



Department of  
Insurance

### **The Patient Protection Act Report for the Year 2009**

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 (ODI).

The Act also directs the Department of Insurance to compile and annually publish information regarding independent external review outcomes. This is the ninth annual report, summarizing the data the Ohio Department of Insurance has collected regarding external reviews conducted between January 1, 2009 and December 31, 2009.

## **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 2009, 155 cases, involving benefit determinations of over \$2.2 million, were submitted for IRO review to determine the appropriateness of a health carrier's denial of services. Thirty-eight percent of all cases were reversed by the IRO saving the Ohio consumers over \$895,000 or about 41% of the cost of all benefit denials reviewed.

In 2009, over 50% of the IRO reviews completed were for health care services related to the medical specialties of surgery, oncology, psychiatry, and chiropractic.

IRO reversals for surgery and hospitalization totaled over \$271,000. Reversals for therapy, drugs, and durable medical equipment totaled over \$573,000. These five health care services accounted for approximately 94% of the cost of benefit denials that were reversed in IRO decisions.

### ***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 on the grounds that the service is not covered under the health contract, an external contractual review may be requested from ODI.

During 2009, 139 cases were submitted to ODI for contractual review. ODI subsequently referred 26 of those cases for IRO review of a medical issue. Twenty-five of the 139 cases submitted to ODI for contractual review resulted in reversal of previously denied benefits, including 10 of the cases that were referred for IRO review.

ODI reversals of contractual health insurer denials recovered over \$31,000 in additional benefits for Ohio consumers. Cases referred by ODI for IRO review accounted for \$26,497 of those additional benefits.

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

Since the enactment of the Patient Protection Act in 1999, 3,974 cases have been reviewed by ODI and/or IROs, recovering more than \$12 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, 2009 to December 31, 2009) shows that IRO reviews involved benefit determinations amounting to approximately \$2.2 million. IRO decisions reversing service denials saved plan members over \$895,000. The total benefits recovered for the top 5 cases where health carrier denials were reversed exceeded \$472,600.

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

<b>SERVICES REQUESTED</b>	<b>TOTAL BENEFIT \$'s PAID (Reversed)</b>
<b>Ocular Photodynamic Therapy</b>	<b>\$165,000</b>
<b>Craniectomy</b>	<b>\$98,100</b>
<b>Growth Hormone Treatment</b>	<b>\$80,000</b>
<b>Radiation Therapy</b>	<b>\$74,546</b>
<b>Chemotherapy</b>	<b>\$55,000</b>

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

For the reporting period of January 1, 2009 to December 31, 2009, 155 reviews were assigned to IROs for review 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 136 of the cases. The IROs reversed benefit coverage denials in 51 standard reviews (38%) and affirmed the health carrier's denial in the remaining 85 standard reviews (62%).

Nineteen IRO cases were expedited, requiring a 7-day maximum review period. In 8 of those cases (42%), the IROs reversed the health carrier's original denial.

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

Out of 155 reviews, 91% were completed within the statutory time requirements. The average time to process a standard IRO review was 22 days. Sixteen of the 19 expedited reviews were completed in 7 days or less.

### *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 2009, the total cost to Ohio health carriers for IRO reviews was \$118,487. The average cost per standard review was \$681; while the average cost per expedited review was \$1,365. Expedited review costs accounted for \$25,935 (22%) of total review costs.

**Summary of Services and Procedures**

In 2009, IRO external reviews spanned nine main health service categories. The highest proportion of reviews were for surgery (42) and therapy (42), accounting for approximately \$567,000 or 63%, of the \$895,058 in benefit denials reversed by IRO decisions. Review of drug therapies (18), testing services (14), and hospitalization (12), comprised a corresponding 28% proportion of the reviews conducted and the benefit denials reversed. These 5 service categories represent approximately 83% of the cases reviewed and 91% of the total benefit denial amount reversed in 2009. 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. Case review activity by category of medical specialty is listed in **Attachment 2, IRO Reviews by Medical Specialty.**

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

MEDICAL SPECIALTY	NUMBER OF REVIEWS	TOTAL BENEFIT \$'s REVIEWED	TOTAL BENEFIT \$'s PAID(Reversed)
Surgery	20	\$ 330,070	\$ 170,251
Oncology (combination: Medical, Radiation & Hematology)	19	\$ 467,982	\$ 256,676
Psychiatry / Psychology (includes Addiction)	13	\$ 299,956	\$ 26,459
Emergency Medicine/Critical Care	14	\$ 62,715	\$ 15,330
Chiropractic	12	\$ 14,803	\$ 2,932

## ***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 on the grounds that the service is not covered under the health 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, 2009 to December 31, 2009, 139 contractual external reviews were completed by ODI. As a result, Ohio consumers received \$31,352 of previously denied health benefits. Of the, \$31,352 recovered, \$26,497 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 114 cases (82%) and reversed in 25 cases (18%). Of the 139 total cases, ODI determined that 26 cases (18%) involved a medical question and referred those cases for IRO review. In 10 of those cases, the subsequent IRO review resulted in reversal of previously denied services.

### ***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>
<b>Dental</b>	<b>18</b>	<b>\$6,146</b>
<b>Out of Network</b>	<b>13</b>	<b>\$990</b>
<b>Emergency Room</b>	<b>11</b>	<b>\$709</b>
<b>Pre-Existing Condition</b>	<b>10</b>	<b>\$2,525</b>
<b>Physical Therapy</b>	<b>9</b>	<b>\$0</b>

### ***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 a contractual review in 2009 was 6 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, 3,974 external reviews have been conducted, recovering more than \$12 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 providing information in consumer guides and on the department website ([www.insurance.ohio.gov](http://www.insurance.ohio.gov)).

As a result of outreach sessions ODI conducted in 2008, ODI and the Ohio State Medical Association (OSMA) collaborated in the development and distribution of an external review "toolkit" of informative materials targeted specifically to Ohio consumers and health care providers. In 2009, an online version of this toolkit became available on the department's website at <http://www.insurance.ohio.gov/Consumer/Pages/HealthCoverageAppealToolkit.aspx>.

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:**
  - Jana Jarrett, 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 Type of Services**  
**January 1, 2009 - December 31, 2009**

SERVICES & PROCEDURES	# CASES / PERCENTAGE		IRO COST / PERCENTAGE		BENEFIT \$'s REVIEWED / PERCENTAGE		BENEFIT \$'s REVERSED	BENEFIT \$'s AFFIRMED
Surgery	42	27.1%	\$28,887	24.4%	\$688,402	31.2%	\$206,625	\$481,777
Therapy	42	27.1%	\$37,365	31.5%	\$677,159	30.7%	\$360,545	\$316,614
Drug	18	11.6%	\$17,270	14.6%	\$333,545	15.1%	\$146,412	\$187,133
Testing	14	9.0%	\$9,370	7.9%	\$44,501	2.0%	\$35,223	\$9,278
Hospitalization	12	7.7%	\$8,207	6.9%	\$312,666	14.2%	\$64,679	\$247,987
Durable Medical Equipment	10	6.5%	\$6,238	5.3%	\$83,654	3.8%	\$66,244	\$17,410
Emergency Room	8	5.2%	\$4,550	3.8%	\$8,259	.4%	\$3,513	\$4,746
Other	7	4.5%	\$5,200	4.4%	\$54,956	2.5%	\$11,817	\$43,139
Dental	1	.6%	\$700	.6%	\$486	.0%	\$0	\$486
Skilled Nursing/Hospice/Home	1	.6%	\$700	.6%	\$1,880	.1%	\$0	\$1,880
<b>Grand Totals:</b>	<b>155</b>		<b>\$118,487</b>		<b>\$2,205,508</b>		<b>\$895,058</b>	<b>\$1,310,450</b>

**ATTACHMENT 2**  
**IRO REVIEWS BY MEDICAL SPECIALITY**  
**JANUARY 1, 2009 - DECEMBER 31, 2009**

<b>MEDICAL SPECIALITY</b>	<b># OF REVIEWS</b>	<b>IRO COSTS</b>	<b>BENEFIT \$'s REVIEWED</b>	<b>BENEFIT \$'s REVERSED</b>	<b>BENEFITS \$'s AFFIRMED</b>
Emergency Medicine	13	8,250.00	49,291.00	15,330.00	33,961.00
Chiropractic	12	6,967.00	14,803.00	2,932.00	11,871.00
Psychiatry	12	9,138.00	265,642.00	3,570.00	262,072.00
Orthopedics	11	8,000.00	188,928.00	56,257.00	132,671.00
Radiation Oncology	10	15,035.00	319,377.00	197,933.00	121,444.00
Plastic Surgery	7	5,347.00	64,244.00	51,500.00	12,744.00
Otolaryngology	6	3,325.00	24,124.00	14,523.00	9,601.00
Ob/Gyn	5	2,756.00	43,394.00	934.00	42,460.00
Ophthalmology	5	2,875.00	173,187.00	172,687.00	500.00
Oral & Maxillofacial Surgery	5	3,300.00	78,760.00	3,541.00	75,219.00
Dermatology	4	2,400.00	55,484.00	0.00	55,484.00
Neurologic Surgery	4	2,925.00	172,701.00	107,245.00	65,456.00
Neurology	4	3,250.00	22,900.00	17,000.00	5,900.00
Ob/Gyn Oncology	4	2,660.00	59,613.00	58,743.00	870.00
Pain Management	4	2,804.00	122,700.00	20,000.00	102,700.00
Pediatric Endocrinology	4	3,845.00	34,715.00	0.00	34,715.00
Speech Pathology	4	2,650.00	3,898.00	1,691.00	2,207.00
Cardiovascular Disease	3	1,591.00	57,900.00	0.00	57,900.00
Endocrinology	3	1,650.00	85,470.00	80,000.00	5,470.00
Medical Oncology	3	4,470.00	72,434.00	0.00	72,434.00
Surgery, General	3	1,975.00	6,400.00	0.00	6,400.00
Durable Medical Equipment	2	845.00	2,050.00	0.00	2,050.00
Family Medicine	2	1,325.00	1,832.00	632.00	1,200.00
Hematology/Oncology	2	3,595.00	16,558.00	0.00	16,558.00
Infectious Disease	2	1,910.00	45,514.00	0.00	45,514.00
Internal Medicine	2	1,250.00	35,514.00	20,558.00	14,956.00
Physical Therapy	2	1,450.00	2,625.00	1,455.00	1,170.00
Addiction Psychiatry	1	450.00	34,314.00	22,889.00	11,425.00
Anesthesiology	1	575.00	10,115.00	0.00	10,115.00
Critical Care Medicine	1	750.00	13,424.00	0.00	13,424.00
Dentistry	1	650.00	760.00	760.00	0.00
Gastroenterology	1	575.00	445.00	0.00	445.00
General Medicine	1	575.00	9,000.00	9,000.00	0.00
Nephrology	1	236.00	7,254.00	0.00	7,254.00
Occupational Therapy	1	750.00	1,660.00	0.00	1,660.00
Pediatrics, General	1	800.00	600.00	600.00	0.00
Physical Medicine/Rehabilit:	1	750.00	2,548.00	2,548.00	0.00
Podiatric Medicine	1	450.00	18,000.00	18,000.00	0.00
Prosthetics	1	443.00	2,600.00	0.00	2,600.00
Radiation Therapy	1	700.00	2,083.00	2,083.00	0.00
Rheumatology	1	1,025.00	30,000.00	0.00	30,000.00

**ATTACHMENT 2**  
**IRO REVIEWS BY MEDICAL SPECIALITY**  
**JANUARY 1, 2009 - DECEMBER 31, 2009**

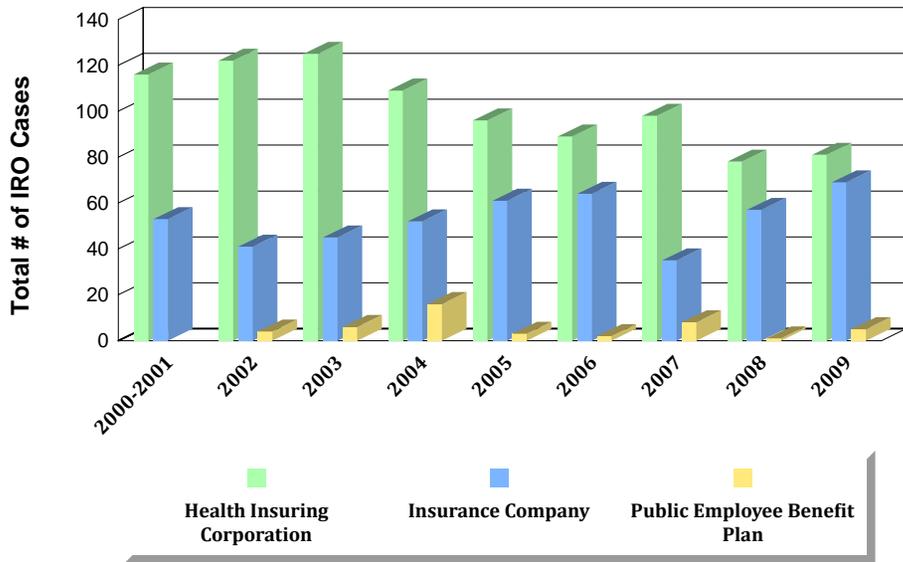
<b>MEDICAL SPECIALITY</b>	<b># OF REVIEWS</b>	<b>IRO COSTS</b>	<b>BENEFIT \$'s REVIEWED</b>	<b>BENEFIT \$'s REVERSED</b>	<b>BENEFITS \$'s AFFIRMED</b>
Thoracic Surgery	1	450.00	7,965.00	7,965.00	0.00
Urology	1	525.00	40,000.00	0.00	40,000.00
Vascular Interventional Rad	1	3,195.00	4,682.00	4,682.00	0.00
<b>Grand Totals:</b>	<b>155</b>	<b>\$118,487</b>	<b>\$2,205,508</b>	<b>\$895,058</b>	<b>\$1,310,450</b>

# ATTACHMENT 3

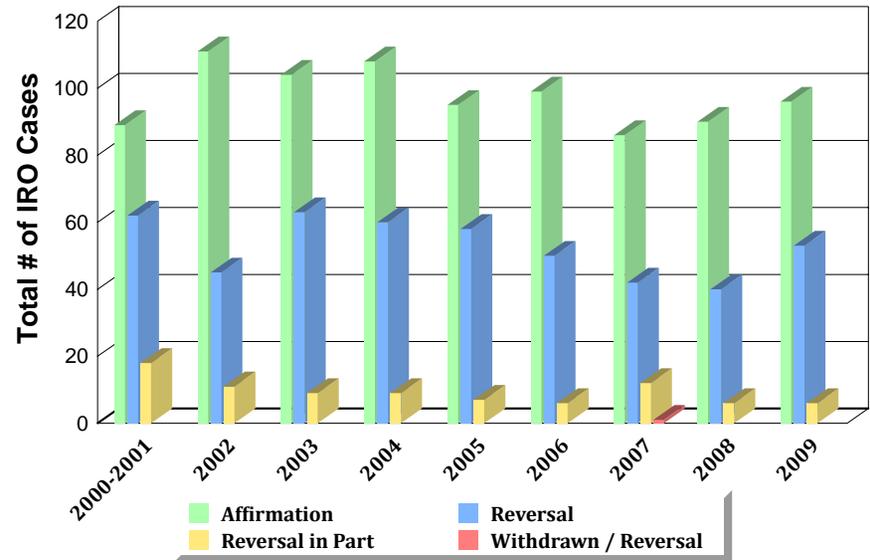
## COMPARISON OF IRO CASES BY REPORT YEAR

May 1, 2000 - December 31, 2009

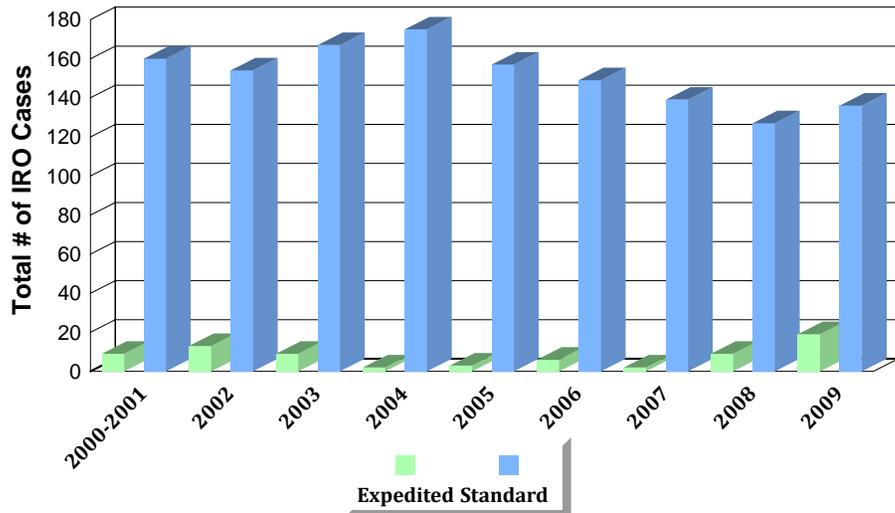
### TYPE OF HEALTH CARRIER



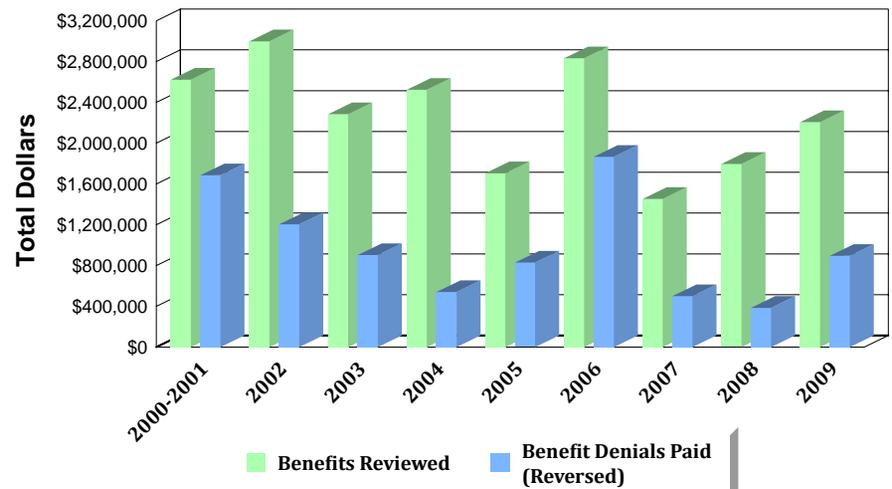
### IRO OUTCOME DECISIONS



### IRO REVIEW TYPE



### TOTAL IRO BENEFITS REVIEWED vs. BENEFIT DENIALS PAID (REVERSED)



**ATTACHMENT 4**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2009 - DECEMBER 31, 2009**

HEALTH CARRIER	PREMIUM	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
	As Reported on ODI Annual Health Report	# Reviews % of Total		# Affirmed		# Reversed		\$ Reviewed % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$1,774,702,844	46	30%	28	61%	18	39%	\$278,919	13%	\$208,238	75%	\$70,681	25%	\$62,000	\$22,889
COMMUNITY INSURANCE COMPANY	\$2,899,883,395	42	27%	25	60%	17	40%	\$1,010,983	46%	\$524,714	52%	\$486,269	48%	\$58,910	\$165,000
McKINLEY LIFE INSURANCE COMPANY	\$205,379,122	11	7%	8	73%	3	27%	\$161,753	7%	\$91,006	56%	\$70,747	44%	\$40,000	\$51,484
HUMANA HEALTH PLAN OF OHIO INC	\$283,133,978	9	6%	8	89%	1	11%	\$35,305	2%	\$26,160	74%	\$9,145	26%	\$10,000	\$9,145
HUMANA INSURANCE COMPANY	\$66,756,623	9	6%	4	44%	5	56%	\$41,590	2%	\$37,598	90%	\$3,992	10%	\$30,000	\$1,497
PUBLIC EMPLOYEE BENEFIT PLAN		5	3%	3	60%	2	40%	\$101,776	5%	\$92,200	91%	\$9,576	9%	\$70,000	\$9,000
UNITEDHEALTHCARE OF OHIO INC	\$19,326,155	4	3%	3	75%	1	25%	\$129,878	6%	\$127,088	98%	\$2,790	2%	\$123,298	\$2,790
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$19,943,406	4	3%	2	50%	2	50%	\$5,225	0%	\$2,795	53%	\$2,430	47%	\$2,235	\$1,273
PRINCIPAL LIFE INSURANCE COMPANY	\$38,811,732	3	2%	2	67%	1	33%	\$14,837	1%	\$11,369	77%	\$3,468	23%	\$7,254	\$3,468
UNITEDHEALTHCARE INSURANCE COMPANY	\$736,364,546	3	2%	1	33%	2	67%	\$13,000	1%	\$1,000	8%	\$12,000	92%	\$1,000	\$10,000
AETNA HEALTH AND LIFE INSURANCE COMPANY		3	2%	1	33%	2	67%	\$82,300	4%	\$845	1%	\$81,455	99%	\$845	\$80,000
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$51,884,981	3	2%	1	33%	2	67%	\$44,085	2%	\$22,228	50%	\$21,857	50%	\$22,228	\$17,084
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$424,380,289	2	1%	2	100%	0	0%	\$2,160	0%	\$2,160	100%	\$0	0%	\$1,660	\$0
JOHN ALDEN LIFE INSURANCE COMPANY	\$17,655,799	2	1%	2	100%	0	0%	\$1,862	0%	\$1,862	100%	\$0	0%	\$1,200	\$0
HEALTH PLAN OF UPPER OH VALLEY INC	\$66,443,099	2	1%	2	100%	0	0%	\$30,634	1%	\$30,634	100%	\$0	0%	\$29,764	\$0
TIME INSURANCE COMPANY	\$31,895,588	1	1%	1	100%	0	0%	\$1,400	0%	\$1,400	100%	\$0	0%	\$1,400	\$0
GOLDEN RULE INSURANCE COMPANY	\$61,867,483	1	1%	1	100%	0	0%	\$74,319	3%	\$74,319	100%	\$0	0%	\$74,319	\$0
INDEPENDENCE AMERICAN INSURANCE COMPANY	\$182,714	1	1%	1	100%	0	0%	\$50,334	2%	\$50,334	100%	\$0	0%	\$50,334	\$0
UNITED HEALTHCARE INSURANCE COMPANY	\$736,364,546	1	1%	1	100%	0	0%	\$4,500	0%	\$4,500	100%	\$0	0%	\$4,500	\$0
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	\$54,777	1	1%	0	0%	1	100%	\$20,000	1%	\$0	0%	\$20,000	100%	\$0	\$20,000
HEALTHAMERICA PENNSYLVANIA INC	\$1,230,223	1	1%	0	0%	1	100%	\$98,100	4%	\$0	0%	\$98,100	100%	\$0	\$98,100
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$2,812,040	1	1%	0	0%	1	100%	\$2,548	0%	\$0	0%	\$2,548	100%	\$0	\$2,548
<b>Grand Totals:</b>	<b>\$7,439,073,340</b>	<b>155</b>		<b>96</b>	<b>62%</b>	<b>59</b>	<b>38%</b>	<b>\$2,205,508</b>		<b>\$1,310,450</b>	<b>59%</b>	<b>\$895,058</b>	<b>41%</b>		

**ATTACHMENT 5**  
**FIVE YEAR HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2005 - DECEMBER 31, 2009**

HEALTH CARRIER	ESTIMATED 5 YEAR PREMIUM As Reported on ODI Annual Health Report	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews % of Total		# Affirmed		# Reversed		\$ Reviewed % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
MEDICAL MUTUAL OF OHIO	\$8,716,353,833	272	36%	167	61%	105	39%	\$2,515,215	25%	\$1,561,747	62%	\$953,468	38%	\$104,000	\$195,000
COMMUNITY INSURANCE COMPANY	\$14,195,699,425	131	18%	83	63%	48	37%	\$3,162,814	32%	\$1,435,784	45%	\$1,727,030	55%	\$116,812	\$739,000
McKINLEY LIFE INSURANCE COMPANY	\$1,055,639,920	60	8%	44	73%	16	27%	\$686,176	7%	\$465,924	68%	\$220,252	32%	\$41,000	\$51,484
UNITED HEALTHCARE OF OHIO INC	\$1,263,834,780	29	4%	15	52%	14	48%	\$491,376	5%	\$398,793	81%	\$92,583	19%	\$108,432	\$33,364
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$158,543,959	25	3%	14	56%	11	44%	\$420,096	4%	\$43,097	10%	\$376,999	90%	\$28,474	\$300,000
HUMANA HEALTH PLAN OF OHIO INC	\$1,248,097,614	23	3%	14	61%	9	39%	\$112,747	1%	\$49,236	44%	\$63,511	56%	\$16,425	\$31,100
UNITED HEALTHCARE INSURANCE COMPANY	\$3,662,881,762	21	3%	9	43%	12	57%	\$141,063	1%	\$27,278	19%	\$113,785	81%	\$5,000	\$37,553
PUBLIC EMPLOYEE BENEFIT PLAN		19	3%	15	79%	4	21%	\$235,955	2%	\$206,851	88%	\$29,104	12%	\$75,390	\$17,000
HUMANA INSURANCE COMPANY	\$719,335,361	19	3%	12	63%	7	37%	\$112,721	1%	\$75,064	67%	\$37,657	33%	\$30,000	\$33,257
CENTRAL RESERVE LIFE INSURANCE COMPANY	\$160,651,700	17	2%	11	65%	6	35%	\$61,554	1%	\$49,942	81%	\$11,612	19%	\$25,200	\$4,920
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$2,045,653,443	15	2%	13	87%	2	13%	\$119,175	1%	\$111,674	94%	\$7,501	6%	\$50,000	\$5,000
SUMMACARE INC	\$189,972,005	13	2%	8	62%	5	38%	\$269,577	3%	\$59,977	22%	\$209,600	78%	\$22,453	\$200,000
UNITED HEALTHCARE INSURANCE COMPANY OF OHIO	\$2,270,130,283	12	2%	4	33%	8	67%	\$150,617	2%	\$12,200	8%	\$138,417	92%	\$5,000	\$115,320
TIME INSURANCE COMPANY	\$160,759,990	11	1%	8	73%	3	27%	\$106,388	1%	\$91,324	86%	\$15,064	14%	\$29,591	\$11,900
AETNA HEALTH INC	\$450,049,447	9	1%	6	67%	3	33%	\$103,787	1%	\$75,787	73%	\$28,000	27%	\$40,000	\$15,000
AETNA HEALTH AND LIFE INSURANCE COMPANY		8	1%	6	75%	2	25%	\$133,870	1%	\$52,415	39%	\$81,455	61%	\$40,388	\$80,000
JOHN ALDEN LIFE INSURANCE COMPANY	\$113,064,846	6	1%	6	100%	0	0%	\$9,586	0%	\$9,586	100%	\$0	0%	\$3,460	\$0
UNITEDHEALTHCARE OF OHIO INC	\$1,263,834,780	4	1%	3	75%	1	25%	\$129,878	1%	\$127,088	98%	\$2,790	2%	\$123,298	\$2,790
PARAMOUNT CARE INC	\$1,087,565,437	4	1%	3	75%	1	25%	\$8,568	0%	\$7,668	89%	\$900	11%	\$5,000	\$900
NATIONWIDE LIFE INSURANCE COMPANY	\$291,281,814	4	1%	2	50%	2	50%	\$41,610	0%	\$28,079	67%	\$13,531	33%	\$17,566	\$12,000
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$209,529,821	4	1%	2	50%	2	50%	\$61,967	1%	\$40,110	65%	\$21,857	35%	\$22,228	\$17,084
QUALCHOICE HEALTH PLAN INC	\$131,955,464	4	1%	1	25%	3	75%	\$22,690	0%	\$450	2%	\$22,240	98%	\$450	\$20,000
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$26,905,251	4	1%	1	25%	3	75%	\$35,405	0%	\$31,077	88%	\$4,328	12%	\$31,077	\$2,548

**ATTACHMENT 5**  
**FIVE YEAR HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2005 - DECEMBER 31, 2009**

HEALTH CARRIER	ESTIMATED 5 YEAR PREMIUM As Reported on ODI Annual Health Report	CASE VOLUME						BENEFIT DOLLARS REVIEWED							
		# Reviews % of Total		# Affirmed		# Reversed		\$ Reviewed % of Total		\$ Affirmed		\$ Reversed		Maximum \$ Affirmed	Maximum \$ Reversed
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
HEALTH PLAN OF UPPER OH VALLEY INC	\$359,861,980	3	0%	3	100%	0	0%	\$55,634	1%	\$55,634	100%	\$0	0%	\$29,764	\$0
PRINCIPAL LIFE INSURANCE COMPANY	\$146,042,530	3	0%	2	67%	1	33%	\$14,837	0%	\$11,369	77%	\$3,468	23%	\$7,254	\$3,468
FORTIS INSURANCE COMPANY	\$160,759,990	3	0%	1	33%	2	67%	\$85,087	1%	\$850	1%	\$84,237	99%	\$850	\$75,688
UNITEDHEALTHCARE INSURANCE COMPANY	\$3,662,881,762	3	0%	1	33%	2	67%	\$13,000	0%	\$1,000	8%	\$12,000	92%	\$1,000	\$10,000
HEALTHAMERICA PENNSYLVANIA INC	\$26,658,349	3	0%	1	33%	2	67%	\$331,170	3%	\$229,570	69%	\$101,600	31%	\$229,570	\$98,100
GOLDEN RULE INSURANCE COMPANY	\$250,892,330	2	0%	2	100%	0	0%	\$77,819	1%	\$77,819	100%	\$0	0%	\$74,319	\$0
TRUSTMARK INSURANCE COMPANY	\$1,276,148	2	0%	1	50%	1	50%	\$48,582	0%	\$45,233	93%	\$3,349	7%	\$45,233	\$3,349
MIDWEST SECURITY LIFE INSURANCE COMPANY	\$4,245,911	2	0%	1	50%	1	50%	\$2,918	0%	\$1,766	61%	\$1,152	39%	\$1,766	\$1,152
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	\$94,967,885	1	0%	1	100%	0	0%	\$57,000	1%	\$57,000	100%	\$0	0%	\$57,000	\$0
INDEPENDENCE AMERICAN INSURANCE COMPANY	\$182,714	1	0%	1	100%	0	0%	\$50,334	1%	\$50,334	100%	\$0	0%	\$50,334	\$0
AMERICAN FAMILY MUTUAL INSURANCE COMPANY	\$3,663,047	1	0%	1	100%	0	0%	\$180	0%	\$180	100%	\$0	0%	\$180	\$0
HM HEALTH INSURANCE COMPANY		1	0%	1	100%	0	0%	\$659	0%	\$659	100%	\$0	0%	\$659	\$0
MMA INSURANCE COMPANY	\$7,697,437	1	0%	1	100%	0	0%	\$3,508	0%	\$3,508	100%	\$0	0%	\$3,508	\$0
NATIONWIDE MUTUAL INSURANCE COMPANY	\$19,151	1	0%	1	100%	0	0%	\$13,921	0%	\$13,921	100%	\$0	0%	\$13,921	\$0
SUMMIT INSURANCE COMPANY	\$58,990,424	1	0%	1	100%	0	0%	\$7,385	0%	\$7,385	100%	\$0	0%	\$7,385	\$0
THP INSURANCE COMPANY INC	\$103,550,228	1	0%	0	0%	1	100%	\$1,217	0%	\$0	0%	\$1,217	100%	\$0	\$1,217
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	\$260,893,286	1	0%	0	0%	1	100%	\$5,247	0%	\$0	0%	\$5,247	100%	\$0	\$5,247
UNION SECURITY INSURANCE COMPANY	\$22,865,715	1	0%	0	0%	1	100%	\$60,000	1%	\$0	0%	\$60,000	100%	\$0	\$60,000
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	\$1,044,497	1	0%	0	0%	1	100%	\$20,000	0%	\$0	0%	\$20,000	100%	\$0	\$20,000
FORTIS BENEFITS INSURANCE COMPANY	\$22,865,715	1	0%	0	0%	1	100%	\$10,632	0%	\$0	0%	\$10,632	100%	\$0	\$10,632
<b>Grand Totals:</b>	<b>\$44,611,100,034</b>	<b>747</b>		<b>466</b>	<b>62%</b>	<b>281</b>	<b>38%</b>	<b>\$9,991,965</b>		<b>\$5,517,379</b>	<b>55%</b>	<b>\$4,474,586</b>	<b>45%</b>		

**ATTACHMENT 6**  
**NUMBER OF IRO CASES BY REPORT YEAR**  
May 1, 2000 - December 31, 2009

