	\$1,181,674,222		5	1%	3	60%	2	40%	\$13,068	0%	\$7,668	59%	\$5,400	41%	\$5,000	\$4,500
University of Toledo			5	1%	2	40%	3	60%	\$13,680	0%	\$4,280	31%	\$9,400	69%	\$3,400	\$8,000
FORTIS INSURANCE COMPANY	\$152,727,043		4	1%	1	25%	3	75%	\$88,267	1%	\$850	1%	\$87,417	99%	\$850	\$75,688
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$41,730,177		4	1%	2	50%	2	50%	\$34,057	0%	\$32,277	95%	\$1,780	5%	\$31,077	\$995
Mercer-Auglaize Employee Benefit Trust			4	1%	2	50%	2	50%	\$113,325	1%	\$79,390	70%	\$33,935	30%	\$75,390	\$16,976
Toledo Public Schools			4	1%	1	25%	3	75%	\$20,842	0%	\$19,843	95%	\$999	5%	\$17,000	\$600
HOMETOWN HEALTH PLAN	\$89,242,236		3	0%	2	67%	1	33%	\$3,520	0%	\$2,520	72%	\$1,000	28%	\$2,000	\$1,000
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$187,371,816		2	0%	2	100%	0	0%	\$43,882	0%	\$43,882	100%	\$0	0%	\$26,000	\$0
HEALTHAMERICA PENNSYLVANIA INC	\$32,945,707		2	0%	1	50%	1	50%	\$233,070	2%	\$229,570	98%	\$3,500	2%	\$229,570	\$3,500
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	\$184,667,120		2	0%	2	100%	0	0%	\$68,446	1%	\$68,446	100%	\$0	0%	\$57,000	\$0
MIDWEST SECURITY LIFE INSURANCE COMPANY	\$7,077,326		2	0%	1	50%	1	50%	\$2,918	0%	\$1,766	61%	\$1,152	39%	\$1,766	\$1,152

ATTACHMENT 5
HEALTH CARRIER SUMMARY
MAY 1, 2004 - DECEMBER 31, 2008 (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
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
TRUSTMARK INSURANCE COMPANY	\$3,279,906		2	0%	1	50%	1	50%	\$48,582	0%	\$45,233	93%	\$3,349	7%	\$45,233	\$3,349
AMERICAN FAMILY MUTUAL INSURANCE COMPANY	\$4,203,679		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 Association			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
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	\$238,518,265		1	0%	0	0%	1	100%	\$5,247	0%	\$0	0%	\$5,247	100%	\$0	\$5,247
CONTINENTAL GENERAL INSURANCE COMPANY	\$30,488,252		1	0%	1	100%	0	0%	\$1,364	0%	\$1,364	100%	\$0	0%	\$1,364	\$0
FAMILY HEALTH PLAN INC	\$53,970,636		1	0%	0	0%	1	100%	\$15,000	0%	\$0	0%	\$15,000	100%	\$0	\$15,000
FORTIS BENEFITS INSURANCE COMPANY	\$35,673,505		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	\$228,758,091		1	0%	1	100%	0	0%	\$3,500	0%	\$3,500	100%	\$0	0%	\$3,500	\$0
HEALTH PLAN OF UPPER OH VALLEY INC	\$344,586,228		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
Kent City Schools			1	0%	1	100%	0	0%	\$7,079	0%	\$7,079	100%	\$0	0%	\$7,079	\$0
Lake Erie Regional Council Employee Protection Plan			1	0%	0	0%	1	100%	\$769	0%	\$0	0%	\$769	100%	\$0	\$769

ATTACHMENT 5
HEALTH CARRIER SUMMARY
MAY 1, 2004 - DECEMBER 31, 2008 (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
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
Midwest Employee Benefit Consortium (MEBC)			1	0%	1	100%	0	0%	\$2,000	0%	\$2,000	100%	\$0	0%	\$2,000	\$0
MMA INSURANCE COMPANY	\$9,343,038		1	0%	1	100%	0	0%	\$3,508	0%	\$3,508	100%	\$0	0%	\$3,508	\$0
Muskingum County Employee Benefit Plan			1	0%	1	100%	0	0%	\$376	0%	\$376	100%	\$0	0%	\$376	\$0
NATIONWIDE MUTUAL INSURANCE COMPANY	\$1,241,329		1	0%	1	100%	0	0%	\$13,921	0%	\$13,921	100%	\$0	0%	\$13,921	\$0
PRINCIPAL LIFE INSURANCE COMPANY	\$136,877,033		1	0%	0	0%	1	100%	\$2,900	0%	\$0	0%	\$2,900	100%	\$0	\$2,900
River View School District Employee Benefit Plan			1	0%	1	100%	0	0%	\$3,000	0%	\$3,000	100%	\$0	0%	\$3,000	\$0
SUMMIT INSURANCE COMPANY			1	0%	1	100%	0	0%	\$7,385	0%	\$7,385	100%	\$0	0%	\$7,385	\$0
THP INSURANCE COMPANY INC	\$74,750,209		1	0%	0	0%	1	100%	\$1,217	0%	\$0	0%	\$1,217	100%	\$0	\$1,217
UNION SECURITY INSURANCE COMPANY	\$35,673,505		1	0%	0	0%	1	100%	\$60,000	1%	\$0	0%	\$60,000	100%	\$0	\$60,000
Grand Totals:	\$40,324,023,058		771		478	62%	293	38%	\$10,320,829		\$6,189,751	60%	\$4,131,078	40%	\$375,000	\$739,000