



**ODI**  
Ohio Department  
of Insurance

**John R. Kasich, Governor**

**Mary Taylor, Lt. Governor/Director**

**The Annual Health Claims External Review Report**  
**For the Year 2010**

Ohio House Bill 4, passed in 1999 by the Ohio Legislature, 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 law 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 law also directs the Department of Insurance to compile and annually publish information regarding independent external review outcomes. This is the tenth annual report, summarizing the data the Ohio Department of Insurance has collected regarding external reviews conducted from January 1, 2010 through December 31, 2010.

## **Executive Summary of House Bill 4 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 2010, 156 cases, involving benefit determinations of over \$2.4 million, were submitted for IRO review to determine the appropriateness of a health carrier's denial of services. Thirty-three percent of all cases were reversed by the IRO saving Ohio health insurance consumers over \$830,000 or about 35% of the cost of all benefit denials reviewed.

About 50% of the IRO reviews completed in 2010 were for health care services related to the medical specialties of surgery, psychiatry, orthopedics, pediatrics and emergency medicine.

IRO reversals for surgery and hospitalization totaled over \$443,000. Reversals for drug therapies totaled almost \$290,000. Together, these health care service categories accounted for approximately 88% of the benefit amounts 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 2010, 152 cases were submitted to ODI for contractual review. ODI subsequently referred 69 of those cases for IRO review of a medical issue. Forty of the 152 cases submitted to ODI for contractual review resulted in reversal of previously denied benefits, including 25 of the cases that were referred for IRO review.

ODI reversals of contractual health insurer denials recovered over \$93,000 in additional benefits for Ohio consumers. Cases referred by ODI for IRO review accounted for approximately \$91,000 of those additional benefits.

### ***Total Benefits to Consumers since Enactment***

Since the enactment of House Bill 4 in 1999, 4,213 cases have been reviewed by ODI and/or IROs, recovering almost \$13 million in previously denied health care services for Ohio consumers.

Note: The name of this report has changed to more appropriately reflect its purpose as well as to avoid confusion with a recently passed federal law – The Patient Protection and Affordable Care Act.

## **Overview of House Bill 4**

The law 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 law 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 law 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 law (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 12-month period from January 1, 2010 to December 31, 2010, shows that IRO reviews involved benefit determinations amounting to approximately \$2.4 million. IRO decisions reversing service denials saved health plan members over \$830,000. The total benefits recovered for the top 5 cases where health carrier denials were reversed exceeded \$500,000.

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

HEALTH CARE SERVICE	EST. BENEFIT \$'s PAID (Reversed)
Hematological Transplant	\$215,000
Breast Cancer Surgery	\$100,000
Otolaryngological Implantation	\$75,000
Orthopedic Implantation	\$75,000
Inpatient Mental Health	\$40,000

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

For the reporting period of January 1, 2010 to December 31, 2010, 156 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 146 of the cases. The IROs reversed benefit coverage denials in 52 standard reviews (36%) and affirmed the health carrier's denial in the remaining 94 standard reviews (64%).

Ten IRO cases were expedited, requiring a 7-day maximum review period. In 3 of those cases (30%), the IROs reversed the health carrier's original denial.

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

Out of 156 reviews, 96% were completed within the statutory time requirements. The average time to process a standard IRO review was 22 days. All 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 2010, the total cost to Ohio health carriers for IRO reviews was \$112,161. The average cost per standard review was \$698; while the average cost per expedited review was \$1,020. Expedited review costs accounted for \$10,201 (9%) of total review costs.

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

In 2010, IRO external reviews spanned nine main health service categories. The highest proportion of reviews were for surgery (29%) followed by reviews for durable medical equipment (14%). Reversals of benefit denials in these two service categories accounted for approximately \$412,000 or nearly 50%, of the over \$830,000 in benefit denials reversed by IRO decisions. Together, review of drug therapies, testing services, and hospitalization comprised another 28% of the reviews conducted and a corresponding 44% of the benefit denial amounts reversed. These 5 service categories represent approximately 70% of the 156 cases reviewed and about 93% of the total benefit denial amounts that were reversed in 2010. 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	\$ 127,236	\$ 54,284
Psychiatry / Psychology ( <i>includes Addiction</i> )	19	\$ 242,646	\$ 88,023
Orthopedics / Physical Medicine	17	\$ 533,947	\$ 100,399
Pediatric Specialties	11	\$ 152,348	\$ 62,748
Emergency Medicine	11	\$ 11,368	\$ 2,554

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

The law 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, 2010 to December 31, 2010, 152 contractual external reviews were completed by ODI. As a result, Ohio consumers received \$93,676 of previously denied health benefits. Of that amount, \$91,431 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 112 cases (74%) and reversed in 40 cases (36%). Of the 152 total cases, ODI determined that 69 cases (45%) involved a medical question and referred those cases for IRO review. In 25 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 categories for contractual reviews performed by ODI during this reporting period were:

<b>REVIEW CATEGORY</b>	<b>TOTAL NUMBER OF REVIEWS</b>	<b>TOTAL BENEFIT \$'s PAID(Reversed)</b>
<b>Rescission of Coverage</b>	<b>16</b>	<b>\$674</b>
<b>Out of Network</b>	<b>15</b>	<b>\$73,512</b>
<b>Pre-Existing Condition</b>	<b>14</b>	<b>\$2,001</b>
<b>Experimental/Investigative</b>	<b>14</b>	<b>\$3,467</b>
<b>Durable Medical Equipment</b>	<b>11</b>	<b>\$10,040</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 2010 was 36 days.

### ***Conclusion***

Since enactment of House Bill 4 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, 4,213 external reviews have been conducted, recovering almost \$13 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)).

ODI and the Ohio State Medical Association (OSMA) collaborated to develop and distribute an external review “toolkit” of informative materials targeted specifically to Ohio consumers and health care providers. An online version of this toolkit is available on the department’s website at <http://www.insurance.ohio.gov/Consumer/Publications/IRO%20Brochure.pdf>.

ODI is committed to ensuring that the protections and benefits provided under Ohio external appeal laws 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:**
  - Jarrett Dunbar, Legislative Liaison; (614) 728-1015
- **Media Inquiries:**
  - Chris Brock, Director of Communications (614) 728-1539

**ATTACHMENT 1**  
**IRO Reviews By Type of Services Reported\***  
**January 1, 2010 - December 31, 2010**

<b>SERVICES &amp; PROCEDURES</b>	<b># CASES / PERCENTAGE</b>		<b>IRO COST / PERCENTAGE</b>		<b>BENEFIT \$'s REVIEWED / PERCENTAGE</b>		<b>BENEFIT \$'s REVERSED</b>	<b>BENEFIT \$'s AFFIRMED</b>
<b>Surgery</b>	<b>44</b>	<b>28.8%</b>	<b>\$31,095</b>	<b>28.2%</b>	<b>\$1,213,040</b>	<b>50.4%</b>	<b>\$377,893</b>	<b>\$835,147</b>
<b>Durable Medical Equipment</b>	<b>22</b>	<b>14.4%</b>	<b>\$15,571</b>	<b>14.1%</b>	<b>\$94,902</b>	<b>3.9%</b>	<b>\$34,627</b>	<b>\$60,275</b>
<b>Other</b>	<b>21</b>	<b>13.7%</b>	<b>\$17,188</b>	<b>15.6%</b>	<b>\$203,664</b>	<b>8.5%</b>	<b>\$47,711</b>	<b>\$155,953</b>
<b>Drug</b>	<b>17</b>	<b>11.1%</b>	<b>\$13,688</b>	<b>12.4%</b>	<b>\$541,435</b>	<b>22.5%</b>	<b>\$289,199</b>	<b>\$252,236</b>
<b>Hospitalization</b>	<b>13</b>	<b>8.5%</b>	<b>\$9,138</b>	<b>8.3%</b>	<b>\$197,241</b>	<b>8.2%</b>	<b>\$65,680</b>	<b>\$131,561</b>
<b>Testing</b>	<b>13</b>	<b>8.5%</b>	<b>\$9,420</b>	<b>8.5%</b>	<b>\$36,088</b>	<b>1.5%</b>	<b>\$6,590</b>	<b>\$29,498</b>
<b>Emergency Room</b>	<b>11</b>	<b>7.2%</b>	<b>\$6,920</b>	<b>6.3%</b>	<b>\$11,368</b>	<b>.5%</b>	<b>\$2,554</b>	<b>\$8,814</b>
<b>Therapy</b>	<b>10</b>	<b>6.5%</b>	<b>\$6,583</b>	<b>6.0%</b>	<b>\$97,297</b>	<b>4.0%</b>	<b>\$2,963</b>	<b>\$94,334</b>
<b>Dental</b>	<b>2</b>	<b>1.3%</b>	<b>\$804</b>	<b>.7%</b>	<b>\$9,875</b>	<b>.4%</b>	<b>\$3,375</b>	<b>\$6,500</b>
<b><u>Grand Totals:</u></b>	<b><u>153</u></b>		<b><u>\$110,407</u></b>		<b><u>\$2,404,910</u></b>		<b><u>\$830,592</u></b>	<b><u>\$1,574,318</u></b>

\*Data indicating type of service was not provided for 3 of the 156 cases reviewed in 2010.

**ATTACHMENT 2**  
**IRO REVIEWS BY MEDICAL SPECIALITY**  
**JANUARY 1, 2010 - DECEMBER 31, 2010**

<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>
Orthopedics	13	9,499.00	498,567.00	100,399.00	398,168.00
Psychiatry	12	8,783.00	172,909.00	76,958.00	95,951.00
Emergency Medicine	11	6,920.00	11,368.00	2,554.00	8,814.00
Hematology/Oncology	9	9,250.00	398,894.00	232,554.00	166,340.00
Neurology	9	6,645.00	111,090.00	21,175.00	89,915.00
Plastic Surgery	8	5,354.00	33,353.00	18,243.00	15,110.00
Pediatric Endocrinology	7	4,850.00	129,475.00	57,348.00	72,127.00
Surgery, General	7	4,758.00	19,450.00	553.00	18,897.00
Ob/Gyn	6	4,250.00	60,337.00	1,983.00	58,354.00
Addiction Psychiatry	5	3,038.00	68,447.00	10,575.00	57,872.00
Internal Medicine	5	3,191.00	116,702.00	7,553.00	109,149.00
General Medicine	4	4,400.00	111,642.00	108,847.00	2,795.00
Physical Medicine/Rehabilit:	4	2,832.00	35,380.00	0.00	35,380.00
Radiology	4	2,800.00	9,936.00	6,436.00	3,500.00
Dermatology	3	1,718.00	14,225.00	5,654.00	8,571.00
Durable Medical Equipment	3	2,958.00	3,050.00	1,550.00	1,500.00
Family Medicine	3	1,893.00	4,553.00	0.00	4,553.00
Gastroenterology	3	1,900.00	51,314.00	21,314.00	30,000.00
Podiatric Medicine	3	1,416.00	4,842.00	596.00	4,246.00
Cardiovascular Disease	2	1,225.00	8,362.00	3,200.00	5,162.00
Chiropractic	2	1,375.00	2,838.00	2,838.00	0.00
Dentistry	2	804.00	9,875.00	3,375.00	6,500.00
Endocrinology	2	1,054.00	55,281.00	0.00	55,281.00
Infectious Disease	2	1,400.00	35,749.00	0.00	35,749.00
Neurologic Surgery	2	1,350.00	39,878.00	35,488.00	4,390.00
Otolaryngology	2	1,600.00	144,629.00	75,000.00	69,629.00
Pediatrics, General	2	1,275.00	17,294.00	0.00	17,294.00
Psychology	2	1,650.00	1,290.00	490.00	800.00
Pulmonary Medicine	2	1,054.00	5,690.00	1,190.00	4,500.00
Radiation Oncology	2	1,645.00	5,306.00	3,468.00	1,838.00
Urology	2	925.00	40,200.00	0.00	40,200.00
Chemotherapy	1	1,000.00	99,999.00	0.00	99,999.00
Clinical Pharmacology	1	700.00	8,500.00	8,500.00	0.00
Colon & Rectal Surgery	1	700.00	5,964.00	0.00	5,964.00
Neuroradiology	1	531.00	7,800.00	7,800.00	0.00
Ob/Gyn Oncology	1	2,050.00	2,000.00	0.00	2,000.00
Oral & Maxillofacial Surgery	1	750.00	10,091.00	0.00	10,091.00
Pathology	1	450.00	5,400.00	5,400.00	0.00
Pediatric Gastroenterology	1	575.00	179.00	0.00	179.00
Pediatric Pulmonology	1	700.00	5,400.00	5,400.00	0.00
Radiation Therapy	1	1,000.00	1,200.00	1,200.00	0.00

**ATTACHMENT 2**  
**IRO REVIEWS BY MEDICAL SPECIALITY**  
**JANUARY 1, 2010 - DECEMBER 31, 2010**

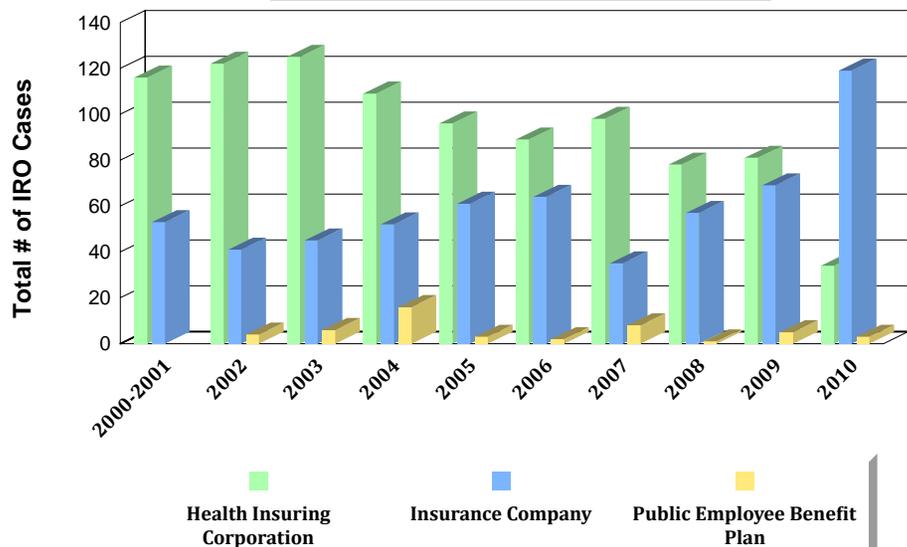
<b>MEDICAL SPECIALITY</b>	<b># OF REVIEWS</b>	<b>IRO COSTS</b>	<b>BENEFIT \$'s REVIEWED</b>	<b>BENEFIT \$'s REVERSED</b>	<b>BENEFITS \$'s AFFIRMED</b>
Retinology	1	750.00	2,951.00	2,951.00	0.00
Sports Medicine	1	443.00	15,000.00	0.00	15,000.00
Surgery, Gastric	1	700.00	18,500.00	0.00	18,500.00
<b>Grand Totals:</b>	<b>156</b>	<b>\$112,161</b>	<b>\$2,404,910</b>	<b>\$830,592</b>	<b>\$1,574,318</b>

# ATTACHMENT 3

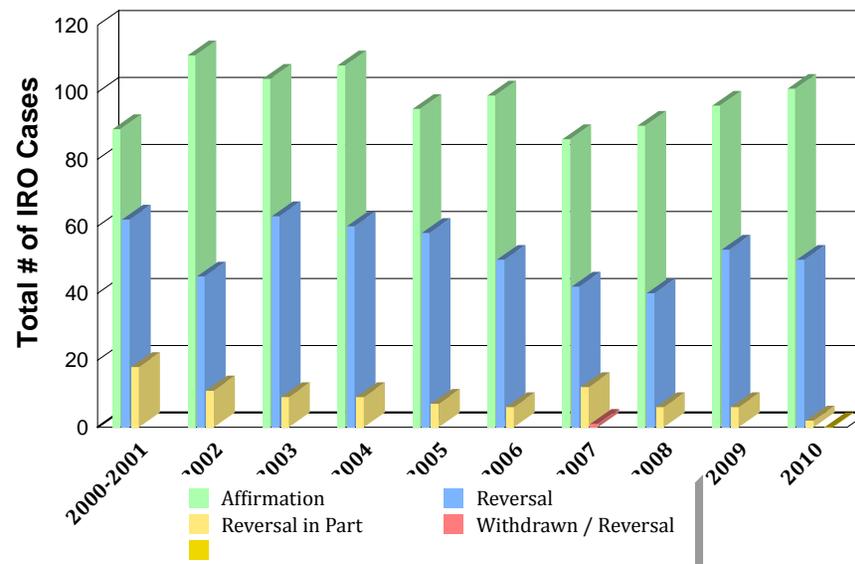
## COMPARISON OF IRO CASES BY REPORT YEAR

May 1, 2000 - December 31, 2010

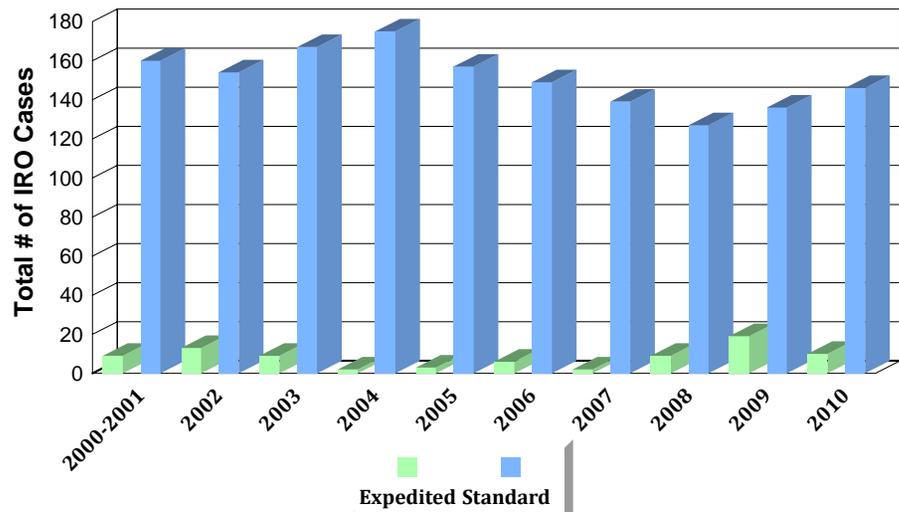
### TYPE OF HEALTH CARRIER



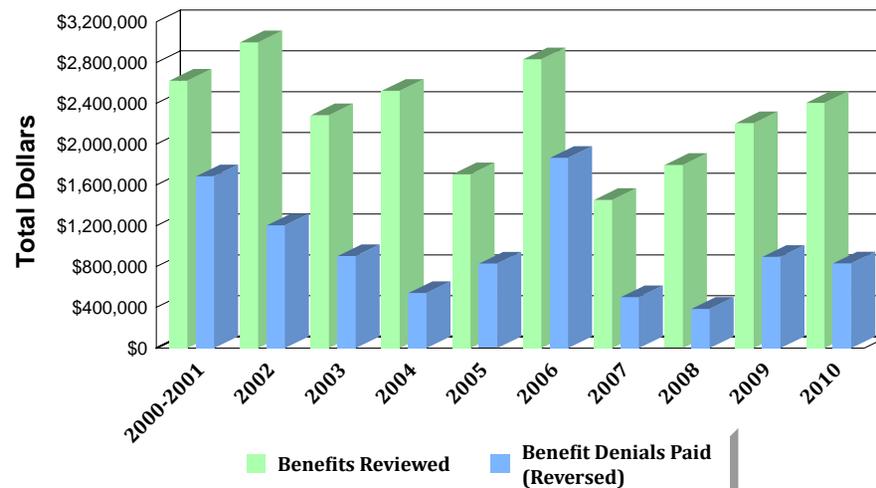
### IRO OUTCOME DECISIONS



### IRO REVIEW TYPE



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



**ATTACHMENT 4**  
**HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2010 - DECEMBER 31, 2010**

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
			#	%	#	%	#	%	\$	%	\$	%	\$	%		
COMMUNITY INSURANCE COMPANY	\$2,872,042,640		54	35%	38	70%	16	30%	\$795,456	33%	\$616,019	77%	\$179,437	23%	\$156,219	\$75,000
MEDICAL MUTUAL OF OHIO	\$1,875,350,732		39	25%	30	77%	9	23%	\$341,108	14%	\$266,173	78%	\$74,935	22%	\$47,500	\$40,190
UNITEDHEALTHCARE INSURANCE COMPANY	\$881,575,434		11	7%	5	45%	6	55%	\$270,701	11%	\$18,525	7%	\$252,176	93%	\$7,948	\$103,000
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$370,937,355		6	4%	4	67%	2	33%	\$5,543	0%	\$4,022	73%	\$1,521	27%	\$1,548	\$900
McKINLEY LIFE INSURANCE COMPANY	\$187,231,020		3	2%	0	0%	3	100%	\$19,278	1%	\$0	0%	\$19,278	100%	\$0	\$10,575
AETNA HEALTH AND LIFE INSURANCE COMPANY	\$182,372,929		8	5%	4	50%	4	50%	\$146,081	6%	\$100,000	68%	\$46,081	32%	\$50,000	\$20,000
PARAMOUNT CARE INC	\$131,845,592		1	1%	1	100%	0	0%	\$38,000	2%	\$38,000	100%	\$0	0%	\$38,000	\$0
GOLDEN RULE INSURANCE COMPANY	\$73,266,051		2	1%	1	50%	1	50%	\$219,361	9%	\$4,361	2%	\$215,000	98%	\$4,361	\$215,000
HUMANA HEALTH PLAN OF OHIO INC	\$65,470,416		6	4%	3	50%	3	50%	\$9,593	0%	\$7,563	79%	\$2,030	21%	\$3,000	\$944
HEALTH PLAN OF UPPER OH VALLEY INC	\$63,002,524		1	1%	1	100%	0	0%	\$99,999	4%	\$99,999	100%	\$0	0%	\$99,999	\$0
PRINCIPAL LIFE INSURANCE COMPANY	\$41,608,957		3	2%	1	33%	2	67%	\$15,184	1%	\$6,228	41%	\$8,956	59%	\$4,390	\$5,488
TIME INSURANCE COMPANY	\$33,337,250		3	2%	1	33%	2	67%	\$20,929	1%	\$0	0%	\$20,929	100%	\$0	\$17,554
SUMMACARE INC	\$23,491,134		3	2%	3	100%	0	0%	\$8,000	0%	\$8,000	100%	\$0	0%	\$4,500	\$0
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$22,398,531		6	4%	6	100%	0	0%	\$246,628	10%	\$246,628	100%	\$0	0%	\$93,421	\$0
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$19,217,836		3	2%	3	100%	0	0%	\$151,986	6%	\$151,986	100%	\$0	0%	\$150,000	\$0
JOHN ALDEN LIFE INSURANCE COMPANY	\$18,041,683		1	1%	0	0%	1	100%	\$2,735	0%	\$0	0%	\$2,735	100%	\$0	\$2,735
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	\$6,543,112		1	1%	0	0%	1	100%	\$6,314	0%	\$0	0%	\$6,314	100%	\$0	\$6,314
NIPPON LIFE INSURANCE COMPANY OF AMERICA	\$5,263,779		1	1%	1	100%	0	0%	\$5,964	0%	\$5,964	100%	\$0	0%	\$5,964	\$0
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$3,180,713		1	1%	0	0%	1	100%	\$1,200	0%	\$0	0%	\$1,200	100%	\$0	\$1,200
PUBLIC EMPLOYEE BENEFIT PLAN			3	2%	3	100%	0	0%	\$850	0%	\$850	100%	\$0	0%	\$850	\$0
<b>Grand Totals:</b>	<b>\$6,876,177,688</b>		<b>156</b>		<b>105</b>	<b>67%</b>	<b>51</b>	<b>33%</b>	<b>\$2,404,910</b>		<b>\$1,574,318</b>	<b>65%</b>	<b>\$830,592</b>	<b>35%</b>		

\*Premium amount estimated based on available data.

**ATTACHMENT 5**  
**FIVE YEAR HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2006 - DECEMBER 31, 2010**

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
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
COMMUNITY INSURANCE COMPANY	\$14,506,193,303	160	22%	101	63%	59	37%	\$3,553,948	33%	\$1,762,358	50%	\$1,791,590	50%	\$156,219	\$739,000
MEDICAL MUTUAL OF OHIO	\$8,982,529,291	247	33%	160	65%	87	35%	\$2,231,274	21%	\$1,610,476	72%	\$620,798	28%	\$104,000	\$97,000
UNITEDHEALTHCARE INSURANCE COMPANY	\$3,803,249,995	31	4%	12	39%	19	61%	\$397,767	4%	\$37,806	10%	\$359,961	90%	\$7,948	\$103,000
UNITED HEALTHCARE INSURANCE COMPANY OF OHIO	\$2,257,965,587	6	1%	3	50%	3	50%	\$143,086	1%	\$10,700	7%	\$132,386	93%	\$5,000	\$115,320
KAISER FOUNDATION HEALTH PLAN OF OHIO	\$2,048,908,142	16	2%	13	81%	3	19%	\$38,493	0%	\$31,972	83%	\$6,521	17%	\$10,000	\$5,000
McKINLEY LIFE INSURANCE COMPANY	\$1,054,252,742	57	8%	40	70%	17	30%	\$627,095	6%	\$432,823	69%	\$194,272	31%	\$41,000	\$51,484
HUMANA HEALTH PLAN OF OHIO INC	\$999,608,488	27	4%	16	59%	11	41%	\$89,344	1%	\$54,903	61%	\$34,441	39%	\$16,425	\$9,145
AETNA HEALTH AND LIFE INSURANCE COMPANY	\$986,404,846	16	2%	10	63%	6	38%	\$279,951	3%	\$152,415	54%	\$127,536	46%	\$50,000	\$80,000
PARAMOUNT CARE INC	\$976,141,043	4	1%	3	75%	1	25%	\$41,568	0%	\$40,668	98%	\$900	2%	\$38,000	\$900
UNITED HEALTHCARE OF OHIO INC	\$676,298,188	26	3%	16	62%	10	38%	\$573,089	5%	\$493,537	86%	\$79,552	14%	\$123,298	\$33,364
HUMANA INSURANCE COMPANY	\$606,993,593	18	2%	11	61%	7	39%	\$111,216	1%	\$73,559	66%	\$37,657	34%	\$30,000	\$33,257
HEALTH PLAN OF UPPER OH VALLEY INC	\$369,106,920	4	1%	4	100%	0	0%	\$155,633	1%	\$155,633	100%	\$0	0%	\$99,999	\$0
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	\$286,570,591	1	0%	0	0%	1	100%	\$5,247	0%	\$0	0%	\$5,247	100%	\$0	\$5,247
GOLDEN RULE INSURANCE COMPANY	\$281,412,211	4	1%	3	75%	1	25%	\$297,180	3%	\$82,180	28%	\$215,000	72%	\$74,319	\$215,000
AETNA HEALTH INC	\$227,728,010	8	1%	6	75%	2	25%	\$98,787	1%	\$75,787	77%	\$23,000	23%	\$40,000	\$15,000
NATIONWIDE LIFE INSURANCE COMPANY	\$223,646,516	2	0%	1	50%	1	50%	\$12,044	0%	\$10,513	87%	\$1,531	13%	\$8,433	\$1,531
AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY	\$203,461,501	9	1%	7	78%	2	22%	\$290,713	3%	\$268,856	92%	\$21,857	8%	\$93,421	\$17,084
PRINCIPAL LIFE INSURANCE COMPANY	\$164,982,237	6	1%	3	50%	3	50%	\$30,021	0%	\$17,597	59%	\$12,424	41%	\$7,254	\$5,488
TIME INSURANCE COMPANY	\$160,575,664	12	2%	7	58%	5	42%	\$98,645	1%	\$62,652	64%	\$35,993	36%	\$29,591	\$17,554
SUMMACARE INC	\$159,223,408	11	1%	7	64%	4	36%	\$258,689	2%	\$49,964	19%	\$208,725	81%	\$22,453	\$200,000
THP INSURANCE COMPANY INC	\$133,965,516	1	0%	0	0%	1	100%	\$1,217	0%	\$0	0%	\$1,217	100%	\$0	\$1,217
CENTRAL RESERVE LIFE INSURANCE COMPANY	\$118,481,676	9	1%	6	67%	3	33%	\$15,227	0%	\$11,327	74%	\$3,900	26%	\$4,871	\$2,200
COVENTRY HEALTH AND LIFE INSURANCE COMPANY	\$109,233,823	23	3%	15	65%	8	35%	\$516,961	5%	\$166,107	32%	\$350,854	68%	\$150,000	\$300,000

**ATTACHMENT 5**  
**FIVE YEAR HEALTH CARRIER SUMMARY**  
**JANUARY 1, 2006 - DECEMBER 31, 2010**

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
		#	%	#	%	#	%	\$	%	\$	%	\$	%		
JOHN ALDEN LIFE INSURANCE COMPANY	\$102,878,336	7	1%	6	86%	1	14%	\$12,321	0%	\$9,586	78%	\$2,735	22%	\$3,460	\$2,735
MEGA LIFE AND HEALTH INSURANCE COMPANY, THE	\$60,496,886	2	0%	1	50%	1	50%	\$63,314	1%	\$57,000	90%	\$6,314	10%	\$57,000	\$6,314
GUARDIAN LIFE INSURANCE COMPANY OF AMERICA	\$22,004,934	4	1%	1	25%	3	75%	\$35,820	0%	\$31,077	87%	\$4,743	13%	\$31,077	\$2,548
HEALTHAMERICA PENNSYLVANIA INC	\$19,506,998	3	0%	1	33%	2	67%	\$331,170	3%	\$229,570	69%	\$101,600	31%	\$229,570	\$98,100
NIPPON LIFE INSURANCE COMPANY OF AMERICA	\$17,594,448	1	0%	1	100%	0	0%	\$5,964	0%	\$5,964	100%	\$0	0%	\$5,964	\$0
UNION SECURITY INSURANCE COMPANY	\$13,792,865	1	0%	0	0%	1	100%	\$60,000	1%	\$0	0%	\$60,000	100%	\$0	\$60,000
MMA INSURANCE COMPANY	\$6,426,295	1	0%	1	100%	0	0%	\$3,508	0%	\$3,508	100%	\$0	0%	\$3,508	\$0
AMERICAN FAMILY MUTUAL INSURANCE COMPANY	\$3,897,473	1	0%	1	100%	0	0%	\$180	0%	\$180	100%	\$0	0%	\$180	\$0
TRUSTMARK INSURANCE COMPANY	\$1,080,906	1	0%	0	0%	1	100%	\$3,349	0%	\$0	0%	\$3,349	100%	\$0	\$3,349
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	\$458,291	1	0%	0	0%	1	100%	\$20,000	0%	\$0	0%	\$20,000	100%	\$0	\$20,000
INDEPENDENCE AMERICAN INSURANCE COMPANY	\$326,806	1	0%	1	100%	0	0%	\$50,334	0%	\$50,334	100%	\$0	0%	\$50,334	\$0
NATIONWIDE MUTUAL INSURANCE COMPANY	\$313,463	1	0%	1	100%	0	0%	\$13,921	0%	\$13,921	100%	\$0	0%	\$13,921	\$0
SUMMIT INSURANCE COMPANY*		1	0%	1	100%	0	0%	\$7,385	0%	\$7,385	100%	\$0	0%	\$7,385	\$0
PUBLIC EMPLOYEE BENEFIT PLANS*		19	3%	16	84%	3	16%	\$216,600	2%	\$204,496	94%	\$12,104	6%	\$75,390	\$9,000
HM HEALTH INSURANCE COMPANY*		1	0%	1	100%	0	0%	\$659	0%	\$659	100%	\$0	0%	\$659	\$0
<b>Grand Totals:</b>	<b>\$39,585,710,992</b>	<b>743</b>		<b>476</b>	<b>64%</b>	<b>267</b>	<b>36%</b>	<b>\$10,691,720</b>		<b>\$6,215,513</b>	<b>58%</b>	<b>\$4,476,207</b>	<b>42%</b>		

\*Premium data unavailable.

**ATTACHMENT 6**  
**TOTAL NUMBER OF IRO CASES BY REPORT YEAR**  
(Includes Review of Medical Contractual Cases Requested by ODI)  
May 1, 2000 - December 31, 2010

